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28 Nov 2023



**Government  
of South Australia**

**COMMISSION ON EXCELLENCE  
AND INNOVATION IN HEALTH  
2022-23 Annual Report**

**COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH**

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2022-23 ANNUAL REPORT for the Commission on Excellence and Innovation in Health

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 *Public Sector Act 2009*, *Public Sector Regulations 2010*, *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:

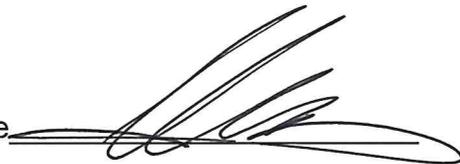
Dr Michael Cusack

**Interim Commissioner**

**Commission on Excellence and Innovation in Health**

Date 29<sup>th</sup> September 2023

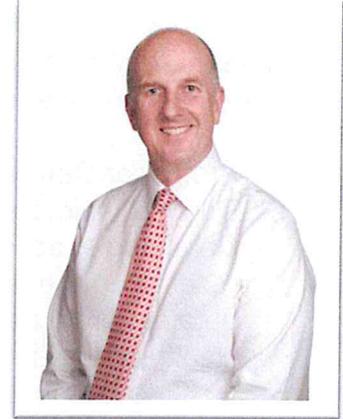
Signature



## From the Commissioner

Through our Networks, Partnerships, Communities of Practice and data driven approach, the Commission on Excellence and Innovation in Health (the CEIH) has continued to strive to create and deliver better healthcare for South Australians.

People are at the centre of everything the CEIH does, and this is reflected in our work that brings together groups of health professionals, health service organisations, consumers and carers to work collaboratively through our Statewide Clinical Networks (SCNs) and other partnerships to achieve high quality care.



In addition to building strong clinical communities, the CEIH also supported the development and delivery of key initiatives in partnership with the SCNs. In 2022-23, some examples of this work included a pilot project for improving the patient and clinician experience during complex and difficult conversations relating to consent for genetic testing and a report delivering preliminary findings on the relationship between emergency and elective surgery which we are pleased is being further explored.

A key highlight for the team is the Patient Reported Measures (PRMs) program. This will enable the health system to truly understand the patient experience and perspective at scale. It continues to make good progress with key implementation activities planned for 2023-24. We are also excited about several projects in train that use data-driven innovation approaches (e.g. machine learning) to augment decision making and empower clinicians, and the potential for these data science methods to be further scaled. An essential component to this work has been the development of a framework that considers ethical, safe, responsible, and effective use of such technologies in a healthcare setting.

The CEIH has partnered widely within the health sector and beyond this year. I would like to offer my sincere thanks to all those who have supported, either directly or indirectly, achievement of our shared projects and goals. Our partners have ranged from other government agencies, industry, institutes, research and academia, private sector and our colleagues in SA Health and Wellbeing SA. We'd especially like to recognise and thank our Clinical Advisory Committee (CAC), which has diverse expertise both within and outside of health, for their sound advice and guidance.

In 2022-23 we were excited to establish our Youth Advisory Group supporting the work of the Adolescent Transition Care Statewide Clinical Network. We also co-designed an Innovation Collaborative in an effort to break down silos, reduce duplication, and strengthen connections across the health sector. The Innovation Collaborative aims to identify common challenges and opportunities that can be resolved together to enable rapid translation from problem, to idea, to solution, and evaluation.

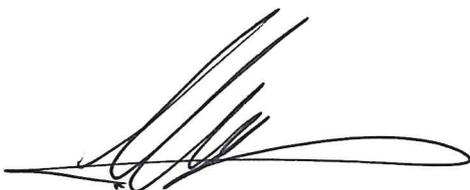
In this same spirit of collaboration, we have continued to share content we have researched or developed that we think will be of benefit to the broader health sector. One example of this is a discussion paper and guide to strengthening workforce wellbeing culture in the health care setting which has been well received both in South Australia and nationally.

There are two people that must be noted, not just for their contribution to the CEIH but for their tireless efforts in innovation and excellence in South Australia:

Professor Derek Chew was appointed Commissioner of the CEIH in March 2021. During his time as Commissioner, he continued to work as an Interventional Cardiologist at Flinders Medical Centre and a Principal Investigator on multiple research projects through Flinders University and SAHMRI. Professor Chew took up a new role as the Service Director at the Victorian Health Institute and Monash Health, and Director of Health Informatics Research at the Monash Victorian Heart Institute late in 2022.

The late Professor Phil Tidemann AM was the previous Clinical Lead of the Cardiac Care Statewide Clinical Network and continued to have significant involvement and commitment to Cardiology until very recently. Due to illness Professor Tidemann was unable to continue as Lead of the Network. However, his leadership, support, and contribution to the improvement of cardiac care to patients across South Australia continued with iCCNet and other activities. His work has greatly improved outcomes for patients in regional and remote areas and is now the model of care nationally. Professor Tidemann dedicated his professional life to improving cardiac care and equitable access to healthcare. He has been a mentor, supporter, and leader to many people across the state and leaves behind a great legacy.

Finally, I would like to reflect that I have been incredibly impressed at the dedication, passion, and resilience of the CEIH team who demonstrate what can be achieved through collaboration, partnership, a data driven approach and an innovation mindset. I would like to extend my thanks to all those staff, current and otherwise, for their commitment to our vision and dedication to improving healthcare for South Australians. I also would like to wish the incoming Commissioner Professor Keith McNeil every success in the role.



Dr Michael Cusack

**Interim Commissioner  
Commission on Excellence and Innovation in Health**

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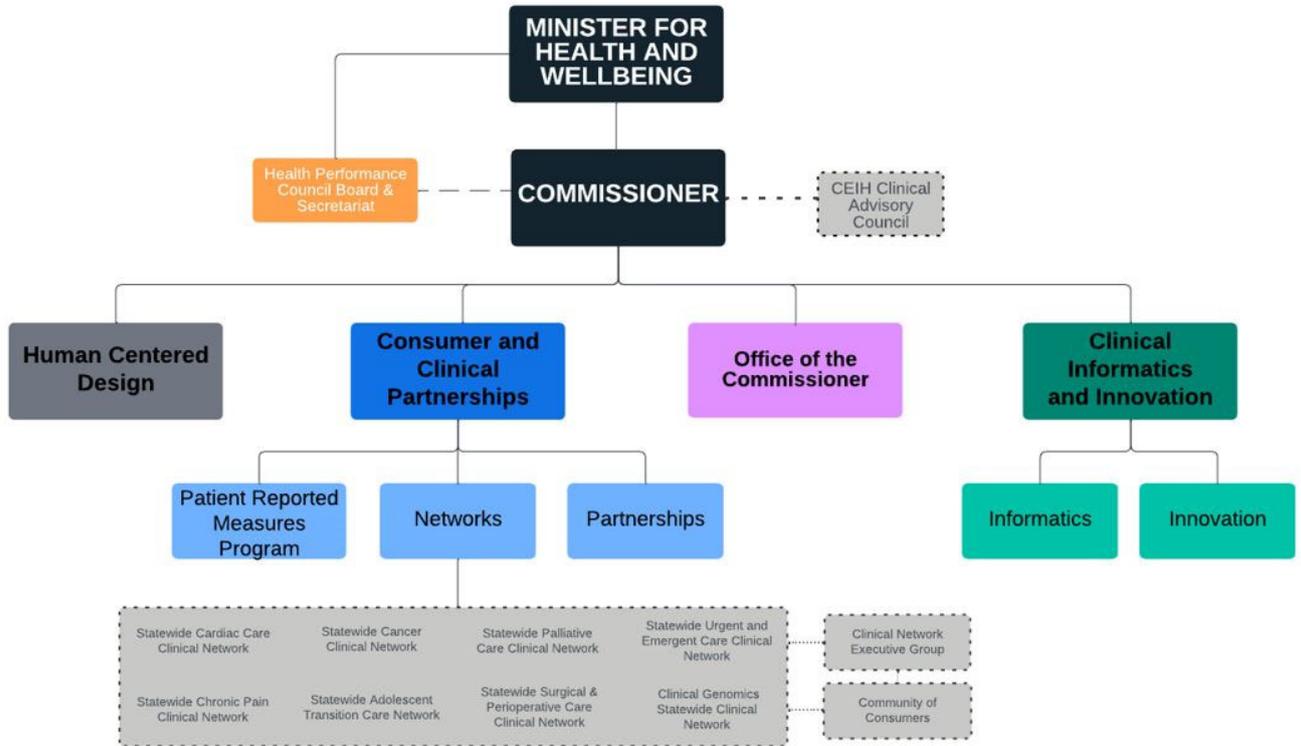
## Overview: about the agency

### Our strategic focus

<p><b>Our Purpose</b></p>	<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>
<p><b>Our Vision</b></p>	<p>Together, let's create better healthcare for South Australians.</p>
<p><b>Our Values</b></p>	<p>Our values and the way we work:</p> <ul style="list-style-type: none"> <li>• Treat people with compassion, honesty and respect</li> <li>• Strive for excellence in everything we do</li> <li>• Celebrate our successes, and the successes of others</li> <li>• Celebrate diversity of people and thinking</li> <li>• Learn from failure and actively seek feedback</li> <li>• Be responsive and adaptive</li> <li>• Believe innovation comes from continuous learning and diversity of all kinds</li> </ul>
<p><b>Our functions, objectives and deliverables</b></p>	<p><b>Our core functions:</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 objectives:</b></p> <ul style="list-style-type: none"> <li>• Excellent health outcomes and experiences for consumers, their families and carers.</li> <li>• Consumers, carers and clinicians engaged in design, delivery and evaluation of health services.</li> <li>• Increased confidence and pride in the South Australian health system</li> <li>• A culture in the health system of innovation and striving for excellence</li> </ul> <p><b>We work as one team to:</b></p> <ul style="list-style-type: none"> <li>• <b>Build Capacity</b> – we create opportunities for people to learn new skills and support the mindsets that allow innovation to happen.</li> </ul>

- **Provide Advice and Support** – we provide advice on collaboration and engagement, data and analytics, improvement science, health system design, research translation, horizon scanning and innovation.
- **Partner and Connect** – we bring people together to solve problems. Connecting clinicians, consumers and the community so they collaborate and learn from each other.
- **Drive Innovation, Excellence and Best Practice** – we think big and look for creative solutions that place South Australia as a global leader in health.

Our organisational structure



Notes:

- The CEIH is an attached agency to the Department for Health and Wellbeing (DHW).
- The Patient Reported Measures (PRMs) Program is externally funded reporting through to the Executive Director, Consumer and Clinical Partnerships.

## **Changes to the agency**

During 2022-23 the following changes occurred:

- Professor Derek Chew, Commissioner resigned on 28 November 2022 and Dr Michael Cusack commenced as Interim Commissioner on 5 December 2022.
- The secretariate functions of the Health Performance Council transferred to the CEIH from DHW in September 2022.
- On 6 December 2022, it was proposed that the CEIH was to be realigned into DHW along with their organisational restructure. Following extensive feedback and deliberation, DHW announced on 9 February 2023 that the CEIH would continue as an attached agency.

## **Our Minister**

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

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.



## **Our Executive team**

### **Dr Michael Cusack Interim Commissioner**

Appointed as Interim Commissioner on 5 December 2022, Dr Michael Cusack is a Cardiologist and moved to Adelaide from the UK in 2017 initially as the Executive Director of Medical Services for the Northern Adelaide Local Health Network and subsequently took on the role as Chief Medical Officer (CMO) for SA Health in 2020.

Prior to coming to South Australia, Michael held a number of leadership roles in the UK's National Health Service (NHS).



### **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, foster innovation and ultimately lead to better health outcomes.



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

The Clinical Informatics and Innovation directorate is focused on how innovation, data and analytics can be embedded within the health system to improve healthcare through data driven innovation. We intersect between government, industry, research, and the health sector to solve problems and deliver impact.



## Committees

The **Clinical Advisory Council (CAC)** is the peak advisory body to the CEIH and supports the development of the CEIH vision and purpose in alignment with statewide health priorities and community expectations. The CAC provides advice, insight and support to the CEIH Executive on current and future programs of work.

The **Clinical Network Executive Group** brings together the Leads from the Statewide Clinical Networks, the Statewide Clinical Communities of Practice, South Australia's professional leads and key executives from SA Health. This forum creates connections, shares knowledge, fosters collaboration and forms relationships across agencies to deliver better healthcare by identifying barriers to achieving improvements and innovations and ensuring strategic alignment of initiatives.

The **Community of Consumers** is a dynamic group of healthcare consumers and carers who have expressed interest in the work of the CEIH. This group supports the CEIH by ensuring our consumer and community engagement is meaningful, effective and facilitates connecting across the work of the agency.

## Statewide Clinical Networks

Statewide Clinical Networks are groups of health professionals, health service organisations, consumers and carers who work collaboratively with the goal of clinical service redesign for high quality care. They operate across the continuum of care, across private and public sectors and Local Health Networks.

Statewide Clinical Networks are established to achieve 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 Statewide Clinical Networks 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 environment of government and other parts of the health system. The CEIH's Statewide Clinical Network Model for Transition and Capability Development provide a capacity building mechanism with a view to long-term sustainability and growth system-wide within this framework.

Once they are established and have developed strong connections, Statewide Clinical Networks transition to Statewide Clinical Communities of Practice.

Eight Statewide Clinical Networks are established within the CEIH and these, along with their goals, are detailed below.

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 delivering best possible outcomes
- Using comprehensive, high-quality data to assist service planning and drive continuous quality improvement
- Innovating in and implementing new or improved models of patient-focused care
- Supporting a connected and engaged workforce that is responsive to patient needs and deliver high quality care, teaching and research at all levels.

The **Palliative Care Statewide Clinical Network** aims to improve access, equity and care to 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 create a Palliative Care Plan for South Australia.

The **Urgent Care Statewide Clinical Network** is committed to supporting urgent, unplanned, 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 75, those suffering from mental health emergencies and people living in rural areas who require services in metro areas
- Collaborating to augment models of Urgent Care in South Australia.

The **Chronic Pain Statewide Clinical Network** 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 **Adolescent Transition Care Statewide Clinical Network** is committed to supporting young people to access care which:

- Meets their needs
- Empowers them to have an ongoing say in the development and evaluation of their care
- Is easily accessible
- Is continuously improving
- Is seamless across all providers of healthcare.

The network aims to:

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

The **Surgical and Perioperative Care Statewide Clinical Network** aims to improve the surgical experience and outcomes for all South Australians by:

- Ensuring equitable access
- Ensuring appropriateness and efficiency across their surgical journey
- Decreasing the requirement for surgical services through improvement of pre-surgical care.

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 agency's performance**

### **Performance at a glance**

Key highlights for 2022-23 include:

- Increased level of engagement in Statewide Clinical Networks
- Improved pathways and cross-functional collaboration for direct-to-bed admissions in partnership with the SA Virtual Care Service
- Established the Youth Advisory Group
- Improved consumer and clinician experience through implementation of digital consent for genetic testing
- Developed healthcare workforce wellbeing Discussion Paper and Organisational Guide by synthesising literature and stakeholder engagement across the health system
- Completed the procurement of the Patient Reported Measures software solution
- Completed early exploration of system simulation 'digital twin' project
- Completed early diagnosis prediction machine learning model prototypes
- Published online resources and tools including project lifecycle, working in partnership, data visualisation and innovation guides.

**Agency specific objectives and performance**

Indicators	Performance
<p><b>Objective:</b>  <b>Support the government’s work to address access block and ambulance ramping</b></p>	
<p><b>Efficiency: Barriers to accessing care</b></p>	
<p>SA Virtual Care Service (SAVCS) Partnership – Virtual Direct Admission Pathway pilot</p> 	<p>Through the existing partnership between CEIH and SAVCS formed in February 2022, an opportunity was identified to develop ongoing pathways of communication between SAVCS and other medical specialists, thus enhancing the value and use of the virtual emergency care service.</p> <p>The Queen Elizabeth Hospital and Lyell McEwin Hospital completed a pilot of a direct to bed virtual admission pathway that provides patients with timely and equitable access to health services that allow for efficient use of available resources.</p> <p>The pilot enabled key stakeholders to identify opportunities to embed the pathway into practice and utilise key lessons to consider other pathways across LHNs.</p>
<p>Re-design of access for country patients to urgent medical specialities – scope and planning phase</p> 	<p>Building on previous analysis and stakeholder engagement, this work is scoping and planning re-design of access for country patients to urgent in medical specialities cohorts representing relatively high transfer volume, including avoidance of unnecessary transfers that impact access and ramping.</p>
<p>System simulation – scope and engagement phase</p> 	<p>This is a multi-year project with the initial phase in 2022-23 being to scope and engage with experts. It involves prototype development of a system level tool that enables testing and evaluating of new initiatives for impact on access to services, prior to significant financial investment. Two simulation models are being investigated with local universities, and the CEIH is linking with others in the health system where similar bodies of work are occurring. This work is expected to continue into 2023-24.</p>

<p>Emergency Department Good Work Design – scope and design phase</p> 	<p>The Building Workplace Wellbeing Guide to support sustainable organisational approaches for addressing workplace wellbeing and good work design in healthcare, based on SA healthcare consultation and international evidence, has informed design for on the ground engagement supporting good work design in Emergency Departments.</p>
<p>Adolescent Transition Research Project</p> 	<p>Human Research Ethics Committee approval has been delayed and is now expected to be finalised in the first quarter 2023-24 financial year. This research collaboration between the CEIH, Adolescent Transition SCN and Better Start, at the University of Adelaide aims to better understand how health outcomes and hospital utilisation for adolescents are affected when transitioning to adult services.</p>
<p><b>Effectiveness: Excellence in clinical practice</b></p>	
<p>Optimised Pre-Surgical Care (OPSC) Framework</p> 	<p>The Surgical and Peri-operative Care SCN led the development of an Australian-first OPSC Framework, which aims to lower elective surgery procedure risk to make it safer for patients, for the surgeon and less expensive for the health system.</p> <p>The OPSC Framework was co-designed with a broad range of stakeholders, from clinicians to consumers, across various parts of the health sector including state government, primary health care, research and non-government organisations.</p> <p>The co-design process identified sustainable, equitable, and scalable opportunities to implement the framework. The opportunity to integrate the OPSC Framework into the new statewide e-Referral system is being investigated, which could allow clinicians to better support patients in optimising their health prior to surgery.</p>
<p>'HIRAID' emergency nursing practice tool – plan and approach for system level implementation</p> 	<p>Progressed the development of an implementation and evaluation plan for HIRAID – a validated emergency nursing assessment framework demonstrated to reduce variation in care, recognition and escalation of clinical deterioration, clinical handover and patient experience. Pilot sites have been identified and a training plan is in development.</p>

<p>Optimised system of care to improve the identification and management of Lower Back Pain (LBP) in unplanned Emergency Department presentations</p> 	<p>Developed a proposed statewide optimal system of care for LBP to support hospital avoidance and promote better community care for management of acute and chronic pain.</p> <p>The optimal system of care for LBP was co-designed with a range of stakeholders, including clinicians, consumers, emergency care specialists, industry stakeholders and researchers. Broader community consultation will occur in 2023-24 and opportunities to pilot various aspects of the pathway will also be explored.</p>
<p>Support, enable and develop communities through the Statewide Clinical Networks – Support, Enable Communities</p> 	<p>The CEIH continues to bring together clinicians, representatives from health service organisations, carers and consumers through SCNs to create better healthcare for all South Australians.</p> <p>The eight SCNs and their sub-committees/working groups represent significant reach across the health sector in SA, with diverse membership, comprising:</p> <ul style="list-style-type: none"> <li>• 62 SA Health Medical Officers</li> <li>• 10 General Practitioners</li> <li>• 20 Consumer and Carer Representatives</li> <li>• 12 representatives from Community and non-government organisations (NGOs)</li> <li>• 15 Researchers</li> <li>• 15 Nurses</li> <li>• 12 Allied Health Clinicians</li> <li>• 17 Health Administrators/Managers</li> <li>• 3 SA Ambulance Service (SAAS) representatives.</li> </ul> <p>The CEIH continued to support the eight SCNs and other collaborations and partnerships, including the establishment of the Youth Advisory Group in February 2023. The overarching purpose of this group is to represent the voice and lived experience of young people in South Australia. There are 8 members of the Youth Advisory Group age ranging from 14 years – 25 years.</p> <p>The CEIH hosted an online live showcase for each SCN, 'The SCN Conversation Series', which were attended by almost 200 stakeholders, with over 90% indicating that by attending they increased their knowledge and/or awareness of an improvement or innovation.</p>

<p><b>Objective: Implement Stage 1 of the Patient Reported Measures Program</b></p>	
<p>Implementation planning for Stage 1 of the Patient Reported Measures Program</p> 	<p>Identified in-scope health services, followed by planning for initial implementation.</p>
<p>Procure a statewide digital platform for collecting and reporting patient experience and outcomes</p> 	<p>Completed the procurement of a Patient Reported Measures digital solution.</p>
<p><b>Objective: Develop a new model of care for Complex Care Patients co-designed with clinicians and consumers in a Local Health Network</b></p>	
<p>Develop a new model of care for Complex Care Patients co-designed with clinicians and consumers in a Local Health Network (LHN)</p> 	<p>This is a multi-year project. Significant progress was made in 2022-23 which included analysis of six diagnosis areas for complex care patients within general medicine with a view to reduce unwarranted clinical variation. Further review of care standards required to identify benchmark for measurement of variation, to allow investigation of warranted versus unwarranted.</p> <p>Direct clinical engagement has commenced to identify opportunities for the development of machine learning models and decision support tools. The CEIH is partnering across the system in the development of machine learning models to share resources and knowledge, and ensure tools being developed will meet the needs of clinicians across the system rather than in isolation.</p>

<p><b>Objective: Pilot a digital recording of patient consent with the Women’s and Children’s Health Network including patient information animation</b></p>	
<p>Improving informed consent for genetic testing</p> 	<p>Completed an informational animated video about genetic testing and an online electronic consent form based on a national genetic testing consent form and piloted in partnership with the Central Adelaide Local Health Network (CALHN) and the Women’s and Children’s Health Network (WCHN).</p> <p>Following the pilot, both CALHN and WCHN are continuing to use the online platform. The informational animated video has been translated into 10 community languages.</p>
<p><b>Objective: Pilot a personalised medicine in cancer approach with germline testing</b></p>	
<p>Personalised Care in Cancer</p> 	<p>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.</p> <p>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.</p> <p>Mainstream genetic testing packs and education was provided to over 300 clinicians. Data collection as part of project evaluation will be completed in 2023-24.</p>

**Other key activities and highlights**

During 2022-23 the CEIH aligned its projects to work streams to help theme and communicate our achievements in line with agency objectives:

- **Leadership and capability:**
  - Improvement Showcase: Brings together teams to 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 2022-23, Series 10 - Demand Management, attracted close to 400 registrations and over 200 attendees, reflecting the continued growing interest in the format.
  - Certified Health Informatician Accreditation (CHIA): CHIA builds capability and recognises skills and knowledge in informatics. In 2022-23, the CEIH sponsored 50 places from across the health sector towards achieving their certification, with candidates studying and undertaking

their examination into 2023-24. This brings the total sponsored places by the CEIH to 245 (across multiple years).

- Completed evaluation of the CHIA program through surveying participants, which showed positive feedback, concluding that CHIA is supporting capability building, and elevating conversations about the use of data and systems.
- Released a CEIH team co-designed Project Lifecycle, including 19 tools and templates, as a roadmap to support project management capability in SA health system. Since their public release in late December 2022, there has been 1147 webpage views and 483 downloads of the project lifecycle tools.

- **Resources and tools:**

To support our work the CEIH researched, synthesised and developed resources and tools and subsequently made these tools available via our website so that they can be broadly accessible:

- Effective partnerships, tools and templates
- Guide to building workplace wellbeing
- Innovation culture discussion paper including an innovation model
- Project lifecycle guide and tools
- Data visualisation best practice guide.

- **Partnerships:**

The CEIH developed a Partnerships Strategy with a focus on capability building and collaborative partnerships to deliver innovative and exceptional outcomes in addressing complex problems faced by the healthcare sector. The CEIH 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
- Northern Adelaide Wellbeing Partnership.

In addition to these formalised partnerships, there are numerous projects the CEIH is delivering in collaboration to maximise reach, impact and sustainability, including:

- The health journey mapping project led by the Adolescent Transition Care SCN which aims to understand the barriers and enablers to support transition of care for young people with complex health needs.
- Linking ANDHealth and SA Government agencies for AusMedtech conferences in Adelaide to engage and connect across sectors on digital health and innovation.

- **Consumer engagement:**

The CEIH demonstrates its commitment to supporting the consumer voice by utilising a range of engagement strategies including:

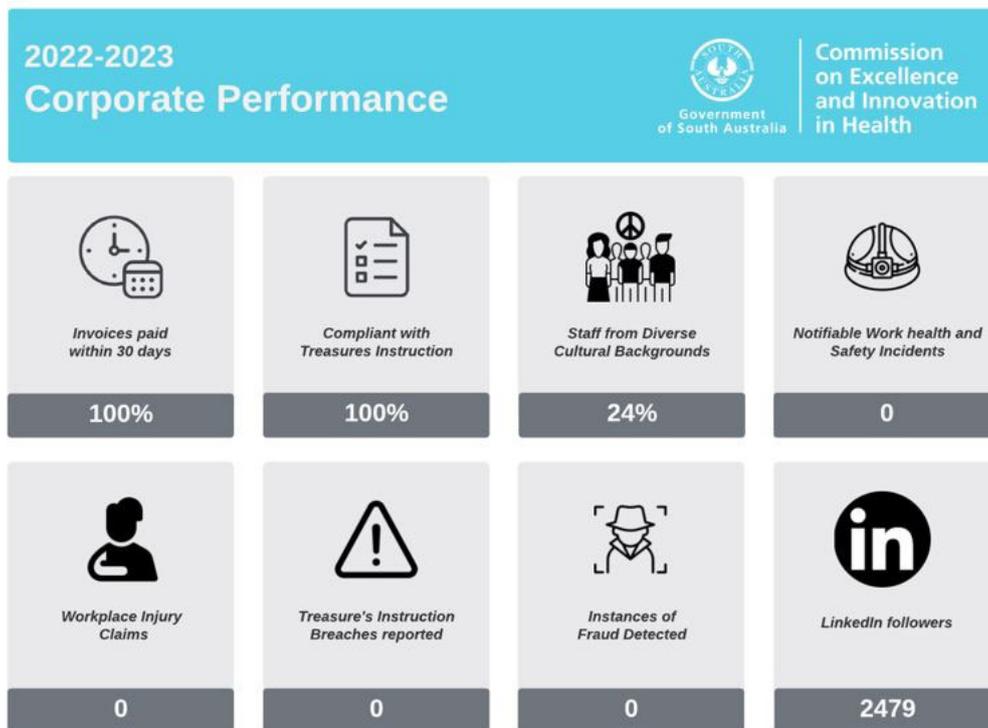
- Consumer Lead position to co-lead the Palliative Care SCN with a Clinical Lead
- Consumer representation across the SCNs and other key CEIH projects, including co-leading key working groups.

- Consumer and Community Lead position within the CEIH to provide strategic consumer engagement advice and support to consumer representatives
  - Formation of a new Youth Advisory Group including young people with lived experience of healthcare
  - Formation of the CEIH Community of Consumers to create a safe environment to learn and share
  - Capability training for consumer representatives
  - Training for SCN Clinical Leads to maximise consumer engagement
  - Supporting the LHN Consumer Engagement Professionals Community of Practice.
- **Strengthening workplace wellbeing:**

To achieve excellence and innovation in healthcare, the CEIH recognises the need to invest in workplace wellbeing culture. In addition to the guide mentioned previously, the CEIH has:

- Established a workforce wellbeing sub-committee of the SA Health Chief Executives' Council (HCEC) focusing on driving system-level action
- Led development of the 'Advancing healthcare workforce wellbeing across SA Health' plan for system-level collaborative action
- Delivered psychological health and safety training to over 60 SA Health leaders, including Chief Executive Officers.
- Developed a range of evidence-based resources including, 'Building workplace wellbeing: A guide to building sustainable workplace wellbeing within SA healthcare organisations', 'Measuring workplace wellbeing Fact Sheet'; and 'Strengthening healthcare workplace wellbeing in SA Discussion Paper'. There were approximately 400 downloads of these resources.
- Completed scoping to inform planning for consistent and validated individual wellbeing metrics for SA Health
- Supported an LHN to be the healthcare lead site in an innovative national, cross sector, multi-agency pilot of a wellbeing measurement and risk assessment tool.

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) are completed in September/October and March/April in line with DHW policies and procedures	<p>Two PRD cycles were completed within the financial year. 67% of staff and managers completed a formal performance development review.</p> <p>Note the following had an impact on completion of PRDs during 2022-23:</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>

<b>Work health, safety and return to work programs</b>	
<b>Program name</b>	<b>Performance</b>
<b>SA Health Employee Assistance Program (EAP)</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 were 2 new employee referrals for the 2022-23 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 (flu) vaccination is available to all SA Health workers. The 2023 SA Health Influenza (flu) Vaccination Program commenced on 14 April 2023.</p> <p>CEIH employees are included in the DHW annual influenza vaccination program.</p> <p>At 30 June 2023, 36% of the CEIH's employees have been administered a flu vaccination in 2023.</p>
<b>Flexible working arrangements</b>	<p>Flexible working arrangements are supported and provisions for working from home continued in 2022-23.</p>
<b>Workplace health and wellbeing</b>	<p>The CEIH is committed to developing a culture that will ensure CEIH staff feel safe and supported in the workplace and ensuring the safety and wellbeing of its people. The CEIH acknowledges the importance of an inclusive, positive and proactive culture that allows everyone to be their best, most authentic self. The</p>

	<p>CEIH Wellbeing and Safety Group (WSG) is well-established and continues to lead the work on wellbeing and safety initiatives in the CEIH.</p> <p>WSG members are provided protected time to support the planning and implementation of wellbeing initiatives throughout the year.</p> <p>In 2022-23, the WSG implemented a range of evidence-based health and wellbeing initiatives under the key focus areas of:</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>• Reconciliation</li> <li>• Diversity inclusion and belonging</li> <li>• Personal and professional development</li> <li>• Work Health and Safety.</li> </ul>
--	---

<b>Workplace injury claims</b>	2022-23	2021-22	% 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)	0.00	0.00	0.0%

*\*number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)*

<b>Work health and safety regulations</b>	2022-23	2021-22	% 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%

<b>Return to work costs**</b>	2022-23	2021-22	% 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**

<b>Executive classification</b>	<b>Number of executives</b>
Chief Executive (known as Commissioner)	1
SAES 1 Level	2

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

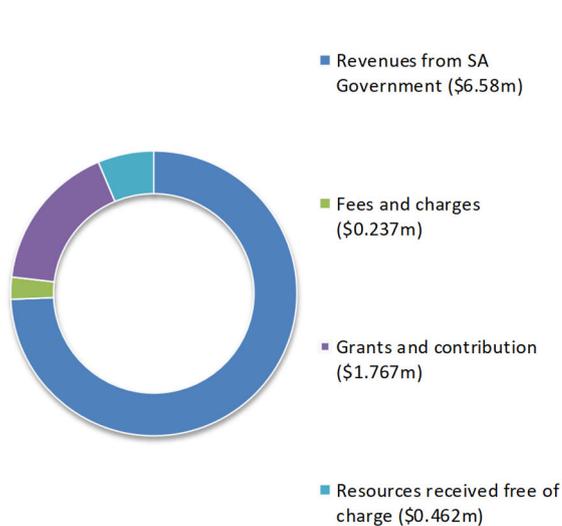
### Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. The audited financial statements for 2022-2023 are attached to this report.

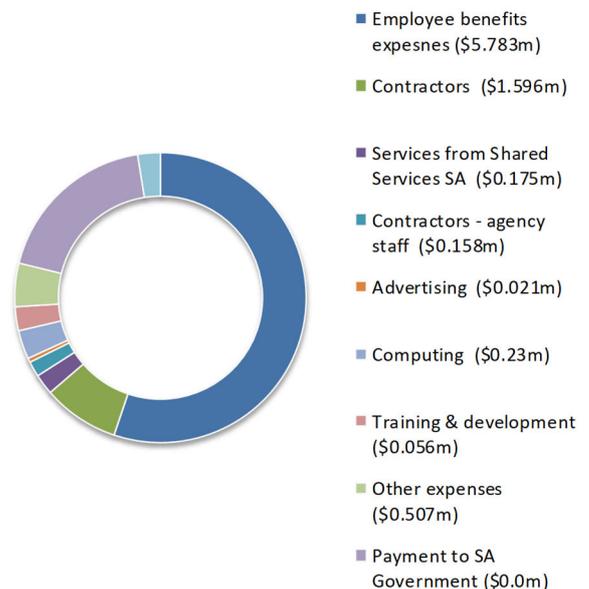
### Financial summary

Financial summary (\$000)	2022-23	%	2021-22	%	2020-21
		↑↓		↑↓	
Total income	9 089	↑ 14.1%	7 966	↑ 25.4%	6 352
Total expenses	9 028	↓ -8.5%	9 867	↑ 82.2%	5 414
Net result for the period	61	↑ 103.2%	( 1 901)	↓ -302.7%	938
Net cash provided by operating activities	677	↑ 141.9%	( 1 617)	↓ -272.4%	938
Total assets	1 217	↑ 47.0%	828	↓ -62.4%	2 205
Total liabilities	2 488	↑ 21.8%	2 042	↑ 34.5%	1 518
Net assets	( 1 271)	↓ -4.7%	( 1 214)	↓ -276.7%	687

Income by category 2022-23



Expenses by category 2022-23



### 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**

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
All consultancies below \$10,000 each - combined	Various	\$8,150

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

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Medical Expert	Termination of Pregnancy models of care - Stakeholder consultation and drafting of the first model of care.	\$18,182
	Total	\$18,182
	<b>Grant Total</b>	\$26,332

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 Includes 2021/22 accrual reversal for Riverland Mallee Coorong Local Health Network.	-\$27,485

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

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
The Clinician Limited	Software Service Solution for Patient reported measures Project (Jan – June 23).	\$507,587
Central Adelaide Local Health Network	Reimbursement for Statewide Clinical Network Lead.	\$384,035
Southern Adelaide Local Health Network Incorporated	Reimbursement for Statewide Clinical Network Lead.	\$318,373
Women’s and Children’s Health Network	Reimbursement for Statewide Clinical Network Lead.	\$197,868
Flinders University	Execution of agreement and Outline of Literature review for "Economic evaluation of genome sequencing" project.	\$91,497
SA Health	PRM Program Jan – May 23.	\$57,500
Northern Adelaide Local Health Network	Reimbursement for Statewide Clinical Network Lead.	\$22,736
SAHMRI	2022 MRFF Models of care to improve the efficiency and effectiveness of Acute care – Patient Flow Simulation Modelling.	\$19,636
Ghost Partners Ltd	Digitising Project Tools – Build collaborative digital project tools/resources to support the discovery and design phases of a CEIH project lifecycle.	\$13,920
TETRUS	Professional services – Monday.com solution and support services to enhance business operations.	\$10,000
	Total	\$1,623,151
	<b>Grand Total</b>	<b>\$1,595,666</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 the department on its structures, systems and processes designed to identify, prevent and respond to actual and potential risks, including how the department 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 tests 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*:

0

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	

## Reporting required under the *Carers' Recognition Act 2005*

NIL

## Public complaints

### Number of public complaints reported

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2022-23</b>
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
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

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2022-23</b>
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 service/ premises; poor cleanliness	0
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>	<b>0</b>

<b>Additional metrics</b>	<b>Total</b>
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: <https://data.sa.gov.au/data/dataset/public-complaints-commission-on-excellence-and-innovation-in-health>

**Service improvements**

NIL
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**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 2022-23**



Our ref: A23/004

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State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
Tel +618 8226 9640  
ABN 53 327 061 410  
audgensa@audit.sa.gov.au  
www.audit.sa.gov.au

Dr M Cusack  
Interim Commissioner  
Commission on Excellence and Innovation in Health  
PO Box 287  
Rundle Mall  
Adelaide SA 5000  
email: Michael.Cusack@sa.gov.au  
CEIHExcellence-Innovation@sa.gov.au

Dear Dr Cusack

**Audit of the Commission on Excellence and Innovation in Health  
for the year to 30 June 2023**

We have completed the audit of your accounts for the year ended 30 June 2023. Two key outcomes from the audit are the:

- 1 Independent Auditor's Report on your agency's financial report
- 2 audit management letters.

**1 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 Auditor-General's Department website. The enclosed Independent Auditor's Report and accompanying financial report will be published on that website on Tuesday, 17 October 2023.

**2 Audit management letters**

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

OFFICIAL

**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 agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions.

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

Yours sincerely



Daniel O'Donohue  
**Assistant Auditor-General (Financial Audit)**

28 September 2023

enc

# INDEPENDENT AUDITOR'S REPORT



Government of South Australia

Auditor-General's Department

Level 9  
State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
Tel +618 8226 9640  
ABN 53 327 061 410  
audgensa@audit.sa.gov.au  
www.audit.sa.gov.au

## To the Interim 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 2023.

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 2023, 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 Reporting Requirements.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2023
- a Statement of Financial Position as at 30 June 2023
- a Statement of Changes in Equity for the year ended 30 June 2023
- a Statement of Cash Flows for the year ended 30 June 2023
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Interim Commissioner and the Acting Business Operations Manager.

### 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 Interim Commissioner for the financial report**

The Interim 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 Reporting Requirements, 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 Interim 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 Interim 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 2023.

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 Interim Commissioner
- conclude on the appropriateness of the Interim 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.

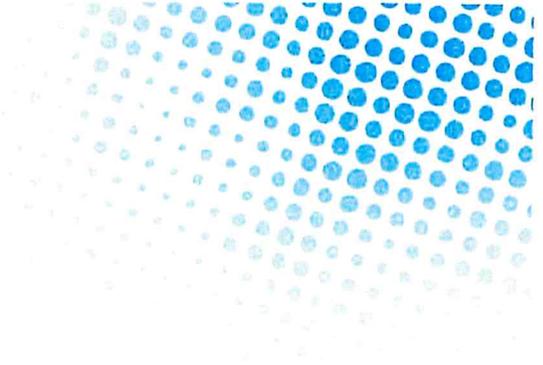
My report refers only to the financial report described above and does not provide assurance over the integrity of electronic publication by the entity on any website nor does it provide an opinion on other information which may have been hyperlinked to/from the report.

I communicate with the Interim 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  
**Assistant Auditor-General (Financial Audit)**

28 September 2023

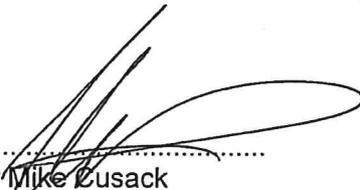


Req No: A5240252  
File No: 2022- 11027

**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.

.....  
  
 Dr Mike Busack  
 Interim Commissioner

Date .....28.9.22.....

.....  
  
 Grace Wen  
 A/Business Operations Manager

Date .....28 Sep 2022.....

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2023**

	Note	2023 \$'000	2022 \$'000
<b>Income</b>			
Revenues from SA Government	2	6,580	5,921
Fees and charges	3	237	200
Grants and contributions	4	1,767	1,341
Resources received free of charge	5	462	504
Other revenues/income	6	43	-
<b>Total income</b>		<b>9,089</b>	<b>7,966</b>
<b>Expenses</b>			
Payments to SA Government	2	-	1,840
Employee benefits expenses	7	5,783	5,443
Supplies and services	8	2,988	2,317
Grants and subsidies	9	222	248
Other expenses	10	35	19
<b>Total expenses</b>		<b>9,028</b>	<b>9,867</b>
<b>Net result</b>		<b>61</b>	<b>(1,901)</b>
<b>Total comprehensive result</b>		<b>61</b>	<b>(1,901)</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 2023**

	Note	2023 \$'000	2022 \$'000
<b>Current assets</b>			
Cash and cash equivalents	11	1,131	454
Receivables	12	86	356
<b>Total current assets</b>		<b>1,217</b>	<b>810</b>
<b>Total assets</b>		<b>1,217</b>	<b>810</b>
<b>Current liabilities</b>			
Payables	13	761	455
Employee benefits	14	652	584
Provisions	15	6	6
<b>Total current liabilities</b>		<b>1,419</b>	<b>1,045</b>
<b>Non-current liabilities</b>			
Payables	13	97	88
Employee benefits	14	962	901
Provisions	15	10	8
<b>Total non-current liabilities</b>		<b>1,069</b>	<b>997</b>
<b>Total liabilities</b>		<b>2,488</b>	<b>2,042</b>
<b>Net assets</b>		<b>(1,271)</b>	<b>(1,232)</b>
<b>Equity</b>			
Retained earnings		(1,271)	(1,232)
<b>Total equity</b>		<b>(1,271)</b>	<b>(1,232)</b>

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 2023**

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	Retained	Total
	earnings	equity
	\$ '000	\$ '000
<b>Balance at 30 June 2021</b>	<u>687</u>	<u>687</u>
Net result for 2021-22	(1,901)	(1,901)
<b>Total comprehensive result for 2021-22</b>	<u>(1,901)</u>	<u>(1,901)</u>
<b>Balance at 30 June 2022</b>	<u>(1,214)</u>	<u>(1,214)</u>
Prior period adjustment	1.6 (18)	(18)
<b>Restated balance at 30 June 2022</b>	<u>(1,232)</u>	<u>(1,232)</u>
Net result for 2022-23	61	61
<b>Total comprehensive result for 2022-23</b>	<u>61</u>	<u>61</u>
Net assets received from an administrative restructure	1.5 (100)	(100)
<b>Balance at 30 June 2023</b>	<u>(1,271)</u>	<u>(1,271)</u>

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 2023**

	Note	2023 \$'000	2022 \$'000
<b>Cash flows from operating activities</b>			
<b>Cash inflows</b>			
Receipts from SA Government		6,580	5,921
Fees and charges		498	60
Grants and contributions		1,767	1,206
Other receipts		43	-
GST recovered from ATO		212	138
<b>Cash generated from operations</b>		<u>9,100</u>	<u>7,325</u>
<b>Cash outflows</b>			
Employee benefits payments		(5,718)	(5,094)
Payments for supplies and services		(2,427)	(1,733)
Payments of grants and subsidies		(229)	(250)
Other payments		(49)	(25)
Payments to SA Government		-	(1,840)
<b>Cash used in operations</b>		<u>(8,423)</u>	<u>(8,942)</u>
<b>Net cash provided by/(used in) operating activities</b>		<u>677</u>	<u>(1,617)</u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		677	(1,617)
Cash and cash equivalents at the beginning of the period		454	2,071
<b>Cash and cash equivalents at the end of the period</b>	11	<u>1,131</u>	<u>454</u>

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 2023**

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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:

- bring together expertise from clinicians, consumers, health partners and other relevant stakeholders to maximise health outcomes for patients,
- is recognised as a centre for excellence, a strong partner for clinical improvement and innovation and will have recognised expertise which can influence design, and
- supports the provision of safer, more innovative and efficient healthcare through empowering clinicians and consumers.

**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.

These financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures. There has been no impact on the recognition and measurement of amounts recognised in the statements of financial position, profit and losses and other comprehensive income and cash flows of the Commission as a result of the change in the basis of preparation.

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.

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

The Commission is liable for fringe benefits tax, goods and services tax (GST) and payroll tax.

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.

The Commission is not subject to income tax. 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.

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**1.3 Continuity of operations**

As at 30 June 2023, the Commission had working capital deficiency of \$0.202 million. The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of the commission to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

**1.4 Change in accounting policy**

The Commission did not change any of its accounting policies during the year.

**1.5 Changes to administrative unit**

As a result of a minute approved by the Minister, governance of the Health Performance Council (HPC) was transferred from the Department of Health and Wellbeing to the Commission. Net liabilities of \$0.100 million were transferred to the Commission, consisting of payables (\$0.014 million) and employee benefits (\$0.086 million). This included the transfer of 2.0 FTEs.

Net liabilities transferred to the Commission as a result of the administrative restructure were at the carrying amount immediately prior to transfer, and were recognised directly in equity.

**1.6 Prior Period Adjustment**

The prior period error relates to a correction to prepayments of \$0.018 million.

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**2. Revenues from SA Government**

	2023	2022
	\$'000	\$'000
Operating purpose Appropriations from Consolidated Account pursuant to the Appropriation Act	6,566	5,921
Revenues from SA Government—Contingency funding provided by DTF	14	-
<b>Total revenues from SA Government</b>	<b>6,580</b>	<b>5,921</b>
Return of surplus cash pursuant to cash alignment policy	-	(1,840)
<b>Total payments to SA Government</b>	<b>-</b>	<b>(1,840)</b>

Appropriations and intra-governments transfers are recognised upon receipt.

**3. Fees and charges**

	2023	2022
	\$'000	\$'000
Fees for health services	237	200
<b>Total fees and charges</b>	<b>237</b>	<b>200</b>

Recharges for services provided to SA Government entities.

**4. Grants and contributions**

	2023	2022
	\$'000	\$'000
Commonwealth grants and contributions	112	-
Other SA Government grants and contributions	1,655	1,341
<b>Total grant and contributions</b>	<b>1,767</b>	<b>1,341</b>

Funding from the Department for Health and Wellbeing to support the Statewide Patient Reporting Measures program (PRMs) and funding from the Commonwealth to manage the SA Virtual Care Service program in collaboration with the South Australian Health and Medical Research Institute (SAHMRI). 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**

	2023	2022
	\$'000	\$'000
Services	182	234
Other	280	270
<b>Total resources received free of charge</b>	<b>462</b>	<b>504</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 \$0.175 million (\$0.224 million) and ICT (information and communication technology) services from Department of Premier and Cabinet valued at \$0.008 million (\$0.010 million), following Cabinet's approval to cease intra-government charging. In addition, the Commission received accommodation from the DHW free of charge valued at \$0.280 million (\$0.270 million).

**6. Other revenues/income**

	2023	2022
	\$'000	\$'000
Other	43	-
<b>Total other revenues/income</b>	<b>43</b>	<b>-</b>

Other Revenue includes \$0.021 million (nil) for recoveries of salary overpayments and \$0.020 million (nil) for recoveries of grant funding.

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**7. Employee benefits expenses**

	2023	2022
	\$'000	\$'000
Salaries and wages	4,202	3,901
Long service leave	139	266
Annual leave	428	528
Skills and experience retention leave	45	33
Employment on-costs - superannuation*	499	456
Employment on-costs - other	238	208
Workers compensation	3	-
Board and committee fees	226	45
Other employee related expenses	3	6
<b>Total employee benefits expenses</b>	<b>5,783</b>	<b>5,443</b>

\* The superannuation employment on-cost charge represents the Commission's contribution to superannuation plans in respect of current services of current employees. The Department of Treasury and Finance (DTF) centrally recognises the superannuation liability in the whole-of-government financial statements.

**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 \$0.800m (\$0.991m), excluding salaries and other benefits of the Minister. 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**

	2023	2022
	No. of	No. of
	Members	Members
\$0	502	355
\$1 - \$20,000	38	18
\$20,001 - \$40,000	3	1
<b>Total</b>	<b>543</b>	<b>374</b>

The total remuneration received or receivable by members was \$0.233 million (\$0.045 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 favorable 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 21 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.

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**7.3 Remuneration of employees**

	2023	2022
The number of employees whose remuneration received or receivable falls within the following bands:	No.	No.
\$157,001 - \$160,000*	n/a	1
\$160,001 - \$180,000	1	-
\$180,001 - \$200,000	-	-
\$200,001 - \$220,000	1	2
\$220,001 - \$240,000	2	-
\$460,001 - \$480,000	-	1
<b>Total number of employees</b>	<b>4</b>	<b>4</b>

The table includes all employees whose normal remuneration is 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 \$0.830m (\$1.045m). \*This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2021-22.

**8. Supplies and services**

	2023	2022
	\$'000	\$'000
Administration	3	4
Advertising	21	46
Communication	140	71
Computing	230	316
Consultants	26	-
Contract of services	105	-
Contractors	1,596	838
Contractors - agency staff	158	169
Food supplies	4	3
Minor equipment	2	11
Occupancy rent and rates	280	270
Postage	-	1
Printing and stationery	1	1
Rental expense on operating lease	4	4
Repairs and maintenance	-	5
Services from Shared Services SA	175	226
Training and development	56	263
Travel expenses	59	8
Other supplies and services	128	81
<b>Total supplies and services</b>	<b>2,988</b>	<b>2,317</b>

**9. Grants and subsidies**

	2023	2022
	\$'000	\$'000
Recurrent grants	-	100
Funding to non-government organisations	163	146
Other	59	2
<b>Total grants and subsidies</b>	<b>222</b>	<b>248</b>

Grants relate to funding to support the South Australia Medical and Medical Research Institute (Health Translation SA Governance Agreement and Patient Reported Measures Project), Women's and Children Local Health Network (Better Me prototype), and Central Adelaide Local Health Network (SA Clinical Practice Guidelines and Mobile Patient Pathway).

**10. Other expenses**

	2023	2022
	\$'000	\$'000
Other	35	19
<b>Total other expenses</b>	<b>35</b>	<b>19</b>

Other expenses consist of fees paid/payable to the Auditor-General's Department relating to work performed under the Public Finance and Audit Act 1987 of \$0.025 million (\$0.019 million).

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**11. Cash and cash equivalents**

Cash is measured at nominal amounts. The Commission has a deposit account (general operating) of \$1.131m (\$0.454m) with the Treasurer. The Commission does not earn interest on this account. The Government has a policy to align cash balances with the appropriation and expenditure authority.

**12. Receivables**

	2023	2022
	\$'000	\$'000
<b>Current</b>		
Debtors	17	278
Prepayments	7	69
Sundry receivables and accrued revenue	5	3
GST input tax recoverable	57	6
<b>Total current receivables</b>	<b>86</b>	<b>356</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.

**13. Payables**

	2023	2022
	\$'000	\$'000
<b>Current</b>		
Creditors and accrued expenses	653	365
Paid Parental Leave Scheme	4	-
Employment on-costs*	104	90
<b>Total current payables</b>	<b>761</b>	<b>455</b>
<b>Non-current</b>		
Employment on-costs*	97	88
<b>Total non-current payables</b>	<b>97</b>	<b>88</b>
<b>Total payables</b>	<b>858</b>	<b>543</b>

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 30 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.

\*Employees on-costs include Return to Work SA levies and superannuation contributions and payroll tax 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 is has increased from 2022 (42%) to 43%, and the average factor for the calculation of employer superannuation on-costs has increased from the 2022 rate (10.6%) to 11.1% 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 benefits expenses of \$0.007m. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

Refer to Note 20 for information on risk management.

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**14. Employee benefits**

	2023	2022
	\$'000	\$'000
<b>Current</b>		
Accrued salaries and wages	23	26
Annual leave	495	451
Long service leave	87	80
Skills and experience retention leave	47	27
<b>Total current employee benefits</b>	<b>652</b>	<b>584</b>
<b>Non-current</b>		
Long service leave	962	901
<b>Total non-current employee benefits</b>	<b>962</b>	<b>901</b>
<b>Total employee benefits</b>	<b>1,614</b>	<b>1,485</b>

Employee benefits accrue as a result of services provided up to the reporting date that remain unpaid. Long-term employee benefits are measured at present value and short-term employee benefits 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 is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2022 rate (1.5%) to 2.0% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee staff benefits liability and employee benefits expenses of \$3,000.

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.

*AASB 119 Employee Benefits* contains the calculation methodology for long service leave liability. 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.

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2022 (3.5%) to 4.0%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF increased the salary inflation rate from 2022 (2.5%) to 3.5% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of \$0.034m, decrease in payables (employee on-costs) of \$0.002m and decrease in employee benefits expense of \$0.036m. 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 current year based on leave taken in prior years.

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**15. Provisions**

The provision consists only of workers compensation.

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

	2023	2022
	\$'000	\$'000
Carrying amount at the beginning of the period	14	14
Increase/ (Decrease) resulting from re-measurement or settlement without cost	2	-
<b>Carrying amount at the end of the period</b>	<b>16</b>	<b>14</b>

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

The Commission is an exempt employer under the *Return to Work Act 2014*. Under a scheme arrangement, 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 2023 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.

*Other expenditure commitments*

	2023	2022
	\$'000	\$'000
Within one year	103	171
Later than one year but not longer than five years	-	66
<b>Total expenditure commitments</b>	<b>103</b>	<b>237</b>

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

**17. Contingent assets and liabilities**

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

The Commission is not aware of any contingent assets and liabilities. In addition, the Commission has made no guarantees.

**18. Events after balance date**

The Commission is not aware of any material after balance date events.

**19. Impact of Standards not yet implemented**

The Commission has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and does not expect these to have a material impact on the Commission's financial statements. There are no Accounting Policy Statements that are not yet in effect.

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**20. 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 measured 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.

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**21. 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
Clinical Network Executive Group Committee	33	Earle-Bandaralage L, Lunawat N, Hourigan K
Clinical Advisory Council Committee	4	Williams H, Yarwood S
Statewide Adolescence Transition Care Clinical Network Committee	16	Dee-Price B, Paterson J, Whannel K, Wright S, Collins C, Wood A, Joseph H, Barrett I, Gow M, Chu Z, Paior-Smith B, Pikusa-Bishop R
Statewide Cancer Clinical Network Committee	31	Corsini N, Haseloff M, Robertson A, Roder D, Ostroff C, Morey K, Calver T, Geoghegan J, Powell S
Statewide Cardiac Care Network Committee	119	Coovar A, Ajaero C, Rowett D, Lau D, Turland F, Young G, Klemm G, Stanek J, Hendriks J, Wanguhu K, Roberts-Thomson K, Roberts L, Ludlow M, Pivetta M, Emami M, Frank O, Sanders P, Mahajan R, French R, Hillcock R, Roberts-Thomson R, Lockwood S, Tucker T, Keech W, Senior D, Nitschke D, Lynch D, Ramage M, Clark R, Norton S, Barnard R, Bruhn D, O'Shaughnessy E, Wyatt D, Beecher I, Kamau L, Northcott J
Statewide Chronic Pain Clinical Network Committee	21	Cox M, Lau K, Shannon E, Wing M, Trotta L, Karan E, Flower J, Edge N, Stratil R
Statewide Palliative Care Clinical Network Committee	43	Gregory A, Amato C, Roach D, Morgan D, Moncrieff D, Wolfenden E, Stone H, Pappin J, Smith J, Hughes J, Hourigan K, Fraser K, Cutting L, King L, Jones L, Brooksbank M, Giles-Clark M, Lock M, Akhlaghi N, Williams R, Plew S, Schutz S, Walllett T, Caughy G, Marshall J, McMahon J, Soriano J, Waters M, Rosa R, Byrne S, Pidgeon T, Mills S, Traverse S
Statewide Surgical and Perioperative Clinical Network Committee	48	Materne K, Coles S, Altmann M, Lyndon E, Nolan M, Marzec M
Statewide Urgent and Emergent Care Clinical Network Committee	20	Pappin J, Whiteway L, Williams J
Statewide Clinical Genomics Network Steering Committee	23	Craig J, Geez J, Geoghegan J, Kile B, Kimber A, Lower K, Lynn D, Roberts-Thomson A, Suppiah V, Suthers G, White D, Webber D, March L, Corena M, Powell T, Bauer D, Palmer L
Health Performance Council	-	Al-Khatfaji M, Duckett S, Hensher M, Lehmann T, Martin K, Searle J, Tyson D, Watson D
Community of Consumers	-	Williams P, Wing M, Haseloff M, Tucker T, Norton S, Klemm G, Powell T, Corena M, Coles S, Whiteway L, Earle-Bandaralage L, Lunawat N
Patient Reported Measures Program Board	17	Bayley A, Brownwood I, Ratcliffe J, Bull C, Ruseckaite R, Tinsley M, Williams A
Youth Advisory Group	-	Law A, Wood A, Joseph H, Barrett I, Sajkunovic J, Gow M, Chu Z, Paior-Smith B, Brown O, Pikusa-Bishop R

Refer to note 7.2 for remuneration of board and committee members