



**Government
of South Australia**

COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH **2021-22 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 *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:

Professor Derek Chew

Commissioner

Commission on Excellence and Innovation in Health



Date 29 September 2022

Signature

From the Commissioner

Reporting direct to the Minister for Health and Wellbeing and proclaimed as an attached office to the Department for Health and Wellbeing (DHW) under the *Public Sector Act 2009* on 6 January 2020, the Commission on Excellence and Innovation in Health (CEIH) is now two and a half years into its establishment. The CEIH continues to deliver on its mission to support clinical leadership, provide advice on and enable system and service redesign for the promotion of excellence and innovation across healthcare in South Australia. We achieve this by seeking novel perspectives and solutions to health system challenges, through partnerships with key clinical and consumer stakeholders to deliver innovative approaches to better healthcare.



The CEIH has also been served by a dynamic Clinical Advisory Committee (CAC) chaired by Mr Stephen Yarwood, urban futurist and former Lord Mayor of Adelaide. Together with Mr Yarwood, we continue the engagement of government, industry, community and clinical leaders around the core challenges and opportunities towards a modern health care system.

Delivering on the Commission's Strategic Plan 2020 –2023, we have:

- Continued the work of the Statewide Clinical Networks to engage communities engaged in re-imagining how care is delivered in partnership with consumers
- Evaluated a series of initiatives aimed at reducing demand in the acute care system
- Co-ordinated and secured Medical Research Future Fund (MRFF) grants for initiatives to improve clinical effectiveness in areas impacting congestion in the acute care sector
- Partnered with the Office of the Chief Medical Information Officer and Digital Health SA to enhance the delivery of clinical and systems insights to support clinical change
- Together with Health Translation SA, initiated a Patient Reported Measures Research Collaborative with strong consumer engagement
- Progressed the procurement of a Statewide digital platform for the capture of Patient Reported Measures (outcomes and experience)
- Developed a strategy for a system wide approach to health care worker wellbeing.

Despite the challenges of the COVID-19 pandemic and its impacts on the health system, we continue to pursue our strategic objectives of:

- Excellent health outcomes and experiences for everyone
- Consumers, carers and clinicians engaged in design, delivery and evaluation of health services
- Increased confidence and pride in the South Australian health system
- A culture in the health system of innovation and striving for excellence.

I would like to thank all our partners, collaborators, and staff past and present for their efforts during 2021-22.

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

Professor Derek Chew
Commissioner
Commission on Excellence and Innovation in Health

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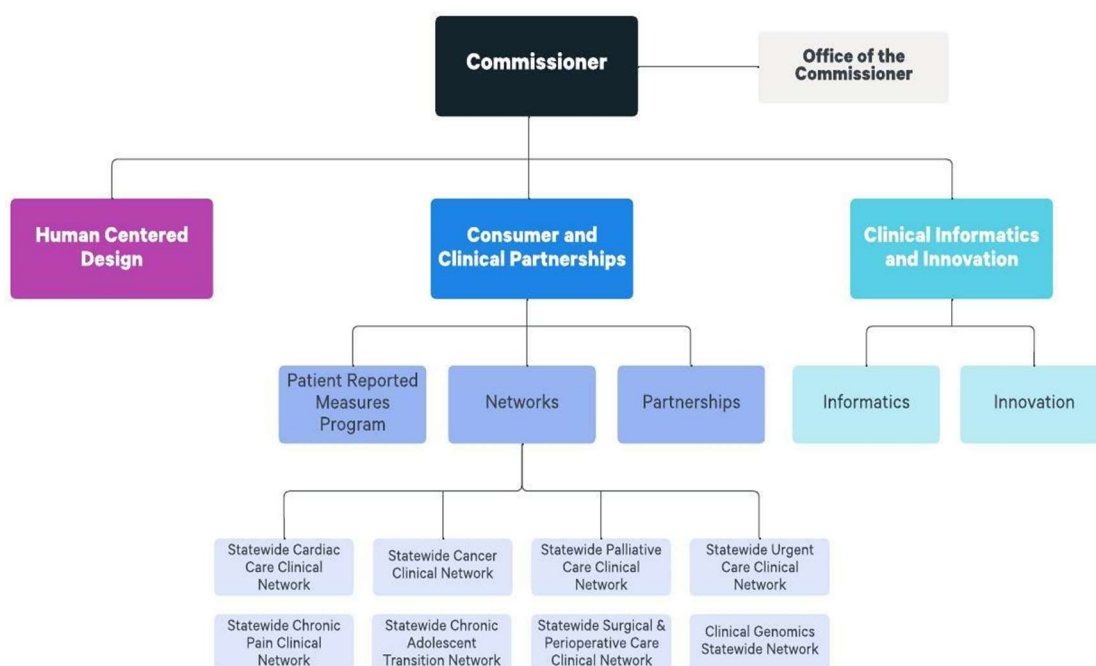
Overview: about the agency

Our strategic focus

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

	<ul style="list-style-type: none"> • 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.
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Our organisational structure



Changes to the agency

During 2021-22 the following changes occurred to the agency's structure:

- The Patient Reported Measures (PRMs) Program team commenced in July 2021 following approval of a business case which included funding provided by the Department for Health and Wellbeing.
- Effective 1 July 2021 the Clinical Informatics Advisory Group (CIAG) and Improvement and Innovation Advisory Group were amalgamated with the Clinical Advisory Council (CAC).
- In December 2021 the following responsibility and reporting lines were transferred from the Human Centred Design Directorate:
 - Innovation transferred to the Clinical Informatics Directorate.
 - Patient Reported Measures Program transferred to the Consumer and Clinical Partnerships Directorate.

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

Professor Derek Chew Commissioner

Appointed as Commissioner on 1 March 2021. Professor Chew is a cardiologist and health systems researcher. He has a MPH from the Harvard School of Public Health, and his PhD thesis explored the factors for improving heart attack care in Australia. Prior to joining the Commission, he led the Heart and Vascular program of the SAHMRI and co-led the Lifelong Health Theme and was the Network Director of Cardiology for the Southern Adelaide Local Health Network. He has had several roles in clinical guideline development and continues to contribute to federal efforts to improve cardiovascular care and outcomes.



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 with 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. At their request, a closed Facebook group was created as an online environment where members can stay informed about our work or can opt to participate in various projects and activities.

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 Framework provide a capacity building mechanism with a view to long-term sustainability and growth system-wide.

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

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

The **Statewide Cancer 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 **Statewide Cardiac Care 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 **Statewide Palliative Care 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 **Statewide Urgent Care 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 **Statewide Chronic Pain 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 **Statewide Adolescent Transition Care 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 **Statewide Surgical and Perioperative Care 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 **Statewide Clinical Genomics 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 2021-22 include:

- Completed an independent evaluation of Demand Management Initiatives for DHW and the Local Health Networks
- Completed an evaluation of urgent surgical services and capacity across Metropolitan Adelaide
- Established a clinical systems environment for the design and evaluation of new models of pre-hospital care within the Virtual Care Service
- Within a state-wide collaboration of clinicians and researchers, secured a Medical Research Future Fund grant for \$2.9M over 5 years, to redesign and implement new approaches to pre-hospital assessment of chest pain, reduce variation in acute care, and improve effectiveness of care among complex patients groups
- Appointed new leads of the Urgent Care, Palliative Care and Cardiac Care Statewide Clinical Networks
- Progressed the procurement of a state-wide system for the measurement of patient reported measures of service and system performance
- Developed a strategy to support excellence in healthcare worker wellbeing and enhance clinical change.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	The CEIH is connecting health providers with South Australian health technology companies and other partners to work together to develop solutions to complex health problems.
Lower costs	By helping the health system across South Australia, focusing on clinician led problems and solutions to improve health care, the health system will achieve better value with a sustainable impact and the community will achieve better health, both contributing positively to the economy of South Australia.
Better Services	The CEIH vision is "Together, let's create better healthcare for South Australians". In delivering on this vision, the CEIH helps health services across South Australia deliver better healthcare for the people using them and the people working in them.

Agency Specific objectives and performance

Indicators	Performance
Objective: Excellent health outcomes and experiences for everyone. Objective: Consumers, carers and clinicians engaged in design, delivery and evaluation of health services.	
Implement a strategy to support clinicians and consumers in their mutual engagement capability (2020-2021 Objective)	Completed Further structural integration of strategic consumer voice into CEIH business through appointment of a new CEIH Consumer Lead position and an innovative Consumer Co-Lead position for a CEIH Clinical Network. IAP2 training (internationally accredited public participation training) of almost 50 CEIH consumer representatives and Clinical Leads. Supported the CEIH Community of Consumers to host a SA Consumer Engagement Forum of more than 60 participants plus follow-up online and regional community engagement activities.
Roll-out a digital innovation and project management toolkit that assist practitioners in scoping, executing and sustaining their initiatives (2020-2021 Objective)	90% Completed This project required the development of a tailored project lifecycle with supporting design and planning tools. The lifecycle and supporting tools are in use within the CEIH for final refinement before being made available through the CEIH website.
Pilot systematic measurement of health workforce wellbeing	Completed The CEIH staff trialled a product for internal use during 2021-22 and conducted an internal evaluation. This tool was more extensive than needed in a non-clinical small organisation. A new wellbeing psychosocial safety risk assessment tool is being piloted as part of a broader wellbeing intervention in partnership with a Local Health Network.

<p>Establish and implement a Patient Reported Measures program</p> <p>Procure a statewide digital platform for collecting and reporting patient experience and outcomes</p>	<p>75% Completed</p> <p>The PRM Program team commenced in July 2021. Program establishment work has included the convening of a PRM Program Board, and undertaking detailed implementation planning and an open procurement process for the PRM Program digital solution.</p> <p>In partnership with Health Translation SA, the CEIH has established a PRMs Research Collaborative (The Collaborative), building a professional network of people with expertise in PRMs research from across the health and academic sectors through membership to The Collaborative.</p>
<p>Objective: A culture in the health system of innovation and striving for excellence</p>	
<p>Drive the development of a governance structure for the management of data within SA Health.</p>	<p>Ongoing</p> <p>This work is ongoing. One of the key pieces of work undertaken in 2021-22, the CEIH supported a working party aligned to the Data and Analytics project led through SA Health to review mechanisms (including legislation) that enable safe and appropriate access and sharing of data.</p>
<p>Leverage our Idea and Collaboration tool for at least 5 health system challenges</p>	<p>Delayed - Closed</p> <p>With the health system focussed on COVID-19 and other internal pressures this objective was delayed. One challenge was achieved through the tool. This work will be taken forward as part of the CEIH Innovation Strategy (under development).</p>
<p>Deliver a state-wide model of care for perinatal thalassemia/haemoglobinopathy management</p>	<p>Completed</p> <p>Further to a current state analysis, a statewide workshop was held to identify opportunities to Improving the Identification and Management of Haemoglobinopathies and Thalassaemia in Pregnancy</p> <p>A standalone external (to CEIH) representative stakeholder group has been established to further consider the issues, barriers and enablers identified by workshop participants and develop solutions for better coordination for screening for thalassaemia in SA.</p>

Other Key Activities and Highlights

During 2021-2022 the CEIH aligned its projects to work streams to help theme and communicate our achievements in line the CEIH agency objectives:

Initiatives	Overview / Key Activities
Theme: Invest in Leadership – build capability across the system	
Virtual Care Service (VCS) Partnership – Discovery	<p>The Statewide Urgent Care Clinical Network partnered with the VCS to provide strategic advice and support, clinical leadership and insight delivery for select projects.</p> <p>This involved working closely with the VCS team to identify challenges and opportunities, supporting insight discovery, undertaking stakeholder consultation and providing recommendations and high-level current to future state model options recommending a pilot phase to commence in 2022-23.</p>
Regional LHN Capability Development Initiative	<p>In June 2021, CEIH launched the Regional Local Health Network Partnership Initiative which aimed to build healthcare innovation and excellence capability with nominated participants from the six Regional Local Health Networks (LHNs). Tailored CEIH training included problem framing, design thinking, project management and using data insights plus ongoing mentoring to further refine ideas and facilitate connections across the system.</p> <p>The initiative culminated in participants presenting project briefs to their LHN Executive teams, with four proposals supported and underway.</p> <p>Following the initiative, several LHN line managers reported improvements in the participants' knowledge, skills and systems thinking approach. Participants themselves have reported greater confidence in problem framing, using innovation processes and delivering data insights.</p>
Improvement Showcase	<p>The CEIH Improvement Showcase (The Showcase) brings together teams to share the improvements made in healthcare in South Australia. The Showcase provides a platform for people to connect and explore why improvements were needed, how the change occurred, and what impacts they had. The Improvement Showcase is held live online and includes a presentation followed by interactive</p>

	<p>question and answer format. Presentations are published through the CEIH's digital channels to enable accessibility for a broad audience.</p> <p>The Showcase explores a different theme in each series. In 2021-22 the themes included; Demand Management, Data in Action, Hospital Avoidance Strategies, Vulnerable Populations and Ageing Well.</p> <p>In 2021-22, close to 500 attendees tuned in to a live session, while the Improvement Showcase registered over 1000 views on YouTube for its recorded sessions.</p>
Statewide Clinical Networks Capability Development and Community Building	<p>The program is focused on building capability of individuals as leaders to orchestrate development of clinical communities across institutional boundaries.</p> <p>An important role of the CEIH is to work with the Statewide Clinical Networks to support and build capability and skills to navigate across the health system and beyond. This enables sustainable communities to be established with sustainable impact and growth. In 2021-22 each network was assessed and capability development needs identified in a tailored action plan to address these.</p>
Certified Health Informatician Accreditation (CHIA) Program	<p>CHIA builds capability and recognises skills and knowledge in informatics.</p> <p>In 2021-22 the CEIH sponsored 60 places from across the health sector towards achieving their certification, with candidates studying and undertaking their examination into 2022-23. This brings the total sponsored places (across multiple years) by the CEIH to 195.</p>
Theme: Deliver Insight – drive change, lead to action	
Actionable Clinical Insights Delivery	<p>An initiative to deliver real time clinical decision support at the point of care – including machine learning, virtual registries, inter/intra site patient journeys, streaming analytics, efficiency and productivity analytics etc. This work aims to create common standards and logic that can be utilised across the health sector to encourage collaboration, scalability, reduce duplication and improve quality insights.</p> <p>During 2021-22, leveraging previous work, further activities were undertaken to assess infrastructure (including the requirements and design for virtual</p>

	<p>registries and real time clinical decision support), establish high-level work packages, explore and test insights including analysis and logic to interpret and analyse patient flow. Significant progress has been made on the development of several virtual registries in cardiology and respiratory areas and the associated architecture and software product enhancements to support this work. The CEIH acknowledges Digital Health SA (DHSA in SA Health) have been critical in enabling this work.</p> <p>This work will continue into 2022-23 and is foundational to all insight driven approaches of the CEIH, Statewide Clinical Networks and our partners building core capabilities for the CEIH and the health system.</p>
Evaluation of Demand Management Initiatives	<p>Provide insight at a system level of the impact of multiple initiatives related to managing demand.</p> <p>The CEIH considered a number of pilot health initiatives related to system demand through a process that included (near) real-time monitoring via a series of dashboards, quantitative analysis of a number of process and efficiency measures, and engagement with Local Health Networks to discuss project learnings and outcomes to inform qualitative analysis. This was supplemented by a high level economic analysis.</p> <p>Overall the evaluation found that further time was required to understand the impact of the initiatives but did make some internal recommendations. These recommendations reflect common themes found across all the initiatives that demonstrate the health system must work together at all levels to achieve sustainability and impact.</p>
Cancer Registry Interface	<p>This work is designed to link a population monitoring and surveillance cancer registry for South Australia with clinical treatment registry data held in a separate repository. It is a collaborative project led by the Statewide Cancer Clinical Network and Wellbeing SA.</p>

Theme: Our Enablers – enable the CEIH to deliver impact	
Innovation Strategy	<p>A strategy to identify and address barriers that stifle innovation. Creating opportunities for delivering emerging innovations and technologies across the health care continuum.</p> <p>Consultation on the processes and tools required to achieve the objective were undertaken across a wide stakeholder group including clinicians, industry, government and research. This involved building strong relationships across the sector as well as identifying opportunities and ensuring alignment to key strategic priorities of the Government. Draft innovation models and products were also ‘road tested’ and will be used in 2022-23 to finalise and launch core products.</p>
Stakeholder Management Tool (SMT)	<p>The CEIH works with a broad range of stakeholders and sometimes the same stakeholders but in different capacities. Often the greatest value that can be made is to connect people across the health system. A SMT is critical to ensure that stakeholder value is recognised, valued and co-ordinated but also that any gaps can be identified and addressed. In 2021-22 detailed requirements, market assessment and procurement of a SMT was undertaken. This tool will be piloted and if successful, further configured, implemented and users trained in 2022-23.</p>
Theme: Worker Wellbeing – identify scalable interventions	
Compassion Collaborative	<p>The CEIH partnered with ‘Compassion Revolution’ to establish a Compassion Collaborative (CC) for the SA health workforce for a 12-month trial. Collaborators met monthly on a purpose-built platform, to share ideas and test practical ways to sustain and increase compassion within the SA health sector. It was also a space to develop resources and inspire compassionate workplace action.</p> <p>Reflection of the trial indicated initial positive engagement but that the demands of COVID-19 on the workforce adversely impacted Collaborative members’ capacity to engage. Experience from the CC has informed a consultation and strategy that lays the foundation for a program of work to tackle healthcare worker burnout in the post-pandemic environment.</p>

Creating Excellence in Workplace Wellbeing Culture	<p>The CEIH recognises its role in creating a healthy, safe and thriving workplace culture across the South Australian health sector to support positive health and wellbeing outcomes for the workforce and consumers.</p> <p>The CEIH conducted a project scoping process and designed a current state and future state model based on international best practice and consultation with over 50 key stakeholders across the sector. This process informed a draft strategic approach to identifying and addressing work-related factors impacting on workforce wellbeing culture and effectiveness across the health system. The strategic approach aims to address identified gaps and build organisational and system capacity and capability to drive change.</p>
Local Health Network Culture Lab	<p>In partnership with one LHN, the CEIH has supported the planning and interventions to improve workforce culture and worker wellbeing through building local capabilities.</p> <p>Work has included problem framing, review of workforce and wellbeing data and identification of best practice opportunities.</p> <p>The LHN has been supported to be part of an innovative national, cross sector, multi-agency pilot. The pilot includes implementation of a supportive digital application and supports development of a local comprehensive approach to workforce wellbeing data collection, planning and action.</p>
Theme: Partner Projects – innovation, excellence and best practice	
Improving informed consent for genetic testing	<p>The clinical and social implications of our new era of genetic medicine can be difficult for the general public to understand, yet informed consent for genetic testing is critical. The overall objective is to make this process as informed and easy as possible, especially considering the duress families are often under when seeking a genetic diagnosis.</p> <p>In 2021-22 preparation work was undertaken including content development, consultation and application support for a pilot using a digital platform to allow South Australians to better understand the implications of genetic testing to ensure they are able to give informed consent.</p>

Personalised Care in Cancer	<p>Development of a state-wide framework will enable consistent and standardised guidelines and pathways for patients with cancer to improve germline genetic testing rates, reduce wait-times, inform cancer care treatment and ultimately improve cancer care.</p> <p>The framework is being co-developed and guided by a multi-disciplinary Working Group that will align stakeholder interests across the health care system. The working group has been formed and a comprehensive current state analysis has been conducted. The outcomes of the current state analysis will be used to develop the state-wide framework and identify activities required to support implementation in collaboration with the working group.</p>
Aboriginal Health Data Partnership	<p>The Aboriginal Health Branch in the DHW partnered with the CEIH to support cross sector partnership and collaboration to rethink approaches to measuring outcomes and health system effectiveness.</p> <p>This initiative is working to improve Aboriginal Australians' experience of the health system by better use of Aboriginal health data across the system.</p>
Optimised Pre-Surgical Care	<p>Optimised Pre-Surgical Care will form a major body of work for the Statewide Surgical and Peri-operative Care Network, aiming to improve patient outcomes and health care delivery for all patients undergoing a surgical procedure across South Australia.</p> <p>The Network's Steering Committee initiated an assessment of current programs being used in this field and formulating innovative new ways to achieve an improvement in delivery of optimised pre-surgical care.</p>
Emergency Surgery Data Analysis	<p>The Statewide Surgical and Peri-operative Care Network aimed to understand the previously unmeasured service demand and capacity for emergency surgery across metropolitan Adelaide including factors and impact this may have on the health system and health outcomes. This included examining emergency surgery waiting times to determine if there was evidence of people waiting longer for emergency surgery than clinically planned and, if so, the size and magnitude of the problem.</p>

	<p>Clinician representatives from across Local Health Networks were brought together with an insight driven approach resulting in a series of recommendations for further action in 2022-23. This project will form the foundation for further clinician-led work on improving access to urgent surgery in 2023.</p>
Improving Rural to Metro transfers for Urgent Mental Health Care	<p>The CEIH partnered with the Statewide Urgent Care Clinical Network to deliver an improvement project related to the accessibility of urgent care for people presenting with mental health conditions living in rural areas. The project was informed by consultation with key stakeholders, including clinicians, consumers, mental health organisations, SA Ambulance Service and the Office of the Chief Psychiatrist.</p> <p>Central Adelaide Local Health Network and Riverland Mallee Coorong Local Health Network agreed to collaborate on a project with the CEIH, with the plan to co-design and pilot improvements that would have a positive effect on the journey of rural to metro mental health patients requiring urgent care.</p> <p>A design workshop was facilitated by the CEIH in August 2021. Areas of need were prioritised, with the partnership agreeing on actions to progress as improvement activities both within and across LHNs.</p>
Adolescent Transition Research Project	<p>This project is a collaboration between the CEIH, Statewide Adolescent Transition Care Clinical Network and the Better Start group led by Prof. John Lynch at the University of Adelaide. The project will facilitate the linking of longitudinal data from two existing but separate databases that will combine health and social system data (e.g. emergency presentations, education, welfare) and outpatient data from the Women's and Children's Hospital (WCHN).</p> <p>The project aims to explore the feasibility of utilising these linked datasets to answer questions around how young people with a chronic illness transition from paediatric to adult services, and identify predictors of poor transition and exploring the impact of chronic illness on long term life outcomes. Ethics approvals are currently being prepared.</p>

Cancer Multidisciplinary Team (MDT) Improvement Project	The Statewide Cancer Clinical Network identified opportunities to improve care through examination of processes, documentation, access to information and co-ordination of care. The preferred approach has been to explore how best practice clinical digital platforms can be utilised. The CEIH has been engaging with DHSA to ensure the MDT project direction aligns with their digital strategy roadmap.
Improving the identification and management of Lower Back Pain (LBP) in unplanned Emergency Department presentations	<p>The Statewide Chronic Pain Clinical Network initiative aims to improve care and the care pathway for people with lower back pain including investigating the clinical and systems factors which drive presentations for LBP in order to create a more appropriate care pathway for these individuals in the community.</p> <p>A working group was established to deliver improved assessment and management of LBP in the ED and develop and implement LBP Model of Care (MOC). A Sector workshop was conducted in July 2022 to inform the MOC development.</p>

Corporate performance summary

During the 2021-22 financial year the CEIH has continued to build and strengthen processes and systems including:

- Focused the Clinical Advisory Council (CAC) to a smaller group providing more detailed strategic advice on the work and direction of the Commission.
- The formation of the CEIH Wellbeing and Safety Group (WSG) committee.
- The WSG focused on providing staff with resources to build knowledge and awareness on wellbeing and safety and cultural awareness training information.
- Work on the Disability and Inclusion Action Plan continued and the CEIH was represented on the SA Health Gender Equality and Diversity Group.
- Completion of the Memorandum of Administrative Arrangements (MoAA) with DHW.
- Progress began on the formation of a Reconciliation Action Plan Working Group.
- Service Level Agreements with Shared Services SA reviewed and updated.
- Financial performance: 98 % of invoices were paid within 30 days

Refer also to the activities listed under Highlights and Activities – Our Enablers.

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. 61% of staff and managers completed a formal performance development review.</p> <p>Note the following had an impact on completion of PRDs during 2021-22:</p> <ul style="list-style-type: none"> • Staff on short-term assignments who were not due for a PRD. • Staff secondments and movements throughout the year resulting in some PRDs being completed outside the normal PRD cycle.

Work health, safety and return to work programs

Program name	Performance
SA Health Employee Assistance Program (EAP)	<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>The EAP continues to be made available by telehealth or phone counselling during the COVID-19 pandemic.</p>
Worksite inspections	<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/year.</p>

Program name	Performance
Work, Health and Safety Consultation and Representation	The CEIH has representation on the Department of Health and Wellbeing, Work Health Safety Consultative Committee.
Ergonomics	<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>
Influenza Vaccinations	<p>A free Seasonal Influenza (flu) vaccination is available to all SA Health workers. The 2022 SA Health Influenza (flu) Vaccination Program commenced from 8 April 2022.</p> <p>CEIH employees are included in the DHW annual influenza vaccination program.</p>
Covid-19 Vaccination	<p>Effective from 29 January 2022, all employees were required to be compliant with Emergency Management Directions. All DHW and CEIH employees were required to have, or have booked a booster dose within four weeks of becoming eligible according to the ATAGI guidelines.</p> <p>During this period Rapid Antigen Test (RAT) kits were provided to staff. A register was established and maintained to record and monitor allocation and usage.</p>
Flexible Working Arrangements	Flexible working arrangements are supported and provisions for working from home continued in 2021/22.
Psychological Health and Wellbeing	<p>Although it was challenging to achieve during COVID-19 lockdowns and periods of work-from-home in 2021-22, the CEIH Wellbeing and Safety Group (WSG) formed a strong committee in February 2022, when the workforce started to return to the workplace.</p> <p>WSG key achievements were:</p> <ul style="list-style-type: none"> • The CEIH Wellbeing Action Plan was drafted following staff consultation and endorsement by the CEIH Executive team. The WSG worked steadily on implementing and assessing the effectiveness of the plan throughout the year. • The WSG consolidated all feedback and suggested actions to form CEIH's response to the 2021 <i>"I Work for SA - Your Voice Survey"</i> conducted by the Office of the Commissioner for the Public Sector Employment.

Program name	Performance
	<ul style="list-style-type: none"> A Wellbeing Mobile Phone application was trialled as a way of measuring and managing staff wellbeing. Due to low uptake after the first few months of usage, the application was discontinued. Following consultation, staff opted for pulse surveys and informal check-ins as a preferred method. A peer support program was established, the RUOK workplace champions model was adopted. <p>The following activities were encouraged:</p> <ul style="list-style-type: none"> Educational opportunities to increase staff awareness and knowledge of wellbeing courses and online learning including cultural awareness and respect training, difficult conversations education. “Steps” challenges were held during the year to encourage team connectedness and promote health and wellbeing.

Workplace injury claims	2021-22	2020-21	% 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)

Work health and safety regulations	2021-22	2020-21	% 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**	2021-22	2020-21	% 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
EXF	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. Full audited financial statements for 2021-2022 are attached to this report.

The CEIH financial Summary

Financial summary (\$'000)		2021-22	% ↑↓	2020-21	% ↑↓	2019-20
Total income		7 966	↑25.4%	6 352	↑36.4%	4 656
Total expenses		9 867	↑82.2%	5 414	↑26.6%	4 275
Net result for the period		(1 901)	↓-302.7%	938	↑146.2%	381
Net cash provided by operating activities		(1 617)	↓-272.4%	938	↑146.2%	381
Total assets		828	↓-62.4%	2 205	↑79.4%	1 229
Total liabilities		2 042	↑34.5%	1 518	↑2.6%	1 480
Net assets		(1 214)	↓-276.7%	687	↑373.7%	(251)

Income by category 2021-22

- Revenues from SA Government (\$5.921m)
- Fees and charges (\$0.2m)
- Grants and contributions (\$1.341m)
- Resources received free of charge (\$0.504m)

Expenses by category 2021-22

- Payments to SA Government (\$1.84m)
- Employee benefits expenses (\$5.441m)
- Contractors (\$0.838m)
- Services from Shared Services SA (\$0.226m)
- Contractors - agency staff (\$0.169m)
- Training & development (\$0.263m)
- Communication (\$0.071m)
- Grants and subsidies (\$0.248m)
- Other expenses (\$0.139m)

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		NIL

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

Consultancies	Purpose	\$ Actual payment
		NIL
	Total	NIL

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

Contractors	Purpose	\$ Actual payment
All contractors below \$10,000 each - combined	Various	\$5,237

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

NB: The Statewide Clinical Network Chairs (apart from one consumer representative) were Local Health Network employees who have been seconded to the CEIH for the term of their chairpersonship. Their employing LHN has been reimbursed for their time and this cost has been listed as a “contractors” (green) in the above diagram.

Contractors	Purpose	\$ Actual payment
Southern Adelaide Local Health Network	Statewide Clinical Network Lead costs and component of Demand Management Project.	\$404,635
Women's and Children's Health Network	Statewide Clinical Network Lead costs.	\$182,766
Riverland, Mallee Coorong Local Health Network	Statewide Clinical Lead for Urgent Care costs.	\$84,880
Central Adelaide Local Health Network	Statewide Clinical Network Lead costs.	\$81,872
Flinders University	Demand Management Initiatives - Economic Evaluation.	\$37,184
More Space for Light PTY LTD	Annual strategic support package and training.	\$21,389
The University of Adelaide	The University of Adelaide Ethics and Data Custodian/SANT DL Communications.	\$20,000
	Total	\$832,727
	Grand Total	\$837,964

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 the department 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 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 System-wide Corruption Control Policy Directive and internal controls and procedures have been implemented.

The department 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

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
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

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
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
		Total	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	0

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

Compliance Statement

Commission on Excellence and Innovation in Health is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
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 2021-22

OFFICIAL



Government of South Australia
Auditor-General's Department

Our ref: A22/004

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CEIHExcellence-Innovation@sa.gov.au

Dear Professor Chew

**Audit of the Commission on Excellence and Innovation in Health
for the year to 30 June 2022**

We have completed the audit of your accounts for the year ended 30 June 2022. 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, 18 October 2022.

2 Audit management letters

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

What the audit covered

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

OFFICIAL

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

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

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

29 September 2022

enc

INDEPENDENT AUDITOR'S REPORT



Government of South Australia
Auditor-General's Department

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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 2022.

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 2022, 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 consolidated financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2022
- a Statement of Financial Position as at 30 June 2022
- a Statement of Changes in Equity for the year ended 30 June 2022
- a Statement of Cash Flows for the year ended 30 June 2022
- notes, comprising material accounting policies and other explanatory information
- a Certificate from the Commissioner and the 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 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 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 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 2022.

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, 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.



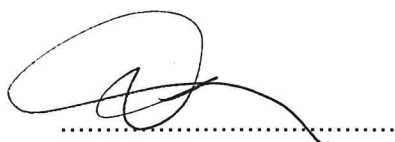
Daniel O'Donohue
Assistant Auditor-General (Financial Audit)

29 September 2022

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.



Derek Chew
Commissioner



Zora Doukas
Business Operations Manager

Date: 28 September 2022

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Income			
Revenues from SA Government	2	5,921	5,899
Fees and charges	3	200	8
Grants and contributions	4	1,341	-
Resources received free of charge	5	504	445
Total income		7,966	6,352
Expenses			
Employee benefits expenses	6	5,443	3,452
Payments to SA Government	2	1,840	-
Supplies and services	7	2,317	1,783
Grants and subsidies	8	248	160
Other expenses		19	19
Total expenses		9,867	5,414
Net result		(1,901)	938
Total comprehensive result		(1,901)	938

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 2022

	Note	2022 \$'000	2021 \$'000
Current assets			
Cash and cash equivalents	9	454	2,071
Receivables	10	374	134
Total current assets		828	2,205
Total assets		828	2,205
Current liabilities			
Payables	11	455	263
Employee benefits	12	584	458
Provisions	13	6	6
Total current liabilities		1,045	727
Non-current liabilities			
Payables	11	88	68
Employee benefits	12	901	715
Provisions	13	8	8
Total non-current liabilities		997	791
Total liabilities		2,042	1,518
Net assets		(1,214)	687
Equity			
Retained earnings		(1,214)	687
Total equity		(1,214)	687

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 2022

	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2020	(251)	(251)
Net result for 2020-21	938	938
Total comprehensive result for 2020-21	938	938
Balance at 30 June 2021	687	687
Net result for 2021-22	(1,901)	(1,901)
Total comprehensive result for 2021-22	(1,901)	(1,901)
Balance at 30 June 2022	(1,214)	(1,214)

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 2022

	Note	2022 \$'000	2021 \$'000
Cash flows from operating activities			
Cash inflows			
Receipts from SA Government		5,921	5,899
Fees and charges		60	17
Grants and contributions		1,206	-
GST recovered from ATO		138	124
Other receipts		-	9
Cash generated from operations		7,325	6,049
Cash outflows			
Payments to SA Government		(1,840)	-
Employee benefits payments		(5,094)	(3,363)
Payments for supplies and services		(1,733)	(1,555)
Payments of grants and subsidies		(250)	(166)
Other payments		(25)	(27)
Cash used in operations		(8,942)	(5,111)
Net cash provided by/(used in) operating activities		(1,617)	938
Net increase/(decrease) in cash and cash equivalents		(1,617)	938
Cash and cash equivalents at the beginning of the period		2,071	1,133
Cash and cash equivalents at the end of the period	9	454	2,071

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 2022

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 are the first financial statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. In the prior year, the financial statements were prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements. 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 months 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.

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

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2022

1.3 Continuity of operations

As at 30 June 2022, the Commission had working capital deficiency of \$0.217 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.

2. Revenues from SA Government

	2022 \$'000	2021 \$'000
Appropriations from Consolidated Account pursuant to the Appropriation Act	5,921	5,899
Total revenues from SA Government	5,921	5,899
Return of surplus cash pursuant to cash alignment policy	(1,840)	-
Total payments to SA Government	(1,840)	-

Appropriations are recognised upon receipt.

3. Fees and Charges

	2022 \$'000	2021 \$'000
Fees for health services	200	-
Other user charges and fees	-	8
Total fees and charges	200	8

Recharges for services provided to SA Government entities.

4. Grants and contributions

	2022 \$'000	2021 \$'000
SA Government grants and contributions	1,341	-
Total grant and contributions	1,341	-

Funding from the Department for Health and Wellbeing to support various programs for Demand Management, Statewide Patient Reporting Measures Program (PRMs), Patient Reported Experience Measure, the Aboriginal Health Data Collaboration pilot and development work. 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

	2022 \$'000	2021 \$'000
Services	234	167
Other	270	278
Total resources received free of charge	504	445

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 \$0.224 million (\$0.158 million) and ICT (information and communication technology) services from Department of Premier and Cabinet valued at \$0.010 million (\$0.009 million), following Cabinet's approval to cease intra-government charging. In addition, the Commission receives accommodation from the DHW free of charge \$0.270 million.

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6. Employee benefits expenses

	2022	2021
	\$'000	\$'000
Salaries and wages	3,901	2,534
Long service leave	266	172
Annual leave	528	215
Skills and experience retention leave	33	20
Employment on-costs - superannuation*	456	462
Employment on-costs - other	208	16
Workers compensation	-	(3)
Board and committee fees	45	28
Other employee related expenses	6	8
Total employee benefits expenses	5,443	3,452

* 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.

6.1 Key Management Personnel

Key management personnel (KMP) of the Commission includes the Minister for Health and Wellbeing (the Minister), the Commissioner and three 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 \$0.991m (\$1.260m), excluding salaries and other benefits by 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.

6.2 Remuneration of Board and Committee members

	2022	2021
	No. of	No. of
	Members	Members
\$0	355	332
\$1 - \$20,000	18	30
\$20,001- \$ 40,000	1	-
Total	374	362

The total remuneration received or receivable by members was \$45,000 (\$28,000). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and 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 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.

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6.3 Remuneration of employees

	2022	2021
	No.	No.
The number of employees whose remuneration received or receivable falls within the following bands:		
\$157,001 - \$177,000	1	-
\$177,001 - \$197,000	-	1
\$197,001 - \$217,000	2	2
\$217,001 - \$237,000	-	1
\$317,001 - \$337,000	-	1
\$457,001 - \$477,000	1	-
Total number of employees	4	5

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 \$1.045m (\$1.131m).

7. Supplies and services

	2022	2021
	\$'000	\$'000
Administration	4	14
Advertising	46	150
Communication	71	10
Computing	316	138
Contractors	838	613
Contractors - agency staff	169	157
Food supplies	3	-
Minor equipment	11	7
Occupancy rent and rates	270	278
Postage	1	1
Printing and stationery	1	6
Rental expense on operating lease	4	-
Repairs and maintenance	5	28
Services from Shared Services SA	226	158
Training and development	263	114
Travel expenses	8	4
Other supplies and services	81	105
Total supplies and services	2,317	1,783

8. Grants and subsidies

	2022	2021
	\$'000	\$'000
Recurrent grants	100	100
Funding to non-government organisations	146	60
Other	2	-
Total grants and subsidies	248	160

Grants relate to funding to support Digital CRC, the South Australia Medical and Medical Research Institute (Health Translation SA Governance Agreement, Health Data Fellows and Patient Reported Measures Research Collaborative Grant) and the Adelaide Primary Health Network Limited (Northern Adelaide Health and Wellbeing Partnership).

9. Cash and cash equivalents

Cash is measured at nominal amounts. The Commission has a deposit account (general operating) of \$0.454m (\$2.071m) 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.

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10. Receivables

	2022	2021
	\$'000	\$'000
Current		
Debtors	278	-
Prepayments	87	110
Sundry receivables and accrued revenue	3	-
GST input tax recoverable	6	24
Total current receivables	374	134
Total receivables	374	134

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.

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11. Payables

	2022	2021
	\$'000	\$'000
Current		
Creditors and accrued expenses	365	191
Employment on-costs*	90	72
Total current payables	455	263
Non-current		
Employment on-costs*	88	68
Total non-current payables	88	68
Total payables	543	331

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Sundry creditors 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.

*Employment on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective employee benefits that they relate to are discharged. 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 unchanged at 42%, and the average factor for the calculation of employer superannuation on-costs has increased from the 2021 rate (10.1%) to 10.6% 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 a decrease in the employment on-cost liability and employee benefits expenses of \$5,000. 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 17 for information on risk management.

12. Employee benefits

	2022	2021
	\$'000	\$'000
Current		
Accrued salaries and wages	26	85
Annual leave	451	295
Long service leave	80	63
Skills and experience retention leave	27	15
Total current employee benefits	584	458
Non-current		
Long service leave	901	715
Total non-current employee benefits	901	715
Total employee benefits	1,485	1,173

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.

12.1 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 decreased from the 2021 rate of (2.00%) to 1.5% in 2022 for annual leave and skills and experience retention leave liability. As a result, there is a decrease in the employee staff benefits liability and employee benefits expenses of \$2,500.

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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.

12.2 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 2021 (1.25%) to 3.5%. 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 left the salary inflation rate at 2.5% for long service leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

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 \$159,000, payables (employee on-costs) of \$7,000 and employee benefits expense of \$166,000. 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.

13. Provisions

The provision consists only of workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	2022	2021
	\$'000	\$'000
Carrying amount at the beginning of the period	14	16
Increase/ (Decrease) resulting from re-measurement or settlement without cost	-	(2)
Carrying amount at the end of the period	14	14

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 2022 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.

The additional compensation scheme is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meeting, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate.

14. Unrecognised contractual commitments

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

Expenditure Commitments

	2022	2021
	\$'000	\$'000
Within one year	171	223
Later than one year but not longer than five years	66	36
Total expenditure commitments	237	259

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

15. 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.

16. Events after balance date

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

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 and have a contractual maturity within one year.

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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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	
Clinical Network Executive Group Committee	31	Hourigan K, Earle-Bandaralage L, Lunawat N	
Clinical Advisory Council Committee	15	Cehic D, Eckert M, Gilbert A, Lockwood S, Montagu A, Newell S, Phillips A, Telford-Sharp F, Turner M, Williams H, Yarwood S, Keech W, Sweeney T, Anantula S, Belej M, Bidargaddi N, Brommeyer M, Corena M, Del Fante P, Ebrill K, Frazier E, Gluch S, Goland G, Palmer L, Jolley G, Pratt N, Radbone C, Rego F, Richards B, Richards A, Verschoor R, Wells P, Ferguson J	
Statewide Adolescence Transition Care Clinical Network Committee	15	Dee-Price B, Paterson J, Whannel K, Wright S	
Statewide Cancer Clinical Network Committee	24	Corsiini N, Haseloff M, Robertson A, Roder D, Ostroff C	
Statewide Cardiology Clinical Network Committee	105	Clark R, Hendriks J, Ludlow M, Lynch D, Nitschke D, Senior D, Tucker T, Waddell-Smith K, Ramage M, Coowar A, Ajaero C, Rowett D, Lau D, Young G, Roberts- Thomson K, Roberts L, Emami M, Sanders P, Mahajan R, Hillock R, Chan A, Stanek J, Earle-Bandaralage L, Frank O, Keech W, Roberts-Thomson R	
Statewide Chronic Pain Clinical Network Committee	11	Cox M, Lau K, Shannon E, Wing M, Delaney S, Betts I, Trotta L	
Statewide Palliative Care Clinical Network Committee	18	Bevan A, Amato C, Brooksbank M, Byme S, Caughey G, Griffiths C, King L, Marshall J, McMahon J, Moncrieff D, Morgan D, Pidgeon T, Roach D, Rosa R, Schutz S, Soriano J, Stone H, Wallett T, Waters M, Hourigan K	
Statewide Surgical and Perioperative Clinical Network Committee	38	Materne K, Gribble P, Holtham R, Coles S	
Statewide Urgent Care Clinical Network Committee	10	Pappin J, Whiteway L, Williams J, Roxburgh E	
Statewide Clinical Genomics Network Steering Committee	8	Craig J, Geetz J, Geoghegan J, Kile B, Kimber A, Lower K, Lynn D, Roberts-Thomson A, Supphiah V, Suthers G, White D, Corena M, Powell T	

Refer to note 6.2 for remuneration of board and committee members