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**Government
of South Australia**

COMMISSION ON EXCELLENCE AND INNOVATION IN HEALTH **2020-21 Annual Report**

Commission on Excellence and Innovation in Health
PO Box 287 Rundle Mall, Adelaide, SA, 5000
Level 7 Citi Centre Building, 11 Hindmarsh Square, Adelaide, SA, 5000
www.ceih.sa.gov.au

Contact phone number: +61 8 8226 0883

Contact email: CEIH@sa.gov.au

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To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, *Public Sector Regulations 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 2021

Signature



From the Commissioner

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 18 months into its establishment. The CEIH continues to deliver on its mission to provide leadership, advice and support for the further development of excellence and innovation across healthcare in South Australia, by seeking novel perspectives and solutions to health system challenges, while partnering with key stakeholders to deliver innovative approaches to delivering better healthcare.



As the second Commissioner, I was appointed in March 2021 following the retirement of Professor Paddy Phillips. Professor Phillips had a distinguished career as a clinician academic, the State's Chief Medical Officer and Chief Public Health Officer before taking on the role of the inaugural Commissioner. We thank Professor Phillips for his leadership in establishing the CEIH.

The CEIH has also been well served by the Clinical Advisory Committee (CAC) chaired by Lieutenant Governor Brenda Wilson. Lt Governor Wilson stepped back from this role in May 2021, and we are pleased to welcome Mr Stephen Yarwood, urban futurist and former Lord Mayor of Adelaide, as the new chair of the CAC. Together with Mr Yarwood, we will continue to enhance the engagement of community and clinical leaders around the core topics that face modern health care.

This year has seen the development of the Commission's Strategic Plan 2020 – 2023. Within this plan we have defined our objectives and what we want to achieve:

- Excellent health outcomes
- Excellent 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
- South Australia recognised as having an excellent health system and a leader in healthcare innovation

Building on this plan, we are now gaining momentum through the work of the Clinical Networks and specifically the efforts of their Clinical Leads who bring together their clinical and consumer communities to initiate key projects that enhance access and quality of care in diverse areas. Key projects in areas such as chronic pain management, genetic testing, optimising patients prior to surgery, emerging technologies in structural heart disease and a statewide cancer control plan, among others.

Despite challenges as a consequence of the COVID-19 pandemic we have:

- Developed a strategic plan 2020-2023
- Established eight Clinical Networks
- Initiated work towards a system-wide approach capturing the patient journey through the acute care system by implementing a program to measure patient reported outcomes and experience
- Established a variety of partnerships and projects across the Local Health Networks (LHNs) to enhance clinical service delivery and improve staff wellbeing.

I would like to thank all our partners, collaborators, and staff for their efforts during 2020-21.

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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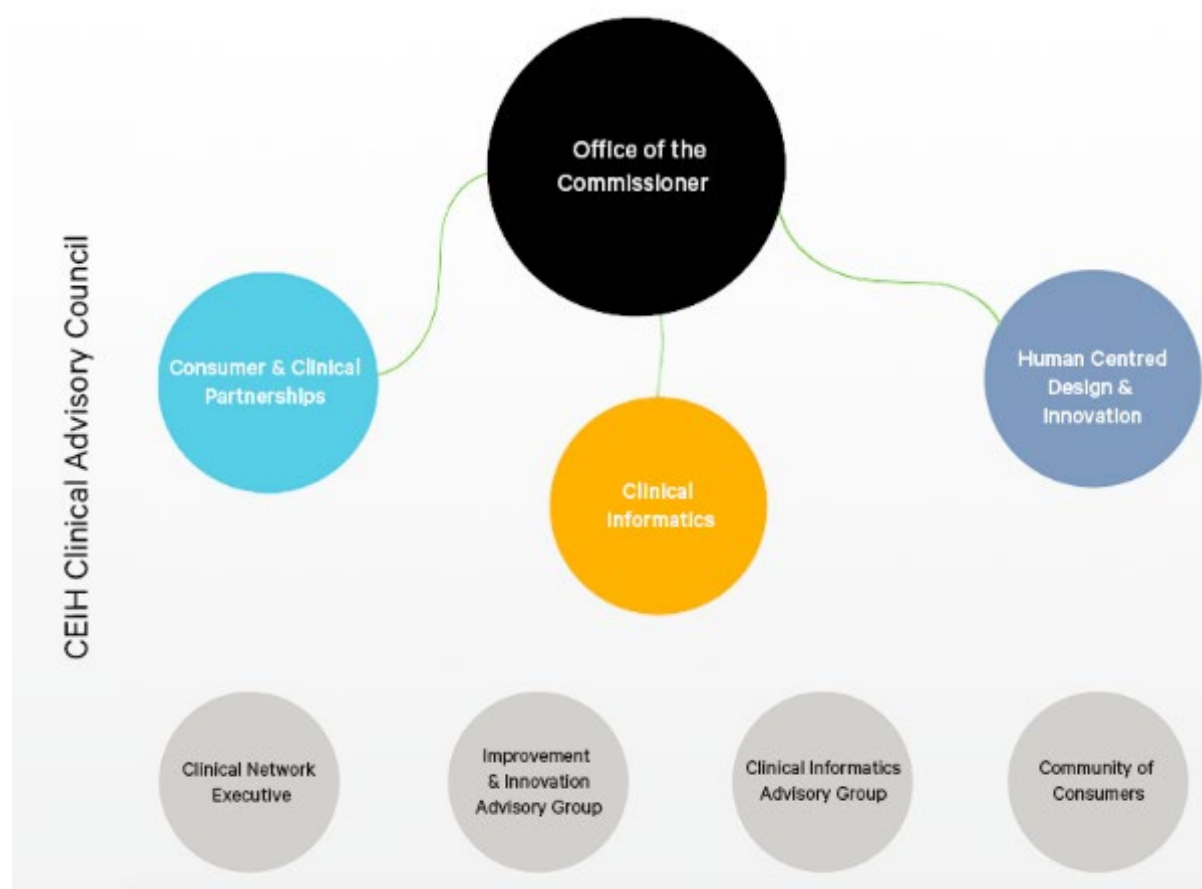
Overview: about the agency

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 and objectives	<p>Our core functions:</p> <ul style="list-style-type: none"> • Consumer and Clinical Partnerships • Clinical Informatics • Human Centred Design and Innovation • Office of the Commissioner <p>Our objectives:</p> <ul style="list-style-type: none"> • Clinicians have easy access to the insights, data and tools they need to provide the best care • Excellent health outcomes and experiences for consumers, their families and carers • A culture of innovation that unlocks potential and connects people to turn ideas into action <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.
Key deliverables	<p>Key deliverables in 2020-21:</p> <ul style="list-style-type: none"> • Establish a further four clinical networks • Implement a Data and Analytics Roadmap with SA Health • Implement a strategy to support consumers and clinicians in their mutual engagement capability • Hold a SA Vision 2030 Conference on artificial intelligence and machine learning and robotics • Rollout of the Pandemic Kindness Program • Hold the first SA Human Centred Design Boot Camp • Establishment of Communities of Interest • Hold the first South Australian Knowledge Sharing Clinical Showcase on Excellence and Innovation • Rollout of a Digital Improvement Toolkit to assist innovation and improvement practitioners.

Our organisational structure



Changes to the agency

During 2020-21 the following changes occurred to the agency's structure and objectives:

- Professor Paddy Phillips, inaugural Commissioner, retired in December 2020. The incoming Commissioner, Professor Derek Chew, commenced on 1 March 2021.
- Following commencement of the new Commissioner, an internal review was undertaken of the CEIH Boards and Committees structure and functions. Recommendations were made to restructure the function and advisory component of the committees. The new structure will be effective as from 1 July 2021.
- In May 2021, the Clinical Improvement and Innovation Directorate was merged with Human Centred Design, creating the Human Centred Design and Innovation Directorate which reduced the number of SAES positions by 1 FTE. There were no changes to CEIH objectives and key deliverables in relation to improvement and innovation.

Our Minister

Hon Stephen Wade MLC is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention through the three government agencies of DHW, Wellbeing SA and the CEIH.



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 outcome.



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. These partnerships help improve experiences, foster innovation and ultimately lead to better health outcomes.



Jarrard O'Brien**Executive Director, Human Centred Design and Innovation**

The Human Centred Design and Innovation Directorate is focussed on putting people at the centre of everything we do. It provides knowledge and advice to build capability in design thinking, improvement, and innovation for a more compassionate and innovative health system.

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

The Clinical Informatics Directorate focusses on improving how data and analytics are used to improve healthcare, building capability in clinical informatics and providing better access to data across the health system to inform the creation of better health care.

**Committees**

The **Clinical Advisory Council** 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 Council provides advice, insight and support to the CEIH on current and future programs of work.

The **Clinical Informatics Advisory Group** is a resource for the health system through our Clinical Informatics Directorate team to help solve 'wicked problems', share ideas and identify opportunities, barriers and gaps from a data and analytics led approach. The Group brings expertise and knowledge from across disciplines inside and outside of health, including (but not limited to) artificial intelligence/machine learning, data models, research translation, mobile applications, standards and design, governance, insights and visualisation, user experience/interface, health systems and digital health.

The **Clinical Improvement and Innovation Advisory Group** is a diverse team of improvement and innovation experts who guide our strategy and priorities. It brings in targeted expertise and consumer representation to help establish a strong network of clinical innovation across South Australia.

The **Clinical Network Executive Group** brings together the Leads from the Statewide Clinical Networks with South Australia's professional leads and key executives from SA Health. This connection shares knowledge, fosters collaboration and forms relationships across agencies to deliver better healthcare with minimal bureaucracy.

The **Community of Consumers** is a dynamic group of healthcare consumers 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 high-quality care. They operate across the continuum of care, across private and public sectors and across all Local Health Networks.

Eight Statewide Clinical Networks have been established 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 Cardiology 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 understating 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 its development and evaluation
- 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 design
- Improve quality

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

- Ensuring equitable access
- Appropriateness and efficiency across their surgical journey
- Decrease the requirement for surgical services

The **Clinical Genomics Statewide 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
- Workforce: building a skilled workforce that is literate in genomics
- Finance and infrastructure: ensuring sustainable and strategic investment in cost-effective genomics
- Services: maximising quality, safety and clinical utility of genomics in health care
- Data: responsible collection, storage, use and management of genomic data
- Innovation: establish innovative projects that put South Australia at the forefront of genomics

Legislation administered by the agency

Nil

Other related agencies (within the Minister's area/s of responsibility)

Department for Health and Wellbeing

Wellbeing SA

South Australian Ambulance Service

Barossa Hills Fleurieu Local Health Network

Central Adelaide Local Health Network

Eyre and Far North Local Health Network

Flinders and Upper North Local Health Network

Limestone Coast Local Health Network

Northern Adelaide Local Health Network

Riverland Mallee Coorong Local Health Network

Southern Adelaide Local Health Network

Women's and Children's Health Network

Yorke and Northern Local Health Network

The agency's performance

Performance at a glance

Key highlights for 2020-21 include:

- Completion of the CEIH Strategy 2020-2023
- Data & Analytics Plan handed to Digital Health SA for implementation
- The CEIH business case for a Statewide Patient Reported Measures program was approved
- Four additional Statewide Clinical Networks established
- Compassion Labs were provided for 80 healthcare workers and created the first Compassion Collaborative in partnership with Mary Freer
- Promoted the Pandemic Kindness Movement in South Australia to support the health workforce during the COVID-19 pandemic

Agency response to COVID-19

The main CEIH contribution to COVID-19 occurred during the outbreak in November 2020. The CEIH team provided the following support:

- Assisted with contact tracing
- Data entry, data cleansing, matching and reconciliation
- Process optimisation and user experience/interface design advice
- System administration and reporting
- Provided team leadership across multiple areas of the COVID-19 response
- Incident coordination for the quarantine/isolation team, including frontline deployment
- Assessed COVID-19 testing clinics
- Provided equipment and accommodation

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 improve health care, the health system will achieve better value 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

Agency objectives	Indicators	Performance
Establishment of the CEIH under section 27 of the <i>Public Sector Act 2009</i> as an independent attached office to DHW	Develop a 3-year Strategic Plan (2019-20 Objective)	Completed The CEIH Strategy 2020-2023 was completed in August 2020 and endorsed by the Minister for Health and Wellbeing for release and implementation on 6 August 2020.
Excellent health outcomes and experiences for consumers, their families and carers	Establish another four Statewide Clinical Networks following engagement with the Clinical Advisory Council (2019-20 Objective)	Completed All eight Statewide Clinical Networks have been established, with co-designed work plans, including the newest four Networks of Chronic Pain, Surgical and Perioperative Care, Clinical Genomics and Transition Adolescent Care Clinical Networks.
	Implement a strategy to support clinicians and consumers in their mutual engagement capability	Postponed due to COVID-19 Facilitation of an SA Community Engagement Forum to discuss the future of consumer engagement in health in SA was postponed and a revised format is planned for 2021-22.
	Rollout the Pandemic Kindness Movement, a clinician-led initiative to help healthcare workers access support during the pandemic crisis	Completed Continued to promote the Pandemic Kindness Movement and encourage healthcare workers to access the online resources.
	Establish Communities of Interest, which are formal collaborative engagement frameworks, in clinical	90% Completed Communities of Interest has been investigated and a model defined. A

Agency objectives	Indicators	Performance
	informatics, human centred design, improvement science	resourcing solution is required. Completion is anticipated for the latter part of 2021. Being established in collaboration with Health Translation SA.
	Hold the first SA Human Centred Design Boot Camp	Postponed due to COVID-19 This will be revised pending the development of an integrated CEIH learning academy.
A culture of innovation that unlocks potential and connects people to turn ideas into action	Hold the first SA Vision 2030 Conference on artificial intelligence, machine learning and robotics	Postponed due to COVID-19
	Hold the first South Australian Knowledge Sharing Clinical Showcase on Excellence and Innovation	Completed Established a free regular virtual showcase event providing a platform for sharing knowledge and learning. 200 people registered to attend the showcase over the course of three series which explored improving patient flow, data in action and consumer engagement and co-design.
	Roll-out a digital improvement toolkit which will consist of templates and applications that assist innovation and improvement practitioners in scoping, executing and sustaining their initiatives	50% Completed The CEIH is finalising the project lifecycle and design models. A digital toolkit will be developed and published in the next financial year.

Agency objectives	Indicators	Performance
Clinicians have easy access to the insights, data and tools they need to provide the best care	Implement a Data and Analytics Road Map with SA Health	Completed Digital Health SA (DHSA) is implementing the Data Analytics Road Map. The CEIH led the initial consultation and roadmap development and wrote the business case for the Data and Analytics Plan prior to handing to DHSA for implementation and incorporation into their work plan. This significant program of work will unlock access to data for clinicians and researchers through much needed investment and development.

Key activities and highlights

Below are additional activities undertaken in line with the CEIH key objectives:

Work Streams	Key Activities
Build Capacity	<p>CHIA Sponsorships</p> <p>In addition to the 100 Certified Health Informatician of Australasia (CHIA) places sponsored in 2019-20, the CEIH offered sponsorship of an additional 30 places targeting the private sector in South Australia.</p> <p>The CHIA provides self-based learning, certification and recognition of the broad and deep knowledge required for clinical informatics.</p> <p>Compassion Labs</p> <p>The CEIH funded approximately 80 healthcare workers from across the South Australian health sector to attend Compassion Labs to give people practical tools to maintain self-compassion in order to sustain compassion for others in a time of COVID-19. As a result of the Compassion Labs the CEIH worked in partnership with Mary</p>

	<p>Freer to create the first Compassion Collaborative.</p> <p>Regional Local Health Networks (LHNs) Capability Development Initiative</p> <p>Supported regional LHN staff to build capability in innovation and human centred design across the regional health system through a targeted sponsorship and mentoring program. The CEIH delivered a workshop in Adelaide, where Regional LHN delegates learnt skills in problem framing and ideation. Following the workshop, CEIH mentors provided assistance and support to develop ideas for a project or body of work within their LHN.</p> <p>Data fellows</p> <p>Continued to work in partnership with Health Translation SA, utilising four data fellows for two years to work on significant health data problems such as patient flow and demand management across the health system and providing analytic support to the Statewide Clinical Networks. The work builds informatics capability within the health system to deliver greater insights through utilisation of advanced approaches such as machine learning and augmented intelligence.</p>
Provide Advice and Support	<p>Barossa Hills Fleurieu LHN</p> <ul style="list-style-type: none"> • Consumer engagement consultation • Strategy/service planning workshop • Clinician wellbeing and culture partnership development <p>Northern Adelaide LHN</p> <ul style="list-style-type: none"> • Consumer engagement workshop facilitation and strategy development • Healthy Precinct consultation <p>Central Adelaide LHN</p> <ul style="list-style-type: none"> • Consumer engagement consultation

	<p>Department for Health and Wellbeing, Demand Management work stream</p> <ul style="list-style-type: none"> • Evaluation consultancy • Advice and data analysis <p>Department for Health and Wellbeing Real-Time Prescription Monitoring</p> <ul style="list-style-type: none"> • Chaired the Training and Education Working Group • Consultation on the evaluation of ScriptCheckSA <p>Office of the Chief Psychiatrist</p> <ul style="list-style-type: none"> • Evaluation model advice <p>DHSA Data and Analytics Plan</p> <ul style="list-style-type: none"> • Data and analytics plan technical, strategic and governance
Partnering and Connecting	<p>Clinical Improvement Showcase</p> <p>Commenced the first iteration of the regular series of webinar style forums to enable the South Australian health system to share and celebrate their improvement and innovation journeys. The improvement showcase also provided a platform for teams to connect following each series, discussing ideas and opportunities for collaboration.</p> <p>Towards Zero Project</p> <p>Partnership with the Office of the Chief Psychiatrist to establish the implementation model and engagement with LHNs for the local implementation of the Towards Zero Suicide model for SA Health.</p> <p>Urgent Care Mental Health Country to Metro Transfer project – RMCLHN and CALHN</p> <p>Partnership with two LHNs to improve the experience of consumers with urgent care needs in regional areas.</p>

	<p>NALHN Aboriginal Health Dashboard</p> <p>The NALHN Aboriginal Health team partnered with the CEIH on an insight driven approach to providing healthcare through near real time data and visualisations.</p> <p>Priority Care Centre (PCC) Discovery</p> <p>The CEIH partnered with Wellbeing SA to further explore opportunities for PCCs using data driven and stakeholder consultation techniques.</p> <p>SA Ambulance Service (SAAS) data linkage</p> <p>Linkage of SAAS data with other major data assets using best practice and ethically authorised methods to protect the privacy and confidentiality of organisations and individuals has been a key priority for many years. The CEIH partnered with SAAS and SA NT Datalink to progress this work.</p>
<p>Innovation, Excellence and Best Practice</p>	<p>Patient Reported Measures Program (PRMs)</p> <p>The CEIH business case for a statewide PRMs system was approved allowing the recruitment of the PRMs implementation team and the commencement of detailed implementation planning. The statewide program will allow the systematic collection and reporting of PRMs to support clinicians and consumers to make better health and treatment decisions together. The system will also allow aggregate data to inform improvement and innovation activity as well as value-based care decisions.</p> <p>‘Frank’ Ideation Tool</p> <p>‘Frank’ is an ideation and collaboration platform which allows people from across the sector to respond to challenges, crowd-source ideas and work collaboratively to find solutions to health problems. In 2020-21 the CEIH purchased software and completed the back-end development and branding. In 2021-22 a detailed stakeholder engagement plan will be developed and implemented, including running the first innovation challenges.</p>

	<p>Gravity 02 Challenge</p> <p>The Gravity 02 Challenge was being run for the second year and brings together challengers (businesses, government agencies and universities) and innovators (start-ups, entrepreneurs and experts) to collaborate and create solutions to some of society's biggest challenges using space technology. The CEIH partnered with SA Health to be one of the first health systems in the world to challenge innovators across Australia and the United Kingdom to look to space to create better healthcare.</p> <p>System Biology (Insight analytics)</p> <p>The CEIH launched the development of a 'system biology' – an architecture and analytics platform designed to deliver insights into efficiency and effectiveness of the health system as well as real time decision support tools for clinicians by leveraging machine learning (ML) and augmented intelligence (AI) techniques. This tool will be utilised by the CEIH to support the Statewide Clinical Networks as well as other current and future work of the CEIH.</p> <p>Design Competition with UniSA</p> <p>In partnership with Match Studio at UniSA, the CEIH ran a graphic design competition for students to visualise health innovation, working with the CEIH tagline, "Let's put imagination to work". Over 70 students took part. The winner plus 2 runners up were announced in September 2020.</p> <p>Winning designs are being used by the CEIH in multiple iterations eg the CEIH website.</p>
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Corporate performance summary

As a new agency established on 6 January 2020, during the 2020-21 financial year the CEIH has continued to build and strengthen processes and systems including:

- Establishing an induction toolkit specific to CEIH in line with the DHW onboarding program for new staff
- Finalising the CEIH Diversity and inclusion Plan in line with the DHW overarching Diversity and Inclusion Action Plan and Disability Access and Inclusion Plans
- Establishing a Wellbeing and Safety Group
- Completed the first phase of implementing “MONDAY” as a project management tool
- Implementation of a staff wellbeing application called “chnnl”
- Service Level Agreements established with Shared Services SA
- Memorandum of Administrative Arrangement (MOAA) with DHW has been prepared and in the final stages of approval
- 98% of invoices were paid within 30 days

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.</p> <p>19 out of 27 (70%) of staff and managers completed a formal performance development review.</p> <p><i>Note:</i> due to staff movements and secondments some staff were not due for a PRD review and some PRD reviews were completed outside of the normal PRD cycle.</p> <p>As a relatively new organisation, the CEIH also took the opportunity to consider the experience of staff in relation to onboarding/induction, the PRD and exit processes from the organisation as interwoven components focussed on how staff can be valued and quickly integrated into the fabric of the CEIH.</p>

Work health and safety and return to work programs

Program name	Performance
‘chnnl’ Wellbeing Tool	<p>In May 2021 the CEIH implemented a wellbeing tool, ‘chnnl’, to measure staff wellbeing across the agency. This is a trial for one year to measure wellbeing within CEIH but also test a wellbeing app to determine whether something similar could be used more widely across the sector.</p> <p>On ‘download day’ in May around 90% of staff downloaded ‘chnnl’. Engagement rates in May and June were 87% and 74% of users respectively.</p>

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 of the office twice/year.</p>
Work, Health and Safety Consultation and Representation	<p>The CEIH has representation on the DHW Work Health Safety Consultative Committee.</p>
Ergonomics	<p>Individuals are set up ergonomically at their workstations based on SA Health procedures.</p> <p>Staff are also required to complete the OCPSE Working from Home Checklist.</p>
Influenza Vaccinations	<p>A free Seasonal Influenza (flu) vaccination is available to all SA Health workers. CEIH employees are included in the DHW annual influenza vaccination program.</p> <p>The 2021 SA Health Influenza (flu) Vaccination Program commenced from 1 April 2021. The timing of the 2021 flu vaccination program was aligned to meet the COVID-19 vaccination rollout requirements.</p> <p>As at 30 June 2021, 53% of CEIH staff received an influenza vaccination.</p> <p>The program will continue to operate into the latter half of 2021.</p>
Flexible Working Arrangements	<p>Provisions for flexible working arrangements, including working at home are supported.</p>
Psychological Health	<p>DHW launched a revised version of SA Health Psychological Health Strategy that aligns with the Office of the Commissioner for Public Sector Employment (OCPSE) Mentally Healthy Workplaces Framework.</p> <p>The CEIH is committed to ensuring the safety and wellbeing of employees and acknowledges the importance of an inclusive, positive and proactive culture. In May 2021 the CEIH Executive team endorsed the establishment of a</p>

	<p>Wellbeing and Safety Group (WSG) to lead the work on health, wellbeing and safety initiatives in the CEIH. WSG responsibilities include:</p> <ul style="list-style-type: none"> • developing a culture to ensure CEIH staff feel safe and supported in the workplace • ensuring mechanisms are in place to monitor and continuously improve wellbeing and safety • developing and overseeing the Work, Health and Safety action plan • overseeing the Diversity and Inclusion Plan
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Workplace injury claims	2020-21	2019-20	% 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	2020-21	2019-20	% 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**	2020-21	2019-20	% Change (+ / -)
Total gross workers compensation expenditure (\$)	0	0	0.0%
Income support payments – gross (\$)	0	0	0.0%

***before third party recovery*

Data for previous years is available at:

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

Executive employment in the agency

Executive classification	Number of executives
Chief Executive	1
SAES 1 Level roles*	3

**as at 30th June 2021*

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

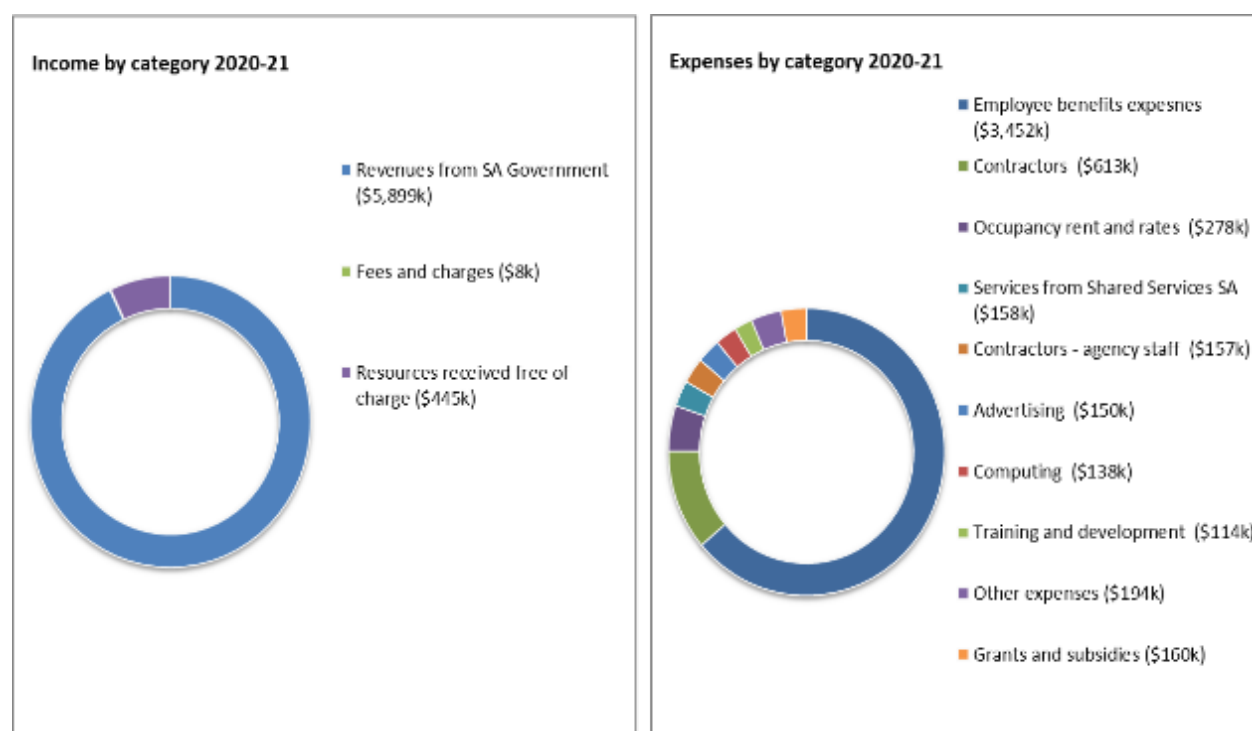
Financial performance at a glance

The following table and charts provide a brief summary of the overall financial position of the CEIH. The information is unaudited. Full audited financial statements for 2020-21 are attached to this report.

Note: The 2020-21 financial summary has been prepared based on a 12-month period. The comparative period for 2019-20 is based on a 6 month period from the date of the establishment of the CEIH on 6 January 2020 to 30 June 2020.

The CEIH financial summary

Financial summary (\$000)	2020-21	% ↑↓	2019-20
Total income	6 352	↑36.4%	4 656
Total expenses	5 414	↑26.6%	4 275
Net result for the period	938	↑146.2%	381
Net cash provided by operating activities	938	↑146.2%	381
Total assets	2 205	↑79.4%	1 229
Total liabilities	1 518	↑2.6%	1 480
Net assets	687	↑373.7%	(251)



Consultants disclosure

The following is a summary of external consultants that have been engaged by the Commission, 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 who have been engaged by the Commission, 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	\$7,172
	Total	\$7,172

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

Contractors	Purpose	\$ Actual payment
SALHN	Reimbursement for Statewide Clinical Network Lead.	\$295,988
WCHN	Reimbursement for Statewide Clinical Network Lead.	\$115,930
NALHN	Reimbursement for Statewide Clinical Network Lead.	\$86,835
RMCLHN	Reimbursement for Statewide Clinical Network Lead.	\$50,928
CALHN	Reimbursement for Statewide Clinical Network Lead.	\$45,034
More Space for Light PTY LTD	Strategic support package	\$11,739
	Total	\$606,454
	Grand Total	\$613,626

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 Audit and Risk Committee with the responsibility of advising the Department on its systems, processes and structures designed to identify, prevent and respond to real and potential risks, and how the Department meets its compliance requirements.

The Committee also provide advice to the Commissioner, CEIH regarding the risk, control and compliance frameworks in the context of it being the System Leader for the South Australian Public Health System.

The Committee regularly receive reports from the Risk and Assurance Service branch, and supplementary reports from other areas in the Department.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil	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 Department's 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.

Appropriate business practices are also reinforced through the agency's Financial Management Compliance program, oversight of the Risk and Audit Committee and through regular reporting. Prevention, detection and control mechanisms include:

- Internal controls - organisation structures/segregation of duties, policies, procedures, reporting mechanisms
- Internal and external audits
- Year-end financial statement declaration and certification
- Annual reviews and reporting
- Staff awareness and education: ICAC Induction for Public Officers, Public Sector Code of Ethics, and the Public Sector Values Behavioural Framework
- Security of data and records management

All new inductees undergo relevant employment screening and are required to complete training and awareness programs to ensure they understand their obligation to report any suspected fraud, corruption, maladministration and misconduct.

Staff are also required to declare any actual or perceived Conflict of Interest during the course of their employment.

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

Public interest disclosure

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

Nil

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 2020-21
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

Complaint categories	Sub-categories	Example	Number of Complaints 2020-21
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	0
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	0
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security 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 2020-21



Our ref: A21/004

23 September 2021

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
Fax +618 8226 9688
ABN 53 327 061 410
audgensa@audit.sa.gov.au
www.audit.sa.gov.au

Professor D Chew
Commissioner
Commission on Excellence and Innovation in Health
Level 7 Citi Centre Building
11 Hindmarsh Square
ADELAIDE SA 5000

Dear Professor Chew

Audit of Commission on Excellence and Innovation in Health for the year to 30 June 2021

We have completed the audit of your accounts for the year ended 30 June 2021. Two key outcomes from the audit are the:

- 1 Independent Auditor's Report on your agency's financial report
- 2 audit management letter recommending you address identified weaknesses.

1 Independent Auditor's Report

We are returning the financial statements for 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 statements will be published on that website on Tuesday, 12 October 2021.

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.

Our audit covered the principal areas of the agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions. Some notable areas were:

- payroll
- accounts payable
- grants and subsidies
- cash
- general ledger.

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 'A. Richardson', with a long horizontal flourish extending to the right.

Andrew Richardson

Auditor-General

enc



Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
Fax +618 8226 9688
ABN 53 327 061 410
audgensa@audit.sa.gov.au
www.audit.sa.gov.au

To the Commissioner Commission on Excellence and Innovation in Health

Opinion

I have audited the financial report of Commission on Excellence and Innovation in Health for the financial year ended 30 June 2021.

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 2021, 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.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2021
- a Statement of Financial Position as at 30 June 2021
- a Statement of Changes in Equity for the year ended 30 June 2021
- a Statement of Cash Flows for the year ended 30 June 2021
- notes, comprising significant 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, 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 Commission on Excellence and Innovation in Health for the financial year ended 30 June 2021.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Commission on Excellence and Innovation in Health's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Commissioner

- conclude on the appropriateness of the Commissioner's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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



Andrew Richardson

Auditor-General

23 September 2021

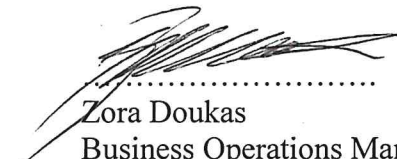
Certification of the financial statements

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 20/09/2021

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2021

	Note	2021 \$'000	2020 \$'000
Income			
Revenues from SA Government	2	5,899	4,504
Fees and charges	3	8	8
Resources received free of charge	4	445	144
Total income		6,352	4,656
Expenses			
Employee benefits expenses	5	3,452	1,944
Supplies and services	6	1,783	1,346
Grants and subsidies	7	160	967
Other expenses		19	18
Total expenses		5,414	4,275
Net result		938	381
Total comprehensive result		938	381

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 2021

	Note	2021 \$'000	2020 \$'000
Current assets			
Cash and cash equivalents	8	2,071	1,133
Receivables	9	134	96
Total current assets		<u>2,205</u>	<u>1,229</u>
Total assets		<u>2,205</u>	<u>1,229</u>
Current liabilities			
Payables	10	261	325
Employee benefits	11	460	481
Provisions	12	6	7
Total current liabilities		<u>727</u>	<u>813</u>
Non-current liabilities			
Payables	10	68	57
Employee benefits	11	715	601
Provisions	12	8	9
Total non-current liabilities		<u>791</u>	<u>667</u>
Total liabilities		<u>1,518</u>	<u>1,480</u>
Net assets		<u>687</u>	<u>(251)</u>
Equity			
Retained earnings		687	(251)
Total equity		<u>687</u>	<u>(251)</u>

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

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2021

	Retained earnings \$ '000	Total equity \$ '000
Balance at 6 January 2020	-	-
Net result for 2019-20	381	381
Total comprehensive result for 2019-20	381	381
Net assets received from an administrative restructure	(632)	(632)
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

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 2021

	Note	2021 \$'000	2020 \$'000
Cash flows from operating activities			
Cash inflows			
Receipts from SA Government		5,899	4,504
Fees and charges		17	-
GST recovered from ATO		124	44
Other receipts		9	-
Cash generated from operations		<u>6,049</u>	<u>4,548</u>
Cash outflows			
Employee benefits payments		(3,363)	(1,485)
Payments for supplies and services		(1,555)	(1,108)
Payments of grants and subsidies		(166)	(967)
Other payments		(27)	-
Cash used in operations		<u>(5,111)</u>	<u>(3,560)</u>
Net cash provided by/(used in) operating activities		<u>938</u>	<u>988</u>
Cash flows from financing activities			
Cash inflows			
Cash received from restructuring activities		-	145
Cash generated from financing activities		<u>-</u>	<u>145</u>
Net cash provided by/(used in) financing activities		<u>-</u>	<u>145</u>
Net increase/(decrease) in cash and cash equivalents		938	1,133
Cash and cash equivalents at the beginning of the period		1,133	-
Cash and cash equivalents at the end of the period	8	<u>2,071</u>	<u>1,133</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 2021

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 with reduced disclosure requirements.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. The comparative period is from 6 January 2020 to 30 June 2020. 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 rates 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.

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

1.3 Taxation

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.

1.4 Impact of COVID-19 pandemic on the Commission

COVID-19 has not had a material impact on the Commission's financial performance, financial position, or continuity of operations.

1.5 Change in accounting policy

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

2. Revenues from SA Government

	2021 \$'000	2020 \$'000
Operating purpose Appropriations from Consolidated Account pursuant to the Appropriation Act	5,899	-
Intra-Government Transfers	-	4,504
Total revenues from SA Government	5,899	4,504

Appropriations and intra-governments transfers are recognized upon receipt.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

3. Fees and charges

	2021 \$'000	2020 \$'000
Other user charges and fees	8	8
Total fees and charges	8	8

Fees and charges refer to the Electronic Medical Record Project and is recognised at a point in time when CEIH meets specific performance obligations.

4. Resources received free of charge

	2021 \$'000	2020 \$'000
Services	167	7
Accommodation	278	137
Total resources received free of charge	445	144

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 \$158,000 (\$7,000) and ICT (information and communication technology) services from Department of Premier and Cabinet valued at \$9,000 (\$Nil), following Cabinet's approval to cease intra-government charging. In addition, the Commission receives accommodation from the DHW free of charge.

5. Employee benefits expenses

	2021 \$'000	2020 \$'000
Salaries and wages	2,534	1,160
Long service leave	172	172
Annual leave	215	184
Skills and experience retention leave	20	8
Employment on-costs - superannuation*	462	320
Employment on-costs - other	16	64
Workers compensation	(3)	7
Board and committee fees	28	12
Other employee related expenses	8	17
Total employee benefits expenses	3,452	1,944

* 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.

5.1 Key Management Personnel

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

Total compensation for KMP for the financial year was \$1.260m (\$0.667m), 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.

5.2 Remuneration of Board and Committee members

	2021 No. of Members	2020 No. of Members
\$0	332	143
\$1 - \$20,000	30	13
Total	362	156

The total remuneration received or receivable by members was \$28,000 (\$12,000). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

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.

5.3 Remuneration of employees

	2021	2020
	No.	No.
The number of employees whose remuneration received or receivable falls within the following bands:		
\$175,001 - \$195,000	1	-
\$195,001 - \$215,000	2	-
\$215,001 - \$235,000	1	-
\$235,001 - \$255,000	-	1
\$315,001 - \$335,000	1	-
Total number of employees	5	1

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 \$1.131m (\$0.255m).

6. Supplies and services

	2021	2020
	\$'000	\$'000
Administration	14	27
Advertising	150	127
Communication	10	34
Computing	138	57
Consultants	-	68
Contractors	613	319
Contractors - agency staff	157	86
Fee for service	-	3
Minor equipment	7	102
Occupancy rent and rates	278	137
Postage	1	-
Printing and stationery	6	14
Repairs and maintenance	28	93
Services from Shared Services SA	158	79
Training and development	114	163
Travel expenses	4	6
Other supplies and services	105	31
Total supplies and services	1,783	1,346

Consultants

The number of consultancies and dollar amount paid/payable (included in supplies and service expense) to consultants that fell within the following bands:

	2021		2020	
	No.	\$'000	No.	\$'000
Below \$10,000	-	-	-	-
Above \$10,000	-	-	1	68
Total	-	-	1	68

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

7. Grants and subsidies

	2021 \$'000	2020 \$'000
Subsidies	-	200
Funding to non-government organisations	60	767
Other	100	-
Total grants and subsidies	160	967

Grants relates to funding support to develop a Clinical Informatics Hub at the South Australian Health and Medical Research Institute.

8. Cash and cash equivalents

Cash is measured at nominal amounts. The Commission has a deposit account (general operating) of \$2.071m with the Treasurer (\$1.133m). The Commission does not earn interest on this account. The Government has a policy to align cash balances with the appropriation and expenditure authority.

9. Receivables

	2021 \$'000	2020 \$'000
Current		
Debtors	-	9
Prepayments	110	28
GST input tax recoverable	24	59
Total current receivables	134	96

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.

10. Payables

	2021 \$'000	2020 \$'000
Current		
Creditors and accrued expenses	191	244
Employment on-costs*	70	81
Total current payables	261	325
Non-current		
Employment on-costs*	68	57
Total non-current payables	68	57
Total payables	329	382

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 2020 rate (9.8%) to 10.1% 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 \$2,000. 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.

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11. Employee benefits

	2021 \$'000	2020 \$'000
Current		
Accrued salaries and wages	85	77
Annual leave	295	333
Long service leave	63	54
Fringe benefits tax	2	1
Skills and experience retention leave	15	16
Total current employee benefits	460	481
Non-current		
Long service leave	715	601
Total non-current employee benefits	715	601
Total employee benefits	1,175	1,082

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.

11.1 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.

The actuarial assessment performed by DTF left the salary inflation rate at 2.0% for annual leave and skills and experience retention leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

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.

11.2 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 changed from 2020 (0.75%) to 1.25%. 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 \$97,000, payables (employee on-costs) of \$4,000 and employee benefits expense of \$101,000. 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.

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12. Provisions

The provision consists only of workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	2021	2020
	\$'000	\$'000
Carrying amount at the beginning of the period	16	-
Increase in provisions recognised	-	13
Increase resulting from re-measurement or settlement without cost	-	3
Increase/ (Decrease) resulting from re-measurement or settlement without cost	(2)	-
Carrying amount at the end of the period	14	16

Workers compensation

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.

A liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2021 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The liability was calculated in accordance with AASB 137 as the present value of the expenditures expected to be required to settle obligations incurred as at 30 June 2021. No risk margin is included in this estimate.

Additional compensation for certain work-related injuries or illnesses (additional compensation)

The Commission has recognised an additional compensation provision from 30 June 2020. The additional compensation provision provides continuing 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.

The additional compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2021 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The liability was calculated in accordance with AASB 137 as the present value of the expenditures expected to be required to settle obligations incurred at 30 June 2021. The liability comprises an estimate for known claims and an estimate of incurred but not reported applications. No risk margin is included in the estimate.

There is a significant degree of uncertainty associated with this estimate. In addition, to the general uncertainties associated with estimating future claim and expense payments, the additional compensation provision is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meet, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate. Assumption used will continue to be refined to reflect emerging experience.

13. Unrecognised contractual commitments

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

Expenditure Commitments

	2021	2020
	\$'000	\$'000
Within one year	223	12
Later than one year but not longer than five years	36	-
Total other expenditure commitments	259	12

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

14. 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.

15. Events after balance date

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

16. 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 changes to the Accounting Policy Statements issued by the Treasurer. There are no Accounting Policy Statements that are not yet in effect.

- AASB 1060 *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* is a new single standard containing all the disclosure requirements for an entity preparing GPFS under Tier 2 and will apply to the Commission from 1 July 2021. This Standard will only apply to disclosures and the Commission have assessed it will have a minimal impact on the general purpose financial statements.

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.

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	23		Earle-Bandaralage L, Lunawat N
Clinical Advisory Council Committee	11		Cehic D, Eckert M, Ferguson J, Lockwood S, Newell S, Phillips A, Telford-Sharp F, Gilbert A, Turner M, Williams H, Wilson B (resigned 26 May 2021), Yarwood S
Clinical Informatics Advisory Council Committee	10		Bidargaddi N, Broymeyer M, Corena M, Del Fante P, Ebrill K, Goland G, Jolley G, Palmer L, Pratt N, Radbone C, Rego F, Richards B
Statewide Adolescence Transition Care Clinical Network Committee	15		Dee-Price B (appointed 04 February 2021), Wright S (appointed 04 February 2021), Whannel K (appointed 04 February 2021)
Statewide Cancer Clinical Network Committee	18		Christensen C (resigned 01 Dec 2020), Corsini N, Haseloff M, Johnson L, Karapetis C, Murphy E, Robertson A, Roder D (appointed 29 May 2021), Kuss B (appointed 29 May 2021)
Statewide Cardiology Clinical Network Committee	89		Brown A, Clark R, Hendriks J, Ludlow M, Lynch D, Nitschke D, Senior D, Waddell-Smith K, Ramage M, Coowar A, Roberts-Thomson R, 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
Statewide Chronic Pain Clinical Network Committee	12		Cox M (appointed 15 January 2021), Lau K (appointed 15 January 2021), Shannon E (appointed 15 January 2021), Robinson E (appointed 15 January 2021), Wing M (15 January 2021), Delaney S (appointed 15 January 2021)
Statewide Palliative Care Clinical Network Committee	18		Bevan A, Agius P, Amato C, Brooksbank M, Byrne S, Caughey G, Churches O, Griffiths C, Gregory S, Humphries G, Jenkin P, King L, Marshall J, McMahon J, Moncrieff D, Morgan D, Ogden A (appointed 21 April 2021) Pidgeon T, Roach D, Rosa R, Schutz S, Soriano J, Stone H, Swetenham K, To T, Walleff T, Waters M
Statewide Surgical and Perioperative Clinical Network Committee	12		Gribble P, Holtham R, Lyndon E, Materne K, Van Vugt T
Statewide Urgent Care Clinical Network Committee	26		Davies S, Kelly L, Norcock B, Pappin J, Wanguhu K, Whiteway L, Williams J, Williams L, Roxburgh E, Nairn M, Medlycott N
Statewide Clinical Genomics Network Steering Committee	7		Barnett C (chair), Craig J, Geez J, Geoghegan J, Kile B, Kimber A, Lower K, Lynn D, Roberts-Thomson A, Suppiah V, Suthers G, White D

Refer to note 5.2 for remuneration of board and committee members