



**Government  
of South Australia**

**COMMISSION ON EXCELLENCE AND  
INNOVATION IN HEALTH  
2019-20 Annual Report**

Commission on Excellence and Innovation in Health

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ISSN: 2652-7693

Date presented to Minister: 29 September 2020

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:

Prof Paddy Phillips  
**Commissioner**  
**Commission on Excellence and Innovation in Health**

Date 29 September 2020

Signature



## From the Commissioner

The Commission on Excellence and Innovation in Health (CEIH) became established as a new independent government agency during 2019-20, being proclaimed as an attached office to the Department for Health and Wellbeing (DHW) on 6 January 2020 under the *Public Sector Act 2009*.

The CEIH provides leadership and advice on excellence and innovation in healthcare, including clinical best practice with a focus on maximising health outcomes for patients, improving care and safety, championing the use of data and analytics to inform evidence-based practice and clinical innovation and supporting clinical collaboration.



### ***Vision – Together, let's create better healthcare for South Australians***

To achieve this vision, we believe that:

- Everyone should have access to the latest evidence and data to make the best decisions.
- Innovation is to be encouraged and it should be safe to think big and try new things.
- No task should be done in isolation, but instead achieved through partnership and collaboration.

### **Goals**

The CEIH goals include:

- Clinicians to 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.
- Supporting a culture of innovation that unlocks potential and connects people to turn ideas into action.

### **Strategic Objectives**

The CEIH strategic objectives are:

- Enabling the health system, through building capacity and capability, to deliver value and positive impacts for the community and consumers, clinicians and the broader health system as a whole.
- Enabling better health outcomes, improved patient experience and increased confidence in the health system.
- Ensuring improved access for public participation and input into healthcare, strategic planning, shaping the system and evaluation of health services.

- Enabling better access to evidence and best clinical practice through improved access to data and tools to provide improved care; better collaboration through clinical networks and other mechanisms; increased clinician confidence and engagement; and support to innovate and translate research into practice.
- Driving better quality care and efficiencies through addressing variation in care and outcomes by pursuing best clinical practice; increased confidence in the system by consumers and the community; and a reduction in serious adverse events.

As the inaugural Commissioner, I am privileged to present this first Annual Report. The work to establish the CEIH has been substantial. In particular, I would like to thank the CEIH team, and the many people from DHW, Wellbeing SA and the Office for Public Sector Employment who worked to establish the CEIH in the timeframe planned.

I would also like to thank the members of our peak Clinical Advisory Council and the members of our Community of Consumers, our Clinical Network Executive, our Clinical Informatics Advisory Group, our Clinical Improvement and Innovation Advisory Group and our Statewide Clinical Networks' Leads and Steering Committees for their major contributions to achieving our many successes in our first year.

Thank you to all involved.



**Prof Paddy Phillips**  
**Commissioner**  
**Commission on Excellence and Innovation in Health**

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## Overview: about the agency

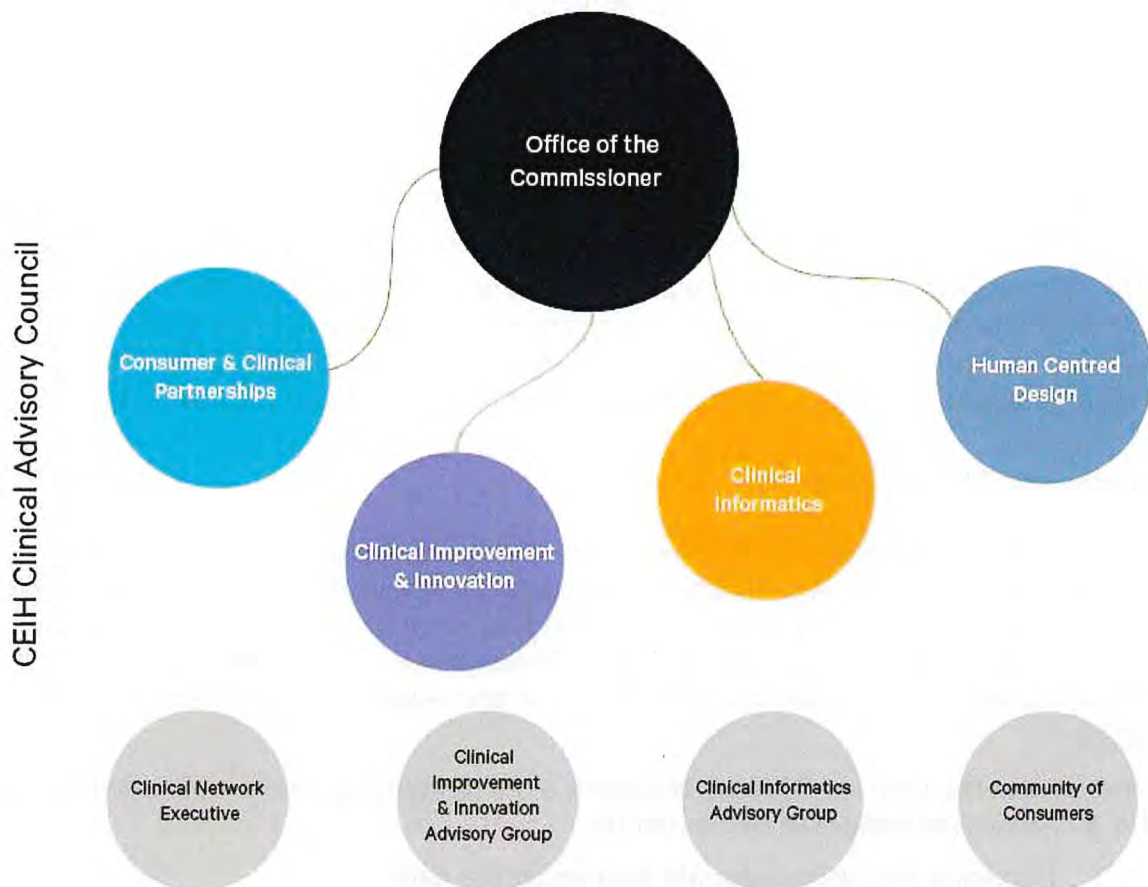
### Our strategic focus

<b>Our Purpose</b>	<p>To provide strategic leadership and advice on excellence and innovation in healthcare.</p> <p>We partner with consumers, carers, the wider community and the health workforce to improve care and safety, monitor performance, and champion evidence-based practice to improve health outcomes.</p>
<b>Our Vision</b>	<p>Together, let's create better healthcare for South Australians.</p>
<b>Our Values</b>	<p>Our values are the way we do things:</p> <ul style="list-style-type: none"> <li>• Treat people with compassion, honesty and respect</li> <li>• Strive for excellence in everything we do</li> <li>• Celebrate our successes, and the successes of others</li> <li>• Celebrate diversity of people and thinking</li> <li>• Learn from failure and actively seek feedback</li> <li>• Be responsive and adaptive</li> <li>• Believe innovation comes from continuous learning and diversity of all kinds.</li> </ul>
<b>Our Objectives and Functions</b>	<p><b>Key Objectives:</b></p> <ul style="list-style-type: none"> <li>• <b>Build Capability</b> – we create opportunities for people to learn new skills and support the mindsets that allow innovation to happen.</li> <li>• <b>Provide Advice and Support</b> – we provide advice on collaboration and engagement, data and analytics, improvement science, health system design, research translation, horizon scanning and innovation.</li> <li>• <b>Partnering and Connecting</b> – we bring people together to solve problems. Connecting clinicians, consumers and the community so they collaborate and learn from each other.</li> <li>• <b>Innovation, Excellence and Best Practice</b> – we think big and look for creative solutions that place South Australia as a global leader in health.</li> </ul> <p><b>Core Functions:</b></p> <ul style="list-style-type: none"> <li>• Consumer and Clinical Partnerships</li> <li>• Clinical Informatics</li> </ul>

	<ul style="list-style-type: none"> <li>• Human-Centred Design</li> <li>• Clinical Improvement and Innovation</li> </ul>
<p><b>Our Deliverables</b></p>	<p><b>Key Deliverables in 2019-20:</b></p> <ul style="list-style-type: none"> <li>• Establishment of the CEIH under section 27 of the <i>Public Sector Act 2009</i> as an attached office to DHW</li> <li>• Executive Directors appointed, the CEIH structure finalised and all initial positions filled</li> <li>• Work plans/priorities for each branch are developed</li> <li>• CEIH 1 year Corporate Plan is developed</li> <li>• CEIH 3 year Strategic Plan is developed</li> <li>• Branding, web and social media presence implemented</li> <li>• Eight Clinical Networks established</li> <li>• Statewide Clinical Network Executive established</li> <li>• First Annual Innovation/Vision event is held</li> <li>• Clinical Improvement Toolkit is developed</li> <li>• Development/finalisation of the following framework documents:             <ol style="list-style-type: none"> <li>1. Statewide Clinical Network Framework</li> <li>2. Clinician Engagement Framework</li> <li>3. CEIH Consumer and Carer Partnering Framework</li> <li>4. Model of Care Framework/Template</li> </ol> </li> <li>• Data and Analytics Plan developed</li> <li>• Development of a framework to measure clinical impact and success</li> <li>• Stakeholder and partnerships plan is developed</li> </ul>



## Our organisational structure



## 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. They bring 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. This Group ensures that our informatics priorities are always aligned with our Vision and keeps us focused on improving data driven efficiencies for clinicians and users of clinical data.

The **Clinical Improvement and Innovation Advisory Group** consists of experts in:

- Public health
- Clinical information systems
- Design thinking

- Healthcare quality
- Continuous improvement operating systems
- Capability development
- Consumer engagement

This diverse team of improvement and innovation experts guides 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** 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.

### **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. Four Statewide Clinical Networks were established in 2019-20, 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.
- Developing better health literacy in the community.
- Collaborating to improve data collection.
- Measuring, monitoring and reporting.

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

- Providing urgent, unexpected, non-life threatening care that is based on peoples' experiences.
- Collaborating with relevant healthcare professionals to ensure clinically appropriate care at the right place in the right timeframe.
- Linking consumers with appropriate follow up 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.

### Changes to the agency

During 2019-20, the CEIH was established as an attached office to DHW. Changes to the agency's structure and objectives occurred as a result of machinery of government changes as follows:

- The CEIH was operational on 1 July 2019 and existed as a unit within DHW. Significant planning was undertaken in the latter half of 2019 to transition the CEIH to an attached office.
- On 6 January 2020, CEIH was proclaimed as an attached office to DHW pursuant to the *Public Sector Act 2009*.
- Four key program areas were established: Consumer and Clinical Partnerships (including Statewide Clinical Networks), Clinical Improvement and Innovation, Clinical Informatics, Human-Centred Design.
- DHW employees working at the CEIH were transferred to the independent CEIH agency as part of the machinery of government work.

### 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 Paddy Phillips**  
**Commissioner**



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



**Jarrard O'Brien,**  
**Executive Director,**  
**Human-Centred**  
**Design**



**Robert Klutz**  
**Executive Director,**  
**Clinical Improvement**  
**and Innovation**



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

## 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

The main goal for CEIH in 2019-20 was to establish itself under the *Public Sector Act 2009*, develop its Strategic Plan, staffing, work model and commence its work.

### 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 SA improve healthcare the health system will achieve better value and the community will achieve better health, both contributing positively to the economy of SA.
Better Services	The CEIH Vision is <i>"Together, let's create better healthcare for South Australians"</i> . In delivering on this Vision, 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

Establishing the CEIH has involved significant start-up effort, identified as first year KPIs/deliverables listed in the table below.

Twelve of the fourteen first year KPIs were completed in 2019-20.

The onset of the COVID-19 pandemic created some delays with completion of the remaining two KPIs, which are due for completion in the latter half of 2020.

Agency Objectives	First Year KPIs/Deliverables	Performance
<b>Establishment of the CEIH under section 27 of the Public Sector Act 2009 as an independent attached office to DHW</b>	Establish CEIH as an attached office. Finalise CEIH Structure and fill key positions. Establish and develop work plans and priorities. Develop a year 1 Corporate Plan. Develop a 3 year Strategic Plan. <ul style="list-style-type: none"> <li>• Due to the COVID-19 pandemic, the Strategic Plan was delayed and is expected to be finalised by August 2020.</li> </ul> Develop and implement branding, webpage and social media presence.	Completed Completed Completed Completed 80% complete Completed
<b>Governance and establishing the ways of working</b>	Create Framework Documents for: <ul style="list-style-type: none"> <li>• Statewide Clinical Network Framework</li> <li>• Clinician Engagement Framework</li> <li>• Consumer and Carer Partnering</li> <li>• Model of Care Framework.</li> </ul> Develop a Stakeholder Partnership Plan. Establish the Statewide Clinical Network Executive.	Completed Completed Completed
<b>Innovation</b>	Hold the first National Innovation Games event for South Australia. Develop a Clinical Improvement Toolkit. Create a Framework to measure clinical impact and success.	Completed Completed Completed

<b>Consumer and Clinical Partnerships</b>	<p>Establish eight Statewide Clinical Networks.</p> <ul style="list-style-type: none"> <li>• Four Statewide Clinical Networks were established in the first half of 2020: Palliative Care, Cancer, Cardiology and Urgent Care.</li> <li>• The process to establish the next four was delayed due to the COVID-19 pandemic and is due to be completed in the second half of 2020.</li> </ul>	50% completed
<b>Clinical Informatics</b>	Develop a Data and Analytics Plan for SA Health.	Completed

### Corporate performance summary

The CEIH completed additional activities aimed at achieving its key objectives and contributing to South Australia's COVID-19 response, which are included in the following table:

<b>Objectives</b>	<b>Other Achievements</b>
<b>Contribute to the creation and execution of State-wide COVID-19 strategies and programs</b>	<p>Partnered with the Agency for Clinical Innovation (NSW) and SaferCare Victoria in delivering the Australian Pandemic Kindness Movement to support clinicians' mental health and wellbeing.</p> <p>Established a team of researchers to scan the world literature for evidence to manage COVID-19 response.</p> <p>Established a collaboration with CSIRO Centre for eHealth Research to investigate the use of social media, pathology testing and other sources of data to determine emerging 'hot spots' of COVID-19 infection.</p>
<b>Build Capability</b>	<p>Sponsored 29 International Society for Quality in Health Care (ISQua) fellowships to develop continuous improvement capabilities across the health system.</p> <p>Sponsored 100 people to undertake the Certified Health Informatician Australia (CHIA) exam to build knowledge and capability across South Australia in the use of data and technology in a clinical setting.</p> <p>Organised the first fully virtual Compassion Labs for approximately 80 people from a broad range of backgrounds to invoke and sustain compassion in healthcare.</p>

	<p>Held Data and Analytics workshops to increase understanding of data and analytics (including artificial intelligence and machine learning) to support SA Health to become an insights-driven organisation.</p>
<p><b>Provide Advice and Support</b></p>	<p>Completed a SA Health Patient Flow Improvement mapping exercise to map and analyse current and past initiatives to improve patient flow.</p> <p>In partnership with Health Translation SA, engaged four data fellows for two years to work on significant data problems across the health system.</p>
<p><b>Partnering and Connecting</b></p>	<p>Established a Clinical Advisory Council to provide advice, insight and support to the CEIH on current and future programs of work.</p> <p>Established a Community of Consumers to give consumers, carers and the community a greater voice in clinical improvement activities.</p> <p>Defined Statewide Clinical Communities of Practice and developed a pathway and toolkit for Statewide Clinical Networks to transition to become a Statewide Clinical Communities of Practice.</p>
<p><b>Innovation, Excellence and Best Practice</b></p>	<p>The first virtual National Innovation Games in South Australia was held, bringing industry, research, private sector and government together to collaborate and spark innovation to solve 'wicked' health problems.</p> <p>Held the first Clinical Informatics Conference and showcase event in South Australia to demonstrate what is possible now, what the future holds and the amazing data-driven solutions work already happening within South Australia.</p>

**Employment opportunity programs**

Program name	Performance
Nil	Nil



### Agency performance management and development systems

Performance management and development system	Performance
<p>Two designated Performance Review and Development (PRD) cycles (September/October and March/April) were established for managers to undertake PRD conversations with direct reports.</p> <p>Processes and monitoring implemented are consistent with DHW guidelines.</p>	<p>The March/April cycle in 2020 was not enforced. This was due to the CEIH being in the early stages of establishment with a rapidly changing workforce.</p> <p>The onset of the COVID-19 pandemic and the degree of essential work being carried out by employees was also a contributing factor.</p>

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

Program name	Performance
<p><b>Worksite inspections</b></p>	<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 complies with 6-monthly worksite safety inspections.</p>
<p><b>Ergonomics</b></p>	<p>Individuals are set up ergonomically at their workstations.</p>
<p><b>Work Health &amp; Safety</b></p>	<p>The CEIH has adopted DHW policies in relation to work, health, safety and staff wellbeing.</p> <p>Provisions for flexible working arrangements, including working at home, were provided to staff during the COVID-19 pandemic.</p> <p>A Workplace, Health and Safety Strategy will be developed.</p>
<p><b>Influenza Vaccinations</b></p>	<p>The CEIH supports an annual influenza vaccination program available to employees.</p>
<p><b>Employee Assistance Program</b></p>	<p>The CEIH offers employees and their immediate family members access to confidential and professional counselling services for work related and personal issues.</p>

<b>Workplace injury claims</b>	<b>Current year 2019-20</b>	<b>Past year 2018-19</b>	<b>% Change (+ / -)</b>
Total new workplace injury claims	0	0	0%
Fatalities	0	0	0%
Seriously injured workers*	0	0	0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	0	0	0%

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

<b>Work health and safety regulations</b>	<b>Current year 2019-20</b>	<b>Past year 2018-19</b>	<b>% Change (+ / -)</b>
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	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%

<b>Return to work costs**</b>	<b>Current year 2019-20</b>	<b>Past year 2018-19</b>	<b>% Change (+ / -)</b>
Total gross workers compensation expenditure (\$)	0	0	0%
Income support payments – gross (\$)	0	0	0%

\*\*before third party recovery

Data for previous years are not available as the CEIH was established on 6 January 2020.

**Executive employment in the agency**

<b>Executive classification</b>	<b>Number of executives</b>
Chief Executive	1
SAES 1 Level roles	4

Data for previous years are not available as the CEIH was established on 6 January 2020.

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

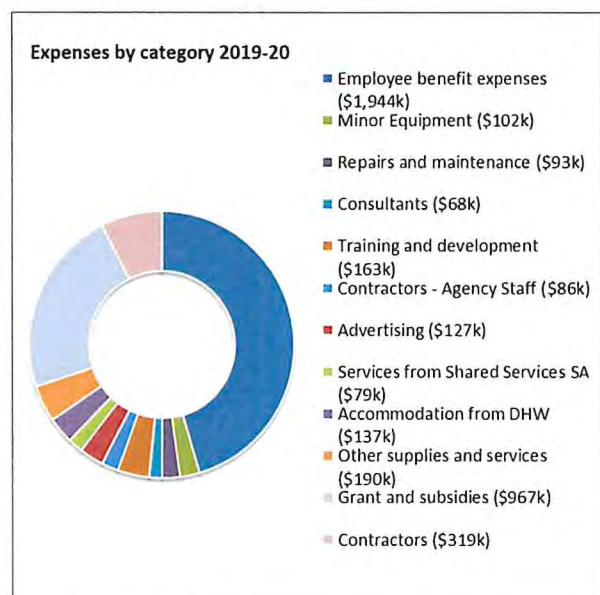
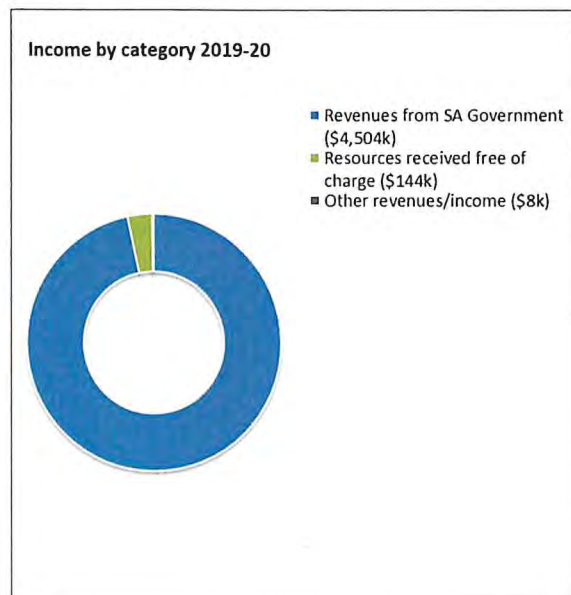
### Financial performance at a glance

The CEIH prepared financial statements based on Tier 2 requirements (commonly known as reduced disclosure requirements), following the Department of Treasury and Finance's approval to apply Tier 2 (in line with AASB 1053 Application of Tiers of Australian Accounting Standards). The Australian Accounting Standards Board implemented Tier 2 reporting requirements to substantially reduce the disclosure burden of many small to medium size Australian entities when preparing general purpose financial reports, ensuring these entities financial statements are relevant to and meet users' needs.

The following is a brief summary of the CEIH's overall financial position. The information is unaudited. Full audited financial statements for 2019-20 are attached to this report. The 2019-20 financial statements reflect the first time adoption of the Leasing Standard (AASB 16) and Revenue Standards (AASB 15 and AASB 1058).

### The CEIH financial summary

Financial summary (\$000)	2019-20
Total income	4 656
Total expenses	4 275
Net result for the period	381
Net cash provided by operating activities	988
Total assets	1 229
Total liabilities	1 480
Net assets	(251)



### Consultants disclosure

The following is a summary of external consultants that have been engaged by the CEIH, 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	n/a	Nil

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

Consultancies	Purpose	\$ Actual payment
Deloitte Risk Advisory Pty Ltd	Professional services for the Data and Analytics Plan	\$ 68,005
	Total	<b>\$ 68,005</b>

Data for previous years are not available as the CEIH was established on 6 January 2020.

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 CEIH, 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	\$1,715

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

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Southern Adelaide Local Health Network	Reimbursement for Statewide Clinical Network Leads.	\$122,013
CSIRO	Professional services for various projects including Syndromic Surveillance of COVID-19 outbreak in South Australia and SNOMED CT and FHIR to support analytics.	\$59,500
KWP Advertising Pty Ltd	Various services including social media management and guideline development, strategic planning, creation of roadmaps and developing communication strategies.	\$48,870
Northern Adelaide Local Health Network	Reimbursement for Statewide Clinical Network Lead.	\$44,865
HFL Leadership	Strategic Planning and delivery of workshop.	\$19,125
Central Adelaide Local Health Network	Reimbursement for a project lead to identify initiatives across SA Health to improve the safe use of medicines, radiology and pathology and to make recommendations on how future initiatives could be undertaken.	\$11,930
Rodeo Creative Pty Ltd	Brand strategy development, workshop lead and project management	\$10,940
	<b>Total</b>	<b>\$317,243</b>

Data for previous years are not available as the CEIH was established on 6 January 2020.

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

As an attached office to DHW, the CEIH has adopted DHW policies in relation to risk and audit requirements. The DHW Audit and Risk Committee (the Committee) has responsibility to advise the department and attached offices on systems, processes and structures designed to identify, prevent and respond to real and potential risks, to ensure compliance requirements are met.

The Committee also provides 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.

### Fraud detected in the agency

Category/nature of fraud	Number of instances
There were no reports of fraud or corruption.	0

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

### Strategies implemented to control and prevent fraud

The CEIH Strategic Risk Register was developed in collaboration with DHW Risk Assurance Services. Any potential risks were identified and control measures documented as part of regular monitoring and reporting practices.

Detection, prevention and control strategies include:

- Relevant policies and procedures
- Increased awareness through educating and training staff (eg, ICAC Induction for Public Officers, Public Sector Code of Ethics and the Values and Behavioural Framework)
- Appropriate segregation of duties
- Internal and external audits
- Year-end declaration process
- Proactive Disclosure
- Annual delegation reviews
- Review of internal controls and processes

Data for previous years are not available as the CEIH was established on 6 January 2020.

## **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 are not available as the CEIH was established on 6 January 2020.

*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

The CEIH has been included in the whole of SA Health response in the DHW Annual Report 2019-20, which can be accessed on the SA Health website at:

<https://www.sahealth.sa.gov.au>

### Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
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

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2019-20</b>
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
		<b>Total</b>	<b>0</b>

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	0
Number of negative feedback comments	0
Total number of feedback comments	0
% complaints resolved within policy timeframes	0

Data for previous years are not available as the CEIH was established on 6 January 2020.

<b>Service improvements resulting from complaints or consumer suggestions over 2019-20</b>
Nil

## **Appendix: Audited financial statements 2019-20**



Government of South Australia  
Auditor-General's Department

Our ref: A20/004

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

25 September 2020

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

Dear Professor Phillips

**Audit of Commission on Excellence and Innovation in Health  
for the period to 30 June 2020**

We have completed the audit of your accounts for the period ended 30 June 2020. 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.

My annual report to Parliament indicates that we have issued an unmodified Independent Auditor's Report on your financial statements.

**2 Audit management letter**

During the year, we found no matters which we needed to bring to the attention of management.

**What the audit covered**

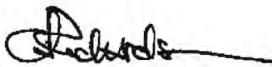
Our audits meet statutory audit responsibilities under the *Public Finance and Audit Act 1987* and the Australian Auditing Standards.

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



Andrew Richardson  
**Auditor-General**

enc

## INDEPENDENT AUDITOR'S REPORT



Government of South Australia  
Auditor-General's Department

Level 9  
State Administration Centre  
200 Victoria Square  
Adelaide SA 5000  
Tel +618 8226 9640  
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### 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 period ended 30 June 2020.

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 2020, its financial performance and its cash flows for period 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 period ended 30 June 2020
- a Statement of Financial Position as at 30 June 2020
- a Statement of Changes in Equity for the period ended 30 June 2020
- a Statement of Cash Flows for the period ended 30 June 2020
- 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 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 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 that is free from material misstatement, whether due to fraud or error.

### **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 period ended 30 June 2020.

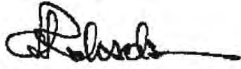
My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an 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
- 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.

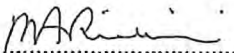


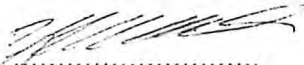
Andrew Richardson  
**Auditor-General**  
25 September 2020

### 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.

  
.....  
Paddy Phillips  
Commissioner

  
.....  
Zora Doukas  
Business Operations Manager

Date 7/09/2020

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the period ended 30 June 2020**

	Note	2020 \$'000
<b>Income</b>		
Revenues from SA Government	7	4,504
Fees and charges	5	8
Resources received free of charge	6	144
<b>Total income</b>		<u>4,656</u>
<b>Expenses</b>		
Employee benefits expenses	2	1,944
Supplies and services	3	1,346
Grants and subsidies	4	967
Other expenses		18
<b>Total expenses</b>		<u>4,275</u>
<b>Net result</b>		<u>381</u>
<b>Total comprehensive result</b>		<u>381</u>

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

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2020**

	Note	2020 \$'000
<b>Current assets</b>		
Cash and cash equivalents	8	1,133
Receivables	9	96
<b>Total current assets</b>		<u>1,229</u>
<b>Total assets</b>		<u>1,229</u>
<b>Current liabilities</b>		
Payables	10	325
Employee benefits	11	481
Provisions	12	7
<b>Total current liabilities</b>		<u>813</u>
<b>Non-current liabilities</b>		
Payables	10	57
Employee benefits	11	601
Provisions	12	9
<b>Total non-current liabilities</b>		<u>667</u>
<b>Total liabilities</b>		<u>1,480</u>
<b>Net assets</b>		<u>(251)</u>
<b>Equity</b>		
Retained earnings		(251)
<b>Total equity</b>		<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 period ended 30 June 2020**

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	Note	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)

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 period ended 30 June 2020**

	Note	2020 \$'000
<b>Cash flows from operating activities</b>		
<b>Cash inflows</b>		
GST recovered from ATO		44
Receipts from SA Government		4,504
<b>Cash generated from operations</b>		<u>4,548</u>
<b>Cash outflows</b>		
Employee benefits payments		(1,485)
Payments for supplies and services		(1,108)
Payments of grants and subsidies		(967)
<b>Cash used in operations</b>		<u>(3,560)</u>
<b>Net cash provided by operating activities</b>		<u>988</u>
<b>Cash flows from financing activities</b>		
<b>Cash inflows</b>		
Cash received from restructuring activities		145
<b>Cash generated from financing activities</b>		<u>145</u>
<b>Net cash provided by financing activities</b>		<u>145</u>
<b>Net increase in cash and cash equivalents</b>		<b>1,133</b>
<b>Cash and cash equivalents at the end of the period</b>	8	<u><b>1,133</b></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 period ended 30 June 2020**

**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.

The Commission commenced service delivery on 6 January 2020 following the transfer of certain functions from the Department for Health and Wellbeing (DHW) to the Commission. This transfer included 17 employees and net liabilities totalling \$632,000. Total assets transferred was \$145,000 comprising of cash. Total liabilities transferred was \$777,000 comprising of employee benefits (\$691,000), payables (\$77,000) and provision (\$9,000).

**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 for the period from 6 January 2020 to 30 June 2020 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 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.

**2. Employee benefits expenses**

	2020 \$'000
Salaries and wages	1,160
Long service leave	172
Annual leave	184
Skills and experience retention leave	8
Employment on-costs - superannuation*	320
Employment on-costs - other	64
Workers compensation	7
Board and committee fees	12
Other employee related expenses	17
<b>Total employee benefits expenses</b>	<b>1,944</b>

\* The superannuation employment on-cost charge represents the Commission's contribution to superannuation plans in respect of



**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2020**

current services of current employees. The Department of Treasury and Finance (DTF) centrally recognises the superannuation liability in the whole-of-government financial statements.

**2.1 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 was \$667,000 for the period from 6 January to 30 June 2020, 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.

**2.2 Remuneration of Board and Committee members**

The number of members whose remuneration received or receivable falls within the following bands:

	2020 No. of Members
\$0	143
\$1 - \$20,000	13
<b>Total</b>	<b>156</b>

Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits. The total remuneration received or receivable by members was \$12,000.

In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial period.

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

Refer to note 18 for members of boards/committees that served for all or part of the period from 6 January to 30 June 2020 and were entitled to receive income from membership in accordance with APS 124.B.

**2.3 Remuneration of employees**

	2020 No.
The number of employees whose remuneration received or receivable falls within the following bands:	
\$255,000 - \$274,999	1
<b>Total number of employees</b>	<b>1</b>

The table includes all employees who received remuneration equal to or greater than the base executive remuneration level during the period from 6 January to 30 June 2020. 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 fringe benefits tax paid or payable in respect of those benefits.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2020**

**3. Supplies and services**

	2020 \$'000
Accommodation from DHW	137
Administration	27
Advertising	127
Communication	34
Computing	57
Consultants	68
Contractors	319
Contractors - agency staff	86
Fee for service	3
Minor equipment	102
Printing and stationery	14
Repairs and maintenance	93
Services from Shared Services SA	79
Training and development	163
Travel expenses	6
Other supplies and services	31
<b>Total supplies and services</b>	<b>1,346</b>

**Consultants**

The number of consultancies and dollar amount paid/payable (included in supplies and service expense) to consultants was:

	2020	
	No.	\$'000
Above \$10,000	1	68
<b>Total</b>	<b>1</b>	<b>68</b>

**4. Grants and subsidies**

	2020 \$'000
Subsidies	200
Funding to non-government organisations	767
<b>Total grants and subsidies</b>	<b>967</b>

Grants and subsidies consist of, amongst others, a research grant for the University of Adelaide COVID-19 vaccine project and funding support to develop a Clinical Informatics Hub at the South Australian Health and Medical Research Institute.

**5. Fees and charges**

Fees and charges refer to \$8,000 for Electronic Medical Record Project.

**6. Resources received free of charges**

	2020 \$'000
Services	7
Accommodation	137
<b>Total resources received free of charge</b>	<b>144</b>

Contribution of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated.

The Commission receives Accounting, Taxation, Payroll, Accounts Payable, Accounts Receivable services from Shared Services SA, following Cabinet's approval to cease intra-government charging. In addition, the Commission receives accommodation from DHW free of charge.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2020**

**7. Revenue from SA Government**

	<b>2020</b>
	<b>\$'000</b>
Intra-Government Transfers	4,504
<b>Total revenues from SA Government</b>	<b>4,504</b>

Revenue from SA Government comprises of intra-government transfers from DHW. Intra-government transfers are recognised upon receipt.

**8. Cash and cash equivalents**

Cash is measured at nominal amounts. The Commission has a deposit account (general operating) of \$1,133,000 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.

**9. Receivables**

	<b>2020</b>
	<b>\$'000</b>
Current	
Debtors	9
Prepayments	28
GST input tax recoverable	59
<b>Total current receivables</b>	<b>96</b>
<b>Total receivables</b>	<b>96</b>

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

**10. Payables**

	<b>2020</b>
	<b>\$'000</b>
Current	
Creditors and accrued expenses	244
Employment on-costs*	81
<b>Total current payables</b>	<b>325</b>
Non-current	
Employment on-costs*	57
<b>Total non-current payables</b>	<b>57</b>
<b>Total payables</b>	<b>382</b>

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 42%, and the average factor for the calculation of employer superannuation cost on-costs is 9.8%. These rates are used in the employment on-cost calculation.

Refer to note 17 for information on risk management.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 For the period ended 30 June 2020

### 11. Employee benefits

	2020 \$'000
<b>Current</b>	
Accrued salaries and wages	77
Annual leave	333
Long service leave	54
Fringe benefits tax	1
Skills and experience retention leave	16
<b>Total current employee benefits</b>	<b>481</b>
<b>Non-current</b>	
Long service leave	601
<b>Total non-current employee benefits</b>	<b>601</b>
<b>Total employee benefits</b>	<b>1,082</b>

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

#### 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.

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 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 is 0.75%, which is used as the rate to discount future long service leave cash flows. The actuarial assessment performed by DTF determined the salary inflation rate to be 2.5% for long service leave liability and 2.0% for annual leave and skills, experience and retention leave liability.

### 12. Provision

The provision consists only workers compensation.

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

	2020 \$'000
Carrying amount at the beginning of the period	-
Increase in provisions recognised	13
Increase resulting from re-measurement or settlement without cost	3
<b>Carrying amount at the end of the period</b>	<b>16</b>

#### *Workers compensation statutory provision*

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.

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2020**

The provision is based on an actuarial assessment of the outstanding liability as at 30 June 2020 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The provision is for the estimated cost of ongoing payments to employees as required under current legislation.

***Workers compensation non-statutory provision***

Additional insurance/compensation arrangements for certain work related injuries have been introduced for most public sector employees through various enterprise bargaining agreements and industrial awards. This insurance/compensation is intended to provide continuing benefits to non-seriously injured workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme.

The workers compensation non-statutory provision is an actuarial assessment of the outstanding claims liability provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. There is a high level of uncertainty as to the valuation of the liability (including future claim costs), this is largely due to the enterprise bargaining agreements and industrial awards being in place for a short period of time and the emerging experience is unstable. The average claim size has been estimated based on applications to date and this may change as more applications are made. As at 30 June 2020 the Commission recognised a workers compensation non-statutory provision of \$1,000.

### 13. Unrecognised contractual commitments

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

***Expenditure Commitments***

	2020
	\$'000
Within one year	12
<b>Total other expenditure commitments</b>	<b>12</b>

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. Event 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. The Commission considers there will be no impact on the financial statements.

### 17. Financial instruments/ Financial risk management

Risk management is overseen by DHW's Risk and Audit Committee and risk management policies are in accordance with the Risk Management Policy Statement issued by the Treasurer and the Premier 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 insignificant based on the nature of the financial instruments held and its current assessment of risk. Financial instruments are measurement at amortised cost.

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

**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the period ended 30 June 2020**

**18. Boards & Committees**

Members of boards/committees that served for all or part of the financial period 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 Advisory Council Committee	10	Cehic D, Eckert M, Ferguson J, Lockwood S, Newell S, Phillips A, Telford-Sharp F, Alice G, Turner M, Williams H, Wilson B, Yarwood S
Clinical Informatics Advisory Council Committee	7	Bidargaddi N, Broymeyer M, Corena M, Del P, Eorill K, Goland G, Palmer L, Phillips A, Pratt N, Radbone C, Rego F, Richards B, Verjans J, Worthington-Eyre P
Statewide Cancer Clinical Network Committee	16	Christensen C, Corsini N, Haseloff M, Johnson L, Karapetis C, Murphy E, Robertson A
Statewide Cardiology Clinical Network Committee	14	Brown A, Clark R, J Hendriks, Ludlow M, Lynch D, Nitschke D, Senior D
Statewide Palliative Care Clinical Network Committee	19	Bevan A, Agius P, Amato C, Brooksbank M, Byrne S, Caughey G, Churches O, Griffiths C, Humphries G, Jenkin P, King L, Marshall J, McMahon J, Morgan D, Pidgeon T, Roach D, Rosa R, Schutz S, Soriano J, Stone H, Sweetenham K, To T, Walllett T, Waters M
Statewide Urgent Care Clinical Network Committee	19	Kelly L, Norcock B, Pappin J, Wanguhu K, Whiteway L, Williams J, Williams L

Refer to note 2.2 for remuneration of board and committee members