

# Commission on Excellence and Innovation in Health

Financial report  
for the year ended  
30 June 2021



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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 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

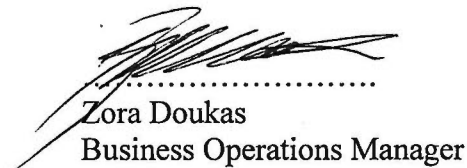
## Certification of the financial statements

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
<b>Income</b>			
Revenues from SA Government	2	5,899	4,504
Fees and charges	3	8	8
Resources received free of charge	4	445	144
<b>Total income</b>		<b>6,352</b>	<b>4,656</b>
<b>Expenses</b>			
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
<b>Total expenses</b>		<b>5,414</b>	<b>4,275</b>
<b>Net result</b>		<b>938</b>	<b>381</b>
<b>Total comprehensive result</b>		<b>938</b>	<b>381</b>

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

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH  
 STATEMENT OF FINANCIAL POSITION  
 As at 30 June 2021

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

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

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

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	<b>Retained earnings \$ '000</b>	<b>Total equity \$ '000</b>
<b>Balance at 6 January 2020</b>	<u>-</u>	<u>-</u>
<b>Net result for 2019-20</b>	<b>381</b>	<b>381</b>
<b>Total comprehensive result for 2019-20</b>	<u>381</u>	<u>381</u>
Net assets received from an administrative restructure	(632)	(632)
<b>Balance at 30 June 2020</b>	<u>(251)</u>	<u>(251)</u>
<b>Net result for 2020-21</b>	<b>938</b>	<b>938</b>
<b>Total comprehensive result for 2020-21</b>	<u>938</u>	<u>938</u>
<b>Balance at 30 June 2021</b>	<u>687</u>	<u>687</u>

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



**COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2021**

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

The accompanying notes form part of these financial statements.

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

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

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

### 1.1 Objectives and activities

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

In doing this, the Commission:

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

### 1.2 Basis of preparation

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

- section 23 of the *Public Finance and Audit Act 1987*,
- Treasurer's instructions and Accounting Policy Statements issued by the Treasurer under the *Public Finance and Audit Act 1987*, and
- relevant Australian Accounting Standards 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	2020
	\$'000	\$'000
Operating purpose Appropriations from Consolidated Account pursuant to the Appropriation Act	5,899	-
Intra-Government Transfers	-	4,504
<b>Total revenues from SA Government</b>	<b>5,899</b>	<b>4,504</b>

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
<b>Total fees and charges</b>	<b>8</b>	<b>8</b>

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
<b>Total resources received free of charge</b>	<b>445</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 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
<b>Total employee benefits expenses</b>	<b>3,452</b>	<b>1,944</b>

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

**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
<b>Total</b>	<b>362</b>	<b>156</b>

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	-
<b>Total number of employees</b>	<b>5</b>	<b>1</b>

The table includes all employees who received remuneration equal to or greater than the base executive remuneration level during the year. Remuneration of employees reflects all costs of employment including salaries and wages, payments in lieu of leave, superannuation contributions, salary sacrifice benefits and fringe benefits and any related fringe benefits tax. The total remuneration received by those employees for the year was \$1.131m (\$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
<b>Total supplies and services</b>	<b>1,783</b>	<b>1,346</b>

**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
<b>Total</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>68</b>

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

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	2020
	\$'000	\$'000
<b>Current</b>		
Debtors	-	9
Prepayments	110	28
GST input tax recoverable	24	59
<b>Total current receivables</b>	<b>134</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**

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

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

**11. Employee benefits**

	2021	2020
	\$'000	\$'000
<b>Current</b>		
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
<b>Total current employee benefits</b>	<b>460</b>	<b>481</b>
<b>Non-current</b>		
Long service leave	715	601
<b>Total non-current employee benefits</b>	<b>715</b>	<b>601</b>
<b>Total employee benefits</b>	<b>1,175</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.

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.

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

## 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)	-
<b>Carrying amount at the end of the period</b>	<b>14</b>	<b>16</b>

### *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	-
<b>Total other expenditure commitments</b>	<b>259</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. 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.



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

**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), Paterson J (appointed 04 February 2021), Whannel K (appointed 04 February 2021), Wright S (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, Caughy G, Churches O, Griffiths C, Gregory S, Humphries G, Jenkin P, King L, Marshall J, McMohan 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, Walleit 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, Gecz 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