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To the Commissioner Commission on Excellence and Innovation in Health

Opinion

I have audited the financial report of the Commission on Excellence and Innovation in Health for the financial year ended 30 June 2026.

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 2026, its financial performance and its cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards – Simplified Disclosures.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2026
- a Statement of Financial Position as at 30 June 2026
- a Statement of Changes in Equity for the year ended 30 June 2026
- a Statement of Cash Flows for the year ended 30 June 2026
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Commissioner and the Executive Director, Clinical Informatics and Innovation.

Basis for opinion

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of the Commission on Excellence and Innovation in Health. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* have been met.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Commissioner for the financial report

The Commissioner is responsible for the preparation of the financial report that gives a true and fair view in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and the Australian Accounting Standards – Simplified Disclosures, and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Commissioner is responsible for assessing the entity's ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Commissioner is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of the Commission on Excellence and Innovation in Health for the financial year ended 30 June 2026.

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.



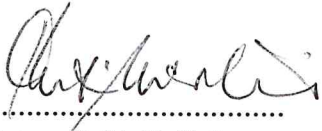
Daniel O'Donohue
Deputy Auditor-General

29 September 2026

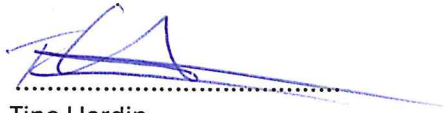
Certification of the financial statements

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 for the financial year over its financial reporting and its preparation of the financial statements have been effective.



.....
Professor Keith McNeil
Commissioner



.....
Tina Hardin
Executive Director,
Clinical Informatics and Innovation

Date 28 Sep 2022

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2026

	Note	2026	2025
		\$'000	\$'000
Income			
Revenues from SA Government	2	17,491	10,427
Fees and charges	3	794	613
Grants and contributions	4	494	2,999
Resources received free of charge	5	546	523
Other revenues/income		-	27
Total income		19,325	14,589
Expenses			
Employee related expenses	6	9,644	7,058
Supplies and services	7	2,802	3,543
Grants and subsidies	8	3,406	174
Other expenses		173	49
Total expenses		16,025	10,824
Net result		3,300	3,765
Total comprehensive result		3,300	3,765

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 2026

	Note	2026 \$'000	2025 \$'000
Current assets			
Cash and cash equivalents	9	9,012	3,920
Receivables	10	556	403
Total current assets		9,568	4,323
Non-current assets			
Receivables	10	3	2
Total non-current assets		3	2
Total assets		9,571	4,325
Current liabilities			
Payables	11	1,660	335
Employee related liabilities	12	1,172	904
Provisions	13	39	26
Total current liabilities		2,871	1,265
Non-current liabilities			
Employee related liabilities	12	1,498	1,187
Provisions	13	109	80
Total non-current liabilities		1,607	1,267
Total liabilities		4,478	2,532
Net assets		5,093	1,793
Equity			
Retained earnings		5,093	1,793
Total equity		5,093	1,793

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 2026

	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2024	(1,972)	(1,972)
Net result for 2024-25	3,765	3,765
Total comprehensive result for 2024-25	3,765	3,765
Balance at 30 June 2025	1,793	1,793
Net result for 2025-26	3,300	3,300
Total comprehensive result for 2025-26	3,300	3,300
Balance at 30 June 2026	5,093	5,093

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 2026

	Note	2026 \$'000	2025 \$'000
Cash flows from operating activities			
Cash inflows			
Receipts from SA Government		17,491	10,427
Fees and charges		615	306
Grants and contributions		494	2,999
GST recovered from ATO		165	169
Other receipts		-	30
Cash generated from operations		18,765	13,931
Cash outflows			
Employee benefits payments		(9,030)	(7,121)
Payments for supplies and services		(1,026)	(3,081)
Payments of grants and subsidies		(3,434)	(174)
Other payments		(183)	(56)
Cash used in operations		(13,673)	(10,432)
Net cash from/(used in) operating activities		5,092	3,499
Net increase/(decrease) in cash and cash equivalents		5,092	3,499
Cash and cash equivalents at the beginning of the period		3,920	421
Cash and cash equivalents at the end of the period	9	9,012	3,920

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 2026

1. About The Commission on Excellence and Innovation in Health

The Commission on Excellence and Innovation in Health (CEIH) 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 CEIH.

1.1 Objectives and activities

The CEIH provides strategic leadership and advice on excellence and innovation in healthcare. The South Australian Comprehensive Cancer Network (SACCaN) drives and connects cancer care across the state, from prevention, diagnosis, through to treatment and survivorship. CEIH partners 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. In doing this, CEIH:

- grows networks and partnerships by bringing people together to solve problems, connecting clinicians, consumers, and the community so that they can achieve 'better' together.
- delivers insights by using a data-driven approach to facilitate discussions, understand impact, deliver insights, and generate action.
- provides advice and consultation to encourage different ways of thinking and facilitate safe spaces for creativity.
- enables system improvement and innovation by seeking creative solutions to drive excellence and innovation in practice.
- builds capability by creating opportunities for people to learn new skills and support the mindsets that allow innovation and research to happen.

1.2 Basis of preparation

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

- section 23 of the *Public Finance and Audit Act 1987*,
- Treasurer's instructions and Accounting Policy Statements issued by the Treasurer under the *Public Finance and Audit Act 1987*, and
- relevant Australian Accounting Standards applying simplified disclosures.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). Any transactions in foreign currency are translated into Australian dollars at the exchange rate at the date the transaction occurs. The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

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

Income, expenses and assets are recognised net of the amount of GST except:

- when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable, and
- receivable and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

2. Revenues from SA Government

	2026 \$'000	2025 \$'000
Operating purpose Appropriations from Consolidated Account pursuant to the Appropriation Act	6,944	6,836
Commonwealth capital grants received via DTF	6,500	-
Commonwealth recurrent grants received via DTF	3,901	3,574
Contingency fundings provided by DTF	146	17
Total revenues from SA Government	17,491	10,427

Appropriations and intra-governments transfers are recognised upon receipt. In 2025-26 Commonwealth Capital Grants \$6.5 million for the South Australian Comprehensive Cancer Network.

3. Fees and charges

	2026 \$'000	2025 \$'000
Fees for health services	459	482
Event revenue	30	-
Other user charges and fees	305	131
Total fees and charges	794	613

Fee for health services are recharges for services provided to non-government entities and recognised when the service is provided.

4. Grants and contributions

	2026 \$'000	2025 \$'000
Commonwealth grants and donations	-	150
Other SA Government grants and contributions	492	2,482
Private sector grants and contributions	2	367
Total grant and contributions	494	2,999

In 2025-26 Grants and contributions relate to funding provided from the Department for Health and Wellbeing (DHW) for Auscribe implementation funding.

5. Resources received free of charge

	2026 \$'000	2025 \$'000
Services	237	223
Other	309	300
Total resources received free of charge	546	523

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. CEIH receives Financial Accounting and Taxation, Payroll, Accounts Payable, Accounts Receivable services from Shared Services SA free of charge valued at \$0.193 million (\$0.184 million) and ICT (information and communication technology) services from the Office of the Chief Information Officer valued at \$0.013 million (\$0.013 million), following Cabinet's approval to cease intra-government charging. CEIH also receives audit services free of charge from the Audit Office of South Australia valued at \$0.031 million (\$0.026 million).

In addition, CEIH receives accommodation from the DHW free of charge valued at \$0.309 million (\$0.300 million).

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

6. Employee related expenses

	2026	2025
	\$'000	\$'000
Salaries and wages	6,640	5,173
Targeted voluntary separation packages	135	-
Long service leave	460	73
Annual leave	754	554
Skills and experience retention leave	43	40
Superannuation	944	681
Workers compensation	42	22
Board and committee fees	202	220
Other employee related expenses	424	295
Total employee related expenses	9,644	7,058

Superannuation expense represents CEIH's contribution to superannuation plans in respect of current services of current employees.

6.1 Key Management Personnel

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

Total compensation for KMP for the financial year was \$1.182 million (\$1.036 million), 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*.

Apart from the remuneration for key management personnel, CEIH did not have any material transactions with key management personnel, their close family members and/or their controlled or jointly controlled entities in 2024-25 and 2025-26.

6.2 Remuneration of Board and Committee members

	2026	2025
	No. of	No. of
	Members	Members
\$0	325	214
\$1 - \$19,999	34	39
\$20,000 - \$39,399	2	3
Total	361	256

The total remuneration received or receivable by members was \$0.202 million (\$0.244 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

Unless otherwise disclosed, transactions between members are on conditions no more 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 17 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.

6.3 Remuneration of employees

	2026	2025
	No.	No.
The number of employees whose remuneration received or receivable falls within the following bands:		
\$237,001 - \$257,000	1	2
\$277,001 - \$297,000	2	-
\$537,001 - \$557,000	-	1
\$597,001 - \$617,000	1	-
Total number of employees	4	3

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 paid or payable in respect of those benefits as well as any termination benefits for employees who have left CEIH. The total remuneration received by those employees for the year was \$1.422 million (\$1.036 million).

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

6.4 Targeted voluntary separation packages (TVSP)

	2026	2025
	\$'000	\$'000
Amount paid/payable to separated employees:		
Targeted voluntary separation packages	135	-
Leave paid/payable to separated employees	19	-
Net cost to CEIH	154	-
The number of employees who received a TVSP during the reporting period	1	-

7. Supplies and services

	2026	2025
	\$'000	\$'000
Administration	6	1
Advertising	13	5
Communication	64	78
Computing	394	779
Consultants	73	15
Contract of services	609	1,195
Contractors	305	698
Contractors - agency staff	495	21
Fee for service	1	1
Food supplies	32	11
Housekeeping	1	-
Legal	4	3
Minor equipment	25	3
Occupancy rent and rates	309	300
Printing and stationery	13	7
Services from Shared Services SA	194	186
Training and development	90	100
Travel expenses	62	51
Other supplies and services	112	89
Total supplies and services	2,802	3,543

8. Grants and subsidies

	2026	2025
	\$'000	\$'000
Funding to non-government organisations	307	72
Other	3,099	102
Total grants and subsidies	3,406	174

In 2025-26 Grants relate to funding to the Central Adelaide Local Health Network for PET scanners, Strategic Cancer Prevention initiatives as well as grant funding to support the South Australian Health and Medical Research Institute (Health Translation SA Governance Agreement).

9. Cash and cash equivalents

Cash is measured at nominal amounts. CEIH holds a general operating deposit account of \$8.991 million (\$3.906 million) with the Treasurer, and \$0.021 million (\$0.014 million) in cash related to salary sacrifice funds payable to employees. CEIH does not earn interest on this account.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

10. Receivables

	2026	2025
	\$'000	\$'000
Current		
Debtors	491	332
Prepayments	14	49
Sundry receivables and accrued revenue	26	1
GST input tax recoverable	25	21
Total current receivables	556	403
Non-current		
Debtors	3	2
Total non-current receivables	3	2
Total receivables	559	405

Receivables arise in the normal course of selling goods and services to other agencies and to the public. CEIH's trading terms for receivables are generally 15 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.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

11. Payables

	2026	2025
Current	\$'000	\$'000
Creditors and accrued expenses	1,639	321
Other payables	21	14
Total current payables	1,660	335
Total payables	1,660	335

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Payables are normally settled within 15 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.

Refer to Note 15 for information on risk management.

12. Employee related liabilities

	2026	2025
Current	\$'000	\$'000
Accrued salaries and wages	88	52
Annual leave	731	572
Long service leave	125	99
Skills and experience retention leave	58	51
Employment on-costs	170	130
Total current employee related liabilities	1,172	904
Non-current		
Long service leave	1,354	1,073
Employment on-costs	144	114
Total non-current employee related liabilities	1,498	1,187
Total employee related liabilities	2,670	2,091

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

12.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave

The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2025 rate (3.2%) to 3.5% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee related liability and employee related expenses of \$0.002 million. The impact of future periods is impractical to estimate.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by employees is estimated to be less than the annual entitlement for sick leave.

12.2 Long service leave

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

AASB 119 Employee Benefits contains the calculation methodology for long service leave liability. The actuarial assessment performed by the DTF has provided a basis for the measurement of long service leave and is based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2025 (4.25%) to 4.75%. 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 leaves the salary inflation rate unchanged from 2025 at 3.5% for the long service leave liability.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

The net financial impact of the changes to actuarial assumptions in the current financial year is immaterial. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions— a key assumption being the long-term discount rate.

The split for long service leave between current and non-current is based on the best estimate of the amount to be paid in the next 12 months based on leave taken in prior years.

12.3 Employment On-Costs

Employment on costs liabilities include payroll tax, Fringe Benefits Tax, Pay As You Go Withholding, ReturnToWorkSA levies and superannuation contributions. They are settled when the respective employee benefits that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to employees. CEIH 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 has remained unchanged at 44%, the average factor for the calculation of employer superannuation on-costs has remained unchanged from the 2025 rate 12.0%. These rates are used in the employment on-cost calculation.

13. Provisions

The provision consists only of workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	2026	2025
	\$'000	\$'000
Carrying amount at the beginning of the period	106	84
Additions	42	31
Remeasurement	-	(9)
Carrying amount at the end of the period	148	106

Workers compensation provision (statutory and additional compensation schemes)

CEIH is responsible for the management of workers rehabilitation and compensation and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes).

The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2026 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

14. Unrecognised contractual commitments

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

Expenditure Commitments

	2026	2025
	\$'000	\$'000
Within one year	1,068	93
Later than one year but no longer than five years	137	-
Total other expenditure commitments	1,205	93

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

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

15. 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.

CEIH's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held. Financial instruments are measured at amortised cost.

CEIH is funded principally from appropriations from DTF as well as Commonwealth Grant funding received via DTF. CEIH 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.

16. Events after balance date

As of 27th July 2026, the Minister approved a functional realignment between CEIH and Preventive Health SA - Population Health Registries and Information Systems. This proposal seeks to permanently transfer the Population Health Registries and Information Systems teams from PHSA to CEIH to support the sustainable delivery of the SACCaN program and CEIH's Registry Roadmap. The transfer of function reflects a budget transfer of \$1.877 million and 17 FTE's for 2026-27.

COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

17. 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
Adolescent Transition Care Statewide Clinical Network Committee	27	Betty-Jean Dee-Price, Chad Collins, Mary Butler
Cardiac Care Statewide Clinical Network Committee	12	Carolyn Astley, Claire Gardner, Graeme Klemm, Simon Lockwood, Phil Catley
Chronic Pain Statewide Clinical Network Committee	9	Julianne Flower, Marc Appolloni, Mark Cox, Mary Wing, Carolyn Berryman, Karine Meadley, Mark Hutchinson, Michael Cousins, Mark Catley, Tania Manser, Sonya Stevens
Clinical Genomics Statewide Clinical Network Steering Committee- ceased 19/12/2025	10	Alice Roberts-Thomson, David Lynn, Deborah White, Denis Bauer, Joel Geoghegan, Jozef Gecz, Karen Lower, Lyle Palmer, Tracey Powell, Vijay Suppiah, Kathryn Milne, Alex Brown, Joel Taggart
Surgical and Perioperative Care Statewide Clinical Network Committee	10	Kathryn Materne, Martin Altmann, Monika Marzec, Sharyn Coles
Urgent and Emergent Care Statewide Clinical Network Committee - Ceased 30 September 2026	16	Emily Gibson, John Williams, Kuzma Otto, Lyn Whiteway
Health Performance Council	-	Daniel Tyson, Diane Watson (Diane Landry), Jeremy Wellwood, Kaye (Kae) Martin, Martin Hensher, Melanie Smith, Mohammad Al-Khafaji, Monique Bareham, Stephen Duckett, Tanya Lehmann
Community of Consumers	-	Graeme Klemm, Kuzma Otto, Lyn Whiteway, Mark Harris, Mary Wing, Mark Haseloff, Monika Marzec, Sharyn Coles, Tracey Powell, Tracy Johnstone, Karen Van Gorp, Michael Cousins, Phil Catley, Joel Taggart, Kathryn Milne, Dave Weber, Rhane Lester, Saran Chamberlain, Katy Witham, Charlotte Nash
Youth Advisory Group	-	Aeisha Wood, Benjamin Aurther Paor-Smith, Hannah Joseph, Isobella Barrett, Mackenzie Gow, Roman Pikusa-Bishop, Zac Chu, Olivia Stead, Lachlan Dunn, Evelyn King, Max Price, Oliver Arnold, Asha Mansell
HCEC Clinical Council	30	Karen Van Gorp, Sharyn Coles, Emily Gibson
SACCAN Steering Committee	29	Mark Haseloff, Carol Moore, Catherine Paterson, David Roder, Duy Tran, Ellen Mills, Emma Marafioti, Justine Clark, Lyle Palmer, Christine Morris, Loretta Swincer, Nicole Pigram, Matthew Links, Carolyn Ee, Karen Van Gorp
Primary Care Statewide Clinical Network Committee	-	Qiong Fang, Clare Frawley, Emily Gibson, Bridget Sawyer
Renal Statewide Clinical Network	22	Karen Williams, Amy Fitzgerald, Breonny Robson, Dave Weber, Rhane Lester
Stroke Statewide Clinical Network	35	Susan Hillier, Melita Stirling, Saran Chamberlain, Katy Witham
Stroke Education Working Group (Stroke Statewide Clinical Network)	16	Susan Hillier, Melita Stirling, Saran Chamberlain, Katy Witham
Stroke Data, Targets and Quality Working Group (Stroke Statewide Clinical Network)	11	Alvaro Cervera, Anna Howell, Saran Chamberlain, Katy Witham
Stroke Rehabilitation Working Group (Stroke Statewide Clinical Network)	9	Susan Hillier, Saran Chamberlain
Trauma Statewide Clinical Network	32	
Children and Youth Health Statewide Clinical Network	15	Alice Rumbold, Penny Need, Kelly Baker, Lana Earle-Bandaralage
SACCAN Advisory Board	2	David Waugh, Kerry Rowlands, Paul Flynn, Karen Van Gorp

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COMMISSION ON EXCELLENCE & INNOVATION IN HEALTH
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

SACCAN LLC Co-design working group	2	Karen Van Gorp, Thomas Binns, Monique Bareham, Tameeka Ieremia
Holistic care and Optimising Patient Experience (HOPE) sub-Committee	14	Holly Huggins, Carol Moore, Carolyn Ee, Catherine Paterson, Courtney Hammond, Fiona Crawford-Williams, Hannah Wardill, Ashley Hopkins, Sam Ludwig, Lauren Whiting, Loretta Swincer, Nicole Pigram

* Refer to note 6.2 for remuneration of board and committee members

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