




Australian Government

Cancer Australia

A large, abstract geometric graphic composed of overlapping, semi-transparent shapes in various colors including red, orange, green, blue, and dark brown. The shapes are arranged in a way that creates a complex, multi-layered effect. In the center of this graphic, the text '2020-21' is displayed in a white, sans-serif font.

2020-21

Annual Report 2020-21



Statement of Acknowledgement

We acknowledge the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

Cancer Australia acknowledges that there is no single Australian Aboriginal and Torres Strait Islander culture or group and that there are many diverse communities, language groups and kinships throughout Australia.

About this report

The annual report is available online at canceraustralia.gov.au/about-us/accountability-and-reporting

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All information in this publication is correct as at 22 October 2021.

Letter of transmittal



Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2021.

This Report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, which requires that an annual report be given to the entity's responsible Minister for presentation to the Parliament. It reflects the requirements for Annual Reports approved by the Joint Committee of Public Accounts and Audit under sections 63(2) and 70(2) of the *Public Service Act 1999*.

The Report has also been prepared to be consistent with the requirements for annual reporting of the *Cancer Australia Act 2006*.

In compliance with section 10 of the Public Governance Performance and Accountability Rule 2014, I certify that:

- i. a fraud risk assessment and fraud control plan has been prepared for Cancer Australia;
- ii. appropriate mechanisms for preventing, detecting, investigating or otherwise dealing with and reporting of fraud that meet the needs of Cancer Australia are in place; and
- iii. all reasonable measures have been taken to deal appropriately with fraud relating to Cancer Australia.

A handwritten signature in black ink, which appears to read "D. Keefe". The signature is written in a cursive, flowing style.

Yours sincerely,

Professor Dorothy Keefe PSM MD
Chief Executive Officer
Cancer Australia



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Overview



Chief Executive Officer's Review

It is with great pleasure that I present Cancer Australia's Annual Report 2020–21 and reflect on the agency's accomplishments and efforts to reduce the impact of cancer and improve the outcomes of people affected by cancer in Australia.

In 2020–21, Cancer Australia's work was underpinned by the agency's strong performance framework, which included: Cancer Australia's Portfolio Budget Statement 2020–21; Corporate Plan 2020–21; and Business Plan 2020–21. Cancer Australia's Reconciliation Action Plan (RAP) 2019–21 also informed the work undertaken by the agency.



In 2020–21 and in accordance with the agency's key delivery objectives, Cancer Australia: provided leadership in national cancer control; developed and promoted evidence-based best practice cancer care; funded priority research and strengthened national cancer data capacity; and provided consumer and health professional cancer information and resources.

The results achieved in regard to these objectives are discussed in Part 3 of this Annual Report. Information on Cancer Australia's management and accountability, including financial results, is provided in Part 4.

Cancer Australia demonstrated its leadership in national cancer control through a number of initiatives in 2020–21 including: convening a Ministerial Roundtable as the first step towards developing the *Australian Cancer Plan*; completing an enquiry into lung cancer screening; leading the development of the *National Pancreatic Cancer Roadmap*; establishing Australia's first clinical study to better understand the safety and efficacy of the COVID-19 vaccines in people with cancer; and providing evidence-based guidance on COVID and cancer care. Cancer Australia also undertook initiatives to address disparities in outcomes for Aboriginal and Torres Strait Islander people with cancer and provided funding for priority cancer research.

Australian Cancer Plan

In 2020–21, Cancer Australia commenced the development of an *Australian Cancer Plan*, which will set key national cancer priorities and action areas over the next 10 years across the cancer control continuum.

As a first step, the agency convened a Ministerial Roundtable which brought together 80 leaders in national cancer control including: consumers, peak national clinical bodies, peak cancer and health organisations, industry and private sector representatives, State and Territory Health Departments, Australian Government and jurisdictional representatives.

Lung Cancer Screening Enquiry

Cancer Australia provided national leadership in cancer control through the completion of its enquiry into the prospects, process and delivery of a national lung cancer screening program in Australia. Cancer Australia delivered its report on the *Lung Cancer Screening Enquiry* to the Minister for Health in October 2020. The findings of this report demonstrate the benefits of a targeted lung cancer screening enquiry for high-risk individuals, being Australians aged between 55 and 74 and Aboriginal and Torres Strait Islander people aged between 50 and 74, who are current or former smokers. The national and international evidence supported a screening program in asymptomatic high-risk Australians which could detect cancers in their early stages and reduce lung cancer mortality in Australia by around 20 per cent in the screened population. Cancer Australia will continue its efforts in lung cancer screening in 2021–22 to investigate the feasibility of implementing a national program, in partnership with the Department of Health. The activities will involve the early and further engagement of stakeholders focussing on key feasibility issues. A scoping and consideration of the Information Communications and Technology requirements of a potential national program will also be undertaken.

Cancer Australia will develop the *Australian Cancer Plan* within two years and will continue its comprehensive and inclusive engagement of stakeholders.

National Pancreatic Cancer Roadmap

Cancer Australia has continued to lead the development of the *National Pancreatic Cancer Roadmap* (the Roadmap) in partnership with the Department of Health. The Roadmap will identify key priority areas for action over the next five years, across the continuum of pancreatic care and research to improve outcomes and survival for people affected by pancreatic cancer. Throughout 2020–21, Cancer Australia progressed the Roadmap through: public and targeted consultations to identify and refine key priorities; reviewing national and international evidence on pancreatic cancer care; and mapping cancer care pathways for pancreatic cancer. Cancer Australia plans to finalise the Roadmap in December 2021.

COVID-19

Cancer Australia has continued to provide national leadership in cancer control in the wake of the COVID-19 pandemic by establishing Australia's first clinical trial to study COVID-19 vaccines and cancer patients. In 2020–21, Cancer Australia funded the SerOzNet clinical trial, a prospective clinical trial based on the United States' National Cancer Institute (NCI) SeroNet study protocol. This study will help build vital global evidence about the safety and efficacy of the COVID-19 vaccines for people with cancer. The results of these studies will inform policy and practice for the delivery of COVID-19 vaccines for people with cancer in Australia.

Cancer Australia has continued to build on its work in COVID-19 and cancer care throughout 2020–21. The agency advanced the national policy and quality care agenda through the publishing of a report *COVID-19 Recovery: Implications for cancer care*. The report identifies 12 elements of cancer care which have changed during COVID-19, describing targeted strategies to enhance and embed high-value changes to cancer care. Cancer Australia has also published three reports informed by analysis of MBS data to enhance the understanding of the impact of COVID-19 on cancer-related services and procedures for the top five incidence cancers.

Additionally, Cancer Australia has continued to update the information on its COVID-19 information hub. This included: publishing shared follow-up care resources which identify the roles and responsibilities of each member of the shared follow-up and survivorship care team, to support best practice cancer follow-up care during the COVID-19 pandemic; and providing evidence-based responses to frequently asked questions regarding COVID-19 vaccines and cancer.

Aboriginal and Torres Strait Islander people affected by cancer

Cancer Australia continued its important work in addressing disparities in cancer outcomes by raising awareness and supporting increased uptake within health systems and among health professionals of the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP)* and its companion guide *A guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*. Both the OCP and the guide are

designed to support culturally appropriate and responsive health care, health services, and clinicians, in the planning and delivery of culturally safe cancer care.

Cancer Australia is developing a new website to support Aboriginal and Torres Strait Islander people affected by cancer. The *Cancer in Aboriginal and Torres Strait Islander people website information hub* is an evidence-based information and resources hub, which brings together the latest statistics and information on cancer for Aboriginal and Torres Strait Islander people. In addition, the *Agency's National Aboriginal and Torres Strait Islander Cancer Control Indicators website* is a unique, national resource which brings together trusted national data. It provides Aboriginal and Torres Strait Islander cancer data in one location and is designed for use by policymakers, governments, cancer organisations, researchers, health professionals, and consumers. In 2020–21, to further enhance this website, Cancer Australia has entered into an agreement with the Australian National University to collect and report data on currently unreported indicators and measures for Aboriginal and Torres Strait Islander people through *Mayi Kuwayu — The National Study of Aboriginal and Torres Strait Islander Wellbeing*.

Through the *Supporting People with Cancer Grant Initiative* (SPWC), Cancer Australia awarded grants totalling over \$1 million in the 2021 round. These grants were provided to community organisations and aim to reduce the burden of cancer and improve support for people affected by cancer in a respectful and culturally appropriate way. Six of the eight grants were awarded to improve the outcomes and wellbeing of Aboriginal and Torres Strait Islander people with cancer through:

optimising access to cancer research, building capacity for Elders and community to provide support through culturally traditional knowledge, the development of culturally responsive resources and tools, supporting people with cancer in regional and remote areas, and establishing a yarning circle.

Cancer Australia also ran its *Yarn for Life* campaign which aimed to reduce the impact of cancer in Aboriginal and Torres Strait Islander communities, particularly remote Aboriginal and Torres Strait Islander communities, by raising awareness and encouraging and normalising discussions about cancer. During the 6-week campaign, radio ads were played 330 times nationally. Television ads were aired during National Indigenous Television's (NITV) highest rating shows, and 20,000 unique views were achieved on the campaign web page.

Cancer Australia maintained its ongoing commitment to reconciliation. As an agency we continued our journey of ensuring reconciliation is an increasingly lived and vital element in our projects, engagement and organisational processes. This journey is supported by the agency's Reconciliation Action Plan (RAP) 2019–21, which outlines ways the agency collectively, and staff individually, can contribute to closing the gap in health outcomes. The RAP represents the views, ideas and values of the agency with ownership of the RAP being embraced by all staff at Cancer Australia.

Activities undertaken in 2020–21 under the RAP include: observing key Aboriginal and Torres Strait Islander dates, such as NAIDOC Week and National Reconciliation Week through presentations from key Aboriginal and Torres Strait Islander leaders; engagement of an Indigenous contractor to facilitate staff involvement in the development of our new RAP as well as guidance on how to further implement the RAP in daily responsibilities; and working towards creating a culturally safe workplace for staff, stakeholders and visitors. Creating a culturally safe workplace was supported through the selection of Indigenous artworks, development of culturally-appropriate room names in consultation with an Aboriginal specialist, and engagement with the Metropolitan Local Aboriginal Land Council. Cancer Australia where possible, makes an effort to procure and engage the services of Indigenous businesses in project work and asset management.

I have a strong personal commitment to reconciliation, and I am proud to be the CEO of an agency which champions reconciliation and is committed to the ongoing process of achieving cultural competency.

Priority Cancer Research

Cancer Australia continued to fund priority cancer research in 2020–21 through a number of initiatives, including: the awarding of research grants through Cancer Australia's *Priority-driven Collaborative Cancer Research Scheme* (PdCCRS); providing funding support to Australia's 14 Multi-Site Collaborative Cancer Clinical Trials Groups and four National Technical Services; and by continuing to lead the implementation of the *Australian Brain Cancer Mission*, in collaboration with the Department of Health, on behalf of the Australian Government.

Through the PdCCRS, Cancer Australia partnered with non-government organisations to coordinate and maximise funding of cancer research at a national level. In 2020–21 Cancer Australia, together with seven national and international Funding Partners, awarded 17 cancer research grants totalling \$6.30 million in priority areas covering a range of cancers, including primary prevention and health services research, as well as research projects in specific tumour types: breast cancer, prostate cancer, lung cancer, multiple myeloma, lymphoma, and brain cancers including paediatric brain cancers.

Cancer Australia continued its support for 14 Australian Multi-site Collaborative Cancer Clinical Trials Groups (CTGs) and four National Technical Services (NTSs). In 2020–21, Cancer Australia provided a total of \$6.06 million in funding to the Collaborative Cancer Clinical Trials Groups to support the development of industry-independent cancer clinical trial protocols to the stage of applications for grant funding. A further \$1.08 million was provided to four National Technical Services to assist in building the capacity of CTGs to develop industry-independent cancer clinical trial protocols. Together, the work of the CTGs and NTSs contribute to generating the evidence base for best-practice care for people diagnosed with cancer.

Australian Brain Cancer Mission

Cancer Australia continued to drive the implementation of the *Australian Brain Cancer Mission* (the Mission) in collaboration with the Health and Medical Research Office of the Department of Health, on behalf of the Medical Research Future Fund (MRFF). During 2020–21, through the Mission, \$2.61 million was awarded to the University of Melbourne for *Responding to need: technology-enhanced brain cancer survivorship* through the MRFF's Survivor Grant Opportunity. Cancer Australia also completed its *Analysis of Australian brain cancer platforms and technologies* to inform future infrastructure requirements to support brain cancer. As at 30 June 2021, the Mission has 12 funding partners with contributions totalling \$72.75 million.

Strengthening national cancer data capacity

To strengthen national cancer data capacity, Cancer Australia published updated sociodemographic data analyses for a range of cancer control measures on its National Cancer Control Indicators Website (NCCI), including: smoking, diet, alcohol consumption, childhood cancer, mortality-to-incidence ratio, and 5-year relative survival for all cancers combined and 17 individual cancer types. Further to this, Cancer Australia has continued to finalise ethics and data custodian approvals with states and territories to enable linkage of data on cancer stage at diagnosis with treatments received and subsequent survival outcomes.

Cancer Australia has also strengthened national cancer data capacity in relation to people affected by pancreatic cancer. As part of the development of the *National Pancreatic Cancer Roadmap*, the agency undertook a Multi-Agency Data Integration Project (MAPID) with the Australian Bureau of Statistics (ABS) to enable analysis of linked data to identify sociodemographic characteristics of people with pancreatic cancer.

To promote cancer awareness and provide information about cancer to the community, Cancer Australia utilised multiple approaches and communication tools, including the Cancer Australia website and social media (including Twitter, YouTube and e-alerts). The Cancer Australia website continued to provide a centralised source of trusted, evidence-based information for consumers, health professionals, researchers, educators, decision makers and the community. In 2020–21, the Cancer Australia website achieved 1,192,761 visits and 48 new evidence-based resources were added. A total of 467 resources were available to the community through the Cancer Australia website on 30 June 2021.

Thank you

In closing, I would like to acknowledge and sincerely thank the many people, organisations and entities which have supported the work of Cancer Australia throughout 2020–21.

I extend my thanks to the Minister for Health and Aged Care, the Hon Greg Hunt MP, for his continued support of Cancer Australia and its work.

I also extend my thanks to the members of the Cancer Australia Advisory Council for its valued guidance throughout 2020–21.

I also wish to commend Professor Tracey O'Brien who was appointed Advisory Council Chair in March 2021. In particular, I extend my sincere thanks to the immediate past Chair of the Advisory Council, Professor Robert Thomas OAM, for his outstanding contribution made to cancer care in Australia, not only in his role as Chair of Cancer Australia's Advisory Council, but also over the course of his career as an eminent surgical oncologist, a passionate advocate for patient-centred cancer care and as an influential leader in cancer system reform. I wish him all the very best for the future, and again thank him for his outstanding contribution to cancer care in Australia.

I would like to thank the members of Cancer Australia's strategic advisory groups, the members of the agency's various project working groups, steering committees, and assessment panels. Their guidance and expertise has been invaluable in helping Cancer Australia deliver on its bodies of work and identify emerging issues in cancer control and future priorities for the agency.

I wish to thank the many health professionals, professional colleges and organisations which have supported Cancer Australia with their valuable insights.

Cancer Australia has continued its patient-centred approach to its work by engaging with people affected by cancer. In 2020–21 Cancer Australia had 117 consumers represented on its strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels. I wish to thank each and every one of them for their valuable perspectives and advice.

I would also like to acknowledge our PdCCRS funding partners in 2020–21: Australian Lions Childhood Cancer Research Foundation, Cure Cancer Australia, Leukaemia Foundation, My Room, National Breast Cancer Foundation, The Kids' Cancer Project, and Worldwide Cancer Research.

I extend my thanks to the executive and staff of the Department of Health for their continued support, partnership, and valued contribution to Cancer Australia's achievements. I would also like to acknowledge our fellow Health agencies, the Australian Institute of Health and Welfare (AIHW), the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) for their support and collaboration throughout the year.

It gives me great pleasure in acknowledging the Executive and the staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to our cancer control efforts. Their tenacity, resilience, and ability to adapt to the changing work environment caused by the ongoing COVID-19 pandemic, enabled us to deliver on our important work.



Professor Dorothy Keefe PSM MD

Advisory Council Chair Review



In 2020–21, the Cancer Australia Advisory Council (the Council) provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control. The Council was engaged in, and provided advice on, a range of areas of focus for the agency, including:

- Cancer Australia's future strategic directions in the context of global health and the impact of cancer;
- Cancer Australia's Aboriginal and Torres Strait Islander initiatives and future strategic directions in Aboriginal and Torres Strait Islander cancer control;
- Cancer Australia's approach to the development of the *Australian Cancer Plan*;
- Cancer Australia's initiatives to support optimal cancer management during the COVID-19 pandemic;
- The key considerations relating to the findings of Cancer Australia's report on the Lung Cancer Screening Enquiry; and
- Cancer Australia's approach to and development of Australia's first *National Pancreatic Cancer Roadmap*.

I want to thank Council members for their guidance, advice and valuable insights throughout 2020-21. Members of the Council bring a wealth of knowledge and expertise including basic and translational cancer research, epidemiology, clinical practice (primary care, radiation oncology, medical, paediatric and surgical oncology), health policy, health service delivery, and an understanding of the experience of cancer, which provides a significant contribution to Cancer Australia and its role in national cancer control.

On behalf of past and current Council members, I wish to express my gratitude to the immediate past Chair, Professor Robert Thomas OAM, who stepped down in December 2020 after being appointed Chair in March 2016. Throughout this period, Professor Thomas provided strategic guidance and wise counsel, guiding the work of the Council, supporting members and expertly facilitating discussion. I wish you all the very best for the future and thank you for your contribution to the Council and Cancer Australia. I would also like to thank and acknowledge the valued contributions over the last six years of outgoing Council members, Ms Perry Sperling PSM and Dr William Glasson AO.

Finally, I would like to acknowledge CancerAustralia's CEO, Professor Dorothy Keefe PSM, for her exceptional leadership as CEO of Cancer Australia in 2020-21. Under her stewardship, Cancer Australia has continued to deliver on its program of work and its role as the national cancer control agency. I would also like to commend the agency's senior management and staff for their high-level of expertise and dedication.

The Council looks forward to continuing to work productively with Professor Keefe and supporting the agency in its efforts to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.



Professor Tracey O'Brien

On behalf of the Council, I also wish to thank the Hon Greg Hunt MP, Minister for Health and Aged Care, for his continued support of Cancer Australia's work and the Council.

Cancer Australia Advisory Council

Establishment and Function

The Advisory Council is established under the *Cancer Australia Act 2006* to “give advice to the Chief Executive Officer about the performance of Cancer Australia’s functions”. During 2020–21, the Advisory Council comprised one chair and eleven members, as appointed by the Minister for Health. The Advisory Council met three times during the year and provided valuable advice in relation to Cancer Australia’s work. Council members bring to their role considerable breadth and depth of expertise, including in cancer research, translation science, clinical practice (epidemiology, radiation oncology, medical oncology and surgical oncology), health policy, health service delivery and an understanding of the experience of cancer.

Membership

The 2020–21 members of the Advisory Council were:

- Associate Professor Tracey O’Brien (interim Chair from 1 January 2021 to 31 March 2021; Chair from 1 April 2021)
- Professor Robert Thomas OAM (Chair from 2016 to 30 December 2020)
- Dr Benjamin Brady
- Dr William Glasson AO
- Dr Elizabeth Marles
- Associate Professor Chris Milross
- Ms Perry Sperling PSM
- Professor Joanne Aitken
- Associate Professor Penny Blomfield
- Associate Professor Kelvin Kong
- Ms Lillian Leigh
- Dr Serena Sia
- The Honourable Jillian Skinner

Advisory Council members are appointed for a term of three years. Remuneration of members of the Advisory Council is governed by the *Cancer Australia Act 2006* (section 30). Advisory Council members’ remuneration is determined by the Remuneration Tribunal.





2

About Cancer Australia





About Cancer Australia

Cancer Australia is a specialist agency within the Australian Government's Health portfolio. Cancer Australia provides national leadership in cancer control for Australians affected by cancer.

Cancer Australia achieves its purpose (see below) by: developing and promoting evidence-based best practice cancer care; providing consumer and health professional cancer information; funding priority cancer research; and strengthening national cancer data capacity.

In 2021, an estimated 150,782 new cases of cancer will be diagnosed in Australia, excluding basal and squamous cell carcinomas of the skin.¹ Cancer remains a leading cause of death in Australia, with 49,221 people expected to die from cancer in 2021.¹ Cancer is also the leading cause of fatal disease burden in Australia, accounting for 34% of the fatal burden of disease in 2015.²

This notwithstanding, it should be noted that more people in Australia are living longer after a diagnosis with cancer. Since 1988, Australia has seen the five-year relative survival for all cancers combined increase from 51.3% in 1988–92 to 69.7% in 2013–17.¹

Cancer Australia operates in a dynamic and complex environment with current and emerging challenges in cancer control. In order to meet these challenges and improve cancer outcomes, it is imperative Cancer Australia remains agile, strategic and collaborative in its approach. The agency proactively liaises with a wide range of stakeholder groups with an interest in cancer. Cancer Australia partners with consumers, Aboriginal and Torres Strait Islander peoples, health professionals, professional colleges, researchers, research funding bodies, non-government organisations, other health portfolio agencies, and state and territory governments to address disparities and drive improvements in outcomes for people affected by cancer in Australia.

Cancer Australia will continue its collaborative approach to leverage and maximise partnerships by building on and developing new collaborations both nationally and internationally, across public, private and community sectors to deliver evidence based best-practice care improve cancer outcomes and enhance the patient experience.

¹ Australian Institute of Health and Welfare 2021. Cancer data in Australia. Cat. no. CAN 122. Canberra: AIHW. Accessed June 2021; <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia>

² Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study in 2015: Interactive data on disease burden. Accessed June 2021 from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2015-interactive-data-disease-burden/contents/overview>

Purpose

Cancer Australia's purpose is to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.

Functions and role

Cancer Australia is an agency of the health portfolio. It was established by the Australian Government under the *Cancer Australia Act 2006* and is a Non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). Cancer Australia is subject to the *Auditor-General Act 1997*, and its staff are employees of the Australian Public Service under the *Public Service Act 1999*.

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*. Its functions, as prescribed by the Act, are:

- to provide national leadership in cancer control
- to guide scientific improvements to cancer prevention, treatment and care
- to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- to make recommendations to the Australian Government about cancer policy and priorities
- to oversee a dedicated budget for research into cancer

- to assist with the implementation of Commonwealth Government policies and programs in cancer control
- to provide financial assistance, out of money appropriated by the Parliament, for research into cancer covered by the dedicated budget, and for the implementation of policies and programs referred to above
- any functions which the Minister, by writing, directs Cancer Australia to perform.

Cancer Australia's CEO reports to the Minister for Health.

Organisational structure

Cancer Australia is led by the CEO, Professor Dorothy Keefe PSM MD. Professor Keefe is supported by the Deputy CEO, Associate Professor Cleola Anderiesz who also has responsibility for Policy and Strategy.

The Division Head and General Manager responsibilities are set out below:

National Cancer Control Division

— Dr Anna Boltong

National Research and Data Division

— Dr Paul Jackson

Health Promotion and Communication portfolio

— Ms Jane Salisbury

Policy and Strategy portfolio

— Ms Geraldine Daly

Finance and Corporate Affairs portfolio

— Mr Elmer Wiegold. Mr Wiegold is also the agency's Chief Financial Officer.

At 30 June 2021, Cancer Australia had 68 employees, of whom 58 were ongoing.

Cancer Australia has structures, systems and processes in place to ensure that its governance, compliance and accountability responsibilities are met (see Part 4 of this report).

Cancer Australia's head office is located in Sydney. Cancer Australia also maintains offices in Canberra and Melbourne through shared accommodation and service level agreements with the National Health and Medical Research Council (Canberra) and the Department of Health (Melbourne).

The Cancer Australia Advisory Council

Cancer Australia draws on the broad diversity of expertise, skills and experience Council members bring to the organisation. The Council consists of a Chair and up to 12 members appointed by the Minister for Health. The Council Chair's review is in Part 1 of this report.

Audit and Risk Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose members are Ms Gayle Ginnane (Chair), Ms Carol Lilley and A/Associate Professor Christine Giles.

Advisory Groups

Cancer Australia acknowledges the significant input and valuable advice extended to the agency by strategic and tumour-specific advisory groups. Appendix C provides further information about the roles of these groups.

Outcome and program structure

The outcome of Cancer Australia's work in the 2020–21 Portfolio Budget Statements is:

Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support (Page 253)

The program attached to this outcome is Program 1.1: Improved cancer control.

The full Agency Budget Statement for 2020–21 is available at: <https://www.health.gov.au/sites/default/files/documents/2020/10/budget-2020-21-health-portfolio-budget-statements.pdf>



3

Report on performance



Annual Performance Statement

As the accountable authority of Cancer Australia, I present the 2020–21 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1) (a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives. They demonstrate the outcomes achieved by the agency against the intended outcomes outlined in the 2020–21 Portfolio Budget Statements and 2020–21 Corporate Plan.

Purpose

Cancer Australia's purpose is to minimise the impact of cancer, address disparities and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control (Outcome 1: Health Policy, Access and Support).

Cancer Australia's program of work contributes toward the achievement of the following outcome: *Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support.* (PBS 2020–21; page 253)

Cancer Australia's program objectives for 2020-21 were:

- A. Provide national leadership in cancer control
- B. Develop and promote evidence-based best practice cancer care
- C. Fund cancer research and strengthen national data capacity
- D. Provide consumer and health professional cancer information and resources. (2020–21 PBS page 253; 2020–21 Corporate Plan pages 15–18)

Cancer Australia's performance in relation to these program objectives, and the performance criteria associated with them, is provided in the tables below. There is a separate table for each program objective. The agency has met all its 2020–21 reference points or targets.

A. Provide national leadership in cancer control

Performance criterion	2020-21 Target	Criterion Source	Result
Lead a shared agenda to improve cancer outcomes for Aboriginal and Torres Strait Islander Australians	Progress priority initiatives in collaboration with key stakeholders.	Program 1.1 2020–21 Portfolio Budget Statements, page 253; 2020–21 Corporate Plan, page 16	Achieved. See below

In 2020–21, Cancer Australia led a shared agenda to improve cancer outcomes for Aboriginal and Torres Strait Islander Australians. Throughout 2020–21, Cancer Australia: supported optimal cancer care for Aboriginal and Torres Strait Islander people with cancer; advanced community and consumer knowledge and understanding of cancer in Aboriginal and Torres Strait Islander communities; consulted with and incorporated Aboriginal and Torres Strait Islander perspectives in its priority work such as the *National Pancreatic Cancer Roadmap* and the *Lung Cancer Screening Enquiry*; and updated and enhanced the *Aboriginal and Torres Strait Islander Cancer Control Indicators* website.

To support optimal cancer care for Aboriginal and Torres Strait Islander people with cancer, Cancer Australia released and promoted *A guide to implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* (the Guide). The Guide is designed to support health services and clinicians to plan and deliver culturally safe and responsive cancer care. The Guide uses Cancer Australia's *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* (OCP) as the foundation for best practice, and contains priorities for consideration at a system level, practical strategies to help health services plan for improvement, and guidance for health professionals to consider in relation to their own practice.

In 2020–21, Cancer Australia advanced community and consumer knowledge and understanding of cancer in Aboriginal and Torres Strait Islander communities through the *Yarn for Life* campaign and by publishing new information for COVID-19 and cancer for Aboriginal and Torres Strait Islander people.

- *Yarn for Life* is a national communications campaign which aims to increase awareness of cancer, normalise conversations about cancer and encourage early detection of cancer among Aboriginal and Torres Strait Islander people. The 2020–21 *Yarn for Life* campaign differs from the previous campaign conducted in 2019. It includes additional assets and is designed to resonate with remote Aboriginal and Torres Strait Islander communities. During the 6-week campaign in 2020–21, radio ads were played 330 times nationally and television ads were aired during NITV's highest rating shows. The campaign ads were also played 175,000 times on catch-up TV/ Nine Now and 7 Plus. The digital activity achieved 1,579,723 impressions across Facebook and Instagram and there were over 20,000 unique views on the campaign web landing page.
- Cancer Australia also developed a dedicated section on the Cancer Australia website — *Cancer and COVID-19 — what it means for our Mob* and developed an animated video titled *Act early for our Mob's health*, both of which encourage Aboriginal and Torres Strait Islander people to keep taking care of their health during COVID-19. Both were very successful and achieved 300,000, and over 1 million digital impressions, respectively, in 2020–21. Additionally, Cancer Australia developed tailored information on the COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer including:
 - › An animation about the COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer.
 - › A radio grab, using the voiceover for the animation, to be broadcast on the National Indigenous Radio network across Australia.
 - › Frequently Asked Questions (FAQs) about the COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer (consumer and healthcare team versions).

Cancer Australia enhanced and updated the Aboriginal and Torres Strait Islander Cancer Control Indicators website, a unique, national resource that brings together trusted, national data that was developed to monitor progress and identify potential areas for action in Aboriginal and Torres Strait Islander cancer control. The website provides Aboriginal and Torres Strait Islander cancer data in one location and is designed for use by policymakers, governments, cancer organisations, researchers, health professionals, and consumers. In 2020–21, the website was enhanced with updated data and information in the priority areas of screening and immunisation, diagnosis, and treatment and support. Additionally, Cancer Australia commenced an agreement with the Australian National University to report on a range of currently-unreported indicators and measures. These will be reported on the Aboriginal and Torres Strait Islander National Cancer Control Indicators website through *Mayi Kuwayu — The National Study of Aboriginal and Torres Strait Islander Wellbeing*.

Performance criterion	2020-21 Target	Criterion Source	Result
Conduct an enquiry, as requested by the Minister for Health, into the prospects, process and delivery of a national lung cancer screening program in Australia	Complete enquiry into the prospects, process and delivery of a national lung cancer screening program in Australia by October 2020	2020–21 Corporate Plan, page 16	Achieved. See below

In 2020–21 Cancer Australia completed its comprehensive enquiry into the prospects, process and delivery of a national lung cancer screening program in Australia. The Enquiry involved a multifaceted body of work underpinned by extensive stakeholder consultation and found there is global evidence to demonstrate the benefits of targeted lung cancer screening for high-risk individuals.

The *Report on the Lung Cancer Screening Enquiry* was provided to the Minister for Health on 13 October 2020 and released on Cancer Australia’s website in November 2020. The report is available at: <https://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/report-lung-cancer-screening-enquiry>.

Performance criterion	2020-21 Target	Criterion Source	Result
Drive the implementation of the Australian Brain Cancer Mission to improve outcomes for Australians diagnosed with brain cancer	Implementation of the Australian Brain Cancer Mission’s national initiatives	2020–21 Corporate Plan, page 16	Achieved. See below

Cancer Australia continues to drive the implementation of the Australian Brain Cancer Mission to improve outcomes for Australians diagnosed with brain cancer. In 2020–21 Cancer Australia:

- Awarded \$2.61 million to the University of Melbourne for *Responding to need: technology-enhanced brain cancer survivorship* through the MRFF’s Survivor Grant Opportunity. This grant is aimed at:
 - › supporting the development of new approaches and the use of technologies to improve communications between brain cancer survivors, their families, carers and health care professionals; and understanding how information technologies and platforms can be used to support people with brain cancer, their families and carers, and their impact on the physical, psychosocial and economic sequelae of a brain cancer diagnosis.
 - › Cancer Australia has opened a second call for grant applications through the MRFF to improve understanding of survivorship and better understand the lifelong impact of a brain cancer diagnosis.
- Completed an *Analysis of Australian brain cancer platforms and technologies* (the Analysis). The Analysis informs understanding of future infrastructure requirements to support brain cancer research, clinical trials, early detection, diagnosis, treatment and clinical care in Australia, which will inform future investments under the Mission.

At 30 June 2021, there were 15 active research projects funded by grants awarded under the Mission. Currently, the Mission has 12 funding partners with partner commitments totalling \$72.75 million. The funding partners are: ACT Health and Canberra Health Services, Carrie’s Beanies 4 Brain Cancer, Children’s Hospital Foundation Queensland, Cure Brain Cancer Foundation, Financial Markets Foundation for Children, Mark Hughes Foundation, Minderoo Foundation’s Collaborate Against Cancer, NeuroSurgical Research Foundation, Robert Connor Dawes Foundation, The Kids’ Cancer Project, the State of New South Wales, and the State of Victoria.

Performance criterion	2020-21 Target	Criterion Source	Result
Lead the development of a National Pancreatic Cancer Roadmap, as requested by the Minister for Health, to improve outcomes and survival for people with pancreatic cancer	Design and progress an approach to the development of a National Pancreatic Cancer Roadmap that leverages the efforts and expertise of the non-government sector	2020–21 Corporate Plan, page 16	Achieved. See below

In 2020–21, Cancer Australia continued to lead the development of a National Pancreatic Cancer Roadmap (the Roadmap), which is expected to be finalised in December 2021. The Roadmap aims to identify key clinical practice and research priority areas for action over the next five years, across the continuum of pancreatic care to improve outcomes and survival for people affected by pancreatic cancer.

To progress the development of the Roadmap, key pieces of work undertaken by Cancer Australia included a review of pancreatic cancer research funding and clinical trials activity across the pancreatic cancer continuum and an analysis of the current evidence to identify gaps and opportunities in pancreatic treatment and care. This analysis examined variations in care, sociodemographic characteristics and opportunities for strategic investment, including research and clinical trials, and was guided by an expert Steering Group.

The development of the Roadmap has been underpinned by comprehensive stakeholder engagement with broad public and targeted consultations to leverage the expertise of governments, non-government organisations, researchers, health professionals, clinical colleges, pancreatic cancer organisations, peak bodies, and people affected by cancer with a focus on priority populations.

Performance criterion	2020-21 Target	Criterion Source	Result
Administered program implemented efficiently	Administered program implemented on time and within budget (target 95%)	2020-21 Corporate Plan, page 16	Achieved. See below

Total Administered Program expenses in 2020-21 were 18.361 million, \$0.002 million lower than budget of \$18.363 million. Cancer Australia has achieved the 95% target of administered expenses in 2020-21 by efficiently administering its administered program on time and within budget. This on-budget result was driven by effective governance and management of program and project activities during the year. Where planned activities were affected during the COVID-19 pandemic, mitigating measures were implemented in a timely manner.

B. Develop and promote evidence-based best practice cancer care

Performance criterion	2020-21 Target	Criterion Source	Result
Analyse, interpret and translate evidence to inform best practice cancer care	Research translated into evidence-based information, to assist and inform policy and clinical practice.	Program 1.1 2020-21 Portfolio Budget Statements, page 253; 2020-21 Corporate Plan, page 17	Achieved. See below

In 2020-21 Cancer Australia analysed, interpreted and translated evidence to inform best practice cancer care. Cancer Australia released several resources regarding COVID-19 and cancer care to inform best practice, these included:

- *Review of the impact of COVID-19 on medical services and procedures in Australia utilising MBS data: Skin, breast and colorectal cancers, and telehealth services.* This report provides findings from an analysis of Medicare Benefits Schedule (MBS) for the months January 2020 to June 2020 to understand where changes in the number of cancer-related services (diagnostic and treatment procedures) have occurred, and the types of services affected during the COVID-19 pandemic.
- *Review of the impact of COVID-19 on medical services and procedures in Australia utilising MBS data: Lung and prostate cancers.* This report provides findings from an analysis of Medicare Benefits Schedule (MBS) data for the months January 2020 to June 2020 to understand where changes in the number of cancer-related services (diagnostic and treatment procedures) have occurred, and the types of services affected during the COVID-19 pandemic.

- *National and jurisdictional data on the impact of COVID-19 on medical services and procedures in Australia: Breast, colorectal, lung, prostate and skin cancers.* This report provides findings from an analysis of Medicare Benefits Schedule (MBS) data for the months January 2020 to September 2020 to understand where changes in the number of cancer-related services (diagnostic and treatment procedures) have occurred, and the types of services affected at both the state and national level, during the COVID-19 pandemic.
- Responses to Frequently Asked Questions about the COVID-19 vaccines for people affected by cancer in Australia based on current Australian and international evidence and developed in consultation with the cancer community and the Commonwealth Department of Health.

These COVID-19 resources and FAQs can be found at Cancer Australia’s website:

https://www.canceraustralia.gov.au/affected-cancer/COVID-19_and_cancer

In addition, in 2020–21, Cancer Australia undertook an analysis of cancer research funding in Australia by reviewing funding awarded directly to national cancer research projects and cancer research programs for the period 2012–2020. This analysis will inform Cancer Australia’s research priorities for the 2022–2024 rounds of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). Cancer Australia plans to publish a report on the findings of this analysis in 2021–22.

Performance criterion	2020-21 Target	Criterion Source	Result
Lead the development, dissemination and implementation of evidence-based models of cancer care to support improved patient outcomes and safe and sustainable clinical practice	Evidence-based models of shared follow-up and survivorship care promoted, disseminated and/or implemented	2020–21 Corporate Plan, page 17	Achieved. See below

In 2020–21 Cancer Australia developed guidance for models of shared follow-up care during the COVID-19 pandemic. This included the publication of:

- **COVID-19 Recovery: Implications for cancer care.** This report describes the nature and impact of high-value changes relating to shared follow-up and survivorship care and other evidence-based models of care during COVID-19 pandemic, with targeted strategies to embed high-value changes into practice. This report can be found at Cancer Australia’s website: <https://www.canceraustralia.gov.au/affected-cancer/information-about-cancer-and-covid-19/covid-19-recovery-implications-cancer-care>
- Shared follow-up and survivorship care resources to support to support best practice follow-up care during and beyond the COVID-19 pandemic. These resources were promoted in response to increased pressures on the health system during the COVID-19 pandemic. These resources can be found at Cancer Australia’s website: <https://www.canceraustralia.gov.au/clinical-best-practice/shared-follow-care>

C. Fund cancer research and strengthen national data capacity

Performance criterion	2020-21 Target	Criterion Source	Result
Fund priority cancer research through the Priority-driven Collaborative Cancer Research Scheme	Award ≥9 cancer research grants in areas of identified priority	Program 1.1 2020–21 Portfolio Budget Statements, page 254	Achieved. See below

The Australian Government is committed to ensuring Australia remains internationally competitive and at the forefront of research and discovery regarding cancer, its origins, treatment and the care of people affected by cancer.

In 2020–21, Cancer Australia has continued to provide funding to cancer research through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). In the 2020 round, Cancer Australia partnered with seven national and international organisations to collaboratively fund cancer research projects and maximise the Australian Government’s investment in priority areas of cancer research. The seven national and international organisations included: Australian Lions Childhood Cancer Research Foundation; Cure Cancer; Leukaemia Foundation; My Room; National Breast Cancer Foundation; The Kids’ Cancer Project; and Worldwide Cancer Research.

Seventeen grants were awarded for a total value of \$6.3 million (\$5.2 million from Cancer Australia and \$1.1 million from Funding Partners). These grants covered research in a range of priority areas including: primary prevention and health services research, as well as research projects in specific tumour types: breast cancer, prostate cancer, lung cancer, multiple myeloma, lymphoma, and brain cancers including paediatric brain cancers.

Performance criterion	2020-21 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control	Publish data analyses and insights on the National Cancer Control Indicators website.	Program 1.1 2020-21 Portfolio Budget Statements, page 254	Achieved. See below

In 2020-21, Cancer Australia published updated data analyses and insights on its National Cancer Control Indicators (NCCI) website (<https://ncci.canceraustralia.gov.au/>). The website is a dynamic national cancer resource that brings together data from 15 authoritative sources and covers 31 key indicators across the continuum of cancer care.

Data were updated for a range of measures across the cancer continuum including breast screening, smoking, diet, alcohol consumption, childhood cancer, mortality-to-incidence ratio, and 5-year relative survival for all cancers combined and 17 individual cancer types.

In 2020-21, Cancer Australia was in the process of finalising ethics and data custodian approvals with states and territories. This will enable linkage of data on cancer stage at diagnosis in 2011 with treatments received and subsequent survival outcomes. It will also allow analysis and reporting of patterns of national treatment activity by stage at diagnosis and survival outcomes for the top 5 incident adult cancers.

Additionally, Cancer Australia is progressing development of methodologies for collection of stage at diagnosis for additional cancer types, to include pancreas, liver, stomach, ovary, and uterus. This will build on the 2011 stage at diagnosis data for the top 5 incident cancers.

Performance criterion	2020-21 Target	Criterion Source	Result
Provide funding to brain cancer clinical trials through the Australian Brain Cancer Mission in partnership with the Department of Health and Medical Research Future Fund (MRFF)	Fund up to two new and/or expanded brain cancer clinical trials	2020-21 Corporate Plan, page 18	Achieved. See below

In 2020-21, Cancer Australia continued to provide funding to support brain cancer research through the Australian Brain Cancer Mission, with the MRFF budget of \$5 million for 2020-21 having been fully committed.

Through the Australia New Zealand Children's Haematology/Oncology Group (ANZCHOG) grant opportunity, Cancer Australia approved the clinical trial CONNECT-1903 to open with support provided by the MRFF. The purpose of the ANZCHOG grant opportunity is to improve treatments and outcomes for children with brain cancer through increasing access to high quality international cancer clinical trials. CONNECT-1903 aims to inform future treatment for children newly diagnosed with high grade gliomas (HGG) with an NTRK fusion.

Additionally, through the *Fighting Childhood Cancer Measure*, Cancer Australia together with the Robert Connor Dawes Foundation and Carrie's Beanies 4 Brain Cancer, continued to provide funding support to ANZCHOG for the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) project. Cancer Australia and its funding partners have provided a total of \$1,742,898 to the project, which aims to accelerate Australia's capacity to undertake advanced molecular testing for paediatric brain tumours. Through AIM-BRAIN, every child with a CNS tumour in Australia can now access the most accurate molecular profiling worldwide.

Performance criterion	2020-21 Target	Criterion Source	Result
Support Australia's national Multi-site Collaborative Cancer Clinical Trials Groups (CTGs)	Fund 14 CTGs through the Supporting Cancer Clinical Trials program	2020-21 Corporate Plan, page 18	Achieved. See below

In 2020-21 Cancer Australia supported Australia's 14 Multi-site Collaborative Clinical Trials Groups (CTGs). Through its *Support for Cancer Clinical Trials* program, Cancer Australia provides funding to CTGs to build capacity to develop industry-independent cancer clinical trial protocols and to generate evidence for best-practice care for people diagnosed with cancer. This has facilitated the development of over 50 new clinical trials/studies in 2020-21

D. Provide consumer and health professional cancer information and resources.

Performance criterion	2020-21 Target	Criterion Source	Result
Provide evidence-based cancer information, resources and data to cancer consumers, health professionals and the community	>350 resources available on the Cancer Australia website.	Program 1.1 2020–21 Portfolio Budget Statements, page 253; 2020–21 Corporate Plan, page 17	Achieved. See below

The Cancer Australia website (www.canceraustralia.gov.au) provides a centralised source of trusted information for consumers, health professionals, researchers, educators, decision makers and the community. Cancer Australia’s website has information on a wide range of topics related to cancer and facilitates access to evidence-based information, resources, data and research for a variety of audiences.

As at 30 June 2021, there were 467 resources available on the Cancer Australia website. These include a number of new resources released in 2020–21, such as:

- *Lung Cancer Screening Enquiry Report*
- *National Pancreatic Cancer Roadmap* web hub
- *Guidance for the management of early breast cancer* web hub
- Shared follow-up and survivorship care for low-risk endometrial cancer resources
- *Shared follow-up and survivorship care for early breast cancer: Information for women on shared follow-up and survivorship care for early breast cancer*
- *COVID Recovery — Changes to cancer care during the COVID-19 pandemic* web hub
- 3 reports providing national and jurisdictional data on the impact of COVID-19 on medical services and procedures in Australia: breast, colorectal, lung, prostate and skin cancers
- *COVID-19 vaccine and cancer* web hub
- Frequently Asked Questions about COVID-19 vaccines for people affected by cancer
- Resources for Aboriginal and Torres Strait Islander people including *Act early for our Mob’s Health* cancer awareness video, information about COVID-19, including COVID-19 vaccines — *Help Protect Our Mob* video and Frequently Asked Questions about COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer
- *Guide to implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer*
- Culturally and Linguistically Diverse (CALD) resources, including *Cancer won’t wait*, a cancer awareness video translated into 10 languages
- Cancer awareness videos including bowel, breast, brain, cervical, pancreatic, oesophageal and prostate cancers, sarcoma and all cancers.

Analysis

Cancer Australia met or exceeded all performance criteria relating to its 2020–21 program objectives as outlined in its 2020–21 PBS chapter and Corporate Plan. The agency's 2020–21 program objectives were: provide national leadership in cancer control; develop and promote evidence-based best practice cancer care; fund cancer research and strengthen national data capacity; and provide consumer and health professional cancer information and resources.

Cancer Australia's operating environment continued to be impacted by the COVID-19 global pandemic. The agency continued to respond well to the challenges associated with the COVID-19 pandemic through the development and implementation of the *COVID-19 Workplace Management Plan*, and the *Pandemic Business Continuity Plan*, and as a result has successfully achieved its purpose and delivered on all its performance criteria in 2020–21.

There were no changes to Cancer Australia's purpose or overall organisational capability in 2020–21, although there was some change the internal organisational structure of the agency — the establishment of two new divisions (National Cancer Control and National Research and Data) — to support the agency's current and future program of work.

Cancer Australia's work was supported through its 2020–21 budget allocation.

Cancer Australia carefully defined, planned and prioritised work in light of its purpose, program objectives and budget allocation. The agency's robust performance reporting and monitoring framework enabled it to effectively report, analyse and monitor its performance for Financial Year 2020–21. This framework, coupled with Cancer Australia's strategic approach to business planning, ensured the alignment of effort with the agency's purpose.

Report on financial performance

Table 3.1: Cancer Australia's Resource Statement 2020-21

	Actual available appropriation current year (A)	Payments made (B)	Balance remaining (A)-(B)
	\$'000	\$'000	\$'000
DEPARTMENTAL			
Prior year appropriation available	4,165	1,817	2,348
Annual appropriations — ordinary annual services	11,134	8,030	3,104
Annual appropriations — other services — non-operating	6,624	6,624	-
Departmental capital budget	84	84	-
Total departmental annual appropriations	22,007	16,555	5,452
Total departmental resourcing (A)	22,007	16,555	5,452
ADMINISTERED			
Prior year appropriation available	1,500	1,500	-
Annual appropriations — ordinary annual services	18,363	13,996	4,367
Total administered annual appropriations	19,863	15,496	4,367
less administered appropriations drawn from annual/special appropriations and credited to special accounts	-	-	-
less payments to corporate entities from annual/special appropriations	-	-	-
Total administered resourcing (B)	19,863	15,496	4,367
Total resourcing and payments for Cancer Australia (A + B)	41,870	32,051	9,819



2020-21 Annual Report – Highlights



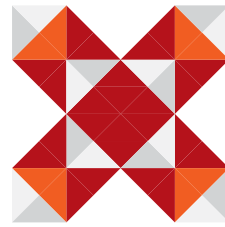
Provided leadership in national cancer control

- ▶ Convened **Ministerial Roundtable** with **80** national leaders in cancer control to commence development of the **Australian Cancer Plan**
- ▶ Progressed development of the **National Pancreatic Cancer Roadmap** to identify **key priority areas** for action across the continuum of pancreatic cancer care and research



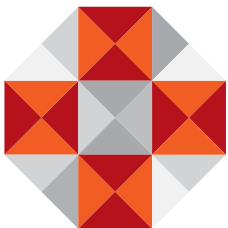
Minimised the impact of cancer

- ▶ Advanced national policy and quality care agenda by identifying **12 elements of cancer care** which have changed during **COVID-19**, describing targeted strategies to enhance and embed high-value changes to cancer care



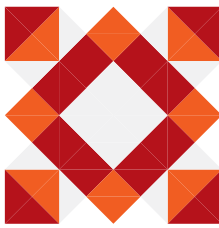
Improved health outcomes and addressed disparities

- ▶ Achieved over **1 million** digital impressions with launch of *Act early for our Mob's health* animated video that encourages **Aboriginal and Torres Strait Islander people** to keep taking care of their health during COVID-19



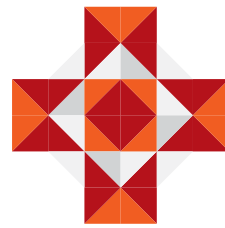
Funded priority research

- ▶ Awarded **17** research grants worth **\$6.3 million** through the *Priority driven Collaborative Cancer Research Scheme*



Strengthened national data capacity

- ▶ Undertook analysis of **Medical Benefits Schedule data** for **top five incidence** cancers to assess COVID-19 impact on cancer-related services



Promoted cancer awareness and provided evidence-based information

- ▶ Undertook **78** cancer awareness campaigns, achieving over **14.7 million** digital impressions

Provided leadership in national cancer control

- Convened Ministerial Roundtable with 80 national leaders in cancer control to commence development of the Australian Cancer Plan
- Released *Report on the Lung Cancer Screening Enquiry*
- Established Australia's first clinical trial to study COVID-19 vaccines in cancer patients
- Progressed development of the *National Pancreatic Cancer Roadmap* to identify key priority areas for action across the continuum of pancreatic cancer care and research
- Administered the *Australian Brain Cancer Mission* with the aim of doubling survival rates and improving the quality of life of people with brain cancer over the 10 years to 2027
- Achieved over 1.5 million digital impressions with the *Yarn for Life* campaign which aimed to reduce impact of cancer across Aboriginal and Torres Strait Islander communities by raising awareness, encouraging and normalising discussions about cancer

Minimised the impact of cancer

- Advanced national policy and quality care agenda by identifying 12 elements of cancer care which have changed during COVID-19, describing targeted strategies to enhance and embed high-value changes to cancer care
- Awarded over \$1 million in grants to eight community organisations to reduce the impact of cancer and better support people affected by cancer

Improved health outcomes and addressed disparities

- Achieved over 1 million digital impressions with launch of *Act early for our Mob's health* animated video that encourages Aboriginal and Torres Strait Islander people to keep taking care of their health during COVID-19
- Achieved over 1.1 million digital impressions with launch for *Cancer Won't Wait* video in 10 languages to urge people of all ages and backgrounds to see their doctor with any new or persistent symptoms that could be cancer

Funded priority research

- Awarded 17 research grants worth \$6.3 million through the *Priority driven Collaborative Cancer Research Scheme*

Strengthened national data capacity

- Undertook a Multi-Agency Data Integration Project (MAPID) to identify sociodemographic characteristics of people affected by pancreatic cancer
- Undertook analysis of Medical Benefits Schedule data for top five incidence cancers to assess COVID-19 impact on cancer-related services

Promoted cancer awareness and provided evidence-based information

- Undertook 78 cancer awareness campaigns, achieving over 14.7 million digital impressions
- Published 48 new resources on the Cancer Australia website, and 10 peer-reviewed journal articles
- Delivered 31 oral presentations, poster and plenary presentations at 18 national and 13 international forums or conferences



4

Management and accountability





Management and Accountability

This section outlines Cancer Australia's corporate governance arrangements, financial performance, management of human resources, ministerial and parliamentary coordination, compliance and other accountability obligations.

In 2020–21, Cancer Australia's Finance and Corporate Affairs portfolio was responsible for organising and complying with relevant legislation and Commonwealth policy regarding the management of financial resources, asset management, business continuity planning, fraud control, freedom of information, grants, human resources, information technology, procurement, records management, security, and general administrative services required to support the agency's operations.

Cancer Australia's audited financial statements are at Appendix A. Other mandatory information can be found at Appendix B, and covers:

- advertising and market research
- Australian National Audit Office access
- competitive tendering and contracting
- Consultancy and non-consultancy contracts
- disability reporting
- ecologically sustainable development and environmental performance

- exempt contracts
- external scrutiny
- freedom of information (FOI)
- grant programs
- purchasing
- small business
- work health and safety
- executive remuneration.

Corporate Governance

Strategic and business planning

All Cancer Australia projects in 2020–21 were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2020–21, Corporate Plan 2020–21 and Business Plan 2020–21.

Cancer Australia's Corporate Plan 2020–21 articulated the agency's purpose and strategic outlook, as well as strategies for achieving its Purpose and how success will be measured.

The Cancer Australia Business Plan 2020–21 supported Cancer Australia's strategic direction as outlined in its 2020–21 Corporate Plan. The 2020–21 Business Plan identified the agency's project deliverables, incorporating the deliverables and key performance indicators listed in both the Corporate Plan and the Portfolio Budget Statement 2020–21.

Through this process of alignment, Cancer Australia ensures its resources and investments are delivering value for money and improving outcomes for people with cancer, their families and carers.

Cancer Australia's Annual Performance Statement, published in this Annual Report (see Part 3), acquits the agency's performance against the performance measures included in the 2020–21 Corporate Plan and the agency's deliverables and key performance indicators outlined in the Portfolio Budget Statement 2020–21.

Compliance reporting

There were no instances of significant non-compliance with finance law related to the entity in 2020–21.

Internal audit arrangements

In 2020–21, Cancer Australia's auditor, Protiviti, conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which had been endorsed by the Audit and Risk Committee. See [page 43](#) for more information on Cancer Australia's *Audit and Risk Committee*.

Fraud control

Cancer Australia has in place appropriate fraud prevention, detection, investigation, monitoring and reporting mechanisms which meet the specific needs of the agency.

Cancer Australia has also taken all reasonable measures to minimise and appropriately deal with fraud relating to the agency, to comply with the Commonwealth Fraud Control Framework 2017.

The Framework consists of: Section 10 of the Public Governance, Performance and Accountability Rule 2014; the Commonwealth Fraud Policy; and Resource Management Guide No. 201, Preventing, detecting and dealing with fraud.

During 2020–21, Cancer Australia's fraud control plan and fraud risk assessments were reviewed and updated by the Executive Leadership Team and staff were trained in fraud awareness. Fraud awareness is also a mandatory item within the Cancer Australia Induction Program for all new employees.

Ethical standards

Cancer Australia, as an Australian Government agency, is bound by the *Public Service Act 1999* and the guidelines of the Australian Public Service Commission for the management and development of its people.

During 2020–21 Cancer Australia continued to reinforce its internal guidelines and policies to ensure consistency with appropriate ethical standards.

Cancer Australia provided all new employees with a copy of the Australian Public Service Values and Code of Conduct to ensure awareness of ethical standards and organisational expectations.

Remuneration for Senior Executive Service officers

The Chief Executive Officer is a Full-time Public Office holder, as defined in the Remuneration Tribunal Act 1973. The position's remuneration is set by the Minister for Health within the salary determination set by the Remuneration Tribunal determination.

Senior Executive Service (SES) officers employed under the *Public Service Act 1999* have conditions set out under the Cancer Australia SES Handbook. Remuneration is determined by the Chief Executive Officer, in accordance with remuneration guidelines promulgated by the Department of Health.

Further detail on Chief Executive Officer and SES remuneration is provided on [pages 115 – 118](#) of Appendix B.

Audit and Risk Committee

Cancer Australia’s Audit and Risk Committee met four times during the year to provide independent advice and assistance to the Chief Executive Officer on Cancer Australia’s risk control and compliance framework, and its external accountability responsibilities, in accordance with the [Audit Committee Charter December 2020](#).

The three independent Audit and Risk Committee Members were appointed from outside Cancer Australia. Members details are outlined within the table below.

Table 4.1: Cancer Australia’s Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended / total number of meetings	Total annual remuneration
Ms Gayle Ginnane (Chair)	Ms Gayle Ginnane has over 30 years experience in the Public Sector, including 12 years as the CEO of the Private Health Insurance Administration Council (PHIAC). Ms Ginnane also has significant experience as a Chairperson and a director in both the private and public sector and currently chairs a number of audit committees in both the private and public sector.	4/4	\$13,974.42
Ms Carol Lilley	Ms Carol Lilley’s background is in financial statements, internal audit and risk management. Ms Lilley is currently serving on a range of Commonwealth Government audit committees including for the Department of Home Affairs, Services Australia, Australian Federal Police and Austrade. She also currently holds various executive and directorship roles in the private sector. Ms Lilley has a Bachelor of Commerce from the University of Western Australia and is a graduate of the Australian Institute of Company Directors, a Fellow of Chartered Accountants Australia New Zealand and a certified internal auditor.	4/4	\$9,240.00

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended / total number of meetings	Total annual remuneration
Adjunct Associate Professor Christine Giles	Adjunct Associate Professor Christine Giles has deep senior executive organisational and policy experience in the health sector at the Commonwealth and State level and across the public and private sectors. Holding a Master of Public Policy from the Economics Faculty, School of Business and Government, University of Sydney, Associate Professor Giles is an experienced non-executive Director and currently serving Board member.	4/4	\$6,000

Financial overview

The 2020–21 departmental expenses were \$15.740 million (GST exclusive).

The 2020–21 administered expenses were \$18.361 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2020–21 in line with the Departmental and Administered funding appropriated by the Australian Government.

Further information on Cancer Australia's financial performance is available in the financial statements and accompanying notes of this annual report. Cancer Australia's audited financial statements are at Appendix A.

Management of human resources

At 30 June 2021, Cancer Australia had 68 employees, of whom 58 were ongoing and 10 were non-ongoing. Most staff were located in Sydney, with five based in Melbourne and ten in Canberra. The workforce was predominantly female (87 per cent).

Cancer Australia staff have a diverse range of skill sets, with expertise in areas including epidemiology, clinical practice, research, data analysis, population health, public health, public policy, communications, project management, human resources management and financial management.

Cancer Australia Staffing statistics

Tables 4.2 to 4.9 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2021 for the 2020–21 Financial Year.

Tables 4.10 to 4.16 provide information relating to the distribution and classification of Cancer Australia staff for the 2019–20 Financial Year.

Table 4.2: All Ongoing Employees Current Report Period (2020-21)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	5	0	5	33	7	40	0	0	0	45
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	2	0	2	2	1	3	0	0	0	5
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	3	4	7	0	0	0	8
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	8	0	8	38	12	50	0	0	0	58

NOTES:

- The figures in Table 4.2 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.2 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.3: All Non-Ongoing Employees Current Report Period (2020-21)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	0	0	0	8	0	8	0	0	0	8
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	1	0	1	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	9	0	9	0	0	0	10

Notes:

- The figures in Table 4.3 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.3 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.4: Australian Public Service Act Ongoing Employees Current Report Period (2020-21)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	1	0	1	8	0	8	0	0	0	9
EL 1	2	0	2	7	2	9	0	0	0	11
APS 6	4	0	4	14	10	24	0	0	0	28
APS 5	1	0	1	7	0	7	0	0	0	8
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	8	0	8	38	12	50	0	0	0	58

Notes:

- The figures in Table 4.4 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.4 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.5: Australian Public Service Act Non-Ongoing Employees Current Report Period (2020-21)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	1	0	1	1	0	1	0	0	0	2
EL 2	0	0	0	0	0	0	0	0	0	0
EL 1	0	0	0	1	0	1	0	0	0	1
APS 6	0	0	0	4	0	4	0	0	0	4
APS 5	0	0	0	2	0	2	0	0	0	2
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	1	0	1	9	0	9	0	0	0	10

Notes:

- The figures in Table 4.5 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.5 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.6: Australian Public Service Act Employees by Full-time and Part-time Status Current Report Period (2020-21)

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total Ongoing	Full-time	Part-time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	0	0	0	2	0	2	2
EL 2	9	0	9	0	0	0	9
EL 1	9	2	11	1	0	1	12
APS 6	18	10	28	4	0	4	32
APS 5	8	0	8	2	0	2	10
APS 4	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	1	0	1	1	0	1	2
Total	46	12	58	10	0	10	68

Notes:

- The figures in Table 4.6 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.6 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.7: Australian Public Service Act Employment type by location Current Report Period (2020-21)

	Ongoing	Non-Ongoing	Total
NSW	45	8	53
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	5	0	5
WA	0	0	0
ACT	8	2	10
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	58	10	68

Notes:

- The figures in Table 4.7 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.7 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.8: Australian Public Service Act Indigenous Employment Current Report Period (2020-21)

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

- The figures in Table 4.8 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.8 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.9: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) Current Report Period (2020-21)

	Minimum Salary	Maximum Salary
SES 3	N/A	N/A
SES 2	\$238,990	\$251,230
SES 1	\$178,241	\$205,000
EL 2	\$124,377	\$147,254
EL 1	\$104,246	\$118,896
APS 6	\$84,831	\$95,704
APS 5	\$76,897	\$81,163
APS 4	\$70,700	\$74,702
APS 3	\$62,403	\$69,169
APS 2	\$53,999	\$58,926
APS 1	\$46,204	\$51,888
Other	N/A	N/A
Minimum/ Maximum range	\$46,204	\$251,230

Notes:

- The figures in Table 4.9 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.9 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.10: All Ongoing Employees Previous Report Period (2019-20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	2	0	2	0	0	0	2
EL 2	2	0	2	6	0	6	0	0	0	8
EL 1	2	0	2	6	3	9	0	0	0	11
APS 6	3	0	3	17	10	27	0	0	0	30
APS 5	1	0	1	8	0	8	0	0	0	9
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	8	0	8	41	13	54	0	0	0	62

Notes:

- The figures in Table 4.10 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.10 include:
 - headcount figures of Cancer Australia staff as at 30 June 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.11: All Non-Ongoing Employees Previous Report Period (2019-20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0
EL 1	1	0	1	2	0	2	0	0	0	3
APS 6	2	0	2	6	0	6	0	0	0	8
APS 5	1	0	1	1	0	1	0	0	0	2
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	4	0	4	10	0	10	0	0	0	14

Notes:

- The figures in Table 4.11 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.11 include:
 - headcount figures of Cancer Australia staff as at 30 June 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.12: Australian Public Service Act Ongoing Employees Previous Report Period (2019-20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	2	0	2	0	0	0	2
EL 2	2	0	2	6	0	6	0	0	0	8
EL 1	2	0	2	6	3	9	0	0	0	11
APS 6	3	0	3	17	10	27	0	0	0	30
APS 5	1	0	1	8	0	8	0	0	0	9
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	8	0	8	41	13	54	0	0	0	62

Notes:

• The figures in Table 4.12 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.

• The figures in Table 4.12 include:

- headcount figures of Cancer Australia staff as at 30 June 2020;

- staff on leave and secondment; and

- staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.13: Australian Public Service Act Non-Ongoing Employees Previous Report Period (2019-20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0
EL 1	1	0	1	2	0	2	0	0	0	3
APS 6	2	0	2	6	0	6	0	0	0	8
APS 5	1	0	1	1	0	1	0	0	0	2
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	4	0	4	10	0	10	0	0	0	14

Notes:

- The figures in Table 4.13 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.13 include:
 - headcount figures of Cancer Australia staff as at 30 June 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.14: Australian Public Service Act Employees by Full-time and Part-time Status Previous Report Period (2019-20)

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total Ongoing	Full-time	Part-time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	2	0	2	0	0	0	2
EL 2	8	0	8	0	0	0	8
EL 1	8	3	11	3	0	3	14
APS 6	20	10	30	8	0	8	38
APS 5	9	0	9	2	0	2	11
APS 4	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	1	0	1	1	0	1	2
Total	49	13	62	14	0	14	76

Notes:

- The figures in Table 4.14 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.

- The figures in Table 4.14 include:

- headcount figures of Cancer Australia staff as at 30 June 2020;

- staff on leave and secondment; and

- staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

**Table 4.15: Australian Public Service Act Employment type by location
Previous Report Period (2019-20)**

	Ongoing	Non-Ongoing	Total
NSW	48	12	60
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	6	0	6
WA	0	0	0
ACT	8	2	10
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	62	14	76

Notes:

- The figures in Table 4.15 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.15 include:
 - headcount figures of Cancer Australia staff as at 30 June 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

**Table 4.16: Australian Public Service Act Indigenous Employment Previous
Report Period (2019-20)**

	Total
Ongoing	1
Non-Ongoing	0
Total	1

Notes:

- The figures in Table 4.16 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the *Cancer Australia Act 2006*.
- The figures in Table 4.16 include:
 - headcount figures of Cancer Australia staff as at 30 June 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Employment arrangements

Cancer Australia staff at non-Senior Executive Service (non-SES) level are employed under the terms and conditions of the Cancer Australia Enterprise Agreement 2016–19. A Determination under subsection 24(1) of the *Public Service Act 1999* was established in August 2019 to provide non-SES staff with increases to their existing salaries and to allowances for which they are eligible under the terms of the Enterprise Agreement. The increases in pay and allowance were effective from 24 December 2019 to 24 December 2021. At 30 June 2021, Cancer Australia had 65 non-SES staff, and 3 SES staff (excluding Cancer Australia's CEO and Advisory Council members). Eight staff are in receipt of individual flexibility arrangements under clause 25 of the Enterprise Agreement. Non-salary benefits provided during the period by Cancer Australia to its staff were motor vehicle allowances to four officers.

Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2020–21.

Training and development

Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. Each staff member can identify and access appropriate training through the organisation's Performance Development Program.

During 2020–21, Cancer Australia continued the Australian Public Service Development Strategy, which included training programs in the areas of project management and leadership. Cancer Australia's training was delivered online through a variety of training providers such as AIM (Australian Institute of Management) and APSC (Australian Public Service Commission). The Agency's compulsory training program, comprising of both face to face and virtual, during 2020-21 included: fraud, security awareness, data security, procurement, personal privacy principles and work health and safety. Cancer Australia provided staff with additional development opportunities through project work and assignment of higher duties.

Ministerial and parliamentary coordination

During 2020–21, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health and the Department of Health on national cancer control related issues. The agency continued to collaborate closely with the Department of Health to support the Minister and implement Australian Government policies.



5

Appendices



Appendix A: Audited Financial Statements

Independent Audit Report



INDEPENDENT AUDITOR'S REPORT

To the Minister of Health

Report on the annual financial statements

Opinion

In my opinion, the financial statements of Cancer Australia (the Entity) for the year ended 30 June 2021:

- comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*;
- comply with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013; and
- present fairly the financial position of the Entity as at 30 June 2021 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2021 and for the year then ended:

- Statement by the Accountable Authority and Chief Finance Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (Including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other information

The Accountable Authority is responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2021 but does not include the financial statements and my auditor's report thereon.

My opinion on the financial statements does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

GPO Box 707 CANBERRA ACT 2601
38 Sydney Avenue FORREST ACT 2603
Phone (02) 6203 7300

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer 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 statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are 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 the Australian National Audit Office 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 the financial statements.

As part of an audit in accordance with the Australian National Audit Office 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 statements, 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 Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority'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 statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, 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 my audit.

Australian National Audit Office



Garry Sutherland
Delegate of the Auditor-General
Canberra
9 September 2021

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Statement by the Accountable Authority and Chief Financial Officer

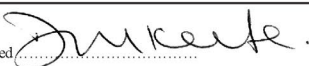
STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2021 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that Cancer Australia will be able to pay its debts as and when they fall due.

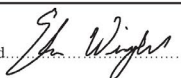
In accordance with Authority Conditions 6(3) issued by the NSW Minister under section 13A of the *Charitable Fundraising Act 1991* (NSW) (the Act), in our opinion:

- (a) the Statement of Comprehensive Income, together with the Note on the information to be furnished under the Act, gives a true and fair view of all income and expenditure of Cancer Australia with respect to fundraising appeals;
- (b) the Statement of Financial Position, together with the Note on the information to be furnished under the Act gives a true and fair view of the state of affairs of the organisation with respect to fundraising appeals conducted by Cancer Australia;
- (c) the provisions of the Act, the regulations under the Act and the conditions attached to the authority have been complied with by Cancer Australia; and
- (d) the internal controls exercised by Cancer Australia are appropriate and effective in accounting for all income received and applied by Cancer Australia from any of its fundraising appeals.

Signed 

Professor Dorothy Keefe PSM
Accountable Authority / CEO

9 September 2021

Signed 

Elmer Wiegold
Chief Financial Officer

9 September 2021

Statement of Comprehensive Income

for the period ended 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	9,223,248	9,160,564	9,087,000
Suppliers	3B	4,594,367	4,641,255	2,997,000
Grants	3C	1,000,000	1,000,000	1,000,000
Depreciation and amortisation	7	905,274	305,774	953,000
Finance costs		3,012	2,562	-
Interest on ROU		10,285	-	35,000
Losses from asset disposals		3,830	-	-
Total expenses		15,740,016	15,110,155	14,072,000
Own-source income				
Own-source revenue				
Rendering of services	4A	5,427,799	3,662,118	2,584,000
Other revenue	4B	151,969	137,410	66,000
Total own-source revenue		5,579,768	3,799,528	2,650,000
Net cost of services		10,160,248	11,310,627	11,422,000
Revenue from Government	4C	11,134,000	11,086,000	11,134,000
Surplus/(Deficit)		973,752	(224,627)	(288,000)
Total comprehensive income/(loss)		973,752	(224,627)	(288,000)

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2020–21 Portfolio Budget Statements published in October 2020.

Budget Variance Commentary

Explanations are only provided where the variance is greater than 10% of the Original Budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Suppliers

After the Original Budget was first presented to Parliament, Cancer Australia received the Minister for Finance's approval to utilise funds received in the prior years, which is from two Memorandum of Understanding agreements, for activities relating to Australian Brain Cancer Mission and development of the Pancreatic Cancer Roadmap. Cancer Australia's activities also increased as a result of additional funds from various Memorandum of Understanding agreements for initiatives and activities as outlined in the agreements, that resulted in higher than budgeted expenditure.

Rendering of services

At the time of budget preparation, additional funding of approximately \$2.6m received through Memorandum of Understanding agreements with another Government Department was unknown. The additional funding received was partially utilised in FY2020–21 and is expected to be fully utilised in FY2021–22 through the payment of operational and project costs.

Statement of Financial Position

for the period ended 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents		112,758	113,028	113,000
Trade and other receivables	6	5,518,387	5,286,431	5,283,000
Total financial assets		5,631,145	5,399,459	5,396,000
Non-financial assets				
Property, plant and equipment	7	5,064,742	262,182	3,139,000
Intangibles	7	191,745	346,887	305,000
Prepayments		178,092	96,135	96,000
Total non-financial assets		5,434,579	705,204	3,540,000
Total assets		11,065,724	6,104,663	8,936,000
LIABILITIES				
Payables				
Suppliers	8A	577,557	1,074,891	1,084,000
Other payables	8B	217,009	160,125	160,000
Total payables		794,566	1,235,016	1,244,000
Interest bearing liabilities				
Leases	9	4,374,762	-	3,027,000
Total interest bearing liabilities		4,374,762	-	3,027,000
Provisions				
Employee provisions	10A	2,360,552	2,322,156	2,322,000
Other provisions	10B	260,601	330,000	330,000
Total provisions		2,621,153	2,652,156	2,652,000
Total liabilities		7,790,481	3,887,172	6,923,000
Net assets		3,275,243	2,217,491	2,013,000
EQUITY				
Contributed equity		1,475,160	1,391,160	1,475,000
Retained surplus		1,800,083	826,331	538,000
Total equity		3,275,243	2,217,491	2,013,000

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2020–21 Portfolio Budget Statements published in October 2020.

Budget Variance Commentary

Property, plant and equipment, and intangibles

The higher than budgeted amount is primarily due to the recognition of Sydney office fitout and additional Information and Communications Technology (ICT) hardware refresh, which were not included in the Original Budget.

Suppliers and other payables

The budget variance relates to the timing of payments. Higher than expected deliverables were finalised and paid before 30 June 2021, resulting in a lower than expected payables balance at year end.

Leases

The variance is due to the recognition of the Sydney office lease incentives received, which was agreed and finalised after the submission of the Original Budget.

Retained surplus

The impact of utilising funds received in the prior years, which is from Memorandum of Understanding agreements from prior years and additional funding received through Memorandum of Understanding agreements with another Government Department were not included in the Original Budget.

Statement of Changes in Equity

for the period ended 30 June 2021

	2021 \$	2020 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,391,160	1,310,160	1,391,000
Opening balance	1,391,160	1,310,160	1,391,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	84,000	81,000	84,000
Total transactions with owners	84,000	81,000	84,000
Closing balance as at 30 June	1,475,160	1,391,160	1,475,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	826,331	123,669	826,000
Adjustment on initial application of AASB 1058	-	927,289	-
Adjusted opening balance	826,331	1,050,958	826,000
Comprehensive income			
Surplus/(Deficit) for the period	973,752	(224,627)	(288,000)
Total comprehensive income	973,752	(224,627)	(288,000)
Closing balance as at 30 June	1,800,083	826,331	538,000
TOTAL EQUITY	3,275,243	2,217,491	2,013,000

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2020–21 Portfolio Budget Statements published in October 2020.

Accounting Policy

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reduction) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

Budget Variance Commentary

Surplus /(Deficit) for the period

Retained earnings is higher, being reflective of the surplus reported for FY2020–21. The surplus reflects additional funding received through Memorandum of Understanding agreements with another Government Department partially offset by utilisation of funding balance of Memorandum of Understanding agreements from prior years. These were approved after the Original Budget was tabled in Parliament.

Cash Flow Statement

for the period ended 30 June 2021

	2021 \$	2020 \$	Original Budget ¹ \$
OPERATING ACTIVITIES			
Cash received			
Appropriations	12,646,306	12,021,855	11,137,000
Rendering of services	5,418,869	2,890,514	2,584,000
Net GST received	344,255	381,177	268,000
Fundraising	85,869	71,310	-
Lease incentive received	1,215,726	-	-
Total cash received	19,711,025	15,364,856	13,989,000
Cash used			
Employees	(9,153,868)	(9,237,022)	(9,087,000)
Suppliers	(4,802,653)	(4,549,965)	(2,922,000)
Interest payments on lease liability	(10,285)	-	(35,000)
Grants	(1,000,000)	(1,499,864)	(1,000,000)
Net GST paid	-	-	(268,000)
Section 74 receipts transferred to OPA	(2,799,113)	-	-
Total cash used	(17,765,919)	(15,286,851)	(13,312,000)
Net cash from operating activities	1,945,106	78,005	677,000
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(1,487,048)	(251,200)	(96,000)
Purchase of intangible assets	(36,258)	(102,877)	-
Total cash used	(1,523,306)	(354,077)	(96,000)
Net cash (used by) investing activities	(1,523,306)	(354,077)	(96,000)
FINANCING ACTIVITIES			
Cash received			
Departmental capital budget	84,000	81,000	84,000
Total cash received	84,000	81,000	84,000

	2021 \$	2020 \$	Original Budget ¹ \$
Cash used			
Lease principal repayments	(506,070)	-	(665,000)
Total cash used	(506,070)	-	(665,000)
Net cash from (used by) financing activities	(422,070)	81,000	(581,000)
Net (decrease) in cash held	(270)	(195,072)	-
Cash and cash equivalents at the beginning of the reporting period	113,028	308,100	113,000
Cash and cash equivalents at the end of the reporting period	112,758	113,028	113,000

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2020–21 Portfolio Budget Statements published in October 2020.

Budget Variance Commentary

Appropriations

The 2019–20 and 2020–21 appropriations were budgeted to be drawn in full. The variance represents the timing difference of payments to employees, suppliers and additional section 74 revenue received.

Rendering of services and section 74 receipts transferred to OPA

At the time the Original Budget was prepared, the timing of additional funding through Memorandum of Understanding agreements with Department of Health was unknown resulting in a higher than anticipated inflow of funds. The additional funds were subsequently transferred back to the Official Public Account (OPA).

Net GST received and paid

Cancer Australia is required to make Goods and Services Tax (GST) payments on eligible goods and services. The net GST received represents the refund of those amounts from the Australia Taxation Office (ATO). GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. In 2020-21, Cancer Australia claimed more GST from the ATO due to higher than anticipated payments to suppliers. The net GST received was used to settle commitments, rather than drawing on additional funding.

Lease incentive received

During 2020–21, a new lease contract for Cancer Australia's Sydney office has been signed. A landlord contribution to the office fitout has been successfully negotiated, which was not included in the Original Budget.

Suppliers

Funding of supplier payments through Memorandum of Understanding agreements with Department of Health was unknown at the time the Original Budget was prepared. The utilisation of funding balance of Memorandum of Understanding agreements from prior years also contributed to higher than budgeted expenditure.

Purchase of property, plant and equipment and intangibles

The recognition of Sydney office fitout, which was fully recovered by newly agreed lease incentives, was not known when the Original Budget was prepared. In addition, Cancer Australia staff have been required to work from home due to the Coronavirus (COVID-19) pandemic during 2020–21. This has meant Cancer Australia's digital transformation continued to progress since 2019–20, with purchases of laptops, commissioning of new information technology infrastructure and enhancement of security related Hardware and Software.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	5,490,930	5,487,832	3,766,000
Grants and service delivery contracts	15B	12,870,089	14,434,823	14,597,000
Total expenses		18,361,019	19,922,655	18,363,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		2,119	11,128	-
Total non-taxation revenue		2,119	11,128	-
Total revenue		2,119	11,128	-
Net cost of services		(18,358,900)	(19,911,527)	(18,363,000)
Deficit on continuing operations		(18,358,900)	(19,911,527)	(18,363,000)
Total comprehensive loss		(18,358,900)	(19,911,527)	(18,363,000)

The above schedule should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2020–21 Portfolio Budget Statements published in October 2020.

Budget Variance Commentary

Suppliers and Grants and service delivery contracts

At the time of the preparation of the Original Budget, Suppliers and Grant payments were estimated. Actual expenditure may vary from year to year depending upon Grant applications received and awarded. The level of grant expenditure incurred impacts the level of payments made to other suppliers.

Administered Schedule of Assets and Liabilities

as at 30 June 2021

	Notes	2021 \$	2020 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	16A	57,379	30,000	30,000
Trade and other receivables	16B	147,553	1,001,699	297,000
Total financial assets		204,932	1,031,699	327,000
Total assets administered on behalf of Government		204,932	1,031,699	327,000
LIABILITIES				
Payables				
Suppliers	17A	1,444,582	2,052,271	158,000
Grants	17B	3,029,968	268,900	169,000
Total payables		4,474,550	2,321,171	327,000
Total liabilities administered on behalf of Government		4,474,550	2,321,171	327,000
Net assets/(liabilities)		(4,269,618)	(1,289,472)	-
The above schedule should be read in conjunction with the accompanying notes.				

¹ Budget reported in the 2020–21 Portfolio Budget Statements published in October 2020.

Budget Variance Commentary

Trade and other receivables

Trade and other receivables is mainly GST receivable from the ATO.

Suppliers

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. In 2020–21, a number of deliverables were finalised, but not paid before 30 June 2021.

Grants

Due to the impact of COVID-19, grant contracts were executed later than expected, which resulted in a higher payable at the end of the reporting period when compared to the Original Budget.

Administered Reconciliation Schedule

as at 30 June 2021

	2021 \$	2020 \$
Opening assets less liabilities as at 1 July	(1,289,472)	(1,065,895)
Net cost of services		
Income	2,119	11,128
Expenses		
Payments to entities other than Commonwealth entities	(17,806,358)	(19,232,972)
Payments to Commonwealth entities	(554,661)	(689,683)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	15,380,873	19,699,078
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	(2,119)	(11,128)
Closing assets less liabilities as at 30 June	(4,269,618)	(1,289,472)
The above schedule should be read in conjunction with the accompanying notes.		

¹ In 2020–21, \$2k of Grant funding paid out of Administered Appropriation in previous financial years was returned to Cancer Australia. For various reasons the recipient of the Grant was not able to utilise the funds as originally planned. The repayments were received and paid into the Official Public Account (OPA) during the current financial year.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

Revenue collected by Cancer Australia on behalf of the Government is Administered revenue. Collections are transferred to the OPA maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered Cash Flow Statement

for the period ended 30 June 2021

	Notes	2021 \$	2020 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		595,933	316,938
Other		2,119	11,128
Total cash received		598,052	328,066
Cash used			
Grants		(10,109,021)	(14,647,383)
Suppliers		(5,840,406)	(5,407,414)
Total cash used		(15,949,427)	(20,054,797)
Net cash (used by) operating activities		(15,351,375)	(19,726,731)
Cash and cash equivalents at the beginning of the reporting period		30,000	68,781
Cash from Official Public Account			
Appropriations		15,380,873	19,699,078
Cash to Official Public Account			
Administered receipts		(2,119)	(11,128)
Cash and cash equivalents at the end of the reporting period	16A	57,379	30,000
The above schedule should be read in conjunction with the accompanying notes.			

Notes to and forming part of the financial statements

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Note 1: Overview

1.1 Objectives of Cancer Australia

Cancer Australia is an Australian Government controlled entity. It is a non-corporate Commonwealth entity and a not-for-profit entity. The objectives of Cancer Australia as specified in the *Cancer Australia Act 2006* are to: provide national leadership in cancer control, guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

1.2 Basis of Preparation of the Financial Statements

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

The financial statements have been prepared in accordance with:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR); and
- Australian Accounting Standards and Interpretations — Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

1.3 New Accounting Standards

No new, revised, amending standards and/ or interpretations that were issued prior to the sign-off date and were applicable to the current reporting period had a material effect on the entity's financial statements:

AASB 1059 Service Concession Arrangements: Grantors

AASB 1059 became effective from 1 July 2020.

AASB 1059 addresses the accounting for a service concession arrangement by a grantor that is a public sector entity by prescribing the accounting for the arrangement from a grantor's perspective. Cancer Australia does not have service concession arrangements therefore AASB 1059 is not applicable.

1.4 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made judgements that would have a significant impact on the amounts recorded in the financial statements.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

In accordance with AASB 13 *Fair Value Measurement* Cancer Australia has applied estimations of assets at fair value. Estimations of employee long service leave entitlements have also been applied in accordance with AASB 119 *Employee Benefits*. Cancer Australia uses the short-hand method to calculate employee long service leave entitlements, discounted using the government bond rate issued by the Department of Finance.

1.5 Taxation

Cancer Australia is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

1.6 Reporting of Administered Activities

The Administered Schedules of Comprehensive Income, Assets and Liabilities, Administered Reconciliation Schedule and Administered Cash Flow Statement reflect the Government's transactions, through Cancer Australia, with parties outside the Government.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for Departmental items, including the application of Australian Accounting Standards.

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2021 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's Administered or Departmental functions.

Note 3: Expenses

	2021 \$	2020 \$
Note 3A: Employee Benefits		
Wages and salaries	7,202,947	6,993,619
Superannuation:		
Defined contribution plans	1,015,670	1,005,343
Defined benefit plans	151,700	190,998
Leave and other entitlements	852,931	970,604
Total employee benefits	9,223,248	9,160,564

Accounting Policy

Liabilities for 'short-term' employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Other long-term employee benefits are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave and entitlements

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including Cancer Australia's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Superannuation

Cancer Australia's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

Cancer Australia makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

Note 3B: Suppliers

Goods and services supplied or rendered

Consultants	652,907	193,534
Contractors	1,662,835	1,751,372
Information technology and licenses	802,270	636,815
Property and office	618,567	511,493
Travel	121,536	219,094
Learning and development	44,396	28,585
Media and other promotional	62,611	198,275
Other	372,759	274,123
Total goods and services supplied or rendered	4,337,881	3,813,291

Goods supplied	1,462	3,244
Services rendered	4,336,419	3,810,047
Total goods and services supplied or rendered	4,337,881	3,813,291

Other suppliers

Workers compensation expenses	44,440	47,247
Short-term leases	212,046	780,717
Total other suppliers	256,486	827,964
Total suppliers	4,594,367	4,641,255

The above lease disclosures should be read in conjunction with the accompanying notes 7 and 9.

Accounting Policy

Short-term leases and leases of low-value assets

Cancer Australia has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less. The entity recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

	2021 \$	2020 \$
Note 3C: Grants		
Private sector:		
Non-profit organisations	1,000,000	1,000,000
Total grants	1,000,000	1,000,000

Note 4: Own-Source Income

Own-source revenue	Notes	2021 \$	2020 \$
Note 4A: Rendering of services			
Rendering of services		5,427,799	3,662,118
Total Rendering of services		5,427,799	3,662,118
Disaggregation of Rendering of services			
Type of customer:			
Australian Government entities (related parties)		5,427,799	3,662,118
State and Territory Governments		-	-
Non-government entities		-	-
		5,427,799	3,662,118

Accounting Policy

Rendering of services

Revenue from the sale of goods is recognised when control has been transferred to the buyer.

In relation to AASB 1058, Cancer Australia recognises the revenue when control of the cash is obtained.

Receivables for goods and services, which have 30 day terms (2019–20: 30 days), are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

Own-source revenue	Notes	2021 \$	2020 \$
Note 4B: Other revenue			
Fundraising	21	85,869	71,310
Resources received free of charge — audit fees		66,100	66,100
Total other revenue		151,969	137,410

Accounting Policy

Resources received free of charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Fundraising revenue

Fundraising revenue is recognised when Cancer Australia obtains control over the funds.

Own-source revenue	Notes	2021 \$	2020 \$
Appropriations:			
Departmental appropriations		11,134,000	11,086,000
Total revenue from Government		11,134,000	11,086,000

Accounting Policy

Revenue from Government

Amounts appropriated for Departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when Cancer Australia gains control of the Appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Note 5: Fair Value Measurements

	Fair value measurements at the end of the reporting period	
	2021 \$	2020 \$
Non-financial assets		
Property, plant and equipment	5,064,742	262,182
Non-financial liabilities		
Make good provision	260,601	330,000

Notes:

1. There has been no change to valuation techniques.
2. Cancer Australia's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all controlled assets is considered their highest and best use.
3. The remaining assets reported by Cancer Australia are not measured at fair value in the Statement of Financial Position.

Accounting Policy

Cancer Australia performs an internal management review of the fair value of its fixed assets at least once every 12 months. If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last review. The nature of Cancer Australia's assets are predominantly low value assets with a useful life of between 3 to 10 years.

Note 6: Financial Assets

	2021 \$	2020 \$
Note 6: Trade and other receivables		
Goods and services	43,489	1,200,849
Total goods and services receivables	43,489	1,200,849
Appropriation receivable		
Appropriation receivable	5,338,751	4,051,944
Total appropriation receivable	5,338,751	4,051,944
Other receivables		
GST receivable from the Australian Taxation Office	136,147	33,638
Total other receivables	136,147	33,638
Total trade and other receivables (net)	5,518,387	5,286,431

Credit terms for goods and services were within 30 days (2019-20: 30 days).

No allowance for impairment was required at reporting date (2019-20: nil).

Accounting Policy

Trade and other receivables

Trade and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of Property, Plant and Equipment and Intangibles for 2021

	Buildings \$	Plant & Equipment \$	Intangibles \$	Total \$
As at 1 July 2020				
Gross book value	478,874	979,596	1,046,798	2,505,268
Accumulated depreciation and amortisation	(471,541)	(724,747)	(699,911)	(1,896,199)
Total as at 1 July 2020	7,333	254,848	346,887	609,069
Additions				
Right-of-use assets	4,033,216	-	-	4,033,216
Losses from asset disposals	-	(3,830)	-	(3,830)
Depreciation and amortisation	(75,309)	(161,816)	(191,400)	(428,525)
Depreciation on right-of-use assets	(476,749)	-	-	(476,749)
Total as at 30 June 2021	4,617,939	446,802	191,745	5,256,487
Total as at 30 June 2021 represented by:				
Gross book value	5,191,569	949,094	1,063,420	7,204,083
Accumulated depreciation and amortisation	(573,630)	(502,291)	(871,675)	(1,947,596)
Total as at 30 June 2021	4,617,939	446,803	191,745	5,256,487
Carrying amount of right-of-use assets	4,509,965			4,509,965

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange for consideration and liabilities undertaken.

Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the Statement of Financial Position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

Leased right-of-use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

An impairment review is undertaken for any ROU lease asset that shows indicators of impairment and an impairment loss is recognised against any ROU lease asset that is impaired. Leased ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuation reviews are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the nature of the assets and volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to Cancer Australia using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2021	2020
Property, Plant & Equipment	3 to 10 years	3 to 10 years

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 2021. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. No indicators of impairment were identified.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if Cancer Australia were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

Cancer Australia's intangibles comprise purchased software and website costs. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software and website costs are amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's intangibles is three years (2019–20: three years).

All software and website assets were assessed for indications of impairment as at 30 June 2021. No indicators of impairment were identified.

Note 8: Payables

	2021 \$	2020 \$
Note 8A: Suppliers		
Trade creditors and accruals	577,557	1,074,891
Total suppliers	577,557	1,074,891
Settlement is usually made within 30 days (2019-20: 30 days).		
Note 8B: Other payables		
Salaries and wages	147,732	119,563
Superannuation	21,665	18,851
Other	47,612	21,711
Total other payables	217,009	160,125

Note 9: Interest Bearing Liabilities

	2021 \$	2020 \$
Leases		
Lease liabilities	4,374,762	-
Total leases	4,374,762	-
Total cash outflow for long term lease for the year ended 30 June 2021 was \$569,299.		
Maturity analysis — contractual undiscounted cash flows		
Within 1 year	641,793	-
Between 1 to 5 years	3,643,921	-
More than 5 years	132,677	-
Total leases	4,418,391	-

Cancer Australia, in its capacity as lessee has entered into a lease agreement for Sydney office in 2020–21 with a seven (7) year lease term without extension options.

The above lease disclosures should be read in conjunction with the accompanying notes 3B and 7.

Accounting Policy

Leases

For all new contracts entered into, Cancer Australia considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

Note 10: Provisions

	2021 \$	2020 \$
Note 10A: Employee provisions		
Leave	2,360,552	2,322,156
Total employee provisions	2,360,552	2,322,156

	Provision for make good \$	Provision for make good \$
Note 10B: Other provisions		
As at 1 July 2020	330,000	195,383
Additional provisions made	257,589	132,055
Amounts used	(330,000)	-
Unwinding of discount or change in discount rate	3,012	2,562
Total as at 30 June 2021	260,601	330,000

Cancer Australia, in its capacity as a lessee, has entered into one lease agreement (2019-20: one agreement) for office accommodation. The lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a "Provision for make good" to reflect the present value of the obligation. During the year, the provision was amended due to a reduction of the Sydney office footprint.

Note 11: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2021 (2019–20: Nil).

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured.

Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

Note 12: Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity. Cancer Australia has determined the key management personnel to be the Chief Executive Officer, Deputy CEO/Executive Director, Senior Executive Service Officers, General Manager Finance and Corporate Affairs and Chief Financial Officer and Ministers. Key management personnel remuneration is reported in the table below:

	2021 \$	2020 \$
Short-term employee benefits	1,534,355	1,446,025
Post-employment benefits	162,769	164,335
Other long-term employee benefits	47,719	43,358
Termination benefits	125,751	-
Total key management personnel remuneration expenses¹	1,870,594	1,653,718

The total number of key management personnel included in the above table are six (2019–20: six).

¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Ministers. The Ministers' remuneration and other benefits are set by the Remuneration Tribunal and are not paid by Cancer Australia.

Note 13: Related Party Disclosures

Related party relationships

Cancer Australia is an Australian Government controlled entity. Related parties to this entity are Key Management Personnel, including the Ministers and Executive, and other Australian Government entities.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment or refund of taxes, receipt of a Medicare rebate or higher education loans. These transactions have not been separately disclosed in this note.

Significant transactions with related parties can include:

- the payments of grants or loans;
- purchases of goods and services;
- asset purchases, sales transfers or leases;
- debts forgiven; and
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by Cancer Australia, it has been determined that there are no related party transactions to be separately disclosed.

Note 14: Financial Instruments

	2021 \$	2020 \$
Financial assets measured at amortised cost		
Cash and cash equivalents	112,758	113,028
Trade receivables	43,489	1,200,849
Total financial assets measured at amortised cost	156,247	1,313,877
Total financial assets	156,247	1,313,877
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	577,557	1,074,891
Financial liabilities measured at amortised cost	577,557	1,074,891
Total financial liabilities	577,557	1,074,891

Accounting Policy

Financial assets

Cancer Australia is a non-financial entity whose financial assets are limited to trade receivables and bank deposits. Cancer Australia's trade receivables relate to services provided and do not arise as a result of their primary business objectives. Accordingly, the receivables are more aligned to a basic lending arrangement whereby cash flows will be generated through the collection of the amounts outstanding.

Cancer Australia's business model is to hold financial assets to collect the contractual cash flows and the cash flows relate solely to payments of interest and principal amounts.

Based on the above, Cancer Australia's financial assets should subsequently be measured at amortised cost.

Amortised cost is determined using the effective interest method.

Effective interest method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial liabilities

Financial liabilities are classified as other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at amortised cost

Financial liabilities are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

Note 15: Administered – Expenses

	2021 \$	2020 \$
Note 15A: Suppliers		
Goods and services supplied or rendered		
Consultants	534,381	466,908
Contractors	3,969,310	3,957,930
Sitting and advisory fees	616,227	592,907
Travel	1,005	212,448
Printing	10,554	5,456
Other	359,453	252,183
Total goods and services supplied or rendered	5,490,930	5,487,832
Goods and services are made up of:		
Goods supplied	11,268	15,099
Services rendered	5,479,662	5,472,733
Total goods and services supplied or rendered	5,490,930	5,487,832
Total suppliers	5,490,930	5,487,832

	2021 \$	2020 \$
Note 15B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	1,128,984	560,142
Private sector		
Not-for-profit organisations	11,741,105	13,874,681
Total grants and service delivery contracts	12,870,089	14,434,823

Accounting Policy

Grants

Cancer Australia administers a number of grants on behalf of the Commonwealth. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When Government enters into an agreement to make these grants and services, but services have not been performed or criteria satisfied, this is considered a commitment.

Note 16: Administered – Financial Assets

	2021 \$	2020 \$
Note 16A: Cash and cash equivalents		
Cash on hand or on deposit	57,379	30,000
Total cash and cash equivalents	57,379	30,000
Note 16B: Trade and other receivables		
Net GST receivable from Australian Taxation Office	147,553	296,375
Other receivables	-	705,324
Total trade and other receivables	147,553	1,001,699

Credit terms for goods and services were within 30 days (2019-20: 30 days).

No allowance for impairment was required at reporting date (2019-20: nil).

Accounting Policy

Trade and other receivables

Trade and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Note 17: Administered – Payables

	2021 \$	2020 \$
Note 17A: Suppliers		
Trade creditors and accruals	1,444,582	2,052,271
Total suppliers	1,444,582	2,052,271
Settlement is usually made within 30 days (2019-20: 30 days).		
Note 17B: Grants		
Non-profit and profit organisations	3,029,968	268,900
Total grants	3,029,968	268,900
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2019-20: 30 days).		

Note 18: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2021 (2019-20: Nil).

Note 19: Administered – Financial Instruments

	2021 \$	2020 \$
Financial assets measured at amortised cost		
Cash on hand or on deposit	57,379	30,000
Trade and Other Receivables		
Other receivables	-	705,324
Trade and Other Receivables	-	705,324
Total financial assets measured at amortised cost	57,379	735,324
Total financial assets	57,379	735,324
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	1,444,582	2,052,271
Grants payable	3,029,968	268,900
Financial liabilities measured at amortised cost	4,474,550	2,321,171
Total financial liabilities	4,474,550	2,321,171

Note 20: Appropriations

Table A: Annual Appropriations ('Recoverable GST exclusive')

Annual Appropriations for 2020-21						
	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2021 (current and prior years) \$	Variance ³ \$	
Departmental						
Ordinary annual services	11,134,000	6,623,763	17,757,763	16,471,226	1,286,537	
Capital Budget ⁴	84,000	-	84,000	84,000	-	
Total departmental	11,218,000	6,623,763	17,841,763	16,555,226	1,286,537	
Administered						
Ordinary annual services						
Administered items	18,363,000	-	18,363,000	15,496,464	2,866,536	
Total administered	18,363,000	-	18,363,000	15,496,464	2,866,536	

Notes:

- There were no amounts withheld against current financial year ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from prior financial year Administered Appropriations.
- Adjustments to Appropriation including PGPA Act Section 74 receipts.
- The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.
- Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

Annual Appropriations for 2019-20						
	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2021 (current and prior years) \$	Variance ³ \$	
Departmental						
Ordinary annual services	11,086,000	3,757,545	14,843,545	12,021,855	2,821,690	
Capital Budget ⁴	81,000	-	81,000	81,000	-	
Total departmental	11,167,000	3,757,545	14,924,545	12,102,855	2,821,690	
Administered						
Ordinary annual services						
Administered items	19,946,000	-	19,946,000	19,589,303	356,697	
Total administered	19,946,000	-	19,946,000	19,589,303	356,697	

Notes:

- There were no amounts withheld against current financial year ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from prior financial year Administered Appropriations.
- Adjustments to Appropriation including PGPA Act Section 74 receipts.
- The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.
- Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

Table B: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2021 \$	2020 \$
Departmental		
Appropriation Act (No.1) 2018–19	-	832,949
Appropriation Act (No.1) 2019–20	2,347,580	3,332,022
Appropriation Act (No.1) 2020–21 ¹	3,103,929	-
Total departmental	5,451,509	4,164,971
Administered		
Appropriation Act (No.1) 2017–18	-	53,227
Appropriation Act (No.1) 2018–19	-	424,481
Appropriation Act (No.1) 2019–20	-	1,075,959
Appropriation Act (No.1) 2020–21 ¹	4,366,975	-
Total administered	4,366,975	1,553,667

¹ Appropriation Act (No.1) 2020-21 includes cash and cash equivalents at 30 June 2021.

Table C: Net Cash Appropriation Arrangements

	2021 \$	2020 \$
Total comprehensive income/(loss) — as per the Statement of Comprehensive Income	973,752	(224,627)
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹	428,525	305,774
Plus: depreciation of right-of-use assets ²	476,749	-
Less: lease principal repayments ³	(506,070)	-
Net Cash Operating Surplus/ (Deficit)	1,372,956	81,147

¹ From 2010–11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity injections. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

² The inclusion of depreciation/amortisation expenses related to right-of-use leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

Note 21: Information furnished under the *Charitable Fundraising Act 1991 (NSW)*

Cancer Australia is registered under the *Charitable Fundraising Act 1991 (NSW)* to conduct fundraising activities.

Note 21A: Fundraising appeals conducted during the financial period

Donations received to improve outcomes for Australians affected by breast cancer in 2020–21.

Note 21B: Details of aggregated gross income and total expenses of fundraising appeals	2021 \$	2020 \$
Donations		
Gross proceeds of fundraising appeal	85,869	71,310
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	85,869	71,310
Net margin from fundraising appeals	100%	100%

Note 21C: Statement demonstrating how funds received were applied to charitable purposes

All funds received from fundraising appeals are used to fund breast cancer project work. No funds are used for the purpose of administration.

Note 21D: Comparison by monetary figures and percentages	2021 \$	2020 \$
Total cost of fundraising appeals	-	-
Gross income from fundraising appeals	85,869	71,310
Percentage	0%	0%
Net surplus from fundraising appeals	85,869	71,310
Gross income from fundraising appeals	85,869	71,310
Percentage	100%	100%

Note 22: Current/non-current distinction for assets and liabilities

Note 22A: Current/non-current distinction for assets and liabilities	2021	2020
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	112,758	113,028
Trade and other receivables	5,518,387	5,286,431
Prepayments	178,092	96,135
Total no more than 12 months	5,809,237	5,495,594
More than 12 months		
Property, plant and equipment	5,064,742	262,182
Intangibles	191,745	346,887
Total more than 12 months	5,256,487	609,069
Total assets	11,065,724	6,104,663
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	577,557	1,074,891
Other payables	217,009	160,125
Leases	629,147	-
Employee provisions	552,948	604,493
Other provisions	260,601	330,000
Total No more than 12 months	2,237,262	2,169,509
More than 12 months		
Leases	3,745,615	-
Employee provisions	1,807,604	1,717,663
Total more than 12 months	5,553,219	1,717,663
Total liabilities	7,790,481	3,887,172
Note 22B: Administered – Current/non-current distinction for assets and liabilities		
	2021	2020
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	57,379	30,000
Trade and other receivables	147,553	1,001,699
Total no more than 12 months	204,932	1,031,699
More than 12 months		
	-	-
Total more than 12 months	-	-
Total assets	204,932	1,031,699
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	1,444,582	2,052,271
Grants	3,029,968	268,900
Total no more than 12 months	4,474,550	2,321,171
More than 12 months		
	-	-
Total more than 12 months	-	-
Total liabilities	4,474,550	2,321,171



Appendix B: Mandatory Reporting Information

Advertising and market research

During 2020–21, Cancer Australia undertook advertising to provide information about cancer to health professionals and the community. Additionally, Cancer Australia used market research activities to seek the community's views on the most effective methods to deliver cancer information.

During 2020–21, Cancer Australia conducted the following advertising campaigns:

- Act Early for Our Mob's Health campaign
- Bladder Cancer Awareness Month
- Bowel Cancer Awareness Month
- Brain Cancer Awareness Month
- Breast Cancer Awareness Month (Lots to Live For campaign)
- Cancer Won't Wait campaign
- Children's Cancer website campaign
- COVID-19 Vaccine Campaign (for new information about COVID-19 vaccines for people with cancer)
- *COVID-19 Vaccines – Help protect our Mob campaign*
- Guidance for the Management of Early

Breast Cancer (GEBC) website campaign

- Gynaecological Cancer Awareness Month
- Lung Cancer Awareness Month
- Melanoma Awareness
- National Pancreatic Cancer Roadmap Consultation Hub campaign
- Oesophageal Cancer Awareness Month
- Ovarian Cancer Awareness Month
- Pancreatic Cancer Awareness Month
- Prostate Cancer Awareness Month
- Sun Safety Awareness
- The Jeannie Ferris Cancer Australia Recognition Award campaign
- World Cancer Day campaign
- Yarn for Life campaign

Further information on these advertising campaigns is available at canceraustralia.gov.au and in the reports on the Department of Finance's website. The report on Campaign Advertising by Australian Government Departments and Agencies, prepared by the Department of Finance provides details of campaigns for which expenditure was greater than \$250,000 (including GST).

Table B.1: Advertising agencies used by Cancer Australia in 2020-21

Organisation	Service Provided	Amount paid (GST inclusive)
Australian Doctor Group (ADG)	Digital banner advertising campaign and print advert for the promotion of the "Guidance for the Management of Early Breast Cancer" (GEBC) website, targeting health professionals. Digital advertising campaign for the promotion of frequently asked questions about COVID-19 vaccines and cancer.	\$44,031
Cox Inall Ridgeway	Online social media, email marketing, and national radio campaigns targeted to Aboriginal and Torres Strait Islander communities to promote information about the COVID-19 vaccines for people affected by cancer.	\$52,100
Etcom	Online social media promotion, advertising, translation, and other services to: <ul style="list-style-type: none"> encourage people to continue to see their doctor during the COVID-19 pandemic with any symptoms or signs that may be due to cancer and; culturally and linguistically diverse audiences to increase awareness of the National Pancreatic Cancer Roadmap. 	\$32,905
Paper Moose Pty Ltd	Develop a new breast cancer in young women animation, You know your breasts best, and digitally promote the animation during Breast Cancer Awareness Month (October 2020).	\$29,999
Romanava	Online social media advertising to increase awareness of the symptoms and risk factors of prostate cancer, gynaecological cancer, breast cancer, lung cancer, pancreatic cancer, melanoma, ovarian cancer, oesophageal cancer, brain cancer and bowel cancer. There was also a campaign for World Cancer Day and sun safety awareness for cancer prevention. Romanava was also engaged to promote the National Pancreatic Cancer Roadmap Consultation Hub, the Children's Cancer website, the Jeannie Ferris Cancer Australia Recognition Award. Additionally, there were two unique campaigns for COVID-19 related messaging, including the "Cancer Won't Wait" campaign and another campaign for information about the COVID-19 vaccine for people with cancer.	\$126,435
Royal Australian College of General Practitioners	RACGP News GP Medical Media advertising	\$30,360
Web Marketing Workshop Pty Ltd	Google Ad campaigns for the Guidance for the Management of Early Breast Cancer (GEBC) website, the National Pancreatic Cancer Roadmap Consultation Hub, Ovarian Cancer Awareness Month, Lung Cancer Awareness Month, Melanoma Cancer Awareness, Brain Cancer Awareness Month, Bladder Cancer Awareness Month, Bowel Cancer Awareness Month and the Cancer Australia website optimization campaign.	\$72,363

Table B.2: Market Research undertaken by Cancer Australia in 2020-21

Organisation	Service Provided	Amount paid (GST inclusive)
Access Testing Pty Ltd	User research and design of a new Information Architecture (IA) for the Cancer Australia website.	\$77,304
ResearchCrowd	Focus testing of website content and creative concepts with Aboriginal and Torres Strait Islander people nationwide. Deliverables included discussion guides, Interim Report and Final Report.	\$31,075

Australian National Audit Office Access

All Cancer Australia contracts contain provisions allowing access by the Auditor-General.

Competitive tendering and contracting

All open tenders and contracts over \$10,000 (GST inclusive) awarded by Cancer Australia during 2020–21 were published on AusTender.

Consultancy and non-consultancy contracts

Annual Reports contain information about actual expenditure on reportable consultancy contracts and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website tenders.gov.au.

During 2020–21, there were twelve (12) new reportable consultancies entered into totalling actual expenditure of \$0.693 million (GST incl). Twelve (12) ongoing reportable consultancy contracts were active during 2020–21, involving total actual expenditure of \$0.613 million (GST incl). The total number of

reportable consultancies (24) recorded in financial year 2020–21 amounted to \$1.306 million in total expenditure (GST incl).

Additionally, there were forty-seven (47) new reportable non-consultancies entered into totalling actual expenditure of \$6.412 million (GST incl). Twelve (12) ongoing reportable non-consultancy contracts were active during 2020–21, involving total actual expenditure of \$2.883 million (GST incl). The total number of reportable non-consultancies (59) recorded in financial year 2020–21 amounted to \$9.295 million in total expenditure (GST incl).

Cancer Australia engages consultants as required to acquire specialist expertise, and to undertake research and investigation of particular cancer control issues to inform and assist in the agency's decision making.

Prior to engaging consultants, the agency takes into account the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise. The decision to engage a consultant is made in accordance with the *Public Governance, Performance and Accountability Act 2013* and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

Cancer Australia is a non-corporate Commonwealth entity. Cancer Australia's reportable contract data for 2020–21 is as follows:

Table B.3: Cancer Australia Consultancy contracts in 2020-21

Organisation	Service Provided	Amount paid (GST inclusive)
PriceWaterhouseCoopers Consulting (Australia) Pty Limited	Professional Services for Australian Cancer Plan (ACP) Development with Cancer Ecosystem mapping	417,380
Deloitte Touche Tohmatsu	Consultancy services and professional advice on systems, accounting standards and reporting	254,899
Alison Evans Consulting	Audit of National Care Standards, Support for development of consultation questions on Pancreatic Cancer Roadmap and Planning and reporting of comments during research works	92,994
Sustainable Health System Solutions Pty Ltd	Economic health policy advice on a range of complex cancer issues	92,400
Stephen Ackland	Professional technical service and senior clinical oncology expert advice	64,999
Michael Reid and Associates	Consultancy services for the prospects, process and delivery of a national targeted lung cancer screening program in Australia	38,500
Concur Consulting	SAP Concur Implementation and Support	35,422
Associate Professor Christine Giles	General cancer policy advice and member of the Cancer Australia Audit and Risk Committee	32,400
Protiviti Internal Audit Review	Provision of services for Cancer Australia internal audit program	21,887
Dr Alia Kaderbhai	Professional services for Breast Cancer online learning modules	20,900
Nyuka Wara Consulting	Provision of services for delivery of Reconciliation Action Plan for Cancer Australia, including staff consultation	19,525
Ginnane Consulting	Provision of services as Chair of the Cancer Australia Audit and Risk Committee	15,372

Table B.4: Summary of Cancer Australia Consultancy contracts in 2020-21

Reportable consultancy contracts 2020-21	Number	Expenditure \$ (GST inclusive)
New contracts entered into during the reporting period	12	692,833
Ongoing contracts entered into during a previous reporting period	12	613,184
Total	24	\$1,306,017

Table B.5: Organisations receiving a share of reportable consultancy contract expenditure 2020-21¹

Organisations receiving a share of reportable consultancy contract expenditure 2020-21	Expenditure \$	Proportion of 2020-21 total spend (%)
PriceWaterhouseCoopers Consulting (Australia) Pty Limited	417,380	32%
Deloitte Touché Tohmatsu	254,899	20%
Alison Evans Consulting	92,994	7%
Sustainable Health System Solutions Pty Ltd	92,400	7%
Stephen Ackland	64,999	5%
Total of the Largest Shares	\$922,672	71%
Total consultancy contract expenditure in 2020-21	\$1,306,017	

¹ Lists organisations who received the five (5) largest shares of Cancer Australia's expenditure on consultancy contracts, and those organisations who received 5% or more of Cancer Australia's expenditure on consultancy contracts.

Table B.6: Cancer Australia Non-Consultancy contracts in 2020-21

Organisation	Service Provided	Expenditure \$ (GST inclusive)
IA Group Pty Ltd	Provision of services for the design, project management and office fit-out costs of the Sydney Offices	1,446,404
Evolve FM	Lease costs and property services for the Sydney Offices	1,042,462
Chill IT Pty Ltd	Provision of ICT network services, equipment and software for Cancer Australia	884,511
University of Technology Sydney	Investigation into the mapping of cancer treatment pathways using supervised and automated data analysis; NPCR Literature Review; National Pancreatic Cancer Roadmap Literature Review	455,804
National Health and Medical Research Council	Services to support Cancer Australia applications under Ideas Grants Scheme	333,297
University of Sydney	Support for Cancer Clinical Trials Program	315,229
Australian National University	Procurement of services for the development of the unreported measures through a longitudinal cancer study for Aboriginal people	275,000

Organisation	Service Provided	Expenditure \$ (GST inclusive)
The Cancer Council Victoria	Improving childhood cancer data to identify disparities in outcomes	275,000
University of South Australia	Professional epidemiological data services	266,476
Healthcare Management Advisors	Analysis of Brain Cancer Platforms and Technologies	256,960
Carbon Creative	Procurement of services for <i>Yarn for Life</i> campaign	231,000
IPSOS Public Affairs PTY LTD	<i>Yarn for Life</i> Campaign Evaluation Project professional services	224,145
Cancer Council Victoria	Procurement of services for <i>Stage, Treatment and Recurrence</i> project Contract Execution	220,000
Deloitte Touche Tohmatsu	Professional Service Fees for Strategic Directions Support	219,183
Menzies School of Health Research	Provision of Services for National Pancreatic Cancer Roadmap	200,405
Monash Health	National Pancreatic Cancer Roadmap — Mapping — Deliverables and Trial	182,877
Link Digital	Cancer Australia Website Support & Maintenance	166,024
Biotext Pty Ltd	Cancer Australia Online Redevelopment Phase II — medical writing - breast cancer content	160,182
Hays Specialist Recruitment	Contract for services	157,274
Flinders University	Provision of services for Lung Cancer Screening in Australia	115,479
University of Queensland	Provision of Telehealth services for delivery of cancer care in Australia	111,045
Growth Ops Services Pty Ltd	Design, build and implementation of the National Pancreatic Cancer Roadmap interactive digital tool	108,569
Blaque Digital Pty Ltd	Provision of services for <i>Cancer in Aboriginal and Torres Strait Islander people</i>	99,286
Telstra	Provision of phone, data and mobile services	96,297
Romanava	Promotional social media services for cancer campaign initiatives by social media campaign	95,942
Federation of Ethnic Communities Councils of Australia	Provision of services for National Pancreatic Cancer Roadmap	92,700
Michael Reid and Associates	Provision of services for the <i>Lung Cancer Screening enquiry</i>	90,490

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Web Marketing Workshop Australia	Google ad campaign development on various cancer subjects	85,463
Gilimbaa Pty Ltd	Delivery and acceptance of final videos and supporting documentation for Leadership group	84,896
Lung Foundation Australia	Provision of services regarding lung cancer	80,000
Aurion Corporation Pty Ltd	Provision of payroll processing and maintenance services	67,144
Access Testing Pty Ltd	Development of Cancer Australia's Online Redevelopment plan	65,880
Yulang Indigenous Evaluation Pty Ltd	Revision of articles for the Cancer in Aboriginal and Torres Strait Islander people website project	56,430
University of Melbourne	Provision of services for national cancer data on stage, treatment and recurrence	52,166
The Nous Group	Provision of services for ministerial roundtable — delivery of final report and communique	48,950
Cox Inall Ridgeway	Provision of promotional information for cancer patients on COVID-19	48,510
Randstad	Contractor for services	47,932
Concur Consulting	Provision of services to support the SAP Concur system	44,505
Silver Sun Productions Pty Ltd T/As Silver Sun Pictures	Children's Cancer Website Animated Video preparation and Bowel Cancer Awareness	44,455
Australian Doctor Group	Provision of promotional via digital networks services media for cancer care	42,625
Griffith University	Provision of services for <i>Supporting women to live well with gynaecological cancers</i>	38,500
Australian Bureau of Statistics	Provision of services for Multi-Agency Data integration Project	36,901
Kapish	Records management system license and support services FY2021–22	34,270
Access Testing Pty Ltd	Provision of services for Cancer Australian Online Platform Redevelopment	32,230
K2 Strategies	Provision of services regarding Clinical Engagement and Promotion of Optimal Care Pathways	28,215
DFP Recruitment	Contractor for services	27,163

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Dr Anne Nelson	Provision of services for Cancer Australia's conceptual framework for cancer during a pandemic	26,125
Cancer Institute NSW	Provision of services for cost of lung cancer care	24,473
HG Leadership Pty Ltd	Executive Learning program services	22,440
Alison Evans Consulting	Provision of services for engagement activities — Pancreatic Cancer roadmap and technical support for the analysis of brain cancer platforms	19,041
ResearchCrowd	Provision of services for the report on Cancer in Aboriginal and Torres Strait Islander people	18,975
Metro South Hospital & Health Service	Provision of services for national cancer data on stage, treatment and recurrence	18,398
NSW Multicultural Health Communication Services	Providing communication services for NSW Multicultural Health	16,500
Elite Event Technology	Provision of audio-visual services	13,065
Jennifer Henwood	Providing services on Breast Cancer Optimal Care	12,628
Research Crown Pty Ltd	Provision of services for cancer research activities	12,100
LexisNexis	Annual subscription fee for Parliamentary media monitoring service	11,945
The Cancer Council QLD	Provision of services for Improving Childhood Cancer data outcomes	11,000

Table B.7: Summary of Cancer Australia non-consultancy contracts in 2020-21

Reportable non-consultancy contracts 2020-21	Number	Expenditure \$ (GST inclusive)
New contracts entered into during the reporting period	47	6,411,618
Ongoing contracts entered into during a previous reporting period	12	2,883,352
Total	59	\$9,294,970

Table B.8: Organisations receiving a share of reportable consultancy contract expenditure 2020-21¹

Organisations receiving a share of reportable consultancy contract expenditure 2020-21	Expenditure \$	Proportion of 2020-21 total spend (%)
IA Group Pty Ltd	1,446,404	16%
Evolve FM	1,042,462	11%
Chill IT Pty Ltd	884,511	9%
University of Technology Sydney	455,804	5%
National Health and Medical Research Council	333,297	5%
Total of the Largest Shares	\$4,162,478	45%
Total non-consultancy contract expenditure in 2020-21	\$9,294,970	

¹ Lists organisations who received the five (5) largest shares of Cancer Australia's expenditure on consultancy contracts, and those organisations who received 5% or more of Cancer Australia's expenditure on consultancy contracts.

Disability reporting

The National Disability Strategy is Australia's overarching framework for disability reform. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government will continue to be held accountable for the implementation of the strategy through biennial progress reporting to the Council of Australian Governments. Progress reports can be found at dss.gov.au. Disability reporting is included the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

Ecologically sustainable development and environmental performance

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires Australian Government entities to detail their environmental performance and contribution to ecologically sustainable development in their annual reports.

In 2020-21 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- adopting a paper light office, going digital where possible but still preserving certain paper records
- using ecologically friendly printer paper, paper-based stationery items and cleaning products

- recycling of paper, cardboard, printer cartridges and waste
- setting printers to default to print on both sides of the paper and in black and white
- ensuring equipment such as laptops, photocopiers, dishwashers and printers incorporate energy-saving features.

All buildings in which Cancer Australia leases its office accommodation have a minimum National Australian Built Environment Rating System (NABERS) energy rating of 4.5 stars.

Cancer Australia will continue to consider ecologically sustainable development as part of its business management approach.

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2020–21 that were exempt from being published on AusTender due to Freedom of Information (FOI) reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2020–21. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix A. In 2020–21 there were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman and no capability reviews were conducted or released.

Freedom of information

Entities subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements.

Cancer Australia displays an Information Publication Scheme Plan on its website listing the information it publishes and how it proposes to comply with IPS requirements. This is available at canceraustralia.gov.au/IPS.

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2020 to 30 June 2021:

- *Priority-driven Collaborative Cancer Research Scheme*
- *Support for Cancer Clinical Trials program*
- *Supporting people with cancer Grant Initiative.*

Information on grants awarded by Cancer Australia during the period 1 July 2020 to 30 June 2021 is available at canceraustralia.gov.au.

Purchasing

In 2020–21, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

The agency continued to reinforce procurement policies and procedures reflecting the need for compliance with these guidelines, focusing on:

- value for money
- encouraging competition
- efficient, effective, ethical and economical use of Australian Government resources
- accountability and transparency
- compliance with other Australian Government policies.

The agency also provides training and education, and support for staff in procurement and grants. All procurement and grant activity within the agency is reviewed to ensure compliance with legislative requirements and to maximise best practice.

Small Business

Cancer Australia supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website: finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts.

To ensure Small and Medium Enterprises can engage in fair competition for Australian Government business, Cancer Australia's procurement practices include use of: the Commonwealth Contracting Suite for low-risk procurements valued under \$200,000; and electronic systems and other processes to facilitate on-time payment performance, including payment cards.

Work health and safety

During 2020–21, the following initiatives were undertaken in relation to work health and safety:

- Influenza vaccinations were offered for Workstation assessments were carried out for employees.
- An Employee Assistance Program continued to be offered for employees and their immediate family members.
- Since March 2020 to June 2021 Cancer Australia developed and implemented a COVID-19 Workplace Management Plan, in accordance with the National COVID-19 Safe Workplace Principles, Safe Work Australia Guidelines and Cancer Australia's Pandemic Business Continuity Plan. The Crisis Management Team and WHS Committee conducted a COVID-19 Risk Assessment for Cancer Australia, to ensure the health and wellbeing of staff and compliance with Safe Work Australia's requirements.

Executive Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity.

Cancer Australia has determined the key management personnel to be the Chief Executive Officer, Deputy Chief Executive Officer, Senior Executive Service Officers, General Manager Finance and Corporate Affairs and Chief Financial Officer and Ministers.

The key management personnel remuneration information provided below excludes the remuneration and other benefits of the Ministers. The Ministers' remuneration and other benefits are set by the Remuneration Tribunal and are not paid by Cancer Australia.

Table B.9: Key Management Personnel (2020-21)

Name	Position	Term as KMP
Dorothy Keefe	Chief Executive Officer (CEO)	Full year
Cleola Anderiesz	Deputy Chief Executive Officer (DCEO)	Full year
Paul Jackson	Division Head – National Research and Data	Four months
Anna Boltong	Division Head – National Cancer Control	Three months
Elmer Wiegold	General Manager (GM)/ Chief Financial Officer (CFO)	Full year
Jennifer Chynoweth	General Manager (GM)	Six months

Table B.10: Summary information about Remuneration for Key Management Personnel (2020-21)

	2021 \$
SHORT-TERM EMPLOYEE BENEFITS	
Base Salary	1,326,245
Bonus	-
Motor vehicle and other allowances	208,110
Total short-term employee benefits	1,534,355
POST-EMPLOYMENT BENEFITS	
Superannuation	162,769
Total post-employment benefits	162,769
OTHER LONG-TERM BENEFITS	
Long-service leave	47,719
Total other long-term benefits	47,719
TERMINATION BENEFITS	
Termination Benefits	125,751
Total termination benefits	125,751
Total employment benefits	1,870,594

Table B.11: Information About Remuneration for Key Management Personnel (2020-21)¹

2020-21 Key Management Personnel Remuneration

Name	Position Title	Short term benefits		Other benefits & allowances ⁴	Post-employment benefits	Other long-term benefits		Termination benefits ²	Total remuneration
		Base Salary ³	Bonuses			Long service leave ⁵	Other long-term benefits		
Keefe, Dorothy	CEO	428,230	-	105,110	47,798	15,255	-	-	596,393
Anderiesz, Cleola	DCEO	301,757	-	28,000	30,030	10,633	-	-	370,420
Chynoweth, Jennifer	GM	117,283	-	25,000	16,380	4,284	-	125,751	288,698
Wiegold, Elmer	GM/CFO	218,812	-	-	36,760	8,190	-	-	263,762
Jackson, Paul	Division Head /GM	203,084	-	25,000	23,301	7,255	-	-	258,640
Boltong, Anna	Division Head	57,079	-	25,000	8,500	2,102	-	-	92,681
Total		1,326,245	-	208,110	162,769	47,719	-	125,751	1,870,594

¹ Appendix 2 of the RMG-No. 139

² Redundancy benefit - tax-free

³ Base salary includes gross payments, salary sacrifice, annual leave provision movement, prior years accrued annual leave paid out on termination, salary sacrifice super which was \$NIL for all KMPs based on the Reportable Employer Superannuation Contribution reported on PAYG Payment Summaries.

⁴ Other benefits and allowances include Motor vehicle allowance and car parking.

⁵ Long service leave provision movement (accrued long service leave less leave paid during the year).

Table B.12: Information about remuneration for senior executives (2020-21)

Total remuneration bands	Number of senior executives	Short term benefits			Post-employment benefits		Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average LSL leave	Average other long-term benefits	Average termination benefits	Average total remuneration	
\$0 – \$220,000	1	57,079		25,000	8,500	2,102			92,681	
\$220,001 – \$245,000										
\$245,001 – \$270,000	2	210,948		12,500	30,031	7,723			261,202	
\$270,001 – \$295,000	1	117,283		25,000	16,380	4,284		125,751	288,698	
\$295,001 – \$320,000										
\$320,001 – \$345,000										
\$345,001 – \$370,000										
\$370,001 – \$395,000	1	301,757		28,000	30,030	10,633			370,420	
\$395,001 – \$420,000										
\$420,001 – \$445,000										
\$445,001 – \$620,000	1	428,230		105,110	47,797	15,255			596,392	

Table B.13: Details of Accountable Authority during the reporting period Current Report Period (2020-21)

Name	Position Title/Position held	Date of Commencement	Date of cessation
Professor Dorothy Keefe	Chief Executive Officer (CEO)	1 July 2020	Specified term



Appendix C: Cancer Australia Advisory Groups

Cancer Australia's Advisory Group structure supports the agency's leadership role in national cancer control and the fulfilment of the agency's purpose.

Advisory Group members represent a broad range of expertise, experiences and sectors. Cancer Australia's Advisory Groups all have consumer representation.

Strategic Advisory Groups

Cancer Australia values the advice and support provided to the organisation by its four Strategic Advisory Groups: the Australian Brain Cancer Mission Strategic Advisory Group, the Intercollegiate Advisory Group, Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, and the Research and Data Advisory Group.

Australian Brain Cancer Mission Strategic Advisory Group

The Australian Brain Cancer Mission Strategic Advisory Group, established in January 2018, provides strategic advice and guidance to Cancer Australia on achieving the Mission's goal, including: providing guidance on the alignment of key initiatives with the Mission's objectives; providing advice on emerging

issues nationally and internationally to inform the work of the Mission; identifying and advising on collaborative opportunities and approaches to achieving the Mission's goal; and identifying and advising on leveraging opportunities and investments while ensuring there is no duplication of initiatives, infrastructure or platforms.

The group was chaired by Professor Adele Green AC.

Intercollegiate Advisory Group

The Intercollegiate Advisory Group provides expert advice to Cancer Australia across the spectrum of cancer control to: inform national approaches to reduce variations in cancer outcomes; promote the use of best available evidence to achieve effective cancer care; identify collaborative approaches across the system to address cancer challenges; and provide advice on emerging issues nationally and internationally to inform Cancer Australia's work.

The group was chaired by Professor Sandra O'Toole.

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control (Leadership Group) provides strategic advice and national cross sector influence to improve cancer outcomes for Aboriginal and Torres Strait Islander people. The Leadership Group: champions cross-sector collaboration in addressing the priorities in the National Aboriginal and Torres Strait Islander Cancer Framework; identifies and leverages opportunities to improve cancer outcomes at system, service and community levels; and identifies emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control.

The group was chaired by Professor Jacinta Elston.

Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia about the strategic and priority areas of focus in cancer research and data including: current and emerging issues in national and international cancer research and clinical trials; priorities for cancer research in Australia; Cancer Australia's research priorities; priorities for Cancer Australia's work in data; and key national and international partnerships and collaborations which support Cancer Australia's leadership role in research and data.

The group was chaired by Professor Adele Green AC.

Tumour-specific Advisory Group

Cancer Australia also acknowledges the important contribution of its tumour-specific Advisory Group:

Lung Cancer Advisory Group

The Lung Cancer Advisory Group: provides high-level expert advice to inform Cancer Australia's work in promoting best practice lung cancer care and improving lung cancer outcomes; and identifies ways Cancer Australia can work effectively with stakeholders including consumers, cancer organisations and professional groups to determine approaches to lessen the impact of lung cancers in Australia.

The group was chaired by Associate Professor Paul Mitchell.

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	Page i	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	Page ii – iii	Table of contents.	Mandatory
17AJ(b)	Pages 133 – 139	Alphabetical index.	Mandatory
17AJ(c)	Pages 129 – 131	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 121	List of requirements.	Mandatory
17AJ(e)	Inside Front Cover	Details of contact officer.	Mandatory
17AJ(f)	Inside Front Cover	Entity's website address.	Mandatory
17AJ(g)	Inside Front Cover	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Pages 3 – 9	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 18	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 18	A description of the organisational structure of the entity.	Mandatory

17AE(1)(a)(iii)	Page 19	A description of the outcomes and programs administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 18	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Page 118	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Page 118	Position of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Page 118	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	Not applicable	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	Not applicable	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Pages 23 – 34	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Pages 34, 44	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Pages 35 – 36	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	Not applicable	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.

17AD(d)		Management and Accountability	
		Corporate Governance	
17AG(2)(a)	Page 42	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page i	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page i	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page i	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 41	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 42	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
		Audit Committee	
17AG(2A)(a)	Page 43	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 43	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 43	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 43	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 43	The remuneration of each member of the entity's audit committee.	Mandatory

External Scrutiny			
17AG(3)	Page 114	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Not applicable	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	Page 114	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 114	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	Pages 44, 58	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 45, 46, 52, 53	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: - (a) statistics on full-time employees; - (b) statistics on part-time employees; - (c) statistics on gender; - (d) statistics on staff location.	
17AG(4)(b)	Pages 47 – 50; 54 – 57	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: - Statistics on staffing classification level; - Statistics on full-time employees; - Statistics on part-time employees; - Statistics on gender; - Statistics on staff location; - Statistics on employees who identify as Indigenous.	Mandatory
17AG(4)(c)	Page 58	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Page 58	Information on the number of SES and -SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory

17AG(4)(c)(ii)	Page 51	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 58	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 58	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	Not applicable	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	Not applicable	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	Not applicable	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	Not applicable	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory
Purchasing			
17AG(6)	Page 115	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	
Reportable consultancy contracts			
17AG(7)(a)	Page 107	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 107	A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory

17AG(7)(c)	Page 107	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	Page 107	A statement that "Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.	
Reportable non-consultancy contracts			
17AG(7A)(a)	Page 107	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	
17AG(7A)(b)	Page 107	A statement that "Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."	
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	Pages 108 – 113	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	
Australian National Audit Office Access Clauses			
17AG(8)	Page 107	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	

Exempt contracts			
17AG(9)	Page 114	<p>If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.</p>	If applicable, Mandatory
Small business			
17AG(10)(a)	Page 115	<p>A statement that <i>"[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."</i></p>	Mandatory
17AG(10)(b)	Page 115	<p>An outline of the ways in which the procurement practices of the entity support small and medium enterprises.</p>	Mandatory
17AG(10)(c)	Not applicable	<p>If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that <i>"[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."</i></p>	If applicable, Mandatory
Financial Statements			
17AD(e)	Pages 61 – 104	<p>Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.</p>	Mandatory
Executive Remuneration			
17AD(da)	Pages 115 – 118	<p>Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.</p>	Mandatory

17AD(f)		Other Mandatory Information	
17AH(1)(a)(i)	105	If the entity conducted advertising campaigns, a statement that <i>“During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”</i>	If applicable, Mandatory
17AH(1)(a)(ii)	Not applicable	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 114	A statement that <i>“Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”</i>	If applicable, Mandatory
17AH(1)(c)	Page 113	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 114	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	Not applicable	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Pages 11 – 12, Advisory Council Chair’s review as per section 37 of <i>Cancer Australia Act 2006</i> .	Information required by other legislation.	Mandatory

Glossary

Term	Description
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
Cancer journey	An individual's experience of cancer, from detection and screening, diagnosis and treatment to relapse, recovery and/or palliative care.
Cancer of unknown primary	A case in which cancer cells are found in the body, but the place that the cells first started growing (the origin or primary site) cannot be determined.
Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, use identical protocols and pool their data.
Consumer	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Continuum of care	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or in palliative care.
Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Evidence-based	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.

Term	Description
Health outcome	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple and the outcome may relate to a person, group or population or be partly or wholly due to the intervention, with either positive or neutral result(s).
Incidence	The number of new cases of a disease diagnosed each year.
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types: Hodgkin's lymphomas and non-Hodgkin's lymphomas.
Melanoma	A cancer of the body's cells that contain pigment (melanin), primarily affecting the skin.
Morbidity	The incidence of disease in a geographical location or specific group of people.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease; live in one area of the country; or are of a certain sex, age, or ethnic group.
Palliative care	An approach that improves the quality of life of patients and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification and impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.
Pathology	The scientific study of the nature, causes and effects of disease, and the diagnosis of disease, through the analysis of tissue, cell and fluid samples. Pathology may also refer to the predicted or actual progression of disease.
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
Policy	A plan or course of action intended to influence and determine decisions, actions and other matters.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Primary care	First level of health care, outside of hospitals. For example, a GP is a primary health care practitioner.
Prostate cancer	Cancer of the prostate — the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
Psycho-oncology	Concerned with the psychological, social, behavioural and ethical aspects of cancer. This subspecialty addresses the two major psychological dimensions of cancer: the psychological responses of patients to cancer at all stages of the disease and that of their families and caretakers; and the psychological, behavioural and social factors that may influence the disease process.
Psychosexual	Concerned with the mental, emotional, and behavioural aspects of sexual development or sexuality, or attitudes relating to sexual activity.
Psychosocial	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.

Term	Description
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues and the impact of illness and treatment on sexuality and body image.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures.
Staging	Conventionally refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Frequently these are based on the tumour, the nodes and the metastases. Staging may be based on clinical or pathological features.
Support networks	People on whom an individual can rely for the provision of emotional caring and concern and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
Stakeholder	Any person or organisation that has a vital interest in Cancer Australia and its operations and programs.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

Abbreviations

Term	Description
the Council	Cancer Australia Advisory Council
ACSQHC	Australian Commission on Safety and Quality in Health Care
AIHW	Australian Institute of Health and Welfare
ANZCHOG	Australian and New Zealand Children's Haematology/Oncology Group
APS	Australian Public Service
BCNA	Breast Cancer Network Australia
CEO	Chief Executive Officer
COGNO	Cooperative Group for Neruro-Oncology
EL	Executive Level
FOI	Freedom of Information
GST	Goods and Services Tax
HPV	Human Papillomavirus
IPS	Information Publication Scheme
the Mission	The Australian Brain Cancer Mission
MRFF	Medical Research Future Fund
NHMRC	National Health and Medical Research Council
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	Public Governance, Performance and Accountability Act 2013
SES	Senior Executive Service
SME	Small and Medium Enterprises

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