



Australian Government
Cancer Australia

ANNUAL REPORT
2007-08

CANCER AUSTRALIA

ANNUAL REPORT
2007-08

ABOUT THIS REPORT

Cancer Australia's annual report has been prepared in accordance with the *Requirements for Departmental Annual Reports* endorsed by the Joint Committee of Public Accounts and Audit (JCPAA) in June 2006.

It is available in print from 39 libraries around Australia and online at <http://www.canceraustralia.gov.au>

Contact us

If you have any queries about this report or suggestions as to how we could improve it, please contact:

Ms Anne Molan
Project Officer
Cancer Australia
PO Box 1201
DICKSON ACT 2602

Internet: <http://www.canceraustralia.gov.au>
Email: enquiries@canceraustralia.gov.au

Telephone: +61 2 6289 1373
Facsimile: +61 2 6289 1355

ABN 21 075 951 918

ISBN: 1-74186-753-3
Online ISBN: 1-74186-754-1
Publications Approval Number: P3-4585

Paper-based publications

© Commonwealth of Australia 2008

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

Internet sites

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to Commonwealth Copyright Administration, Attorney-General's Department, Robert Garran Offices, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>

LETTER OF TRANSMITTAL



Australian Government
Cancer Australia

PO Box 1201
DICKSON ACT 2602

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2008.

This report has been prepared in accordance with the *Financial Management and Accountability Act 1997*, which requires that you table the report in Parliament. It reflects the *Requirements for Departmental Annual Reports* endorsed by the Joint Committee of Public Accounts and Audit in June 2006.

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

The report includes Cancer Australia's audited financial statements as required by Section 57 of the *Financial Management and Accountability Act 1997*.

In addition, and as required by the Commonwealth Fraud Control Guidelines, I certify that I am satisfied that Cancer Australia has in place appropriate fraud control mechanisms that meet Cancer Australia's needs and that comply with the guidelines applying in 2007–08.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'David Currow', written in a cursive style.

Professor David Currow
Chief Executive Officer
Cancer Australia

October 2008

CANCER AUSTRALIA ANNUAL REPORT

It is perhaps too easy in a document outlining the work of a national cancer control agency to focus only on aggregate data from the whole population. Cancer affects people—the person with cancer, their family and their community. The effects of cancer will be felt by the 300 people who will get the news in Australia today that they have cancer. Their lives will change as a result of the diagnosis even if the cancer were to be swiftly removed and they were never again to be diagnosed with cancer.

It is also easy to focus on survival data, and the increasing successes of cancer prevention, screening and treatment. But a five-year survival rate of 85% also means that one in six people with that cancer will have died in those five years. As we acknowledge the improvements in cancer control, it is imperative that we as a community continue to support those whose lives are shortened because of their cancer. Across Australia more than 100 people each day will die because of their cancer. A person's death from cancer has a profound effect on their whole community, which has reached out to provide support for the person with cancer, and which will continue to support families and friends long after the person has died.

CONTENTS

Letter of transmittal	i
User guide	vii
1. Overview	1
Highlights and achievements	2
Challenges	4
CEO's review	5
2. Advisory Council Chair's review	13
3. Partnerships and collaborations	17
4. About Cancer Australia	21
Vision and values	23
Structure and governance	24
Working with the cancer control community	26
5. Report on performance	27
Boosting cancer research	28
Supporting cancer clinical trials	31
National Centre for Gynaecological Cancers	33
Professional development for cancer professionals	34
Service improvement	36
Improving consumer participation	39
Increasing awareness and stakeholder participation	47
Better understanding of the impact of cancer in Australia	48
Outcomes and outputs	48

6. Management and accountability	55
Key results for the year	56
Corporate governance	57
Financial overview	58
Management of human resources	59
Ministerial and parliamentary coordination	63
Appendices	65
Appendix A: Audited financial statements	66
Appendix B: Additional reporting information	138
Advertising and market research	138
Asset management	138
Commonwealth Disability Strategy	138
Competitive tendering and contracting	138
Consultancies	138
Discretionary grants	140
Ecologically sustainable development and environmental performance	144
Exempt contracts	144
External scrutiny	144
Freedom of information	144
Occupational health and safety	148
Outcome and output	148
Purchasing	149
Appendix C: Cancer Australia's National Advisory and Reference Groups	150
Cancer Australia's Strategic Forum	150
National Cancer Data Strategy Advisory Group	151
National Centre for Gynaecological Cancers Advisory Group	151
National Consumer Advisory Group	151

National Quality and Professional Development Advisory Group	152	
National Research Advisory Group	153	
National Reference Group for Adolescents and Young Adults with Cancer	153	
National Reference Group for Head and Neck Cancers	154	
National Reference Group for Lung Cancers	154	
National Reference Group for Upper Gastro-Intestinal Tract Cancers	154	
Glossary	155	
Abbreviations	159	
Compliance Index	160	
Index	162	
Tables		
Table 1.1	Cancer Australia's functions, strategic directions and 2007–08 results	11
Table 5.1	Projects funded under Cancer Australia's <i>BUILDING CANCER SUPPORT NETWORKS GRANTS PROGRAM</i> —Third Grants Round	41
Table 5.2	Performance information for administered items	49
Table 5.3	Performance information for departmental outputs	51
Table 6.1	Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2008	59
Table 6.2	Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2007	60
Table 6.3	Salary structures at Cancer Australia	61
Table B.1	Consultancy services of \$10 000 or more let during 2007–08	139
Table B.2	Discretionary grants made by Cancer Australia, 2007–08	140
Table B.3	Documents held by Cancer Australia	146
Table B.4	Cancer Australia's Summary Resource Table by Outcome	148
Figures		
Figure 4.1	Cancer Australia's Organisational Structure	25

USER GUIDE

Cancer Australia was established as a statutory authority in 2006, to help reduce the impact of cancer on all Australians.

In our second year, we have made substantial progress in consulting with cancer control stakeholders across the country, implementing various programs, and identifying priorities for improving cancer control and outcomes for people affected by cancer. Our most significant achievements in 2007–08 are highlighted in Section 1 (p 2).

This report has been written to inform the Australian Government, Cancer Australia’s partners and stakeholders in cancer control, and the Australian community of our functions, approach, and current and planned activities. It summarises our achievements over the past year and meets our legislative and parliamentary reporting requirements.

Our annual report is presented in the following sections to help you locate the information most relevant to your needs:

Section 1—Overview and CEO’s review

Section 2—Advisory Council Chair’s review

Section 3—Partnerships and collaborations

Section 4—About Cancer Australia

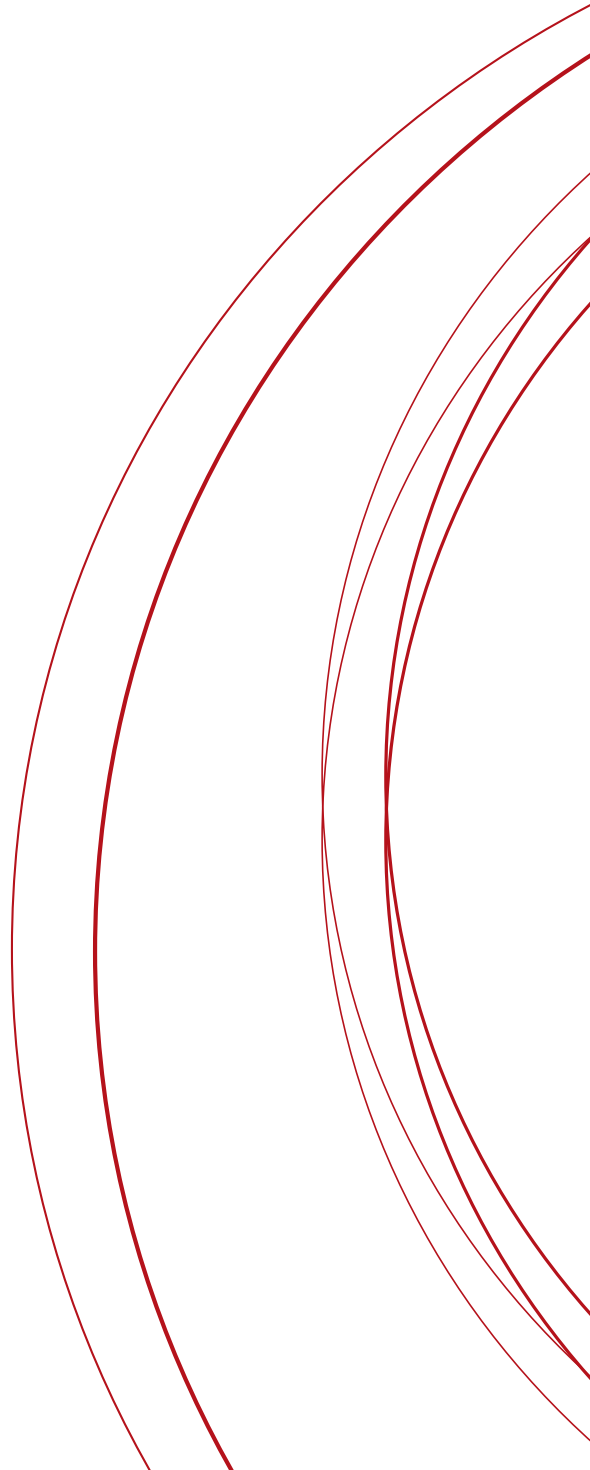
Section 5—Report on performance

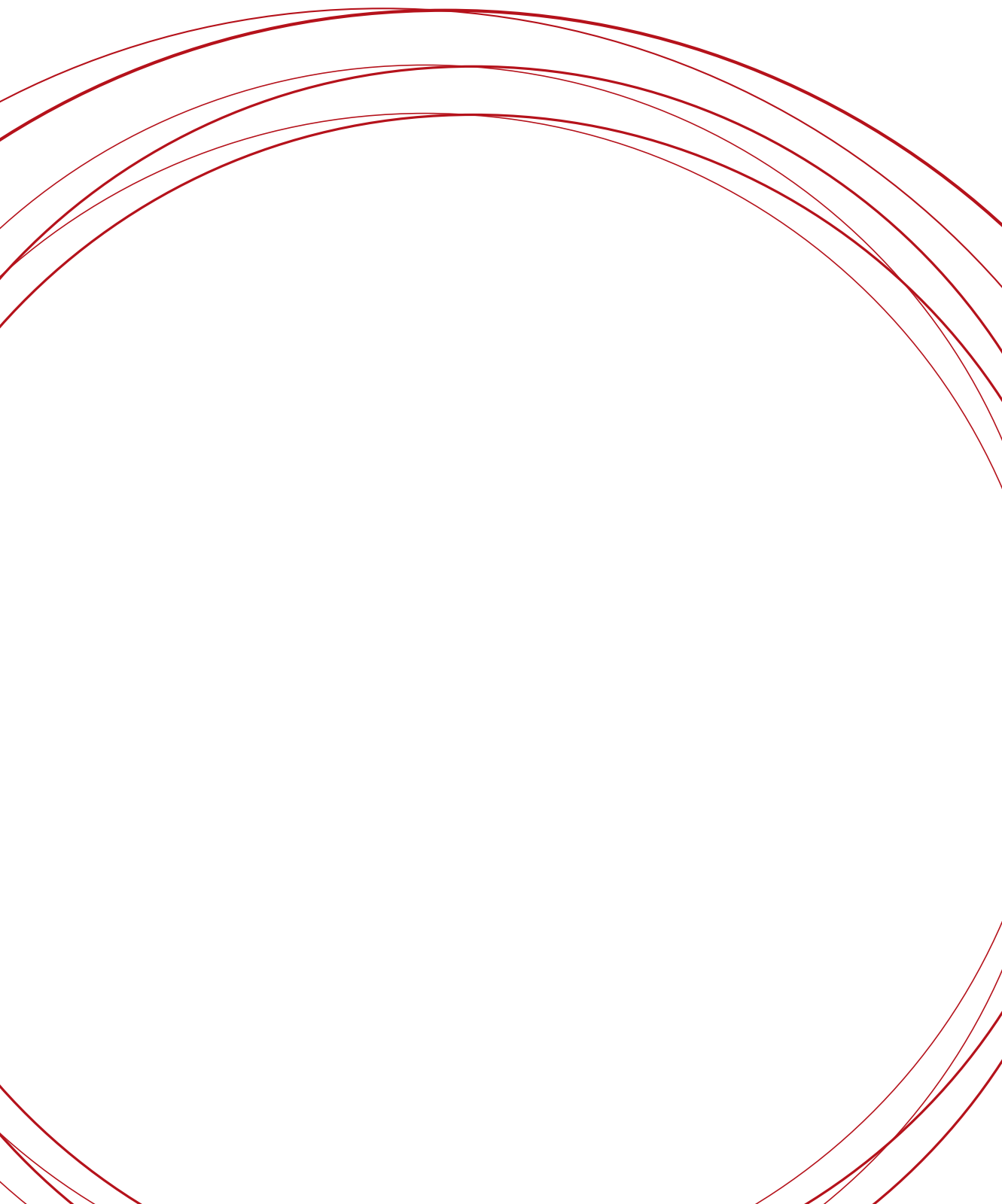
Section 6—Management and accountability

Section 7—Appendixes

A compliance index (p 160), an alphabetical index (p 162), a glossary of cancer terminology (p 155) and a list of abbreviations (p 159) have been provided to make the report easier to use.

This annual report and additional information about Cancer Australia can be found on our website at <http://www.canceraustralia.gov.au>





OVERVIEW

1.1 Highlights and achievements

Cancer research and clinical trials

- ▶ Funded 24 research grants under the Priority-driven Collaborative Cancer Research Scheme in conjunction with funding partners
- ▶ Supported establishment of two new multi-site, collaborative national cancer clinical trials groups
- ▶ Established the Cancer Australia Chair in Cancer Quality of Life at the University of Sydney
- ▶ Completed the national audit of cancer research projects and research programs.

National Centre for Gynaecological Cancers

- ▶ Completed seven initial projects to start the Centre's operations
- ▶ Convened the National Working Group on Gynaecological Cancers for advice on strategic directions of the new Centre.

Service improvement

- ▶ Developed and extended the work of seven cancer service networks, one in each state and one in the Northern Territory (known as CanNET).

Stakeholder involvement and consumer participation

- ▶ Awarded 17 grants under round three of the Building Cancer Support Networks Grants Program
- ▶ Drew on the advice and guidance of Cancer Australia's National Advisory and Reference Groups¹
- ▶ Released a new Cancer Australia website, worked in a partnership to build resources to link people with cancer to clinical trials and issued three editions of *Cancer Australia Connections*

¹ Appendix C lists all Cancer Australia Advisory and Reference Groups and describes their activities and functions

- ▶ Held a national consumer workshop to support consumers to effectively engage in Cancer Australia's activities
- ▶ Completed a national consumer orientation and support resource package
- ▶ Worked collaboratively with CanTeen to develop the National Service Delivery Framework for Adolescents and Young Adults with Cancer.

Professional development for cancer professionals

- ▶ Funded and collaborated to release the Cancer Learning website, containing educational resources for clinicians in identified priority areas
- ▶ Developed a validated national framework for cancer professional development
- ▶ Developed targeted educational resources for cancer professionals in multidisciplinary care and psychosocial support.

Better understanding the impact of cancer through improved use of data

- ▶ Commissioned first national report on *Cancer Survival and Prevalence* in partnership with the Australian Institute of Health and Welfare and the Australasian Association of Cancer Registries
- ▶ Completed development of a report, *Burden of Non-melanoma Skin Cancer*, to be published 2008–09 in partnership with the Australian Institute of Health and Welfare
- ▶ Progressed work on improving national cancer data access and consistency
- ▶ Worked in cooperation with an intergovernmental Strategic Forum, bringing together the states and territories, to progress common areas of interest to improve access to, and consistency of, cancer data.

Management and accountability

- ▶ Reviewed and consolidated Cancer Australia's operations.

1.2 Challenges

Budget

During the 2007–08 financial year Cancer Australia transitioned from its establishment phase to that of a fully fledged operational Financial Management and Accountability Act agency. This transition presented Cancer Australia with significant challenges in managing its budget whilst overseeing its set-up. In accordance with the Australian Accounting Standards not all establishment costs could be recognised in the year in which the funding was received. This resulted in a planned deficit of \$1.554million in 2007–08, which was funded by the allocated set-up monies that were originally to be spent in 2006–07.

Workforce

The budget directly relates to the staffing levels of Cancer Australia. Cancer Australia has adopted a number of strategies to reduce the impact of changes in staffing levels while still delivering on the programs of the agency. Our workforce structure has evolved in the last six months, and the long term staffing structure has been gradually introduced. The transition to the long term staffing structure was completed by 1 July 2008.

Other strategies were adopted to reduce further the demands on the Cancer Australia budget. These included limiting the number of National Reference Group meetings to be conducted throughout the year, and utilising technology to conduct more meetings via teleconference, and consequently reduce travel costs of both staff and other stakeholders.

1.3 CEO's review

Cancer Australia's role is to provide national leadership to improve quality and coordination of cancer control in Australia.

Cancer Australia, under the *Cancer Australia Act 2006*, reports to the Minister for Health and Ageing, the Hon Nicola Roxon MP. Our national stakeholders are the Department of Health and Ageing, people affected by cancer, health professionals, including those working in primary care, cancer organisations, researchers and organisations which fund research, and federal, state and territory government agencies.



Improving cancer control across Australia involves working in partnerships, and collaborating with the myriad organisations and individuals with whom we have a shared interest—that of improving cancer awareness, care and support for people affected by cancer. These include:

- ▶ people at risk of cancer
- ▶ people being treated for cancer
- ▶ people surviving cancer
- ▶ people living with cancer
- ▶ people whose lives will be shortened because of cancer
- ▶ the families and friends who support all of these people every day around the country.

During 2007–08 Cancer Australia continued to focus its efforts to deliver better outcomes for people affected by cancer, and used Australian Government funds invested in its programs and the organisation to:

- ▶ manage two programs under the Australian Government's National Cancer Plan: the continued work of the National Centre for Gynaecological Cancers, and *Boost Cancer Research*, which increased funding for cancer research
- ▶ provide national leadership and take action to promote consistency in national cancer control
- ▶ add value in significant ways to the work of Australia's cancer control community.

A key focus for Cancer Australia is collaboration with other national organisations whose strategies and functions involve cancer control. Building relationships to share resources and improve cancer outcomes allows strategies to be aligned, and economies of scale realised. By working in collaboration with a wide range of organisations, Cancer Australia has achieved important steps forward in cancer control that cannot be achieved by individual organisations alone. The ability to value add through partnerships creates increased momentum in cancer control activities around the nation.

Boosting Australia's cancer research efforts

Through our partnerships, Cancer Australia has increased the amount of funding available for priority-driven, collaborative cancer research. Priority-driven research complements investigator-driven research, and aims to increase the total pool of funding available for cancer research in Australia. The Priority-driven Collaborative Cancer Research Scheme has more than doubled appropriated funding through an active effort to encourage the participation of new funding partners.

The National Audit of Cancer Research Projects and Research Programs has been completed, and provides important baseline data on the investment in cancer research projects at the national level. The audit concentrated on a survey of government and non-government national and international funding provided directly to cancer research projects in Australia in 2003–2005.

Improving access to cancer clinical trials by people affected by cancer

Increasing the capacity to undertake clinical trials will increase the opportunity for consumer participation in clinical trials. During 2007–08 we have increased Australia's capacity to undertake cancer clinical trials by establishing two new national collaborative groups and supporting the ten existing national multi-site, collaborative cancer clinical trials groups.

Better gynaecological cancers outcomes

Productive use has been made of Australian Government funding of \$1 million to initiate a work program for the National Centre for Gynaecological Cancers. The purpose of the Centre is to improve outcomes for women with gynaecological cancers, and to increase awareness and education about these cancers for medical and allied health professionals.

Intergovernmental collaboration for improvements to cancer care and services

We directed effort during the year to encouraging links across jurisdictional boundaries through the work of an intergovernmental Strategic Forum, which focused on improving the quality of cancer data, and by enhancing capacity to develop sustainable approaches to the care of

people affected by cancer in regional areas, by facilitating collaborative networks between each of the Cancer Service Networks National Demonstration (CanNET) sites. These initiatives include developing a directory of services to help consumers and primary care providers locate their nearest cancer assessment and treatment team, support for professional development, and active consumer involvement in network development.

People affected by cancer—initiatives for consumers

The Cancer Australia National Consumer Advisory Group identified improving consumer support services and resources as a priority area for action. During 2007–08 projects were undertaken to collate existing resources, and develop additional resources and guidelines to support the establishment and sustainability of cancer support networks across Australia. Cancer Australia also initiated action to collaborate with the Cancer Councils in each state and territory in order to double the funding available for the Building Cancer Support Networks Program.

Stakeholder engagement for better results

Ensuring stakeholders' key concerns are heard and incorporated into our work directly relates to our responsibility under the *Cancer Australia Act 2006* to 'coordinate and liaise between a wide range of groups and providers with an interest in cancer'. The implementation of the programs relating to cancer control which Cancer Australia administers has benefited from the advice and input provided by the many organisations and individuals that have a relationship with Cancer Australia. We have consulted widely and provided opportunities for stakeholders to work collaboratively with us.

One important means of stakeholder engagement has been through our National Advisory and Reference Groups, which have met during 2007–08 to directly provide advice. Cancer Australia established National Advisory Groups to provide input to and advice and direction on a range of issues and activities undertaken by Cancer Australia. Each National Advisory Group is comprised of experts across all aspects of cancer control, including people personally affected by cancer, health professionals, researchers and policymakers. Members are nominated by national organisations, and provide advice on each of Cancer Australia's administered programs.

National Reference Groups provided Cancer Australia with expert advice regarding the issues and activities related to particular cancers, and for patients of particular age groups, and their carers. National Reference Groups also comprised consumers and professionals with expertise in research, prevention, diagnosis, treatment, care, support and other areas of cancer control related to a specific cancer, or the impact of cancer on patients of a particular age group.

The cancer workforce

Engaging primary care as more active team members in cancer treatment and cancer survivorship makes a difference for people affected by cancer.

During 2007–08, Cancer Australia has made significant progress in developing new training programs and providing better ongoing support for health professionals involved in cancer treatment and care. In June 2008, following extensive developmental work, the cancer learning website went active (at <http://www.cancerlearning.gov.au/>) and it continues to be developed. The website houses resources developed by two major projects funded through Cancer Australia.

We have provided coordinated leadership in curriculum development for health professionals, through the EdCaN curriculum development project that is being designed to ensure that graduating health professionals have an adequate grounding in cancer and its impact on health. A project was also initiated to review the gynaecological cancers workforce, including the involvement of primary care practitioners.

Cancer Australia has promoted collaboration in the cancer control sector by developing partnerships with and between organisations, and fostering timely transfer of information across the cancer control sector.

Partners featuring in Cancer Australia's work during 2007–08 include:

- ▶ Cancer control priorities and programs: Department of Health and Ageing; Cancer Council Australia (and its state and territory bodies)
- ▶ Research: National Breast Cancer Foundation; Prostate Cancer Foundation of Australia; Diagnostics and Technology Branch of the Department of Health and Ageing; Cancer Council Australia; *beyondblue: the national depression initiative*; Cure Cancer Australia Foundation
- ▶ National Centre for Gynaecological Cancers: National Breast and Ovarian Cancer Centre (NBOCC)
- ▶ Cancer clinical trials: University of Sydney; National Health and Medical Research Council Clinical Trials Centre
- ▶ Consumers: Cancer Councils; Cancer Voices
- ▶ Data: State and territory government agencies; Australian Institute of Health and Welfare; Australasian Association of Cancer Registries
- ▶ Professional development: Continuing Professional Development project at University of Sydney; Australian General Practice Network; Clinical Oncology Society of Australia (COSA).

Acknowledgements

Cancer Australia has continued to benefit from the input of the Advisory Council whose members offer a breadth of skills, professional experience, life and work experience and personal understanding of leading a life affected by cancer.

The Ministerially-appointed Council meets regularly and during the year has provided greatly valued advice that has helped to shape the directions and impact of Cancer Australia's work. I am particularly grateful to the Chair of the Advisory Council, Dr Bill Glasson AO, for his outstanding and continuing commitment to Cancer Australia, and his support in securing the return on the investment made through the agency for people affected by cancer.

As a small health-related agency with diverse stakeholders, Cancer Australia depends on its management team and all staff for its success. The body of work completed in 2007–08 amply demonstrates the value of the knowledge, commitment and professionalism of the people who work in Cancer Australia. I thank all who worked in Cancer Australia during 2007–08 for their dedication to achieving improvements for people affected by cancer across Australia.

I would like to acknowledge the executive and staff of the Department of Health and Ageing who have continued to support the agency as part of the portfolio, and worked with the agency on cancer priority issues and programs.

The year ahead

The beneficiaries of Cancer Australia's efforts need to be every Australian whose life has been or could be affected by cancer. As a community, all of us have a role to play in lessening the impact of cancer through:

- ▶ commitment to lifestyles and workplaces that minimise the likelihood of getting cancer
- ▶ supporting people at risk of, with, or recovering from cancer
- ▶ better coordination of existing effort
- ▶ more strategic planning of new efforts in cancer control.

Cancer Australia's focus in the coming year will be on:

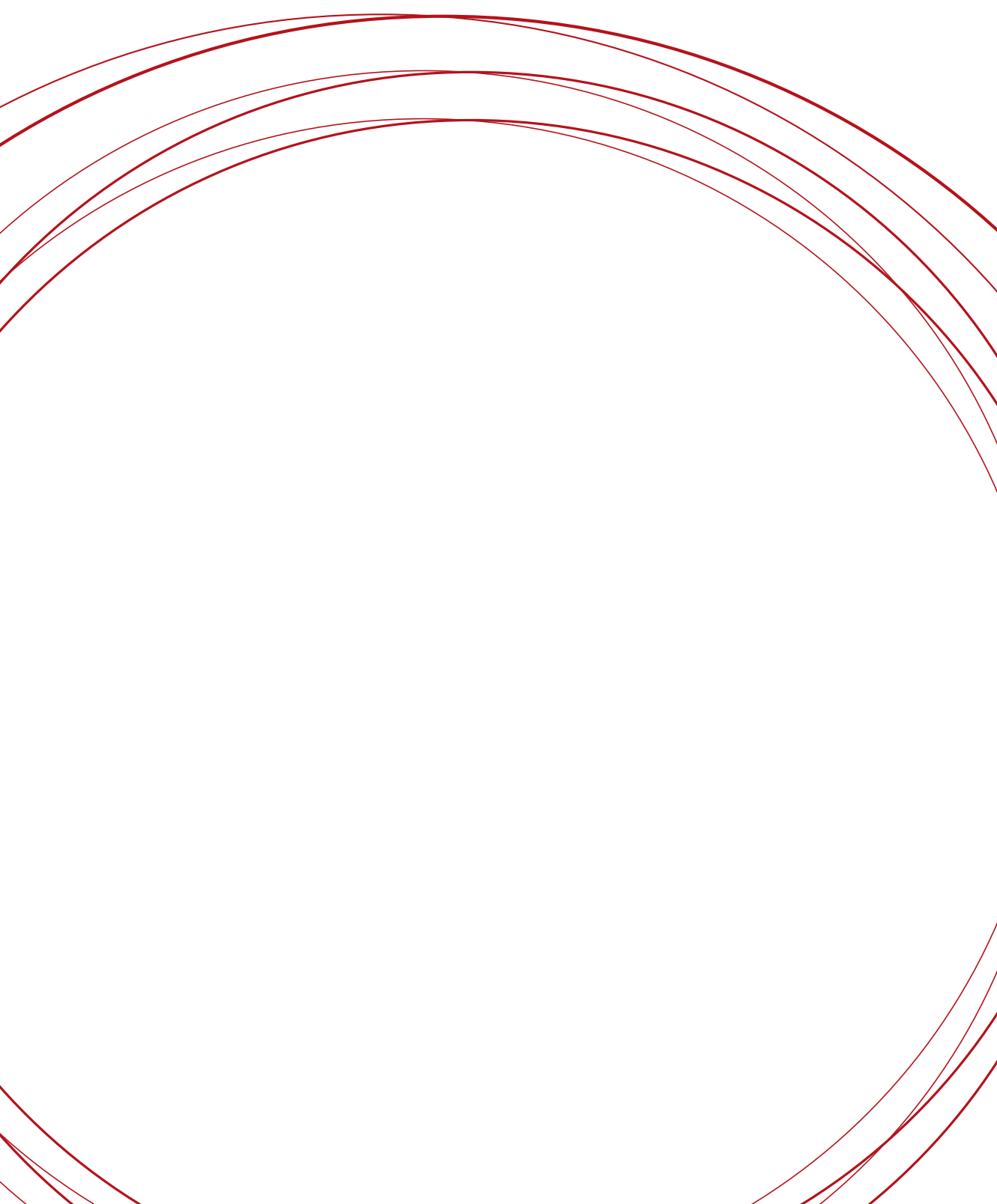
- ▶ adding value to the quality and coordination of cancer control in Australia, principally through active fostering of partnerships and collaborations
- ▶ taking action in five priority areas
 - Boost cancer research through funding of cancer research in priority areas, and building capacity for multi-site collaborative national cancer trials groups
 - Improve outcomes for people affected by gynaecological cancers through the work of the National Centre for Gynaecological Cancers (NCGC)
 - Improve access to coordinated cancer services for those living with, or at risk of, cancer and use data to better inform planning of cancer control
 - Support professional development for cancer professionals, including those delivering primary care
 - Engage consumers in cancer control.

For discussion of Cancer Australia's key objectives and priorities for the next reporting year, please refer to the 2008–09 Agency Budget Statement which is available at www.health.gov.au (follow the links to Portfolio Budget Statements).

Table 1.1 Cancer Australia's functions, strategic directions and 2007–08 results

Functions— in <i>Cancer Australia Act 2006</i>	Strategic directions and results in 2007–08	Read more
Provide national leadership in cancer control	Establishment of National Centre for Gynaecological Cancers and development of work program	Page 33
	Engagement of funders of cancer research in the Priority-driven Collaborative Cancer Research Scheme	Page 28
Assist with implementation of Australian Government policies and programs in cancer control	Finalisation of national audit of cancer research projects and research programs	Page 30
	Completion of national audit of national cancer control activity	Page 51
	Progression of National Cancer Data Strategy	Page 38
	Action on advice of Intergovernmental Strategic Forum	Page 6
	National Advisory, Reference and specialist Groups to guide strategy and actions and to maximise sustainable action	Page 150
	Engagement of the Cancer Australia Advisory Council	Page 14
	Engagement of the Cancer Australia Advisory Council	Page 14
Guide improvements to cancer prevention and care, to ensure treatment is scientifically based	Continuation of support for existing multi-site, collaborative national cancer clinical trials groups	Page 31
	Support for establishment of two new multi-site, collaborative national cancer clinical trials groups	Page 31
	Engagement of services of a clinical trials development unit	Page 31
	Establishment of the Cancer Australia Chair in Cancer Quality of Life	Page 33
	Completion of 1st round of Mentoring Regional Hospitals Program grants	Page 36
	Development and progression of work of the Cancer Service Networks National Demonstration Program (known as CanNET)	Page 37
	Action to support professional development and education for cancer professionals including health professionals in primary care	Page 34
	Addition of new research priority for trials-based research in prevention/screening	Page 28
	Funding or co-funding of reports on the impact of cancer	Page 18

Functions— in <i>Cancer Australia Act 2006</i>	Strategic directions and results in 2007–08	Read more
Coordinate and liaise between the wide range of groups and providers with an interest in cancer	Organisation of meetings and links between key cancer control stakeholders	Page 26
	Programs and projects designed to improve consumer support	Page 39
	Continued engagement of stakeholders	Page 26
	Completion of Round 3 of the Building Cancer Support Networks Program	Page 41
Make recommendations to the Australian Government about cancer policy and priorities	Provision of advice to the Minister for Health and Ageing	Page 53
Oversee a dedicated budget for research into cancer	Provision of funds for collaborative, priority-driven cancer research grants under the Priority-driven Collaborative Cancer Research Scheme	Page 28
	Planning for implementation of new measures to boost cancer research	Page 28



ADVISORY COUNCIL CHAIR'S REVIEW

In my Chair's review in the 2006–07 annual report, I said that Cancer Australia achieved an astonishing amount in its work over a nine month period in its inaugural year. This year, I can report that substantial returns on the investment made by the Australian Government in Cancer Australia's leadership role in cancer control are becoming evident.

These returns, and the results that are being achieved, have come through a combination of the strong partnerships being built, productive consultation and engagement with the diverse cancer community and the implementation of national programs. The Advisory Council has been pleased to see the progress that has been made in line with the strategic directions it had discussed, advised on and endorsed.

Following the election of the government in November 2007, the Council was pleased to see that, in the 2008–09 Commonwealth Budget, Cancer Australia became responsible for increased funding for cancer research and received additional funding for the National Centre for Gynaecological Cancers, as part of the National Cancer Plan.

During the year the Advisory Council has continued to value the support of the Secretary, Chief Medical Officer and senior executives from the Department of Health and Ageing. The Council has particularly welcomed the participation of senior members of the department in Council meetings.



CANCER AUSTRALIA ADVISORY COUNCIL

Establishment and functions

The Advisory Council has been established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. It comprises a Chair and up to 12 other members appointed by the Minister for Health and Ageing.

Membership

Advisory Council members have been appointed from May 2006. They bring experience and input from the diverse communities and sectors in which they live and work, and offer a wealth of professional knowledge and skills that add value to the work and strategic directions of Cancer Australia.

The current members of the Advisory Council are:

- ▶ Dr Bill Glasson AO (Chair)
- ▶ Professor Sanchia Aranda
- ▶ Professor James Bishop AO
- ▶ The Hon John Richard Johnson
- ▶ Dr Megan Keane
- ▶ Ms Meg Lees
- ▶ Mrs Janet McDonald AO
- ▶ The Hon Jocelyn Margaret Newman AO
- ▶ Professor Ian Olver
- ▶ Professor Christobel Saunders
- ▶ Dr Julie Thompson

There have been no additional appointments during 2007–08.

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.

Summary of activities

The Advisory Council met three times during 2007–08:

- 7 July in Brisbane
- 9 November in Canberra
- 6 March in Hobart.

We have continued with our policy of holding our meetings in different states to maximise engagement with consumer representatives, cancer specialists, researchers and cancer control leaders. Functions have been hosted prior to each meeting to provide an opportunity to meet and hear the views and concerns of stakeholders.

Throughout 2007–08 the Advisory Council has continued to work with the Chief Executive Officer, Professor David Currow, and his senior management team.

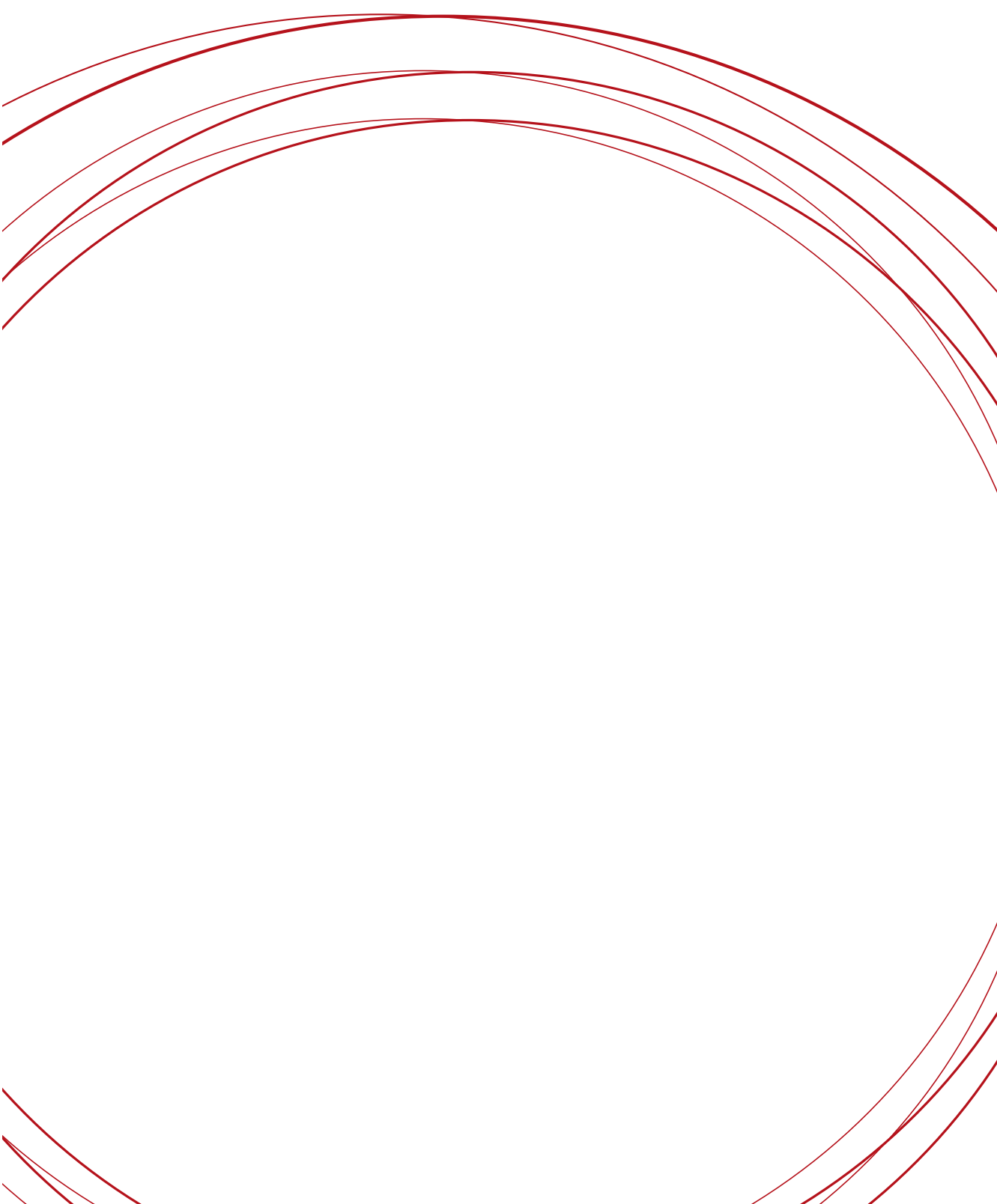
Guest speakers at meetings have helped to inform the work of the Council, by covering a consumer's experience in their personal cancer journey, and discussion of results of innovative clinical trials.

The Council has discussed and provided advice on Cancer Australia's strategic directions, alignment of its programs with government priorities, focus of effort, stakeholder relationships and building partnerships with other organisations.

The Council has also added value to the approach taken by Cancer Australia to the development and implementation of its priorities, programs and activities, covering such aspects as:

- the work program for the National Centre for Gynaecological Cancers
- the development of the support for clinical trials initiative
- guidance on the Priority-driven Collaborative Cancer Research Scheme and enhancement of partnership opportunities
- the audit of cancer control activities
- improving outcomes and access to cancer services for certain groups, such as adolescents and young adults
- issues relating to improving the availability and use of existing cancer data.

In addition to their commitment to the work of the Advisory Council, members have added further value through giving their time, expertise and practical insights to the work of Cancer Australia's National Advisory and specific Reference Groups, and the Strategic Forum. It is great to be part of Cancer Australia, and to see the progress that is being made through its programs and the way that the organisation works in partnerships with the cancer community and other government agencies involved in cancer control in Australia. The Council looks forward to contributing to Cancer Australia consolidating and building on these impressive early results.



PARTNERSHIPS AND COLLABORATIONS

Partnerships and collaborations are a vital factor in Cancer Australia's achievements, examples of which are woven throughout this report, especially in Section 5.

One such collaboration is highlighted below, and illustrates the strength in Cancer Australia's collaborative work and the resultant impact on cancer control.

COLLABORATIVE EFFORT

In 2007–08 Cancer Australia funded the first collaboration between our organisation, the Australian Institute of Health and Welfare (AIHW) and the Australasian Association of Cancer Registries (AACR). This productive and important collaboration has resulted in the publication *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004*. The report has established the foundation for future work that will support planning to reduce the impact of cancer in Australia, and has real potential to effectively and specifically influence service delivery for cancer control.

AACR members routinely provide state and territory cancer registry data to the National Cancer Statistics Clearing House within AIHW, for use in AIHW/AACR reports. The survival and prevalence report was built on these data in a way that that has not been achieved before, as it is the first national report on cancer prevalence. The AACR also assisted by ensuring that the report has been informed by the most recently available data.

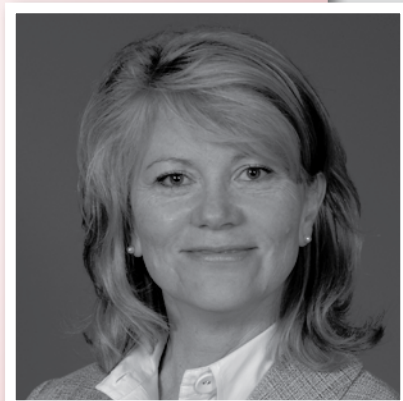
Ms Susan Killion, Head of AIHW's Health Group, assumed responsibility for linkage of cancer incidence data to the National Death Index, collation of data, the relative survival analysis and determination of prevalence. Ms Killion also provided guidance on interpretation of the results.

In addition, Professor David Roder, who is working with Cancer Australia on national data issues, was heavily involved in determining the scope of the work and reviewing draft and final reports.

Cancer Australia is looking forward to the continuation of this effective partnership to improve access to cancer data to inform policy, planning and delivery of cancer services.



Professor David Roder



Ms Sue Killion

Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004

The report and its importance to cancer control

This report is an important contribution to cancer control at a national level because, in addition to providing nationally reported incidence data, for the first time there are nationally reported prevalence data available. Prevalence rates indicate the proportion of the population which is affected by a condition at any one time, and, accordingly, prevalence data help health services to plan for the continuing needs of cancer survivors.

This is the first time national cancer prevalence reporting in Australia has identified how many people who had been diagnosed with invasive cancer within the past 23 years are still living. It also identifies those population groups, including people living in rural and remote areas and those from lower socio-economic backgrounds, for whom survival rates are lower. This highlights the need to better understand to what extent the gains in survival can be attributed to early detection of cancer or improvements in treatment, and which of these factors is most effective in increasing survival. Cancers with the highest five-year relative survival from 1998–2004 were testicular cancer, thyroid cancer, melanoma of the skin, breast cancer and prostate cancer. Cancers with the lowest five-year relative survival in the same time period were pancreatic cancer, cancer of unknown primary site, lung cancer, brain cancer and stomach cancer.

There are areas where improved national cancer data collection can contribute to better understanding cancer control efforts. At present there is no national collection of data on stage of cancer at diagnosis, or of treatment by stage, although it is collected by some states. There is also a need to understand further the contributors to lower survival rates for people living in rural and remote areas and lower socio-economic status areas.

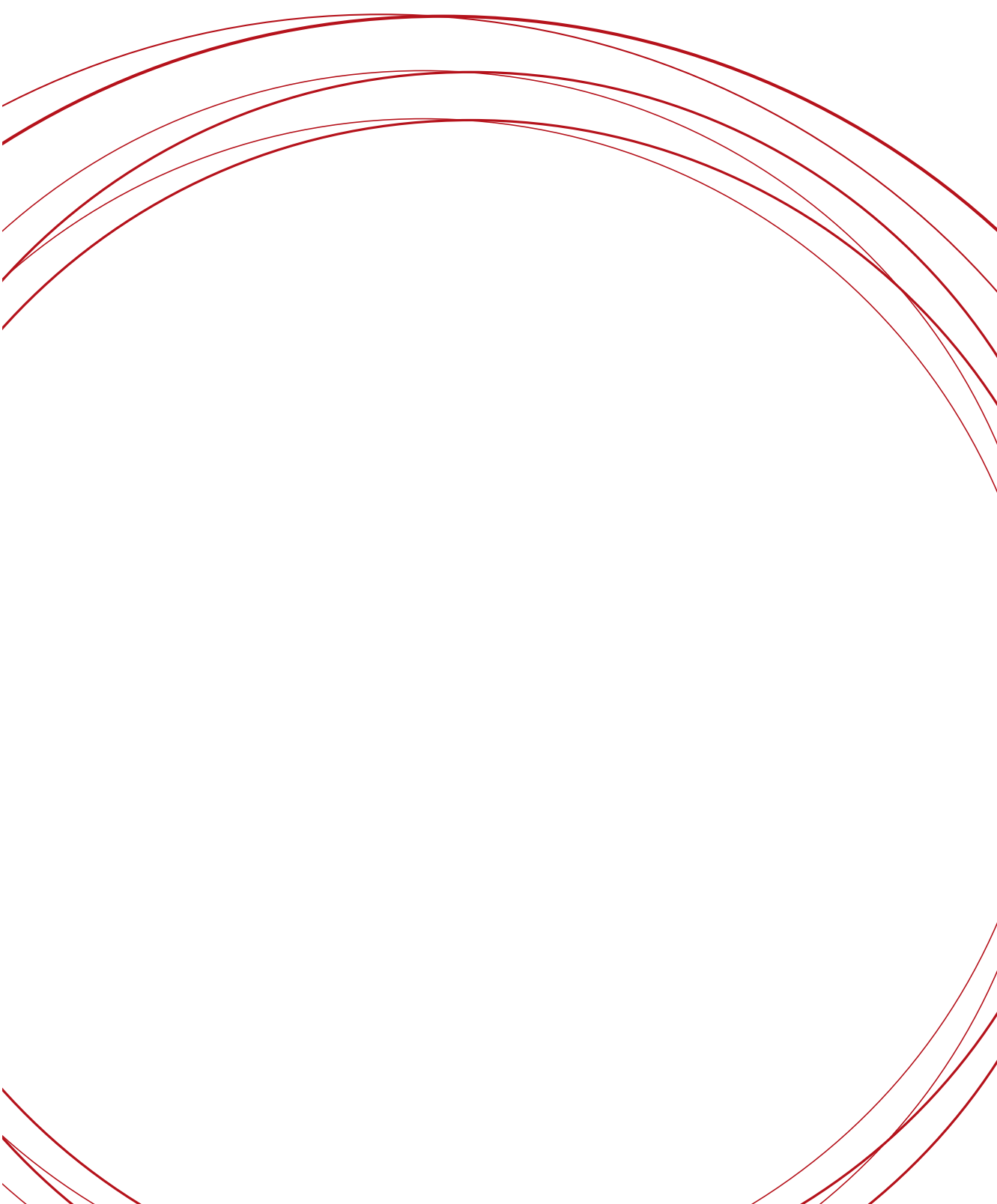
From a cancer workforce and services planning perspective, existing incidence data have now been supplemented by one-year prevalence numbers (those alive one year after diagnosis)—81 000 in the most recent data, and five-year prevalence numbers (those alive five years after diagnosis)—almost 300 000 people in the most recent data.

The report findings

The findings from the report identify that cancer survival rates are improving for Australians. Other milestones in cancer information in Australia are:

- ▶ Almost 17% of males and 12% of females aged 65 years and over in the Australian population had been diagnosed with cancer during the previous 23 years, and were still alive, supporting the anecdote that 'everyone has either had cancer or knows someone with cancer'.
- ▶ Overall there were 655 000 people at the end of 2004 who had been diagnosed with invasive cancer during the previous 23 years, and who were still alive.
- ▶ The survival data demonstrate continuing gains for most cancers across the age groups; with the greatest gains in the 50–59 and 60–69 year age groups.
- ▶ The report also finds a lack of progress in increasing survival for some cancers, including cancers of the brain, and that survival reduces with increasing geographic remoteness. Survival is also lower for people living in low socio-economic status areas compared with those living in high socio-economic status areas.

This report will contribute to Cancer Australia's work in the coming year and assist other organisations in their planning.



ABOUT CANCER AUSTRALIA

Cancer Australia was established in 2006, as a key component of the Australian Government's Strengthening Cancer Care initiative. Its functions, as prescribed by the *Cancer Australia Act 2006*, are:

- a) to provide national leadership in cancer control
- b) to guide scientific improvements to cancer prevention, treatment and care
- c) to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- d) to make recommendations to the Australian Government about cancer policy and priorities
- e) to oversee a dedicated budget for research into cancer
- f) to assist with the implementation of Commonwealth Government policies and programs in cancer control
- g) 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
- h) any functions which the minister, in writing, directs Cancer Australia to perform.

These objectives are captured in Cancer Australia's Agency Budget Statement for 2007–08 as: *Provide national leadership to improve quality and coordination of cancer control in Australia* (http://www.health.gov.au/internet/budget/publishing.nsf/Content/2007-2008_Health_PBS).

The year covered in this report reflects a period of transition for Cancer Australia, from the initial set-up of the organisation to consolidation into its longer-term structure. These changes were reflected in the way that the operating budget for the agency was initially structured, and required movement of staff to meet the changing needs of the organisation. During the initial set-up phase a number of technical specialists were contracted to establish information, communications and technology and business systems. In the current consolidation of the organisation these systems are maintained by Cancer Australia's permanent staff. This change in the skill mix of staff ensures that the agency is responding to the environment in which it works.

CANCER AUSTRALIA'S VISION AND VALUES

Our vision

To reduce the impact of cancer on all Australians

Our values

Cancer Australia is subject to the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*. Cancer Australia staff are required to uphold Australian Public Service (APS) Values and abide by the APS Code of Conduct. The APS values are reinforced by agreed Cancer Australia values as follows:

As an organisation, we value:

- ▶ improving outcomes in cancer control
- ▶ collaborating with our stakeholders
- ▶ working cooperatively
- ▶ being professional
- ▶ having personal and organisational accountability
- ▶ working as a learning organisation.

As part of a sustainable and high performing team, we value:

- ▶ respect for the people with whom we collaborate
- ▶ trust in our working relationships
- ▶ shared ownership
- ▶ fostering team spirit
- ▶ taking personal responsibility
- ▶ strategic thinking.

In our people, we value:

- ▶ maintaining a healthy work and life balance
- ▶ taking an interest in life-long learning
- ▶ pursuing an active approach to personal development.

The program foci of Cancer Australia have continued to reflect the government's commitment to investing in excellence in targeted cancer research, the importance of improving outcomes for all cancers including gynaecological cancers, professional and service development, and support for consumers. Each of these areas has also ensured that the skill mix of staff reflects the long-term needs of the agency in administering these programs, which are crucial to improving cancer outcomes in Australia.

Structure and governance

In 2007–08 Cancer Australia had 22 positions (19 ongoing, three non-ongoing), led by Chief Executive Officer Professor David Currow and four national managers, who took a lead role in covering a number of portfolio areas:

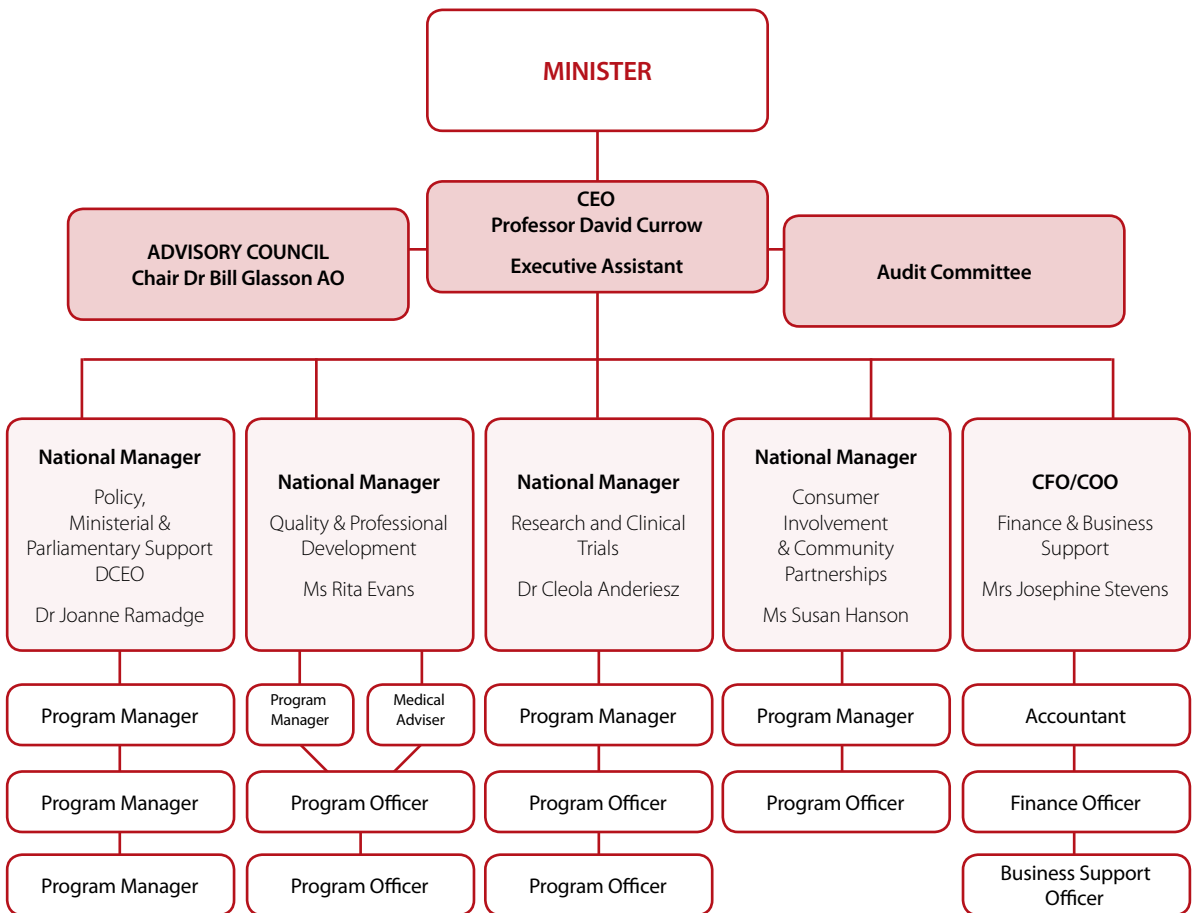
- ▶ Policy, Ministerial and Parliamentary Support, including the National Centre for Gynaecological Cancers (Dr Joanne Ramadge)
- ▶ Research and Clinical Trials (Dr Cleola Anderiesz)
- ▶ Consumer Involvement and Community Partnerships (Ms Susan Hanson)
- ▶ Quality and Professional Development (Ms Rita Evans)

Dr Ramadge is also the Deputy CEO of Cancer Australia.

The agency's Chief Finance Officer/Chief Operating Officer, Mrs Josephine Stevens, takes the lead role in developing and implementing Cancer Australia's financial strategy, advising on meeting Cancer Australia's obligations under the Financial Management and Accountability Act and the Public Service Act, and providing leadership in finance, human resources and information technology services.

The Cancer Australia Advisory Council consists of eleven members who are appointed by the Minister for Health and Ageing. The agency benefits immensely from the wide spectrum of expertise, skills and experience these members bring to our organisation. The Advisory Council is a fundamental part of the leadership team of Cancer Australia.

Figure 4.1 Cancer Australia’s Organisational Structure*



THIS ORGANISATIONAL STRUCTURE HAS BEEN EVOLVING ACROSS THE YEAR REFLECTING THE TRANSITION IN STRUCTURE BETWEEN THE ESTABLISHMENT AND CONSOLIDATION STAGES OF CANCER AUSTRALIA
 *19 OF THESE POSITIONS WERE ONGOING
 Planning had been completed to implement on 1 July 2008 a new organisational structure that reflects government commitments

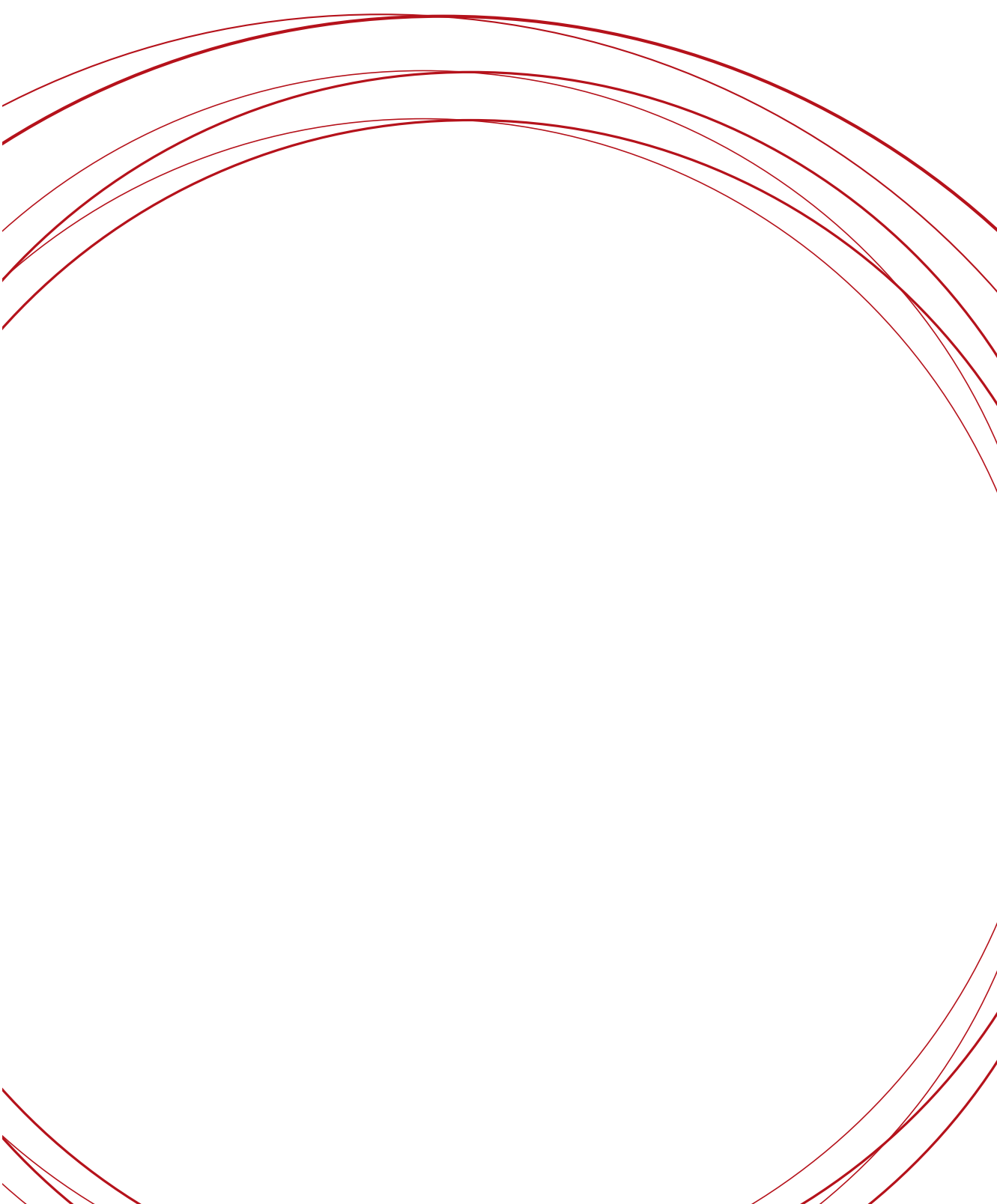
Working with the cancer control community

Cancer Australia provides national leadership in cancer control by working within a consultative framework to improve cancer outcomes in Australia, collaborating with and adding value to the efforts of many groups and individuals.

Throughout 2007–08 Cancer Australia has, in partnership with the cancer control community, continued to strengthen consumer participation in cancer control, develop the work of the National Centre for Gynaecological Cancers, build cancer research capacity, enhance the education of cancer health professionals, improve access to cancer services and improve cancer data.

Cancer Australia acknowledges the significant input and valuable advice extended to us by our National Advisory Groups and National Reference Groups. Appendix C provides a summary of the terms of reference and the contributions of the Cancer Australia National Advisory Groups, the Strategic Forum and the National Reference Groups that have been active during 2007–08.

Consumer representation on all Cancer Australia National Advisory and Reference Groups continues to benefit and inform our work. The contribution of all consumers is greatly valued, and helps Cancer Australia to maintain focus on the system-wide improvements that can improve cancer care.



REPORT ON PERFORMANCE

This section of the report discusses the main activities of Cancer Australia, including major achievements and challenges. It covers reporting on the agency's performance against specific targets set out in the Cancer Australia Agency Budget Statement for 2007–08. Performance targets for administered items and agency funding are reported here in Tables 5.2 and 5.3 at page 49.

Cancer Australia is responsible for national leadership to improve quality and coordination of cancer care in Australia, and to lessen the impact of cancer across the community. The Department of Health and Ageing is responsible for Australian Government cancer control policy and a variety of cancer control programs. The areas in the department which have carriage of a number of cancer-related programs include the Pharmaceutical Benefits Division, the Mental Health and Workforce Division, the Population Health Division, the Primary and Ambulatory Care Division and the Medical Benefits Division.

5.1 Boosting cancer research

Priority-driven Collaborative Cancer Research Scheme

Cancer Australia oversaw a dedicated cancer research budget of \$5.6 million in 2007–08. This budget is administered through the Priority-driven Collaborative Cancer Research Scheme.

Cancer Australia has provided national leadership in cancer control by assembling an alliance of research funding partners in the Priority-driven Collaborative Cancer Research Scheme in order to provide a more coordinated approach to funding cancer research at the national level. The research scheme requires individuals and researcher groups from different research fields, institutions and states to come together and work on a single research project. The partnership of cancer research funders, and collaboration between cancer researchers, will lessen potential duplication and fragmentation of cancer research effort at the national level.

For the 2007 round of this scheme, Cancer Australia, in collaboration with the National Health and Medical Research Council (NHMRC), managed the assessment of applications, and partnered with the National Breast Cancer Foundation, the Prostate Cancer Foundation of Australia, and the Diagnostics and Technology Branch of the Department of Health and Ageing, to fund 24 collaborative cancer research projects, worth a total of \$10.5 million.

DR IAN DAVIS

Cancer Australia's Priority-driven Collaborative Cancer Research Scheme (PdCCRS) is a national grant program which brings together government and other funders of cancer research to collaboratively fund cancer research in Australia. The National Health and Medical Research Council is involved in reviewing research grants which apply to this research scheme and endorse all grants funded through the PdCCRS.

In 2007 Cancer Australia partnered the National Breast Cancer Foundation, the Prostate Cancer Foundation of Australia and the Diagnostics and Technology Branch of the Australian Government Department of Health and Ageing to support 24 cancer research grants, including the grant to Dr Ian Davis and colleagues evaluating and applying Positron Emission Tomography (PET) scanning in the treatment of localised prostate cancer.

In 2003 prostate cancer was the most common non-cutaneous cancer diagnosed in Australian males and the second most common cause of male cancer death. When prostate cancer is confined to the prostate gland and has not spread, treatment options include surgery or X-ray treatment (radiotherapy). It is sometimes difficult to decide which of these treatments is best for a particular man.

PET scans are a new type of test that might help doctors give more accurate advice to men about which treatment might be the best for them, or how effective the treatment has been. This might then lead to better treatment outcomes for men with prostate cancer.

This project will be run through the urologic oncology group at Austin Health in conjunction with the Ludwig Institute for Cancer Research and the Austin Health Centre for PET. The project involves two clinical trials for men with prostate cancer which is not thought to have spread



outside the prostate. One study will be for men planned for surgery, and the other for men planned for radiotherapy. The project will evaluate how useful PET scanning is when compared to other standard assessments; whether it helps in making treatment decisions; and whether it can be used to monitor the results of treatment.

The project, which has received Human Research Ethics Committee Approval, is funded by Cancer Australia, the Prostate Cancer Foundation Australia and the Diagnostics and Technology Branch of the Australian Government Department of Health and Ageing. These funds will support the salary of a project coordinator, and will cover the costs of performing the clinical trials.

The research team involves the full range of specialists involved in the care of prostate cancer: urologists, medical and radiation oncologists, as well as pathologists, radiologists and nuclear medicine physicians. We will also ensure that the participants themselves are involved in the study by ensuring we communicate with them regularly in understandable language. We are currently increasing the opportunities for consumers to participate in research projects and research governance at Austin Health and this study will be an example of that.

Dr Ian Davis —The Ludwig Institute for Cancer Research

Cancer Australia has a Memorandum of Understanding with the National Health and Medical Research Council for research management services related to the Priority-driven Collaborative Cancer Research Scheme. Cancer Australia has operated within the terms of this Memorandum of Understanding with the Council.

Having successfully tested this new national approach to collaboratively funding cancer research in its inaugural year, Cancer Australia developed relationships with other organisations funding cancer research, establishing new partnerships for the 2008 round of the Priority-driven Collaborative Cancer Research Scheme with *'beyondblue: the national depression initiative'*, The Cancer Council of Australia and the Cure Cancer Australia Foundation. These new funding partners, together with Cancer Australia and the National Breast Cancer Foundation, advertised research priorities in December 2007 for funding in 2008.

National Audit of Cancer Research Projects

Under guidance from members of Cancer Australia's National Research Advisory Group, a national audit of cancer research projects and cancer research programs was completed.

The audit collected information from almost 100 Australian and international agencies providing funding to cancer research projects and programs between 2003 and 2005 in Australia.

The audit provides the first national picture of cancer research activity, and complements Cancer Australia's national audit of cancer control activities. The national research audit will help identify priority areas for future research, facilitating targeted investment in research that deals with policy and practice priorities nationally.

National Research Advisory Group

The National Research Advisory Group provided expert advice on current and emerging issues in cancer research and cancer clinical trials, and met twice during the year.

5.2 Supporting cancer clinical trials

Clinical trials benefit the community by improving the survival of people affected by cancer, and contribute to a reduction in premature death and disability. They are fundamental to establishing whether new cancer treatments or new ways of using existing therapies, diagnostic tests, preventive or supportive interventions are effective, and they help generate the evidence for best-practice cancer care.

Multi-site, collaborative national cancer clinical trials groups

Cancer Australia has continued to support cancer clinical trials by providing funding for the ten existing multi-site, collaborative national cancer clinical trials groups, and has established two new groups: the Australian Sarcoma Study Group and the Cooperative Trials Group for Neuro-oncology.

Cancer Australia has commenced implementation of the national Evaluation Framework for the national cooperative trials groups. This framework provides a regular reporting mechanism to monitor and collect data on the outcomes and impact of funding provided to the multi-site, collaborative national cancer clinical trials groups through the Support for Cancer Clinical Trials program.

Services of a newly established Clinical Trials Development Unit have been engaged to provide trials development services to the new groups, and health economic and pharmacoeconomic services to both new and existing groups. Establishment of these services will support incorporation of health and pharmacoeconomic studies within all new clinical trials, to facilitate more timely implementation of positive trial results into clinical practice and policy. The services of the new Cancer Clinical Trials Development Unit will be provided as a joint collaboration between the NHMRC Clinical Trials Centre, the University of Sydney and the Centre for Biostatistics and Clinical Trials, Peter MacCallum Cancer Centre, Melbourne.

DR DAVID THOMAS

Cancer clinical trials are an essential part of determining the effectiveness of new treatments for cancer, as well as new diagnostic tests, and prevention and supportive care efforts for cancer patients. Through the Support for Cancer Clinical Trials program, the Australian Government through Cancer Australia provided seed funding to support the establishment of two new multi-site, collaborative national cancer clinical trials groups.

The Australian Sarcoma Study Group (ASSG) was established as a new multi-site, collaborative national cancer clinical trials group in 2007.

Sarcomas are malignant tumours affecting connective tissue such as muscle and bone and are diagnosed in more than 800 Australians each year, with a high proportion of cases occurring in young adults and adolescents.

The government's provision of seed funding to ASSG will help to increase national involvement of clinicians and researchers in cancer clinical trials, improving access for people right across the country to enrol in future clinical trials.

The broad aim of the ASSG is to improve outcomes for sarcoma and related tumours in the Australian community by undertaking outstanding basic, translational, clinical and supportive care research. The foundation goals of the group include:

- taking a leadership role nationally and internationally by identifying unique research strengths and opportunities in the Australian environment



- developing a particular focus on adolescents and young adults
- building bridges with local, national and international communities.

With funding from Cancer Australia, the ASSG appointed an Executive Officer in March and, since that time, has established a constitution and a board with representation from the major states and disciplines relevant to sarcoma care. A Scientific Advisory Committee has also been established.

Through our Community and Philanthropy Advisory Committee, the group has been able to attract over \$500 000 in additional philanthropic funding through linkages to community groups with a focus on sarcomas.

These funds, together with government support, will accelerate the development of research into this devastating disease.

Since its establishment, the ASSG has initiated a research programme, and has three clinical studies in various stages of development.

Dr David Thomas —Peter MacCallum Cancer Institute

Cancer Australia Chair in Cancer Quality of Life

The Cancer Australia Chair in Cancer Quality of Life has been established at the University of Sydney and will be located with the Psycho-Oncology Co-operative Research Group. Professor Madeline King took up the position in June 2008 and will provide expert advice and support to the 12 national cooperative groups in initiating and incorporating quality of life studies into cancer clinical trials. Quality of life encompasses physical and psychological functioning, and the Cancer Australia Chair in Cancer Quality of Life will support research and clinical trials in this area, assisting to identify effective interventions which can improve the quality of life outcomes for those affected by cancer.

5.3 National Centre for Gynaecological Cancers

The National Centre for Gynaecological Cancers was established with initial funding of \$1 million for 2007–08 only. The Centre is auspiced by and co-located with Cancer Australia, with its head being the Chief Executive Officer of Cancer Australia.

Immediate and practical progress has been made through projects that have been designed to achieve care that is evidence based, coordinated and multidisciplinary and to support all women affected by gynaecological cancers, their families and carers. A further three years of funding was announced in the May 2008 Federal Budget and a workplan finalised for the triennium.

The Working Group established to advise the Centre has provided expert guidance and strategic direction to all projects. With the provision of further funding for the Centre, this group now has become the National Centre for Gynaecological Cancers Advisory Group. The group has been drawn from nominees from key national groups associated with gynaecological cancers.

The projects undertaken included:

Supporting care that is evidence based, coordinated and multidisciplinary:

- ▶ In conjunction with the National Breast and Ovarian Cancer Centre, development of a minimum dataset for gynaecological cancers, to complement the generic national minimum dataset for all cancers developed by the National Cancer Control Initiative
- ▶ A review of the workforce for gynaecological cancers
- ▶ A study of referral practices by general practitioners and gynaecologists for women with gynaecological conditions
- ▶ Professional development for general practitioners

- ▶ A review of information resources for health professionals
- ▶ A study that identified priorities for the development of clinical guidelines
- ▶ A program that identified priority areas of research in gynaecological cancers.

Supporting all women affected by gynaecological cancers, their families and carers:

- ▶ Part funding of three consumer support network grants to: Women's Health Victoria, Upper Hume Community Health Service and Geraldton Regional Aboriginal Medical Service
- ▶ A review of information resources for consumers
- ▶ Developing a website dedicated to gynaecological cancers.

The results of these projects will be progressively published on the Centre's website—www.gynaecancercentre.gov.au—and promoted through Cancer Australia's networks and other organisations involved in gynaecological cancers.

The National Centre for Gynaecological Cancers has also established a dedicated telephone line to ensure ease of access for those people seeking further information about the Centre and its work (02 6289 1466).

5.4 Professional development for cancer professionals

Cancer Australia has continued to administer the national framework and training packages for cancer nurses (EdCaN) and the Continuing Professional Development (CPD) project, which aim to support health professionals to deliver treatment and care based on the most up-to-date evidence.

National Professional Development Framework for Cancer Nursing

The National Professional Development Framework for Cancer Nursing was launched in June 2008, following extensive consultation with stakeholder groups. This framework articulates the competencies and skills expected of nurses involved in cancer care, from entry level through to advanced practice.

Case-study based learning modules suitable for incorporation in undergraduate nursing courses are being developed, and will be finalised in 2008–09. These case studies have been designed to encompass a wide range of cancers, to reflect the diverse needs of people affected by cancer, as well as the technical skills nurses require to administer specific cancer therapies. Additionally, the modules reflect key communication and other skills that are applicable in all nursing contexts.

Ultimately these developments will enhance national cancer nursing capacity and improve the care provided to people affected by cancer. Ways in which the content can be extended to allied health and Indigenous health workers are also being explored.

Continuing Professional Development for Cancer Professionals Project

The Continuing Professional Development for Cancer Professionals project is managed by a consortium led by the University of Sydney's Centre for Innovation in Professional Health Education and Research (CIPHER). In 2007–08, the project has resulted in a validated professional development framework and associated multi-professional educational resources, aligned with the needs of people with cancer throughout their cancer journey, from preventing cancer, to care and support at the end of life.

The multi-professional educational packages are available in five key areas:

- ▶ evidence based practice and latest treatments
- ▶ fundamentals of oncology
- ▶ coordination of care
- ▶ multidisciplinary care
- ▶ supportive care (including psychosocial support).

These education packages combine online learning modules, information and resources, with extensive links to material and resources available elsewhere.

Developing Education in Clinical Oncology

This year, Cancer Australia also provided funding to the Royal Australasian College of Physicians, through the Medical Oncology Group of Australia, for the development of an education program in Clinical Oncology for general practitioners and generalist regional and rural physicians and surgeons. A Working Group comprising a wide range of health professionals and consumers is supporting development of this education program. It is expected that the development of the program will be finalised in 2009. It will increase the knowledge, skills and expertise of a range of medical practitioners in aspects of cancer care.

General practitioners' enhanced involvement in cancer care—breast and colorectal cancers

To further support the role of general practice in cancer control, Cancer Australia has provided funding to enhance the Cancer Institute of New South Wales' Standard Cancer Treatment protocols (CI-SCaT) website to include information to enhance general practitioners' involvement in the care of some people with breast and colorectal cancers. This proof of concept project is focusing on these two frequently encountered cancers. The project will ensure that general practitioners have ready access to the necessary information to allow them to appropriately participate in the care of patients undergoing cancer treatment at various points in the cancer journey, including long-term follow-up. This project started in early 2008 and is due for completion in 2009.

Quality and Professional Development National Advisory Group

During 2007–08 the Quality and Professional Development National Advisory Group met twice, and provided advice on professional development and service development projects. The Advisory Group provided feedback to Cancer Australia on current projects, including ways to more effectively engage the primary health care sector in the delivery of cancer care. Improving the appropriateness and quality of care, and models of care, were both of particular interest to the group.

5.5 Service improvement

Mentoring

During 2007–08, Cancer Australia continued supporting the 21 individual projects across Australia funded under the first phase of the Mentoring for Regional Hospitals and Cancer Professionals Program. As projects are completed, the results achieved will be integrated into ongoing work.

Many of these projects have established stronger links between rural, regional and metropolitan cancer professionals. Higher levels of health care provider confidence helps ensure that people with cancer are able to receive more of their treatment and support closer to home.

The projects have been formally linked with the Continuing Professional Development for Cancer Professionals project to ensure that the resources are available to others.

Mentoring—Improving support and cancer care for people in regional areas

The final report of the ‘Specialist Speech Pathology and Nutrition Care Mentoring for Cancer Professionals in Regional Victoria’ project noted that a number of regional patients were tracked following participation in the program, and that none of these participants had to return to the metropolitan centre because they could not access Speech Pathology or Nutrition services locally.

The Paediatric Integrated Cancer Service has delivered procedural pain workshops under the ‘Formal Mentoring Project for Regional Paediatricians: Sharing the Management of Children with Cancer’ project. Over two hundred and forty staff have attended the workshops, enabling them to better support children with cancer throughout regional Victoria.

Cancer Service Networks National Demonstration Program (CanNET)

CanNET is the second phase of the Mentoring for Regional Hospital and Cancer Professionals Program. Over this past year Cancer Australia continued to work collaboratively with each state and the Northern Territory governments to establish seven cancer service networks across Australia. Each of the networks is working to increase access to quality cancer care and improve cancer outcomes, particularly for people in regional and rural areas. While the implementation strategy for each CanNET differs due to geography, and differences in health systems and regional needs, there are several common elements of work, including:

- ▶ active consumer involvement in network development
- ▶ mechanisms to better engage primary care as a crucial part of the cancer control team
- ▶ promoting and supporting the establishment and enhancement of multidisciplinary teams
- ▶ developing formal linkages so that health care providers can work in a co-ordinated way to deliver evidence based cancer care
- ▶ developing a directory of service to help consumers and primary care providers locate their nearest cancer assessment and treatment team
- ▶ developing a system that provides information to assist with quality improvement
- ▶ promoting the use of specific referral and follow-up guidelines and ensuring that care is delivered in the most appropriate setting
- ▶ support for continuing professional development, with the networks piloting the packages developed by the Continuing Professional Development Project.

During 2007–08 there have been high levels of collaboration, with each CanNET sharing their resources, tools and templates with other sites across the country. A national agreement has been reached on developing a directory of initial multidisciplinary cancer assessment teams using a consistent format. Five of the networks are partnering with Cancer Australia to undertake a survey to be conducted in 2008–09, to obtain in-depth information on the perceptions and experiences of cancer services from people affected by cancer. This survey will provide vital information to help the networks improve how they design and deliver their cancer services.

The CanNET National Support and Evaluation Service continues to assist the networks to plan their evaluations and provide support for sharing resources. The national evaluation plan has been finalised and the collection of baseline evaluation data completed.

National Cancer Data Strategy

Over this past year, Cancer Australia continued to consult with its National Cancer Data Strategy Advisory Group, the Cancer Australia Strategic Forum and other key stakeholders to develop a National Cancer Data Strategy. This work is of critical importance to continue to refine cancer service planning and cancer care.

It is anticipated that the strategy will help organisations and individuals to progress their own cancer data improvement activities while being nationally consistent.

5.6 Improving consumer participation

Cancer Australia continued to involve consumers in all its National Advisory and Reference Groups and other activities. Consumers have played an active and essential role in the evaluation of funding applications as well as project steering committees and working groups.

Chair of the National Consumer Advisory Group

January 2007–June 2008

Associate Professor Christopher Newell AM (2 March 1964–21 June 2008)

Cancer Australia wishes to acknowledge the very valuable contribution of the late Associate Professor Christopher Newell AM. Dr Newell was appointed inaugural Chair of the National Consumer Advisory Group in 2007, and led a productive and prolific work program that has benefited, and will continue to benefit, consumers of cancer services for years to come. Dr Newell's long experience in various aspects of health care contributed to his passion for improved cancer control.

The National Consumer Advisory Group met twice during 2007–08. One of the key outcomes of the work of the Group has been the development of a *Consumer Values Statement*. This document provides a set of aspirational statements which outline key values that consumers on the National Consumer Advisory Group believe should be incorporated throughout Cancer Australia's activities, and be reflected in cancer service planning and delivery. The Consumer Values Statement is available at http://www.canceraustralia.gov.au/media/14960/consumer_value_statement_final_08-08-18.pdf.

Cancer Australia has recruited to its National Consumer Advisory Group two Aboriginal and Torres Strait Islander consumers to advise Cancer Australia on the issues facing Indigenous people affected by cancer.

A two-day workshop for Cancer Australia's consumer representatives was held on 10–11 October 2007 in Sydney. This event provided consumers with a valuable opportunity to meet and to learn more about their role within Cancer Australia, in order to meaningfully contribute and bring the rich experience of people affected by cancer to all of Cancer Australia's activities.

MR MARCUS BERESFORD

CONSUMER—SOUTH AUSTRALIA

The Cancer Australia Consumer Orientation Workshop that was held in October 2007 was a very welcome opportunity to get to know other consumers involved with Cancer Australia's National Advisory, Reference and Working Groups, and also to get to know the staff of Cancer Australia better. There were many interesting speakers and sessions.

A panel on the special issues and needs of culturally and linguistically diverse people gave me an opportunity to raise the special problems and needs of gay and lesbian people with cancer. Gay and lesbian people may be a high risk group for cancer, and may not always feel comfortable about raising their concerns through mainstream cancer services and support groups. Past criminal sanctions and experiences of discrimination can make gay or lesbian people cautious about discussing concerns—especially sexual ones—relating to cancer.



Particularly interesting was a session conducted by Playback Theatre Group, who enacted individual people's experiences with cancer through mime, dance and sounds.

Most important for me was that the whole workshop highlighted the importance of what we are doing, and re-energised me for the many tasks that remain ahead!

Marcus Beresford—Member of the National Consumer Advisory Group

Cancer Australia has provided co-funding for, and participation in, the development of an Australian clinical trials website for consumers, by working collaboratively with a group funded through an NHMRC grant, and comprising the University of Sydney, the National Medical Health and Research Council Clinical Trials Centre and consumers. The need for such a site had been identified by the National Consumer Advisory Group. The project is due for completion in mid-2009.

Building Cancer Support Networks Grants Program

During 2007–08, the Building Cancer Support Networks Grants Program funded 17 new cancer support projects under a third round, for two years, from 2008–2010. The distribution of these grants is shown in Table 5.1.



Table 5.1 Projects funded under Cancer Australia’s BUILDING CANCER SUPPORT NETWORKS GRANTS PROGRAM—THIRD GRANTS ROUND

Organisation	Project name	Project description	Population coverage
Cancer Council NT	Supportive Care Outreach Program	Funding to expand the outreach program of providing supportive care to people affected by cancer living in regional and remote areas of N.T.	NT Rural and Remote
Cancer Council QLD	Surviving and Thriving: Moving on after treatment	Funding to develop, trial and implement a range of support initiatives to address the needs of people who are survivors of cancer in Queensland.	Qld
Cancer Council SA	Cancer Support and Information for Aboriginal and Torres Strait Islander People	Funding for the development of cancer support and information resources that will be utilised by aboriginal health workers in S.A. to assist them to provide culturally appropriate supportive care and information to aboriginal people affected by cancer in S.A.	SA (National Application)
Cancer Council WA	Cancer Survivors Network: Wellness Package	This project will utilise consumer empowerment, self management and health promotion methods to plan, implement and evaluate a wellness package of information and support for cancer survivors in W.A.	WA

Organisation	Project name	Project description	Population coverage
Cancer Council VIC	The Family Connect Program	This project will adopt a multifaceted approach to improving the support of carers of people affected by cancer in Victoria.	Vic (National Application)
Cancer Council ACT	Carers of Cancer Patients: Understanding their support service needs	This project will look at the support needs of informal carers of people with cancer.	ACT (National Application)
Cancer Council TAS	Extended Support Services Project	This project will strengthen and extend cancer support programs to smaller communities in rural and regional areas of Tasmania through a mobile support and information service.	Tas
Cancer Council NSW	National telephone support group pilot project	This project will run a fortnightly telephone support group for people diagnosed with myeloma nationally.	NSW (National)
Aboriginal Health and Medical Research Council of NSW	Aboriginal Stories and Cancer Journeys	The project will develop a book of stories about Aboriginal cancer journeys and develop a number of information sheets about cancer.	NSW (National Application)
Geraldton Regional Aboriginal Medical Service	Midwest Indigenous Women's Cancer Support Group	This project will consolidate a newly established cancer support group for Aboriginal women affected by cancer. A special focus will be providing education to women about the early detection and treatment of women with gynaecological cancers	Rural WA

Organisation	Project name	Project description	Population coverage
Peter MacCallum Cancer Centre	Patients with Lung Cancer and their carers: Supporting through novel information models	This project will develop a package of resources for the implementation and dissemination of an innovative model of support for people affected by lung cancer.	Vlic (National Application)
WA Cancer and Palliative Care Network	Adolescent and Young Adult (AYA) Community Support Worker	This project will use funding to employ and evaluate the effectiveness of a senior youth worker whose remit will be the support of adolescents and young adults (up to the age of 25) with cancer.	WA
Royal Flying Doctor Service of Australia	Cancer Outback: Cancer Support in Remote Australia	This project will use funding to determine the support and information needs of people diagnosed with cancer in remote locations of Australia	National NSW
Australian Lung Foundation	LOTE for Lung Cancer	This project will provide support to a selection of culturally and linguistically diverse groups affected by lung cancer through the translation of quality educational and support material.	National Qld

Organisation	Project name	Project description	Population coverage
Women's Health Victoria	Reaching out to women with gynaecological cancers: Innovations in supportive care	This project will develop support initiatives targeted at women with gynaecological cancers in north east metropolitan Melbourne	Vic
Upper Hume Community Health Service	Border Wellness Clinic	Funding will support a project worker to develop, pilot and evaluate a Border Wellness Clinic for women diagnosed with a gynaecological cancer in the Albury/Wodonga region.	Rural Vic
onTrac@PeterMac – Peter MacCallum Cancer Centre	Using emerging technologies to improve supportive care for young adults living with cancer	Funding will contribute towards a pilot project aimed at developing innovative strategies for the supportive care of adolescents and young adults affected by cancer.	Vic (National Application)

-  Aboriginal and Torres Strait Islander peoples projects
-  National Centre for Gynaecological Cancers Projects

This collaborative round between Cancer Australia, the National Centre for Gynaecological Cancers and the Cancer Councils in each state and territory targeted gynaecological cancers and three specific population groups:

- ▶ Aboriginal and Torres Strait Islander peoples
- ▶ adolescents and young adults
- ▶ rural and remote Australians.

In addition, funds from the program have been used for innovative approaches to support people affected by cancer. Funds were also received by Cancer Councils in every state and territory in Australia.

MR LIAM HUNT

CONSUMER—SOUTH AUSTRALIA

As a survivor of Hodgkin's Lymphoma and an adolescent and young adult 'consumer', it is pleasing to be involved with Cancer Australia's Adolescent and Young Adult Cancers National Reference Group to help develop the National Service Delivery Framework for Adolescents and Young Adults with Cancer.

It is important that consumers have the ability to use their personal experience, and those of their friends, to work with government to ensure that the system is continually improving. This is especially important in the area of adolescents and young adults as this is a very unique stage of an individual's life, and the development of the framework has very much focused on the needs of young people.

As an adolescent cancer patient, I have been part of the system and have invaluable personal knowledge on how the service delivery of my cancer care impacted on my life. This experience (and many other similar experiences of friends) has given me the background needed to ensure that consumers' views are considered in improving service delivery for young people affected by cancer. I am not a general practitioner, haematologist, radiologist or any other medical professional. However, it is a privilege to be at the table with these professionals, and government, to work together to develop



the direction of cancer care for adolescents and young adults and their families into the future.

I am a young man in the prime of my life who had cancer thrown into the mix. I did not, and to this day probably still don't, know what was best for me medically; however, I do know ways that many other aspects of an adolescent and young adult cancer journey could be improved. Having the opportunity to feed this into a new service delivery framework gives consumers the ability to ensure that the system will be improved for adolescents and young adults with cancer, and tailored in the future to psychosocial, physical and practical needs.

Liam Hunt — Member of the Adolescent and Young Adult Cancers National Reference Group and Consumer Representative on the National Service Delivery Framework for Adolescents and Young Adults with Cancer, Project Steering Group

National Service Delivery Framework for Adolescents and Young Adults with Cancer

During 2007–08, the National Service Delivery Framework for Adolescents and Young Adults with Cancer was developed by CanTeen in collaboration with Cancer Australia. CanTeen employed a project officer to coordinate the drafting of the framework.

The framework was developed following extensive consultation and collaboration with the Adolescents and Young Adults National Reference Group, and providers of these services around the country. The framework aims to optimise equitable outcomes for adolescents and young adults throughout their cancer journey, by focusing on their service delivery needs. It closely follows the phases in the adolescent and young adult cancer journey, identifying specific needs and recommending optimal elements needed in coordinated service delivery.

National Service Delivery Framework for Adolescents and Young Adults with Cancer

The six key elements of the National Service Delivery Framework for Adolescents and Young Adults with Cancer are:

- ▶ a limited number of adolescent and young adult cancer care lead sites nationally
- ▶ comprehensive assessment at diagnosis
- ▶ coordinated care to empower adolescent and young adult decision-making
- ▶ access to support services and clinical trials
- ▶ expert multidisciplinary teams skilled in adolescent and young adult cancer care
- ▶ care coordinated across settings in formalised networks.

Consumers and cancer research

Cancer Australia is providing national leadership to foster consumer participation in cancer research. The involvement of consumers at all stages of cancer research projects is a key assessment criterion for grants supported under the Priority-driven Collaborative Cancer Research Scheme, and consumer representatives sit on Cancer Australia and its funding partners' Grant Review Committees.

5.7 Increasing awareness and stakeholder participation

Cancer Australia has developed a website designed to provide all stakeholders and the community with evidence based general information about cancer and cancer control. It also provides current information about Cancer Australia's programs and activities and links key cancer organisations and reports.

The websites for both Cancer Australia and the National Centre for Gynaecological Cancers provide an opportunity for the community to engage with Cancer Australia by providing comments, posing questions or seeking information. During 2007–08, Cancer Australia placed on its website publications and other materials that have been developed as a result of its programs and partnerships.

Cancer Australia published three times this year an electronic newsletter, *Cancer Australia Connections*. The newsletter provides current information about progress on Cancer Australia's work. It targeted specific areas of work, and the second issue in November contained a supplement about the Cancer Services Network National Demonstration Program (CanNET).

In addition to its standing National Advisory Groups and the Strategic Forum, Cancer Australia has also drawn on the advice of specific Reference Groups. During 2007–08, these have included:

Head and Neck Reference Group: at its meeting in September 2007, the group emphasised the unique complexity of treating and managing head and neck cancers, and identified issues relating to standardised care, access to timely information and the need for a continued public health focus on the key risk factors as priorities.

Cancer of Unknown Primary Reference Group: in June 2008, a group of clinicians and researchers met for a half day to discuss the current status of cancer of unknown primary and what strategic steps could be taken to improve consumer outcomes, and to better coordinate the research effort both nationally and internationally.

In September 2007 the Lung and Upper Gastro-Intestinal Tract National Reference Groups met, and provided valued advice on many issues, including the determination of priority areas of concern for people affected by these tumour groups.

5.8 Better understanding of the impact of cancer in Australia

Cancer Australia commissioned two reports analysing and reporting on the impact of cancer in Australia, in conjunction with the Australian Institute of Health and Welfare (AIHW) and the Australasian Association of Cancer Registries (AACR).

Cancer survival and prevalence in Australia—Cancers diagnosed from 1982–2004 is the first national report that identifies cancer prevalence and survival derived directly from national data in Australia. The report includes:

- ▶ survival by site, sex, age and time period
- ▶ survival by region
- ▶ survival by socio-economic status
- ▶ relative survival
- ▶ age-adjusted relative survival
- ▶ prevalence.

The report is available from the AIHW at <http://www.aihw.gov.au>.

The burden of non-melanoma skin cancer in Australia, undertaken in 2008, is being finalised for publication in 2008–09.

A third report, in which the analysis was funded by Cancer Australia, was completed by the Centre for Behavioural Research in Cancer at the Cancer Council Victoria on behalf of the Cancer Council Australia. The *2006–07 National Sun Protection Survey* is a comprehensive, nation-wide study of Australian adults' and adolescents' sun protection knowledge, behaviours and attitudes, providing a national dataset for the development and evaluation of strategies for sun protection. This report will provide input into cancer control initiatives related to skin cancers.

A report on the National Audit of Cancer Control Activities, funded by Cancer Australia and conducted by a consortium led by The Cancer Council Australia, is being finalised for release later in 2008.

5.9 Outcomes and outputs

The Australian Government's priority areas for Cancer Australia's efforts in 2007–08 are outlined below.

Performance information for administered programs under Output 1 for Cancer Australia is summarised in Table 5.2.

Table 5.2 Performance information for administered items

INDICATOR	Improved coordination of priority-driven cancer research.	
Measured by:	Management of a dedicated priority-driven cancer research budget.	
Target:	Collaborative priority-driven cancer research grants funded in 2007–08.	
RESULT:	Target met.	<p>Cancer Australia has a dedicated cancer research budget which is administered through the Priority-driven Collaborative Cancer Research Scheme.</p> <p>In 2007, Cancer Australia partnered with the National Breast Cancer Foundation, the Prostate Cancer Foundation of Australia and the Diagnostics and Technology Branch of the Department of Health and Ageing to fund cancer research in identified priority areas.</p> <p>In the 2007 round of the scheme, 24 collaborative priority-driven grants were supported.</p>
INDICATOR	Increased number of, and support for, cancer clinical trial groups.	
Measured by:	<p>Increase in the number of National Cooperative Oncology Groups.</p> <p>Strengthened cancer clinical trial groups funding-process.</p>	
Target:	<p>Establishment of at least two new National Cooperative Oncology Groups.</p> <p>Development of an accountable funding process for clinical trial groups.</p>	
RESULT:	Target met.	<p>Cancer Australia has established two new multi-site, collaborative national cancer clinical trials groups. These are the Australian Sarcoma Study Group and the Cooperative Trials Group for Neuro-oncology.</p> <p>Cancer Australia provided continued support for Australia’s ten existing multi-site, collaborative national cancer clinical trials groups.</p> <p>Cancer Australia developed national policy documents to measure the outcomes and impact of funding provided through the Support for Cancer Clinical Trials Program.</p>

INDICATOR**Improved access to quality, clinically effective and coordinated cancer services.**

Measured by: Number of pilot cancer services networks developed.

Target: At least four Cancer Services Network National Demonstration Program (CanNET) sites contracted during 2007–08.

RESULT: Target met. Seven Cancer Services Network National Demonstration Program (CanNET) sites were contracted during 2007–08.

INDICATOR**Increased capacity and improved effectiveness of cancer support networks for people affected by cancer to better support each other**

Measured by: Formation of new cancer support groups.

Target: Establishment of four new cancer support group projects.

RESULT: Target met. Cancer Australia established 17 new cancer support networks in Round 3, including, for the first time, one in each state and territory in partnership with Cancer Councils. Projects will involve Aboriginal and Torres Strait Islander peoples, rural and remote groups and women with gynaecological cancers.

Cancer Australia continued to support 22 cancer support network projects from Rounds 2 and 3.

Cancer Australia also commenced work on the development of a consumer resource kit.

Performance information for departmental outputs is outlined below.

Cancer Australia is required to provide national leadership to improve quality and coordination of cancer control in Australia, and its performance in this area is summarised in Table 5.3.

Table 5.3 Performance information for departmental outputs

Output Group 1. Provide national leadership to improve quality and coordination of cancer control in Australia

INDICATOR	Improved awareness of cancer control activity in Australia	
Measured by:	Conduct national audits of cancer control activities and research activities.	
Target:	Completion of national audit of cancer control activities, and a separate audit of cancer research efforts nationally.	
RESULT:	Target not met.	<p>The report of the national audit of cancer control activities is currently being finalised, and will be ready for the Minister late in 2008. The scope of the audit was such that data needed to be accessed from a wide range of sources, many of which do not have clear processes for making data available, causing delays in collection and analysis by the contractors.</p> <p>The audit of cancer research activities was completed on time, and has recently been published.</p>

INDICATOR

Increased communication of cancer control activities.

Measured by: Development of a communication strategy, website and targeted publications.

Target: Stakeholder engagement.

RESULT:

Target met.

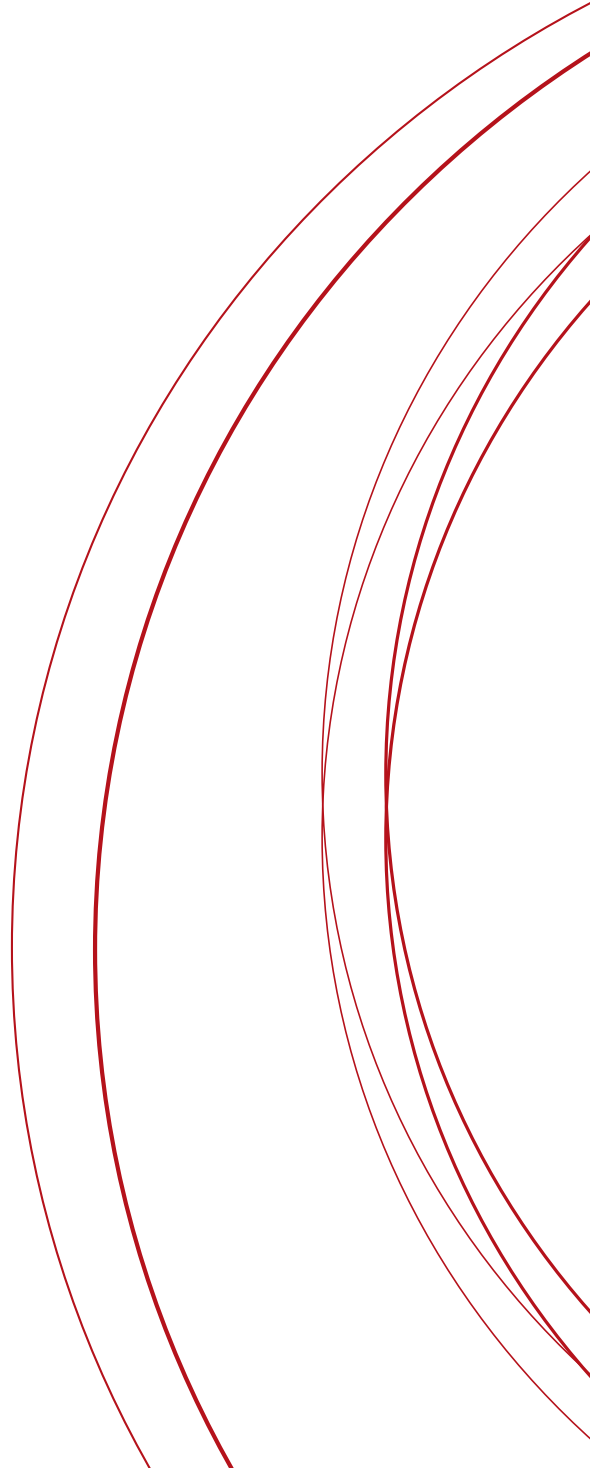
Cancer Australia's website went live in January 2008 and continues to be regularly updated with the work of the agency. This has included using the website for a consultation period regarding the National Cancer Data Strategy. Useful feedback was received from key stakeholders nationally.

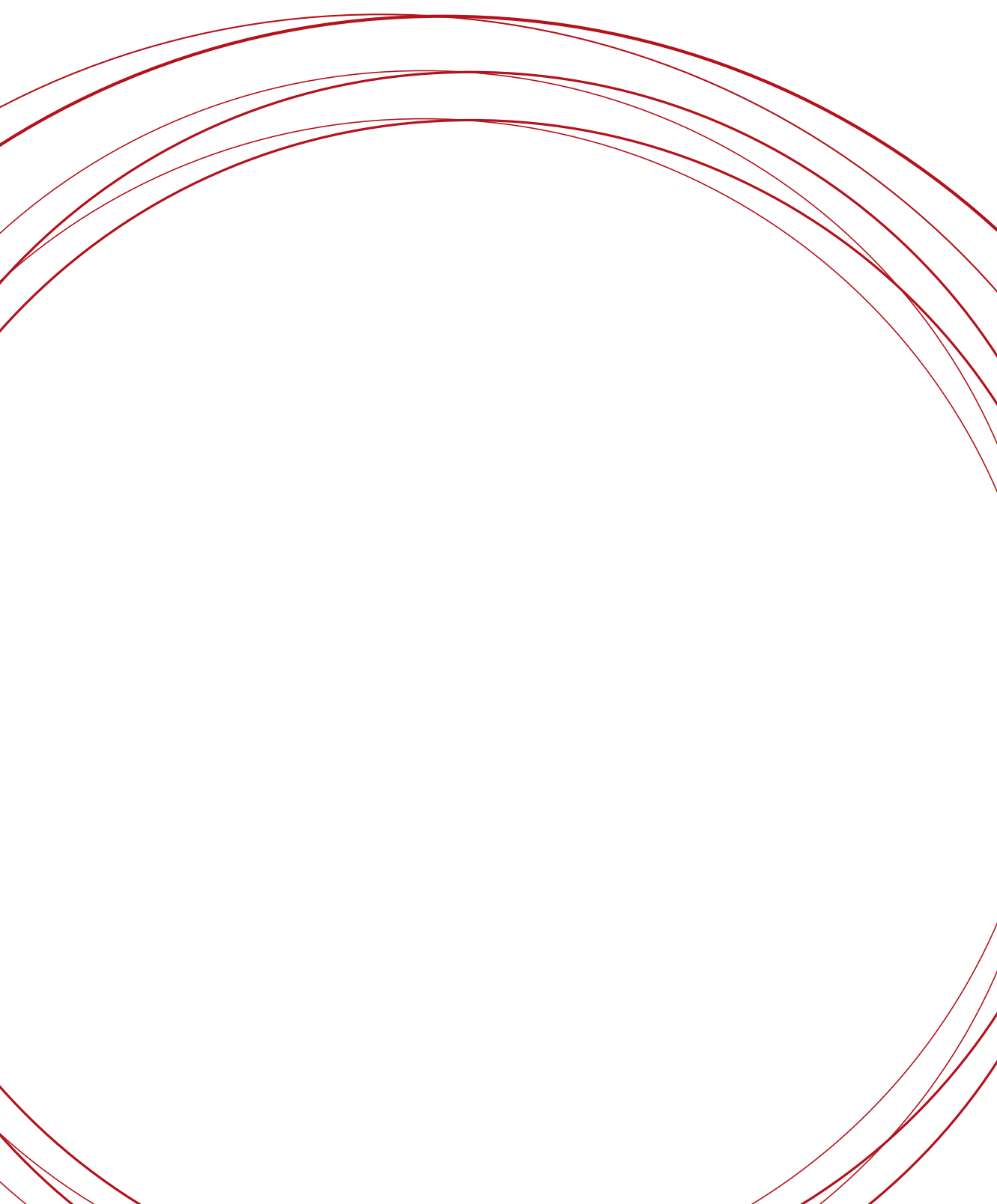
Three editions of our newsletter *Cancer Australia Connections* were sent out in 2007–08. The third edition was a fully electronic version. The work of Cancer Australia was promoted through the EdCaN project, resulting in a significant number of subscription requests.

The National Centre for Gynaecological Cancers' website was also developed and is now live at www.gynaecancercentre.gov.au. A dedicated national phone line has been established for queries regarding the work of the National Centre for Gynaecological Cancers, and a brochure, outlining the role and activities of the Centre, has been published. A suite of branded communications products has been developed for use by the Centre.

Both the Cancer Australia and National Centre for Gynaecological Cancers websites have 'Contact Us' facilities.

INDICATOR	Quality, relevant and timely advice and recommendations for Australian Government decision-making.	
Measured by:	Ministerial satisfaction.	
Target:	Ministers satisfied with the quality, timely advice and recommendations provided to the Australian Government.	
RESULT:	Target met.	<p>Process and systems have been refined to ensure quality, relevant and timely advice and recommendations were provided to the Minister and the Minister’s office.</p> <p>Similarly, strong liaison has been established with the Department of Health and Ageing to ensure responsive input through the department where required.</p>





MANAGEMENT AND ACCOUNTABILITY

Cancer Australia's Finance/HR/IT team is responsible for providing financial, human resources, information technology and general administrative services as an integral part of Cancer Australia's operations.

Key results for the year

- ▶ **Establishment of Cancer Australia was completed.**
- ▶ **IT infrastructure was fully implemented.**
- ▶ **Outsourcing of non-core business systems**—payroll, legal counsel, IT support, procurement and financial advisory services.
- ▶ **A three-year strategic plan was developed and implementation commenced.**
- ▶ **Refinement of the human resources framework**—all human resources policies were finalised and resultant changes implemented.
- ▶ **Refinement of key risk and governance arrangements**—an audit committee was established, key documents such as Chief Executive Instructions and policy and procedure documents were developed, and a Fraud Control Plan and a Business Continuity Plan were prepared.
- ▶ **Appointment of internal auditor**—to ensure the correct implementation of the governance arrangements as embodied in the *Financial Management and Accountability Act 1997*.

Appendix B (p 138) provides Cancer Australia's reports for 2007–08 relating to Additional Reporting Information:

- ▶ Advertising and market research
- ▶ Asset management
- ▶ Commonwealth Disability Strategy
- ▶ Competitive tendering and contracting
- ▶ Consultancies, advertising and market research
- ▶ Discretionary grants
- ▶ Ecologically sustainable development
- ▶ Exempt contracts

- ▶ External scrutiny
- ▶ Freedom of information
- ▶ Occupational health and safety
- ▶ Purchasing.

6.1 Corporate governance

Corporate and operational plans

Cancer Australia developed a three-year Strategic Plan during 2007–08.

The Chief Executive Officer and all national managers met regularly as a committee, known as the Managers Meeting, to assess progress against Cancer Australia's operational plan during the year, to make decisions on the strategic management of the agency and to resolve organisation-wide matters that needed attention.

Cancer Australia has Chief Executive Instructions and Delegation Schedules as required under the *Financial Management and Accountability Act 1997*. These Instructions and Schedules are updated as required.

Internal audit arrangements

Cancer Australia's Audit Committee met four times during the year to provide independent advice and assistance to the CEO on Cancer Australia's risk, control and compliance framework, and our external accountability responsibilities. The committee includes two independent members appointed from outside Cancer Australia.

In 2007–08 Cancer Australia outsourced its internal audit services. The chosen auditors, Walter Turnbull, have completed a full risk assessment to develop a risk-based internal audit plan that has been endorsed by the Audit Committee.

Fraud control

In accordance with the requirements of the Commonwealth Fraud Control Guidelines, Cancer Australia has implemented its fraud risk assessments and a fraud control plan. This is supported by appropriate procedures and processes for fraud prevention, detection, investigation, reporting and data collection that meet the specific needs of the agency and comply with Australian Government guidelines.

Ethical standards

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

During the year we drew on the 'Managing our people' policies and procedures maintained by the Department of Health and Ageing for guidance and maintenance of appropriate ethical standards. This was in addition to the continued development of our own policies and procedures. The Cancer Australia Performance and Development Management Scheme was developed and implemented in 2007–08.

We provide all new employees with a copy of the *Australian Public Service Values and Code of Conduct* to ensure that our ethical standards and expectations are clearly understood. These are complemented by the values that apply specifically to Cancer Australia (see p 23).

Remuneration for Senior Executive Service officers

The Chief Executive Officer is a 'principal executive office' holder, as defined in the *Remuneration Tribunal Act 1973*. His remuneration is set by the Minister for Health and Ageing within the salary determination set by the Remuneration Tribunal each year.

There is one Senior Executive Service officer within the agency who is employed currently under an Australian Workplace Agreement. Remuneration was determined by the CEO.

6.2 Financial overview

Cancer Australia's departmental expenses for 2007–08 were \$5,563,511 (GST exclusive).

The 2007–08 administered expenses were \$19,756,321 (GST exclusive), which was \$7,321 more than the budget estimate, due to adjustments required under the Australian Accounting Standards.

A resource summary of Cancer Australia's administered and departmental expenses is provided in Appendix B. Further information on the financial performance of Cancer Australia is available in the financial statements and accompanying notes.

Cancer Australia's audited financial statements are at Appendix A.

6.3 Management of human resources

As at 30 June 2008 Cancer Australia had 22 positions, including 19 ongoing and three non-ongoing staff. Two staff members were on temporary leave.

Most staff members are located in the Canberra office. Five staff members are based interstate, in Melbourne (three), Adelaide (one) and Coffs Harbour (one). Our workforce is predominately female (86 per cent).

Staff members are attracted by the challenges of playing a catalytic role in reducing the impact of cancer, the value of our objectives to the range of organisations with a stake in cancer control and to consumers, and our work program. We are committed to attracting and retaining appropriately skilled and dedicated staff and are committed to offering staff flexible working conditions and competitive remuneration.

Cancer Australia staffing statistics

The distribution of staff by classification is shown in Table 6.1. Executive and Australian Public Service salary structures are listed in Table 6.3.

Table 6.1 Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2008

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
CEO			1		1
Senior Executive Band 1	1				1
Executive Level 2	4				4
Executive Level 1	4	1	1		6
APS6	5				5
APS5	1	1			2
APS4					
APS1–3					
Medical		1			1
Public Affairs	1	1			2
Total	16	4	2		22

These staff figures, compared to those of 30 June 2007 (Table 6.2 below), demonstrate organisational changes reflecting government commitments, and movement from a set-up phase towards consolidation of a sustainable staffing structure.

Table 6.2 Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2007

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
CEO			1		1
Senior Executive Band 1	1				1
Executive Level 2	5		1		6
Executive Level 1	3		2		5
APS 6	7	1			8
APS 5	1	1			2
APS 4	2				2
APS 1–3					
Medical		1			1
Public Affairs		1			1
Total	19	4	4		27

Table 6.3 Salary structures at Cancer Australia

Classification	Salary range (\$)
Executive Level 2 (EL2)	91,530–130,170
Executive Level 1 (EL1)	76,718–87,498
APS 6	62,428–70,429
APS 5	56,591–59,730
APS 4	52,030–54,975
APS 3	45,923–50,902
APS 2	39,739–43,365
APS 1	34,002–38,185
Medical Officer salary structure	Salary range
Medical Officer Class 4	118,260–130,170
Medical Officer Class 3	108,444–113,543
Medical Officer Class 2	96,986–102,189
Medical Officer Class 1	68,865–88,629
Public Affairs Officer salary structure	Salary range
Senior Public Affairs 2 (EL2)	108,324–112,703
Senior Public Affairs 1 (EL2)	103,166
Public Affairs 3 (EL1)	84,058–94,060
Public Affairs 2 (APS6)	62,428–70,502
Public Affairs 1 (APS 4–5)	52,030–59,730

APS = Australian Public Service

Employment arrangements

Staff are employed on individual employment contracts and are covered by the Public Service Award (1998) and the *Public Service Act 1999*. During 2008, in accordance with government policy, any staff employed under Australian Workplace Agreements that expired were moved onto individual employment contracts, with no affect on their salary or entitlements. Cancer Australia is currently developing a Certified Agreement in accordance with government policy.

Staff of Cancer Australia have access to a range of non-salary benefits including:

- ▶ access to the Employee Assistance Program
- ▶ extended purchased leave
- ▶ flexible working hours
- ▶ study assistance
- ▶ support for professional and personal development
- ▶ flexible working locations including, where appropriate, access to lap-top computers, dial-in facilities, and mobile phones
- ▶ access to negotiated discount registration/membership fees to join a fitness or health club
- ▶ reimbursement of eyesight testing and eyewear costs prescribed specifically for use with screen-based equipment
- ▶ influenza and hepatitis B vaccinations for staff who are required to come into regular contact with members of the community classified as at increased risk with regard to influenza
- ▶ parental leave
- ▶ leave for personal compelling reasons and exceptional circumstances
- ▶ pay-out of additional duty in certain circumstances
- ▶ recognition of travel time
- ▶ car parking (for some officers)
- ▶ mobile phones with a small quarterly allowance for private calls (for some officers).

Performance pay

During 2007–08, the CEO was the only member of staff on performance based remuneration. The remuneration awarded to the CEO was determined under the rulings of the Remuneration Tribunal and agreed by the Minister.

No other staff member was on a performance payment scheme.

Training and development

Cancer Australia provides financial and leave assistance to its officers wishing to participate in external study relevant to the operational needs of the agency. At 30 June 2008, two officers were receiving assistance for programs at the postgraduate level in disciplines including health administration and business management.

Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Scheme.

6.4 Ministerial and parliamentary coordination

Cancer Australia provides quality, timely and relevant evidence based advice to the Minister for Health and Ageing on cancer-related issues, Cancer Australia's role in providing national leadership in cancer control, and the program responsibilities of Cancer Australia. Cancer Australia collaborates closely with the Department of Health and Ageing to support the Minister and implement Australian Government policies.





AUDITED FINANCIAL STATEMENTS

Table of contents

Income Statement
Balance Sheet
Statement of Changes in Equity
Cash Flow Statement
Schedule of Commitments
Schedule of Contingencies
Schedule of Administered Items – Part 1
Schedule of Administered Items – Part 2
Note 1: Summary of Significant Accounting Policies
Note 2: Events after the Balance Sheet Date
Note 3: Income
Note 4: Expenses
Note 5: Financial Assets
Note 6: Non-Financial Assets – Part 1
Note 6: Non-Financial Assets – Part 2
Note 7: Payables
Note 8: Interest Bearing Liabilities
Note 9: Provisions
Note 10: Cash Flow Reconciliation
Note 11: Contingent Liabilities and Assets
Note 12: Executive Remuneration
Note 13: Remuneration of Auditors
Note 14: Financial Instruments – Part 1
Note 14: Financial Instruments – Part 2
Note 15: Expenses Administered on Behalf of Government
Note 16: Assets Administered on Behalf of Government
Note 17: Liabilities Administered on Behalf of Government
Note 18: Administered Reconciliation Table
Note 19: Administered Contingent Assets and Liabilities
Note 20: Administered Financial Instruments – Part 1
Note 20: Administered Financial Instruments – Part 2
Note 21: Appropriations
Note 22: Special Accounts
Note 23: Compensation and Debt Relief
Note 24: Reporting of Outcomes



INDEPENDENT AUDITOR'S REPORT

To the Minister for Minister for Health and Ageing

Scope

I have audited the accompanying financial statements of Cancer Australia for the year ended 30 June 2008, which comprise: a Statement by the Chief Executive (and Chief Financial Officer); Income Statement; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Contingencies; Schedule of Administered Items and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

The Responsibility of the Chief Executive for the Financial Statements

Cancer Australia's Chief Executive is responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards (which include the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. My audit has been conducted in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Cancer Australia's preparation and fair presentation of the financial statements 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 Cancer Australia's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Cancer Australia's Chief Executive, as well as evaluating the overall presentation of the financial statements.

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

Independence

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial statements of Cancer Australia:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including Cancer Australia's financial position as at 30 June 2008 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Jocelyn Ashford
Executive Director
Delegate of the Auditor-General
Canberra
5 September 2008

AUDITED FINANCIAL STATEMENTS

STATEMENT BY THE CHIEF EXECUTIVE (AND CHIEF FINANCIAL OFFICER)

In our opinion, the attached financial statements for the year ended 30 June 2008 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Ministers Orders made under the *Financial Management and Accountability Act 1997*, as amended.

Signed.....
David Currow
Chief Executive Officer

Signed.....
Josephine Stevens
Chief Financial Officer
3rd Sept 2008



AUDITED FINANCIAL STATEMENTS

INCOME STATEMENT for Not For Profit Reporting Entities*for the period ended 30 June 2008*

	Notes	2008 \$	2007 \$
INCOME			
Revenue			
Revenue from Government	3A	3,788,000	6,094,000
Other revenue	3B	181,497	208,182
Total revenue		<u>3,969,497</u>	<u>6,302,182</u>
Gains			
Other gains	3C	40,200	25,500
Total gains		<u>40,200</u>	<u>25,500</u>
Total Income		<u>4,009,697</u>	<u>6,327,682</u>
EXPENSES			
Employee benefits	4A	3,369,836	1,785,936
Suppliers	4B	2,033,495	2,264,833
Depreciation and amortisation	4C	152,245	46,067
Finance costs	4D	3,046	894
Losses from assets sales	4E	4,889	–
Total Expenses		<u>5,563,511</u>	<u>4,097,730</u>
Surplus (Deficit) attributable to the Australian Government		<u>(1,553,814)</u>	<u>2,229,952</u>

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

BALANCE SHEET for Not For Profit Reporting Entities*as at 30 June 2008*

	Notes	2008 \$	2007 \$
ASSETS			
Financial Assets			
Cash and cash equivalents	5A	253,550	1,114,769
Trade and other receivables	5B	1,208,019	3,325,236
Other financial assets	5C	51,156	114
Total financial assets		1,512,725	4,440,119
Non-Financial Assets			
Infrastructure, plant and equipment	6A	265,371	345,998
Intangibles	6B	197,521	98,284
Total non-financial assets		462,892	444,282
Total Assets		1,975,617	4,884,401
LIABILITIES			
Payables			
Suppliers	7A	585,900	2,003,560
Other payables	7B	30,110	195,414
Total payables		616,010	2,198,974
Interest Bearing Liabilities			
Leases	8	-	14,722
Total interest bearing liabilities		-	14,722
Provisions			
Employee provisions	9	683,469	440,753
Total provisions		683,469	440,753
Total Liabilities		1,299,479	2,654,449
Net Assets		676,138	2,229,952

AUDITED FINANCIAL STATEMENTS

EQUITY**Parent Entity Interest**

Contributed equity	-	-
Reserves	-	-
Retained surplus (accumulated deficit)	676,138	2,229,952
Total Equity	676,138	<u>2,229,952</u>

Current Assets	1,512,725	4,440,119
Non-Current Assets	462,892	444,282
Current Liabilities	(1,150,371)	(2,459,352)
Non-Current Liabilities	(149,108)	<u>(195,097)</u>

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

STATEMENT of CHANGES in EQUITY for Not For Profit Reporting Entities

as at 30 June 2008

	Retained Earnings		Asset Revaluation Reserves		Other Reserves		Contributed Equity/Capital		Total Equity	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
Opening balance	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance carried forward from previous period	2,229,952	-	-	-	-	-	-	-	2,229,952	-
Adjustment for errors	-	-	-	-	-	-	-	-	-	-
Adjustment for changes in accounting policies	-	-	-	-	-	-	-	-	-	-
Adjusted opening balance	2,229,952	-	-	-	-	-	-	-	2,229,952	-

Income and expenses										
Income and expenses recognised Directly in Equity	-	-	-	-	-	-	-	-	-	-
Sub-total income and expenses recognised Directly in Equity	-	-	-	-	-	-	-	-	-	-
Surplus (Deficit) for the period*	(1,553,814)	2,229,952	-	-	-	-	-	-	(1,553,814)	2,229,952

AUDITED FINANCIAL STATEMENTS

Total income and expenses	(1,553,814)	2,229,952	-	-	-	-	(1,553,814)	2,229,952
Transactions with owners								
Distributions to owners								
Returns on capital:								
Dividends	-	-	-	-	-	-	-	-
Returns of capital:								
Restructuring	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Contributions by Owners								
Appropriation (equity injection)	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Restructuring	-	-	-	-	-	-	-	-
Sub-total transactions with owners	-	-	-	-	-	-	-	-
Transfers between equity components	-	-	-	-	-	-	-	-
Closing balance at 30 June *	676,138	2,229,952	-	-	-	-	676,138	2,229,952
Less: minority interests	-	-	-	-	-	-	-	-
Closing balance attributable to the Australian Government	676,138	2,229,952	-	-	-	-	676,138	2,229,952

* 2006-07 Closing retained earning balance has been amended to take into account errors indentified, refer to Note 1.5.

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

CASH FLOW STATEMENT for Not For Profit Reporting Entities

for the period ended 30 June 2008

	Notes	2008 \$	2007 \$
OPERATING ACTIVITIES			
Cash received			
Appropriations		5,755,003	3,068,661
Other revenue		267,100	–
Net GST received		402,421	167,317
Total cash received		6,424,524	3,235,978
Cash used			
Employees		(3,221,545)	(1,345,183)
Suppliers		(3,854,682)	(257,182)
Total cash used		(7,076,227)	(1,602,365)
Net cash flows from or (used by) operating activities	10	(651,703)	1,633,613
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		27,000	–
Total cash received		27,000	–
Cash used			
Purchase of property, plant and equipment		(47,077)	(410,614)
Purchase of intangibles		(173,245)	(103,084)
Total cash used		(220,322)	(513,698)
Net cash flows from or (used by) investing activities		(193,322)	(513,698)

AUDITED FINANCIAL STATEMENTS

FINANCING ACTIVITIES

Cash used		
Repayment of borrowings	<u>(16,194)</u>	<u>(5,146)</u>
Total cash used	<u>(16,194)</u>	<u>(5,146)</u>
Net cash flows from or (used by) financing activities	<u>(16,194)</u>	<u>(5,146)</u>
Net increase or (decrease) in cash held	<u>(861,219)</u>	<u>1,114,769</u>
Cash and cash equivalents at the beginning of the reporting period	<u>1,114,769</u>	<u>–</u>
Cash and cash equivalents at the end of the reporting period	<u>253,550</u>	<u>1,114,769</u>

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

SCHEDULE OF COMMITMENTS for Not For Profit Reporting Entities

as at 30 June 2008

	2008	2007
BY TYPE	\$	\$
Commitments Receivable		
Sublease rental income	-	-
GST recoverable on commitments	<u>(99,166)</u>	<u>(191,421)</u>
Total Commitments Receivable	<u>(99,166)</u>	<u>(191,421)</u>
Capital commitments		
Land and buildings	-	-
Infrastructure, plant and equipment	-	-
Intangibles	-	-
Motor Vehicle Finance Lease ¹	-	18,014
Other capital commitments	-	-
Total capital commitments	<u>-</u>	<u>18,014</u>
Other commitments		
Operating leases ²	494,665	1,491,115
Other commitments	596,158	625,855
Total other commitments	1,090,823	2,116,970
Net commitments by type	991,657	1,943,563
BY MATURITY		
Commitments receivable		
GST Receivable on commitments		
One year or less	(54,170)	(101,866)
From one to five years	(44,996)	(89,555)
Over five years	-	-
Total operating lease income	(99,166)	(191,421)

AUDITED FINANCIAL STATEMENTS

Commitments payable**Capital commitments**

One year or less	–	7,077
From one to five years	–	10,937
Over five years	–	–
Total capital commitments	–	18,014

Operating lease commitments

One year or less	315,425	520,912
From one to five years	179,240	970,203
Over five years	–	–
Total operating lease commitments	494,665	1,491,115

Other Commitments

One year or less	280,443	621,895
From one to five years	315,715	3,960
Over five years	–	–
Total other commitments	596,158	625,855
Net Commitments by Maturity	991,657	1,943,563

NB: Commitments are GST inclusive where relevant.

Operating leases included are effectively non-cancellable.

Nature of lease/General description of leasing arrangement

(1) Finance Leases:

Motor vehicle lease for general office use. The lease period was for three years.

(2) Operating Leases:

Office Accommodation:

Cancer Australia has an operating lease for the provision of its office accommodation.

The lease term for the Canberra office is three years ending 30 December 2009.

IT Infrastructure:

Cancer Australia has an operating lease for the provision of all computer equipment, software and support.

Lease agreement with Capital Easy Finance for 3 years to 30 June 2010

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

SCHEDULE OF CONTINGENCIES for Not For Profit Reporting Entities

as at 30 June 2008

Cancer Australia has no Contingencies at the reporting date.

AUDITED FINANCIAL STATEMENTS

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2008 \$	2007 \$
Expenses administered on behalf of Government			
<i>for the period ended 30 June 2008</i>			
Advisory fees	15A	217,437	234,014
Suppliers	15B	1,709,835	74,113
Grants	15C	17,788,779	4,438,485
Other expenses	15D	40,270	8,825
Total expenses administered on behalf of Government		19,756,321	4,755,437

This schedule should be read in conjunction with the accompanying notes.

Assets administered on behalf of Government

as at 30 June 2008

Financial assets

Cash and cash equivalents	16A	38,832	275,321
Receivables	16B	410,258	195,648
Total financial assets		449,090	470,969

Non-financial assets

Total assets administered on behalf of Government		449,090	470,969
--	--	----------------	----------------

Liabilities administered on behalf of Government

as at 30 June 2008

Payables

Suppliers	17A	11,199	83,814
Grants	17B	322,163	996,190
Total payables		333,362	1,080,004

Total liabilities administered on behalf of Government		333,362	1,080,004
---	--	----------------	------------------

This schedule should be read in conjunction with the accompanying notes.

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2008	2007
		\$	\$
Administered Cash Flows			
<i>for the period ended 30 June 2008</i>			
OPERATING ACTIVITIES			
Cash received			
Net GST received		882,910	195,415
Total cash received		<u>882,910</u>	<u>195,415</u>
Cash used			
Grant payments		(19,195,019)	(3,442,295)
Suppliers		(2,930,755)	(815,860)
Total cash used		<u>(22,125,774)</u>	<u>(4,258,155)</u>
Net cash flows from or (used by) operating activities		<u>(21,242,864)</u>	<u>(4,062,740)</u>
INVESTING ACTIVITIES			
Net cash flows from or (used by) investing activities		<u>-</u>	<u>-</u>
FINANCING ACTIVITIES			
Net cash flows from or (used by) financing activities		<u>-</u>	<u>-</u>
Net Increase (Decrease) in Cash Held		<u>(21,242,864)</u>	<u>(4,062,740)</u>
Cash and cash equivalents at the beginning of the reporting period		275,321	-
Cash from Official Public Account for:			
-Appropriations		21,006,375	4,338,061
		<u>21,281,696</u>	<u>4,338,061</u>
Cash and cash equivalents at the end of the reporting period	19A	<u>38,832</u>	<u>275,321</u>

This schedule should be read in conjunction with the accompanying notes.

AUDITED FINANCIAL STATEMENTS

SCHEDULE OF ADMINISTERED ITEMS		
	2008	2007
	\$	\$
Administered commitments		
<i>as at 30 June 2008</i>		
BY TYPE		
Commitments receivable		
GST recoverable on commitments	(1,050,031)	(496,700)
Total commitments receivable	(1,050,031)	(496,700)
Commitments payable		
Other commitments		
Other commitments	14,155,026	5,511,138
Total other commitments	14,155,026	5,511,138
Net commitments by type	13,104,995	5,014,438
BY MATURITY		
Commitments receivable		
GST recoverable on commitments		
One year or less	(645,682)	(329,311)
From one to five years	(404,349)	(167,389)
Over five years	-	-
Total GST recoverable on commitments	(1,050,031)	(496,700)
Commitments payable		
Other commitments		
One year or less	9,707,186	3,669,857
From one to five years	4,447,840	1,841,281
Over five years	-	-
Total other commitments	14,155,026	5,511,138
Net commitments by maturity	13,104,995	5,014,438

Cancer Australia provides grant funding to support the Australian Government's initiative to Cancer Care. A commitment is recorded where Cancer Australia enters into an agreement to make these grants but services have not been performed or criteria satisfied.

This schedule should be read in conjunction with the accompanying notes.

SCHEDULE OF ADMINISTERED ITEMS (continued)

Administered Contingencies

as at 30 June 2008

Cancer Australia has no Administered Contingencies at reporting date

Index to the Notes of the Financial Statements

Note 1: Summary of Significant Accounting Policies	–
Note 2: Events after the Balance Sheet Date	–
Note 3: Income	–
Note 4: Expenses	–
Note 5: Financial Assets	–
Note 6: Non-Financial Assets – Part 1	
Note 6: Non-Financial Assets – Part 2	–
Note 7: Payables	–
Note 8: Interest Bearing Liabilities	–
Note 9: Provisions	–
Note 10: Cash Flow Reconciliation	–
Note 11: Contingent Liabilities and Assets	–
Note 12: Executive Remuneration	–
Note 13: Remuneration of Auditors	–
Note 14: Financial Instruments – Part 1	–
Note 14: Financial Instruments – Part 2	–
Note 15: Expenses Administered on Behalf of Government	–
Note 16: Assets Administered on Behalf of Government	–
Note 17: Liabilities Administered on Behalf of Government	–
Note 18: Administered Reconciliation Table	–
Note 19: Administered Contingent Assets and Liabilities	–
Note 20: Administered Financial Instruments – Part 1	–
Note 20: Administered Financial Instruments – Part 2	
Note 21: Appropriations	–
Note 22: Special Accounts	–
Note 23: Compensation and Debt Relief	–
Note 24: Reporting of Outcomes	–

Note 1: Summary of Significant Accounting Policies

1.1 Objectives of Cancer Australia

Cancer Australia is an Australian Public Service organisation. 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.

Cancer Australia is structured to meet one outcome:

Outcome 1: National consistency in cancer prevention and care that is scientifically based.

Agency activities contributing toward these outcomes are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, revenues and expenses controlled or incurred by the Agency in its own right. Administered activities involve the management or oversight by the Agency, on behalf of the Government, of items controlled or incurred by the Government.

Departmental and Administered activities are identified under one Output – To Provide National Leadership to Improve Quality and Coordination of Cancer Control in Australia.

The continued existence of the Agency in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the Agency's administration and programs.

1.2 Basis of Preparation of the Financial Report

The Financial Statements and notes are required by section 49 of the *Financial Management and Accountability Act 1997* and are a General Purpose Financial Report.

The Financial Statements and notes have been prepared in accordance with:

- Finance Minister's Orders (or FMOs) for reporting periods ending on or after 1 July 2007; and
- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial report has been prepared on an accrual basis and is in accordance with the historical cost convention, except for certain assets 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 Report is presented in Australian dollars and values are rounded to the nearest dollar unless otherwise specified.

Cancer Australia was established as an independent statutory agency in May 2006 and commenced operation as of 1 July 2006.

Unless an alternative treatment is specifically required by an Accounting Standard or the FMOs, assets and liabilities are recognised in the Balance Sheet when and only when it is probable that future economic benefits will flow to the Entity and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an Accounting Standard. Liabilities and assets that are unrealised are reported in the Schedule of Commitments and the Schedule of Contingencies.

Unless alternative treatment is specifically required by an accounting standard, revenues and expenses are recognised in the Income Statement when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Administered revenues, expenses, assets and liabilities and cash flows reported in the Schedule of Administered Items and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.20

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made the judgement that there is no 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.

1.4 Statement of Compliance

Adoption of new Australian Accounting Standard requirements

No accounting standard has been adopted earlier than the application date as stated in the standard. The following new standards are applicable to the current reporting period:

Financial Instrument Disclosure

AASB 7 Financial Instruments: Disclosures are effective for reporting periods beginning on or after 1 January 2007 (the 2007–08 financial year) and amends the disclosure requirements for financial instruments. In general AASB 7 requires greater disclosure than that previously required.

Associated with the introduction of AASB 7 a number of accounting standards were amended to reference the new standard or remove the present disclosure requirements through 2005–10 Amendments to Australian Accounting Standards [AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023 & AASB 1038]. These changes have no financial impact but will affect the disclosure presented in future financial reports.

The following new standards, amendments to standards or interpretations for the current financial year have no material financial impact on Cancer Australia:

AASB 101 Presentation of Financial Statements (issued October 2006)

AASB 1048 Interpretation and Application of Standards (reissued September 2007)

AASB 2005–10 Amendments to Australian Accounting Standards [AASB 1, 4, 101, 114, 117, 132, 133, 139, 1023, 1038]

2007–4 Amendments to Australian Accounting Standards arising from ED 151 and Other Amendments and Erratum: Proportionate Consolidation

AASB 2007–5 Amendments to Australian Accounting Standards – Inventories Held for Distribution by Not - for - Profit Entities [AASB 102]

2007–7 Amendments to Australian Accounting Standards [AASB 1, 2, 4, 5, 107, 128]

AASB 2008–4 Amendments to Australian Accounting Standards – Key management Personnel Disclosures by Disclosing Entities [AASB 124]

EER Erratum Proportionate Consolidation [AASB 101, AASB 107, AASB 121, AASB 127, Interpretation 113]

Interp 10 Interim Financial Reporting and Impairment

Future Australian Accounting Standard Requirements.

The following new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

AASB 101 Presentation of Financial Statements (issued September 2007)

AASB 123 Borrowing Costs

AASB 127 Consolidated and Separate Financial Statements

AASB 1050 Administered Items

2007–6 Amendments to Australian Accounting Standards arising from AASB 123

2007–8 Amendments to Australian Accounting Standards arising from AASB 101

AUDITED FINANCIAL STATEMENTS

2007–9 Amendments to Australian Accounting Standards arising from the review of AASs 27, 29 and 31 [AASB 3, AASB 8, AASB 101, AASB 114, AASB 116, AASB 127 & AASB 137]

Interp 1 Changes in Existing Decommissioning, Reconstruction and Similar Liabilities

Interp 4 Determining Whether an Arrangement Contains a Lease

Interp 1038 Contributions by Owners Made to Wholly-Owned Public Sector Entities

Other

The following standards and interpretations have been issued but are not applicable to the operations of Cancer Australia.

AASB 1049 Financial Reporting of General Government Sectors by Governments

AASB 1049 specifies the reporting requirements for the General Government Sector. The FMOs does not apply to this reporting or the consolidated financial statements of the Australian Government.

1.5 Disclosure of Prior Period Errors

Cancer Australia has recognised that an error was made in overstating the 2006–07 expenses by \$54,545. The error has been recognised in the accounting period it occurred, in compliance to *AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors*.

Balance	2006–07 Published Financial Statements	Adjustment for error	Restated 2006–07 Comparative
Supplier Expenses	2,319,378	(54,545)	2,264,833
Intangibles	43,739	54,545	98,284

These changes have been reflected in the following Notes: Note 4B, Note 6B, Note 6D and Cash Flow Statement.

1.6 Revenue

Revenue from Government

Amounts appropriated for departmental outputs appropriations for the year (adjusted for any formal additions and reductions) are recognised as revenue when the agency 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.

Resources Received Free of Charge

Resources received free of charge are recognised as gains 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.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government Agency or Authority as a consequence of a restructuring of administrative arrangements (Refer to Note 1.8).

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Other Types of Revenue

Revenue from the sale of goods is recognised when:

- The risks and rewards of ownership have been transferred to the buyer;
- The seller retains no managerial involvement nor effective control over the goods;
- The revenue and transaction costs incurred can be reliably measured; and
- It is probable that the economic benefits associated with the transaction will flow to the Entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- The amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- The probable economic benefits with the transaction will flow to the Entity.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any provision for bad and doubtful debts. Collectability of debts is reviewed at balance date. Provisions are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

1.7 Gains

Other Resources Received Free of Charge

Resources received free of charge are recognised as gains 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.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government Agency or Authority as a consequence of a restructuring of administrative arrangements (Refer to Note 1.8).

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Sale of Assets

Gains from disposal of non-current assets are recognised when control of the asset has passed to the buyer.

1.8 Transactions with the Government as Owner

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) are recognised directly in Contributed Equity in that year.

Restructuring of Administrative Arrangements

Net assets received from, or relinquished to, another Australian Government Agency or Authority under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Other distributions to owners

The FMOs require that distributions to owners be debited to Contributed Equity unless in the nature of a dividend. In 2007–08 no distributions to owners were made (2006–07: Nil).

1.9 Employee Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

All other employee benefit liabilities are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the Agency is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration, including the Agency'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 liability for long service leave has been determined by reference to the work of an actuary as at 30 June 2008.

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

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. Cancer Australia recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Staff of Cancer Australia are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

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 by the Department of Finance and Deregulation as an administered item.

Cancer Australia makes employer contributions to the Employee Superannuation Scheme at rates determined by an actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the Agency's employees. 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.

1.10 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased non-current assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is capitalised at either the fair value of the lease property or, if lower, the present value of minimum lease payments at the inception of the contract and a liability is recognised at the same time and for the same amount.

The discount rate used is the interest rate implicit in the lease. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.12 Financial assets

Cancer Australia classifies its financial assets in the following categories:

- financial assets 'at fair value through profit or loss';
- 'held-to-maturity investments';
- 'available-for-sale' financial assets; and
- 'loans and receivables'.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

Effective interest method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset or, where appropriate, a shorter period.

Income is recognised on an effective interest rate basis except for financial assets 'at fair value through profit or loss'.

Financial assets at fair value through profit or loss

Financial assets are classified as financial assets at fair value through profit or loss where the financial assets:

- has been acquired principally for the purpose of selling in the near future;
- is a part of an identified portfolio of financial instruments that the agency manages together and has a recent actual pattern of short-term profit-taking; or
- is a derivative that is not designated and effective as a hedging instrument.

Assets in this category are classified as current assets.

Financial assets at fair value through profit or loss are stated at fair value, with any resultant gain or loss recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest earned on the financial asset.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivatives that are either designated in this category or not classified in any of the other categories. They are included in non-current assets unless management intends to dispose of the asset within 12 month of the balance sheet date.

Available-for-sale financial assets are recorded at fair value. Gains and losses arising from changes in fair value are recognised directly in the reserves (equity) with the exception of impairment losses. Interest is calculated using the effective interest method and foreign exchange gains and losses on monetary assets are recognised directly in profit or loss. Where the asset is disposed of or is determined to be impaired, part or all of the cumulative gain or loss previously recognised in the reserve is included in profit for the period.

Where a reliable fair value can not be established for unlisted investments in equity instruments cost is used. Cancer Australia has no such instruments.

Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity dates that the group has the positive intent and ability to hold to maturity are classified as held-to-

maturity investments. Held-to-maturity investments are recorded at amortised cost using the effective interest method less impairment, with revenue recognised on an effective yield basis.

Loans and receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. They are included in current assets, except for maturities greater than 12 months after the balance sheet date. These are classified as non current assets. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- *Financial assets held at amortised cost* – If there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Income Statement.
- *Available for sale financial assets* – If there is objective evidence that an impairment loss on an available for sale financial asset has been incurred, the amount of the difference between its cost, less principal repayments and amortisation, and its current fair value, less any impairment loss previously recognised in expenses, is transferred from equity to the Income Statement.
- *Available for sale financial assets (held at cost)* – If there is objective evidence that an impairment loss has been incurred the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

1.13 Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Other financial liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs.

Other financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or, where appropriate, a shorter period.

Supplier and other payables

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).

1.14 Contingent Liabilities and Contingent Assets

Contingent Liabilities and Contingent Assets are not recognised in the Balance Sheet but are reported in the relevant schedules and 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.

1.15 Financial Guarantee Contracts

Financial guarantee contracts are accounted for in accordance with AASB139. They are not treated as a contingent liability, as they are regarded as financial instruments outside the scope of AASB137.

1.16 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

AUDITED FINANCIAL STATEMENTS

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues 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 Agency's accounts immediately prior to the restructuring.

1.17 Property, Plant and Equipment

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the Balance Sheet, except for purchases costing less than the threshold of \$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).

Revaluations

Fair values for each class of asset are determined as shown below:

Asset Class	Fair value measured at
Land	Market selling price
Buildings exc. Leasehold improvements	Market selling price
Leasehold improvements	Depreciated replacement cost
Infrastructure, plant and equipment	Market selling price
Heritage and cultural assets	Market selling price

Following initial recognition at cost, property plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the 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 reverses a previous revaluation decrement of the same asset class that was previously recognised through operating result. Revaluation decrements for a class of assets are recognised directly through operating result except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

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:

	2008	2007
Buildings on freehold land	60 years	60 years
Leasehold improvements	Lease term	Lease term
Plant and Equipment	3 to 20 years	3 to 20 years

Impairment

All assets were assessed for impairment at 30 June 2008. 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.

The recoverable amount of an asset is the higher of its fair value less costs to sell 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.

1.18 Intangibles

Cancer Australia's intangibles comprise software which has been purchased as well as internally developed software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software is three (3) years (2006–07: three (3) years).

All software assets were assessed for indications of impairment as at 30 June 2008.

1.19 Taxation

Cancer Australia is exempt from all forms of taxation except fringe benefits tax (FBT) and the goods and services tax (GST).

Revenues, expenses and assets are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.

1.20 Reporting of Administered Activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the Schedule of Administered Items and related Notes.

Except where otherwise stated below, 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.

Administered Cash Transfers to and from the Official Public Account

Revenue collected by Cancer Australia for use by the Government rather than the Agency is Administered Revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance and Deregulation. 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 Agency on behalf of the Government and reported as such in the Statement of Cash Flows in the Schedule of Administered Items and in the Administered Reconciliation Table in Note 18. The Schedule of Administered Items largely reflects the Government's transactions, through the Agency, with parties outside the Government.

Grants and Subsidies

Cancer Australia administers a number of grant and subsidy schemes on behalf of the Government.

Grant and subsidy 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. A commitment is recorded when the Government enters into an agreement to make these grants but services have not been performed or criteria satisfied.

Going concern

Cancer Australia is part of the legal Entity that is the Australian Government, which is ultimately responsible for all of the Agency's debts. The existence of total liabilities in excess of total assets of the Agency as reported in the balance sheet has no bearing on whether the Agency's debts will be met.

Note 2: Events after the Balance Sheet Date

Cancer Australia is not aware of any events occurring after 30 June 2008 that have the potential to significantly affect the financial position of the Agency (2006–07: Nil).

Note 3: Income

	2008	2007
<i>Revenue</i>	\$	\$

Note 3A: Revenue from Government

Appropriations:

Departmental outputs	<u>3,788,000</u>	<u>6,094,000</u>
Total revenue from Government	<u>3,788,000</u>	<u>6,094,000</u>

Note 3B: Other revenue

Employee entitlement transferred from other Agencies	138,539	208,182
Rendering of services – related entities	<u>42,958</u>	–
Total other revenue	<u>181,497</u>	<u>208,182</u>

Gains

Note 3C: Other gains

Resources received free of charge	40,200	25,500
Other	–	–
Total other gains	<u>40,200</u>	<u>25,500</u>

AUDITED FINANCIAL STATEMENTS

Note 4: Expenses

	2008	2007
	\$	\$
Note 4A: Employee benefits		
Wages and salaries	2,254,538	1,210,311
Superannuation:		
Defined contribution plans	218,016	194,755
Defined benefit plans	159,538	–
Leave and other entitlements	737,744	380,870
Separation and redundancies	–	–
Total employee benefits	3,369,836	1,785,936
Note 4B: Suppliers		
Provision of goods – related entities	–	–
Provision of goods – external parties	64,393	84,025
Rendering of services – related entities	460,022	30,929
Rendering of services – external parties	1,143,145	2,000,242
Operating lease rentals:		
Minimum lease payments	329,490	129,505
Workers compensation premiums	36,445	20,132
Total supplier expenses	2,033,495	2,264,833
Note 4C: Depreciation and amortisation		
Depreciation:		
Infrastructure, plant and equipment	88,136	42,186
Total depreciation	88,136	42,186
Assets held under finance leases	5,851	3,494
Intangibles:		
Computer Software – Internally Developed	25,479	–
Computer Software – Purchased	32,779	387
Total amortisation	64,109	3,881
Total depreciation and amortisation	152,245	46,067

Note 4D: Finance costs

Finance leases	<u>3,046</u>	<u>894</u>
Total finance costs	<u>3,046</u>	<u>894</u>

Note 4E: Losses from assets sales

Other net losses from sale of assets		
Proceeds from sale	(24,545)	-
Carrying value of assets sold	<u>29,434</u>	<u>-</u>
Total losses from assets sales	<u>4,889</u>	<u>-</u>

AUDITED FINANCIAL STATEMENTS

Note 5: Financial Assets

	2008	2,007
	\$	\$
Note 5A: Cash and cash equivalents		
Cash on hand or on deposit	253,550	1,114,769
Other	–	–
Total cash and cash equivalents	253,550	1,114,769
Note 5B: Trade and other receivables		
Goods and services	44,579	–
Appropriations receivable:		
for existing outputs	1,058,336	3,025,339
Total appropriations receivable	1,058,336	3,025,339
GST receivable from the Australian Taxation Office	27,126	91,737
Other:		
Other receivables	77,978	208,160
Total other receivables	77,978	208,160
Total trade and other receivables (gross)	1,208,019	3,325,236
Less Allowance for doubtful debts:		
Goods and services	–	–
Other	–	–
Total trade and other receivables (net)	1,208,019	3,325,236
Receivables are represented by:		
Current	1,208,019	3,325,236
Non-current	–	–
Total trade and other receivables (net)	1,208,019	3,325,236
Receivables are aged as follows:		
Not overdue	1,130,041	3,325,236
Overdue by:		
Less than 30 days	–	–
30 to 60 days	–	–
61 to 90 days	–	–
More than 90 days	77,978	–
Total receivables (gross)	1,208,019	3,325,236

The allowance for doubtful debts is aged as follows:		
Not overdue	-	-
Overdue by:		
Less than 30 days	-	-
30 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total allowance for doubtful debts	-	-

Note 5C: Other financial assets

Prepayments	51,156	114
Total other financial assets	51,156	114

AUDITED FINANCIAL STATEMENTS

Note 6: Non-Financial Assets

	2008	2007
	\$	\$

Note 6A: Infrastructure, plant and equipment

Infrastructure, plant and equipment:

– gross carrying value (at fair value)	395,696	391,678
– accumulated depreciation	(130,325)	(45,680)

Total infrastructure, plant and equipment

265,371	345,998
----------------	---------

Total infrastructure, plant and equipment (non-current)

265,371	345,998
----------------	---------

No indicators of impairment were found for infrastructure, plant and equipment.

Note 6B: Intangibles

Computer software at cost:

Internally developed – in progress	–	54,545
Internally developed – in use	83,790	–
Purchased – in use	172,376	44,126

Total computer software

256,166	98,671
----------------	--------

Accumulated amortisation

(58,645)	(387)
------------------	-------

Accumulated impairment write-down

–	–
---	---

Total intangibles (non-current)

197,521	98,284
----------------	--------

No indicators of impairment were found for intangible assets.

Note 6: Non-Financial Assets

Note 6C: Analysis of property, plant and equipment

Reconciliation of the opening and closing balances of property, plant and equipment (2007–08)

	Other IP & E \$	Total \$
As at 1 July 2007		
Gross book value	391,678	391,678
Accumulated depreciation/amortisation and impairment	(45,680)	(45,680)
Net book value 1 July 2007	345,998	345,998
Additions:		
by purchase	42,797	42,797
by finance lease	–	–
from acquisition of entities or operations (including restructuring)	–	–
Revaluations and impairments through equity	–	–
Reclassification	–	–
Depreciation/amortisation expense	(93,987)	(93,987)
Impairments recognised in the operating result	–	–
Other movements (give details below)	–	–
Disposals:		
From disposal of entities or operations (including restructuring)	–	–
other disposals	(29,437)	(29,437)
Net book value 30 June 2008	265,371	265,371
Net book value as of 30 June 2008 represented by:		
Gross book value	395,696	395,696
Accumulated depreciation/amortisation and impairment	(130,325)	(130,325)
	265,371	265,371

AUDITED FINANCIAL STATEMENTS

Reconciliation of the opening and closing balances of property, plant and equipment (2006–07)

Item	Other IP & E \$	Total \$
As at 1 July 2006		
Gross book value	–	–
Accumulated depreciation/amortisation and impairment	–	–
Net book value 1 July 2006		
Additions:		
by purchase	373,286	373,286
by finance lease	18,392	18,392
from acquisition of entities or operations (including restructuring)	–	–
Revaluations and impairments through equity	–	–
Reclassification	–	–
Depreciation/amortisation expense	(45,680)	(45,680)
Impairments recognised in the operating result	–	–
Other movements (give details below)	–	–
Disposals:		
From disposal of entities or operations (including restructuring)	–	–
other disposals	–	–
Net book value 30 June 2007		
	345,998	345,998
Net book value as of 30 June 2007 represented by:		
Gross book value	391,678	391,678
Accumulated depreciation/amortisation and impairment	(45,680)	(45,680)
	<u>345,998</u>	<u>345,998</u>

Note 6D: Intangibles

Reconciliation of the opening and closing balances of intangibles (2007–08).

Item	Computer software internally developed	Computer software purchased	Total
	\$	\$	\$
As at 1 July 2007			
Gross book value	54,545	44,126	98,671
Accumulated depreciation/amortisation and impairment	–	(387)	(387)
Net book value 1 July 2007	54,545	43,739	98,284
Additions:			
by purchase or internally developed	29,245	128,250	157,495
by finance lease	–	–	–
from acquisition of entities or operations (including restructuring)	–	–	–
Reclassifications	–	–	–
Amortisation	(25,479)	(32,779)	(58,258)
Impairments recognised in the operating result	–	–	–
Other movements (give details below)	–	–	–
Disposals:			
from disposal of entities or operations (including restructuring)	–	–	–
other disposals	–	–	–
Net book value 30 June 2008	58,311	139,210	197,521
Net book value as of 30 June 2008 represented by:			
Gross book value	83,790	172,376	256,166
Accumulated depreciation/amortisation and impairment	(25,479)	(33,166)	(58,645)
	58,311	139,210	197,521

AUDITED FINANCIAL STATEMENTS

Reconciliation of the opening and closing balances of intangibles (2006–07).

Item	Computer software internally developed \$'000	Computer software purchased \$'000	Total \$'000
As at 1 July 2006			
Gross book value	–	–	–
Accumulated amortisation and impairment	–	–	–
Net book value 1 July 2006	–	–	–
Additions:			
by purchase or internally developed	54,545	44,126	98,671
by finance lease	–	–	–
from acquisition of entities or operations (including restructuring)	–	–	–
Reclassifications	–	–	–
Amortisation	–	(387)	(387)
Impairments recognised in the operating result	–	–	–
Other movements (give details below)	–	–	–
Disposals:			
from disposal of entities or operations (including restructuring)	–	–	–
other disposals	–	–	–
Net book value 30 June 2007	54,545	43,739	98,284
Net book value as of 30 June 2007 represented by:			
Gross book value	54,545	44,126	98,671
Accumulated depreciation/amortisation and impairment	–	(387)	(387)
	54,545	43,739	98,284

Note 7: Payables

	2008	2007
	\$	\$
Note 7A: Suppliers		
Trade creditors	592,745	2,003,560
Operating lease rentals	(6,845)	–
Total supplier payables	<u>585,900</u>	<u>2,003,560</u>

Supplier payables are represented by:

Current	599,590	2,003,560
Non-current	–	–
Total supplier payables	<u>599,590</u>	<u>2,003,560</u>

Settlement is usually made net 30 days.

Note 7B: Other Payables

Other	30,110	195,414
Total Other Payables	<u>30,110</u>	<u>195,414</u>

All other payables are current

AUDITED FINANCIAL STATEMENTS

Note 8: Interest bearing liabilities

	2008	2007
	\$	\$
Note 8: Leases		
Finance leases	-	14,722
Total finance leases	<u>-</u>	<u>14,722</u>
Payable:		
Within one year		
Minimum lease payments	-	7,018
Deduct: future finance charges	-	(1,084)
In one to five years		
Minimum lease payments	-	9,358
Deduct: future finance charges	-	(570)
In more than five years		
Minimum lease payments	-	-
Deduct: future finance charges	-	-
Finance leases recognised on the balance sheet	<u>-</u>	<u>14,722</u>

Cancer Australia has obtained a motor vehicle under a Finance Lease. The lease was non-cancellable and for fixed term of 3 years. The interest rate implicit in the lease was 9% (2007: 9%). The leased asset was secured by the lease liability. Cancer Australia has guaranteed the residual value of the asset leased. The leased asset was sold in May 2008 and liability finalised. There are no contingent rentals.

Note 9: Provisions

	2008	2007
	\$	\$
Note 9: Employee provisions		
Salaries and wages	21,581	110,832
Leave	657,219	323,828
Superannuation	4,136	6,093
Separations and redundancies	-	-
Other	533	-
Total employee provisions	683,469	440,753
Employee provisions are represented by:		
Current	534,361	254,444
Non-current	149,108	186,309
Total employee provisions	683,469	440,753

The classification of current includes amounts for which there is not an unconditional right to defer settlement by one year, hence in the case of employee provisions the above classification does not represent the amount expected to be settled within one year of reporting date. Employee provisions expected to be settled in twelve months from the reporting date are \$311,900 (2007: \$222,637), and in excess of one year \$371,569 (2007: \$218,116).

Note 10: Cash flow reconciliation

	2008	2007
	\$	\$
Reconciliation of cash and cash equivalents as per Balance Sheet to Cash Flow Statement		
Report cash and cash equivalents as per:		
Cash Flow Statement	253,550	1,114,769
Balance Sheet	253,550	1,114,769
Reconciliation of operating result to net cash from operating activities:		
Operating result	(1,553,814)	2,229,952
Depreciation /amortisation	152,245	46,067
Loss on disposal of assets	4,889	–
(Increase) / decrease in net receivables	2,113,274	(3,283,027)
(Increase) / decrease in prepayments	(51,042)	(114)
Increase / (decrease) in employee provisions	333,395	440,753
Increase / (decrease) in supplier payables	(1,480,624)	2,199,982
Increase / (decrease) in other payables	(170,026)	–
Net cash from / (used by) operating activities	<u>(651,703)</u>	<u>1,633,613</u>

Note 11: Contingent Liabilities and Assets

Cancer Australia have not identified any quantifiable, unquantifiable or remote contingencies as at 30 June 2008 (2006–07: Nil).

Note 12: Senior Executive Remuneration

	2008	2007
The number of senior executives who received or were due to receive total remuneration of \$130,000 or more:		
\$130 000 to \$144 999	-	-
\$145 000 to \$159 999	-	-
\$160 000 to \$174 999	-	-
\$175 000 to \$189 999	-	1
\$190 000 to \$204 999	-	-
\$205 000 to \$219 999	-	1
\$220 000 to \$234 999	-	-
\$235 000 to \$249 999	-	-
\$250 000 to \$264 999	-	-
\$265 000 to \$279 999	1	-
\$280 000 to \$294 999	-	-
\$295 000 to \$309 999	-	-
\$310,000 to \$324,999	-	-
\$325,000 to \$339,999	-	-
\$340,000 to \$354,999	-	-
\$355,000 to \$369,999	1	-
Total	<u>2</u>	<u>2</u>
The aggregate amount of total remuneration of senior executives shown above.	\$628,123	\$390,897
The aggregate amount of separation and redundancy/termination benefit payments during the year to executives shown above.	-	-

AUDITED FINANCIAL STATEMENTS

Note 13: Remuneration of Auditors

2008	2007
\$	\$

Financial statement audit services are provided free of charge to the agency.

The fair value of the services provided was:

Financial Statements audit	<u>40,200</u>	<u>25,500</u>
	<u>40,200</u>	<u>25,500</u>

No other services were provided by the Auditor-General.

Note 14: Financial Instruments

	2008	2007
	\$	\$
Note 14A: Categories of financial instruments		
Financial Assets		
Loans and receivables financial assets		
Cash and cash equivalents	253,550	1,114,769
Trade receivables	44,579	–
Other receivables	77,978	208,160
Other financial assets	51,156	114
	<u>427,263</u>	<u>1,323,043</u>
Carrying amount of financial assets	<u>427,263</u>	<u>1,323,043</u>
Financial Liabilities		
Other Liabilities		
Payable – suppliers	585,900	2,003,560
Other payables	30,110	195,414
Finance lease liabilities	–	14,722
	<u>616,010</u>	<u>2,213,696</u>
Carrying amount of financial liabilities	<u>616,010</u>	<u>2,213,696</u>
Note 14B: Net income and expense from financial liabilities		
Finance Liabilities – at amortised cost		
Interest expense	3,046	894
Exchange gains/(loss)	–	–
Gain/loss on disposal	–	–
Net gain/(loss) financial liabilities – at amortised cost	<u>3,046</u>	<u>894</u>

AUDITED FINANCIAL STATEMENTS

Note 14C: Fair value of financial instruments

	Carrying amount 2008 \$	Fair value 2008 \$	Carrying amount 2007 \$	Fair value 2007 \$
FINANCIAL ASSETS				
Cash and cash equivalents	253,550	253,550	1,114,769	1,114,769
Trade receivables	44,579	44,579	–	–
Other receivables	77,978	77,978	208,160	208,160
Other financial assets	51,156	51,156	114	114
Total	427,263	427,263	1,323,043	1,323,043
FINANCIAL LIABILITIES				
Payable – suppliers	585,900	585,900	2,003,560	2,003,560
Other payables	30,110	30,110	195,414	195,414
Finance leases	–	–	14,722	14,722
Total	616,010	616,010	2,213,696	2,213,696

Note 14D: Credit risk

Cancer Australia is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2008: \$44,579 and 2007: \$0). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2008 (2007: \$0) to an allowance for doubtful debts account.

Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, the Agency has policies and procedures that guide employees debt recovery techniques that are to be applied.

Cancer Australia holds no collateral to mitigate against credit risk.

Credit quality of financial instruments not past due or individually determined as impaired

	Not Past Due Nor Impaired	Not Past Due Nor Impaired	Past due or impaired	Past due or impaired
	2008	2007	2008	2007
	\$	\$	\$	\$
Loans and receivables				
Cash and cash equivalents	253,550	1,114,769	–	–
Trade and other receivables	44,579	208,160	77,978	–
Total	298,129	1,322,929	77,978	–

AUDITED FINANCIAL STATEMENTS

Ageing of financial assets that are past due but not impaired for 2008

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Loans and receivables					
Trade and other receivables	–	–	–	77,978	77,978
Total	–	–	–	77,978	77,978

Ageing of financial assets that are past due but not impaired for 2007

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Loans and receivables					
Trade and other receivables	–	–	–	–	–
Total	–	–	–	–	–

Note 14E: Liquidity risk

Cancer Australia's financial liabilities are payables, loans from government, finance leases and other interest bearing liabilities. The exposure to liquidity risk is based on the notion that the Agency will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely due to appropriation funding and mechanisms available to the Entity (e.g. Advance to the Finance Minister) and internal policies and procedures put in place to ensure there are appropriate resources to meet its financial obligations.

The following tables illustrates the maturities for financial liabilities

	On demand 2008 \$'000	within 1 year 2008 \$'000	1 to 5 years 2008 \$'000	> 5 years 2008 \$'000	Total 2008 \$'000
Other Liabilities					
Finance leases	–	–	–	–	–
Payables—Suppliers	–	585,900	–	–	585,900
Other payables	–	60,220	–	–	60,220
Total	–	646,120	–	–	646,120
Other Liabilities					
	On demand 2007 \$'000	within 1 year 2007 \$'000	1 to 5 years 2007 \$'000	> 5 years 2007 \$'000	Total 2007 \$'000
Other Liabilities					
Finance leases	–	5,934	8,788	–	14,722
Payables – Suppliers	–	2,003,650	–	–	2,003,650
Other payables	–	195,414	–	–	195,414
Total	–	2,204,998	8,788	–	2,213,786

Cancer Australia is appropriated funding from the Australian Government. The Agency manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, Cancer Australia has policies in place to ensure timely payment are made when due and has no past experience of default.

Note 14F: Market risk

Cancer Australia holds basic financial instruments that do not expose the Agency to certain market risks. Cancer Australia is not exposed to 'Currency risk' or 'Other price risk'.

Interest Rate Risk

Cancer Australia is not exposed to any interest rate risk

2008: No risk, 2007: Finance lease fixed at 9% interest. The interest-bearing item on the balance sheet was the 'Finance lease'. Interest at a fixed interest rate and will not fluctuate due to changes in the market interest rate.

Note 15: Expenses Administered on Behalf of Government

	2008	2007
	\$	\$
<u>Expenses</u>		
Note 15A: Advisory fees		
Advisory fees	<u>217,437</u>	<u>234,014</u>
Total Advisory fees	<u>217,437</u>	<u>234,014</u>
Note 15B: Suppliers		
Provision of goods – related entities	–	–
Provision of goods – external parties	–	–
Rendering of services – related entities	–	–
Rendering of services – external parties	1,709,835	74,113
Operating lease rentals:		
Minimum lease payments	–	–
Workers compensation premiums	–	–
Total suppliers	<u>1,709,835</u>	<u>74,113</u>
Note 15C: Grants		
Public sector:		
Australian government entities (related entities)	–	–
State and Territory Governments	4,504,058	654,313
Local governments	–	–
Private sector:		
Non-profit organisations	13,284,721	3,784,172
Other	–	–
Overseas	–	–
Other	–	–
Total grants	<u>17,788,779</u>	<u>4,438,485</u>
Note 15D: Other expenses		
Other expenses	<u>40,270</u>	<u>8,825</u>
Total other expenses	<u>40,270</u>	<u>8,825</u>

AUDITED FINANCIAL STATEMENTS

Note 16: Assets Administered on Behalf of Government

	2008	2007
	\$	\$
<i>Financial Assets</i>		
Note 16A: Cash and cash equivalents		
Cash on hand or on deposits	38,832	275,321
Total cash and cash equivalents	38,832	275,321
Note 16B: Receivables		
Goods and services receivable	410,258	195,648
Total receivables	410,258	195,648
Less: Allowance for doubtful debts:		
Goods and services	-	-
Other receivables	-	-
Total receivables (net)	410,258	195,648
Receivables are aged as follows:		
Not overdue	226,342	195,648
Overdue by:		
Less than 30 days	183,916	-
30 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (net)	410,258	195,648
The allowance for doubtful debts is aged as follows:		
Not overdue	-	-
Overdue by:		
Less than 30 days	-	-
30 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total allowance for doubtful debts	-	-

Goods and services receivables are with Entities external to the Australian Government. Credit terms are net 30 days (2007: 30 days).

Note 17: Liabilities administered on behalf of Government

	2008	2007
	\$	\$
<u>Payables</u>		
Note 17A: Suppliers		
Trade creditors	11,199	60,890
Operating leases	-	-
Other	-	22,924
Total suppliers	11,199	83,814

All creditors are entities that are not part of the Australian Government. Settlement is usually made net 30 days.

Note 17B: Grants

Public sector:		
State and Territory Governments	322,163	415,563
Local governments	-	-
Private sector:		
Non-profit organisations	-	580,627
Other	-	-
Overseas	-	-
Other	-	-
Total grants	322,163	996,190

All grants are to Entities that are not part of the Australian Government. Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.

AUDITED FINANCIAL STATEMENTS

Note 18: Administered Reconciliation Table

	2008	2007
	\$	\$
<i>Opening administered assets less administered liabilities as at 1 July</i>	(609,034)	–
Adjustment for change in accounting policies	–	–
Adjustments for errors	–	–
Adjusted opening administered assets less administered liabilities	–	–
Plus: Administered income	–	–
Less: Administered expenses	(19,756,321)	(4,755,437)
Administered transfers to/from Australian Government:	–	–
Appropriation transfers from OPA:	–	–
Annual appropriations for administered expenses	19,748,848	4,338,062
Administered assets and liabilities appropriations	–	–
Retained prior years appropriation	417,375	–
Special appropriations (limited)	–	–
Special appropriations (unlimited)	–	–
Net transferable to OPA	314,860	(191,659)
Restructuring	–	–
Transfers to other Entities (Finance only)	–	–
Transfer from other Entities (Finance only)	–	–
Administered revaluations taken to/from reserves	–	–
Currency Translation gain/loss	–	–
<i>Closing administered assets less administered liabilities as at 30 June</i>	<u>115,728</u>	<u>(609,034)</u>

Note 19: Administered Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or remote contingencies as at 30 June 2008 (2006–07: Nil).

Note 20: Financial Instruments

	2008	2007
Note 20A: Categories of financial instruments		
Financial Assets		
Loans and receivables		
Cash and cash equivalents	38,832	275,321
Trade receivables	410,258	195,648
Carrying amount of financial assets	449,090	470,969
Financial Liabilities		
Other Liabilities		
Trade creditors	11,199	83,814
Grants payable	322,163	996,190
Carrying amount of financial liabilities	333,362	1,080,004

AUDITED FINANCIAL STATEMENTS

Note 20B: Fair value of financial instruments

	Carrying amount 2008 \$	Fair value 2008 \$	Carrying amount 2007 \$	Fair value 2007 \$
FINANCIAL ASSETS				
Loans and receivables				
Trade receivables	410,258	410,258	195,648	195,648
Total	410,258	410,258	195,648	195,648

	Carrying amount 2008 \$	Fair value 2008 \$	Carrying amount 2007 \$	Fair value 2007 \$
FINANCIAL LIABILITIES				
Suppliers				
Trade creditors	11,199	11,199	83,814	83,814
Grants payable	322,163	322,163	996,190	996,190
Total	333,362	333,362	1,080,004	1,080,004

No income or expenses have resulted from financial instruments.

Note 20C: Credit risk

The administered activities of Cancer Australia is not exposed to a high level of credit risk as the majority of financial assets are trade receivables, advances and loans to state, territory and local governments and shares in government controlled and funded entities. Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, the Agency has policies and procedures that guide employees debt recovery techniques that are to be applied.

The maximum exposure to credit risk is outlined in the table below.

	2008	2007
	\$	\$
Financial assets		
Loans and receivables		
Trade receivables	410,258	195,648
Total	410,258	195,648

Cancer Australia has assessed the risk of the default on payment and has allocated the following amounts to an allowance for doubtful debts account:

Goods and services receivables	\$0 in 2008	(2007: \$0)
Advances and loans	\$0 in 2008	(2007: \$0)

Credit quality of financial instruments not past due or individually determined as impaired

	Not Past Due Nor Impaired	Not Past Due Nor Impaired	Past due or impaired	Past due or impaired
	2008	2007	2008	2007
	\$	\$	\$	\$
Loans and receivables				
Trade receivables	226,342	195,648	183,916	195,648
Total	226,342	195,648	183,916	195,648

AUDITED FINANCIAL STATEMENTS

Ageing of financial assets that are past due but not impaired for 2008

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Loans and receivables					
Trade receivables	183,916	–	–	–	183,916
Total	183,916	–	–	–	183,916

Ageing of financial assets that are past due but not impaired for 2007

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Loans and receivables					
Trade receivables	–	–	–	–	–
Total	–	–	–	–	–

Note 20D: Liquidity risk

Cancer Australia's administered financial liabilities are trade creditors and grants payable. The exposure to liquidity risk is based on the notion that the Agency will encounter difficulty in meeting its obligations associated with administered financial liabilities. This is highly unlikely due to appropriation funding and mechanisms available to the Entity (e.g. Advance to the Finance Minister) and internal policies and procedures put in place to ensure there are appropriate resources to meet its financial obligations.

The following tables illustrates the maturities for financial liabilities

	On demand 2008 \$	within 1 year 2008 \$	1 to 5 years 2008 \$	> 5 years 2008 \$	Total 2008 \$
Other Liabilities					
Trade creditors	–	11,199	–	–	11,199
Grants payable	–	322,163	–	–	322,163
Total	–	333,362	–	–	333,362

	On demand 2007 \$	within 1 year 2007 \$	1 to 5 years 2007 \$	> 5 years 2007 \$	Total 2007 \$
Other Liabilities					
Trade creditors	–	83,814	–	–	83,814
Grants payable	–	996,190	–	–	996,190
Total	–	1,080,004	–	–	1,080,004

Cancer Australia's administered activities are appropriated from the Australian Government. The Agency manages its budgeted administered funds to ensure it has adequate funds to meet payments as they fall due. In addition, Cancer Australia has policies in place to ensure timely payments are made when due and has no past experience of default.

Note 20E: Market risk

Cancer Australia holds basic financial instruments that do not expose the Agency to certain market risks. Cancer Australia is not exposed to 'Currency risk', 'Interest rate risk' or 'Other price risk'.

Note 21: Appropriations

Table A: Acquittal of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations

Particulars	Administered Expenses		Departmental Outputs		Total	
	Outcome 1		2007	2008	2007	2008
	2008	2007	\$	\$	\$	\$
Balance brought forward from previous period	13,735,637	-	-	4,231,845	-	17,967,482
Appropriation Act:						
Appropriation Act (No.1) 2007-08	17,431,000	16,663,000		3,724,000	5,909,000	21,155,000
Appropriation Act (No.3) 2007-08	2,318,000	-		64,000	-	2,382,000
Appropriation Act (No.5) 2007-08	-	815,000		-	185,000	-1,000,000
Reductions of appropriations (Appropriation Act section 9)						
Administered appropriation lapsed (Appropriation Act section 8)	(12,722,563)	-		-	-	(12,722,563)
Advance to the Finance Minister (Appropriation Act section 11)	-	-		-	-	-
Comcover receipts (Appropriation Act section 12)	-	-		-	-	-
FMA Act:						
Refunds credited (FMA section 30)	-	-			85	-85
Appropriations to take account of recoverable GST (FMA section 30A)	1,691,879	320,378		402,421	167,317	2,094,300
Annotations to 'net appropriations' (FMA section 31)	-	-		260,039	-	260,039
Adjustment of appropriations on change of entity function (FMA section 32)	-	-		-	-	-
Total appropriation available for payments	22,453,953	17,798,378		8,682,305	6,261,402	31,136,258
Cash payments made during the year (GST inclusive)	(22,321,190)	(4,062,741)		(7,343,293)	(2,029,557)	(29,664,483)
Appropriations credited to Special Accounts (excluding GST)	-	-		-	-	-

AUDITED FINANCIAL STATEMENTS

Balance of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations	132,763	13,735,637	1,339,012	4,231,845	1,471,775	17,967,482
Represented by						
Cash at bank and on hand	38,832	275,321	253,550	1,114,769	292,382	1,390,090
GST receipts transferable to OPA	-	-	-	-	-	-
Departmental appropriations receivable	-	-	1,058,336	3,025,339	1,058,336	3,025,339
GST receivable from ATO	-	-	27,126	91,737	27,126	91,737
Undrawn, unexpired administered appropriations	93,931	13,460,316	-	-	93,931	13,460,316
Total	132,763	13,735,637	1,339,012	4,231,845	1,471,775	17,967,482

Cancer Australia do not have any non-operating appropriations. Departmental and non-operating appropriations do not lapse at financial year end. However, the responsible Minister may decide that part or all of a departmental or non-operating appropriation is not required and request the Finance Minister to reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament. In 2007/08, no reduction in departmental outputs appropriations were determined by the Minister for Health and Ageing.

The 2006-07 comparative amounts have been adjusted to recognise prior year errors in the GST receipts transferable. The amount of \$195,415 has been reversed for the 2006-07 financial year giving a NIL comparative balance.

Note 22: Special Accounts

Cancer Australia does not operate any Special Accounts.

Note 23: Compensation and Debt Relief

Administered

No "Act of Grace" expenses were incurred during the reporting period (2007: No expense).

No waivers of amounts owing to the Australian Government were made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997*.

(2007: No waiver).

No ex-gratia payments were provided for during the reporting period. (2007: No payments)

Departmental

No payments were made during the reporting period. (2007: No payments made).

No payments were made under s73 of the *Public Service Act 1999* during the reporting period. (2007: No payments made)

Note 24: Reporting of Outcomes**Note 24A: Net Cost of Outcome Delivery**

	Outcome 1		Total	
	2008	2007	2008	2007
	\$	\$	\$	\$
Expenses				
Administered	19,756,321	4,755,437	19,756,321	4,755,437
Departmental	5,563,511	4,097,730	5,563,511	4,097,730
Total expenses	25,319,832	8,853,167	25,319,832	8,853,167
Costs recovered from provision of goods and services to the non government sector				
Administered	-	-	-	-
Departmental	-	-	-	-
Total costs recovered	-	-	-	-
Other external revenues				
Administered	-	-	-	-
Departmental	-	-	-	-
Total other external revenues	-	-	-	-
Net cost/(contribution) of outcome	25,319,832	8,853,167	25,319,832	8,853,167

Outcomes 1 is described in Note 1.1. Net costs shown include intra-government costs that are eliminated in calculating the actual Budget Outcome.

Note 24B: Major Classes of Departmental Revenues and Expenses by Output Groups and Outputs

Outcome 1	Output Group 1.1		Outcome 1 Total	
	Output 1.1.1			
	2008	2007	2008	2007
	\$	\$	\$	\$
Departmental expenses				
Employee	3,369,836	1,785,936	3,369,836	1,785,936
Suppliers	2,033,495	2,264,833	2,033,495	2,264,833
Depreciation and amortisation	152,245	46,067	152,245	46,067
Finance costs	3,046	894	3,046	894
Losses from assets sales	4,889	–	4,889	–
Total departmental expenses	5,563,511	4,097,730	5,563,511	4,097,730
Funded by:				
Revenue from Government	3,788,000	6,094,000	3,788,000	6,094,000
Other revenue	221,697	233,682	221,697	233,682
Total departmental revenues	4,009,697	6,327,682	4,009,697	6,327,682

Outcome 1 is described in Note 1.1. Net costs shown include intra-government costs that are eliminated in calculating the actual Budget outcome.

AUDITED FINANCIAL STATEMENTS

Note 24C: Major Classes of Administered Revenues and Expenses by Outcomes

	Outcome 1		Total	
	2008	2007	2008	2007
	\$	\$	\$	\$
Administered Income				
Sale of goods and services	–	–	–	–
Other non-taxation revenue	–	–	–	–
Total administered income	–	–	–	–
Administered Expenses:				
Advisory fees	217,437	234,014	217,437	234,014
Suppliers	1,709,835	74,113	1,709,835	74,113
Grants	17,788,779	4,438,485	17,788,779	4,438,485
Other expenses	40,270	8,825	40,270	8,825
Total Administered Expenses	19,756,321	4,755,437	19,756,321	4,755,437

Outcome 1 is described in Note 1.1.

ADDITIONAL REPORTING INFORMATION

Advertising and market research

During 2007–08, Cancer Australia advertised Request for Tenders through the HMA Blaze Agency. \$3508 was spent from Departmental Funds, and \$25,141 from Administered Funds.

Asset management

Asset management is not a significant part of our strategic business. An asset management plan has been developed to ensure that there are sufficient funds to replace assets that reach the end of their useful lives.

Cancer Australia undertakes two regular stocktakes of fixed and intangible assets each financial year, and these were completed during 2007–08. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2008.

Commonwealth Disability Strategy

Cancer Australia adheres to the existing employment policies of the Department of Health and Ageing, and is compliant with the *Disability Discrimination Act 1992*.

Competitive tendering and contracting

All competitive tendering and contracting contracts let by Cancer Australia during 2007–08 were listed through AusTender.

Consultancies

Consultants are engaged to provide professional, independent and expert advice or services. Cancer Australia engages consultants by using the methods applied in the procurement of other goods and services. In 2007–08, Cancer Australia spent a total of \$370,661 on five consultancies. Most of these were one-off consultancies to support specific aspects of our operations.

Information on expenditure on contracts and consultancies is also available on the AusTender website www.tenders.gov.au.

ADDITIONAL REPORTING INFORMATION

Table B.1 Consultancy services let during 2007–08 of \$10 000 or more

Consultant Name	Description	Contract Price	Selection Process ⁽¹⁾	Justification ⁽²⁾
Longley Stapleton	The provision of the financial information management system and support	\$122,861	Open Tender	B
Oakton	Audit Services	\$12,000	Select Tender	B
Walter Turnbull	Internal Audit Services	\$150,000	Open Tender	B
Roex Management	Financial Consulting	\$66,000	Direct Source	B
Robson Huntley & Associates	Financial Consulting	\$19,800	Direct Source	B

(1) Explanation of selection process terms drawn from the Commonwealth Procurement Guidelines (January 2005)

Open Tender: A procurement procedure in which a request for tender is published inviting all businesses that satisfy the conditions for participation to submit tenders. Public tenders are sought from the marketplace using national and major metropolitan newspaper advertising and the Australian Government AusTender internet site.

Select Tender: A procurement procedure in which the procuring agency selects which potential suppliers are invited to submit tenders. Tenders are invited from a short list of competent suppliers.

Direct Sourcing: A form of restricted tendering, available only under certain defined circumstances, with a single potential supplier or suppliers being invited to bid because of their unique expertise and/or their special ability to supply the goods and/or services sought.

Panel: An arrangement under which a number of suppliers, usually selected through a single procurement process, may each supply property or services to an agency as specified in the panel arrangements. Tenders are sought from suppliers that have pre-qualified on the agency panels to supply the government. This category includes standing offers and supplier panels where the consultant offers to supply goods and services for a pre-determined length of time, usually at a pre-arranged price.

(2) Justification for decision to use consultancy:

- A – skills currently unavailable within agency
- B – need for specialised or professional skills
- C – need for independent research or assessment

Discretionary grants

Discretionary grants are payments where the portfolio Minister or paying agency has discretion in determining whether or not a particular applicant receives funding and may or may not impose conditions in return for the grant.

An overview of grants made by Cancer Australia in the 2007–08 year is set out in Table B.2. Further information can be obtained by contacting Cancer Australia.

Table B.2 Discretionary grants made by Cancer Australia, 2007–08

Grant Title	Vendor	Grant Description
ANGST and APUG Merger	University of Sydney and ANZ Germ Cell Trials Group	ANZGCTG and APUG Merger
Cancer Research—Clinical Trials	University of Sydney and NHMRC Clinical Trials Centre and the Centre for Biostatistics and Clinical Trials, Peter MacCallum Cancer Centre	Cancer Clinical Trials Development Cancer Clinical Trials Development Unit
Cancer Support Groups Grants Program—Round 3	Australian Lung Foundation	LOTE for Lung Cancer
	Geraldton Regional Aboriginal Medical Service	Midwest Indigenous Women's Cancer Support group
	Peter MacCallum Cancer Centre	Patients with Lung Cancer and their carers: Supporting through novel information models
	Peter MacCallum Cancer Centre	Using emerging technologies to improve supportive care for young adults living with cancer
	Royal Flying Doctor Service of Australia	Cancer Outback: Cancer Support in Remote Australia
	The Aboriginal Health and Medical Research Council	Aboriginal Stories and Cancer Journeys
	The Cancer Council ACT	Carers of Cancer Patients: Understanding their Support Service Needs
	The Cancer Council NSW	National Telephone Support Pilot Project
The Cancer Council NT	Supportive Care Outreach Program	

ADDITIONAL REPORTING INFORMATION

Grant Title	Vendor	Grant Description
Cancer Support Groups Grants Program—Round 3 (cont.)	The Cancer Council QLD	“Surviving and Thriving” Moving on after treatment
	The Cancer Council SA	Cancer Support and Information for Aboriginal and Torres Strait Islander People
	The Cancer Council TAS	Extended Support Services Project
	The Cancer Council VIC	The Family Connect Program
	The Cancer Council WA	Cancer survivors Network—Wellness Package
	Upper Hume Community Health Service	Border Wellness Clinic
	WA Cancer and Palliative Care Network	Adolescent and Young Adult Community Support Worker
	Women's Health Victoria	Reaching out to women with gynaecological cancers: Innovations in supportive care
	Infrastructure Support for Clinical Trials Program	Australian Leukaemia & Lymphosoma Group
Australian New Zealand Breast Cancer Trials Group Ltd		Infrastructure Support for Clinical Trials Program
Australian New Zealand Children's Haematology and Oncology Group		Infrastructure Support for Clinical Trials Program
Clinical Oncological Society of Australia		Australian Sarcoma Study Group
National Breast Cancer Centre		Infrastructure Support for Clinical Trials Program
Tasmanian Radiation Oncology Group		Trans Tasman Radiation Oncology Group
The Australian Lung Foundation		Australasian Lung Cancer Trials Group
University of Sydney		Cooperative trials groups for Neuro-oncology

Grant Title	Vendor	Grant Description
Infrastructure Support for Clinical Trials Program (cont.)	University of Sydney and ANZ Germ Cell Trials Group	Infrastructure Support for Clinical Trials Program
	University of Sydney and ANZ Gynaecology Oncology Group	Infrastructure Support for Clinical Trials Program
	University of Sydney and ANZ Melanoma Trial Group	Infrastructure Support for Clinical Trials Program
	University of Sydney and Australasian Gastro-Intestinal Trials Group	Infrastructure Support for Clinical Trials Program
	University of Sydney—Psycho-Oncology Cooperative Research Group	Infrastructure Support for Clinical Trials Program
National Cancer Plan	Medical Oncology Group of Australia	Development of modular learning packages in oncology suitable for registered medical practitioners
National Clinical Trials Register	University of Sydney	Cancer Trials Australia Online Website
The Priority-driven Collaborative Cancer Research Scheme Round 1	Monash University	The Priority-driven Collaborative Cancer Research Scheme Round 1
	Queensland Cancer Fund	The Priority-driven Collaborative Cancer Research Scheme Round 1
	Queensland Cancer Fund	The Priority-driven Collaborative Cancer Research Scheme Round 1
	Queensland University of Technology	The Priority-driven Collaborative Cancer Research Scheme Round 1
	Queensland University of Technology	The Priority-driven Collaborative Cancer Research Scheme Round 1
	Royal Prince Alfred Hospital	The Priority-driven Collaborative Cancer Research Scheme Round 1
	Sir Charles Gairdner Hospital	The Priority-driven Collaborative Cancer Research Scheme Round 1

ADDITIONAL REPORTING INFORMATION

Grant Title	Vendor	Grant Description
The Priority-driven Collaborative Cancer Research Scheme Round 1 (cont.)	The Ludwig Institute of Cancer Research	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Melbourne	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Melbourne	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Melbourne	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Melbourne	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Melbourne	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of NSW	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of NSW	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of NSW	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Queensland	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Queensland	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Sydney	The Priority-driven Collaborative Cancer Research Scheme Round 1
	University of Sydney	The Priority-driven Collaborative Cancer Research Scheme Round 1

Ecologically sustainable development and environmental performance

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1991* requires Australian Government organisations to detail their environmental performance and contribution to ecologically sustainable development in their annual reports.

In 2007–08 Cancer Australia adopted a range of measures that contributed to ecologically sustainable development, including:

- selling the office vehicle
- exclusive use of 'ecologically friendly' printer paper
- recycling paper, cardboard and printer cartridges
- setting printers to default to printing on both sides of the paper
- ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features
- providing facilities to allow staff to recycle a range of kitchen and general waste.

We will continue to consider ecologically sustainable development as part of our aim for continuous improvement.

Exempt contracts

There were no exempt contracts let by Cancer Australia during 2007–08.

External scrutiny

There was no formal external scrutiny of Cancer Australia in 2007–08. No court or tribunal decisions relating to Cancer Australia were handed down during the year. There were no reports by the Auditor-General on the operation of the agency, other than the report on the financial statements at Appendix A.

Freedom of information

Section 8 of the *Freedom of Information Act 1982* (FOI Act) requires government agencies to publish information in an annual report about:

- functions and decision-making powers that affect the public
- arrangements for public participation in the formulation of policy
- the categories of documents that are held by the agency
- how these documents can be accessed by the public.

ADDITIONAL REPORTING INFORMATION

Freedom of information statistics 2007–08

During 2007–08, Cancer Australia:

- received one request for access to documents under the FOI Act, which was subsequently withdrawn by the applicant
- received no requests for internal review under the FOI Act
- was not involved in any Administrative Appeals Tribunal matters in respect of the FOI Act.

Cancer Australia functions and powers

Information about the structure and functions of Cancer Australia can be found in Section 4 of this annual report, while information on our performance of our functions is in Sections 1 and 5. Information can also be found on our internet site: www.canceraustralia.gov.au.

The Minister for Health and Ageing and Cancer Australia officers exercise decision-making powers under the *Cancer Australia Act 2006*. In the normal course of our operations as an Australian Government agency, our staff also exercise functions and powers under Acts such as the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*.

Arrangements for public participation

An Advisory Council has been established to provide advice to the Chief Executive Officer about the performance of Cancer Australia's functions.

We have also established National Advisory Groups in each of our core administered program areas to provide advice and direction on a range of issues and activities undertaken by Cancer Australia and to recommend strategies and actions to improve cancer control in the areas of:

- research
- National Centre for Gynaecological Cancers
- consumer interests
- quality and professional development
- data.

Cancer Australia has also convened a Strategic Forum, bringing together senior cancer clinicians and senior policymakers from each state and territory and the Australian Government for the first time. The Strategic Forum provides advice on policy development and implementation to advance national cancer control activities in collaboration with the states and territories.

Cancer Australia has convened seven National Reference Groups, to help identify opportunities to improve cancer care and outcomes for people affected by particular cancers and for people with cancer in particular age groups and their carers.

Forty-seven consumers have been selected to participate in our National Advisory and Reference Groups. People with a wide range of cancer experiences, and from across Australia, were selected by an independent panel, following a national call for applications. We also sought nominations from cancer consumer organisations across Australia, and directly approached consumers with particular experience or interests. In 2007–08 Cancer Australia has achieved its aim of ensuring that at least two consumers are involved in every National Advisory and Reference Group, and in the Strategic Forum.

Categories of documents

Cancer Australia maintains various forms of records relating to the performance of our functions. Records are retained for varying periods, depending on their administrative and historical value, and are disposed of in accordance with standards and practices approved by the National Archives of Australia under the *Archives Act 1983*. The categories of documents held by Cancer Australia are listed in B.3.

Table B.3 Documents held by Cancer Australia

Category	Description
Program documents	<p>Cancer Australia holds documents relating to:</p> <ul style="list-style-type: none"> • contracts and tendering processes • dealings with Australian and state and territory government officials, committees and other government agencies • the performance of Cancer Australia’s functions under the <i>Cancer Australia Act 2006</i>.
Working files	Cancer Australia holds files including correspondence, analysis and advice by our staff, documents received from third parties and drafts of these and other documents.
Internal administration	Cancer Australia holds personnel records, organisation and staffing records, financial and expenditure records and internal operating documentation such as office procedures and policies.
Documents customarily available free of charge on request	Cancer Australia’s annual report and selected other documents relating to our operation are available through our website at www.canceraustralia.gov.au

ADDITIONAL REPORTING INFORMATION

Advisory Council

Organisation:

Secretariat and administrative support for the Council is provided by Cancer Australia.

The Council usually meets three times each year. Members serve for terms not exceeding three years. Members may be re-appointed on completion of their term.

Powers:

As an advisory body, the Council has no decision-making or other powers directly affecting members of the public.

Decisions:

Under section 30 of the Cancer Australia Act, the Council is an advisory body and has no decision-making power or other powers directly affecting members of the public.

Funding and secretariat services:

Funds for the operation of the Council are provided from funds allocated to Cancer Australia. Major expenditure items consist of members' remuneration and travel allowances, and fares to attend council meetings. In addition to direct financial support, Cancer Australia provides secretariat and administrative services to the Council from its budget.

Documents:

The Council does not hold any documents that are open to public access on payment of a fee, or documents that are customarily available free of charge. The annual report of the Council, as part of the Cancer Australia annual report, is tabled in parliament. The Council secretariat maintains files containing documents about the administration of the Council, papers discussed at its meetings, and correspondence on its activities.

Arrangement for outside participation:

Persons or bodies outside the Australian Government may participate in the Council's advisory role by making representations to the Chair or any member of the Council.

Procedures and contact details for Cancer Australia and the Advisory Council

Inquiries regarding making a formal request under the FOI Act should be directed in writing to:

FOI Officer
Cancer Australia
PO Box 1201
Dickson ACT 2602

Occupational health and safety

In 2007–08 Cancer Australia developed and implemented Health and Safety Management Arrangements in accordance with amendments to the *Occupational Health and Safety Act 1991*. The arrangements provide comprehensive health and safety and consultative processes to ensure we have a safe workplace. There were no reportable occupational health and safety incidents during the year.

Outcome and output

Table B.4 Cancer Australia's Summary Resource Table by Outcome

Outcome 1— National consistency in cancer prevention and care that is scientifically based				
	(1) Budget* 2007–08 \$'000	(2) Actual expenses 2007–08 \$'000	Variation (column 2 minus column 1)	Budget** 2008–09 \$'000
Administered Expenses (including third party outputs)	19,749	19,756	7	23,505
Total Administered Expenses	19,749	19,756	7	23,505
Price of Departmental Outputs				
Output Group 1— Provide National Leadership to Improve Quality and Coordination of Cancer Control in Australia	3,772	3,788	16	3,713
Revenue from Government (Appropriation) for Departmental Outputs	3,772	3,788	16	3,713
Revenue from other Sources	0	182	182	0
Total Price of Outputs	3,772	3,970	198	3,713
TOTAL FOR OUTCOME 1 (Total Price of Outputs and Administered Expenses)	23,521	23,726	205	27,218
			2007–08	2008–09
Average Staffing Level			25	18

* Full-year budget, including additional estimates

** Budget prior to additional estimates

ADDITIONAL REPORTING INFORMATION

Purchasing

In 2007–08 Cancer Australia has sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Guidelines.

We have developed and implemented a procurement policy and procedure document that reflects the need for compliance with the Commonwealth Procurement Guidelines and focus on:

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

CANCER AUSTRALIA'S NATIONAL ADVISORY AND REFERENCE GROUPS

Cancer Australia has established National Advisory Groups to provide input to and advice and direction on a range of issues and activities undertaken by Cancer Australia, and to provide support and advice for each of Cancer Australia's administered programs. The groups recommend strategies and actions to improve cancer control and outcomes for people affected by cancer.

Each National Advisory Group is comprised of experts across all aspects of cancer control, including people personally affected by cancer, health professionals, researchers and policymakers. Members are selected from nominations from a wide range of relevant national groups and organisations to ensure a broad spectrum of expertise and experiences, gender balance and geographic representation across Australia. We aim to include at least two consumer representatives on each group.

In 2007–08 the groups worked with Cancer Australia to focus on the Australian Government's priorities for cancer control, with particular emphasis on supporting cancer research, and progressing the work of the National Centre for Gynaecological Cancers.

Cancer Australia values the advice and support extended to the organisation by the following National Advisory Groups:

Cancer Australia's Strategic Forum

Cancer Australia's inter-governmental Strategic Forum brings together senior clinicians, and senior health department officials from each state and territory government and the Australian Government, to support a collaborative framework for provision of advice on national cancer control activities. The forum's members also include two consumer representatives, and a representative from the New Zealand Cancer Control Council. In 2007–08 the Strategic Forum had 29 members.

The Chair of the Strategic Forum is Mrs Janet McDonald AO. The Chair has been appointed for an initial term of three years. Members are appointed on the basis of the government position or organisational role they hold, and composition of the forum is reviewed on each occasion that a member in a designated position leaves that area of responsibility.

The Cancer Australia Strategic Forum met in July 2007 and March 2008. At the July 2007 meeting, members heard from key speakers and considered issues related to a national cancer data strategy, the national cancer workforce and equitable access to care for people with cancer. The meeting in March 2008 addressed two issues: cancer data and the Service Delivery Framework for Adolescent and Young Adults (AYA) with cancer.

CANCER AUSTRALIA'S NATIONAL ADVISORY AND REFERENCE GROUPS

National Cancer Data Strategy Advisory Group

The group has provided Cancer Australia and other relevant parties with expert advice regarding the development and implementation of a National Cancer Data Strategy. In 2007–08 the group had twenty-four members, and as planned, met once in Sydney. The group is chaired by the CEO of Cancer Australia, Professor David Currow.

At the meeting the group examined options and models to improve the capacity for population-based registries to capture cancer stage at time of diagnosis, and discussed privacy and consent issues in the context of data, the significant role that software applications are playing in facilitating structured pathology reporting, and facilitating data access. Members also agreed on the need to ensure that the framework for the development of tumour-specific Minimum Data Sets includes the capacity for biospecimen linkage.

It was noted that considerable progress has been made in the development of the National Cancer Data Strategy, and the leadership of Professor David Roder to this progress was strongly acknowledged.

National Centre for Gynaecological Cancers Advisory Group

In response to the Australian Government's identified priorities for cancer control, with particular emphasis on progressing the work of the National Centre for Gynaecological Cancers, the National Working Group for Gynaecological Cancers became an Advisory Group in June 2008.

In this past year the Advisory Group, chaired by Professor Sanchia Aranda, met on three occasions, and made an extensive contribution to the establishment and strategic management of the National Centre for Gynaecological Cancers, and its individual projects. It identified, and advised on, barriers, best practice initiatives, strategies and actions relating to issues of national relevance within the area of gynaecological cancers.

In 2007–08 the group was particularly involved in the process of determining suggested research priorities in gynaecological cancers, and has provided valuable advice and feedback also on all the key initiatives of the Centre.

The group has twenty-two members, who serve terms of up to three years, with the period of appointment being determined by a ballot.

National Consumer Advisory Group

The National Consumer Advisory Group was established to enable people affected by cancer to contribute to Cancer Australia's priority-setting for cancer research and control, service planning and policy development. It also provides expert advice to Cancer Australia and other relevant parties on current issues impacting on consumers at any point in the cancer continuum, from

prevention and early detection to treatment, psychosocial support and policy and quality service development.

The group has eighteen members, and was chaired until June 2008 by the late Associate Professor Christopher Newell AM. Cancer Australia and the National Consumer Advisory Group received the news of Associate Professor Newell's death on 21 June 2008 with deep sadness.

The group met on two occasions in 2007–08 in Sydney, and the outcomes achieved included the development of a consumer values statement, involvement in the development of a consumer portal commencing with a cancer clinical trials website, evaluation of cancer support group projects and contributions to the development of consumer resources.

Group members, who currently hold appointments for up to three years, have identified as priorities provision of better information about all cancers, improved systems of decision making at all levels of cancer control—patient, service and systems level—and improved support for people affected by cancer.

National Quality and Professional Development Advisory Group

The thirty-one members of this group, chaired by Dr Megan Keaney, met twice this year in Sydney. They provided advice and input on a range of issues associated with the coordination of cancer services in Australia, particularly as they relate to professional development and education of the cancer care workforce. The group identified some barriers to improving cancer services and professional development, and provided input to current initiatives for Cancer Australia, including CanNET, the National Cancer Data Strategy, the development of the Cancer Professional Development Framework and learning resources.

The group also provided significant input into strategies to ensure better engagement of primary care in the cancer control workforce, such as the development of a Diploma in Clinical Oncology for Medical Practitioners and CI-ScaT. Members also provided advice and input for undergraduate education requirements, postgraduate education requirements and data improvement.

In addition to advice provided on broader issues, the Advisory Group also provided detailed advice on the development of a number of specific projects including:

- the Cancer Institute NSW (CI NSW) Standard Cancer Treatment Program (CI-SCaT) project
- the development and implementation of the Cancer Service Networks National Demonstration Program (CanNET)
- the Cancer Nursing Education (EdCaN) project and
- the Professional Development Packages for Cancer Professionals project.

CANCER AUSTRALIA'S NATIONAL ADVISORY AND REFERENCE GROUPS

National Research Advisory Group

The National Research Advisory Group, chaired by Dr Nikolajs Zeps, oversaw conduct of the National Audit of Cancer Research Projects and Research Programs and preparation of the associated report for the Minister.

The group also contributed to development of a National Principles Document, Evaluation Framework, and Underperformance Policy which form a framework of guidance for Australia's national multi-site, collaborative national cancer clinical trials groups as they apply for funding through the Support for Cancer Clinical Trials program.

The group also had input into development of a partnership document which will provide guidance and outline a process by which Cancer Australia can consider partnership opportunities in the Priority-driven Collaborative Cancer Research Scheme.

The group has twenty members, and met in August 2007 and March 2008. Members serve terms of between one and three years, with the period of their appointment being determined by ballot.

Cancer Australia's National Reference Groups

National Reference Groups provided Cancer Australia with expert advice regarding the issues and activities related to particular cancers.

Each Reference Group comprised consumers and professionals with expertise in research, prevention, diagnosis, treatment, care and support.

Cancer Australia valued the advice and support extended to the organisation in 2007–08 by the following National Reference Groups:

National Reference Group for Adolescents and Young Adults with Cancer

This group had twenty-one members, and met for the second time in Sydney in February 2008 specifically to review the draft National Service Delivery Framework for Adolescents and Young Adults (AYA) with cancer. Cancer Australia in collaboration with CanTeen, and with the support of the Department of Health and Ageing, worked with key stakeholders from May 2007 on the development of a draft National Service Delivery Framework for Adolescents and Young Adults with Cancer in order to improve their outcomes.

In reviewing the National Service Delivery Framework, the National Reference Group focused on the particular needs of adolescents facing cancer, the lack of data to help improve the evidence for this group, and the benefits of having skilled health professionals to support adolescents and young adults. The key elements of the model were discussed, and its ability to be applied in both a clinical environment, and rural and regional settings, was confirmed. After incorporating

some minor changes recommended by the group, the document was presented as a model developed by experts in the field of adolescent and young adult cancers to Cancer Australia's Strategic Forum, for comments on further work and implementation. Work with the Department of Health and Ageing is continuing to ensure that the framework underpins any future development in the area of adolescent and young adult cancers.

National Reference Group for Head and Neck Cancers

This group had seventeen members, and was chaired by Professor David Currow, the CEO of Cancer Australia. The group met in September 2007 in Melbourne, and identified standardised care, including treatment guidelines and a multidisciplinary approach, access to information, including a real time database and a national website, and public health campaigns about the effects of alcohol and tobacco use and occupational hazards, as being the top three priorities which could, if actioned effectively, improve outcomes in these cancers. The group noted that funding was particularly crucial to increase public awareness of the effects of alcohol and tobacco, and to enable inclusion of palliative care practitioners in multidisciplinary teams.

National Reference Group for Lung Cancers

This group met in September 2007 in Melbourne. The group had seventeen members, and was chaired by Dr Julie Thompson, a member of Cancer Australia's Advisory Council. At their meeting the group identified priority areas to be addressed, appropriate organisations to be consulted, and timelines determined to be feasible in the planning of action which could make a difference in lung cancer outcomes. The group concluded that the key issues in this tumour stream were optimising care, coordination of care, prevention, and early access to new treatments and trials. Group members also identified the value of a national 'virtual' lung cancer centre that could be involved in developing guidelines, care pathways, education, information, and data.

National Reference Group for Upper Gastro-Intestinal Tract Cancers

This group met in September 2007 in Melbourne. The group had sixteen members and was chaired by Dr Megan Keaney, a member of Cancer Australia's Advisory Council. The group identified multidisciplinary care, research, and education (pre- and post-diagnosis) as being the three top priorities where action would most improve outcomes for upper gastro-intestinal tract cancer. Properly resourced multidisciplinary care models, the collection of national data by patient stages and development of a consumer information website were among suggestions they identified as most effectively addressing these priorities.

GLOSSARY

Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.
Age standardisation	Adjusting rates to take into account how many old or young people are in the population being studied. When rates are age standardised, differences in the rates over time or between geographical areas do not simply reflect variations in the age distribution of the populations. This is important when looking at cancer because it is a disease that predominantly affects the elderly. So if cancer rates are not age standardised, a higher rate in one country is likely to reflect the fact that it has a greater proportion of older people.
Allied health workers	People trained in occupations that support and supplement the functions of health professionals.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can 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 consumer	A term that can refer to: 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.
Cancer continuum	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 palliative care.
Cancer control	All actions that reduce the burden of cancer in the community. It includes every aspect of care, from prevention and early detection to curative treatment and palliative care, all underpinned by the best scientific evidence available.
Cancer control audit	Reviewing existing information about cancer control efforts in Australia.

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 origin	A case in which cancer cells are found in the body, but the place where the cells first started growing (the origin or primary site) cannot be determined.
Chemotherapy	The use of medications (drugs) to kill cancer cells, or to prevent or slow their growth.
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.
Colorectal cancer	Cancer of the colon (the lower part of the intestine, usually 1.5 to 2 metres) or of the rectum.
Cooperative trials groups	Networks of institutions and researchers who conduct studies jointly, using identical protocols and pooling their data.
Epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this study to improve health.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
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.
Incidence	The number of new cases of a disease diagnosed each year.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which he or she is associated.
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types, Hodgkin's disease lymphomas and non-Hodgkin's lymphomas.
Medical oncologist	A doctor who specialises in diagnosing and treating cancer using chemotherapy, hormonal therapy, and biological therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.
Melanoma	A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.

GLOSSARY

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 who are of a certain sex, age, or ethnic group.
Multidisciplinary care	An integrated team approach to cancer care. This happens when medical, nursing and allied health professionals involved in a patient's treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.
Non-melanoma skin cancer	All skin cancer excluding melanoma.
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 problems such as physical, psychosocial and spiritual.
Parliamentary processes	Processes that involve the exchange of information between Cancer Australia, the Department of Health and Ageing and the Minister for Health and Ageing. This information may be in many forms, including minutes to the Minister, question time briefs, departmental briefs and senate estimates documents.
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.
Prevalence	The number or proportion (of cases, instances, etc) present in a population at a given time.
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 general practitioner 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.
Psychosocial	Treatment that is intended to address psychological, social and some spiritual needs
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	Testing people for very early signs of a particular disease—usually before they have any symptoms. Can only be done if there is a reliable and simple test for the disease, such as the cervical smear test or mammogram.
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 group	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.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

ABBREVIATIONS

ASSG	Australian Sarcoma Study Group
CanNET program	Cancer Service Networks National Demonstration Program
CEO	Chief Executive Officer
EdCaN	National Cancer Nursing Education project
FOI Act	<i>Freedom of Information Act 1982</i>
IT	information technology
NCGC	National Centre for Gynaecological Cancers
PdCCRS	Priority-driven Collaborative Cancer Research Scheme

COMPLIANCE INDEX

Description and page number

Letter of transmittal	i
Table of contents	iv–vi
Indexes	160, 163
Glossary	155
Contact officer	verso
Internet home page address and internet address for report	verso
Review by the Chief Executive Officer	5–12

Agency overview

Overview description of agency	22–6
Role and functions	24
Organisation's structure	25
Outcome and output structure	48–54
Where outcome and output structures differ from PBS format, details of variation and reasons for change	n/a

Report on performance

Review of performance during the year in relation to outputs and contribution to outcomes	28–54
Actual performance in relation to performance targets set out in PBS/PAES	49–53
Performance of purchaser/provider arrangements	n/a
Where performance targets differ from the PBS/PAES, details of both former and new targets, and reasons for the change	n/a
Narrative discussion and analysis of performance Section 5	28–53
Trend information	n/a
Factors, events or trends influencing performance	n/a
Significant changes in nature of principal functions/services	n/a
Performances against service charter, customer service standards, complaints data and the agency's response to complaints	n/a
Social justice and equity impacts	n/a
Discussion and analysis of financial performance	58
Summary resource table by outcome	148
Developments since the end of the financial year that have affected or may significantly affect operations or financial results in future	n/a

COMPLIANCE INDEX

Management and accountability

Corporate governance	
Statement of the main corporate governance practices in place	57–8
Names of the senior executives and their responsibilities	24
Senior management committees and their roles	57
Corporate and operational planning and associated performance reporting and review	57
Approach adopted to identifying areas of significant financial or operational risk and arrangements in place to manage risks	57
Certification of fraud measures in place	57
Policy and practices on the establishment and maintenance of appropriate ethical standards	58
How nature and amount of remuneration for senior executive service employees are determined	58
External scrutiny	144
Management of Human Resources	
Assessment of effectiveness in managing and developing human resources	59
Workforce planning, staff turnover and retention	60
Impact and features of certified agreements and Australian Workplace Agreements	61
Training and development	63
Occupational health and safety performance	148
Statistics on staffing	59–61
Performance pay	62
Asset management	138
Purchasing	149
Consultants and competitive tendering and contracting	138
Commonwealth Disability Strategy	138
Financial statements	66–137
Other legislative requirements	
Advertising and market research	138
Discretionary grants	140
Ecologically sustainable development and environmental performance	144
Freedom of information	144–5
Occupational health and safety	148
Cancer Australia Act Requirements	
Report on the operations of the Cancer Australia Advisory Council	14–16

INDEX

A

abbreviations, 159
Aboriginal consumers, 39, 44
Aboriginal Health and Medical Research Council of NSW, 42
accountability, 3, 56–63
acknowledgements, 9
acquisition of assets, 96–7
acquittal of authority to draw cash, 132–3
administered items, 81–4, 99
 performance information, 49–50
 reconciliation table, 125
Adolescents and Young Adults National Reference Group, 45–6
advertising, 138
advice, 53
Advisory Council, 15–16, 145, 147
acknowledgements of, 9
Chair's Review, 14
ageing of financial assets, 118, 129
amortisation, 101
Anderiesz, Cleola, 24
ANGST and APUG merger, 140
appropriations, 132–3
Aranda, Sanchia, 15, 151
assets, *see also* financial instruments
 acquisition of, 96–7
 administered, 123
 contingent, 113
 losses from sales, 102
 management of, 138
 on balance sheet, 72–3
 recognition threshold, 97
Audit Committee, 57
auditor's report, 67–8
Australasian Association of Cancer Registries, 18
Australia, cancer incidence and survival in, 20, 48
Australian Accounting Standards, 87–9
Australian Institute of Health and Welfare, 18
Australian Lung Foundation, 43
Australian Public Service Commission, 58
Australian Public Service Values, 23

Australian Sarcoma Study Group, 31–2
Australian Workplace Agreements, 61
available-for-sale financial assets, 94
awareness, 47, 51

B

balance sheet, 72–3
basis of preparation of the financial report, 86–7
Beresford, Marcus, 40
beyondblue: the national depression initiative, 30
Bishop, James, 15
Boost Cancer Research program, 5
breast cancer, 36
budgeting, 4
Building Cancer Support Networks Grants Program, 2, 7, 41–4
Burden of non-melanoma skin cancer in Australia, 48
Burden of Non-melanoma Skin Cancer report, 3

C

Cancer Australia, 11–12, 22–6, 145
Cancer Australia Act 2006, 11–12, 15, 22
Cancer Australia Connections, 2, 47
cancer control activity, 51–2
Cancer Councils, 41–2
Cancer Institute of New South Wales, 36
Cancer of Unknown Primary Reference Group, 47
cancer research, *see* research
Cancer Service Networks National Demonstration Program, 2, 7, 37–8
cancer services, 49
Cancer Support Groups Program, 140–1
Cancer survival and prevalence in Australia report, 3, 18–20, 48
CanNET, 2, 7, 37–8
CanTeen, 3
capital commitments, 78
cash, 93, 103
cash flow reconciliation, 113
cash flow statement, 76–7
Centre for Innovation in Professional Health Education and Research, 35

- CEO's Review, 5–12
- Certified Agreement, 61
- Chair in Cancer Quality of Life, 2, 33
- challenges, 4
- Chief Executive Instructions, 57
- Chief Executive Officer, *see* Currow, David
- CIPHER, 35
- clinical trials, 2, 140, *see also* research
 - Advisory Council involvement, 16
 - improved access to, 6
 - support for, 31–3, 49
 - website, 40
- Clinical Trials Development Unit, 31
- collaborations, 18–20, 25, *see also* partnerships
- colorectal cancer, 36
- commitments schedule, 78–9
- Commonwealth Disability Strategy, 138
- Commonwealth Fraud Control Guidelines, 57
- communication of cancer control activities, 52
- compensation, 134
- competitive tendering, 138
- compliance index, 160–1
- compliance, statement of, 87–9
- consultancies, 138–9
- consumer initiatives, 7
- Consumer Involvement and Community Partnerships, 24
- Consumer Values Statement*, 39
- consumers
 - cancer research and, 46
 - participation by, 39–46
 - support network grants, 34
- contingencies schedule, 80
- contingent assets and liabilities, 96, 113, 126
- Continuing Professional Development for Cancer Professionals Project, 35
- contracting, 138
- Cooperative Trials Group for Neuro-oncology, 31
- coordinated cancer services, 10
- corporate governance, 24, 56–8
- corporate plans, 57
- credit risk, 118, 128
- curriculum development, 8
- Currow, David, 69, 151, 154
 - CEO's Review, 5–12
 - letter of transmittal, i
 - remuneration for, 58
 - signs auditor's report, 69
 - work with Advisory Council, 16
- D**
- data
 - advisory group on, 151
 - improved use of, 3
 - on gynaecological cancers, 33
 - on survival rates, 19
- Davis, Ian, 29
- debt relief, 134
- deficit, 71
- Delegation Schedules, 57
- Department of Health and Ageing, 28, 58, 63
- departmental outputs, 51–3
- departmental payments, 134
- depreciation, 98, 101
- Developing Education in Clinical Oncology, 35
- discretionary grants, 140–3
- document categories, 146
- E**
- ecologically sustainable development, 144
- EdCaN curriculum, 8
- effective interest method, 93–5
- employment arrangements, *see* workforce
- environmental performance, 144
- equity, 73–5, 91
- establishment costs, 4
- ethical standards, 58
- Evaluation Framework, 31
- Evans, Rita, 24
- events after the balance sheet date, 100
- exempt contracts, 144
- expenses, 71, 81, 101
 - administered, 122
 - by outcome, 136–7
 - overview, 58
- external auditors, 115
- external scrutiny, 144

F

fair value of financial instruments, 117, 127
finance costs, 102
finance leases, 111
financial assets and liabilities, 81, 93–6, 103–4, 123
financial guarantee contracts, 96
financial instruments, 87–8, 116–21, 126–31
financial management, 58, 66–137
Financial Management and Accountability Act 1997, 23
financing activities, 77, 82
five-year prevalence data, 19
Formal Mentoring Project for Regional Paediatricians, 37
freedom of information, 144–5
functions, 11–12

G

gains, 91
gay consumers, 40
gender differences in cancer rates, 20
general practitioners, 36
Geraldton Regional Aboriginal Medical Service, 42
Glasson, Bill, 9, 14
glossary, 155–8
going concern basis, 100
goods and services tax, 83, 99
governance, 24, 56–8
grants, 99, 122, 124, 140–3
GST, 83, 99
gynaecological cancers, 6

H

Hanson, Susan, 24
Head and Neck Reference Group, 47
health professionals
 general practitioners, 36
 information resources, 34
 professional development for, 34–6
 referral practices, 33
 training programs, 8
highlights, 2–3
human resources, *see* workforce
Hunt, Liam, 45

I

impairment of assets, 95, 98
incidence of cancer, 20, 48

income, 71, 100
income statement, 71
infrastructure, plant and equipment, 105–7
Infrastructure Support For Clinical Trials Program, 141–2
intangibles, 98, 105, 108–9
interest bearing liabilities, 111
interest rate risk, 121
intergovernmental collaboration, 6–7
internal audit arrangements, 56–7
investing activities, 76, 82
IT infrastructure, 56

J

Johnson, John Richard, 15

K

Kearney, Megan, 15, 152, 154
key results, 56
Killion, Susan, 18
King, Madeline, 33

L

leasing arrangements, 79, 93, 111
leave benefits, 92
Lees, Meg, 15
lesbian consumers, 40
Letter of Transmittal, i
liabilities, 81, *see also* financial instruments
 administered, 124
 contingent, 113
 interest bearing, 111
 on balance sheet, 72–3
liquidity risk, 120, 130
loans, 95
lung cancer, 47

M

management, 3, 56–63
Managers Meeting, 57
market research, 138
market risk, 121, 131
McDonald, Janet, 15, 150
Memorandum of Understanding with NH&MRC, 30
mentoring, 36
Mentoring for Regional Hospitals and Cancer Professionals Program, 36

Minister for Health and Ageing, *see* Roxon, Nicola
 ministerial coordination, 63
 multi-site clinical trials, 31

N

National Advisory Groups, 7, 25, 145
 National Audit of Cancer Control Activities, 48
 National Audit of Cancer Research Projects and Research Programs, 6, 30
 National Cancer Data Strategy, 38, 151
 National Cancer Plan, 142
 National Cancer Statistics Clearing House, 18
 National Centre for Gynaecological Cancers, 5–6, 10, 14, 33–4
 Advisory Council involvement, 16
 advisory group, 151
 highlights, 2
 website, 47
 National Clinical Trials Register, 142
 National Consumer Advisory Group, 7, 39, 151–2
 National Health and Medical Research Council, 29–30
 National Professional Development Framework for Cancer Nursing, 34–5
 National Quality and Professional Development Advisory Group, 152
 National Reference Groups, 4, 25, 146, 153–4
 for Adolescents and Young Adults with Cancer, 153–4
 for Head and Neck Cancers, 154
 for Lung Cancers, 154
 for Upper Gastro-Intestinal Tract Cancers, 154
 stakeholder engagement, 7
 National Research Advisory Group, 30, 153
 National Service Delivery Framework for Adolescents and Young Adults With Cancer, 3, 45–6
National Sun Protection Survey, 48
 National Working Group for Gynaecological Cancers, 2
 Newell, Christopher, 39, 152
 Newman, Jocelyn Margaret, 15
 non-financial assets, 105–9
 non-salary employment benefits, 62

O

objectives, 22, 86
 occupational health and safety, 148
 Olver, Ian, 15
 one-year prevalence data, 19

operating activities, 76, 82
 operating lease commitments, 79
 operational plans, 57
 organisational structure, 24–5
 outcomes, 48–54, 86, 135–7, 148
 outputs, 48–54, 86, 148
 overview, 2–12

P

Paediatric Integrated Cancer Service, 37
 parliamentary coordination, 63
 partnerships, 8, 18–20, 29, *see also* collaborations
 payables, 83, 96, 110
 PdCCRS, *see* Priority-driven Collaborative Cancer Research Scheme
 performance, 28–53, 135–7, 148
 performance pay, 62
 PET scanning, 29
 Peter MacCallum Cancer Centre, 43–4
 planning, 9–10
 Policy, Ministerial and Parliamentary Support, 24
 prevalence data, 19, 48
 prior period errors, 89
 priorities, 9–10
 Priority-driven Collaborative Cancer Research Scheme, 6, 28–30, 142–3
 Advisory Council involvement, 16
 consumer involvement, 46
 highlights, 2
 professional development, 3, 10, 33–6, 63
 property, plant and equipment, 97–8, 105–7
 prostate cancer, 29
 public participation arrangements, 145–6
Public Service Act 1999, 23, 58, 61
 publications, 2
 purchasing, 149

Q

Quality and Professional Development, 24, 36

R

Ramadge, Joanne, 24
 receivables, 78, 83, 95, 103, 123
 recommendations, 53
 reconciliation table, 125
 redundancy benefits, 92

referral practices study, 33

remuneration
 for Advisory Council, 15
 for auditors, 115
 for senior executives, 58, 114
 performance pay, 62
 salary structures, 61

reporting of administered activities, 99

research, *see also* clinical trials
 boosting, 6, 10, 28–30
 consumers and, 46
 coordination of, 49
 highlights, 2

Research and Clinical Trials, 24

resources received, 90–1

results, 11–12

revaluations, 97

revenue, 89–90, 136–7

Roder, David, 18, 151

Roxon, Nicola, i, 5, 67–8

Royal Australasian College of Physicians, 35

Royal Flying Doctor Service of Australia, 43

S

sarcomas, 32

Saunders, Christobel, 15

schedule of administered items, 81–4

schedule of commitments, 78–9

schedule of contingencies, 80

senior executives, 58, 114

separation benefits, 92

service improvement, 36–8

significant accounting judgements and estimates, 87

special accounts, 134

Specialist Speech Pathology and Nutrition Care
 Mentoring for Cancer Professionals in Regional Victoria,
 37

staffing, *see* workforce

stakeholder participation, 7, 47

Standard Cancer Treatment protocols website, 36

statement of changes in equity, 74–5

statement of compliance, 87–9

Stevens, Josephine, 24, 69

strategic directions, 11–12

Strategic Forum, 3, 6–7, 25, 145, 150

strategic plan, 56–7

subsidies, 99

superannuation benefits, 92–3

suppliers, 101, 110, 122, 124

support networks, 49

survival rates, 19–20, 48

T

taxation, 99

telephone support line, 34

The burden of non-melanoma skin cancer in Australia, 48

Thomas, David, 32

Thompson, Julie, 15, 154

Torres Strait Islander consumers, 39, 44

training programs, 8, 63

transactions with the government as owner, 91

U

Upper Gastro-Intestinal Tract National
 Reference Group, 47

Upper Hume Community Health Service, 44

user guide, vii

V

values, 23

vision, 23

W

WA Cancer and Palliative Care Network, 43

Walter Turnbull, 57

websites
 Cancer Australia, 2, 47
 cancer learning via, 8
 on clinical trials, 40
 on gynaecological cancers, 34, 47
 on Standard Cancer Treatment protocols, 36

workforce, 4
 employee benefits, 91–3, 101
 employment arrangements, 61–2, 91–3, 101, 112
 human resources management, 56, 59–63
 occupational health and safety, 148

Z

Zeps, Nikolajs, 153

