



Australian Government
Cancer Australia



**Annual
Report**





Australian Government

Cancer Australia



Annual
Report

About this Report

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

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All information in this publication is correct as at October 2017.

Letter of Transmittal



Australian Government
Cancer Australia

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2017.

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

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

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

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

Yours sincerely,

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

Dr Helen Zorbas AO
Chief Executive Officer
Cancer Australia

5th October 2017

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Overview





Chief Executive Officer's Review

It is with great pleasure that I present Cancer Australia's Annual Report 2016-17 and reflect on the agency's achievements over the past year in working towards its purpose of minimising the impact of cancer on the community, addressing disparities and improving the health outcomes of people affected by cancer by providing national leadership in cancer control.

As the Australian Government's national cancer control agency, in 2016-17, Cancer Australia continued to provide national leadership through collaboration and engagement with the cancer control sector, and the implementation of evidence-informed policies and programs which support improved outcomes for Australians affected by cancer.

In 2016-17, Cancer Australia's work was underpinned by the agency's robust performance framework which incorporated Cancer Australia's Portfolio Budget Statement 2016-17; Corporate Plan 2016-17; Strategic Plan 2014-2019; and Business Plan 2016-17.

Consistent with its program objectives, and in line with its performance framework, Cancer Australia has worked to provide leadership in national cancer control, promote effective cancer care, fund priority research, strengthen national data capacity, promote cancer awareness, and provide information about cancer to the community. The results achieved in each of these program objectives are outlined in Part 3 of this Annual Report; and information on Cancer Australia's management and accountability, including financial results, is provided in Part 4.

To provide leadership in national cancer control and inform appropriate cancer care, Cancer Australia released the *Cancer Australia Statement—influencing best practice in breast cancer* at the 2016 Pink Ribbon Breakfast, a key event attended by the Prime Minister, the Hon. Malcom Turnbull. The Statement identifies 12 key appropriate and inappropriate practices in breast cancer care. To promote uptake of the Statement into clinical practice, in 2016–17, Cancer Australia effectively engaged with all relevant clinical colleges, cancer and consumer organisations who actively lent their support at the launch and have continued to promote the implementation of the Statement.

In 2016–17, Cancer Australia delivered on a body of work to advance evidence about the most appropriate interventions across the continuum of cancer care. This included developing or updating evidence-based guidance for clinicians in lobular carcinoma in situ, genetic testing in women with ovarian cancer and the investigation of a new breast symptom.

Throughout the year Cancer Australia continued to drive improvements in the delivery of best practice cancer care. To facilitate the provision of best practice lung cancer care, Cancer Australia developed a Lung Cancer Framework.

The Framework has been informed by a national lung cancer demonstration project, systematic reviews of national and international evidence of peer-reviewed literature and is designed around Cancer Australia's five principles for best practice management in lung cancer care. The Framework aims to provide an evidence-based national resource for health care providers and services to improve the outcomes and experiences of people affected by lung cancer by guiding national best practice approaches to lung cancer treatment and care.

Cancer Australia has worked to provide leadership in national cancer control, promote effective cancer care, fund priority research, strengthen national data capacity, promote cancer awareness, and provide information about cancer to the community.

Additionally, to promote improvements in the delivery of best practice cancer care in regional Australia, Cancer Australia reviewed and analysed data provided by 34 regional cancer services relating to cancer services, treatments and referrals in accordance with the nationally endorsed Optimal Care Pathways (OCPs) for six common and seven complex/high-risk cancers. Cancer Australia held a National Regional Cancer Services Forum in December 2016 to bring together clinical and administrative leaders from regional cancer services across all jurisdictions, state and territory health departments, primary care, consumers and key national stakeholders to share learnings and opportunities to improve outcomes for people with cancer in regional Australia.

A key aspect of Cancer Australia's leadership role to address disparity in cancer outcomes for Aboriginal and Torres Strait Islander people included establishing a National Leadership Group on Aboriginal and Torres Strait Islander Cancer Control. This Group facilitates the provision of strategic advice and specialist expertise in Indigenous cancer control and encourages cross-sector collaboration in addressing the seven agreed priorities in Cancer Australia's *National Aboriginal and Torres Strait Islander Cancer Framework*.

In 2016–17, Cancer Australia continued to support the Aboriginal Health Council of South Australia (AHCSA) to coordinate the delivery of 30 Women’s Business Workshops across Australia. Using Cancer Australia’s *Women’s Business Workshop Community Education Resource*, AHCSA provided training and support to Aboriginal and Torres Strait Islander Health Workers in local communities to enable them to facilitate the workshops. The workshops raised awareness about the risks and symptoms of breast and gynaecological cancers, promoted the importance of breast screening, cervical screening and HPV vaccinations and encouraged healthy lifestyle behaviours in Indigenous communities.

Though the Priority-driven Collaborative Cancer Research Scheme (PdCCRS), Cancer Australia partners with other organisations to coordinate and maximise funding of cancer research at a national level. In 2016–17, together with six Funding Partners, Cancer Australia awarded cancer research grants totalling \$12.5 million in priority areas covering a range of cancers, including cancers with a high burden of disease and low survival cancers.

To address national data gaps and guide improvements in national cancer data to improve cancer outcomes, in 2016–17 Cancer Australia developed methodologies to progress the collection and reporting of national data on cancer stage, treatment and recurrence. This has included investigating the feasibility of using national administrative data to report on cancer treatment activity in Australia, and working with our state and territory partners to collect national data for stage at diagnosis for the five most common cancers for the first time. In addition, Cancer Australia also developed detailed guidelines to allow

collection of stage at diagnosis for the most common childhood cancers. Cancer Australia has also continued to develop the National Cancer Control Indicators Framework, which will enable the ongoing monitoring, reporting and benchmarking of trends in key indicators of cancer control over time nationally and internationally.

Cancer Australia continued to promote cancer awareness and provide evidence-based information about cancer to the community in 2016–17. Cancer Australia featured in 642 stories across all forms of media and Cancer Australia’s website continues to act as an important resource for trusted, reliable evidence-based information for health professionals; people with cancer and their families; and the community. Average monthly website visits in 2016–17 were 111,698, an increase of around 27% from the previous year.

To contribute to reducing the impact of cancer in local communities and improve the information and support networks available to people diagnosed with cancer, Cancer Australia awarded five grants to community organisations through the Supporting people with cancer Grant initiative in 2016–17.

I would like to especially acknowledge the Minister for Health and Minister for Sport, the Hon Greg Hunt MP, for his much valued support and engagement with Cancer Australia’s work during 2016–17.

I would like to thank the members of the Advisory Council for their contribution, commitment and strategic advice throughout 2016–17 to support the agency in delivering on its outcomes and objectives. I would like to especially thank the Chair of the Advisory Council, Professor Robert Thomas OAM, for his ongoing support and guidance.

I also extend my thanks to the members of Cancer Australia's strategic and program advisory groups and the members of the agency's various project steering committees, working groups and assessment panels who provide important guidance to Cancer Australia. The insights they contribute help support the delivery of quality program outcomes and provide guidance about emerging issues in cancer control and future priorities for the agency.

Cancer Australia's website continues to act as an important resource for trusted, reliable evidence-based information for health professionals; people with cancer and their families; and the community.

Cancer Australia's work has been supported by the expert input provided by many health professionals, professional colleges and organisations throughout the year.

I would like to thank them for their valuable contributions to the agency's work.

During 2016–17, Cancer Australia continued to foster the engagement of people affected by cancer to contribute to all aspects of our work. One hundred and forty four consumers participated in Cancer Australia activities through representation in the agency's strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels.

I would like to acknowledge our PdCCRS funding partners in 2016: The Kids' Cancer Project, The Australasian Sarcoma Study Group, Cancer Council Australia, Cancer Council NSW, Cure Cancer Australia, and the National Breast Cancer Foundation.

I acknowledge and thank the executive and staff at the Department of Health for their professional and collegiate support during 2016–17. Additionally, I extend my thanks to our fellow Health agencies, the Australian Institute of Health and Welfare (AIHW), the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC), for their ongoing support and collaboration throughout the year. I also acknowledge the jurisdictional representatives and clinical experts for their contributions through the National Cancer Expert Reference Group.

Finally, I acknowledge and thank the highly skilled and talented staff of Cancer Australia for the commitment, passion and professionalism they bring to enable the agency to effectively deliver on its extensive program of work.

Cancer Australia looks forward to continuing to work collaboratively with our many and valued stakeholders in the coming year in delivering leadership in national cancer. Cancer Australia will build on the achievements to date to lead evidence-informed advances across the continuum of care which maximise impact and deliver improved outcomes for all people affected by cancer and their families and carers.



Helen Zorbas AO



Advisory Council Chair's Review

It is a privilege to Chair the Cancer Australia Advisory Council and to provide this Review.

In 2016–17, the Cancer Australia Advisory Council (the Council) provided advice to Cancer Australia about the performance of its functions in relation to its national leadership role in cancer control.

Advisory Council members bring to their role extensive knowledge, skills and expertise across many areas including cancer research, clinical practice, health policy, health service delivery, academia, political science, psychosocial care, rural health, supportive care and experience of cancer.

Drawing on their expertise and experience, the Council provided advice, feedback and input in relation to key strategic issues in cancer control, including cancer prevention, cancer treatment and supportive care, disparities in cancer outcomes and cancer research. More specifically, the Council provided advice in relation to issues such as:

- › the value of data in evidence-informed decision-making to better target efforts in cancer control, including Cancer Australia's ongoing work in the area of the collection and reporting of national data on cancer stage, treatment and recurrence

- › opportunities to enhance best practice cancer care in regional Australia, particularly in relation to the synthesis of key findings emanating from Cancer Australia's work in analysing the comprehensive data provided by 34 regional cancer services
- › maximising the impact of Cancer Australia's investment in priority research and Cancer Australia's support for cancer clinical trials
- › the further development and refinement of shared follow-up care as a model to deliver effective cancer patient care and address specialist workforce pressures
- › addressing disparities in cancer outcomes for Aboriginal and Torres Strait Islander Australians, particularly the development of a national Optimal Care Pathway to guide the delivery of culturally appropriate, consistent, safe, high quality and evidence-based care for Aboriginal and Torres Strait Islander people with cancer, and
- › the enhancement of primary care, particularly as it relates to the need to prepare and support general practitioners and other primary care providers for a more central role across the continuum of care.

Drawing on their expertise and experience, the Council provided advice, feedback and input in relation to key strategic issues in cancer control, including in cancer prevention, cancer treatment and supportive care, disparities in cancer outcomes and cancer research.

I acknowledge and thank the Advisory Council Members for their thoughtful consideration of the complex cancer control issues addressed by Cancer Australia throughout the year and express my deep appreciation for their commitment to Cancer Australia's vision and mission and their meaningful contribution to the Council's deliberations.

The Council acknowledges contribution of the Hon Greg Hunt MP, Minister for Health and Minister for Sport, for his support during 2016–17 and the interest he has shown in Cancer Australia's work and achievements during the year.

On behalf of the Council, I acknowledge and commend Cancer Australia's CEO, Dr Helen Zorbas and thank her for her insightful leadership. I also commend the agency's senior management team and staff for their high level of expertise and dedication in delivering a successful program of work in 2016–17.

I look forward to continuing to work with fellow Members of Cancer Australia's Advisory Council in 2017–18 and welcome the opportunity to support the agency to drive a strategic agenda for cancer control in the year ahead.



Professor Robert Thomas OAM



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'. During 2016–17, the Advisory Council comprised nine members, as appointed by the Minister for Health.

Advisory Council members bring knowledge and experience 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.

Membership

The 2016–17 members of the Advisory Council are:

- › Professor Robert Thomas OAM (Chair)
- › Ms Michelle Ace
- › Dr William Glasson AO
- › Ms Keri Huxley OAM
- › Professor Dorothy Keefe PSM
- › Ms Dianne Rule
- › Dr Judith Soper
- › Ms Perry Sperling PSM
- › Professor George Yeoh.

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.





About Cancer Australia





About Cancer Australia

Cancer Australia was established to benefit all Australians affected by cancer, and their families and carers.

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

In providing national leadership, Cancer Australia makes recommendations to the Australian Government about cancer policies and priorities; assists with the implementation of Australian Government policies and programs in cancer control; builds the evidence base to guide improvements in cancer prevention, treatment and care; and oversees a dedicated budget for research into cancer. Cancer Australia also works to address disparities in cancer outcomes, with a particular focus on Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

Cancer is a major cause of illness in Australia. Between 1982 and 2013, the number of new cancer cases in Australia more than doubled (from 47,440 to 124,465 cases).¹

In 2017, about 134,174 Australians are expected to be diagnosed with cancer, excluding non-melanoma skin cancer² and the incidence of cancer is projected to continue to increase to approximately 150,000 people diagnosed with cancer in Australia in 2020³ (see Figure 2.1).

Cancer remains a leading cause of death across all age groups. In 2017, it is estimated that there will be 47,753 deaths in Australia due to cancer. It is the greatest contributor to the fatal burden of disease in the nation, accounting for 34 per cent of the total fatal disease burden.⁴

¹ Australian Institute of Health and Welfare (AIHW) 2017. Australian Cancer Incidence and Mortality (ACIM) books: All Cancers. www.aihw.gov.au/acim-books (Accessed April 2017)

² Australian Institute of Health and Welfare (AIHW) 2017. Cancer in Australia 2017. Cancer series no.100. Cat.no. CAN 100. Canberra: AIHW

³ Australian Institute of Health and Welfare (AIHW) 2012. Cancer incidence projections: Australia, 2011 to 2020. Cancer Series no. 66. Cat. No. CAN 62. Canberra: AIHW

⁴ Australian Institute of Health and Welfare (AIHW) 2016. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. Cat. No. BOD 4. Canberra: AIHW

However, more people in Australia are living longer after a diagnosis with cancer. Over recent decades, the five-year relative survival for all cancers combined has increased significantly, from 41% in 1982–6 to 68% in 2009–13².

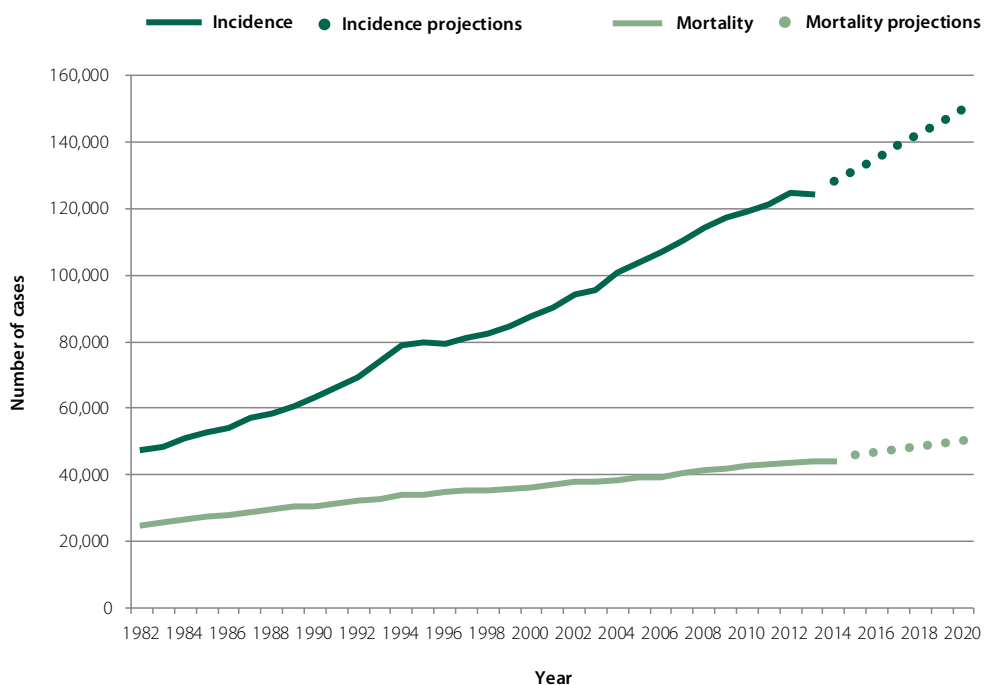
Increasing cancer incidence coupled with improving cancer survival rates and advances in cancer treatments and technology pose many challenges for the health system. Additionally, there are ongoing challenges regarding disparity in the distribution of cancer, its impact, and variations in outcomes across population and tumour groups.

Cancer Australia provides leadership in cancer control across all cancers and across the continuum of care.

To achieve the agency's purpose, Cancer Australia draws upon its specialist capability and employs a collaborative approach that harnesses expertise, builds effective partnerships and fosters engagement across the health system.

The agency maintains a strategic and inclusive approach to consumer engagement in order to ensure that its work is informed by, and responsive to, the needs of people affected by cancer and the broader community.

Figure 2.1: Trends in incidence and mortality, all cancer combined, Australia^{5,6,7}



⁵ Australian Institute of Health and Welfare (AIHW) 2017. Australian Cancer Incidence and Mortality (ACIM) books: All cancers combined. Canberra: AIHW. <<http://www.aihw.gov.au/acim-books>>.

⁶ Australian Institute of Health and Welfare 2012. Cancer incidence projections: Australia, 2011 to 2020. Cancer Series no. 66. Cat. No. CAN 62. Canberra: AIHW.

⁷ Cancer Mortality Trends and Projections 2014–2025 <http://www.aihw.gov.au/cancer/mortality-trends-projections/>

Purpose

Cancer Australia's purpose as stated in the agency's 2016–17 Strategic Plan is to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.

Functions and role

Cancer Australia is a portfolio agency of the Department of Health. It was established under the *Cancer Australia Act 2006* and is a listed entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). It is also subject to the *Auditor-General Act 1997*. Cancer Australia staff are employees of the Australian Public Service under the *Public Service Act 1999*.

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

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

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

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

Organisational structure

Cancer Australia is led by the CEO, Dr Helen Zorbas AO. Dr Zorbas is supported by the Executive Director, Adjunct Associate Professor Christine Giles who also has responsibility for Policy, Strategy and Public Reporting.

The General Manager portfolio responsibilities are set out below:

Cancer Care—Ms Jennifer Chynoweth

Service Development and Clinical Practice—
Dr Cleola Anderiesz

Health Promotion and Communication—
Ms Jane Salisbury

Knowledge Management—
Dr Paul Jackson (Acting)

Corporate Affairs—Mr Bill Northcote.

During this period Mr Northcote was also Acting Chief Finance Officer.

At 30 June 2017 Cancer Australia had 76 employees, of whom 59 were ongoing.

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

Cancer Australia's head office is located in Sydney. In 2016–17, the agency maintained offices in Canberra and Melbourne through shared accommodation and service level agreements with the National Health and Medical Research Council (Canberra) and the Department of Health (Melbourne).

The Cancer Australia Advisory Council

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

Audit Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose members are Ms Glenys Roper (Chair), Mr David Lawler, and Cancer Australia's Executive Director, Adjunct Associate Professor Christine Giles. The term of Ms Fran Raymond ended in March 2017. Mr David Lawler was appointed in April 2017.

Advisory Groups

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

Outcome and program structure

The outcome of Cancer Australia's work as articulated in the 2016–17 Portfolio Budget Statements was:

Minimised impacts of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support (page 295).

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

The full Agency Budget Statement for 2016–17 is available at: [health.gov.au/internet/budget/publishing.nsf/Content/2016-2017_Health_PBS_sup3/\\$File/2016-17_Health_PBS_4.08_CA.pdf](http://health.gov.au/internet/budget/publishing.nsf/Content/2016-2017_Health_PBS_sup3/$File/2016-17_Health_PBS_4.08_CA.pdf)

Report on Performance





Annual Performance Statement

In accordance with paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), I, as the accountable authority of Cancer Australia, present the 2016–17 annual performance statements of Cancer Australia. In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.

These annual performance statements are presented in the context of Cancer Australia's purpose and program objectives so as to facilitate clear line of sight between the agency's intended outcomes and actual performance.

Purpose

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

Cancer Australia's program of work contributes toward the achievement of the following outcome: *minimised impacts of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support* (2016–17 PBS, page 295).

Program objectives for 2016-17:

- A** Providing leadership in national cancer control and promoting appropriate cancer care;
- B** Funding priority research and strengthening national data capacity; and
- C** Promoting cancer awareness and providing information about cancer to the community (2016-17 PBS pages 297-299; 2016-17 Corporate Plan pages 4-5).

Cancer Australia's performance in relation to these program objectives, and the performance criteria associated with them, is provided in the tables below. There is a separate table for each program objective. In each case, the agency has met or exceeded its 2016-17 reference points or targets.

A Provide leadership in national cancer control and promote effective cancer care.

Performance Criterion	2016-17 Reference point or target	Criterion Source	Result
Translate research into evidence-based information to inform policy and practice.	Evidence is advanced about the most appropriate interventions across the continuum of cancer care.	Program 1.1 2016-17 Portfolio Budget Statements, page 298; 2016-17 Corporate Plan, page 5.	Achieved See 1.1 below.
Improve outcomes for Australians diagnosed with cancer.	Demonstrated improvements in the delivery of best practice cancer care for identified cancers.	Program 1.1 2016-17 Portfolio Budget Statements, page 298; 2016-17 Corporate Plan, page 5	Achieved See 1.2 below.

1.1 Evidence is advanced about the most appropriate interventions across the continuum of cancer care

- › Cancer Australia's leadership in translating research into evidence-based information to inform policy and practice was well demonstrated by its work in 2016-17 in promoting the uptake of the *Cancer Australia Statement – influencing best practice in breast cancer*.

The Statement, developed in 2015–16 and the first of its kind, is an evidence based summary of 12 practices identified as appropriate or inappropriate for the provision of best-practice breast cancer care. In 2016–17 Cancer Australia effectively engaged and collaborated with clinical colleges to integrate the Statement into their ongoing professional activities to influence clinical practice change and ensure alignment of practice with best practice care.

- › In 2016–17, Cancer Australia delivered on a body of work to advance evidence about the most appropriate interventions across the continuum of cancer care including developing or updating evidence-based guidance for clinicians in matters such as lobular carcinoma in situ, genetic testing in women with ovarian cancer and the investigation of a new breast symptom.

1.2 Demonstrated improvements in the delivery of best practice cancer care for identified cancers.

- › In 2016–17, Cancer Australia demonstrated leadership in driving improvements in lung cancer care, through the development of a Lung Cancer Framework. This Framework, the culmination of a body of work undertaken over a period of four years, will form an evidence-based national resource for health care providers and services. The Framework is designed around Cancer Australia's five principles for best practice management in lung cancer care and will guide best practice approaches to lung cancer treatment and care. The Framework was informed by a national lung cancer demonstration project and systematic reviews of national and international evidence from peer-reviewed literature.
- › Cancer Australia's shared agenda for improving cancer outcomes for Aboriginal and Torres Strait Islander peoples was strengthened in 2016–17 through the establishment of a National Leadership Group on Aboriginal and Torres Strait Islander Cancer Control. This Group facilitates the provision of strategic advice and specialist expertise in Indigenous cancer control and encourages cross-sector collaboration in addressing the seven agreed priorities in the National Aboriginal and Torres Strait Islander Cancer Framework developed by Cancer Australia and released in 2015–16.
- › In 2016–17 Cancer Australia hosted a national Regional Cancer Services Forum to promote opportunities for improvement in the delivery of best-practice cancer care in regional Australia. The Forum brought together clinical and administrative leaders from regional cancer services across all jurisdictions, state and territory health departments, primary care, consumers and key national stakeholders to share learnings and identify opportunities to improve outcomes for people with cancer in regional Australia. The Forum built upon work undertaken by Cancer Australia in reviewing, analysing and synthesising data across 34 regional cancer services on cancer services, treatments and referrals for 6 common and 7 complex cancers.

B Funding priority research and strengthening national data capacity

Performance Criterion	2016-17 Reference point or target	Criterion Source	Result
Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme	7	Program 1.1 2016–17 Portfolio Budget Statements, page 298; 2016–17 Corporate Plan, page 5.	Achieved 23
Percentage of funding for applied research through the Priority-driven Collaborative Cancer Research Scheme	≥70%	Program 1.1 2016–17 Portfolio Budget Statements, page 298; 2016–17 Corporate Plan, page 5.	Achieved 82%

C Promoting cancer awareness and providing information about cancer to the community

Performance Criterion	2016-17 Reference point or target	Criterion Source	Result
Total number of Cancer Australia resources to inform health professionals, consumers and the community	280	Program 1.1 2016–17 Portfolio Budget Statements, page 299; 2016–17 Corporate Plan, page 5.	Achieved 651
Number of consumers involved in Cancer Australia advisory and project activities	60	Program 1.1 2016–17 Portfolio Budget Statements, page 299; 2016–17 Corporate Plan, page 5.	Achieved 144

Analysis

There were no changes to Cancer Australia's purpose, organisational capability or operating environment in 2016–17 that impacted on the agency's capacity to achieve its purpose in 2016–17.

Cancer Australia's performance in 2016–17 delivered on its purpose of minimising the impact of cancer, addressing disparities and improving the health outcomes of people affected by cancer by providing national leadership in cancer control.

Cancer Australia carefully defined, planned and prioritised its body of work to deliver tangible and sustainable responses to current and emerging cancer control challenges

Cancer Australia's 2016–17 budget allocation supported the agency's program of work.

Cancer Australia carefully defined, planned and prioritised its body of work to deliver tangible and sustainable responses to current and emerging cancer control challenges. The agency implemented robust performance management frameworks to regularly collect information relating to program performance, monitor and analyse progress and ensure alignment of effort with the organisation's purpose.

Cancer Australia met or exceeded its 2016–17 reference points or targets in each of the three key PBS program objectives: providing leadership in national cancer control and promoting appropriate cancer care; funding priority research and strengthening national data capacity; and promoting cancer awareness and providing information about cancer to the community.

Cancer Australia's strategic, multifaceted program of work has made a valuable contribution to minimising the impact of cancer, addressing disparities and improving the health outcomes of people affected by cancer in 2016–17. This work and the momentum achieved will be built upon in 2017–18 in delivering on Cancer Australia's purpose.





A large, stylized number '651' composed of orange and light orange geometric shapes, set against a background of a repeating diamond pattern in light gray and white.

Cancer Australia Resources
available for health professionals
and consumers

A large, stylized number '124,049' composed of orange and light orange geometric shapes, set against a background of a repeating diamond pattern in light gray and white.

Downloaded resources from the
Cancer Australia website

Cancer services data
was reviewed and
analysed for

A large, stylized number '34' composed of orange and light orange geometric shapes, set against a background of a repeating diamond pattern in light gray and white.

regional cancer
services across
Australia

Cancer Australia
featured in

A large, stylized number '642' composed of orange and light orange geometric shapes, set against a background of a repeating diamond pattern in light gray and white.

stories across all
forms of media



National Leadership Group on Aboriginal and Torres Strait Islander Cancer Control established



Consumers involved in Cancer Australia's work

Cancer Australia together with six funding partners provided



to cancer research grants through the Priority-driven Collaborative Cancer Research Scheme



Average monthly visits to the Cancer Australia website



Report on financial performance

Resource statement and resources for outcomes

Table 3.1: Cancer Australia's Resource Statement 2016-17^{8,9}

	Actual available appropriation for 2016-17	Payments made 2016-17	Balance remaining 2016-17
	\$'000	\$'000	\$'000
Ordinary annual services⁸			
Departmental appropriation	17,231	–	–
Adjustment for prior year reserves ⁹	(1,410)	–	–
Adjustment for s.74 receipts	176	–	–
Total	15,997	11,578	4,419
Administered expenses			
Outcome 1— Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support	17,150	17,063	–
Total	33,147	28,641	–
Total net resourcing and payments	33,147	28,641	–

⁸ Appropriation Act (No.1) 2016–17 and Supply Bill (No.1) 2016–17.

⁹ Includes an amount of \$82,000 for the Department Capital Budget. For accounting purposes this amount has been designated as 'contributions by owners'.

Table 3.2: Cancer Australia's summary resource table by outcome 2016-17¹⁰

	Budget ¹⁰ 2016-17	Actual expenses 2016-17	Variation 2016-17
	\$'000	\$'000	\$'000
Outcome 1—			
Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support			
Programme 1.1: Improved cancer control			
Administered expenses			
Ordinary annual services (Appropriation Bill No.1)	17,150	17,063	87
Departmental expenses			
Department appropriation ¹¹	12,681	12,783	(102)
Total for Programme 1.1	29,831	29,846	(15)
Total expenses for Outcome 1	29,831	29,846	(15)

¹⁰ Full year budget, including any subsequent adjustment made to the 2016-17 Budget.

¹¹ Departmental Appropriation combines "Ordinary annual services (Appropriation Bill No. 1 and Supply Bill No. 1)" and "Revenue from independent sources (s.74)"

Staff	2015-16	2016-17
Average staffing level (number)	62	62



Management &
accountability





Management and accountability

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

In 2016–17, Cancer Australia's Corporate Affairs portfolio was responsible for organising and complying with relevant legislation and Commonwealth policy in regard to the management of financial resources, asset management, business continuity planning, fraud control, freedom of information, grants, human resources, information technology, procurement, records management, security, and general administrative services required to support the agency's operations.

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

- › advertising and market research
- › Australian National Audit Office access
- › competitive tendering and contracting
- › consultancies
- › disability reporting
- › ecologically sustainable development
- › exempt contracts
- › external scrutiny
- › freedom of information (FOI)
- › grant programs
- › purchasing
- › small business
- › work health and safety.

Corporate governance

Strategic and business plans

All Cancer Australia projects in 2016–17 were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2016–17, Corporate Plan 2016–17, Business Plan 2016–17 and Strategic Plan 2014–2019.

Cancer Australia's Corporate Plan 2016–17 articulates the agency's strategies for achieving its purpose and how success will be measured.

The Cancer Australia Strategic Plan 2014–2019 defines Cancer Australia's goals for this period and the agency's distinctive role in providing national leadership in cancer control.

The Strategic Plan also identifies the current and emerging trends and challenges in national cancer control.

The Cancer Australia Business Plan 2016–17 supports Cancer Australia's strategic direction. It identifies the agency's project deliverables and aligns all projects to the goals outlined in Cancer Australia's Strategic Plan. The Business Plan 2016–17 also incorporates the deliverables and key performance indicators listed in the Portfolio Budget Statement 2016–17.

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

Cancer Australia's Annual Performance Statement, published in this Annual Report (see Part 3), acquits the agency's performance against the performance measures included in the Corporate Plan and the agency's deliverables and key performance indicators outlined in the Portfolio Budget Statement 2016–17.

Compliance reporting

There were no instances of significant non-compliance with finance law related to the entity in 2016–17.

Internal audit arrangements

Cancer Australia's Audit Committee met four times during the year to provide independent advice and assistance to the Chief Executive Officer on Cancer Australia's risk control and compliance framework, and its external accountability responsibilities. The three member Committee includes two members appointed from outside Cancer Australia.

In 2016–17 Cancer Australia's auditor conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

Fraud control

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

Cancer Australia has also taken all reasonable measures to minimise and appropriately deal with fraud relating to the agency, to comply with the Commonwealth Fraud Control Framework 2014.

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

During 2016–17, Cancer Australia's fraud control plan and fraud risk assessments were reviewed and updated by the Senior Management Team and an all staff fraud awareness session was conducted.

Ethical standards

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

During 2016–17 Cancer Australia continued to reinforce its internal guidelines and policies so that they reflected the appropriate ethical standards.

Cancer Australia provided all new employees with a copy of the Australian Public Service Values and Code of Conduct to ensure awareness of ethical standards and organisational expectations. In addition, Values are included as a standing agenda item for monthly staff meetings to embed them across the agency.

Remuneration for Senior Executive Service officers

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

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

Financial overview

The 2016–17 departmental expenses were \$12,783,513 (GST exclusive).

The 2016–17 administered expenses were \$17,063,338 (GST exclusive).

Cancer Australia delivered a planned program of work in 2016–17 in line with the Departmental and Administered funding appropriated by the Australian Government.

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

Management of human resources

At 30 June 2017, Cancer Australia had 76 employees, of whom 59 were ongoing and 17 were non-ongoing. Most staff were located in Sydney, with six based in Melbourne and nine in Canberra. The workforce was predominantly female (86 per cent).

At 30 June 2017 Cancer Australia did not have any ongoing employees who identified as Indigenous.

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

Cancer Australia Staffing statistics

The distribution of staff by classification as at 30 June 2017 is shown in Table 4.1. The distribution of staff as at 30 June 2016 is shown in Table 4.2.

Table 4.1: Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2017

Classification	Female Full-time	Female Part-time	Male Full-time	Male Part-time	Total
Chief Executive Officer	1	–	–	–	1
Senior Executive Band 2	1	–	–	–	1
Senior Executive Band 1	1	–	–	–	1
Senior Executive Band 1	1M	–	–	–	1
Executive Level (EL) 2	5	–	1	–	6
Executive Level (EL) 2	1M	–	1C	–	2
EL 1	5	1	–	–	6
EL1	1M	–	–	–	1
EL1	1C	–	1C	–	2
APS 6	19	8	2	1	30
APS 6	2M	–	2M	–	4
APS 6	2C	2C	1C	–	5
APS 5	12	–	1	–	13
APS 4	1	–	–	1	2
APS 1–3	–	–	–	–	–
Medical	1	–	–	–	1
Total	54	11	9	2	76

M—Melbourne based; C—Canberra based; All other staff Sydney based

Table 4.2: Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2016

Classification	Female Full-time	Female Part-time	Male Full-time	Male Part-time	Total
Chief Executive Officer	1	–	–	–	1
Senior Executive Band 2	1	–	–	–	1
Senior Executive Band 1	1	–	–	–	1
Senior Executive Band 1	1M	–	–	–	1
Executive Level (EL) 2	5	–	2	–	7
Executive Level (EL) 2	1M	–	–	–	1
EL 1	7	1	2C	–	10
APS 6	19	5	3	–	27
APS 6	2C	2C	–	–	4
APS 6	1M	–	1M	–	2
APS 5	11	1	–	–	12
APS 5	1M	–	–	1M	2
APS 4	1	–	1	–	2
APS 1–3	–	–	–	–	–
Medical	–	1	–	–	1
Total	52	10	9	1	72

C—Canberra based; M—Melbourne based; All other staff Sydney based

Table 4.3: Salary structures at Cancer Australia (as at 30 June 2017)

Classification	Salary Range
EL2	\$114,905–\$136,040
EL1	\$96,307–\$109,841
APS Level 6	\$78,371–\$88,415
APS Level 5	\$71,041–\$74,982
APS Level 4	\$65,317–\$69,013
APS Level 3	\$57,650–\$63,901
APS Level 2	\$49,886–\$54,438
APS Level 1	\$42,685–\$47,937
Medical Officer salary structure	Salary Range
Medical Officer Class 4	\$148,459–\$163,411
Medical Officer Class 3	\$136,136–\$142,537
Medical Officer Class 2	\$121,752–\$128,284
Medical Officer Class 1	\$86,450–\$111,262

Employment arrangements

Cancer Australia staff at Executive Level 2 and below are employed under the conditions of the Cancer Australia Enterprise Agreement 2016–2019. Eight staff are in receipt of individual flexibility arrangements under clause 20 of the Enterprise Agreement. Non-salary benefits provided during the period by Cancer Australia to its staff were motor vehicle allowances (three officers) and car parks (two officers).

Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2016–17.

Training and development

Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Program. During 2016–17 Cancer Australia implemented its Australian Public Service Development Strategy, which included in-house training programs in the areas of project management and team management. Cancer Australia also engaged external providers to deliver training in areas such as strategic leadership, leadership development, human resources and data analysis and statistics. Cancer Australia provided staff with additional development opportunities through project work and assignment of higher duties.

Ministerial and parliamentary coordination

During 2016–17, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health on national cancer control related issues. The agency continued to collaborate closely with the Department of Health to support the Minister and implement Australian Government policies.



Appendices



Appendix A: Audited Financial Statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

Report on the Annual Financial Statements

Opinion

In my opinion, the financial statements of Cancer Australia for the year ended 30 June 2017:

- comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- present fairly the financial position of Cancer Australia as at 30 June 2017 and its financial performance and cash flows for the year then ended.

The financial statements of Cancer Australia, which I have audited, comprise the following statements as at 30 June 2017 and for the year then ended:

- Statement by the Accountable Authority and Chief Finance Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to and forming part of the financial statements, comprising a Summary of Significant Accounting Policies and other explanatory information.

Basis for Opinion

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

Accountable Authority's Responsibility for the Financial Statements

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

In preparing the financial statements, the Chief Executive Officer is responsible for assessing Cancer Australia's ability to continue as a going concern, taking into account whether the entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing matters related to going concern as applicable and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

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Auditor's Responsibilities for the Audit of the Financial Statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on the Requirements of the *Charitable Fundraising Act 1991 (NSW)* and its Regulations

I have audited the financial statements as required by section 24 of the *Charitable Fundraising Act 1991 (NSW)* and its Regulations.

Opinion

In my opinion:

- (a) the financial statements give a true and fair view of Cancer Australia's financial result of fundraising appeal activities for the financial year ended 30 June 2017;
- (b) the financial statements have been properly drawn up, and the associated records have been properly kept for the period from 1 July 2016 to 30 June 2017, in accordance with the *Charitable Fundraising Act 1991 (NSW)* and its regulations;
- (c) money received as a result of fundraising appeal activities conducted during the period from 1 July 2016 to 30 June 2017 has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991 (NSW)* and its regulations; and
- (d) there are reasonable grounds to believe that Cancer Australia will be able to pay its debts as and when they fall due.

The Chief Executive Officer of Cancer Australia is responsible for compliance with the *Charitable Fundraising Act 1991 (NSW)* and its regulations. My responsibility is to express an opinion on the financial statements based

upon my audit. My procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the Act.

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements described in the above-mentioned Acts and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit opinion expressed in this report has been formed on the above basis.

Australian National Audit Office



Clea Lewis

Executive Director

Delegate of the Auditor-General

Canberra

7 September 2017





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STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCE OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2017 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

In accordance with Authority Conditions 7(4) and 7(5) issued by the NSW Minister under Section 19 of the *Charitable Fundraising Act 1991* (NSW) (the Act), in our opinion:

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

Signed.....

Acting Accountable Authority

7 / 9 / 2017

Signed.....

Chief Finance Officer

7 / 9 / 2017

Statement of Comprehensive Income

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	7,766,303	7,309,336	8,546,000
Suppliers	3B	3,770,227	4,651,194	3,054,000
Depreciation and amortisation	3C	237,857	193,370	247,000
Finance costs		9,126	6,460	–
Grants	3D	1,000,000	1,035,637	–
Losses from asset disposals		–	19,557	–
Total expenses		12,783,513	13,215,554	11,847,000
Own-source income				
Own-source revenue				
Sale of goods and rendering of services		1,222,944	1,523,847	130,000
Other revenue	4A	187,721	138,952	196,000
Total own-source revenue		1,410,665	1,662,799	326,000
Gains				
Gains from asset disposals		456	–	–
Total gains		456	–	–
Net cost of services		11,372,392	11,552,755	11,521,000
Revenue from Government	4B	11,270,000	12,000,798	11,274,000
Surplus/(Deficit)		(102,392)	448,043	(247,000)
Total comprehensive income/(loss)		(102,392)	448,043	(247,000)

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2016–17 Portfolio Budget Statements (PBS)).

STATEMENT OF COMPREHENSIVE INCOME BUDGET VARIANCE COMMENTARY

In accordance with guidance provided by the Department of Finance, explanations are only provided where the variance is greater than 10% of the original budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Suppliers

The recruitment process for appropriately qualified staff took longer than anticipated for some staff positions. Cancer Australia therefore engaged temporary contract staff to maintain the delivery of its planned program of work.

Sale of goods and rendering of service

At the time of budget preparation, additional funding of \$1m received through a memorandum of understanding agreement with another government department was unknown. The additional funding received was subsequently utilised through the payment of grants.

Statement of Financial Position

as at 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents	6A	110,386	213,869	389,000
Trade and other receivables	6B	4,463,327	4,726,567	3,790,000
Total financial assets		4,573,713	4,940,436	4,179,000
Non-financial assets				
Property, plant and equipment	7	397,707	436,647	495,000
Intangibles	7	36,473	45,617	14,000
Prepayments		66,598	66,092	87,000
Total non-financial assets		500,778	548,356	596,000
Total assets		5,074,491	5,488,792	4,775,000
LIABILITIES				
Payables				
Suppliers	8A	351,121	994,586	229,000
Other payables	8B	318,566	199,015	854,000
Total payables		669,687	1,193,601	1,083,000
Provisions				
Employee provisions	9A	1,954,560	1,833,681	1,830,000
Other provisions	9B	188,981	179,855	183,000
Total provisions		2,143,541	2,013,536	2,013,000
Total liabilities		2,813,228	3,207,137	3,096,000
Net assets		2,261,263	2,281,655	1,679,000
EQUITY				
Contributed equity		1,148,160	1,066,160	379,000
Retained surplus		1,113,103	1,215,495	1,300,000
Total equity		2,261,263	2,281,655	1,679,000

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2016–17 Portfolio Budget Statements (PBS)).

STATEMENT OF FINANCIAL POSITION BUDGET VARIANCE COMMENTARY

In accordance with guidance provided by the Department of Finance, explanations are only provided where the variance is greater than 10% of the original budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Cash and cash equivalents

During the year drawdowns were only processed at the time the funds were required. As a result the cash balance is lower than budget with the difference recorded to appropriation receivable.

Trade and other receivables

Trade and other receivables is comprised of appropriation receivable. The 2016–17 and 2015–16 appropriations were budgeted to be drawn down in full. Other revenue sources and lower than expected average employee numbers resulted in the appropriation not being fully utilised and resulted in a receivable balance higher than originally budgeted.

Suppliers and other payables

The budgeted variance relates to the timing of payments. Budget estimates were compiled based on 2014–15 results, with a large number of deliverables accepted and paid prior to 30 June 2017.

Contributed equity

The appropriation reduction was recorded against contributed equity and retained earnings in the original budget, but in the actuals the reduction was only recorded against retained earnings. Additionally, own source funding was used by Cancer Australia for capital expenditure in addition to the departmental capital budget.

Statement of Changes in Equity

for the period ended 30 June 2017

	2017 \$	2016 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,066,160	984,160	297,000
Opening balance	1,066,160	984,160	297,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	82,000	82,000	82,000
Total transactions with owners	82,000	82,000	82,000
Closing balance as at 30 June	1,148,160	1,066,160	379,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	1,215,495	767,452	1,547,000
Opening balance	1,215,495	767,452	1,547,000
Comprehensive income			
Surplus/(Deficit) for the period	(102,392)	448,043	(247,000)
Total comprehensive income	(102,392)	448,043	(247,000)
Closing balance as at 30 June	1,113,103	1,215,495	1,300,000
TOTAL EQUITY			
Opening balance			
Balance carried forward from previous period	2,281,655	1,751,612	1,844,000
Opening balance	2,281,655	1,751,612	1,844,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	82,000	82,000	82,000
Total transactions with owners	82,000	82,000	82,000

(Continued)

	2017 \$	2016 \$	Original Budget ¹ \$
Comprehensive income			
Surplus/(Deficit) for the period	(102,392)	448,043	(247,000)
Total comprehensive income	(102,392)	448,043	(247,000)
Closing balance as at 30 June	2,261,263	2,281,655	1,679,000

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2016–17 Portfolio Budget Statements (PBS)).

Accounting Policy

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and departmental capital budgets (DCBs) are recognised directly in contributed equity in that year.

STATEMENT OF CHANGES IN EQUITY BUDGET VARIANCE COMMENTARY

In accordance with guidance provided by the Department of Finance, explanations are only provided where the variance is greater than 10% of the original budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Contributed equity

An appropriation reduction was recorded against contributed equity and retained earnings in the original budget, but in the actuals the reduction was only recorded against retained earnings.

Retained earnings

Retained earnings is higher reflecting the actual 2016–17 result.

Cash Flow Statement

for the period ended 30 June 2017

Notes	2017 \$	2016 \$	Original Budget ¹ \$
OPERATING ACTIVITIES			
Cash received			
Appropriations	11,496,267	10,899,738	11,274,000
Sales of goods and rendering of services	1,459,963	1,940,995	130,000
Net GST received	372,061	399,163	221,000
Fundraising	70,751	22,477	–
Total cash received	13,399,042	13,262,373	11,625,000
Cash used			
Employees	(7,543,073)	(7,210,841)	(8,346,000)
Suppliers	(5,852,135)	(6,044,559)	(2,918,000)
Net GST paid	–	–	(221,000)
Total cash used	(13,395,208)	(13,255,400)	(11,485,000)
Net cash from operating activities	3,834	6,973	140,000
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment	2,138	1,907	–
Total cash received	2,138	1,907	–
Cash used			
Purchase of property, plant and equipment	(161,180)	(247,762)	(222,000)
Purchase of intangibles	(30,275)	(17,821)	–
Total cash used	(191,455)	(265,583)	(222,000)
Net cash (used by) investing activities	(189,317)	(263,676)	(222,000)

(Continued)

	Notes	2017 \$	2016 \$	Original Budget ¹ \$
FINANCING ACTIVITIES				
Cash received				
Departmental capital budget		82,000	82,000	82,000
Total cash received		82,000	82,000	82,000
Net cash from financing activities		82,000	82,000	82,000
Net (decrease) in cash held		(103,483)	(174,703)	–
Cash and cash equivalents at the beginning of the reporting period		213,869	388,572	389,000
Cash and cash equivalents at the end of the reporting period	6A	110,386	213,869	389,000

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2016–17 Portfolio Budget Statements (PBS)).

CASH FLOW STATEMENT BUDGET VARIANCE COMMENTARY

In accordance with guidance provided by the Department of Finance, explanations are only provided where the variance is greater than 10% of the original budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Sale of goods and rendering of services

At the time of budget preparation, additional funding through a memorandum of understanding agreement with another government department was unknown resulting in a higher than anticipated inflow of funds.

Net GST received and paid

Cancer Australia is required to make GST payments on eligible goods and services and the GST received represents the refund of those amounts from the Australia Taxation Office (ATO). GST estimates are based on prior year trends and varies from year to year based on the payments for goods and services. In 2016–17 the Agency received more GST from the ATO due to higher than anticipated payments to suppliers. The net GST received was used to settle commitments, rather than drawing on additional funding.



Employee benefits

Although staffing levels have increased during the financial year, recruitment of appropriately skilled staff took longer than than expected and resulted in a lower than budgeted average staffing level for 2016–17. This resulted in reduced expenditure in employee benefits and increased expenditure in suppliers.

Suppliers

Cancer Australia engaged temporary contract staff to ensure delivery of its planned program work. In addition, funding of supplier payments through memorandum of understanding agreements with other agencies was unknown at the time of budget preparation.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	14A	2,099,778	1,882,800	1,356,000
Grants and service delivery contracts	14B	14,963,560	14,971,259	15,794,000
Total expenses administered on behalf of Government		17,063,338	16,854,059	17,150,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		–	455	–
Total non-taxation revenue		–	455	–
Total own-source revenue administered on behalf of Government		–	455	–
Net cost of services		(17,063,338)	(16,853,604)	(17,150,000)
Deficit on continuing operations		(17,063,338)	(16,853,604)	(17,150,000)
Total comprehensive loss		(17,063,338)	(16,853,604)	(17,150,000)
The above schedule should be read in conjunction with the accompanying notes.				
1 The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2016–17 Portfolio Budget Statements (PBS)).				

BUDGET VARIANCE COMMENTARY

In accordance with guidance provided by the Department of Finance, explanations are only provided where the variance is greater than 10% of the original budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Suppliers and Grants and service delivery contracts

At the time of the preparation of the original budget, estimated grant payments are based on prior year estimates. Actual expenditure may vary from year to year depending upon grant applications received and rewarded. The level of grant expenditure incurred impacts the level of payments made to other suppliers.

Administered Schedule of Assets and Liabilities

as at 30 June 2017

	Notes	2017 \$	2016 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	15A	30,000	30,000	36,000
Trade and other receivables	15B	119,091	38,275	110,000
Total financial assets		149,091	68,275	146,000
Total assets administered on behalf of Government		149,091	68,275	146,000
LIABILITIES				
Payables				
Suppliers	16A	180,297	395,764	203,000
Grants	16B	70,000	60,000	1,722,000
Other payables		–	–	724,000
Total payables		250,297	455,764	2,649,000
Total liabilities administered on behalf of Government		250,297	455,764	2,649,000
Net liabilities		(101,206)	(387,489)	(2,503,000)

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2016–17 Portfolio Budget Statements (PBS)).

BUDGET VARIANCE COMMENTARY

In accordance with guidance provided by the Department of Finance, explanations are only provided where the variance is greater than 10% of the original budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Trade and other receivables

The trade and other receivables relates to GST receivable from the ATO. The variance is due to timing of when the funds are received.

Suppliers

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. In addition, since 2015–16 there has been a greater focus on paying suppliers before year-end.

Grants

The original budget is based on the 2014–15 grant payables. In 2016–17 grant contracts were executed earlier in the year resulting in a lower payable at the end of the reporting period.

Administered Reconciliation Schedule

as at 30 June 2017

	2017 \$	2016 \$
Opening assets less administered liabilities as at 1 July	(387,489)	(2,502,937)
Net (cost of) / contribution by services		
Income	–	455
Expenses		
Payments to entities other than Commonwealth entities	(16,680,920)	(16,504,072)
Payments to Commonwealth entities	(382,419)	(349,986)
Transfers (to) / from the Australian Government:		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	17,349,622	18,969,506
Appropriation transfers to Official Public Account		
Transfers to OPA	–	(455)
Closing assets less liabilities as at 30 June	(101,206)	(387,489)

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

Accounting Policy

Administered cash transfers to and from the Official Public Account

Revenue collected by Cancer Australia for use by the government rather than Cancer Australia is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by Cancer Australia on behalf of the Government and reported as such in the administered cash flow statement and in the administered reconciliation schedule.

Administered Cash Flow Statement

for the period ended 30 June 2017

	Notes	2017 \$	2016 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		360,873	453,294
Other		–	455
Total cash received		360,873	453,749
Cash used			
Grants		(14,797,560)	(15,317,769)
Suppliers		(2,912,935)	(4,111,298)
Total cash used		(17,710,495)	(19,429,067)
Net cash used by operating activities		(17,349,622)	(18,975,318)
Cash and cash equivalents at the beginning of the reporting period		30,000	36,267
Cash from Official Public Account			
Appropriations		17,349,622	18,969,506
Cash to Official Public Account			
Appropriations		–	(455)
Cash and cash equivalents at the end of the reporting period	15A	30,000	30,000
The above statement should be read in conjunction with the accompanying notes.			

Notes to and forming part of the financial statements

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Note 1: Summary of Significant Accounting Policies

1.1 Objectives of Cancer Australia

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

1.2 Basis of Preparation of the Financial Statements

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

The financial statements have been prepared in accordance with:

- › Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 for reporting periods ending on or after 1 July 2015; and
- › Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest dollar unless otherwise specified.

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made no judgements that would have a significant impact on the amounts recorded in the financial statements.

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

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

1.4 Revenue

Revenue from the sale of goods is recognised when:

- a. the risks and rewards of ownership have been transferred to the buyer
- b. Cancer Australia retains no managerial involvement or effective control over the goods
- c. the revenue and transaction costs incurred can be reliably measured
- d. it is probable that the economic benefits associated with the transaction will flow to Cancer Australia.

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:

- a. the amount of revenue, stage of completion and transactions costs incurred can be reliably measured
- b. the probable economic benefits associated with the transaction will flow to Cancer Australia.

The stage of completion of contracts at the reporting date is determined by reference to services performed to date as a percentage of total services to be performed.

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

1.5 Taxation

Cancer Australia is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST). Revenues, expenses, assets and liabilities are recognised net of GST except:

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

1.6 Reporting of administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2017 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's administered or departmental functions.

Note 3: Expenses

	2017 \$	2016 \$
Note 3A: Employee Benefits		
Wages and salaries	5,827,603	5,318,856
Superannuation:		
Defined contribution plans	918,035	821,730
Defined benefit plans	102,989	121,255
Leave and other entitlements	863,633	770,311
Separation and redundancies	54,043	277,184
Total employee benefits	7,766,303	7,309,336

Accounting Policy

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of the end of reporting period 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.

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 Cancer Australia is estimated to be less than the annual entitlement for sick leave.

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

The estimate of the present value of the liability takes into account pay increases and inflation.

(Continued)



Superannuation

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

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and other superannuation funds are defined contribution schemes.

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

Cancer Australia makes employer contributions to the employee's superannuation scheme at rates sufficient to meet the current cost to the government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans.

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

	2017 \$	2016 \$
Note 3B: Suppliers		
Goods and services		
Consultants	386,097	559,622
Contractors	885,285	1,306,942
Sponsorships	–	43,636
Printing	101,182	74,987
Information technology and licenses	508,965	544,164
Property and office	346,599	372,795
Travel	202,285	193,540
Learning and development	75,204	92,329
Media and other promotional	121,073	226,085
Other	284,914	358,445
Total goods and services	2,911,604	3,772,546
Goods supplied	101,182	74,987
Services rendered	2,810,422	3,697,559
Total goods and services supplied or rendered	2,911,604	3,772,546
Other supplier expenses		
Operating lease rentals	789,429	800,126
Workers compensation expense	69,194	78,523
Total Other Suppliers	858,623	878,649
Total Suppliers	3,770,227	4,651,194

Lease commitments

Cancer Australia leases commercial property in support of its activities. Lease payments are subject to the terms and conditions of the lease agreement. The terms range from 1 to 5 years.

Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:

Within 1 year	737,069	731,416
Between 1 and 5 years	1,495,977	2,237,257
More than 5 years	–	–
Total operating lease commitments	2,233,045	2,968,673

Accounting Policy

Leases

A distinction is made between finance leases and operating leases. 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.

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.

Lease incentives are recognised as liabilities and reduced on a straight-line basis by allocating lease payments between the rental expense and as a reduction of the lease incentive liability.

2017
\$

2016
\$

Note 3C: Depreciation and Amortisation

Depreciation:

Property, plant and equipment

198,438

139,437

Total depreciation

198,438

139,437

Amortisation:

Intangibles:

Computer Software — Purchased

39,419

53,933

Total amortisation

39,419

53,933

Total depreciation and amortisation

237,857

193,370

Note 3D: Grants

Public sector:

State and Territory Governments

—

10,000

Private sector:

Non-profit organisations

1,000,000

1,025,637

Total grants

1,000,000

1,035,637

Note 4: Own-Source Income

	Notes	2017 \$	2016 \$
Own-Source Revenue			
Note 4A: Other Revenue			
Fundraising	20	70,751	22,477
Resources received free of charge		56,970	58,475
Remuneration of auditors		60,000	58,000
Total other revenue		187,721	138,952

Accounting Policy

Resources received free of charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature. 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 non-corporate or corporate Commonwealth entity as a consequence of a restructuring or administrative arrangement.

Fundraising revenue

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

	Notes	2017 \$	2016 \$
Note 4B: Revenue from Government			
Appropriations:			
Departmental appropriations		11,270,000	12,000,798
Total revenue from Government		11,270,000	12,000,798

Accounting Policy

Revenue from Government

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

Note 5: Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

The different levels of the fair value hierarchy are defined below.

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: Unobservable inputs for the asset or liability.

Fair value measurements at the end of the reporting period		
	2017 \$	2016 \$
Non-financial assets		
Plant and equipment	397,707	436,647
Non-financial liabilities		
Makegood provision	188,981	179,855

Notes:

1. Cancer Australia did not measure any non-financial assets on a non-recurring basis as at 30 June 2017.
2. There has been no change to valuation techniques.
3. Cancer Australia's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all controlled assets is considered their highest and best use.
4. The remaining assets reported by Cancer Australia are not measured at fair value in the statement of financial position.
5. Cancer Australia procured the service of the Australian Valuation Solutions (AVS) to undertake a comprehensive valuation of all non-financial assets at 28 February 2014. Cancer Australia tests the procedures of the valuation model as an internal management review at least once every 12 months. If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last specific valuation. Cancer Australia has engaged Australian Valuation Solutions (AVS) to provide written assurance that the models developed comply with AASB 13.

Note 6: Financial Assets

	2017 \$	2016 \$
Note 6A: Cash and Cash Equivalents		
Cash on hand or on deposit	110,386	213,869
Total cash and cash equivalents	110,386	213,869

Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a. cash on hand
- b. cash at bank.

	2017 \$	2016 \$
Note 6B: Trade and Other Receivables		
Goods and services receivable	111,244	121,942
Total goods and services receivables	111,244	121,942
Appropriations receivables		
Existing programs	4,308,892	4,535,160
Total appropriations receivables	4,308,892	4,535,160
Other receivables		
GST receivable from the Australian Taxation Office	43,191	69,465
Total other receivables	43,191	69,465
Total trade and other receivables	4,463,327	4,726,567

Credit terms are net 30 days (2015–16: 30 days).

No allowance for impairment was required at reporting date.

Accounting Policy

Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'.

Receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of property, plant and equipment and computer software for 2017

	Property, plant & equipment \$	Computer Software purchased \$	Total \$
As at 1 July 2016			
Gross book value	989,570	531,879	1,521,449
Accumulated depreciation and impairment	(552,923)	(486,262)	(1,039,185)
Net book value 1 July 2016	436,647	45,617	482,264
Additions	161,180	30,275	191,455
Depreciation expense	(198,438)	–	(198,438)
Amortisation expense	–	(39,419)	(39,419)
Other movements:			
Write back of depreciation on disposal	33,293	69,157	102,450
Disposals:			
Other disposals	(34,975)	(69,157)	(104,132)
Net book value 30 June 2017	397,707	36,473	434,180
Net book value as of 30 June 2017 represented by:			
Gross book value	1,115,775	492,997	1,608,772
Accumulated depreciation and impairment	(718,068)	(456,524)	(1,174,592)
Net book value 30 June 2017	397,707	36,473	434,180

Accounting Policy

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

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

(Continued)

Asset recognition threshold

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

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in property leases taken up by Cancer Australia where there exists an obligation to restore property to its original condition. These costs are included in the value of Cancer Australia's leasehold improvements with a corresponding provision for the 'make good' recognised.

Revaluations

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

<i>Asset Class</i>	<i>Fair value measured at</i>	
	2017	2016
Leasehold improvements	Depreciated replacement cost	Depreciated replacement cost
Makegood	Net Present Value	Net Present Value
Furniture and Fittings	Market selling price	Market selling price
Plant and equipment	Market selling price	Market selling price

Following initial recognition at cost, property, plant and equipment is carried at fair value. 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 in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit 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.

(Continued)

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:

	2017	2016
Plant and equipment	3 to 10 years	3 to 10 years

The entity has items of property, plant and equipment that are heritage and cultural assets that have limited useful lives and are depreciated.

Impairment

All assets were assessed for impairment at 30 June 2017. 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.

Derecognition

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

Intangibles

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

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

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software are 3 years (2015–16: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2017.

Note 8: Payables

	2017 \$	2016 \$
Note 8A: Suppliers		
Trade creditors and accruals	351,121	994,586
Total suppliers	351,121	994,586

Settlement is usually made within 30 days.

Note 8B: Other Payables

Wages and salaries	51,959	25,217
Superannuation	8,283	4,106
Unearned revenue	165,239	108,836
Other	93,085	60,856
Total other payables	318,566	199,015

Accounting Policy

Financial liabilities

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

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.

Other financial liabilities

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

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

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

Note 9: Provisions

	2017 \$	2016 \$
Note 9A: Employee Provisions		
Leave	1,954,560	1,833,681
Total employee provisions	1,954,560	1,833,681
Note 9B: Other Provisions		
Provision for make good	188,981	179,855
Total other provisions	188,981	179,855

	Provision for make good	Total
Carrying amount 1 July 2016	179,855	179,855
Amount reversed	4,279	4,279
Unwinding of discount or change in discount rate	4,847	4,847
Closing balance 30 June 2017	188,981	188,981

Cancer Australia has one lease agreement (2015–16: one agreement) for the leasing of the Sydney premises which has a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia has made a provision to reflect the present value of the obligation.

Note 10: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2017 (2015–16: Nil).

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position 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.

Note 11: Key Management Personnel Remuneration

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

	2017 \$	2016 \$
Short-term employee benefits	1,183,188	1,009,675
Post-employment benefits	171,276	139,931
Other long-term benefits	134,232	119,941
Termination benefits	-	-
Total key management personnel remuneration expenses¹	1,488,696	1,269,547

The total number of senior management personnel that are included in the above table are five (2015–16: five).

¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the entity.

Note 12 : Related Party Disclosure

Related party relationships:

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

Transactions with related parties:

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

Significant transactions with related parties can include:

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

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

Note 13: Financial Instruments

	2017 \$	2016 \$
Note 13: Categories of Financial Instruments		
Financial Assets		
Cash and cash equivalents	110,386	213,869
Trade receivables	111,244	121,942
Total financial assets	221,630	335,811
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	351,121	994,586
Total financial liabilities measured at amortised cost	351,121	994,586
Total financial liabilities	351,121	994,586

Note 14: Administered – Expenses

	2017 \$	2016 \$
Note 14A: Suppliers		
Goods and services		
Consultants	509,195	380,331
Contractors	676,353	509,560
Sitting and Advisory Fees	426,240	395,443
Travel	152,147	165,362
Printing	30,557	86,990
Assessment fees	241,365	284,345
Other	63,921	60,769
Total goods and services	2,099,778	1,882,800
Goods and services are made up of:		
Goods supplied	39,104	93,723
Services rendered	2,060,674	1,789,077
Total goods and services	2,099,778	1,882,800
Total suppliers expenses	2,099,778	1,882,800
Note 14B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	102,238	789,341
Private sector		
Not-for-profit organisations	14,861,322	14,181,918
Total grants and service delivery contracts	14,963,560	14,971,259

Accounting Policy

Grants

Cancer Australia administers a number of grants on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. Returned grant monies are recognised upon receipt.

Note 15: Administered – Financial Assets

	2017 \$	2016 \$
Note 15A: Cash and Cash Equivalents		
Cash on hand or on deposit	30,000	30,000
Total cash and cash equivalents	30,000	30,000
Note 15B: Trade and Other Receivables		
GST receivable from Australian Taxation Office	119,091	38,275
Total trade and other receivables (gross)	119,091	38,275
<p>Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2016: 30 days). No allowance for impairment was required at reporting date.</p>		

Accounting Policy

Receivables

Where receivables are not subject to concessional treatment, they are carried at amortised cost using the effective interest method. Gains and losses due to impairment, derecognition and amortisation are recognised through profit or loss.

Note 16: Administered – Payables

	2017 \$	2016 \$
Note 16A: Suppliers		
Trade creditors and accruals	180,297	395,764
Total suppliers	180,297	395,764
Settlement is usually made within 30 days.		
Note 16B: Grants		
Private sector:		
Non-profit and profit organisations	70,000	60,000
Total grants	70,000	60,000
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.		

Note 17: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2017 (2015–16: Nil).

Note 18: Administered – Financial Instruments

	2017 \$	2016 \$
Note 18: Categories of Financial Instruments		
Financial Assets		
Cash on hand or on deposit	30,000	30,000
Trade and other receivables	–	–
Total Financial assets	30,000	30,000
Financial Liabilities		
At amortised cost:		
Trade creditors	180,297	395,764
Grants payable	70,000	60,000
Total financial liabilities at amortised cost	250,297	455,764
Total financial liabilities	250,297	455,764

Note 19: Appropriations

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

	2017 Appropriations						Appropriation applied in 2017 (current and prior years) \$	Variance ² \$
	Appropriation Act		PGPA Act		Total appropriation \$			
	Annual Appropriation ¹ \$	AFM \$	AFM ² \$	Section 74 \$		Section 75 \$		
Departmental								
Ordinary annual services	11,270,000	-	-	1,306,483	-	12,576,483	11,496,267	1,080,216
Capital Budget	82,000					82,000	82,000	-
Total departmental	11,352,000	-	-	1,306,483	-	12,658,483	11,578,267	1,080,216
Administered								
Ordinary annual services								
Administered items	17,150,000	-	-	-	-	17,150,000	17,063,338	86,662
Total administered	17,150,000	-	-	-	-	17,150,000	17,063,338	86,662

Notes:

- 1 In departmental a total of \$4,000 has been withheld against 2017 ordinary annual services appropriation under section 51 of the PGPA Act. There were no amounts quarantined from 2017 administered appropriations.
- 2 The departmental variance primarily represents the timing difference of payments to suppliers and employees.

Note 19: Appropriations (Continued)

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

	2016 Appropriations						Appropriation applied in 2016 (current and prior years) \$	Variance ² \$
	Appropriation Act		PGPA Act		Total appropriation \$			
	Annual Appropriation ¹ \$	AFM \$	AFM ² \$	Section 74 \$		Section 75 \$		
Departmental								
Ordinary annual services	12,000,798	–	–	1,747,406	–	13,748,204	2,829,466	
Capital Budget	82,000	–	–	–	–	82,000	–	
Total departmental	12,082,798	–	–	1,747,406	–	13,830,204	2,829,466	
Administered								
Ordinary annual services								
Administered items	16,938,000	–	–	–	–	16,938,000	83,941	
Total administered	16,938,000	–	–	–	–	16,938,000	83,941	

Notes:

1 In departmental a total of \$8,202 was temporarily quarantined against 2016 ordinary annual services appropriation. There were no amounts quarantined from 2016 administered appropriations.

2 The departmental variance primarily represents the timing difference of payments to suppliers and employees and additional section 74 revenue received.

Note 19: Appropriations (Continued)

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

	2017 \$	2016 \$
Departmental		
Appropriation Act (No.1) 2014–15	–	2,284,141
Appropriation Act (No.1) 2015–16	3,087,071	2,464,888
Appropriation Act (No.1) 2016–17 ¹	1,332,207	–
Total departmental	4,419,278	4,749,029
Administered		
Appropriation Act (No.1) 2015–16	–	83,941
Appropriation Act (No.1) 2016–17	86,662	–
Total administered	86,662	83,941

¹ Appropriation Act (No.1) 2016–17 includes cash and cash equivalents at 30 June 2017.

Note 20: Information furnished under the *Charitable Fundraising Act 1991 (NSW)*

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

Note 20A: Fundraising appeals conducted during the financial period

During the year the following fundraising appeals were conducted: Pink Ribbon Breakfast in Sydney and donations received to improve outcomes for Australians affected by breast cancer.

Note 20B: Details of aggregated gross income and total expenses of fundraising appeals

	2017 \$	2016 \$
Pink Ribbon Breakfast		
Gross proceeds of fundraising appeal	22,418	21,955
Total direct costs of fundraising appeal	(7,952)	(6,132)
Net surplus from fundraising appeal	14,466	15,823
Donations		
Gross proceeds of fundraising appeal	48,333	522
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	48,333	522

Note 20C: Statement demonstrating how funds received were applied to charitable purposes

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

Note 20D: Comparison by monetary figures and percentages

	2017 \$	2016 \$
Total cost of fundraising appeals ¹	7,952	6,132
Gross income from fundraising appeals	70,751	22,477
%	11%	27%
Net surplus from fundraising appeals	62,799	16,344
Gross income from fundraising appeals	70,751	22,477
%	89%	73%

Although a fundraising event, the primary purpose of the Pink Ribbon Breakfast is to raise awareness. All reasonable steps are taken to ensure expenses do not exceed a fair and reasonable proportion of the gross proceeds obtained.

¹ All costs relate to the Pink Ribbon Breakfast

Appendix B: Mandatory reporting information



Advertising and market research

Cancer Australia undertook advertising in 2016-17 to provide information about cancer to health professionals and the community. Cancer Australia used market research activities to seek the community's views on the most effective methods to deliver cancer information.

During 2016–17, Cancer Australia conducted the following advertising campaign:

- › Ovarian Cancer Awareness Month

Further information on this advertising campaign is available at canceraustralia.gov.au and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website.

Table B.1: Advertising agencies

Organisation	Service Provided	Amount paid (GST inclusive)
Bang Pty Ltd	Online advertising for an animated video to increase awareness of the symptoms of ovarian cancer and improve knowledge about the disease during Ovarian Cancer Awareness Month	\$13,200

Table B.2: Market research organisations

Organisation	Service Provided	Amount paid (GST inclusive)
The Fore	Audience user experience testing for the National Cancer Control Indicators, a new website which presents cancer control data through a set of indicators across the cancer continuum	\$23,250

Australian National Audit Office Access

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

Competitive tendering and contracting

All open tenders and contracts over \$10,000 (GST inclusive) awarded by Cancer Australia during 2016–17 were published on AusTender.

Consultancies

During 2016–17, three new consultancy contracts were entered into involving total actual expenditure of \$303,226.24. In addition, five ongoing consultancy contracts were active during 2016–17, involving total ongoing actual expenditure of \$798,684.

Annual Reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website—tenders.gov.au.

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

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

and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

Disability reporting

Since 1994, Commonwealth non-corporate entities have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–8, reporting on the employer role was transferred to the Australian Public Service Commission's State of the Service Report and the APS Statistical Bulletin. These reports are available at apsc.gov.au. From 2010–11, departments and agencies have no longer been required to report on these functions.

The Commonwealth Disability Strategy has been overtaken by the National Disability Strategy 2010–2020, which sets out a ten-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. A high level two-yearly report will track progress against each of the six outcome areas of the Strategy and present a picture of how people with a disability are faring. The first of these reports was made available in late 2014, and can be found at dss.gov.au.

Ecologically sustainable development and environmental performance

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

In 2016–17 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- › exclusive use of ecologically friendly printer paper, paper based stationery items and cleaning products
- › recycling of paper, cardboard, printer cartridges and waste
- › setting printers to default to printing on both sides of the paper and in black and white
- › ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features.

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

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

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2016–17 that were exempt from being published on AusTender due to Freedom of Information (FOI) reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2016–17. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix A. There were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman in 2016–17.

Freedom of information

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

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

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2016 to 30 June 2017:

- › Priority-driven Collaborative Cancer Research Scheme
- › Support for Cancer Clinical Trials program
- › Supporting People with Cancer Grant Initiative.

Information on grants awarded by Cancer Australia during the period 1 July 2016 to 30 June 2017 is available at canceraustralia.gov.au.

Purchasing

In 2016–17, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

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

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

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

Small Business

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

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

Work health and safety

During 2016–17, the following initiatives were undertaken in relation to work health and safety:

- › The First Aid Policy and Procedures were finalised
- › Influenza vaccinations were offered for all employees
- › Workstation assessments were carried out for employees
- › An Employee Assistance Program continued to be offered for employees and their immediate family members
- › Rehabilitation providers were engaged to assist injured staff to return to work.

During 2016–17 there was one liaison inspection conducted by Comcare in regard to a complaint under the *Work Health and Safety Act 2011*. No evidence of non-compliance was found, and no further action was warranted by Comcare.



Appendix C: Cancer Australia Advisory Groups

Cancer Australia's Advisory Group structure supports: the agency's leadership role in national cancer control; the fulfilment of the agency's purpose; and the delivery of the goals outlined in the Cancer Australia Strategic Plan 2014-19.

Advisory Group members represent a broad range of expertise, experiences and sectors. Consumers are represented on all Cancer Australia Advisory Groups.

Cancer Australia values the advice and support extended to the organisation by its two Strategic Advisory Groups:

Intercollegiate Advisory Group

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

The group was chaired by Associate Professor Chris Milross.

Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia about the strategic and priority areas of focus in cancer research and data including: current and emerging issues in national and international cancer research and clinical trials; priorities for cancer research in Australia; national coordination and data linkage; a strategic approach to national cancer data monitoring and reporting; strategies to improve Australia's overall cancer research and data capacity; key national and international partnerships and collaborations which support Cancer Australia's leadership role in research and data; and future Cancer Australia research and data initiatives.

The group was chaired by Professor Adele Green AC.

Cancer Australia appreciates the valuable contribution made by the newly formed Leadership Group on Aboriginal and Torres Strait Islander Cancer Control:

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control was established in 2016–17 to provide strategic advice and specialist expertise in Indigenous cancer control; encourage cross-sector collaboration in addressing the priorities in the National Aboriginal and Torres Strait Islander Cancer Framework; and share knowledge across the sector to leverage opportunities.

The group was chaired by Professor Jacinta Elston.

Cancer Australia also acknowledges with gratitude the contribution of its three tumour-specific Advisory Groups:

Breast Cancer Advisory Group

The Breast Cancer Advisory Group provides expert advice on the prioritisation, development and implementation of Cancer Australia's breast cancer initiatives; coordinated, multidisciplinary and patient-centred approaches to breast cancer care; and identification of gaps and barriers in the provision of best practice breast cancer care.

The group was chaired by Associate Professor Bruce Mann.

Gynaecological Cancer Advisory Group

The Gynaecological Cancer Advisory Group provides expert advice on priorities, issues and activities related to gynaecological cancers; strategic guidance on best practice initiatives, barriers and opportunities; and identifies ways in which Cancer Australia can work effectively with all stakeholders to advance gynaecological cancer control in Australia.

The group was chaired by Professor Michael Quinn AM.

Lung Cancer Advisory Group

The Lung Cancer Advisory Group provides expert advice on issues and activities related to lung cancer including priorities of Cancer Australia's program of work in lung cancer; strategic guidance and expertise in relation to specific projects; barriers to optimal lung cancer control; and collaborative opportunities to assist in advancing national lung cancer control activities.

The group was chaired by Professor David Ball.

Appendix D: List of Requirements

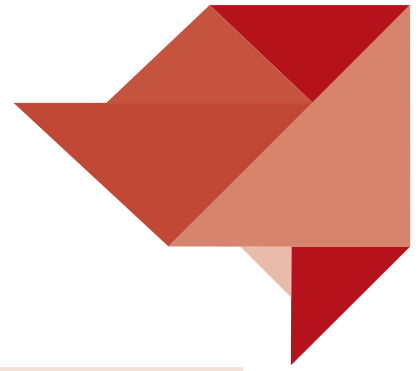
Part of Report	Description	Requirement	Page
Letter of transmittal	Letter of transmittal	Mandatory	iii
Aids to access	Table of contents	Mandatory	iv
Aids to access	Alphabetical Index	Mandatory	100
Aids to access	Glossary	Mandatory	96
Aids to access	List of Requirements	Mandatory	92–95
Aids to access	Contact officer(s)	Mandatory	ii
Aids to access	Entity's website address and electronic address for report	Mandatory	ii
Review by Accountable Authority	Review by the Accountable Authority	Mandatory	18
Overview of the entity	Role and functions	Mandatory	14
Overview of the entity	Organisational structure	Mandatory	14–15
Overview of the entity	Outcome and program structure	Mandatory	15
Overview of the entity	Purpose of the entity as included in corporate plan	Mandatory	14
Overview of the entity	Portfolio structure	Portfolio departments—mandatory	Not applicable
Overview of the entity	Where outcome and program structures differ from PB Statements/PAES or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	If applicable, mandatory	Not applicable
Report on Performance — Annual performance statement	Annual Performance Statement	Mandatory	18–22
Report on Performance — Report on financial performance	Discussion and analysis of the department's financial performance	Mandatory	32
Report on Performance — Report on financial performance	Table summarising the total resources and total payments of the entity	Mandatory	26–27

Part of Report	Description	Requirement	Page
Report on Performance — Report on financial performance	Information on any significant changes in the financial results during or after the previous or current reporting period.	If applicable, mandatory	Not applicable
Management and Accountability — Corporate Governance	Information on compliance with section 10 (fraud systems)	Mandatory	iii, 31
Management and Accountability — Corporate Governance	Certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	iii, 31
Management and Accountability — Corporate Governance	Certification by accountable authority that appropriate mechanisms for preventing, detecting, investigating, recording and reporting fraud are in place	Mandatory	iii, 31
Management and Accountability — Corporate Governance	Certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity	Mandatory	iii, 31
Management and Accountability — Corporate Governance	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	31–32
Management and Accountability — Corporate Governance	Statement of significant issues reported to the Minister related to non-compliance with Finance law	If applicable, Mandatory	31
Management and Accountability — External Scrutiny	Significant developments in external scrutiny	Mandatory	88
Management and Accountability — External Scrutiny	Judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner	If applicable, mandatory	88
Management and Accountability — External Scrutiny	Reports by the Auditor-General, a Parliamentary Committee, the Commonwealth Ombudsman or an agency capability review	If applicable, mandatory	88
Management and Accountability — Management of Human Resources	Assessment of effectiveness in managing and developing human resources to achieve entity objectives	Mandatory	36
Management and Accountability — Management of Human Resources	Statistics on staffing	Mandatory	33–34
Management and Accountability — Management of Human Resources	Enterprise agreements, IFAs, common law contracts, determinations and AWAs, and number of employees covered by agreements	Mandatory	36
Management and Accountability — Management of Human Resources	Salary ranges available for APS employees by classification level	Mandatory	35

Part of Report	Description	Requirement	Page
Management and Accountability — Management of Human Resources	Non-salary benefits provided to employees	Mandatory	36
Management and Accountability — Management of Human Resources	Performance pay	If applicable, mandatory	36
Management and Accountability — Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	Not applicable
Management and Accountability — Purchasing	Assessment of purchasing against <i>Commonwealth Procurement Rules</i>	Mandatory	89
Management and Accountability — Consultants	Information on new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were entered into in a previous year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory	87
Management and Accountability — Consultants	A statement that "During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]".	Mandatory	87
Management and Accountability — Consultants	A statement noting that information on contracts and consultancies is available through the AusTender website.	Mandatory	87
Management and Accountability — Consultants	Policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged	Mandatory	87
Management and Accountability — Consultants	Statement that <i>Annual reports contain information on actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website.</i>	Mandatory	87
Management and Accountability — Australian National Audit Office Access Clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	87
Management and Accountability — Exempt contracts	Contracts exempted from publication in AusTender	Mandatory	88

Part of Report	Description	Requirement	Page
Management and Accountability — Small business	Statement that the entity supports small business participation in the Commonwealth Government procurement market	Mandatory	89
Small business	Procurement initiatives to support small business	Mandatory	89
Small business	Statement regarding importance of paying small businesses on time if entity is considered 'material in nature'	If applicable, Mandatory	Not applicable
Management and Accountability — Financial Statements	Financial Statements	Mandatory	40–85
Other Mandatory Information	Advertising and Market Research and statement on advertising campaigns	If applicable, mandatory	86
Other Mandatory Information	Statement regarding information on grants awarded	If applicable, Mandatory	88–89
Other Mandatory Information	Mechanisms of disability reporting including reference to website for further information	Mandatory	87
Other Mandatory Information	Reference to where entity's <i>Information Publication Scheme</i> statement can be found	Mandatory	88
Other Mandatory Information	Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
Other Mandatory Information	Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i>)	Mandatory	89
Other Mandatory Information	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i>)	Mandatory	87–88

Glossary

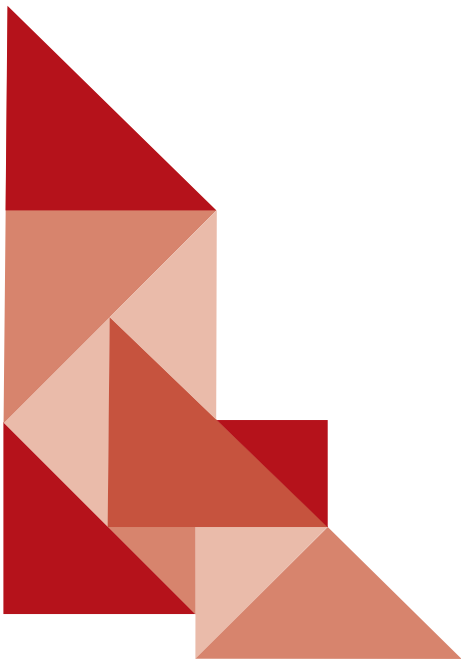


Term	Description
Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.
Burden of disease	The impact of a health problem as measured by financial cost, mortality, morbidity, or other indicators.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
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.
Consumer	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. <i>See also</i> People affected by cancer.
Continuum of care	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or in palliative care.
Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Evidence-based	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.

Term	Description
Genetic testing	Genetic testing is a type of medical test that identifies changes in chromosomes, genes, or proteins. Genetic testing can help identify any inherited faulty genes within families that may increase the likelihood of developing cancer.
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, with either positive or neutral result(s).
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.
Lobular carcinoma in situ	An area, or areas, of abnormal cell growth that increases a person's risk of developing invasive breast cancer. Lobular means that the abnormal cells begin growing in the milk-producing glands (lobules) of the breast.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease; live in one area of the country; or are of a certain sex, age, or ethnic group.
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
Policy	A plan or course of action intended to influence and determine decisions, actions and other matters.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Primary care	First level of health care, outside of hospitals. For example, a GP is a primary health care practitioner.
Psychosocial	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures. In Australia, organised screening programs must adhere to the Australian Health Ministers' Advisory Council's <i>Population Based Screening Framework</i> available at cancerscreening.gov.au
Support networks	People on whom an individual can rely for the provision of emotional caring and concern and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.



Term	Description
Stakeholder	Any person or organisation that has a vital interest in Cancer Australia and its operations and programs.
Symptom	A physical or mental issue or abnormality that is indicative of the existence of cancer within the patient's body.
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.
Treatment	Medical care provided to a patient for illness or injury.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).



Abbreviations

Term	Description
ACSQHC	Australian Commission on Safety and Quality in Health Care
AHCSA	Aboriginal Health Council of South Australia
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
ATO	Australian Taxation Office
CEO	Chief Executive Officer
the Council	Cancer Australia Advisory Council
CSS	Commonwealth Superannuation Scheme
EL	Executive Level
FBT	Fringe Benefits Tax
FOI	Freedom of Information
GST	Goods and Services Tax
IPS	Information Publication Scheme
NABERS	National Australian Built Environment Rating System
NHMRC	National Health and Medical Research Council
OCPs	Optimal Care Pathways
OPA	Official Public Account
PBS	Portfolio Budget Statement 2016-17
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
PSS	Public Sector Superannuation
PSSap	Public Sector Superannuation accumulation plan
SES	Senior Executive Service
SME	Small and Medium Enterprises

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