



Australian Government
Cancer Australia

Annual Report
2018-19





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Cancer Australia

Annual Report
2018-19

About this report

The annual report is available online at

canceraustralia.gov.au/about-us/accountability-and-reporting

Contact us

If you have any queries about this report, please contact:

Ms Jane Salisbury

General Manager, Health Promotion and Communication

Cancer Australia

Locked Bag 3

STRAWBERRY HILLS NSW 2012

Internet: canceraustralia.gov.au

Email: enquiries@canceraustralia.gov.au

Telephone +61 2 9357 9400

Facsimile +61 2 9357 9477

ABN 21 075 951 918

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All information in this publication is correct as at September 2019

Letter of transmittal



Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2019.

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, which appears to read "D. Keefe".

Professor Dorothy Keefe PSM
Chief Executive Officer
Cancer Australia
26 September, 2019

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The image features a complex geometric pattern composed of various shades of teal and blue. The pattern consists of several overlapping triangles and quadrilaterals, creating a sense of depth and movement. A prominent white number '1' is centered in the left half of the image, standing out against the darker blue background.

1

Overview

Chief Executive Officer's Review

I am delighted to present Cancer Australia's Annual Report 2018–19 and to reflect on the agency's efforts towards achieving its purpose of reducing the impact of cancer, addressing disparities and improving the wellbeing of people affected by cancer in Australia.



In 2018–19, Cancer Australia's work was underpinned by the agency's strong performance framework which incorporated Cancer Australia's Portfolio Budget Statement 2018–19; Corporate Plan 2018–19; and Business Plan 2018–19.

Consistent with the agency's program objectives and in line with the agency's performance framework, Cancer Australia provided leadership in national cancer control, funded priority research, strengthened national cancer data, promoted effective cancer care, promoted cancer awareness and provided 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 *Position Statement — Testing for ovarian cancer in asymptomatic women* which provides evidence-based information and guidance in relation to the routine screening of women who are at population risk of ovarian cancer, and surveillance of women who are at high or potentially high risk of developing ovarian cancer.

Cancer Australia also released the *Breast Cancer Risk Factors* website which provides up-to-date evidence-based information on 68 risk factors for breast cancer. The Breast Cancer Risk Factors website categorises and details risk factors, protective factors, modifiable factors and factors that are unproven or unlikely on an accessible platform with interactive features. The website builds on existing knowledge and identifies modifiable factors that increase or decrease the risk of breast cancer and provides women a readily accessible resource that provides the most accurate and up-to-date information, based on the highest quality evidence.

Cancer Australia also released the *Risk factors for breast cancer: A review of the evidence 2018*, which is intended primarily for researchers and health professionals seeking a more in-depth understanding of the nature and extent of the evidence-base supporting various factors being associated or not associated with the risk of breast cancer among women.

Cancer Australia, in partnership with the Victorian Department of Health and Human Services (DHHS) and in collaboration with Cancer Council Victoria, developed the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer*. This landmark, first of its kind, Optimal Care Pathway (OCP) was launched in August 2018. This Optimal Care Pathway complements the best practice information provided in the existing tumour-specific OCPs to facilitate the delivery of consistent, safe, high-quality, culturally appropriate and evidence-based care.

To address disparities and lead a shared agenda for improvements in cancer outcomes for Aboriginal and Torres Strait Islander people affected by cancer, Cancer Australia progressed development of a dedicated section of *Cancer Australia's* National Cancer Control Indicators (NCCI) website to report existing cancer data relevant to *the National Aboriginal and Torres Strait Islander Cancer Framework*, and furthered an approach to collecting data for selected indicators where data are not currently available.



Cancer Australia delivered on a body of work to advance evidence about the most appropriate interventions across the continuum of cancer care.

Through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS), Cancer Australia partners with non-government organisations to coordinate and maximise funding of cancer research at a national level. In 2018–19, together with ten Funding Partners, Cancer Australia awarded 35 cancer research grants totaling \$12.87 million in priority areas covering a range of cancers, including cancers with a high burden of disease and low survival cancers in adults and in children. Eight of the grants provided were to projects addressing research priorities in childhood cancers of low survival.

Clinical trials are fundamental to establishing whether new cancer treatments or new ways of using existing therapies, diagnostic tests, preventative or supportive interventions are effective and help generate the evidence for best-practice cancer care. Cancer Australia provided a total of \$7.74 million in funding to 14 Multi-site Collaborative Cancer Clinical Trials Groups (CTGs) to support the development of industry-independent cancer clinical trial protocols that are relevant to Australian consumers, across the spectrum of cancer care. A further \$1.16 million was provided to four National Technical Services (NTSs) to support the CTGs in the development of trial protocols. The work of the CTGs and NTSs contributes to generating the evidence for best-practice care for people diagnosed with cancer.

Additionally, Cancer Australia, under the *Investing in Medical Research — Fighting Childhood Cancer* measure, provided funding to the Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) to fast-track two international collaborations for paediatric brain cancer research. This funding supports the participation of Australian children with brain cancer in the Low Grade Glioma (LGG) Avastin international phase II clinical trial; and, the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) project, which is jointly funded by Cancer Australia, the Robert Connor Dawes Foundation and Carrie's Beanies 4 Brain Cancer.

To strengthen and guide improvements in national cancer data to improve cancer outcomes, in a world first, Cancer Australia published national data on childhood (paediatric) cancer stage at diagnosis and survival for the period of 2006–2014 on the National Cancer Control Indicators (NCCI) website. The paediatric data was collected through collaboration between Cancer Australia and the Cancer Council Queensland with involvement of all states and territories and major paediatric hospitals, and was supported as part of the Australian Government's *Investing in Medical Research — Fighting Childhood Cancer* measure. Additionally, in collaboration with all the state and territory population-based cancer registries and the Australian Institute of Health and Welfare, Cancer Australia published the analysis of national data on survival by stage at diagnosis for the top five high incidence cancers — female breast, colorectal, lung, melanoma, and prostate.

Cancer Australia continued to provide evidence-based information about cancer and promote cancer awareness to the community in 2018–19. Cancer Australia’s website continued to act as an important resource for trusted, reliable evidence-based information for health professionals; people with cancer and their families; media and the community. In 2018–19, there was an average of 122,405 visits per month to the website. Three hundred and five thousand five hundred (305,500) copies of resources were downloaded from Cancer Australia’s online publications library and Cancer Australia featured in 1,205 stories across all forms of media.

Cancer Australia awarded four grants to community organisations through the *Supporting people with cancer Grant initiative* in 2018–19. These grants will contribute to reducing the impact of cancer in local communities and improve the information and support networks available to people diagnosed with cancer.

Under the *Investing in Medical Research* — *fighting childhood cancer* measure, Cancer Australia awarded a grant to *The Kids’ Cancer Project* to support a range of events and initiatives to raise awareness of childhood cancer, raise funds for childhood cancer research and maximise collaboration with childhood cancer non-government organisations. Events supported by this funding in 2018–2019 have included ‘Light up the Sails’ and its associated Candlelight Vigil, and ‘Go for Gold’ initiatives held during Childhood Cancer Awareness month.

Cancer Australia continues to administer the *Australian Brain Cancer Mission* on behalf of the Medical Research Future Fund (MRFF). In 2018–19, the *Australian Brain Cancer Mission* (the Mission) received further investment from Government and funding partners. As at 30 June 2019 the total commitment is \$124.65 million. This includes \$58.35 million from the Australian Government through the Medical Research Future Fund (MRFF), and a further \$66.3 million from funding partners.

As at 30 June 2019, \$24.85 million has been awarded to projects under the mission.

These disbursements include:

- \$5 million over five years to consolidate the Zero Childhood Cancer Initiative as a national clinical trial open to all Australian children diagnosed with high risk brain cancer;
- \$2.5 million over five years to the Australian and New Zealand Children’s Haematology/Oncology Group (ANZCHOG) to open five high quality, international brain cancer clinical trials, with a target of 90% of eligible children with brain cancer enrolling in these trials (funding was awarded in September 2018);
- \$2.5 million over five years to the Cooperative Trials Group for Neuro-Oncology (COGNO) to expedite start-up of international trials in Australia and increase recruitment by up to 25% in these trials for adults with brain cancer (funding was awarded in September 2018);

- In total, \$4.5 million has been awarded to brain cancer-related grant applications assessed through the most recent round of the MRFF Rare Cancers, Rare Diseases and Unmet Need Clinical Trials grant opportunity. Three research projects will be jointly funded through the MRFF and co-funders Carrie's Beanies 4 Brain Cancer and the Mark Hughes Foundation under the Australian Brain Cancer Mission. A fourth project will be funded by the Australian Government through the MRFF and will be included under the Australian Brain Cancer Mission;
- \$7.16 million has been awarded to ANZCHOG, in partnership with investments from the Financial Markets Foundation for Children; the Robert Connor Dawes Foundation and Carrie's Beanies 4 Brain Cancer; to optimise access to clinical trials and support all nine dedicated children's cancer centres across Australia; and
- \$1.44 million which has been awarded to brain cancer-related grant applications assessed through the 2019 MRFF Emerging Priorities and Consumer Driven Research Initiative.

I would like to thank the Minister for Health, the Hon Greg Hunt MP, for his valued support of Cancer Australia throughout 2018–19.

I acknowledge and extend my sincere thanks to the members of the Cancer Australia Advisory Council for their valued contribution and advice throughout 2018–19. I thank the outgoing members of the Advisory Council: Michelle Ace, Keri Huxley OAM, Dianne Rule, Dr Judith Soper and Professor George Yeoh for their outstanding contribution to the work of Cancer Australia over the past three years and welcome the Council's new members. I especially thank the Chair of the Advisory Council, Professor Robert Thomas OAM, for his strategic insight, commitment, guidance and support.

I also extend my thanks to the members of Cancer Australia's strategic and tumour specific advisory groups and the members of the agency's various project working groups, steering committees, and assessment panels. Their insight helps to support the delivery of quality program outcomes, and provide guidance about emerging issues in cancer control and future priorities for the agency.

Throughout the year, Cancer Australia's work has been supported by the expert and timely advice provided by many health professionals, professional colleges and organisations. I thank them for the invaluable insights provided by their input.

Cancer Australia remains committed to the meaningful engagement of people affected by cancer in all aspects of the agency's work. In 2018–19, 187 consumers participated in Cancer Australia activities through representation on the agency's strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels, and I extend my thanks to each of them.

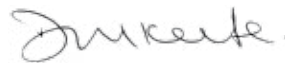
I would also like to acknowledge our PdCCRS funding partners in 2018: Cancer Council Australia, Children's Cancer Foundation, Children's Hospital Foundation, Cure Cancer Australia, The Leukaemia Foundation Australia, My Room, National Breast Cancer Foundation, Pancare Foundation, Susan G. Koman, and The Kids' Cancer Project.

I extend my thanks to the executive and staff of the Department of Health, for their significant contribution to Cancer Australia's successes and their support throughout the year. Additionally I acknowledge our fellow Health agencies, the Australian Institute of Health and Welfare (AIHW), the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) for their support and collaboration throughout the year. I also acknowledge the jurisdictional representatives and clinical experts for their work through the National Cancer Expert Reference Group (NCERG).

I would like to acknowledge the Executive and the staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to our cancer control efforts. The quality of their work during the year enabled us to deliver on our expansive body of work. Cancer Australia is privileged to have staff who are so dedicated to achieving the agency's purpose of improving outcomes for people with cancer.

Finally, I want to extend my sincere thanks to the outgoing CEO Dr Helen Zorbas AO, who has led Cancer Australia since 2010. Dr Zorbas' strategic leadership, vision and commitment to national cancer control has been invaluable. Dr Zorbas has led a significant number of national cancer control initiatives to improve evidence-based information, data, research, policy and best practice across the continuum of cancer care. She has championed patient-centred care and wellbeing throughout her professional life, including in her role as CEO of Cancer Australia, a legacy of which she can be proud.

2018–19 has been another year of significant achievement for Cancer Australia. I look forward to continuing to work collaboratively with our many valued stakeholders to further deliver on our purpose of providing leadership in national cancer control and improving outcomes for people affected by cancer and their families and carers.



Professor Dorothy Keefe PSM

Advisory Council Chair's Review

In 2018–19, the Cancer Australia Advisory Council (the Council) provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control. I am honoured to have been reappointed as the Chair of the Council.



It is with pleasure that I advise that the Council welcomed six new members in 2018–19: Professor Joanne Aitken, Associate Professor Penny Blomfield, Associate Professor Kelvin Kong, Ms Lillian Leigh, Dr Serena Sia, and The Honourable Jillian Skinner. (Please see page 10–11 for a complete list of Council members.)

I wish to express my sincere thanks to those members whose term of appointment concluded during 2018–19, including Michelle Ace; Keri Huxley OAM; Dianne Rule; Dr Judith Soper; and Professor George Yeoh for their valuable contribution to the work of the Council.

I acknowledge the breadth of expertise, knowledge, skill and experience that Council members bring to the deliberations of the Council and recognise the high level of commitment of each member. The expertise of members encompasses areas including cancer research, translation science, clinical practice (epidemiology, radiation oncology, surgical oncology), health policy, health service delivery and an understanding of the experience of cancer.

During 2018–19, Council members provided advice on a range of areas of focus for the agency, including:

- The Australian Brain Cancer Mission;
- The national cancer data Stage, Treatment and Recurrence (STaR) initiative;
- The setting of research priorities for use in the 2019 and 2020 rounds of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS) and strategies to enhance the impact of Cancer Australia’s investment in research and clinical trials; and
- The national implementation strategy for the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer.

The Council acknowledges and thanks the Hon Greg Hunt MP, Minister for Health, for his support and interest in Cancer Australia’s work during the year and his leadership in cancer control.

On behalf of the Council I warmly acknowledge and thank the former CEO of Cancer Australia, Dr Helen Zorbas AO for her long standing and passionate commitment to national cancer control, her steadfast commitment to patient centered care, and her diligence and dedication that have made it an absolute pleasure to work alongside her as Chair of the Council. Dr Zorbas led significant national cancer control initiatives to improve outcomes for people affected by cancer, address disparities and reduce the impact of cancer on the community.

On behalf of the Council, I congratulate Professor Dorothy Keefe PSM on her appointment as CEO of Cancer Australia. The Council looks forward to working collaboratively with Professor Keefe to support the agency to build on its achievements in improving outcomes for all Australians affected by cancer, their families and carers.



Professor Robert Thomas OAM



On behalf of the Council I warmly acknowledge and thank the former CEO of Cancer Australia, Dr Helen Zorbas AO for her long standing and passionate commitment to national cancer control.

Establishment and functions


The Advisory Council was established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. During 2018–19, the Advisory Council comprised one chair and twelve 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 2018–19 members of the Advisory Council are:

- Professor Robert Thomas OAM (Chair)
- Dr Benjamin Brady
- Dr William Glasson AO
- Professor Dorothy Keefe PSM
- Dr Elizabeth Marles
- Associate Professor Chris Milross
- Ms Perry Sperling PSM
- Professor Joanne Aitken (appointed September 2018)
- Associate Professor Penny Blomfield (appointed September 2018)
- Associate Professor Kelvin Kong (appointed September 2018)
- Lillian Leigh (appointed September 2018)
- Dr Serena Sia (appointed September 2018)
- The Honourable Jillian Skinner (appointed September 2018).



In September 2018 the following members completed their three-year terms:

- Ms Michelle Ace
- Ms Keri Huxley OAM
- Ms Dianne Rule
- Dr Judith Soper
- Professor George Yeoh.

Cancer Australia thanks the outgoing members of the Advisory Council for their invaluable support and guidance during their term.

Remuneration of members of the Advisory Council is governed by the *Cancer Australia Act 2006* (section 30). Advisory Council members' remuneration is determined by the Remuneration Tribunal.



2

About Cancer Australia

About Cancer Australia

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

Cancer Australia is a specialist agency providing national leadership in cancer control across the continuum of care. Cancer Australia's purpose is to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer. Cancer Australia achieves its purpose by promoting appropriate cancer care, funding priority research, strengthening national data, and providing information about cancer to the community.

Cancer is a national health priority in Australia. In 2019, an estimated 144,713 new cases of cancer will be diagnosed in Australia, excluding non-melanoma skin cancer. Based on current estimates, it is anticipated that the risk of being diagnosed with cancer by the age of 85 years will be one in two.¹ Cancer remains a leading cause of death, and is the leading cause of fatal disease burden. It is estimated that 49,896 deaths will be due to cancer, and cancer will account for 34% of the fatal burden of disease in Australia in 2019.^{1,2}

Notwithstanding, more people in Australia are living longer after a diagnosis with cancer, with the five-year relative survival for all cancers combined increasing from 50% in 1986–90 to 69% in 2011–15.¹

A strategic and coordinated response that promotes prevention and early detection, and delivers effective cancer treatment and care is critical to improve cancer outcomes in Australia. To improve outcomes for people affected by cancer, particularly Aboriginal and Torres Strait Islander people and people living in rural and remote Australia, Cancer Australia harnesses expertise, develops effective partnerships, and engages in a collaborative approach 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.

¹ Australian Institute of Health and Welfare (AIHW) 2019. Cancer in Australia 2019. Cancer series no.11900. Cat.no. CAN 123100. Canberra: AIHW

² Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW.

Purpose

Cancer Australia's purpose as stated in the agency's 2018–19 Corporate 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 an agency of the health portfolio. It was established by the Australian Government under the *Cancer Australia Act 2006* and is a Non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). Cancer Australia is subject to the *Auditor-General Act 1997*, and its staff are employees of the Australian Public Service under the *Public Service Act 1999*.

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

- to provide national leadership in cancer control
- to guide scientific improvements to cancer prevention, treatment and care
- to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- to make recommendations to the Australian Government about cancer policy and priorities
- to oversee a dedicated budget for research into cancer
- to assist with the implementation of Commonwealth Government policies and programs in cancer control
- to provide financial assistance, out of money appropriated by the Parliament, for research into cancer covered by the dedicated budget, and for the implementation of policies and programs referred to above
- any functions which the Minister, by writing, directs Cancer Australia to perform.

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

Organisational structure

Cancer Australia is led by the CEO, Professor Dorothy Keefe. Professor Keefe is supported by the Executive Director, A/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

Health Promotion and Communication

— Ms Jane Salisbury

Knowledge Management

— Dr Paul Jackson

Service Development and Clinical Practice and Data

— Dr Cleola Anderiesz

Finance and Corporate Affairs

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

At 30 June 2019, Cancer Australia had 81 employees, of whom 65 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 2018–19, the agency also 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 Mr David Lawler (Chair), Ms Gayle Ginnane, and Cancer Australia's Executive Director, A/Associate Professor Christine Giles.

Advisory Groups

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

Outcome and program structure

The outcome of Cancer Australia's work in the 2018–19 Portfolio Budget Statements is:

Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support (page 295).

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

The full Agency Budget Statement for 2018–19 is available at: health.gov.au/internet/budget/publishing.nsf/content/2018-2019_Health_PBS



3

Report on performance

Annual Performance Statement

As the accountable authority of Cancer Australia, I present the 2018–19 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives 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 and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support* (2018–19 PBS, page 293).

Cancer Australia's program objectives for 2018–19 were:

- 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 (2018–19 PBS page 295; 2018–19 Corporate Plan pages 8–10).

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 2018–19 reference points or targets.

A. Providing leadership in national cancer control and promoting appropriate cancer care

Performance criterion	2018–19 Target	Criterion Source	Result
Research is translated into evidence-based information, policy and clinical practice	Evidence is advanced to drive policy change and clinical best practice on the most appropriate interventions across the continuum of cancer care through the publication of research and guidance in specific cancers.	Program 1.1 2018–19 Portfolio Budget Statements, page 296	✔ Achieved See below
Develop evidence-based advice on cancer control	Through the publication of research evidence and guidance inform policy and clinical best practice.	2018–19 Corporate Plan, page 8	✔ Achieved. See below

Cancer Australia's leadership in advancing evidence about the most appropriate interventions across the continuum of care and translating research into evidence-based information, policy and clinical practice was well demonstrated by:

- The publication of the *Risk factors for breast cancer: A review of the evidence* and the release of Cancer Australia's Breast Cancer Risk Factors website. Cancer Australia's *Risk factors for breast cancer: A review of the evidence* is intended primarily for researchers and health professionals. This information aims to improve understanding of the current state of the evidence relating to risk and protective factors for breast cancer in women. The Breast Cancer Risk Factors website provides up-to-date evidence-based information on 68 risk factors for breast cancer. The website categorises and details risk factors, protective factors, modifiable factors and factors that are unproven or unlikely on an accessible platform with interactive features. The Breast Cancer Risk Factors website can be accessed at breastcancerriskfactors.gov.au.
- The release and dissemination of *Cancer Australia Position Statement — Testing for ovarian cancer in asymptomatic women*. This Position Statement provides information and guidance in relation to routine screening of women who are at population risk of ovarian cancer, and surveillance of women who are at high or potentially high risk of developing ovarian cancer. The intended audiences for this Position Statement are health professionals, medical colleges, consumers, media and policy makers.

Performance criterion	2018–19 Target	Criterion Source	Result
Lead a shared agenda for improvements in cancer outcomes for Aboriginal and Torres Strait Islander peoples as outlined in the National Aboriginal and Torres Strait Islander Cancer Framework	Advancement of a national dataset for reporting and monitoring on progress against the National Aboriginal and Torres Strait Islander Cancer Framework	2018–19 Corporate Plan, page 8	<p>✔ Achieved</p> <p>See below</p>

National Aboriginal and Torres Strait Islander Cancer Monitoring and Reporting Framework (the Monitoring and Reporting Framework) provides a strategic approach to monitoring and reporting data in the seven priority areas identified in the National Aboriginal and Torres Strait Islander Cancer Framework (the Framework). Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control has been providing input into the development of the Monitoring and Reporting Framework. Work undertaken by Cancer Australia in 2018–19 to progress reporting against indicators of the Framework includes:

- A dedicated section of Cancer Australia's National Cancer Control Indicators (NCCI) website has been developed to report relevant cancer data for the monitoring of progress against the National Aboriginal and Torres Strait Islander Cancer Framework. This website will be available to policy makers, health professionals, consumers and the community in late 2019.
- The content and structure of the Monitoring and Reporting Framework has been refined for alignment with the *Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer*, and to optimise data collection and reporting. Additionally, an approach has been proposed to collect data for selected indicators where data are not currently available.

This work in the Monitoring and Reporting Framework will inform Cancer Australia's role in leading a shared agenda for improvements in cancer outcomes for Aboriginal and Torres Strait Islander peoples by facilitating the identification of where progress is being made and the priority areas where further focus is required.

Performance criterion	2018–19 Target	Criterion Source	Result
Report and monitor trends in national cancer control indicators (NCCI)	Report on annual usage of the NCCI website	2018–19 Corporate Plan, page 8	<p>✔ Achieved</p> <p>See below</p>

During 2018–19, the National Cancer Control Indicators (NCCI) website achieved 107,240 page views.

Cancer Australia enhanced the data available on the NCCI website during 2018–19 through the provision of updated data on a range of prevention indicators (smoking prevalence, alcohol consumption, HPV vaccination uptake, sun exposure), cancer screening program indicators (breast and cervical screening participation), cancer incidence and survival data (including data on adult and childhood stage at diagnosis), and cancer prevalence and mortality data. The updated data included disaggregations by population groups: sex, age group, Indigenous status, remoteness and socio-economic status.

The NCCI website provides a single national framework to monitor and report across the continuum of cancer control in Australia using a set of 33 indicators across seven cancer control domains, from Prevention to Outcomes. The data on the NCCI website assists policy makers, government, researchers, health professionals and academics by providing evidence that can be used to target policy or modify activities to achieve best-practice cancer care, reduce gaps and inequalities in cancer control, and improve cancer outcomes across the population. The NCCI website is also of interest to cancer consumers and the community. The website can be accessed at:

ncci.canceraustralia.gov.au.

B. Funding priority research and strengthening national data capacity

Performance criterion	2018–19 Target	Criterion Source	Result
Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme	9	Program 1.1	✔ Achieved
		2018–19 Portfolio Budget Statements, page 296	24
Partner with non-government organisations to maximise Government investment in cancer research through the PdCCRS	Minimum number of cancer research grants funded through the Priority-driven Collaborative Research Scheme: 20	2018–19 Corporate Plan, page 9	✔ Achieved. 35

Cancer Australia funded or co-funded 24 of the 35 grants awarded through the 2018 round of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). Of these 24 grants, Cancer Australia solely funded 9. The 35 grants, totaling \$12.87 million, were to projects addressing ‘all cancers’ research priorities and research priorities in childhood cancers of low survival.

Cancer Australia’s ten funding partners for the 2018 round were: Cancer Council Australia, Children’s Cancer Foundation, Children’s Hospital Foundation, Cure Cancer Australia, The Leukaemia Foundation Australia, My Room, National Breast Cancer Foundation, Pancare Foundation, Susan G. Koman, and The Kids’ Cancer Project.

Performance criterion	2018–19 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control	Collection and reporting of five-year survival by cancer stage.	Program 1.1 2018–19 Portfolio Budget Statements, page 296	✔ Achieved See below
Report on cancer stage and diagnoses on the NCCI	National data on five-year survival by cancer stage reported for the top 5 adult and 16 paediatric cancer types.	2018–19 Corporate Plan, page 9	✔ Achieved. See below

Cancer Australia published the analysis of national data on survival by stage at diagnosis for the top five high incidence cancers — female breast, colorectal, lung, melanoma, and prostate. Information on stage at diagnosis has been combined with mortality data to examine how survival varies depending on the stage of cancer at diagnosis.

This release marks a significant advance in the reporting of national cancer data. The compilation and publication of the data is the result of Cancer Australia's leadership and collaboration with all the state and territory population-based cancer registries and the Australian Institute of Health and Welfare.

Cancer Australia, in a world first, published national data on childhood (paediatric) cancer stage at diagnosis and survival for the period 2006–2014. This data is available by tumour type, and provides information on stage distribution as well as 5-year survival by stage at diagnosis. The paediatric data was collected through collaboration between Cancer Australia and the Cancer Council Queensland and with involvement of all states and territories and major paediatric hospitals. It was supported as one of the initiatives funded under the Australian Government's Investing in Medical Research — Fighting Childhood Cancer initiative.

The data may be accessed on Cancer Australia's National Cancer Control Indicators (NCCI) website: ncci.canceraustralia.gov.au.

Performance criterion	2018–19 Target	Criterion Source	Result
Establish a contestable grant program to fund brain cancer research under the Australian Brain Cancer Mission	Up to two new and/or expanded clinical trials are funded.	2018–19 Corporate Plan, page 9	✔ Achieved See below

Cancer research and clinical trials are vital to increase our understanding of how to prevent cancer, develop new approaches to detecting, diagnosing and treating cancers, and improve support and care for people affected by cancer.

A contestable grant program to fund brain cancer research was established under the Australian Brain Cancer Mission (the Mission). In 2018–19 the grants round was linked to the 2018 round of the *Medical Research Future Fund (MRFF) — Clinical Trials Activity for Rare Cancers, Rare Diseases and Unmet Need* grant opportunity and supported new and expanded clinical trials and international collaborations in brain cancer. Funding of \$3 million was provided by the Australian Government through the MRFF, with an additional \$1.5 million being contributed by Carrie's Beans 4 Brain Cancer and the Mark Hughes Foundation through the Australian Brain Cancer Mission. The total \$4.5 million of Government and private funding was provided to four brain cancer trials that were assessed as scientifically meritorious through the National Health and Medical Research Council independent peer review process. Two of the four clinical trials target brain cancer in adults and two target brain cancer in children. The trials will contribute to enhancing the evidence base that underpins improvements in survival rates for those with brain cancer over the next decade. The clinical trials funded are:

- A clinical trial entitled COZMOS: Phase I/Ib trial of COmbined 5'-aZacitidine and carboplatin for recurrent/refractory paediatric brain and solid tuMOurs.
- A clinical trial entitled SJ-ELiOT: St Jude - Phase 1 Evaluation of LY2606368, Molecularly-Targeted CHK1/2i Therapy, in Combination with Cyclophosphamide or Gemcitabine for Children and Adolescents with Refractory or Recurrent Medulloblastoma Brain Tumours.
- A clinical trial entitled MAGMA: Multi-Arm GlioblastoMa Australasia Trial for adults with Glioblastoma.
- A clinical trial entitled PICCOG: PARP and Immune Checkpoint inhibitor COmbination for relapsed IDH-mutant high-grade Glioma.

Performance criterion	2018–19 Target	Criterion Source	Result
Fast-track international collaborations for paediatric brain cancers research	Up to two international collaborative clinical trials in paediatric brain cancer in Australia are funded.	2018–19 Corporate Plan, page 9	✔ Achieved See below

In 2018–19, Cancer Australia provided funding to support recruitment to two international collaborations for paediatric brain cancer; the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) and Low Grade Glioma (LGG) Avastin trials in Australia through the Australian and New Zealand Children’s Haematology/Oncology Group (ANZCHOG).

- Funding for AIM-BRAIN trial is fast tracking access for Australian children with brain cancer to an innovative international molecular diagnostic profiling platform that will provide more accurate diagnoses and enable better informed treatment decisions for each child. The aim is to accelerate Australia’s capacity to undertake advanced molecular testing for paediatric brain tumours, and ultimately better target treatment to improve survival and decrease side effects. This establishes the technology, and builds expertise in Australia.
- Funding for the LGG Avastin international phase II clinical trial enables Australian children with Low Grade Glioma (LGG) to participate in the trial. The trial is aimed at reducing potential side effects of current treatments and improving the outcomes for children with LGG. The aim is that the Australian arm of this trial will recruit a total of 40 Australian patients from four sites nationally. The LGG Avastin trial is providing an opportunity to grow ANZCHOG’s international partnerships and increase Australia’s influence and participation in the global paediatric oncology community.

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

Performance criterion	2018–19 Target	Criterion Source	Result
Number of consumers engaged in Cancer Australia's work in policy and programs	80	Program 1.1 2018–19 Portfolio Budget Statements, page 297	187 ✔ Achieved See below
Continue to involve and engage consumers in advisory groups and project activities to inform Cancer Australia's work	Number of consumers involved in Cancer Australia advisory and project activities: 80	2018–19 Corporate Plan, page 10	187 ✔ Achieved. See below

Throughout 2018–19 Cancer Australia engaged 187 consumers across its program of work. Cancer Australia has a strategic and inclusive approach to consumer engagement and is committed to ensuring that consumers are involved in all aspects of its program of work. Consumers bring valuable perspectives and insights to cancer control. Cancer Australia continues to engage people affected by cancer (consumers) through a range of mechanisms including through participation in Cancer Australia's advisory groups for brain, breast, gynaecological and lung cancers. In addition, Cancer Australia provides opportunities for consumers to be involved in the agency's research assessment panels/grant review committees. Cancer Australia provides training to consumers to support them in their role as members of assessment panels and grant review committees.

Performance criterion	2018–19 Target	Criterion Source	Result
Ensure current evidence informed cancer information, resources and data is continuously available to consumers and health professionals	Regularly review and update the Cancer	Program 1.1	✔ Achieved
	Australia websites and social media platforms to ensure up-to-date evidence informed cancer information, resources and data is available.	2018–19 Portfolio Budget Statements, page 297	See below
		2018–19 Corporate Plan, page 10	
Promote evidence-based cancer information on the Cancer Australia websites, including the Children’s Cancer website, and social media platforms	Total number of Cancer Australia resources available to inform the community: 290	2018–19 Corporate Plan, page 10	✔ Achieved.
	Increase number of visits to the Cancer Australia online platform by 8%.		See below

Cancer Australia provides up to date access to evidence-based information, resources, statistics, data and research for consumers, health professionals, researchers, educators, decision makers and the community by regularly reviewing and updating the content on the Cancer Australia website.

Cancer Australia has 687 resources available on its website that provide important cancer information to health professionals, consumers and the community. Resources released in 2018–19, include:

- *Cancer Australia Position Statement — Testing for ovarian cancer in asymptomatic women;*
- *Delivering best practice lung cancer care — a guide for health professionals and Getting the best advice and care — a guide for those affected by lung cancer;*
- The technical report, *Risk factors for breast cancer: A review of the evidence;*
- The Breast Cancer Risk Factors website;
- *Optimal Care Pathway (OCP) for Aboriginal and Torres Strait Islander people with cancer;* and
- Publishing of new paediatric stage data for 16 cancers, and five year survival at stage of diagnosis for the top 5 adult high incidence cancers released on the NCCI website.

In 2018–19 over 75 initiatives were promoted on social media including awareness and risk reduction messaging, new Cancer Australia initiatives and resources, the Australian Brain Cancer Mission announcements and new data updates and innovations.

By undertaking initiatives aligned to identified calendar awareness events throughout 2018–2019, Cancer Australia maximised strategic promotional opportunities to increase reach through traditional media and social media, and increase access to Cancer Australia's website. As a result, the Cancer Australia website achieved 1,468,860 visits in 2018–19, an increase of 20% on the average total annual website visits over the previous four financial years.

Cancer Australia utilises multiple approaches and communication tools to respond to the complex communication needs of our stakeholders and the community and to accomplish the agency's communication objectives of promoting evidence-based information and raising awareness of cancer. The Cancer Australia website provides a central source of knowledge that facilitates access to evidence-based information, resources, data and research for consumers, health professionals, researchers, educators, decision makers and the community. Cancer Australia uses its social media platform to promote awareness and risk reduction messaging, new Cancer Australia initiatives and resources. Additionally, Cancer Australia partners with HealthDirect, who provides partner links to Cancer Australia's content on their website; and the Australian Institute of Health and Welfare (AIHW) to provide cancer statistics on the most common cancer types by incidence.

Analysis

Cancer Australia met or exceeded its 2018–19 reference points or targets in each of the three 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 performance in 2018–19 demonstrated its leadership in cancer control and supported the agency to achieve its purpose — to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia.

There were no changes to Cancer Australia's purpose, organisational capability or operating environment in 2018–19 that impacted on the agency's capacity to achieve its purpose in 2018–19.

Cancer Australia's 2018–19 budget allocation supported the agency's program of work.

The agency's performance management framework ensured the alignment of efforts with Cancer Australia's purpose and facilitated effective management, analysis and monitoring of progress against performance.

Cancer Australia's achievements in 2018–19 will be built upon in 2019–20 to deliver its purpose.

2018-19 Annual Report Highlights



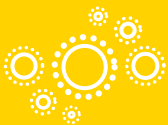
World 1st

release of cancer stage at diagnosis data for 16 most common childhood cancers



Australian 1st

national data on cancer survival by stage at diagnosis released for the top 5 incidence adult cancers



Australian 1st

national population-based Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer launched

Breast cancer risk factors website launched, providing up-to-date evidence-based information on

68

RISK FACTORS FOR BREAST CANCER



**AUSTRALIAN GOVERNMENT AND
PARTNERS COMMITTED**

\$124.7 M

to the Australian Brain Cancer Mission
to 2027



**CANCER AUSTRALIA TOGETHER WITH
FUNDING PARTNERS AWARDED**

\$12.87 M

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



2

**NEW NATIONAL GUIDES TO
SUPPORT BEST PRACTICE LUNG
CANCER CARE LAUNCHED**



687

**RESOURCES AVAILABLE FROM THE
CANCER AUSTRALIA WEBSITE**



305,556

**RESOURCES DOWNLOADED FROM
THE CANCER AUSTRALIA WEBSITE**

Resource statement and resources for outcomes

Table 3.1: Cancer Australia's Resource Statement 2018-19

	Actual available appropriation current year (A)	Payments made (B)	Balance remaining (A)-(B)
	\$'000	\$'000	\$'000
DEPARTMENTAL			
Prior year appropriation available	5,856	3,162	2,694
Annual appropriations — ordinary annual services	11,088	8,486	2,602
Annual appropriations — other services — non-operating	2,470	2,470	-
Departmental capital budget	81	81	-
Total departmental annual appropriations	19,495	14,199	5,296
Departmental special appropriations	-	-	-
Total special appropriations	-	-	-
Special accounts	-	-	-
Total special accounts	-	-	-
less departmental appropriations drawn from annual/special appropriations and credited to special accounts	-	-	-
Total departmental resourcing (A)	19,495	14,199	5,296

	Actual available appropriation current year (A)	Payments made (B)	Balance remaining (A)-(B)
	\$'000	\$'000	\$'000
ADMINISTERED			
Annual appropriations — ordinary annual services	19,802	19,800	2
Annual appropriations - other services — non-operating	-	-	-
Annual appropriations — other services — specific payments to States, ACT, NT and local government	-	-	-
Annual appropriations - other services — new administered expenses	-	-	-
Total administered annual appropriations	19,802	19,800	2
Administered special appropriations	-	-	-
Total administered special appropriations	-	-	-
Special accounts	-	-	-
Total special accounts receipts	-	-	-
less administered appropriations drawn from annual/special appropriations and credited to special accounts	-	-	-
less payments to corporate entities from annual/special appropriations	-	-	-
Total administered resourcing (B)	19,802	19,800	2
Total resourcing and payments for Cancer Australia (A + B)	39,297	33,999	5,298



4

Management and accountability

Management and accountability

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

In 2018–19, Cancer Australia's Finance and 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 2018–19 were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2018–19, Corporate Plan 2018–19, Business Plan 2018–19 and Strategic Plan 2014–19.

Cancer Australia's Corporate Plan 2018–19 articulated the agency's strategies for achieving its Purpose and how success will be measured.

The Cancer Australia Strategic Plan 2014–19 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 emerging trends and challenges in national cancer control.

The Cancer Australia Business Plan 2018–19 supported 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 2018–19 also incorporated the deliverables and key performance indicators listed in the Portfolio Budget Statement 2018–19.

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 2018–19.

Compliance reporting

There were no instances of significant non-compliance with finance law related to the entity in 2018–19.

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 2018–19, 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 2017.

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

During 2018–19, Cancer Australia's fraud control plan and fraud risk assessments were reviewed and updated by the Senior Management Team and staff were trained in fraud awareness. Fraud awareness is also a mandatory item within the Cancer Australia Induction Program and is for all new employees.

Ethical standards

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

During 2018–19 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 Full-time Public Office holder, as defined in the *Remuneration Tribunal Act 1973*. The position's remuneration is set by the Minister for Health for Remuneration Tribunal determination.

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

Further detail on Chief Executive Officer and SES remuneration is provided on pages 113–116 of Appendix B.

Financial overview

The 2018–19 departmental expenses were \$14.251 million (GST exclusive).

The 2018–19 administered expenses were \$19.800 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2018–19 in line with the Departmental and Administered funding appropriated by the Australian Government.

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

Management of human resources

At 30 June 2019, Cancer Australia had 81 employees, of whom 65 were ongoing and 16 were non-ongoing. Most staff were located in Sydney, with six based in Melbourne and 12 in Canberra. The workforce was predominantly female (85 per cent).

At 30 June 2019, 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, data analysis, population health, public health, public policy, communications, project management, human resources management and financial management.

Cancer Australia Staffing statistics

Tables 4.1 to 4.8 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2019 for the 2018–19 Financial Year.

Tables 4.9 to 4.15 provide information relating to the distribution and classification of Cancer Australia staff for the 2017–18 Financial Year.

Table 4.1: Cancer Australia Ongoing Employees by Location Current Report Period (2018-19)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
NSW	3	-	3	36	10	46	-	-	-	49
QLD	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-
TAS	-	-	-	-	-	-	-	-	-	-
VIC	1	-	1	4	-	4	-	-	-	5
WA	-	-	-	-	-	-	-	-	-	-
ACT	4	-	4	5	2	7	-	-	-	11
NT	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-
Total	8	-	8	45	12	57	-	-	-	65

Notes:

- The figures in Table 4.1 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.1 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

Table 4.2: Cancer Australia Non-Ongoing Employees by Location Current Report Period by Location (2018-19)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
NSW	2	-	2	10	2	12	-	-	-	14
QLD	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-
TAS	-	-	-	-	-	-	-	-	-	-
VIC	1	-	1	-	-	-	-	-	-	1
WA	-	-	-	-	-	-	-	-	-	-
ACT	1	-	1	-	-	-	-	-	-	1
NT	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-
Total	4	-	4	10	2	12	-	-	-	16

Notes:

- The figures in Table 4.2 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.2 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

Table 4.3: Cancer Australia Ongoing Employees by classification Current Report Period (2018-19)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
SES 3	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	1	-	1	-	-	-	1
SES 1	-	-	-	2	-	2	-	-	-	2
EL 2	2	-	2	5	-	5	-	-	-	7
EL 1	1	-	1	5	1	6	-	-	-	7
APS 6	4	-	4	20	11	31	-	-	-	35
APS 5	1	-	1	10	-	10	-	-	-	11
APS 4	-	-	-	1	-	1	-	-	-	1
APS 3	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	1	-	1	-	-	-	1
Total	8	-	8	45	12	57	-	-	-	65

Notes:

- The figures in Table 4.3 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.3 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

Table 4.4: Cancer Australia Non-Ongoing Employees by classification Current Report Period (2018-19)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
SES 3	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-	-	-
EL 2	-	-	-	1	-	1	-	-	-	1
EL 1	-	-	-	2	-	2	-	-	-	2
APS 6	4	-	4	3	2	5	-	-	-	9
APS 5	-	-	-	3	-	3	-	-	-	3
APS 4	-	-	-	-	-	-	-	-	-	-
APS 3	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	1	-	1	-	-	-	1
Total	4	-	4	10	2	12	-	-	-	16

Notes:

- The figures in Table 4.4 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.4 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

Table 4.5: Cancer Australia Employees by fulltime and part-time status Current Report Period (2018-19)

	ONGOING			NON-ONGOING			TOTAL
	Fulltime	Part Time	Total Ongoing	Fulltime	Part Time	Total Non-Ongoing	
SES 3	-	-	-	-	-	-	-
SES 2	1	-	1	-	-	-	1
SES 1	2	-	2	-	-	-	2
EL 2	7	-	7	1	-	1	8
EL 1	6	1	7	2	-	2	9
APS 6	24	11	35	7	2	9	44
APS 5	11	-	11	3	-	3	14
APS 4	1	-	1	-	-	-	1
APS 3	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-
Other	1	-	1	1	-	1	2
Total	53	12	65	14	2	16	81

Notes:

- The figures in Table 4.5 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.5 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

**Table 4.6: Cancer Australia Employees by employment type and location
Current Report Period (2018-19)**

	ONGOING	NON-ONGOING	TOTAL
NSW	49	14	63
QLD	–	–	–
SA	–	–	–
TAS	–	–	–
VIC	5	1	6
WA	–	–	–
ACT	11	1	12
NT	–	–	–
External Territories	–	–	–
Overseas	–	–	–
Total	65	16	81

Notes:

- The figures in Table 4.6 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.6 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

**Table 4.7: Cancer Australia Indigenous Employment Current Report
Period (2018-19)**

	TOTAL
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

- The figures in Table 4.7 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.7 include:
 - headcount figures of Cancer Australia staff as at 30 June 2019;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

**Table 4.8: Employment salary ranges by classification level
(Minimum/Maximum) Current Report Period (2018-19)**

	MINIMUM SALARY	MAXIMUM SALARY
SES 2	260,736	260,736
SES 1	192,203	203,530
EL 2	\$119,547	\$141,536
EL 1	\$100,198	\$114,279
APS 6	\$81,537	\$91,987
APS 5	\$73,911	\$78,012
APS 4	\$67,955	\$71,801
APS 3	\$59,979	\$66,483
APS 2	\$51,902	\$56,638
APS 1	\$44,410	\$49,874
Other: Medical Officer Class 4	\$154,457	\$170,013
Other: Medical Officer Class 3	\$141,636	\$148,296
Other: Medical Officer Class 2	\$126,671	\$133,497
Other: Medical Officer Class 1	\$89,943	\$115,757

Table 4.9: Cancer Australia Ongoing Employees by location Previous Report Period (2017-18)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
NSW	4	-	4	35	9	44	-	-	-	48
QLD	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-
TAS	-	-	-	-	-	-	-	-	-	-
VIC	1	-	1	4	-	4	-	-	-	5
WA	-	-	-	-	-	-	-	-	-	-
ACT	3	-	3	1	3	4	-	-	-	7
NT	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-
Total	8	-	8	40	12	52	-	-	-	60

Notes:

- The figures in Table 4.9 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.9 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2018 (that is, these staff are listed against their higher classification).

Table 4.10: Cancer Australia Non-Ongoing Employees by Location Previous Report Period (2017-18)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
NSW	1	1	2	12	2	14	-	-	-	16
QLD	-	-	-	-	-	-	-	-	-	-
SA	-	-	-	-	-	-	-	-	-	-
TAS	-	-	-	-	-	-	-	-	-	-
VIC	1	-	1	1	-	1	-	-	-	2
WA	-	-	-	-	-	-	-	-	-	-
ACT	1	-	1	1	-	1	-	-	-	2
NT	-	-	-	-	-	-	-	-	-	-
External Territories	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-
Total	3	1	4	14	2	16	-	-	-	20

Notes:

- The figures in Table 4.10 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.10 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2018 (that is, these staff are listed against their higher classification).

Table 4.1.1: Cancer Australia Ongoing Employees by classification Previous Report Period (2017-18)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
SES 3	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	1	-	1	-	-	-	1
SES 1	-	-	-	2	-	2	-	-	-	2
EL 2	1	-	1	4	-	4	-	-	-	5
EL 1	2	-	2	6	1	7	-	-	-	9
APS 6	4	-	4	15	11	26	-	-	-	30
APS 5	1	-	1	11	-	11	-	-	-	12
APS 4	-	-	-	-	-	-	-	-	-	-
APS 3	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	1	-	-	-	-	-	1
Total	8	-	8	40	12	52	-	-	-	60

Notes:

- The figures in Table 4.11 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.11 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2018 (that is, these staff are listed against their higher classification).

Table 4.12: Cancer Australia Non-Ongoing Employees by classification Previous Report Period (2017-18)

	MALE			FEMALE			INDETERMINATE			TOTAL
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Fulltime	Part Time	Total Indeterminate	
SES 3	-	-	-	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-	-	-	-
SES 1	-	-	-	-	-	-	-	-	-	-
EL 2	-	-	-	1	-	1	-	-	-	1
EL 1	-	-	-	1	1	2	-	-	-	2
APS 6	3	-	3	6	1	7	-	-	-	10
APS 5	-	-	-	6	-	6	-	-	-	6
APS 4	-	1	1	-	-	-	-	-	-	1
APS 3	-	-	-	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total	3	1	4	14	2	16	-	-	-	20

Notes:

- The figures in Table 4.12 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.12 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2018 (that is, these staff are listed against their higher classification).

Table 4.13: Cancer Australia Employees by fulltime and part-time status Previous Report Period (2017-18)

	ONGOING			NON-ONGOING			TOTAL
	Fulltime	Part Time	Total Ongoing	Fulltime	Part Time	Total Non-Ongoing	
SES 3	-	-	-	-	-	-	-
SES 2	1	-	1	-	-	-	1
SES 1	2	-	2	-	-	-	2
EL 2	5	-	5	1	-	1	6
EL 1	8	1	9	1	1	2	11
APS 6	19	11	30	9	1	10	40
APS 5	12	-	12	6	-	6	18
APS 4	-	-	-	-	1	1	1
APS 3	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-
Other	1	-	1	-	-	-	1
Total	48	12	60	17	3	20	80

Notes:

- The figures in Table 4.13 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.13 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2019 (that is, these staff are listed against their higher classification).

**Table 4.14: Cancer Australia Employees by employment type and location
Previous Report Period (2017-18)**

	ONGOING	NON-ONGOING	TOTAL
NSW	48	16	64
QLD	–	–	–
SA	–	–	–
TAS	–	–	–
VIC	5	2	7
WA	–	–	–
ACT	7	2	9
NT	–	–	–
External Territories	–	–	–
Overseas	–	–	–
Total	60	20	80

Notes:

- The figures in Table 4.14 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.14 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2018 (that is, these staff are listed against their higher classification).

**Table 4.15: Cancer Australia Indigenous Employment Previous
Report Period (2017-18)**

	TOTAL
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

- The figures in Table 4.15 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.15 include:
 - headcount figures of Cancer Australia staff as at 30 June 2018;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2018 (that is, these staff are listed against their higher classification).

Employment arrangements

Cancer Australia staff at Executive Level 2 and below are employed under the conditions of the Cancer Australia Enterprise Agreement 2016–19. Twelve staff are in receipt of individual flexibility arrangements under clause 25 of the Enterprise Agreement. Non-salary benefits provided during the period by Cancer Australia to its staff were motor vehicle allowances (three officers) and car parks (two officers).

Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2018–19.

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 2018–19, Cancer Australia continued the 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, data analysis and statistics and human resources. Cancer Australia provided staff with additional development opportunities through project work and assignment of higher duties.

Ministerial and parliamentary coordination

During 2018–19, 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.



5

Appendices

Appendix A: Audited financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

Opinion

In my opinion, the financial statements of Cancer Australia ('the Entity') for the year ended 30 June 2019:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2019 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following statements as at 30 June 2019 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial 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 the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

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

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

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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 2019;
- (b) the financial statements have been properly drawn up, and the associated records have been properly kept for the period from 1 July 2018 to 30 June 2019, 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 2018 to 30 June 2019 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



Rita Bhana
Senior Director
Delegate of the Auditor-General

Canberra
10 September 2019



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STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2019 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

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

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


Signed.....



Professor Dorothy Keefe PSM
Accountable Authority / CEO

10 / Sep / 2019

Signed.....



Elmer Wiegold
Chief Financial Officer

10 / Sep / 2019

Statement of Comprehensive Income

for the period ended 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	8,624,023	8,042,956	9,083,000
Suppliers	3B	4,489,265	4,124,790	2,873,000
Depreciation and amortisation	3C	226,866	188,967	267,000
Finance costs		1,427	4,974	–
Grants	3D	909,864	1,500,000	1,500,000
Total expenses		14,251,445	13,861,687	13,723,000
Own-source income				
Own-source revenue				
Rendering of services	4A	2,397,787	2,239,677	2,232,000
Other revenue	4B	140,884	147,350	136,000
Total own-source revenue		2,538,671	2,387,027	2,368,000
Net cost of services		11,712,774	11,474,660	11,355,000
Revenue from Government	4C	11,088,000	11,110,000	11,088,000
Deficit		(624,774)	(364,660)	(267,000)
Total comprehensive loss		(624,774)	(364,660)	(267,000)

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 the Parliament in respect of the reporting period (ie. from the entity's 2018–19 Portfolio Budget Statements (PBS)).

Statement of Comprehensive Income Budget Variance Commentary

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

Suppliers and Grants

After the Original Budget was first presented to Parliament, Cancer Australia received the Minister for Finance's approval to enable the utilisation of the Cancer Australia's Gift Fund balance for activities relating to breast cancer as intended by Government. Cancer Australia also used funds from various Memorandum of Understanding agreements on specialist contractors to achieve the outcomes as outlined in the agreements. Some of the funds were included in the Original Budget to be paid as Grants, resulting in an increase in Suppliers and an underspend in Grants.

Statement of Financial Position

as at 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents	6A	308,100	1,088,036	110,000
Trade and other receivables	6B	5,258,982	5,065,466	3,590,000
Total financial assets		5,567,082	6,153,502	3,700,000
Non-financial assets				
Property, plant and equipment	7	187,669	323,210	262,000
Intangibles	7	373,097	27,005	26,000
Prepayments		39,212	107,590	67,000
Total non-financial assets		599,978	457,805	355,000
Total assets		6,167,060	6,611,307	4,055,000
LIABILITIES				
Payables				
Suppliers	8A	512,155	364,844	410,000
Other payables	8B	1,556,728	1,818,192	258,000
Total payables		2,068,883	2,183,036	668,000
Provisions				
Employee provisions	9A	2,468,965	2,256,713	2,035,000
Other provisions	9B	195,383	193,955	189,000
Total provisions		2,664,348	2,450,668	2,224,000
Total liabilities		4,733,231	4,633,704	2,892,000
Net assets		1,433,829	1,977,603	1,163,000
EQUITY				
Contributed equity		1,310,160	1,229,160	1,311,000
Retained surplus		123,669	748,443	(148,000)
Total equity		1,433,829	1,977,603	1,163,000

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 the Parliament in respect of the reporting period (ie. from the entity's 2018–19 Portfolio Budget Statements (PBS)).

Statement of Financial Position Budget Variance Commentary

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

Cash and cash equivalents

The cash and cash equivalent balance fluctuates during the year as funds are drawn down to settle suppliers. The variance to the Original Budget is due to timing with the difference recorded to Appropriation receivable.

Trade and other receivables

Trade and other receivables mainly comprises of Appropriation receivable. The appropriations were drawn down in full to settle 2018–19 payables early in the new financial year. Other revenue sources and lower than expected average employee numbers resulted in the appropriation not being fully utilised in prior financial years and resulted in a receivable balance higher than originally budgeted.

Property, Plant and Equipment, and Intangibles

During 2018–19 a new website for Breast Cancer Risk Factors was established which was not included in the Original Budget. To fund a portion of the upgrade, less funding was allocated to acquiring other items of Property, Plant and Equipment.

Suppliers and other payables

The budget variance relates to the timing of payments. A large number of deliverables were finalised, but not paid before 30 June 2019 resulting in a high payables balance at year end. Funds were also received from another Government Department under a Memorandum of Understanding Agreement for services to be delivered in the next financial year. These funds have been recorded as Unearned Revenue and was not included in the Original Budget.

Employee provisions

Original Budget estimates were compiled based on prior years' financial results. The increased headcount in 2018–19, and the accumulation of the long service leave provision, are the primary drivers of the budget variance.

Statement of Changes in Equity

for the period ended 30 June 2019

	2019 \$	2018 \$	Original budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,229,160	1,148,160	1,230,000
Opening balance	1,229,160	1,148,160	1,230,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	81,000	81,000	81,000
Total transactions with owners	81,000	81,000	81,000
Closing balance as at 30 June	1,310,160	1,229,160	1,311,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	748,443	1,113,103	119,000
Opening balance	748,443	1,113,103	119,000
Comprehensive income			
Deficit for the period	(624,774)	(364,660)	(267,000)
Total comprehensive income	(624,774)	(364,660)	(267,000)
Closing balance as at 30 June	123,669	748,443	(148,000)
TOTAL EQUITY	1,433,829	1,977,603	1,163,000

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 the Parliament in respect of the reporting period (ie. from the entity's 2018–19 Portfolio Budget Statements (PBS)).

Accounting Policy

Equity Injections

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

Statement of Changes in Equity Budget Variance Commentary

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

Retained earnings

The current year deficit is attributed to the utilisation of Cancer Australia's Gift Fund balance for activities relating to breast cancer as intended by Government and non-appropriated depreciation and amortisation expenses. The use of Cancer Australia's Gift Fund was approved after the Original Budget was first presented to the Parliament. Due to historical savings, the actual opening balance for Retained Earnings is higher compared to the opening balance per the Original Budget.

Cash Flow Statement

for the period ended 30 June 2019

	Notes	2019 \$	2018 \$	Original budget ¹ \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		10,867,957	10,651,136	11,473,000
Rendering of services		3,298,121	2,244,770	2,192,000
Net GST received		398,774	334,583	282,000
Fundraising		75,884	22,752	-
Total cash received		14,640,736	13,253,241	13,947,000
Cash used				
Employees		(8,419,682)	(7,725,068)	(9,043,000)
Suppliers		(6,614,838)	(4,556,282)	(3,019,000)
Grants		-	-	(1,500,000)
Net GST paid		-	-	(282,000)
Total cash used		(15,034,520)	(12,281,350)	(13,844,000)
Net cash (used by) / from operating activities		(393,784)	971,891	103,000
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(35,735)	(71,813)	(184,000)
Purchase of intangible assets		(272,836)	(3,428)	-
Assets under construction		(158,581)	-	-
Total cash used		(467,152)	(75,241)	(184,000)
Net cash from/(used by) investing activities		(467,152)	(75,241)	(184,000)
FINANCING ACTIVITIES				
Cash received				
Departmental capital budget		81,000	81,000	81,000
Total cash received		81,000	81,000	81,000
Net cash from/(used by) financing activities		81,000	81,000	81,000
Net increase/(decrease) in cash held		(779,936)	977,650	-
Cash and cash equivalents at the beginning of the reporting period		1,088,036	110,386	110,000
Cash and cash equivalents at the end of the reporting period	6A	308,100	1,088,036	110,000

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 the Parliament in respect of the reporting period (ie. from the entity's 2018-19 Portfolio Budget Statements (PBS)).

Cash Flow Statement Budget Variance Commentary

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

Rendering of services

At the time the Original Budget was prepared, the timing of additional funding through Memorandum of Understanding agreements 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. The net GST received represents the refund of those amounts from the Australian Taxation Office (ATO). GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. In 2018–19, Cancer Australia claimed more GST from the ATO due to higher than anticipated payments to suppliers. The net GST received was used to settle commitments, rather than drawing on additional funding.

Employee benefits

Although staffing levels have increased during the financial year, recruitment of appropriately skilled staff took longer than expected and resulted in a lower than budgeted average staffing level for 2018–19. This resulted in reduced expenditure on employee benefits, but increased expenditure on suppliers.

Suppliers

Funding of supplier payments through Memorandum of Understanding agreements with other agencies was unknown at the time the Original Budget was prepared. The utilisation of the Cancer Australia's Gift Fund balance on activities relating to breast cancer also contributed to higher than budgeted expenditure.

Purchase of Property, Plant and Equipment and Intangibles

During 2018–19 a new website for Breast Cancer Risk Factors was established which was not included in the Original Budget. To fund a portion of the upgrade, less funding was allocated to acquiring other items of Property, Plant and Equipment. There were also assets under construction that relate to Cancer Australia's website digital transformation and the implementation of certain hardware.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2019

	Notes	2019 \$	2018 \$	Original budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	14A	4,006,520	2,763,228	3,065,000
Grants and service delivery contracts	14B	15,793,092	15,867,384	16,737,000
Total expenses		19,799,612	18,630,612	19,802,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		-	1,293,590	-
Total non-taxation revenue		-	1,293,590	-
Total revenue		-	1,293,590	-
Net cost of services		(19,799,612)	(17,337,022)	(19,802,000)
Deficit on continuing operations		(19,799,612)	(17,337,022)	(19,802,000)
Total comprehensive loss		(19,799,612)	(17,337,022)	(19,802,000)
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 the Parliament in respect of the reporting period (ie. from the entity's 2018–19 Portfolio Budget Statements (PBS)).				

Budget Variance Commentary

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

Suppliers and Grants and service delivery contracts

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

Administered Schedule of Assets and Liabilities

as at 30 June 2019

	Notes	2019 \$	2018 \$	Original budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	15A	68,781	1,152,683	30,000
Trade and other receivables	15B	186,626	123,305	220,000
Total financial assets		255,407	1,275,988	250,000
Total assets administered on behalf of Government		255,407	1,275,988	250,000
LIABILITIES				
Payables				
Suppliers	16A	839,842	653,215	180,000
Grants	16B	481,460	486,111	70,000
Total payables		1,321,302	1,139,326	250,000
Total liabilities administered on behalf of Government		1,321,302	1,139,326	250,000
Net assets/(liabilities)		(1,065,895)	136,662	–

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 the Parliament in respect of the reporting period (ie. from the entity's 2018–19 Portfolio Budget Statements (PBS)).

Budget Variance Commentary

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

Suppliers

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. In 2018–19 a number of deliverables were finalised, but not paid before 30 June 2019.

Grants

In 2018–19 grant contracts were executed later in the year resulting in a higher payable at the end of the reporting period.

Administered Reconciliation Schedule

as at 30 June 2019

	2019 \$	2018 \$
Opening assets less liabilities as at 1 July	136,662	(101,206)
Net cost of services		
Income	–	1,293,590
Expenses		
Payments to entities other than Commonwealth entities	(19,368,409)	(18,379,303)
Payments to Commonwealth entities	(431,203)	(251,309)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	18,597,055	18,868,480
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	–	(1,293,590)
Closing assets less liabilities as at 30 June	(1,065,895)	136,662

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

¹ In 2017–18 \$1.293m grant funding paid out of administered appropriation in previous financial years was returned to Cancer Australia. For various reasons the recipients of the grants were not able to utilise the funds as originally planned. The repayments were receipted and paid over to the OPA during the current financial year.

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 the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered Cash Flow Statement

for the period ended 30 June 2019

	Notes	2019 \$	2018 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		441,119	393,393
Other		–	1,293,590
Total cash received		441,119	1,686,983
Cash used			
Grants		(15,797,743)	(15,451,274)
Suppliers		(4,324,333)	(2,687,916)
Total cash used		(20,122,076)	(18,139,190)
Net cash used by operating activities		(19,680,957)	(16,452,207)
Cash and cash equivalents at the beginning of the reporting period		1,152,683	30,000
Cash from Official Public Account			
Appropriations		18,597,055	18,868,480
Cash to Official Public Account			
Administered receipts		–	(1,293,590)
Cash and cash equivalents at the end of the reporting period	15A	68,781	1,152,683
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: Overview

1.1 Objectives of Cancer Australia

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

1.2 Basis of Preparation of the Financial Statements

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

The financial statements have been prepared in accordance with:

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

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

1.3 New Accounting Standards

AASB 9 Financial Instruments

AASB 9 introduces new disclosure requirements for classification and measurement, impairment of financial assets and hedge accounting. The classification and measurement disclosures include a requirement to analyse gains and losses resulting from the derecognition of financial assets measured at amortised cost. The implementation of AASB 9 has not had a material effect on the financial statements for this financial year. No other new/revised/amending standards and/or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period had a material effect on Cancer Australia's financial statements.

Management has considered the potential impact of the following Accounting Standards that were issued prior to the sign-off date but not yet applicable to the current reporting period.

AASB 15 Revenue from Contracts with Customers

Cancer Australia enters into Memorandum of Understanding agreements with Government Departments, the recognition and measurement of revenue arising from these agreements may be impacted by the revised requirements set out in the new AASB 15 *Revenue from Contracts with Customers*. The majority of funds are received and utilised in accordance with the agreements in the same financial year, adoption of the new accounting standard is therefore not expected to have a material impact on Cancer Australia. Any new and multi-year Memorandum of Understanding agreements will be assessed against the requirements of the new accounting standards.

AASB 16 Leases

Cancer Australia has one significant operating lease for business premises in Sydney that expires at the end of June 2020. If renewed, the lease will be impacted by the new AASB 16 *Leases* accounting standard. The new accounting standard will require Cancer Australia to recognise a right of use asset and a lease liability in accordance with the recognition requirements of the standard. As the lease negotiation process has not yet started, no quantitative assessment has been made. Cancer Australia also enters into annual agreements with other Government entities to lease office space in other cities. These agreements will also need to be assessed against the recognition and measurement criteria set out in the new accounting standard. The agreements are generally renewable annually, therefore adoption of the new accounting standard is not expected to have a material impact on Cancer Australia.

1.4 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.

1.5 Taxation

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

1.6 Reporting of Administered Activities

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

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

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2019 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

	2019 \$	2018 \$
Note 3A: Employee Benefits		
Wages and salaries	6,493,181	6,027,044
Superannuation:		
Defined contribution plans	982,495	941,526
Defined benefit plans	167,320	146,809
Leave and other entitlements	981,027	922,391
Separation and redundancies	–	5,186
Total employee benefits	8,624,023	8,042,956

Accounting Policy

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

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

Leave and Entitlements

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

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

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

Superannuation

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

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

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

Cancer Australia makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans. The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

	2019 \$	2018 \$
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants	289,243	528,857
Contractors	1,701,413	942,145
Printing	39,717	25,462
Information Technology and Licenses	517,187	677,630
Property and office	390,364	398,674
Travel	178,826	199,332
Learning and development	43,989	43,733
Media and other promotional	209,539	158,942
Other	259,388	298,966
Total goods and services supplied or rendered	3,629,666	3,273,741
Goods supplied	39,717	25,462
Services rendered	3,589,949	3,248,279
Total goods and services supplied or rendered	3,629,666	3,273,741
Other suppliers		
Operating lease rentals	775,847	763,016
Workers compensation expenses	83,752	88,033
Total Other Suppliers	859,599	851,049
Total Suppliers	4,489,265	4,124,790
Lease commitments		
Cancer Australia in its capacity as lessee 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	744,209	738,769
Between 1 and 5 years	-	746,033
Total operating lease commitments	744,209	1,484,802

Accounting Policy

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.

	2019 \$	2018 \$
Note 3C: Depreciation and Amortisation		
Depreciation:		
Property, plant and equipment	160,998	172,643
Total depreciation	160,998	172,643
Amortisation:		
Intangibles:		
Computer Software - Purchased	33,254	16,324
Website	32,614	-
Total amortisation	65,868	16,324
Total depreciation and amortisation	226,866	188,967
Note 3D: Grants		
Private sector:		
Non-profit organisations	909,864	1,500,000
Total grants	909,864	1,500,000

Note 4: Own-Source Income

	2019 \$	2018 \$
Note 4A: Rendering of Services		
Rendering of services	<u>2,397,787</u>	2,239,677
Total rendering of services	<u>2,397,787</u>	<u>2,239,677</u>

Accounting Policy

Rendering of services

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

	Notes	2019 \$	2018 \$
Note 4B: Other Revenue			
Fundraising	20	75,884	22,752
Resources received free of charge		-	60,598
Remuneration of auditors		<u>65,000</u>	64,000
Total other revenue		<u>140,884</u>	<u>147,350</u>

Accounting Policy

Resources Received Free of Charge

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

Fundraising revenue

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

	2019	2018
	\$	\$

Note 4C: Revenue from Government

Appropriations:

Departmental appropriations	11,088,000	11,110,000
Total revenue from Government	11,088,000	11,110,000

Accounting Policy

Revenue from Government

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

Note 5: Fair Value Measurements

Fair value measurements at the end of the reporting period		
	2019 \$	2018 \$
Non-financial assets		
Property, plant and equipment	<u>187,669</u>	<u>323,210</u>
Non-financial liabilities		
Makegood provision	<u>195,383</u>	<u>193,955</u>

Notes:

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

Accounting Policy

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

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.

Note 6: Financial Assets

	2019 \$	2018 \$
Note 6A: Cash and Cash Equivalents		
Cash on hand or on deposit	308,100	1,088,036
Total cash and cash equivalents	308,100	1,088,036
Note 6B: Trade and Other Receivables		
Goods and services	253,885	246,715
Total goods and services receivables	253,885	246,715
Appropriations receivables		
Appropriation receivable	4,987,799	4,767,756
Total appropriations receivables	4,987,799	4,767,756
Other receivables		
GST receivable from the Australian Taxation Office	17,298	50,995
Total other receivables	17,298	50,995
Total trade and other receivables (net)	5,258,982	5,065,466

Credit terms for goods and services were within 30 days (2017–18: 30 days).

No allowance for impairment was required at reporting date.

Accounting Policy

Trade and Other Receivables

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

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of Property, Plant and Equipment and Intangibles for 2019

	Property, Plant & Equipment \$	Intangibles ¹ \$	Total \$
As at 1 July 2018			
Gross book value	1,213,920	499,854	1,713,774
Accumulated depreciation, amortisation and impairment	(890,710)	(472,849)	(1,363,559)
Total as at 1 July 2018	323,210	27,005	350,215
Additions	9,403	269,433	278,836
Work in Progress (WIP)	16,054	142,527	158,581
Depreciation and amortisation	(160,998)	(65,868)	(226,866)
Total as at 30 June 2019	187,669	373,097	560,766
Total as at 30 June 2019 represented by:			
Gross book value	1,239,377	911,814	2,151,191
Accumulated depreciation, amortisation and impairment	(1,051,708)	(538,717)	(1,590,425)
Total as at 30 June 2019	187,669	373,097	560,766

¹ The carrying amount of Intangibles include \$92,615 purchased software and \$176,820 Breast Cancer Risk Factors website costs (Additions), and \$96,277 Cancer Australia's website digital transformation and \$46,250 for internally generated software (WIP).

² There are no indicators of impairment found for property, plant and equipment and intangibles.

Accounting Policy

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

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

Asset Recognition Threshold

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

Revaluations

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

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

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

Depreciation

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

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

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

	2019	2018
Property, Plant & Equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2019. 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 of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if Cancer Australia were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

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

Intangibles

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

Software and website costs are amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's intangibles is 3 years (2017–18: 3 years).

All software and website assets were assessed for indications of impairment as at 30 June 2019.

Note 8: Payables

	2019 \$	2018 \$
Note 8A: Suppliers		
Trade creditors and accruals	512,155	364,844
Total suppliers	512,155	364,844

Settlement is usually made within 30 days.

Note 8B: Other Payables

Salaries and wages	59,040	66,107
Superannuation	9,025	9,869
Unearned income	927,289	151,977
Grants	499,864	1,500,000
Other	61,510	90,239
Total other payables	1,556,728	1,818,192

Note 9: Provisions

	2019 \$	2018 \$
Note 9A: Employee Provisions		
Leave	2,468,965	2,256,713
Total employee provisions	2,468,965	2,256,713

	Provision for make good \$	Total \$
Note 9B: Other Provisions		
As at 1 July 2018	193,955	193,955
Unwinding of discount or change in discount rate	1,428	1,428
Total as at 30 June 2019	195,383	195,383

Cancer Australia, in its capacity as a lessee, has entered into one operating lease agreement (2017–18: one agreement) for office accommodation. The lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a "Provision for make good" to reflect the present value of the obligation.

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 2019 (2017–18: Nil).

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

Note 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, General Manager Finance and Corporate Affairs and Chief Financial Officer and Ministers. Key management personnel remuneration is reported in the table below:

	2019 \$	2018 \$
Short-term employee benefits	1,292,005	1,133,838
Post-employment benefits	178,119	166,664
Other long-term employee benefits	44,386	125,228
Total key management personnel remuneration expenses¹	1,514,510	1,425,730

The total number of key management personnel included in the above table are five (2017–18: six).

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

Note 12: Related Party Disclosures

Related party relationships

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

Transactions with related parties

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

Significant transactions with related parties can include:

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

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

Note 13: Financial Instruments

	2019 \$	2018 \$
Note 13: Financial Instruments		
Financial Assets under AASB 139		
Loans and receivables held at amortised cost		
Cash and cash equivalents		1,088,036
Trade Receivables		246,715
Total loans and receivables held at amortised cost		1,334,751
Financial Assets under AASB 9		
Financial Assets Measured at Amortised Cost		
Cash and cash equivalents	308,100	
Trade receivables	253,885	
Total financial assets measured at amortised cost	561,985	
Total financial assets	561,985	1,334,751
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	512,155	364,844
Financial liabilities measured at amortised cost	512,155	364,844
Total financial liabilities	512,155	364,844

Classification of financial assets on the date of initial application of AASB 9

Financial assets class	Note	AASB 139 original classification	AASB 9 new classification	AASB 139 carrying amount at 1 July 2018 \$	AASB 9 carrying amount at 1 July 2018 \$
Cash and cash equivalents	6A	Loans and receivables	Amortised Cost	1,088,036	1,088,036
Trade receivables	6B	Loans and receivables	Amortised Cost	246,715	246,715
Total financial assets				1,334,751	1,334,751

Reconciliation of carrying amounts of financial assets on the date of initial application of AASB 9

	AASB 139 carrying amount at 30 June 2018 \$	Reclassification \$	Remeasurement \$	AASB 9 carrying amount at 1 July 2018 \$
Financial assets at amortised cost				
Cash and cash equivalents	1,088,036	-	-	1,088,036
Trade receivables	246,715	-	-	246,715
Total amortised cost	1,334,751	-	-	1,334,751

Accounting Policy

Financial assets

With the implementation of AASB 9 *Financial Instruments* for the first time in 2019, Cancer Australia classifies its financial assets as Financial Assets Measured at Amortised Cost. Comparatives have not been restated on initial application.

Cancer Australia is a non-financial entity whose financial assets are limited to trade receivables and bank deposits. Cancer Australia does not hold financial assets with the objective of realising cash flows through the sale of the assets (i.e. active buying / selling of instruments). Cancer Australia is not a trading entity whose business model is to realise cash flows through sales and managing the resultant trade receivables. Cancer Australia's trade receivables relate to services provided and do not arise as a result of their primary business objectives. Accordingly, the receivables are more aligned to a basic lending arrangement whereby cash flows will be generated through the collection of the amounts outstanding.

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

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

Amortised cost is determined using the effective interest method.

Effective Interest Method

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

Impairment of Financial Assets

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

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

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

Financial liabilities

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

Financial Liabilities at Amortised Cost

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

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

Note 14: Administered – Expenses

	2019 \$	2018 \$
Note 14A: Suppliers		
Goods and services supplied or rendered		
Consultants	132,426	427,624
Contractors	2,859,745	1,123,262
Sitting and Advisory Fees	609,247	518,117
Travel	281,876	223,535
Printing	26,226	64,696
Assessment fees	–	233,113
Other	97,000	172,881
Total goods and services supplied or rendered	4,006,520	2,763,228
Goods and services are made up of:		
Goods supplied	46,763	75,429
Services rendered	3,959,757	2,687,799
Total goods and services supplied or rendered	4,006,520	2,763,228
Total suppliers	4,006,520	2,763,228
Note 14B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	120,000	235,823
Private sector		
Not-for-profit organisations	15,673,092	15,631,561
Total grants and service delivery contracts	15,793,092	15,867,384

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. When the Government enters into an agreement to make these grants and services but services have not been performed or criteria satisfied, this is considered a commitment.

Note 15: Administered – Financial Assets

	2019 \$	2018 \$
Note 15A: Cash and Cash Equivalents		
Cash on hand or on deposit	68,781	1,152,683
Total cash and cash equivalents	68,781	1,152,683
Note 15B: Trade and Other Receivables		
Net GST receivable from Australian Taxation Office	54,659	86,945
Other receivables	131,967	36,360
Total trade and other receivables	186,626	123,305
Credit terms for goods and services were within 30 days (2018: 30 days).		
No allowance for impairment was required at reporting date.		

Accounting Policy

Trade and Other Receivables

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

Note 16: Administered – Payables

	2019 \$	2018 \$
Note 16A: Suppliers		
Trade creditors and accruals	839,842	653,215
Total suppliers	839,842	653,215
Settlement is usually made within 30 days.		
Note 16B: Grants		
Private sector:		
Non-profit and profit organisations	481,460	486,111
Total grants	481,460	486,111
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 2019 (2017–18: Nil).

Note 18: Administered – Financial Instruments

	2019 \$	2018 \$
Financial Assets under AASB 139		
Loans and receivables held at amortised cost		
Cash on hand or on deposit		1,152,683
Trade and Other Receivables		
Other receivables		36,360
Trade and Other Receivables		<u>36,360</u>
Total loans and receivables held at amortised cost		<u>1,189,043</u>
Financial Assets under AASB 9		
Financial Assets Measured at Amortised Cost		
Cash on hand or on deposit	68,781	
Trade and Other Receivables		
Other receivables	131,967	
Trade and Other Receivables	<u>131,967</u>	
Total financial assets measured at amortised cost	200,748	
Total financial assets	<u>200,748</u>	<u>1,189,043</u>
Financial Liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	839,842	653,215
Grants payable	481,460	486,111
Financial liabilities measured at amortised cost	<u>1,321,302</u>	<u>1,139,326</u>
Total financial liabilities	<u>1,321,302</u>	<u>1,139,326</u>

Classification of financial assets on the date of initial application of AASB 9

Financial assets class	Note	AASB 139 original classification	AASB 9 new classification	AASB 139 carrying amount at 1 July 2018 \$	AASB 9 carrying amount at 1 July 2018 \$
Cash and cash equivalents	15A	Loans and receivables	Amortised Cost	1,152,683	1,152,683
Trade and other receivables	15B	Loans and receivables	Amortised Cost	36,360	36,360
Total financial assets				1,189,043	1,189,043

Reconciliation of carrying amounts of financial assets on the date of initial application of AASB 9

	AASB 139 carrying amount at 30 June 2018 \$	Reclassification \$	Remeasurement \$	AASB 9 carrying amount at 1 July 2018 \$
Financial assets at amortised cost				
Cash and cash equivalents	1,152,683	–	–	1,152,683
Trade and other receivables	36,360	–	–	36,360
Total amortised cost	1,189,043	–	–	1,189,043

Accounting Policy

Financial assets

With the implementation of AASB 9 *Financial Instruments* for the first time in 2019, Cancer Australia classifies its financial assets as Financial Assets Measured at Amortised Cost. Comparatives have not been restated on initial application.

Cancer Australia is a non-financial entity whose financial assets are limited to trade receivables and bank deposits. Cancer Australia does not hold financial assets with the objective of realising cash flows through the sale of the assets (i.e. active buying / selling of instruments). Cancer Australia is not a trading entity whose business model is to realise cash flows through sales and managing the resultant trade receivables. Cancer Australia's trade receivables relate to services provided and do not arise as a result of their primary business objectives. Accordingly, the receivables are more aligned to a basic lending arrangement whereby cash flows will be generated through the collection of the amounts outstanding.

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

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

Amortised cost is determined using the effective interest method.

Effective Interest Method

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

Impairment of Financial Assets

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

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

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

Financial liabilities

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

Financial Liabilities at Amortised Cost

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

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

Note 19: Appropriations

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

Annual appropriations for 2018–19

	Annual Appropriation¹	Adjustments to Appropriation²	Total Appropriation	Appropriation Applied in 2019 (current and prior years)	Variance³
	\$	\$	\$	\$	\$
Departmental					
Ordinary annual services	11,088,000	2,469,767	13,557,767	10,867,957	2,689,810
Capital Budget ⁴	81,000	–	81,000	81,000	–
Total departmental	11,169,000	2,469,767	13,638,767	10,948,957	2,689,810
Administered					
Ordinary annual services					
Administered items	19,802,000	–	19,802,000	19,799,612	2,388
Total administered	19,802,000	–	19,802,000	19,799,612	2,388

Notes:

¹ There were no amounts withheld against 2019 ordinary annual services appropriation under section 51 of the PGPA Act. There were no amounts quarantined from 2019 administered appropriations.

² Adjustments to appropriation including PGPA Act Section 74 receipts.

³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and additional section 74 revenue received.

⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

Annual appropriations for 2017–18

	Annual Appropriation ¹	Adjustments to Appropriation ²	Total Appropriation	Appropriation Applied in 2019 (current and prior years)	Variance ³
	\$	\$	\$	\$	\$
Departmental					
Ordinary annual services	11,110,000	2,367,655	13,477,655	10,732,136	2,745,519
Capital Budget ⁴	81,000	–	81,000	81,000	–
Total departmental	11,191,000	2,367,655	13,558,655	10,813,136	2,745,519
Administered					
Ordinary annual services					
Administered items	18,679,000	–	18,679,000	18,630,612	48,388
Total administered	18,679,000	–	18,679,000	18,630,612	48,388

Notes:

- ¹ There were no amounts withheld against 2018 ordinary annual services appropriation under section 51 of the PGPA Act. There were no amounts quarantined from 2018 administered appropriations.
- ² Adjustments to appropriation including PGPA Act Section 74 receipts.
- ³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and additional section 74 revenue received.
- ⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

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

	2019 \$	2018 \$
Departmental		
Appropriation Act (No.1) 2016–17	–	605,818
Appropriation Act (No.1) 2017–18	2,693,900	5,249,974
Appropriation Act (No.1) 2018–19 ¹	2,601,999	–
Total departmental	5,295,899	5,855,792
Administered		
Appropriation Act (No.1) 2017–18	–	48,388
Appropriation Act (No.1) 2018–19	2,388	–
Total administered	2,388	48,388

¹ Appropriation Act (No.1) 2018–19 includes cash and cash equivalents at 30 June 2019.

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

Donations received to improve outcomes for Australians affected by breast cancer. There was no Pink Ribbon Breakfast organised in 2018–19.

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

	2019 \$	2018 \$
Pink Ribbon Breakfast		
Gross proceeds of fundraising appeal	-	19,491
Total direct costs of fundraising appeal	-	(4,197)
Net surplus from fundraising appeal	-	15,294
Net margin from fundraising appeals	-	78%
Donations		
Gross proceeds of fundraising appeal	75,884	3,261
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	75,884	3,261
Net margin from fundraising appeals	100%	100%

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

	2019 \$	2018 \$
Total cost of fundraising appeals ¹	–	4,197
Gross income from fundraising appeals	75,884	22,752
Percentage	0%	18%
Net surplus from fundraising appeals	75,884	18,554
Gross income from fundraising appeals	75,884	22,752
Percentage	100%	82%

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

Note 21: Aggregate Assets and Liabilities

Note 21A: Aggregate Assets and Liabilities

	2019 \$	2018 \$
Assets expected to be recovered in:		
No more than 12 months	5,606,294	6,261,092
More than 12 months	560,766	350,215
Total assets	6,167,060	6,611,307
Liabilities expected to be settled in:		
No more than 12 months	2,867,866	2,900,539
More than 12 months	1,865,365	1,733,165
Total liabilities	4,733,231	4,633,704

21B: Administered – Aggregate Assets and Liabilities

	2019 \$	2018 \$
Assets expected to be recovered in:		
No more than 12 months	255,407	1,275,988
More than 12 months	–	–
Total assets	255,407	1,275,988
Liabilities expected to be settled in:		
No more than 12 months	1,321,302	1,139,326
More than 12 months	–	–
Total liabilities	1,321,302	1,139,326

Appendix B:

Mandatory reporting information

Advertising and market research

Cancer Australia undertook advertising in 2018–19 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 2018–19, Cancer Australia conducted the following advertising campaigns:

- Ovarian Cancer Awareness Month
- Breast Cancer Awareness Month
- Lung Cancer Awareness Month
- Childhood Cancer Awareness Month
- Bowel Cancer Awareness Month
- Melanoma March
- Healthy Lifestyles Awareness Targeted Media Campaign
- Men's Health campaign
- Check your cancer risk campaign
- Lots to Live For campaign
- Yarn for Life campaign

Further information on these advertising campaigns is available at canceraustralia.gov.au and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available at finance.gov.au/advertising/campaign-advertising-reports.html.

Table B.1: Advertising agencies

Organisation	Service Provided	Amount paid (GST inclusive)
Carbon Creative	Asset creation and online promotion of <i>Yarn for Life</i> , the first national Indigenous cancer awareness initiative	\$209,000
Bang Pty Ltd	Asset creation and online advertising to increase awareness of the symptoms and risk factors of ovarian cancer, breast cancer, childhood cancer, lung cancer, melanoma and bowel cancer: promotion of healthy lifestyle choices for cancer prevention.	\$126,027
Web Marketing Workshop Pty Ltd	Google AdWord campaigns undertaken throughout 2018–2019 to increase traffic to the Breast Cancer Risk Factors and Cancer Australia websites	\$29,800
HealthShare	Online banner advertising to increase awareness and reach of evidence-based information about pancreatic cancer, lung cancer, healthy lifestyle to reduce cancer risk and men's health	\$19,800
Supernaut	Animated video creation to raise breast cancer awareness for Breast Cancer Awareness Month	\$17,623

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 2018–19 were published on AusTender.

Consultancies

During 2018–19, there were no new consultancy contracts entered into. Seven ongoing consultancy contracts were active during 2018–19, involving total actual expenditure of \$289,243.

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 2007–08, 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 2010–20, 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 2018–19 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 2018–2019 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 2018–19. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix A. In 2018–19 there were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman and no capability reviews were conducted or released.

Freedom of information

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

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

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2018 to 30 June 2019:

- *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 2018 to 30 June 2019 is available at canceraustralia.gov.au.

Purchasing

In 2018–19, 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 2018–19, the following initiatives were undertaken in relation to work health and safety:

- 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.

Executive Remuneration

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

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

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

Table B.2: Key Management Personnel (2018-19)

Name	Position	Term as KMP
Helen Maria Zorbas	Chief Executive Officer (CEO)	Full year
Christine Giles	Executive Director (ED)	Full year
Jennifer Chynoweth	General Manager (GM)	Full year
Cleola Anderiesz	General Manager (GM)	Full year
Elmer Wiegold	General Manager (GM)/ Chief Finance Officer (CFO)	Full year

Table B.3: Summary information about Remuneration for Key Management Personnel (2018-19)

	2019
Short-term employee benefits:	
Base Salary	1,206,889
Bonus	-
Motor vehicle and other allowances	85,116
Total short-term employee benefits	1,292,005
Post-employment benefits:	
Superannuation	178,119
Total post-employment benefits	178,119
Other long-term benefits:	
Long-service leave	44,386
Total other long-term benefits	44,386
Termination benefits	-
Total employment benefits	1,514,510

The total number of senior management personnel that are included in the above table are five. (2018: six).

Table B.4: Information About Remuneration for Key Management Personnel (2018-19)¹

Name	Position title	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Base salary ²	Bonuses	Other benefits and allowances ³		Superannuation contributions	Long service leave ⁴		
Helen Zorbas	CEO	362,266	–	7,508	46,815	13,110	–	–	429,699
Christine Giles	Executive Director	260,736	–	33,608	36,166	9,515	–	–	340,025
Jennifer Chynoweth	General Manager	203,530	–	22,000	33,022	7,581	–	–	266,133
Cleola Anderiesz	General Manager	192,203	–	22,000	26,907	7,022	–	–	248,132
Elmer Wiegold	General Manager/CFO	188,153	–	–	35,209	7,158	–	–	230,520
Totals		1,206,889	–	85,116	178,119	44,386	–	–	1,514,510

¹ Appendix 2 of the RMG-No. 139 (page 19) <https://www.finance.gov.au/sites/default/files/Commonwealth%20Companies%20Executive%20Remuneration%20Reporting%20Guide%20for%20Annual%20Reports%20RMG%20139.pdf>

² Base salary includes gross payments, salary sacrifice, annual leave provision, salary sacrifice super which was \$NIL for all KMPs based on the \$0 Reportable Employer Superannuation Contribution reported on PAYG Payment Summaries

³ Other benefits and allowances include Motor vehicle allowance and car parking

⁴ Long service leave provision

Table B.5: Information about remuneration for senior executives (2018-19)

Total remuneration bands	Number of senior executives	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances		Average long service leave	Average other long-term benefits		
\$0 – \$220,000	-	-	-	-	-	-	-	-	-
\$220,001 – \$245,000	1	\$188,153	-	-	\$35,209	\$7,158	-	-	\$230,520
\$245,001 – \$270,000	2	\$197,867	-	\$22,000	\$29,965	-	-	-	\$257,132
\$270,001 – \$295,000	-	-	-	-	-	-	-	-	-
\$295,001 – \$320,000	-	-	-	-	-	-	-	-	-
\$320,001 – \$345,000	1	\$260,736	-	\$33,608	\$36,166	\$9,515	-	-	\$340,025
\$345,001 – \$370,000	-	-	-	-	-	-	-	-	-
\$370,001 – \$395,000	-	-	-	-	-	-	-	-	-
\$395,001 – \$420,000	-	-	-	-	-	-	-	-	-
\$420,001 – \$445,000	1	\$362,266	-	\$7,508	\$46,815	\$13,110	-	-	\$429,699

**Table B.6: Details of Accountable Authority during the reporting period
Current Report Period (2018-19)**

Name	Position Title/ Position held	Period as the accountable authority or member	
		Date of Commencement	Date of cessation
Dr Helen Zorbas	CEO	1 July 2018	30 June 2019

Appendix C:

Cancer Australia Advisory Groups

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

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

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

Australian Brain Cancer Mission Strategic Advisory Group

The Australian Brain Cancer Mission Strategic Advisory Group established in January 2018, provides strategic advice and guidance to Cancer Australia on achieving the Mission's goal, including: providing guidance on the alignment of key initiatives with the Mission's objectives; providing advice on emerging issues nationally and internationally to inform the work of the Mission; identifying and advising on collaborative opportunities and approaches to achieving the Mission's goal; and identifying and advising on leveraging opportunities and investments while ensuring there is no duplication of initiatives, infrastructure or platforms.

The group was chaired by Professor Adele Green AC.

Intercollegiate Advisory Group

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

The group was chaired by 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.

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control provides strategic advice and specialist expertise in Indigenous cancer control; champions cross-sector collaboration in addressing the priorities in the National Aboriginal and Torres Strait Islander Cancer Framework; identifies and leverages opportunities to improve cancer outcomes at system, service and community levels; and identifies emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control, including options to address these across multiple sectors.

The group was chaired by Professor Jacinta Elston.

Cancer Australia also acknowledges the important 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 Dr Gillian Lamoury.

Gynaecological Cancer Advisory Group

The Gynaecological Cancer Advisory Group provides expert advice on the prioritisation, development and implementation of Cancer Australia's gynaecological cancer initiatives informed by the National Framework for Gynaecological Cancer Control; the identification of emerging issues of national importance in gynaecological cancers; and the identification of opportunities, risks, strategies and actions relating to issues of national relevance in gynaecological cancer control.

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 Associate Professor Paul Mitchell.

Appendix D:

List of requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	ii	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	iii	Table of contents.	Mandatory
17AJ(b)	133–138	Alphabetical index.	Mandatory
17AJ(c)	128–132	Glossary, abbreviations and acronyms.	Mandatory
17AJ(d)	122–127	List of requirements.	Mandatory
17AJ(e)	i	Details of contact officer.	Mandatory
17AJ(f)	i	Entity's website address.	Mandatory
17AJ(g)	i	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	2–7	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	15	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	16	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	17	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	15	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	117	Name of the accountable authority or each member of the accountable authority.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(aa)(ii)	117	Position title of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	117	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory
17AE(1)(b)	Not applicable	An outline of the structure of the portfolio of the entity.	Portfolio departments — mandatory
17AE(2)	Not applicable	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
Annual performance Statements			
17AD(c)(i); 16F	20	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	41	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	34–35	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	Not applicable	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory
17AD(d)	Management and Accountability		
Corporate Governance			
17AG(2)(a)	40	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	i	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	i	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	i	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(2)(c)	39–40	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	39	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
External Scrutiny			
17AG(3)	111	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	111	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	111	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	111	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	41	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	42–48	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location.	If applicable, Mandatory
17AG(4)(b)	42–48	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> • Statistics on staffing classification level; • Statistics on full-time employees; • Statistics on part-time employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as Indigenous. 	Mandatory
17AG(4)(c)	55	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(c)(i)	44	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	48	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	55	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	55	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	Not applicable	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	Not applicable	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	Not applicable	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	Not applicable	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory
Purchasing			
17AG(6)	112	An assessment of entity performance against the Commonwealth Procurement Rules.	Mandatory
Consultants			
17AG(7)(a)	110	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory
17AG(7)(b)	110	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

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(7)(c)	110	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	110	A statement that "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."	Mandatory
Australian National Audit Office Access Clauses			
17AG(8)	Not applicable	If an entity entered into a contract with a value of more than \$100,000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
Exempt contracts			
17AG(9)	111	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
Small business			
17AG(10)(a)	112	A statement that "[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."	Mandatory
17AG(10)(b)	112	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	Not applicable	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that "[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."	If applicable, Mandatory
Financial Statements			

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(e)	59–106	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	113–116	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	108	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory
17AH(1)(a)(ii)	Not applicable	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	112	A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	110	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	111	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	Not applicable	Correction of material errors in previous annual report	If applicable, mandatory
17AH(2)	Not applicable	Information required by other legislation	Mandatory

Glossary

Term	Description
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Collaborative Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, use identical protocols and pool their data.
Consumer	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Continuum of care	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or in palliative care.

Term	Description
Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Evidence-based	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
Incidence	The number of new cases of a disease diagnosed each year.
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types: Hodgkin's lymphomas and non-Hodgkin's lymphomas.
Melanoma	A cancer of the body's cells that contain pigment (melanin), primarily affecting the skin.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease; live in one area of the country; or are of a certain sex, age, or ethnic group.
Palliative care	An approach that improves the quality of life of patients and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification, assessment and treatment of pain and other physical, psychosocial and spiritual problems.
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.
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.
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues and the impact of illness and treatment on sexuality and body image.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.

Term	Description
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures.
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.
Surgical oncology	The use of surgery to remove solid tumours.
Stakeholder	Any person or organisation that has a vital interest in Cancer Australia and its operations and programs.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

Abbreviations

Term	Description
the Council	Cancer Australia Advisory Council
AASB	Australian Accounting Standards Board
ACSQHC	Australian Commission on Safety and Quality in Health Care
AIHW	Australian Institute of Health and Welfare
AIM BRAIN	Access to innovative Molecular diagnostic Profiling for paediatric brain tumours
ANZCHOG	Australian and New Zealand Children's Haematology/Oncology Group
APS	Australian Public Service
ATO	Australian Taxation Office
CEO	Chief Executive Officer
COGNO	Cooperative Group for Neruro-Oncology
CSS	Commonwealth Superannuation Scheme
CTG	Clinical Trials Group
DCB	Department Capital Budget
EL	Executive Level
FOI	Freedom of Information
the Framework	the National Aboriginal and Torres Strait Islander Cancer Framework
GST	Goods and Services Tax
HPV	Human Papillomavirus
IPS	Information Publication Scheme
LGG	Low Grade Glioma
the Mission	the Australian Brain Cancer Mission

Term	Description
the Monitoring and Reporting Framework	the National Aboriginal and Torres Strait Islander Cancer Monitoring and Reporting Framework
MRFF	Medical Research Future Fund
NABERS	National Australian Built Environment Rating System
NCCI	National Cancer Control Indicators
NCERG	National Cancer Expert Reference Group
NHMRC	National Health and Medical Research Council
NTS	National Technical Service
OCP	Optimal Care Pathway
OPA	Official Public Account
PBS	Portfolio Budget Statements
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	Public Governance, Performance and Accountability Act 2013
PSS	Public Sector Superannuation Scheme
PSSap	Public Sector Superannuation Scheme accumulation plan
SES	Senior Executive Service
SME	Small and Medium Enterprises
STaR	Stage, Treatment and Recurrence initiative
WIP	Work in Progress

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