



Australian Government
Cancer Australia

CANCER AUSTRALIA

2019-20

ANNUAL
REPORT



Statement of Acknowledgement

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

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

About this report

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

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Print ISBN: 978-1-74127-349-6
Online ISBN: 978-1-74127-350-2

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All information in this publication is correct as at 16 October 2020.

Letter of transmittal

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2020.

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,

Professor Dorothy Keefe PSM MD
Chief Executive Officer
Cancer Australia

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1. Overview

Chief Executive Officer's Review



I am pleased to present Cancer Australia's Annual Report 2019–20, and to reflect on the agency's accomplishments and efforts to reduce the impact of cancer, address disparities and improve the outcomes of people affected by cancer in Australia.

In 2019–20, Cancer Australia's work was underpinned by the agency's strong performance framework, which included Cancer Australia's Portfolio Budget Statement 2019–20; Corporate Plan 2019–20; and Business Plan 2019–20. Cancer Australia's Reconciliation Action Plan 2019-21 also informed the work undertaken by the agency.

Cancer Australia provided leadership in national cancer control and advanced appropriate cancer care; funded priority research and strengthened national cancer data; and promoted cancer awareness and provided evidence-based information about cancer to the community, in line with the agency's key delivery objectives.

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

As outlined below, Cancer Australia progressed a number of initiatives in 2019–20 to provide leadership in national cancer control and advance appropriate cancer care, including undertaking an enquiry into lung cancer screening, developing resources to support cancer care during the Coronavirus (COVID-19) pandemic, publishing guidance and other resources, progressing initiatives to address disparities in outcomes for Aboriginal and Torres Strait Islander people with cancer, and driving the uptake of the shared follow up model of care for early breast cancer.

Cancer Australia provided leadership in national cancer control through conducting of an enquiry into the prospects, process and delivery of a national lung cancer screening program in Australia, in response to an invitation from the Minister for Health, the Hon Greg Hunt MP. The *Lung Cancer Screening Enquiry* considers the evidence and requirements to support a targeted lung cancer screening program in Australia; the design of a national targeted lung cancer screening program for the Australian setting; and how to effectively deliver a national targeted lung cancer screening program in Australia. The enquiry has been underpinned by a robust, multifaceted and consultative approach. Cancer Australia will deliver a report on the enquiry to the Minister for Health next financial year (by October 2020).

Overview

Another major body of work undertaken by the agency in 2019–20 to provide leadership in national cancer control and advance appropriate cancer care, relates to the suite of initiatives progressed to address the challenges to cancer care presented by the COVID-19 pandemic. These initiatives included developing a conceptual framework for optimal management of cancer during the pandemic, launching an information hub on the Cancer Australia website to support access to evidence-based information and guidance about cancer and COVID-19, and developing a series of awareness campaigns to address the concern that fewer people were presenting to their doctors with cancer symptoms, potentially resulting in delays in cancer diagnosis and treatment during the pandemic.

Cancer Australia also released a number of publications in 2019–20 to advance appropriate cancer care. These included the release of the *Cancer Australia Statement — Influencing best practice in metastatic breast cancer* (the Statement); *Investigating symptoms of lung cancer: a guide for all health professionals* (the Guide); and the *Risk factors for endometrial cancer* webpage on Cancer Australia's website.

The *Cancer Australia Statement — Influencing best practice in metastatic breast cancer* identifies 10 agreed priority areas in the management of metastatic breast cancer and aims to reduce unwarranted variations in care and outcomes. This resource represents the culmination of a detailed evidence review and consultation with experts and key stakeholders across Australia.

The *Investigating symptoms of lung cancer: a guide for all health professionals* (the Guide) assists health professionals with the identification and appropriate investigation of symptoms that may be lung cancer and supports the timely referral of patients into the multidisciplinary diagnostic pathway. The accompanying *Evidence Report* supports the recommendations in the guide and includes additional recommendations to facilitate referral and patient support.

The *Risk factors for endometrial cancer* webpage on Cancer Australia's website is targeted at women and health professionals to provide them with information regarding the risk factors associated with endometrial cancer. The content for this webpage is based on Cancer Australia's publication *Risk factors for endometrial cancer: A review of the evidence* report. This report contains a synthesis and summary of the most up-to-date, quality evidence across a range of key risk and protective factors, as well as other factors for which the evidence is inconclusive.

Cancer Australia also provided leadership in national cancer control by publishing foundational resources to support the uptake of shared follow-up and survivorship care for early breast cancer. These resources support a best practice model of shared follow-up care for early breast cancer, provide advice to both consumers and health professionals to assist in the development of a Shared Care Plan, and outline the key principles underpinning the delivery of shared follow-up and survivorship care for early breast cancer.

In 2019–20, Cancer Australia continued its important work in addressing disparities in cancer outcomes by developing *A guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*, to further support culturally appropriate and responsive health care. The Guide is a companion to the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP)* and is designed to support health services and clinicians in the planning and delivery of culturally safe cancer care.

Further to this, Cancer Australia published a new section of the National Cancer Control Indicators (NCCI) website, 'the Aboriginal and Torres Strait Islander Cancer Control Indicators', which includes information on the Aboriginal and Torres Strait Islander Monitoring and Reporting Framework and updated data measures for risk factors, screening, immunisation, treatment, and outcomes. Cancer Australia, in accordance with advice provided by the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, also identified the following as priority areas for development and future collection: multidisciplinary care; patient and carer experiences; cancer awareness and beliefs; and palliative care.

Cancer Australia highly values Aboriginal and Torres Strait Islander peoples, cultures and histories and is strongly committed to reconciliation. The agency has embarked on the journey to make reconciliation an increasingly lived and vital element in its approach to reducing the impact of cancer, addressing disparities and improving the health outcomes of people affected by cancer. To support this journey, the agency's Reconciliation Action Plan (RAP) 2019–21 outlines ideas and actions regarding ways that the organisation collectively, and staff individually, can contribute to closing the

gap in health outcomes. The RAP represents the views, ideas and values of the organisation with ownership of the RAP being embraced by all staff at Cancer Australia. Activities undertaken in 2019–20 under the RAP include: observing key Aboriginal and Torres Strait Islander dates, such as NAIDOC Week, National Close the Gap day, and National Reconciliation Week; and building staff capacity through presentations by Aboriginal and Torres Strait Islander peoples. Cancer Australia has also made a conscious effort to procure and engage the services of Indigenous businesses in project work and asset management.

My personal commitment to reconciliation is deep and I am proud to be the CEO of an organisation that is committed to learning and growing in cultural sensitivity and championing reconciliation both in word and in deed.

Cancer Australia continued to fund priority cancer research in 2019–20 through a number of initiatives, including the awarding of research grants through Cancer Australia's *Priority-driven Collaborative Cancer Research Scheme* (PdCCRS), fast tracking international collaborations under the *Fighting Childhood Cancer* measure, providing funding support to Australia's 14 Multi-Site Collaborative Cancer Clinical Trials Groups and four National Technical Services and through continuing to lead and administer the *Australian Brain Cancer Mission*, in collaboration with the Department of Health, on behalf of the Australian Government.

Through the PdCCRS, Cancer Australia partnered with non-government organisations to coordinate and maximise funding of cancer research at a national level. In 2019–20 Cancer Australia, together with eight Funding Partners, awarded 30 cancer research grants totalling \$10.7 million in priority areas covering a range of cancers. Six of these grants addressed research priorities in childhood cancers of low survival and were funded through the *Fighting Childhood Cancer* measure. Two of these grants leveraged international funding from partners Susan G. Komen, and World Cancer Research to support Australian researchers.

Under the *Fighting Childhood Cancer* measure, Cancer Australia continued to provide 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 supported the participation of Australian children with brain cancer in both the Low-Grade Glioma (LGG) Avastin international phase II clinical trial and, in the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) project. Other funding partners involved in the support of the AIM BRAIN project include the Robert Connor Dawes Foundation and Carrie's Beanies 4 Brain Cancer.

Cancer Australia continued its support for 14 Australian Multi-site Collaborative Cancer Clinical Trials Groups (CTGs) and four National Technical Services (NTSs). In 2019–20, Cancer Australia provided a total of \$6.66 million in funding to the Collaborative Cancer Clinical Trials Groups to support the development of industry-independent cancer clinical trial protocols to the stage of applications for grant funding. A further \$1.125 million was provided to four National Technical Services to assist them in building the capacity of CTGs to develop industry-independent cancer clinical trial protocols. Together, the work of the CTGs and NTSs contribute to generating the evidence base for best-practice care for people diagnosed with cancer.

Cancer Australia continued to lead and administer the *Australian Brain Cancer Mission* (the Mission) in collaboration with the Health and Medical Research Office of the Department of Health, on behalf of the Medical Research Future Fund (MRFF). During 2019–20 the Mission received an additional \$8.36 million in funding through the MRFF and Funding Partners, bringing the Mission's total funding to \$133 million as at 30 June 2020. This includes \$60.26 million from the Australian Government through the MRFF, and a further \$72.75 million from 12 funding partners. As at 30 June 2020, there were 14 active MRFF-funded projects funded under the Mission. Three of these projects were co-funded by Funding Partners, Carrie's Beanies 4 Brain Cancer and the Mark Hughes Foundation.

To strengthen national cancer data capacity, Cancer Australia published updated sociodemographic data analyses for a range of cancer control measures, including: incidence, survival, mortality, and prevalence of all cancers combined and 17 individual cancer types. Updated data for breast and colorectal screening program indicators were also published on the NCCI website. Further to this, Cancer Australia established agreements with the Commonwealth (AIHW), NSW and ACT to access and link cancer treatment data. Obtaining approvals for data linkage is an important prerequisite for progressing further detailed reporting about cancer stage at diagnosis, treatments received and subsequent survival outcome.

Overview

To promote cancer awareness and provide information about cancer to the community, Cancer Australia utilised multiple approaches and communication tools, including the Cancer Australia website and social media (including Twitter, YouTube and e-alerts). The Cancer Australia website continued to provide a centralised source of trusted, evidence-based information for consumers, health professionals, researchers, educators, decision makers and the community. In 2019–20, the Cancer Australia website achieved 1,260,934 visits and 74 new evidence-based resources were added. A total of 347 resources were available to the community through the Cancer Australia website on 30 June 2020.

I would like to acknowledge and sincerely thank the many people, organisations and entities that have supported the work of Cancer Australia throughout 2019–20.

I extend my thanks to the Minister for Health, the Hon Greg Hunt MP. His support for Cancer Australia in 2019–20 is greatly appreciated.

I also extend my thanks to the members of the Cancer Australia Advisory Council for their valued contribution and advice throughout 2019–20. I would like also to acknowledge and welcome the Council's newest member, Associate Professor Tracey O'Brien, who was appointed in September 2019. In particular, I extend my sincere thanks to the Chair of the Advisory Council, Professor Robert Thomas OAM, for his continued support, thoughtful advice, strategic insights and wise guidance.

I also thank 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 advice and support have provided valuable guidance in relation to specific projects and bodies of work, emerging issues in cancer control and future priorities for the agency.

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

Cancer Australia continued its significant and important engagement of people affected by cancer with 135 consumers represented on Cancer Australia's strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels during 2019–20. I wish to thank each and every one of them for their valuable perspectives and advice.

I would also like to acknowledge our PdCCRS funding partners in 2019: Australian Lions Childhood Cancer Research Foundation, Cure Cancer Australia, Leukaemia Foundation, My Room, National Breast Cancer Foundation, Susan G. Komen, The Kids' Cancer Project, and Worldwide Cancer Research.

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

I am pleased to acknowledge the Executive and the staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to our cancer control efforts. Their ability to adapt to the changing work environment and maintain a high standard of work during the year, despite the COVID-19 pandemic, enabled us to deliver on our important work of minimising the impact of cancer in Australia.

Professor Dorothy Keefe PSM MD

Advisory Council Chair Review



In 2019–20, the Cancer Australia Advisory Council (the Council) provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control. The Council were engaged in, and provided advice on a range of areas of focus for the agency, including:

- Cancer Australia's future strategic directions in the context of global health and the impact of cancer;
- Cancer Australia's initiatives to support optimal cancer management during the COVID-19 pandemic;
- The approach and key considerations relating to the prospects, process and delivery of the Lung Cancer Screening Enquiry;
- Cancer Australia's Aboriginal and Torres Strait Islander initiatives and future strategic directions in Aboriginal and Torres Strait Islander cancer control;
- Cancer Australia's breast cancer initiatives and considerations regarding future work in breast cancer; and
- The strategic initiatives undertaken by the Australian Brain Cancer Mission.

I want to thank Council members for the astute advice and valuable insights they provided throughout 2019–20. The breadth and depth of expertise that members bring to the work of the Council, including in cancer research, translation science, clinical practice (epidemiology, radiation oncology and medical oncology), health policy, health service delivery, and an understanding of the experience of cancer, underpins their important contribution to Cancer Australia and its role in national cancer control.

I am pleased to mention that the Council welcomed a new member in 2019–20, Associate Professor Tracey O'Brien, who was appointed in September 2019. (Please see page 7 for a complete list of Council members.)

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

Overview

It is with great pleasure that I acknowledge Professor Dorothy Keefe's outstanding leadership as CEO of Cancer Australia in 2019–20. Her vision, determination and tenacity have contributed to the agency's continued effectiveness, despite the vicissitudes associated with the advent of the COVID-19 pandemic. I am also pleased to commend the agency's senior management and staff for their dedication and professionalism.

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

Professor Robert Thomas OAM

Cancer Australia Advisory Council

Establishment and Function

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 2019–20, the Advisory Council comprised one chair and twelve members, as appointed by the Minister for Health. Advisory Council members bring to their role considerable breadth and depth of expertise, including in cancer research, translation science, clinical practice (epidemiology, radiation oncology and medical oncology), health policy, health service delivery and an understanding of the experience of cancer. This wealth of professional knowledge and skills adds significant value to Cancer Australia's work and strategic directions.

Membership

The 2019–20 members of the Advisory Council are:

- Professor Robert Thomas OAM (Chair)
- Dr Benjamin Brady
- Dr William Glasson AO
- Dr Elizabeth Marles
- Associate Professor Chris Milross
- Ms Perry Sperling PSM
- Professor Joanne Aitken
- Associate Professor Penny Blomfield
- Associate Professor Kelvin Kong
- Ms Lillian Leigh
- Dr Serena Sia
- The Honourable Jillian Skinner
- Associate Professor Tracey O'Brien (appointed September 2019)

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

As the Australian Government's national cancer control agency, Cancer Australia provides national leadership in cancer control for Australians affected by cancer.

Cancer Australia achieves its purpose (see below) by promoting appropriate cancer care, funding priority research, strengthening national cancer data capacity, promoting cancer awareness, and providing evidence-based information about cancer to the community.

In 2020, an estimated 145,483 new cases of cancer will be diagnosed in Australia, excluding non-melanoma skin cancer.^[1] Cancer remains a leading cause of death in Australia with 48,099 people expected to die from cancer in 2020.^{[1][2]} Cancer is also the leading cause of fatal disease burden accounting for 34% of the fatal burden of disease in Australia in 2015.^[3]

It is also noteworthy that more people in Australia are living longer after a diagnosis with cancer. Over the past three and a half decades Australia has seen the five-year relative survival for all cancers combined increase from 50.5% in 1987–91 to 69.2% in 2012–16.^[1]

A strategic, coordinated and collaborative approach to cancer control that is evidence-based remains imperative to improving cancer outcomes. The agency proactively liaises with a wide range of groups and health care providers with an interest in cancer. Cancer Australia works across multiple sectors, partnering with consumers, health professionals, professional colleges, researchers and research funding bodies, non-government organisations, other health portfolio agencies, and state and territory governments to drive improvements in national cancer control. The agency also uses this approach to address disparities in health outcomes, particularly for Aboriginal and Torres Strait Islander people and people living in rural and remote Australia.

Cancer Australia will continue to leverage and maximise these collaborations to enable the agency to drive a shared agenda in cancer control, and foster engagement and collaboration across the health system. Cancer Australia will build on and develop new collaborations across public, private and community sectors as required to improve cancer outcomes and enhance the patient experience.

[1] Australian Institute of Health and Welfare 2020. Cancer data in Australia. Accessed June 2020 from: <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/data>

[2] Australian Institute of Health and Welfare 2019. Cancer in Australia 2019. Cancer series no.119. Cat. no. CAN 123. Canberra: AIHW

[3] Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study in 2015: Interactive data on disease burden. Accessed June 2020 from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2015-interactive-data-disease-burden/contents/overview>

Purpose

Cancer Australia's purpose as stated in the agency's 2019–20 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 PSM MD. Professor Keefe is supported by the Deputy CEO, Dr Cleola Anderiesz 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

— Ms Caroline Nehill (Acting)

Finance and Corporate Affairs

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

At 30 June 2020, Cancer Australia had 76 employees, of whom 62 were ongoing.

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

About Cancer Australia

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

The Cancer Australia Advisory Council

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

Audit 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 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 2019–20 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 263)

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

The full Agency Budget Statement for 2019–20 is available at:

https://www.health.gov.au/sites/default/files/health-portfolio-budget-statements-2019-20_0.pdf

3. Report on performance

Annual Performance Statement

As the accountable authority of Cancer Australia, I present the 2019–20 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 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.* (PBS 2019–20; page 265)

Cancer Australia's program objectives for 2019–20 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 (2019–20 PBS page 265; 2019–20 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 all but one of its 2019–20 reference points or targets.

Report on Performance

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

Performance criterion	2019–20 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 2019–20 Portfolio Budget Statements, page 265	Achieved See below
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.	2019–20 Corporate Plan, page 8	Achieved See below

In 2019–20 Cancer Australia translated evidence to drive clinical best practice on the most appropriate interventions across the continuum of cancer care through the publication of research and guidance in specific cancers. This is demonstrated by the release of the following resources:

- The release and promotion of *Risk factors for endometrial cancer* on Cancer Australia's website. The web content provides evidence-based information for women and health professionals about more than 30 factors associated with risk for endometrial cancer in the Australian context. The content for this webpage is based on *Risk factors for endometrial cancer: A review of the evidence*, a Cancer Australia publication that contains a synthesis and summary of the most up-to-date, quality evidence across a range of key risk and protective factors, as well as other factors for which the evidence is inconclusive. Risk factors are grouped by personal and lifestyle factors, family history and genetics, reproductive factors, and medical history and medications.
- The release and dissemination of the *Cancer Australia Statement — Influencing best practice in metastatic breast cancer*. The Statement identifies 10 agreed priority areas in the management of metastatic breast cancer which, when implemented, will reduce unwarranted variations in care and outcomes. It represents the culmination of a rigorous evidence review and prioritisation process involving experts and key stakeholders with the practices therein having the support of key clinical colleges, cancer and consumer organisations. The Statement aims to encourage health professionals to reflect on their clinical practice in line with the 10 evidence-based practices to maximise clinical benefit, minimize harm and deliver patient-centred care.
- The publication of the *Investigating symptoms of lung cancer: a guide for all health professionals* (the Guide). The Guide is designed to assist health professionals, particularly those in primary care such as general practitioners, to investigate symptomatic people with suspected lung cancer and support their early and rapid referral into the multidisciplinary diagnostic pathway. The Guide provides a systematic, step-by-step approach to identify the most appropriate course of action for symptomatic patients and includes optimal referral timeframes. The Guide will also assist health professionals in the COVID-19 pandemic to consider the possibility of lung cancer in patients with persistent respiratory symptoms.

Performance criterion	2019–20 Target	Criterion Source	Result
Leadership in the development of innovative evidence-based models of cancer care	Innovative models of cancer care are developed and progressed	2019–20 Corporate Plan, page 8.	Achieved See below

Cancer Australia's leadership in the development of innovative models of cancer care is well demonstrated by the key role the agency has played in developing and progressing the shared follow-up and survivorship model of care for early breast cancer and low risk endometrial cancer. Building on its work in previous years, during 2019–20 Cancer Australia released foundational resources to support the implementation of shared follow-up and survivorship care for early breast cancer. These resources provide evidence-based information and education for patients, health professionals, and health services to support best-practice delivery of the model of care. These resources are:

- *Shared follow-up care for early breast cancer: summary of evidence*, which highlights key findings from Cancer Australia's program of work, undertaken between 2009 and 2015, to develop and evaluate a best practice model of shared follow-up care for early breast cancer.
- *Shared Care Plan for early breast cancer follow-up and survivorship care* template, which is a tool developed to assist the patient, GP and specialist to manage follow-up and survivorship care together. The *Shared Care Plan* is the primary means of establishing the shared care arrangement, and aims to facilitate effective communication, define responsibilities for care providers, and support the delivery of best-practice care.
- *Rapid Access Request* template, which is designed to be used by the GP and specialist when follow-up raises a clinical issue requiring urgent specialist consultation or advice.
- *Principles of shared follow-up care for early breast cancer*, which are designed to underpin the delivery of shared follow-up and survivorship care for early breast cancer by health professionals and health services.

The resources are available on Cancer Australia's website at canceraustralia.gov.au/clinical-best-practice/shared-follow-care/early-breast-cancer.

Cancer Australia's work in developing and progressing the shared follow-up and survivorship model for low risk endometrial cancer included:

- Completing a comprehensive body of work to investigate appropriateness, effectiveness and feasibility of a shared follow-up and survivorship care model for women with low-risk endometrial cancer, including developing evidence-based resources to support the uptake of a shared care model in Australia.
- The undertaking of an evidence review that outlines the evidence base that supports Cancer Australia's shared follow-up and survivorship care model for women with low-risk endometrial cancer. The primary audience is health professionals and other stakeholders involved in the uptake and implementation of a shared model of follow-up care for women with low-risk endometrial cancer.

Report on Performance

Performance criterion	2019–20 Target	Criterion Source	Result
Priorities of the National Aboriginal and Torres Strait Islander Cancer Framework actioned through a shared effort	Opportunities identified and leveraged to action the priorities of the National Aboriginal and Torres Strait Islander Cancer Framework	2019–20 Corporate Plan, page 8.	Achieved See below

To progress priorities of the National Aboriginal and Torres Strait Islander Cancer Framework, in 2019–20 Cancer Australia developed *A guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*, a companion to the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP)* which is designed to act as a bridge between the cancer-specific priorities of the OCP and broader guidance, frameworks and policies that support culturally appropriate and responsive health care. The OCP provides guidance to health practitioners and service planners on optimal care for Aboriginal and Torres Strait Islander people with cancer, across the cancer continuum. This leverages Priority Five of Cancer Australia's *National Aboriginal and Torres Strait Islander Cancer Framework* to 'ensure Aboriginal and Torres Strait Islander people affected by cancer receive optimal and culturally appropriate treatment, services, and supportive and palliative care'.

To underpin strengthening the capacity of cancer related services and systems to deliver good quality, integrated services, Cancer Australia progressed initiatives related to enhancing data availability. During 2019–20, priority measures in Cancer Australia's Aboriginal and Torres Strait Islander Cancer Monitoring and Reporting Framework were updated following input from Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control. Measures for: multidisciplinary care; patient and carer experiences; cancer awareness and beliefs; and palliative care were identified in collaboration with the Leadership Group, as priority areas for development and future collection.

Cancer Australia also published a new section on the *National Cancer Control Indicators (NCCI)* website, the *Aboriginal and Torres Strait Islander Cancer Control Indicators* website that brings together trusted national data to inform where our efforts can be best placed to improve Aboriginal and Torres Strait Islander cancer outcomes. The Indicators are designed to monitor performance across the seven priority areas outlined in the *National Aboriginal and Torres Strait Islander Cancer Framework* and align with the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer*. These Indicators are designed to lead to better care and enhanced outcomes for Aboriginal and Torres Strait Islander peoples with cancer.

B. Funding priority research and strengthening national data capacity

Performance criterion	2019–20 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control	Progress treatment data linkage to inform national cancer control	Program 1.1 2019–20 Portfolio Budget Statements, page 266.	Achieved

In 2019–20 Cancer Australia progressed work to enable reporting of national treatment activity data. This included working collaboratively with key stakeholders and leading efforts to obtain the extensive ethics and data custodian approvals required for data linkage to enable detailed reporting about cancer stage at diagnosis, treatments received and subsequent survival outcomes.

To date, approvals for data linkage have been obtained from multiple jurisdictions for relevant national and jurisdictional datasets. Methodologies for analysis of population level linked treatment data have been developed with input from clinical and data experts.

Performance criterion	2019–20 Target	Criterion Source	Result
Partner with organisations to maximise the Australian Government's investment in priority areas of cancer research	Priority cancer research is funded	2019–20 Corporate Plan, page 9.	Achieved See below

The Australian Government is committed to ensuring Australia remains internationally competitive and at the forefront of research and discovery regarding cancer, its origins, treatment and the care of people affected by cancer. In 2019–20 Cancer Australia has provided funding to cancer research through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS), and the Australian Brain Cancer Mission.

In the 2019 round of the PdCCRS, Cancer Australia, and its eight funding partners, provided grants to 30 research projects, totalling \$10.7 million. The eight national and international funding partners in the 2019 PdCCRS round were Australian Lions Childhood Cancer Research Foundation, Cure Cancer Australia, Leukaemia Foundation, My Room, National Breast Cancer Foundation, Susan G. Komen, The Kids' Cancer Project and Worldwide Cancer Research.

Six of the grants awarded in the 2019 round of the PdCCRS, totalling \$2.57 million, were funded under Cancer Australia's Fighting Childhood Cancer measure. The funding partners for these grants were the Australian Lions Childhood Cancer Research Foundation, Leukaemia Foundation, My Room, and The Kids' Cancer Project. Under this measure, Cancer Australia also partnered with Robert Connor Dawes Foundation and Carrie's Beanies 4 Brain Cancer to co-fund the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) project.

In 2019–20 Cancer Australia continued administering the Australian Brain Cancer Mission (the Mission) on behalf of the Australian government. As at 30 June 2020, there were 14 active research projects funded by grants awarded under the Mission. Three of these 14 projects are co-funded by Mission Funding Partners, Carrie's Beanies 4 Brain Cancer and the Mark Hughes Foundation.

As at 30 June 2020, the Mission had 12 funding partners: ACT Health and Canberra Health Services, Carrie's Beanies 4 Brain Cancer, Children's Hospital Foundation Queensland, Cure Brain Cancer Foundation, Financial Markets Foundation for Children, Mark Hughes Foundation, Minderoo Foundation's Collaborate Against Cancer, NeuroSurgical Research Foundation, Robert Connor Dawes Foundation, The Kids' Cancer Project, the State of New South Wales, and the State of Victoria. Total funding partner commitments to date are \$72.75 million.

Performance criterion	2019–20 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control	Publication of cancer data analyses and insights	2019–20 Corporate Plan, page 9.	Achieved See below

Cancer Australia's National Cancer Control Indicators (NCCI) website (<https://ncci.canceraustralia.gov.au/>) is a dynamic national cancer resource that brings together data from 15 authoritative sources to monitor cancer data trends and benchmarks internationally. It covers 33 key indicators across the continuum of cancer care and is designed to be updated as new data becomes available. In 2019–20, Cancer Australia updated the data on its National Cancer Control Indicators (NCCI) website.

In 2019–20 sociodemographic data analyses have been published and/or updated for incidence, mortality, survival and prevalence of all cancers combined and 17 individual cancer types, as well as screening program indicators for breast, cervical and colorectal cancer.

In addition, opportunities have been investigated to progress the collection of data for key cancer control indicators within the NCCI Framework where national data does not currently exist. In this context, opportunities have been identified, and a strategic plan developed, to progress the future collection of clinical trials participation, multidisciplinary care, and palliative care data.

Cancer Australia has undertaken a strategic analysis of NCCI data to provide a current overview of cancer control in Australia and to identify key cancer control considerations to inform the agency's future work.

Report on Performance

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

Performance criterion	2019–20 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 Australia websites and social media platforms to ensure the most current evidence is available	Program 1.1 2019–20 Portfolio Budget Statements, page 266.	Achieved See below
Provide current evidence informed cancer information, resources and data to consumers, health professionals and community	Regularly review and update the Cancer Australia websites and social media platforms	2019–20 Corporate Plan, page 10.	Achieved See below

The Cancer Australia website provides a centralised source of information for consumers, health professionals, researchers, educators, decision makers and the community. Cancer Australia's website is updated regularly and includes a resource library containing resources on a wide range of topics, which are available to download free of charge, providing a central source of knowledge that facilitates access to evidence-based information, resources, data and research for a variety of audiences.

In 2019–20 there were 347 resources available on the Cancer Australia website. In 2019–20, Cancer Australia released 74 new evidence-based information and resources, these include:

- Release of the new Endometrial Cancer Risk Factors website
- Release of the *Cancer Australia Statement — influencing best practice in metastatic breast cancer website*
- Launch of COVID-19 hub including information for people affected by cancer, health professionals and researchers
- Launch of Lung Cancer Screening enquiry information centre on the Cancer Australia website
- Release of Shared cancer follow-up and survivorship care section on the Cancer Australia website, which provides information, principles, tools and resources for early breast cancer.

Performance criterion	2019–20 Target	Criterion Source	Result
Greater engagement with Cancer Australia websites for consumers, health professionals and community	Increase number of visits to the Cancer Australia websites by 5%	2019–20 Corporate Plan, page 10.	Not achieved

In 2019–20, Cancer Australia's website achieved 1,260,934 visits, a decrease of 7% on the average total annual website visits over the previous four financial years.

Factors contributing to the less than anticipated targeted increase in number of visits to the website include COVID-19 and the diversion of public and media attention away from cancer to other health matters.

In 2019–20 Cancer Australia undertook a range of activities to update the usability, functionality and information of its website. These included:

- Upgrading and releasing the Cancer Australia website with improved user experience, new contemporary look and feel and updated cancer statistics.
- User testing and metric analysis to evaluate and improve user experience and functionality of National Cancer Control Indicators (NCCI) website.
- Releasing a dedicated section of the NCCI website to host a national dataset of indicators, measures and data on Aboriginal and Torres Strait Islander Cancer Control for reporting on and monitoring progress against the National Aboriginal and Torres Strait Islander Cancer Framework.
- Consolidating Cancer Australia's tumour specific microsites into Cancer Australia's principal website to comply with requirements from the Digital Transformation Agency's Digital Service Standard (DSS).
- Upgrading the children's cancer website to ensure current, evidence-based information, resources and data about children's cancer is available to consumers, health professionals and the community in a user-friendly and accessible format.
- Developing and publishing an online platform for up to date evidence-based information on over 30 risk factors for endometrial cancer, supported by a technical report in a digital format that is accessible to the community as well as clinicians, consumers, health policy makers, researchers and media.

Analysis

Cancer Australia met or exceeded all but one of its reference points or targets relating to its 2019–20 program objectives, as outlined in its PBS and Corporate Plan, these are: 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.

In 2019–20 there were no changes to Cancer Australia's purpose or organisational capability.

However, there has been a significant change in Cancer Australia's operating environment with the onset of the COVID-19 global pandemic. This has not only impacted Cancer Australia, but has had significant implications for the whole of government both in Australia and globally. This notwithstanding, the COVID-19 pandemic did not impact on the agency's ability to meet its program objectives and achieve its purpose in 2019–20.

Cancer Australia's work in 2019–20 was supported through its budget allocation.

The agency's performance management framework ensured the alignment of efforts with Cancer Australia's purpose, and its program objectives. This enabled Cancer Australia to report, analyse and monitor its performance for Financial Year 2019–20.

Cancer Australia was successful in its performance for 2019–20, as measured against its program objectives and purpose, and demonstrated Cancer Australia's ability to adapt to a change in its operating environment.

Cancer Australia Highlights



Minimised the impact of cancer

Launched

a COVID-19 information hub with information and guidance for those affected by cancer in the wake of the coronavirus pandemic

Released

a *Conceptual framework for the management of cancer during a pandemic*

Improved health outcomes and addressed disparities

Developed

the *Guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*



Provided leadership in national cancer control

Conducted

an enquiry into a national lung cancer screening program in Australia

Released

resources to support shared follow-up and survivorship care for women with early breast cancer

Funded priority research

Awarded

30 research grants worth

\$10.71M



Published

new national data for **17**
individual cancer types, and breast
and colorectal screening programs

Strengthened national data capacity

Promoted cancer awareness and provided evidence-based information

Added

74 new publications and resources to
the Cancer Australia website



Report on financial performance

Resource statement and resources for outcomes

Table 3.1: Cancer Australia's Resource Statement 2019–20

	Actual available appropriation 2019–20 (A)	Payments made 2019–20 (B)	Balance remaining 2019–20 (A)-(B)
	\$'000	\$'000	\$'000
DEPARTMENTAL			
Prior year appropriation available	5,296	4,463	833
Annual appropriations — ordinary annual services	11,086	7,754	3,332
Annual appropriations — other services — non-operating	3,758	3,758	-
Departmental capital budget	81	81	-
Total departmental annual appropriations	20,221	16,056	4,165
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)	20,221	16,056	4,165
ADMINISTERED			
Prior year appropriation available	1,197	719	478
Annual appropriations — ordinary annual services	19,946	18,870	1,076
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	21,143	19,589	1,554

	Actual available appropriation 2019-20 (A)	Payments made 2019-20 (B)	Balance remaining 2019-20 (A)-(B)
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)	21,143	19,589	1,554
Total resourcing and payments for Cancer Australia (A+B)	41,364	35,645	5,719

4. 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 2019–20, 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 2019–20 were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2019–20, Corporate Plan 2019–20 and Business Plan 2019–20.

Cancer Australia's Corporate Plan 2019–20 articulated the agency's purpose and strategic outlook, as well as strategies for achieving its Purpose and how success will be measured.

The Cancer Australia Business Plan 2019–20 supported Cancer Australia's strategic direction as outlined in its 2019–20 Corporate Plan. The Business Plan identifies the agency's project deliverables. The 2019–20 Business Plan also incorporated the deliverables and key performance indicators listed in the Portfolio Budget Statement 2019–20.

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 2019–20 Corporate Plan and the agency's deliverables and key performance indicators outlined in the Portfolio Budget Statement 2019–20.

Compliance Reporting

There were no instances of significant non-compliance with finance law related to the entity in 2019–20.

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 2019–20, 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 2019–20, Cancer Australia's fraud control plan and fraud risk assessments were reviewed and updated by the Executive Leadership Team and staff were trained in fraud awareness. Fraud awareness is also a mandatory item within the Cancer Australia Induction Program for all new employees.

Management and Accountability

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 2019–20 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 within the salary determination set by the Remuneration Tribunal determination.

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

Further detail on Chief Executive Officer and SES remuneration is provided on pages 84–87 of Appendix B.

Audit Committee

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, in accordance with the [Audit Committee Charter September 2019](#).

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

Table 4.1: Cancer Australia's Audit Committee

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended / total number of meetings	Total annual remuneration
Mr David Lawler	Mr Lawler has an extensive career in financial services, holding executive positions in the Commonwealth Bank of Australia as Executive General Manager, Finance — Premium Financial Services, Financial Controller — Institutional Banking and Group Auditor.	4/4	\$13,685.15
Ms Gayle Ginnane	Ms Gayle Ginnane has over 30 years' experience in the Public Sector, including 12 years as the CEO of the Private Health Insurance Administration Council (PHIAC).	4/4	\$6,783.02
Adjunct Associate Professor Christine Giles	Adjunct Associate Professor Christine Giles has deep senior executive organisational and policy experience in the health sector at the Commonwealth and State level and across the public and private sectors. Holding a Master of Public Policy from the Economics Faculty, School of Business and Government, University of Sydney, Associate Professor Giles is an experienced non-executive Director and currently serving Board member.	2/2	\$3,000.00

In 2019–20, Cancer Australia's auditor, Protiviti, 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.

Financial overview

The 2019–20 departmental expenses were \$15.110 million (GST exclusive).

The 2019–20 administered expenses were \$19.923 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2019–20 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 2020, Cancer Australia had 76 employees, of whom 62 were ongoing and 14 were non-ongoing. Most staff were located in Sydney, with six based in Melbourne and eight in Canberra. The workforce was predominantly female (84 per cent).

At 30 June 2020, Cancer Australia had one ongoing employee 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 4.2 to 4.9 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2020 for the 2019–20 Financial Year.

Tables 4.10 to 4.16 provide information relating to the distribution and classification of Cancer Australia staff for the 2018–19 Financial Year.

Table 4.2: All Ongoing Employees Current Report Period (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	5	0	5	35	8	43	0	0	0	48
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	2	0	2	3	1	4	0	0	0	6
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	3	4	7	0	0	0	8
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	8	0	8	41	13	54	0	0	0	62

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

Management and Accountability

Table 4.3: All Non-Ongoing Employees Current Report Period by location (2019–20)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	3	0	3	9	0	9	0	0	0	12
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	1	0	1	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	4	0	4	10	0	10	0	0	0	14

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

Table 4.4: Australian Public Service Act Ongoing Employees Current Report Period (2019–20)

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

Notes:

- The figures in Table 4.4 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 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.5: Australian Public Service Act Non-Ongoing Employees Current Report Period (2019–20)

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

Notes:

- The figures in Table 4.5 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 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.6: Australian Public Service Act Employees by fulltime and part-time status Current Report Period (2019–20)

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

Notes:

- The figures in Table 4.6 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 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Management and Accountability

Table 4.7: Australian Public Service Act Employment type by location Current Report Period (2019–20)

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

Notes:

- The figures in Table 4.7 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 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.8: Australian Public Service Act Indigenous Employment Current Report Period (2019–20)

	Total
Ongoing	1
Non-Ongoing	0
Total	1

Notes:

- The figures in Table 4.8 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.8 include:
 - headcount figures of Cancer Australia staff as at 30 June 2020;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2020 (that is, these staff are listed against their higher classification).

Table 4.9: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) Current Report Period (2019–20)

	Minimum Salary	Maximum Salary
SES 3	0	0
SES 2	\$238,990	\$246,304
SES 1	\$178,241	\$195,000
EL 2	\$121,938	\$144,367
EL 1	\$102,202	\$116,565
APS 6	\$83,168	\$93,827
APS 5	\$75,389	\$79,572
APS 4	\$69,314	\$73,237
APS 3	\$61,179	\$67,813
APS 2	\$52,940	\$57,771
APS 1	\$45,298	\$50,871
Other	0	0
Minimum/Maximum range	\$45,298	\$246,304

Table 4.10: All Ongoing Employees Previous Report Period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	3	0	3	36	10	46	0	0	0	49
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	1	0	1	4	0	4	0	0	0	5
WA	0	0	0	0	0	0	0	0	0	0
ACT	4	0	4	5	2	7	0	0	0	11
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	8	0	8	45	12	57	0	0	0	65

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 2019;
 - staff on leave and secondment; and

Management and Accountability

- 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 4.11: All Non-Ongoing Employees Previous Report Period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	2	0	2	10	2	12	0	0	0	14
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	1	0	1	0	0	0	0	0	0	1
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	0	0	0	0	0	0	1
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	4	0	4	10	12	12	0	0	0	16

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 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 4.12: Australian Public Service Act Ongoing Employees Previous Report Period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	2	0	2	0	0	0	2
EL 2	2	0	2	5	0	5	0	0	0	7
EL 1	1	0	1	5	1	6	0	0	0	7
APS 6	4	0	4	20	11	31	0	0	0	35
APS 5	1	0	1	10	0	10	0	0	0	11
APS 4	0	0	0	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	8	0	8	45	12	57	0	0	0	65

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 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 4.13: Australian Public Service Act Non-Ongoing Employees Previous Report Period (2018–19)

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	1	0	1	0	0	0	1
EL 1	0	0	0	2	0	2	0	0	0	2
APS 6	4	0	4	3	2	5	0	0	0	9
APS 5	0	0	0	3	0	3	0	0	0	3
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	4	0	4	10	2	12	0	0	0	16

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 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 4.14: Australian Public Service Act Employees by fulltime and part-time status Previous Report Period (2018–19)

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total Ongoing	Full-time	Part-time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	2	0	2	0	0	0	2
EL 2	7	0	7	1	0	1	8
EL 1	6	1	7	2	0	2	9
APS 6	24	11	35	7	2	9	44
APS 5	11	0	11	3	0	3	14
APS 4	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	1	0	1	1	0	1	2
Total	53	12	65	14	2	16	81

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 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).

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Table 4.15: Australian Public Service Act Employment type by location Previous Report Period (2018–19)

	Ongoing	Non-ongoing	Total
NSW	49	14	63
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	5	1	6
WA	0	0	0
ACT	11	1	12
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	65	16	81

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 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 4.16: Australian Public Service Act Indigenous Employment Previous Report Period (2018–19)

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

- The figures in Table 4.16 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.16 include:
 - headcount figures of Cancer Australia staff as at 30 June 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).

Employment arrangements

Cancer Australia staff at non-Senior Executive Service (non-SES) level are employed under the terms and conditions of the Cancer Australia Enterprise Agreement 2016–19. A Determination under subsection 24(1) of the *Public Service Act 1999* was established in August 2019 to provide non-SES staff with increases to their existing salaries and to allowances for which they are eligible under the terms of the Enterprise Agreement. The increases in pay and allowance were effective from 24 December 2019 to 24 December 2021. 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 (one officer).

Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2019–20.

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 2019–20, 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. During the COVID-19 lockdown, Cancer Australia partnered with the Australian Institute of Management (AIM) to provide Cancer Australia staff with virtual online courses. Cancer Australia provided staff with additional development opportunities through project work and assignment of higher duties.

Ministerial and parliamentary coordination

During 2019–20, 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 Audit Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

Report on the annual financial statements

Opinion

In my opinion, the financial statements of Cancer Australia (the Entity) for the year ended 30 June 2020:

- (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 2020 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2020 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 (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

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.

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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 the Entity's financial result of fundraising appeal activities for the financial year ended 30 June 2020;

Appendix A: Audited Financial Statements

- (b) the financial statements have been properly drawn up, and the associated records have been properly kept for the period from 1 July 2019 to 30 June 2020, 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 2019 to 30 June 2020 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 the Entity will be able to pay its debts as and when they fall due.

Responsibilities

The Chief Executive Officer of the Entity 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 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



Jennifer Carter
Senior Director
Delegate of the Auditor-General

Canberra
9 September 2020

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Statement by the Accountable Authority and Chief Financial Officer

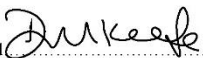
STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2020 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.

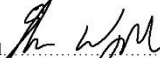
In accordance with Authority Conditions 6(3) issued by the NSW Minister under section 13A of the *Charitable Fundraising Act 1991* (NSW) (the Act), in our opinion:

- (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 Keeffe PSM
Accountable Authority / CEO

8 / 09 / 2020

Signed 

Elmer Wiegold
Chief Financial Officer

8 / 09 / 2020

Statement of Comprehensive Income

for the period ended 30 June 2020

	Notes	2020 \$	2019 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	9,160,564	8,624,023	9,042,000
Suppliers	3B	4,641,255	4,489,265	2,760,000
Grants	3C	1,000,000	909,864	1,500,000
Depreciation and amortisation	7	305,774	226,866	275,000
Finance costs	3D	2,562	1,427	-
Total expenses		15,110,155	14,251,445	13,577,000
Own-source income				
Own-source revenue				
Rendering of services	4A	3,662,118	2,397,787	2,081,000
Other revenue	4B	137,410	140,884	135,000
Total own-source revenue		3,799,528	2,538,671	2,216,000
Net cost of services		11,310,627	11,712,774	11,361,000
Revenue from Government	4C	11,086,000	11,088,000	11,086,000
Deficit		(224,627)	(624,774)	(275,000)
Total comprehensive loss		(224,627)	(624,774)	(275,000)

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 (i.e. from the entity's 2019–20 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 additional funds from various Memorandum of Understanding agreements for specialist contractors to achieve the outcomes as outlined in the agreements. Further, 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.

Rendering of services

At the time of budget preparation, additional funding of approximately \$1.5m received through Memorandum of Understanding agreements with another Government Department was unknown. Therefore, it is not budgeted. The additional funding received was subsequently utilised through the payment of Grants and other operational costs.

Appendix A: Audited Financial Statements

Statement of Financial Position

as at 30 June 2020

	Notes	2020 \$	2019 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents	6A	113,028	308,100	110,000
Trade and other receivables	6B	5,286,431	5,258,982	4,308,000
Total financial assets		5,399,459	5,567,082	4,418,000
Non-financial assets				
Property, plant and equipment	7B	262,182	187,669	204,000
Intangibles	7C	346,887	373,097	55,000
Prepayments		96,135	39,212	108,000
Total non-financial assets		705,204	599,978	367,000
Total assets		6,104,663	6,167,060	4,785,000
LIABILITIES				
Payables				
Suppliers	8A	1,074,891	512,155	744,000
Other payables ²	8B	160,125	1,556,728	242,000
Total payables		1,235,016	2,068,883	986,000
Provisions				
Employee provisions	9A	2,322,156	2,468,965	2,373,000
Other provisions	9B	330,000	195,383	194,000
Total provisions		2,652,156	2,664,348	2,567,000
Total liabilities		3,887,172	4,733,231	3,553,000
Net assets		2,217,491	1,433,829	1,232,000
EQUITY				
Contributed equity		1,391,160	1,310,160	1,391,000
Retained surplus		826,331	123,669	(159,000)
Total equity		2,217,491	1,433,829	1,232,000

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 (i.e. from the entity's 2019–20 Portfolio Budget Statements (PBS)).

² Cancer Australia adopted AASB 1058 *Income of Not-for-Profit Entities* using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2018–19 is not restated, that is, it is presented as previously reported under the various applicable AASBs and related interpretations.

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.

Trade and other receivables

Trade and other receivables mainly comprises of Appropriation receivable and Administered receivable. The 2018–19 and 2019–20 Appropriation were budgeted to be drawn down in full. Other revenue sources and lower than expected average employee numbers resulted in the Appropriation not being fully utilised in prior financial years and resulted in a receivable balance higher than originally budgeted. The Administered receivable relates to the Administered expenses, which are initially paid by Departmental and subsequently charged to Administered. The same amount is presented as payables on the Administered Schedule of Assets and Liabilities.

Property, plant and equipment, and intangibles

The increase is due to purchase of an expense management system and new video conference system in 2019–20 and the establishment of a new website for Breast Cancer Risk Factors in 2018–19, which were not included in the Original Budget.

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 2020 resulting in a high payables balance at year end.

Other provisions

The variance in other provisions is due to an increase in the make good provision in relation to the property leased in Sydney. The provision was reviewed and adjusted after submission of the Original Budget.

Retained surplus

The impact of adopting new revenue accounting standards was not included in the Original Budget.

Statement of Changes in Equity

for the period ended 30 June 2020

	2020 \$	2019 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	<u>1,310,160</u>	<u>1,229,160</u>	<u>1,310,000</u>
Opening balance	<u>1,310,160</u>	<u>1,229,160</u>	<u>1,310,000</u>
Transactions with owners			
Contributions by owners			
Departmental capital budget	<u>81,000</u>	<u>81,000</u>	<u>81,000</u>
Total transactions with owners	<u>81,000</u>	<u>81,000</u>	<u>81,000</u>
Closing balance as at 30 June	<u>1,391,160</u>	<u>1,310,160</u>	<u>1,391,000</u>
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	<u>123,669</u>	<u>748,443</u>	<u>116,000</u>
Adjustment on initial application of AASB 1058	<u>927,289</u>	<u>-</u>	<u>-</u>
Adjusted opening balance	<u>1,050,958</u>	<u>748,443</u>	<u>116,000</u>
Comprehensive income			
Deficit for the period	<u>(224,627)</u>	<u>(624,774)</u>	<u>(275,000)</u>
Total comprehensive income	<u>(224,627)</u>	<u>(624,774)</u>	<u>(275,000)</u>
Closing balance as at 30 June	<u>826,331</u>	<u>123,669</u>	<u>(159,000)</u>
TOTAL EQUITY	<u>2,217,491</u>	<u>1,433,829</u>	<u>1,232,000</u>

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 (i.e. from the entity's 2019–20 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.

Adjustment on initial application of AASB 1058

At the time of preparing the Original Budget the impact of adopting the new revenue accounting standards was still unknown and therefore not estimated.

Cash Flow Statement

for the period ended 30 June 2020

	Notes	2020 \$	2019 \$	Original Budget ¹ \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		12,021,855	10,867,957	11,223,000
Rendering of services		2,890,514	3,298,121	2,081,000
Net GST received		381,177	398,774	266,000
Fundraising		71,310	75,884	-
Total cash received		15,364,856	14,640,736	13,570,000
Cash used				
Employees		(9,237,022)	(8,419,682)	(9,042,000)
Suppliers		(4,549,965)	(6,614,838)	(2,615,000)
Grants		(1,499,864)	-	(1,500,000)
Net GST paid		-	-	(266,000)
Total cash used		(15,286,851)	(15,034,520)	(13,423,000)
Net cash from/(used by) operating activities		78,005	(393,784)	147,000
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(251,200)	(35,735)	(228,000)
Purchase of intangible assets		(102,877)	(272,836)	-
Assets under construction		-	(158,581)	-
Total cash used		(354,077)	(467,152)	(228,000)
Net cash (used by) investing activities		(354,077)	(467,152)	(228,000)
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 financing activities		81,000	81,000	81,000
Net (decrease) in cash held		(195,072)	(779,936)	-
Cash and cash equivalents at the beginning of the reporting period		308,100	1,088,036	110,000
Cash and cash equivalents at the end of the reporting period	6A	113,028	308,100	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 (i.e. from the entity's 2019-20 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.

Appropriations

The 2018–19 and 2019–20 appropriations were budgeted to be drawn in full. The variance represents the timing difference of payments to employees, suppliers and additional section 74 revenue received.

Rendering of services

At the time the Original Budget was prepared, the timing of additional funding through Memorandum of Understanding agreements with Department of Health was unknown resulting in a higher than anticipated inflow of funds.

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 Australia Taxation Office (ATO). GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. In 2019–20, 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.

Suppliers

Funding of supplier payments through Memorandum of Understanding agreements with Department of Health was unknown at the time the Original Budget was prepared.

Purchase of property, plant and equipment and intangibles

During 2019–20, Cancer Australia staff have been required to work from home due to the Coronavirus (COVID-19) pandemic. This has meant Cancer Australia's digital transformation continued to be progressed and developed since 2018–19, with purchases of an expense management system (SAP Concur), laptops and video conferencing hardware and software.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2020

	Notes	2020 \$	2019 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	5,487,832	4,006,520	3,082,000
Grants and service delivery contracts	15B	14,434,823	15,793,092	16,864,000
Total expenses		19,922,655	19,799,612	19,946,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		11,128	-	-
Total non-taxation revenue		11,128	-	-
Total revenue		11,128	-	-
Net cost of services		(19,911,527)	(19,799,612)	(19,946,000)
Deficit on continuing operations		(19,911,527)	(19,799,612)	(19,946,000)
Total comprehensive loss		(19,911,527)	(19,799,612)	(19,946,000)

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 (i.e. from the entity's 2019–20 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. Furthermore, when the Original Budget was prepared, suppliers expenses were under estimated because actual Cancer Clinical Trials activities were higher than expected.

Administered Schedule of Assets and Liabilities

as at 30 June 2020

	Notes	2020 \$	2019 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	16A	30,000	68,781	216,000
Trade and other receivables	16B	1,001,699	186,626	123,000
Total financial assets		1,031,699	255,407	339,000
Total assets administered on behalf of Government		1,031,699	255,407	339,000
LIABILITIES				
Payables				
Suppliers	17A	2,052,271	839,842	153,000
Grants	17B	268,900	481,460	186,000
Total payables		2,321,171	1,321,302	339,000
Total liabilities administered on behalf of Government		2,321,171	1,321,302	339,000
Net assets/(liabilities)		(1,289,472)	(1,065,895)	-

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 (i.e. from the entity's 2019–20 Portfolio Budget Statements (PBS)).

Appendix A: Audited Financial Statements

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 variance is due to drawdowns only being processed at the time the funds are required. As a result, the cash balance is lower than budget.

Trade and other receivables

Trade and other receivables comprise GST receivable from the ATO and intercompany charges for Cancer Australia Departmental. The budget variance relates to the timing of payments.

Suppliers

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. In 2019–20, a number of deliverables were finalised, but not paid before 30 June 2020.

Grants

In 2019–20, Grant contracts were executed later in the year resulting in a higher payable at the end of the reporting period when compared to the Original Budget.

Administered Reconciliation Schedule

as at 30 June 2020

	2020 \$	2019 \$
Opening assets less liabilities as at 1 July	(1,065,895)	136,662
Net cost of services		
Income	11,128	-
Expenses		
Payments to entities other than Commonwealth entities	(19,232,972)	(19,368,409)
Payments to Commonwealth entities	(689,683)	(431,203)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	19,699,078	18,597,055
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	(11,128)	-
Closing assets less liabilities as at 30 June	(1,289,472)	(1,065,895)

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

¹ In 2019–20, \$11k of Grant funding paid out of Administered Appropriation in previous financial years was returned to Cancer Australia. For various reasons the recipient of the Grant was not able to utilise the funds as originally planned. The repayments were received and paid into the Official Public Account (OPA) during the current financial year.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

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

Appendix A: Audited Financial Statements

Administered Cash Flow Statement

for the period ended 30 June 2020

	Notes	2020 \$	2019 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		316,938	441,119
Other		11,128	-
Total cash received		328,066	441,119
Cash used			
Grants		(14,647,383)	(15,797,743)
Suppliers		(5,407,414)	(4,324,333)
Total cash used		(20,054,797)	(20,122,076)
Net cash (used by) operating activities		(19,726,731)	(19,680,957)
Cash and cash equivalents at the beginning of the reporting period		68,781	1,152,683
Cash from Official Public Account			
Appropriations		19,699,078	18,597,055
Cash to Official Public Account			
Administered receipts		(11,128)	-
Cash and cash equivalents at the end of the reporting period	16A	30,000	68,781
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

The following new standards and interpretations that were issued prior to the sign-off date and were applicable to the current reporting period had a material effect on the entity's financial statements:

AASB 15 Revenue from Contracts with Customers / AASB 1058 Income of Not-For-Profit Entities

AASB 15, AASB 2016-8 and AASB 1058 became effective 1 July 2019.

AASB 15 establishes a comprehensive framework for determining whether, how much and when revenue is recognised. It replaces existing revenue recognition guidance, including AASB 118 *Revenue*, AASB 111 *Construction Contracts* and Interpretation 13 *Customer Loyalty Programmes*. The core principle of AASB 15 is that an entity recognises revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

AASB 1058 is relevant in circumstances where AASB 15 does not apply. AASB 1058 replaces most of the not-for-profit (NFP) provisions of AASB 1004 *Contributions* and applies to transactions where the consideration to acquire an asset is significantly less than fair value principally to enable the entity to further its objectives, and where volunteer services are received.

The details of the changes in accounting policies, transitional provisions and adjustments are disclosed below and in the relevant notes to the financial statements.

Cancer Australia adopted AASB 1058 using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2018-19 is not restated, that is, it is presented as previously reported under the various applicable AASBs and related interpretations.

Under the new income recognition model Cancer Australia shall first determine whether an enforceable agreement exists and whether the promises to transfer goods or services to the customer are 'sufficiently specific'. If an enforceable agreement exists and the promises are 'sufficiently specific' (to a transaction or part of a transaction), Cancer Australia applies the general AASB 15 principles to determine the appropriate revenue recognition. If these criteria are not met, Cancer Australia shall consider whether AASB 1058 applies.

In terms of AASB 1058, Cancer Australia is required to recognise volunteer services at fair value if those services would have been purchased if not provided voluntarily, and the fair value of those services can be measured reliably.

Impact on transition

The impact on transition is summarised below:

	1 July 2019
Departmental	\$
Liabilities	
Unearned Income	<u>(927,289)</u>
Total liabilities	<u>(927,289)</u>
Total adjustment recognised in retained earnings	<u>927,289</u>

AASB 16 Leases

Cancer Australia adopted AASB 16 using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2018–19 is not restated, that is, it is presented as previously reported under AASB 117 and related interpretations.

Cancer Australia elected to apply the practical expedient to not reassess whether a contract is, or contains a lease at the date of initial application. Contracts entered into before the transition date that were not identified as leases under AASB 117 were not reassessed. The definition of a lease under AASB 16 was applied only to contracts entered into or changed on or after 1 July 2019.

AASB 16 provides for certain optional practical expedients, including those related to the initial adoption of the standard. Cancer Australia applied the following practical expedients when applying AASB 16 to leases previously classified as operating leases under AASB 117:

- Apply a single discount rate to a portfolio of leases with reasonably similar characteristics;
- Exclude initial direct costs from the measurement of right-of-use assets at the date of initial application for leases where the right-of-use asset was determined as if AASB 16 had been applied since the commencement date;
- Reliance on previous assessments on whether leases are onerous as opposed to preparing an impairment review under AASB 136 *Impairment of assets* as at the date of initial application; and
- Applied the exemption not to recognise right-of-use assets and liabilities for leases with less than 12 months of lease term remaining as of the date of initial application."

As a lessee, Cancer Australia previously classified leases as operating or finance leases based on its assessment of whether the lease transferred substantially all of the risks and rewards of ownership. AASB 16 requires lessees to recognise right-of-use assets and lease liabilities for most leases. However, Cancer Australia has elected not to recognise right-of-use assets and lease liabilities for some leases of low value assets based on the value of the underlying asset when new or for short-term leases with a lease term of 12 months or less.

Appendix A: Audited Financial Statements

Impact on transition

The only lease that Cancer Australia had during 2019-20 was the lease for the Sydney property which expired on 30 June 2020. It is Cancer Australia's view that the lease will not be renewed and as a result the lease is classified as a short-term lease. The lease payments in relation to the short-term lease are therefore recognised as expenses.

1.4 Significant Accounting Judgements and Estimates

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

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

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

1.5 Taxation

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

1.6 Reporting of Administered Activities

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

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

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2020 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

	2020 \$	2019 \$
Note 3A: Employee Benefits		
Wages and salaries	6,993,619	6,493,181
Superannuation:		
Defined contribution plans	1,005,343	982,495
Defined benefit plans	190,998	167,320
Leave and other entitlements	970,604	981,027
Total employee benefits	9,160,564	8,624,023

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.

Appendix A: Audited Financial Statements

	2020 \$	2019 \$
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants	193,534	289,243
Contractors	1,751,372	1,701,413
Printing	3,244	39,717
Information technology and licenses	636,815	517,187
Property and office	511,493	390,364
Travel	219,094	178,826
Learning and development	28,585	43,989
Media and other promotional	198,275	209,539
Other	270,879	259,388
Total goods and services supplied or rendered	3,813,291	3,629,666
Goods supplied	3,244	39,717
Services rendered	3,810,047	3,589,949
Total goods and services supplied or rendered	3,813,291	3,629,666
Other suppliers		
Workers compensation expenses	47,247	83,752
Short-term leases	780,717	775,847
Total other suppliers	827,964	859,599
Total suppliers	4,641,255	4,489,265

Accounting Policy

Short-term leases and leases of low-value assets

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

	2020 \$	2019 \$
Note 3C: Grants		
Private sector:		
Non-profit organisations	1,000,000	909,864
Total grants	1,000,000	909,864

Note 4: Own-Source Income

	2020 \$	2019 \$
Own-source revenue		
Note 4A: Rendering of services		
Rendering of services	<u>3,662,118</u>	<u>2,397,787</u>
Total Rendering of services	<u>3,662,118</u>	<u>2,397,787</u>
Disaggregation of Rendering of services		
Type of customer:		
Australian Government entities (related parties)	3,662,118	2,397,787
State and Territory Governments	-	-
Non-government entities	-	-
	<u>3,662,118</u>	<u>2,397,787</u>

Accounting Policy**Rendering of services**

Revenue from the sale of goods is recognised when control has been transferred to the buyer. In relation to AASB 1058, Cancer Australia is required to recognise the amounts received as revenue upon receipt of the amount in the bank account.

Receivables for goods and services, which have 30 day terms (2018–19: 30 days), are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

	Notes	2020 \$	2019 \$
Note 4B: Other revenue			
Fundraising	21	71,310	75,884
Remuneration of auditors		<u>66,100</u>	<u>65,000</u>
Total other revenue		<u>137,410</u>	<u>140,884</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.

Appendix A: Audited Financial Statements

	2020 \$	2019 \$
Note 4C: Revenue from Government		
Appropriations:		
Departmental appropriations	<u>11,086,000</u>	<u>11,088,000</u>
Total revenue from Government	<u>11,086,000</u>	<u>11,088,000</u>

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	
	2020 \$	2019 \$
Non-financial assets		
Property, plant and equipment	<u>262,182</u>	<u>187,669</u>
Non-financial liabilities		
Makegood provision	<u>330,000</u>	<u>195,383</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.

Note 6: Financial Assets

	2020 \$	2019 \$
Note 6A: Cash and cash equivalents		
Cash on hand or on deposit	113,028	308,100
Total cash and cash equivalents	113,028	308,100
Note 6B: Trade and other receivables		
Goods and services	1,200,849	253,885
Total goods and services receivables	1,200,849	253,885
Appropriation receivables		
Appropriation receivable	4,051,944	4,987,799
Total appropriation receivable	4,051,944	4,987,799
Other receivables		
GST receivable from the Australian Taxation Office	33,638	17,298
Total other receivables	33,638	17,298
Total trade and other receivables (net)	5,286,431	5,258,982

Credit terms for goods and services were within 30 days (2018-19: 30 days).

No allowance for impairment was required at reporting date (2018-19: nil).

Accounting Policy**Trade and other receivables**

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

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of Property, Plant and Equipment and Intangibles for 2020			
	Property, Plant & Equipment \$	Intangibles \$	Total \$
As at 1 July 2019			
Gross book value	1,239,377	911,814	2,151,191
Accumulated depreciation and amortisation	(1,051,708)	(538,717)	(1,590,425)
Total as at 1 July 2019	187,669	373,097	560,766
Additions	219,093	134,984	354,077
Depreciation and amortisation	(144,580)	(161,194)	(305,774)
Total as at 30 June 2020	262,182	346,887	609,069
Total as at 30 June 2020 represented by:			
Gross book value	1,458,470	1,046,798	2,505,268
Accumulated depreciation and amortisation	(1,196,288)	(699,911)	(1,896,199)
Total as at 30 June 2020	262,182	346,887	609,069

Accounting Policy

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

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

Asset recognition threshold

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

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.

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:

	2020	2019
Property, Plant & Equipment	3 to 10 years	3 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2020. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. No indicators of impairment were identified.

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

Derecognition

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

Intangibles

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

Software and website costs are amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's intangibles is three years (2018-19: three years).

All software and website assets were assessed for indications of impairment as at 30 June 2020. No indicators of impairment were identified.

Appendix A: Audited Financial Statements

Note 8: Payables

	2020 \$	2019 \$
Note 8A: Suppliers		
Trade creditors and accruals	1,074,891	512,155
Total suppliers	1,074,891	512,155
Settlement is usually made within 30 days (2018–19: 30 days).		
Note 8B: Other payables		
Salaries and wages	119,563	59,040
Superannuation	18,851	9,025
Unearned income ¹	-	927,289
Grants	-	499,864
Other	21,711	61,510
Total other payables	160,125	1,556,728

¹ Cancer Australia adopted AASB 1058 *Income of Not-for-Profit Entities* using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2018-19 is not restated, that is, it is presented as previously reported under the various applicable AASBs and related interpretations.

Note 9: Provisions

	2020 \$	2019 \$
Note 9A: Employee provisions		
Leave	2,322,156	2,468,965
Total employee provisions	2,322,156	2,468,965
Note 9B: Other provisions		
As at 1 July 2019	195,383	193,955
Unwinding of discount or change in discount rate	2,562	1,428
Additions	132,055	-
Total as at 30 June 2020	330,000	195,383

Cancer Australia, in its capacity as a lessee, has entered into one lease agreement (2018–19: one agreement) for office accommodation. The lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a "Provision for make good" to reflect the present value of the obligation. During the year, the provision was amended.

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 2020 (2018-19: 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, Deputy CEO/Executive Director, Senior Executive Service Officers, General Manager Finance and Corporate Affairs and Chief Financial Officer and Ministers. Key management personnel remuneration is reported in the table below:

	2020 \$	2019 \$
Short-term employee benefits	1,446,025	1,292,005
Post-employment benefits	164,335	178,119
Other long-term employee benefits	43,358	44,386
Total key management personnel remuneration expenses¹	1,653,718	1,514,510

The total number of key management personnel included in the above table are six (2018-19: five).

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

	2020 \$	2019 \$
Note 13: Financial instruments		
Financial assets measured at amortised cost		
Cash and cash equivalents	113,028	308,100
Trade receivables	1,200,849	253,885
Total financial assets measured at amortised cost	1,313,877	561,985
Total financial assets	1,313,877	561,985
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	1,074,891	512,155
Financial liabilities measured at amortised cost	1,074,891	512,155
Total financial liabilities	1,074,891	512,155

Accounting Policy

Financial assets

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 realizing, 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.

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

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

Amortised cost is determined using the effective interest method.

Effective interest method

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

Impairment of financial assets

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

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

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

Financial liabilities

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

Financial liabilities at amortised cost

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

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

Note 14: Income of Not-For-Profit Entities

Transitional disclosure	AASB 1058 \$	Previous AAS \$	Increase / (decrease) \$
Set out below are the amounts by which each financial statement line item is affected as at and for the year ended 30 June 2020 as a result of the adoption of AASB 1058.			
<u>Expense</u>			
Nil	-	-	-
Total Expense	-	-	-
<u>Revenue</u>			
Rendering of services	3,662,118	3,583,274	78,844
Other revenue	137,410	137,410	-
Total Revenue	3,799,528	3,720,684	78,844
Net (cost of) by services	(3,799,528)	(3,720,684)	(78,844)
<u>Assets</u>			
Trade and other receivables	-	135,000	(135,000)
Total Assets	-	135,000	(135,000)
<u>Liabilities</u>			
Other liabilities	-	1,141,133	(1,141,133)
Total liabilities	-	1,141,133	(1,141,133)
Retained earnings	(3,799,528)	(4,726,817)	927,289

Accounting Policy

Cancer Australia adopted AASB 1058 using the modified retrospective approach, under which the cumulative effect of initial application is recognised in retained earnings at 1 July 2019. Accordingly, the comparative information presented for 2020 is not restated, that is, it is presented as previously reported under the various applicable AASBs and related interpretations.

Under the new income recognition model Cancer Australia shall first determine whether an enforceable agreement exists and whether the promises to transfer goods or services to the customer are 'sufficiently specific'. If an enforceable agreement exists and the promises are 'sufficiently specific' (to a transaction or part of a transaction), Cancer Australia applies the general AASB 15 principles to determine the appropriate revenue recognition. If these criteria are not met, Cancer Australia shall consider whether AASB 1058 applies.

Note 15: Administered — Expenses

	2020 \$	2019 \$
Note 15A: Suppliers		
Goods and services supplied or rendered		
Consultants	466,908	132,426
Contractors	3,957,930	2,859,745
Sitting and Advisory Fees	592,907	609,247
Travel	212,448	281,876
Printing	5,456	26,226
Other	252,183	97,000
Total goods and services supplied or rendered	5,487,832	4,006,520
Goods and services are made up of:		
Goods supplied	15,099	46,763
Services rendered	5,472,733	3,959,757
Total goods and services supplied or rendered	5,487,832	4,006,520
Total suppliers	5,487,832	4,006,520
Note 15B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	560,142	120,000
Private sector		
Not-for-profit organisations	13,874,681	15,673,092
Total grants and service delivery contracts	14,434,823	15,793,092

Accounting Policy

Grants

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

Note 16: Administered — Financial Assets

	2020 \$	2019 \$
Note 16A: Cash and cash equivalents		
Cash on hand or on deposit	30,000	68,781
Total cash and cash equivalents	30,000	68,781
Note 16B: Trade and other receivables		
Net GST receivable from Australian Taxation Office	296,375	54,659
Other receivables	705,324	131,967
Total trade and other receivables	1,001,699	186,626
Credit terms for goods and services were within 30 days (2018–19: 30 days). No allowance for impairment was required at reporting date (2018–19: nil).		

Accounting Policy

Trade and other receivables

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

Note 17: Administered — Payables

	2020 \$	2019 \$
Note 17A: Suppliers		
Trade creditors and accruals	2,052,271	839,842
Total suppliers	2,052,271	839,842
Settlement is usually made within 30 days (2018–19: 30 days).		
Note 17B: Grants		
Non-profit and profit organisations	268,900	481,460
Total grants	268,900	481,460
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2018–19: 30 days).		

Note 18: Administered — Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2020 (2018–19: Nil).

Note 19: Administered — Financial Instruments

	2020 \$	2019 \$
Financial assets measured at amortised cost		
Cash on hand or on deposit	30,000	68,781
Trade and Other Receivables		
Other receivables	705,324	131,967
Trade and Other Receivables	705,324	131,967
Total financial assets measured at amortised cost	735,324	200,748
Total financial assets	735,324	200,748
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	2,052,271	839,842
Grants payable	268,900	481,460
Financial liabilities measured at amortised cost	2,321,171	1,321,302
Total financial liabilities	2,321,171	1,321,302

Note 20: Appropriations

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

Annual Appropriations for 2019–20

	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2020 (current and prior years) \$	Variance ³ \$
Departmental					
Ordinary annual services	11,086,000	3,757,545	14,843,545	12,021,855	2,821,690
Capital Budget ⁴	81,000	-	81,000	81,000	-
Total departmental	11,167,000	3,757,545	14,924,545	12,102,855	2,821,690
Administered					
Ordinary annual services Administered items	19,946,000	-	19,946,000	19,589,303	356,697
Total administered	19,946,000	-	19,946,000	19,589,303	356,697

Notes:

¹ There were no amounts withheld against 2020 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. The administered variance is mainly due to the timing difference of payments to suppliers.

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 2018–19

	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2020 (current and prior years) \$	Variance ³ \$
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	19,833,314	(31,314)
Total administered	19,802,000	-	19,802,000	19,833,314	(31,314)

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 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. The administered variance is mainly due to the timing difference of payments to suppliers.

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')

	2020 \$	2019 \$
Departmental		
Appropriation Act (No.1) 2017–18	-	2,693,900
Appropriation Act (No.1) 2018–19	832,949	2,601,999
Appropriation Act (No.1) 2019–20 ¹	3,332,022	-
Total departmental	4,164,971	5,295,899
Administered		
Appropriation Act (No.1) 2017–18	53,227	53,227
Appropriation Act (No.1) 2018–19	424,481	1,074,962
Appropriation Act (No.1) 2019–20 ¹	1,075,959	-
Total administered	1,553,667	1,128,189

¹ Appropriation Act (No.1) 2019–20 includes cash and cash equivalents at 30 June 2020.

Appendix A: Audited Financial Statements

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

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

Note 21A: Fundraising appeals conducted during the financial period

Donations received to improve outcomes for Australians affected by breast cancer in 2019–20.

Note 21B: Details of aggregated gross income and total expenses of fundraising appeals

	2020 \$	2019 \$
Donations		
Gross proceeds of fundraising appeal	71,310	75,884
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	71,310	75,884
Net margin from fundraising appeals	100%	100%

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

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

Note 21D: Comparison by monetary figures and percentages

	2020 \$	2019 \$
Total cost of fundraising appeals	-	-
Gross income from fundraising appeals	71,310	75,884
Percentage	0%	0%
Net surplus from fundraising appeals	71,310	75,884
Gross income from fundraising appeals	71,310	75,884
Percentage	100%	100%

Note 22: Aggregate Assets and Liabilities**Note 22A: Aggregate assets and liabilities**

	2020 \$	2019 \$
Assets expected to be recovered in:		
No more than 12 months	5,495,594	5,606,294
More than 12 months	609,069	560,766
Total assets	6,104,663	6,167,060
Liabilities expected to be settled in:		
No more than 12 months	2,169,509	2,867,866
More than 12 months	1,717,663	1,865,365
Total liabilities	3,887,172	4,733,231

Note 22B: Administered — Aggregate assets and liabilities

	2020 \$	2019 \$
Assets expected to be recovered in:		
No more than 12 months	1,031,699	255,407
More than 12 months	-	-
Total assets	1,031,699	255,407
Liabilities expected to be settled in:		
No more than 12 months	2,321,171	1,321,302
More than 12 months	-	-
Total liabilities	2,321,171	1,321,302

Appendix B: Mandatory Reporting Information

Advertising and market research

Cancer Australia undertook advertising in 2019–20 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 2019–20, Cancer Australia conducted the following advertising campaigns:

- Prostate Cancer Awareness Month
- Ovarian Cancer Awareness Month
- Breast Cancer Awareness Month
- Lots to Live For campaign
- Lung Cancer Awareness Month
- Pancreatic Cancer Awareness Month
- Lung Cancer Screening enquiry Consultation Hub
- Childhood Cancer Awareness Month
- Bowel Cancer Awareness Month
- Melanoma March
- Healthy Lifestyles Awareness Campaign
- Oesophageal Cancer Awareness Month
- Brain Cancer Awareness Month
- Cancer and COVID-19 awareness campaigns
- Bowel Cancer Awareness Month
- Men's Health 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	Online promotion of <i>Yarn for Life</i> , a national Indigenous cancer awareness initiative.	\$121,660
Web Marketing Workshop Pty Ltd	Google Ads campaigns undertaken to increase traffic to the Yarn for Life, children's cancer, pancreatic cancer, lung cancer, melanoma, oesophageal and bowel cancer websites. Note: *\$10,136.50 payment made directly to Web Marketing Workshop Pty Ltd; \$84,113.48 payment made to Web Marketing Workshop Pty Ltd on behalf of Cancer Australia to Google	\$94,250*
Romanava	Online social media advertising to increase awareness of the symptoms and risk factors of ovarian cancer, melanoma, oesophageal cancer, bowel cancer and brain cancer; promotion of healthy lifestyle choices for cancer prevention; promotion of cancer awareness and prevention messages during the COVID-19 pandemic.	\$83,600
Bang Pty Ltd	Online social media advertising to increase awareness of the symptoms and risk factors of prostate cancer, breast cancer, lung cancer and pancreatic cancer.	\$31,900
Cox Inall Ridgeway	Online social media and email marketing campaigns targeted to Aboriginal and Torres Strait Islander communities to promote cancer awareness and prevention messages during the COVID-19 pandemic.	\$23,100
Etcom	Online social media advertising targeted to culturally and linguistically diverse audiences to increase awareness and encourage participation in the Lung Cancer Screening enquiry Consultation Hub.	\$21,923

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 2019–20 were published on AusTender.

Appendix B: Mandatory Reporting Information

Consultancies

During 2019–20, there were four new consultancies entered into totalling \$82,051 (GST excl). Five ongoing consultancy contracts were active during 2019–20, involving total actual expenses of \$578,391 (GST excl).

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 2019–20 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
- digitalisation of work processes and reduction in use of paper
- recycling of paper, cardboard, printer cartridges and waste
- setting printers to default to print on both sides of the paper and in black and white
- ensuring equipment such as desktop computers, laptops, photocopiers, dishwashers and printers incorporate energy-saving features.

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

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

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2019–20 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 2019–20. 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 2019–20 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 2019 to 30 June 2020:

- *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 2019 to 30 June 2020 is available at canceraustralia.gov.au.

Purchasing

In 2019–20, 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.

Appendix B: Mandatory Reporting Information

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 2019–20, 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.
- During the period from March 2020 to June 2020 Cancer Australia developed and implemented a COVID-19 Workplace Management Plan, in accordance with the National COVID-19 Safe Workplace Principles, Safe Work Australia Guidelines and Cancer Australia's Pandemic Business Continuity Plan. The Crisis Management Team and WHS Committee conducted a COVID-19 Risk Assessment for Cancer Australia, to ensure the health and wellbeing of staff and compliance with Safe Work Australia's requirements.

Executive Remuneration

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

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

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

Table B.2: Key Management Personnel (2019–20)

Name	Position	Term as KMP
Dorothy Keefe	Chief Executive Officer (CEO)	Full year
Helen Zorbas	Chief Executive Officer (CEO)	2 days
Christine Giles	Executive Director	6 months
Cleola Anderiesz	Deputy Chief Executive Officer (DCEO) & General Manager (GM)	4 months & 8 months
Jennifer Chynoweth	General Manager (GM)	Full year
Elmer Wiegold	General Manager (GM)/ Chief Financial Officer (CFO)	Full year

Table B.3: Summary information about Remuneration for Key Management Personnel (2019–20)

	2020 \$
Short-term employee benefits:	
Base Salary	1,289,116
Bonus	-
Motor vehicle and other allowances	156,909
Total short-term employee benefits	1,446,025
Post-employment benefits:	
Superannuation	164,335
Total post-employment benefits	164,335
Other long-term benefits:	
Long-service leave	43,358
Total other long-term benefits	43,358
Total employment benefits	1,653,718

The total number of senior management personnel that are included in the above table are six. (2018–19: five).

Table B.4: Information About Remuneration for Key Management Personnel (2019–20)**2019–20 Key Management Personnel Remuneration⁴**

Name	Position Title	Short term benefits			Post-employment benefits	Other long-term benefits		Total remuneration
		Base Salary ¹	Bonuses	Other benefits and allowances ²	Superannuation contributions	Long service leave ³	Other long-term benefits	
Dorothy Keefe	CEO	400,470	-	72,002	47,797	14,366	-	534,635
Helen Zorbas	CEO	9,192	-	-	-	-	-	9,192
Christine Giles	ED	169,318	-	34,907	19,818	3,135	-	227,177
Jennifer Chynoweth	GM	239,962	-	25,000	33,682	8,770	-	307,414
Cleola Anderiesz	GM/DCEO	263,960	-	25,000	27,362	9,336	-	325,658
Elmer Wiegold	GM/CFO	206,215	-	-	35,676	7,752	-	249,642
Total		1,289,116	-	156,909	164,335	43,358	-	1,653,718

¹Base salary includes gross payments, salary sacrifice, annual leave provision movement, prior years accrued annual leave paid out on termination, salary sacrifice super which was \$NIL for all KMPs based on the \$0 Reportable Employer Superannuation Contribution reported on PAYG Payment Summaries.

²Other benefits and allowances include Motor vehicle allowance and car parking.

³Long service leave provision movement (accrued long service leave less leave paid during the year).

⁴Appendix 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>

Table B.5: Information about remuneration for senior executives (2019–20)

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 ²	Average superannuation contributions	Average long service leave ³	Average other long-term benefits		
\$0 – \$220,000	1	9,192							9,192
\$220,001– \$245,000	1	169,318		34,907	19,818	3,135			227,177
\$245,001– \$270,000	1	206,215			35,676	7,752			249,642
\$270,001– \$295,000									
\$295,001– \$320,000	1	239,962		25,000	33,682	8,770			307,414
\$320,001– \$345,000	1	263,960		25,000	27,362	9,336			325,658
\$345,001– \$370,000									
\$370,001– \$395,000									
\$395,001– \$420,000									
\$520,001– \$545,000	1	400,470		72,002	47,797	14,366			534,635

Table B.6: Details of Accountable Authority during the reporting period Current Report Period (2019--20)

Name	Position Title/Position held	Period as the accountable authority or member	
		Date of Commencement	Date of cessation
Professor Dorothy Keefe	Chief Executive Officer (CEO)	3 July 2019	30 June 2020
Helen Zorbas	Chief Executive Officer (CEO)	15 June 2010	2 July 2020

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 until January 2020. The group was chaired by Professor Sandra O'Toole for the remainder 2019–20.

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

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

The group was chaired by Professor Jacinta Elston.

Research and Data Advisory Group

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

The group was chaired by Professor Adele Green AC.

Cancer Australia 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; identifies emerging issues of national importance in breast cancer; and provides input and advice in areas of specialised expertise, as required.

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. This group was not convened in 2020. Cancer Australia will continue to seek expert advice and undertake meaningful engagement with the gynaecological oncology sector, consumers and community on targeted initiatives as they are identified.

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)	101-106	Alphabetical index.	Mandatory
17AJ(c)	97-100	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	90-96	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)	1-4	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	9	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	9-10	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	10	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	8	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	87	Name of the accountable authority or each member of the accountable authority	Mandatory
17AE(1)(aa)(ii)	87	Position title of the accountable authority or each member of the accountable authority	Mandatory
17AE(1)(aa)(iii)	87	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	If applicable, mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
		that was prepared for the entity for the period, include details of variation and reasons for change.	
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	11–17	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)	26	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	20–21	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)	23	Information on compliance with section 10 (fraud systems)	Mandatory
17AG(2)(b)(i)	ii	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	ii	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)	ii	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	22–24	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) — (e)	23	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance	If applicable, mandatory

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
		with Finance law and action taken to remedy non-compliance.	
Audit Committee			
17AG(2A)(a)	24	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	25	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	25	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	25	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	25	The remuneration of each member of the entity's audit committee.	Mandatory
External Scrutiny			
17AG(3)	83	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	83	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)	83	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)	83	Information on any capability reviews on the entity that were released during the period.	If applicable, mandatory
Management of Human Resources			
17AG(4)(a)	39	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	27–33	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	Mandatory
17AG(4)(b)	27–33	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following:	Mandatory

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
		<input type="checkbox"/> Statistics on staffing classification level; <input type="checkbox"/> Statistics on full-time employees; <input type="checkbox"/> Statistics on part-time employees; <input type="checkbox"/> Statistics on gender; <input type="checkbox"/> Statistics on staff location; <input type="checkbox"/> Statistics on employees who identify as Indigenous.	
17AG(4)(c)	39	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	39	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)	33	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	39	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	39	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)	83	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
Consultants			
17AG(7)(a)	82	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on	Mandatory

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
		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).	
17AG(7)(b)	82	A statement that " <i>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].</i> "	Mandatory
17AG(7)(c)	82–83	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)	82	A statement that " <i>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.</i> "	Mandatory
Australian National Audit Office Access Clauses			
17AG(8)	82	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)	83	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

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
Small business			
17AG(10)(a)	84	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)	84	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			
17AD(e)	43–79	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	24, 85–87	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)	80	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)	83	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)	82	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AH(1)(d)	83	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.
Cancer journey	An individual's experience of cancer, from detection and screening, diagnosis and treatment to relapse, recovery and/or palliative care.
Cancer of unknown primary	A case in which cancer cells are found in the body, but the place that the cells first started growing (the origin or primary site) cannot be determined.
Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, use identical protocols and pool their data.
Consumer	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Continuum of care	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or in palliative care.
Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Evidence-based	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.

Glossary

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

Term	Description
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.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures.
Staging	Conventionally refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Frequently these are based on the tumour, the nodes and the metastases. Staging may be based on clinical or pathological features.
Support networks	People on whom an individual can rely for the provision of emotional caring and concern and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
Stakeholder	Any person or organisation that has a vital interest in Cancer Australia and its operations and programs.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

Abbreviations

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

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