

CANCER AUSTRALIA

Agency resources and planned performance

Cancer Australia

Health and Ageing Portfolio Agency

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Section 1: Agency Overview and Resources

1.1 Strategic Direction Statement

The Australian Government, through Cancer Australia, aims to provide national leadership in cancer control to improve patient outcomes and enhance health service delivery; guide improvements across the continuum of cancer care and coordinate and liaise with a wide range of health care providers and groups in cancer care. Cancer Australia will also oversee a dedicated budget for cancer research; and provide policy advice and make recommendations on cancer policy and priorities to the Minister for Health and Ageing.

Cancer Australia will achieve this aim through engagement with key stakeholders in cancer control and the development of effective partnerships for the delivery of improved cancer care. This approach to cancer control will be supported by up-to-date and evidence-based information to improve knowledge about cancer.

The amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre (NBOCC) in 2011-12 will ensure a single national cancer control agency across all cancers, with a particular focus on breast, gynaecological (including ovarian) and lung cancers. Cancer Australia will also focus on populations who experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*. Cancer Australia is prescribed as a Statutory Agency under the *Financial Management and Accountability Act 1997*, and is also subject to the *Public Service Act 1999* and the *Auditor-General Act 1997*.

1.2 Agency Resources

Table 1.2.1 shows the total resources from all origins. The table summarises how resources will be applied by outcome and by departmental classifications.

Table 1.2.1 Cancer Australia Resource Statement – Budget Estimates for 2011-12 as at Budget May 2011

	Estimate of prior year amounts available in 2011-12 \$'000	Proposed at Budget 2011-12 \$'000	Total estimate 2011-12 \$'000	Estimated available appropriation 2010-11 ¹ \$'000
Ordinary annual services²				
Departmental appropriation				
Prior year departmental appropriation and opening reserves ³	2,596	-	2,596	2,562
Departmental appropriation ⁴	-	13,167	13,167	3,900
Funds from Government	-	-	-	3,792
s31 Relevant agency receipts	-	367	367	-
Funds from other sources	-	-	-	817
Total⁵	2,596	13,534	16,130	11,071
Administered resources⁶				
Outcome 1	-	15,534	15,534	25,222
Total	-	15,534	15,534	25,222
Total appropriations and other resourcing excluding Special Accounts	2,596	29,068	15,534	36,293
Special Accounts⁷				
Opening balance	-	-	-	-
Appropriation receipts	-	-	-	-
Non-appropriation receipts to Special Accounts	-	-	-	-
Total Special Account	-	-	-	-
Total resourcing	2,596	29,068	15,534	36,293
Less appropriations drawn from annual or special appropriations above and credited to Special Accounts and/or CAC Act bodies through annual appropriations	-	-	-	-
Total net resourcing for CA	2,596	29,068	15,534	36,293

Notes: All figures are GST exclusive.

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. For comparability purposes, these statements include the consolidated resources for CA and NBOCC for 2010-11.

² Appropriation Bill (No.1) 2011-12.

³ Estimated adjusted balance carried from previous year for annual appropriations including cash at bank of NBOCC.

⁴ Includes an amount of \$0.445m in 2011-12 for the Departmental Capital Budget (refer to Table 3.2.5 for further details). For accounting purposes this amount has been designated as 'contributions by owners'.

⁵ Total ordinary annual services for 2010-11 are comprised of: CA \$5.480m and NBOCC \$5.591m.

⁶ Appropriation Bill (No.1) 2011-12. All administered resourcing is for CA.

⁷ CA does not have any Special Accounts.

1.3 Budget Measures

Budget measures relating to Cancer Australia are detailed in Budget Paper No. 2 and are summarised below.

Table 1.3.1 Cancer Australia Budget Measures

	Program	2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000
Cancer Australia - building cancer expertise in the new Cancer Australia						
Cancer Australia						
Administered expenses	1.1	-	(5,838)	(5,942)	(4,060)	(4,169)
Departmental expenses		-	5,318	5,537	4,578	4,577
Total		-	(520)	(405)	518	408
Cancer Australia - maintaining support for women with gynaecological cancers						
Cancer Australia						
Administered expenses	1.1	-	909	1,319	1,319	1,319
Departmental expenses		-	315	294	297	299
Total		-	1,224	1,613	1,616	1,618
Cancer Australia - supporting men with prostate cancer						
Cancer Australia						
Administered expenses	1.1	-	1,300	1,323	1,347	-
Total		-	1,300	1,323	1,347	-

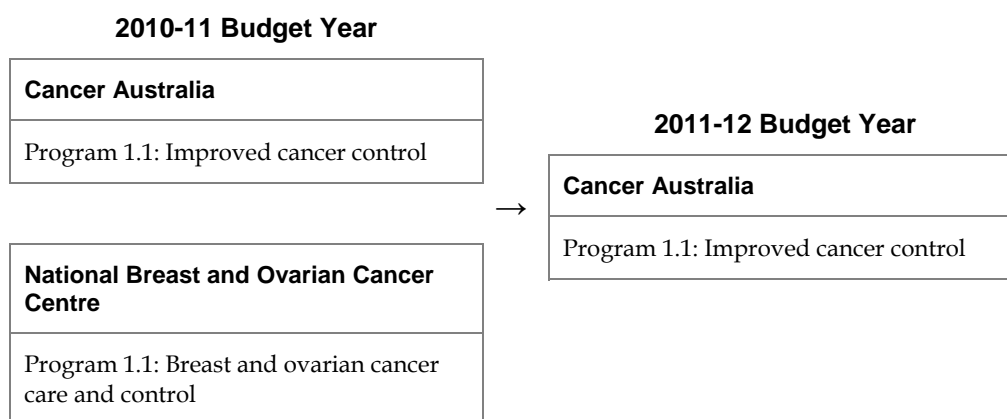
Table 1.3.1 Cancer Australia Budget Measures (Cont.)

	Program	2010-11 \$'000	2011-12 \$'000	2012-13 \$'000	2013-14 \$'000	2014-15 \$'000
Cross Portfolio Measures						
Health and Ageing Portfolio - administrative efficiencies						
Cancer Australia						
Administered expenses	1.1	-	1,388	810	1,434	1,457
Departmental expenses		-	-	297	297	288
Australian Institute of Health and Welfare						
Departmental expenses		-	-	(15)	(52)	(52)
Australian Organ and Tissue Donation and Transplantation Authority						
Departmental expenses		-	-	-	(18)	(18)
Australian Radiation Protection and Nuclear Safety Agency						
Departmental expenses		-	2,000	-	(76)	(76)
Department of Health and Ageing						
Administered expenses		-	(12,204)	(11,834)	(12,673)	(12,878)
Departmental expenses		-	26,281	(14,044)	(30,090)	(38,821)
Food Standards Australia New Zealand						
Departmental expenses		-	-	(93)	(108)	(108)
National Blood Authority						
Departmental expenses		-	-	-	(67)	(27)
National Health and Medical Research Council						
Administered expenses		-	10,816	11,024	11,239	11,421
Departmental expenses		-	-	369	310	310
Professional Services Review						
Departmental expenses		-	-	-	-	(11)
Total		-	28,281	(13,486)	(29,804)	(38,515)
Whole of Government Measures						
Efficiency dividend - temporary increase in the rate						
Cancer Australia						
Departmental expenses	1.1	-	(63)	(129)	(148)	(179)
Departmental capital		-	(2)	-	-	-
Total		-	(65)	(129)	(148)	(179)

1.4 Changes to Outcomes and Programs from the 2010-11 Portfolio Budget Statements

Table 1.4.1 outlines changes to Outcomes and Programs from the 2010-11 Portfolio Budget Statements (at Additional Estimates) following the merger of Cancer Australia and the National Breast and Ovarian Cancer Centre.

Table 1.4.1: Changes to Outcomes and Programs from the 2010-11 Portfolio Budget Statements



Section 2: Outcomes and Planned Performance

2.1 Outcomes and Performance Information

Outcome 1 – **Minimised impacts of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support**

Outcome Strategy

The Australian Government, through Cancer Australia, aims to minimise the impact of cancer in the community by working in partnership with consumers, health professionals, cancer organisations, funders of cancer research, researchers, other health portfolio agencies and governments to improve health outcomes for people affected by cancer.

It is estimated that over 110,000 people were diagnosed with cancer in Australia in 2010. In Australia in 2007, there were 39,884 cancer deaths and it is estimated that there were 43,600 deaths due to cancer in 2010.¹

For all cancers combined, 61 per cent of people are likely to live for at least five years after their diagnosis.¹ While Australia has one of the highest survival rates in the world¹, cancer is the largest contributor to the burden of disease and injury in Australia, accounting for 19 per cent of the total burden. Burden of disease is the years of healthy life lost through premature death or disability due to illness or injury. Eighty-three per cent of the cancer burden comes from the years of life lost due to premature death.¹ For the individuals affected, cancer can impact on every aspect of life, including long-term health and psychological wellbeing. Cancer Australia aims to reduce the impact of cancer through improvements in both the quality of cancer care people receive and quality of life after diagnosis.

To achieve this, Cancer Australia translates worldwide research into evidence-based information to guide the work of health professionals in Australia and develops innovative models of care to improve health service delivery. In addition, Cancer Australia will: strengthen national data capacity; fund research in priority areas; assist in the implementation of policies and programs in cancer control; inform people with cancer about their diagnosis and treatment; and raise community awareness about the disease.

¹ Australian Institute of Health and Welfare and Australasian Association of Cancer Registries, 2010. Cancer in Australia: an overview, 2010. Cancer series No.60. Cat. No. CAN56. AIHW, Canberra.

In 2011-12, the new Cancer Australia will bring together the expertise, successes and functions of Cancer Australia and NBOCC. The new Cancer Australia will provide leadership across all cancers, with a focus on breast, gynaecological (including ovarian) and lung cancers, to benefit Australians who are affected by cancer, their families and carers. This will be achieved by continuing the Australian Government's focus on cancer prevention, diagnosis, research and treatment through a single national cancer control agency. Cancer Australia will undertake a risk assessment and develop strategies to minimise identified risks for the amalgamated Cancer Australia.

As a result of the Strategic Review, three programs have been transferred to Cancer Australia. For further information on the outcomes of the Strategic Review, please refer to Section 1.4, page 47.

Cancer Australia Budgeted Expenses and Resources

Table 2.1.1 provides an overview of the total expenses for Cancer Australia by Program.

Table 2.1.1: Budgeted Expenses and Resources for Cancer Australia

	2010-11 Estimated actual ¹ \$'000	2011-12 Budget \$'000	2012-13 Forward year 1 \$'000	2013-14 Forward year 2 \$'000	2014-15 Forward year 3 \$'000
Program 1.1: Improved cancer control					
Administered expenses					
Ordinary annual services (Appropriation Bill No. 1)	25,222	15,534	15,851	16,258	15,421
Departmental expenses					
Departmental appropriation ²	8,429	13,089	13,328	12,287	12,336
Expenses not requiring appropriation in the budget year ³	5	53	53	53	53
Total for Program 1.1	33,656	28,676	29,232	28,598	27,810
Total expenses for Outcome 1⁴	33,656	28,676	29,232	28,598	27,810
	2010-11	2011-12			
Average staffing level (number)⁵	56	84			

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. For comparability purposes, these statements include the consolidated resources for CA and NBOCC for 2010-11.

² Departmental appropriation combines 'Ordinary annual services (Appropriation Bill No 1)' and 'Revenue from independent sources (s31)'.

³ Expenses not requiring appropriation in the budget year is made up of depreciation expense, amortisation expense, make good expense and audit fees.

⁴ Total expenses for 2010-11 is comprised of: CA \$29.047m and NBOCC \$4.609m.

⁵ Total ASL for 2010-11 is comprised of: CA 23 and NBOCC 33.

Program 1.1: Improved cancer control

Program Objectives

Through Program 1.1, the Australian Government aims to:

- undertake activities through programs that have been transferred;
- provide national leadership and coordination in areas of cancer control through engagement with key stakeholders;
- improve cancer service delivery;
- enhance cancer research and clinical trials;
- strengthen data capacity to inform cancer control activities; and
- develop information to support clinical best practice and aid consumer decision making.

Major Activities

Transferred programs

Following a review of administrative arrangements in the Health and Ageing Portfolio, the Australian Government will transfer three programs from the Department of Health and Ageing to the nation's lead cancer agency, Cancer Australia. The transfer will take effect from 1 July 2011. This initiative complements the Australian Government's strengthened focus on cancer control being achieved through the amalgamation of Cancer Australia with the Government's expert centre on breast and ovarian cancer control, the National Breast and Ovarian Cancer Centre. The new Cancer Australia will be the primary point of contact for organisations focused on improving health outcomes for people with cancer. The table on page 819 shows the movement of programs as a result of the Strategic Review. The table identifies programs, as previously described in the 2010-11 Portfolio Budget Statements, and the new funds into which these programs have been consolidated.

The Australian Government will continue to reduce the impact of cancer in Australia by improving access to cancer treatment and support for people living with cancer, their families and carers. In undertaking this work, the department will continue to collaborate with Cancer Australia to provide national leadership in cancer control; support cancer service activities such as McGrath breast care nurses; work with the states and territories and peak cancer bodies to improve cancer diagnosis, treatment and referral pathways.

The Government will also continue to assist the Breast Cancer Network Australia to provide information and support to people with breast cancer through funding to produce, promote and disseminate breast cancer resources.

Leadership in health service delivery and health system reform

The Australian Government, through Cancer Australia, will explore innovative approaches to improve access to quality cancer care, by promoting evidence-based referral, diagnosis and treatment pathways. Cancer Australia will provide

leadership in identifying gaps, reviewing evidence and developing novel approaches for best practice care that meets patient needs.

In 2011-12, the Mentoring for Regional Hospital and Health Professionals measure will continue to better link metropolitan and regional cancer services through the Cancer Services Networks national program (CanNET).

This measure involves the Australian and state and territory governments working collaboratively, with health professionals and people affected by cancer, to improve cancer services. CanNET assists people in rural areas recently diagnosed with cancer to access multidisciplinary care.

Multidisciplinary care minimises the impact of cancer, as treatments are planned by a team of experts that considers all available evidence and patient needs in planning care. CanNET achieves this by forming better networks with general practitioners in cancer care, to support prompt investigation of symptoms, early diagnosis and timely referral to a multidisciplinary team.

The measure will also focus on the needs of Aboriginal and Torres Strait Islander peoples and improve knowledge of best practice multidisciplinary care. In partnership with state and territory governments, Cancer Australia, through this measure, will further support the reform of cancer services by working towards enhancing sustainable cancer clinical networks which support better integration of regional and metropolitan cancer services.

In 2011-12, Cancer Australia will continue to explore a feasible model of shared care, between specialists and general practitioners, for follow-up care of women after the completion of hospital-based treatment for early breast cancer. Shared care will improve access to follow-up care for women diagnosed with early breast cancer, particularly those in regional and rural areas, and incorporate follow-up as part of whole person care within the primary care setting.

Following the investigation of clinical management pathways for women diagnosed with ovarian cancer, Cancer Australia, in partnership with Queensland Institute of Medical Research, will assess targeted strategies to enhance health service delivery. It will also promote adherence to clinical best practice recommendations published jointly by the National Breast and Ovarian Cancer Centre and Australian Cancer Network to improve outcomes for women diagnosed with ovarian cancer in Australia.

Priority research

Cancer research

In 2011-12, through the Priority-driven Collaborative Cancer Research Scheme, Cancer Australia will continue to partner with key non-government organisations to coordinate funding of cancer research at a national level. The scheme's funding has a focus on applied cancer research, for example research on new cancer treatments, with an emphasis on cancers with poorer outcomes. Cancer Australia partners with the National Health and Medical Research Council to assess research applications and with other funders of cancer research to co-fund grants in shared

priority areas, such as treatment and psychosocial care. This approach helps to coordinate and maximise the investment in cancer research.

Cancer clinical trials

Cancer Australia will continue to administer the Support for Cancer Clinical Trials program in 2011-12. This program funds Australia's existing National Multi-site Collaborative Cancer Clinical Trials Groups to develop clinical trial concepts and manage national cancer clinical trials. The national groups are tumour (e.g. lung), discipline (e.g. radiation oncology), or population specific (e.g. children's cancer), and funding provided to these groups helps to increase the number of cancer clinical trial concepts and increase participation in clinical trials.

Cancer Australia provides funding to national groups through a competitive grant process in line with the national *Supporting Cancer Clinical Trials in Australia Principles Document*.²

Cancer Australia will implement the National Evaluation Framework to guide trial groups and monitor their outcomes against the national principles. Cancer Australia will also continue to provide clinical trial groups with funding for a number of activities such as the inclusion of economic data in their trials.

Strengthened data capacity

The collection and dissemination of quality national data is necessary to identify where further research and targeted strategies may be required to further improve outcomes for Australians diagnosed with cancer. Quality data also ensures health professionals, policy makers, researchers and health service providers have evidence-based information to inform future planning for services and patient needs.

Cancer Australia will continue to collaborate with the Australian Institute of Health and Welfare (AIHW) and other key stakeholders to develop specific datasets in key areas, including lung cancer. These datasets will, over time, improve the availability of national trend data, risk factors, diagnoses, health service utilisation and health outcomes, contributing to better policy and practice in cancer control. Further, Cancer Australia will continue to work with AIHW to produce comprehensive statistical overviews of cancer, including breast and gynaecological cancers, to inform future policy and service planning.

Through the Cancer Data to Improve Cancer Survival measure, Cancer Australia will continue to support studies to determine appropriate collection methodologies. These methodologies will assist with studies relating to the spread, treatment and recurrence of cancer and also to support the ability to better monitor cancer outcomes, identify gaps and inform cancer control strategies.

In collaboration with the Royal Australasian College of Surgeons, Cancer Australia will utilise the National Breast Cancer Audit and the National Death Index to further explore predictors of breast cancer survival, such as tumour characteristics, to inform best practice care.

² Available at: <www.canceraustralia.gov.au/research-and-funding/support-clinical-trials/clinical-trials-groups>.

Clinical best practice

The Australian Government, through Cancer Australia, works to ensure international and national research is translated into timely and accessible evidence-based recommendations to guide clinical best practice.

Cancer Australia will review and update clinical practice recommendations for the psychosocial care of adults with cancer to ensure the guidelines reflect the latest available evidence to guide health professionals in the detection and management of psychosocial issues.

Breast cancer

In 2010, it is estimated that about 13,500 women and 110 men were diagnosed with breast cancer in Australia. Survival rates have improved significantly over the past 20 years, with 88 per cent of women diagnosed with breast cancer likely to live for at least five years after diagnosis.³

In 2011-12, Cancer Australia will ensure clinical practice guidelines for breast cancer are up-to-date. Using input from medical professionals and consumers, Cancer Australia will review clinical practice guideline recommendations for breast cancer to identify priority areas for update.

Rural health professionals play an important role in caring for Australians diagnosed with cancer who live outside major metropolitan centres. Cancer Australia will continue to utilise technology to increase educational opportunities supporting rural health professionals to access the latest evidence-based information on breast cancer care.

Lung cancer

Lung cancer is the greatest cause of cancer deaths in Australia and has one of the lowest survival rates, with only 12 per cent of those diagnosed with lung cancer surviving five years after diagnosis.³ Cancer Australia will continue to build the evidence for clinical best practice, in collaboration with key professional groups and organisations such as AIHW and Cancer Council Australia, and support the implementation of coordinated care to improve survival rates for people diagnosed with lung cancer.

In 2011-12, the Lung Cancer program will review the current clinical practice guidelines for the prevention, treatment and management of lung cancer, and commence work on the development of clinical guidance material for general practitioners to support early diagnosis and referral of patients with the symptoms of lung cancer. Cancer Australia will undertake a systematic review of the risk factors associated with lung cancer to inform health professionals and the community about lung cancer. Cancer Australia will develop a lung cancer dataset to better monitor lung cancer outcomes, identify gaps and inform cancer control strategies.

³ Australian Institute of Health and Welfare and Australasian Association of Cancer Registries, 2010. Cancer in Australia: an overview, 2010. Cancer series No.60. Cat. No. CAN 56. AIHW, Canberra.

Gynaecological cancers

The National Centre for Gynaecological Cancers was established within the auspice of Cancer Australia to improve outcomes for women with gynaecological cancers. In 2010, about 4,700 women were expected to be diagnosed with gynaecological cancer in Australia.⁴ The three most common gynaecological cancers are uterine, ovarian and cervical cancer.⁵

In 2011-12, the Centre will continue to improve service provision and survivorship support for women with gynaecological cancers. It will integrate and consolidate with NBOCC's Ovarian Cancer Program through the amalgamation of Cancer Australia and NBOCC.

The Centre will also ensure ovarian and cervical cancer clinical guidelines in identified areas are up-to-date, continue to develop treatment guidelines for endometrial cancer and initiate the development of clinical guidance materials for vulval cancer. The materials will be made available in hard copy and electronically through Cancer Australia's website. It will also commence the implementation phase of the education and training for health professionals in the psycho-sexual support of women with gynaecological cancers.

Better informed community

Providing information and support for Australians affected by cancer (consumers) and the general population is a key activity of Cancer Australia. Through the provision of evidence-based information, Australians can proactively reduce their cancer risk, participate in evidence-based interventions to support early detection, and make informed decisions about their treatment and care when diagnosed with cancer.

Information and support for people affected by cancer

Cancer Australia will continue to engage Australians diagnosed with cancer in all aspects of its work and is committed to providing support and information to those affected by cancer.

In 2011-12, under Building Cancer Support Networks Initiative: Better Cancer Support Through Consumers, Cancer Australia will extend its strategic approach to engagement and participation in decision-making for people affected by cancer. The experiences of consumers can, for example, provide insights into how a cancer diagnosis affects the lives of the people involved. Collectively, the experiences and views of consumers help identify the key areas that will assist in improving the patient experience and reducing the impact of cancer.

⁴ Australian Institute of Health and Welfare 2010. Gynaecological cancer projections 2010-2015. Cat. No. CAN 49. AIHW, Canberra.

⁵ Australian Institute of Health and Welfare and Australasian Association of Cancer Registries, 2010. Cancer in Australia: an overview, 2010. Cancer series No.60. Cat. No. CAN 56. AIHW, Canberra.

Consumer involvement in cancer control is acknowledged as an essential component of cancer control. To achieve this, successful models of consumer engagement are necessary. Cancer Australia will promote the uptake of a national framework for consumer involvement in cancer control to improve outcomes for people affected by cancer. Cancer Australia will also work with its partner organisations and the public to evaluate the Building Cancer Support Networks Initiative. This evaluation will assist Cancer Australia to set performance measures to evaluate current and future projects funded under this initiative.

Cancer Australia will further develop evidence-based information for patients to address the issues of sexuality following treatment for cancer, with a focus on gynaecological and breast cancers.

In 2011-12, Cancer Australia will continue to provide information, support and education for Aboriginal and Torres Strait Islander women diagnosed with breast cancer, and the health professionals who care for them, including Aboriginal Health Workers, to improve survival and support. Cancer Australia will work with registered training organisations to promote a breast cancer training program for Aboriginal Health Workers and commence development of a culturally-appropriate resource to support Aboriginal and Torres Strait Islander women diagnosed with breast cancer through their treatment.

Cancer Australia will also support women diagnosed with breast cancer in regional and rural Australia to maintain contact with their families, using face-to-face online video communication, when they are required to travel away from home to receive radiotherapy treatment, reducing the psychosocial impact of cancer on these women and their families.

Improved awareness of cancer

Cancer Australia will raise public awareness of cancer, with a particular focus on evidence-based information about reducing cancer risk through promotion of healthy lifestyle and on early detection. This is vital to reduce the impact of cancer in the community.

Breast cancer is the most common cancer diagnosed in Aboriginal and Torres Strait Islander women.⁶ Cancer Australia will continue to provide information to Aboriginal and Torres Strait Islander women about the importance of early detection of breast cancer by supporting local health organisations and health professionals to run culturally-appropriate breast cancer awareness workshops in local communities.

In 2011-12, Cancer Australia will partner with key cancer control organisations to commence a review of the evidence-based risk factors for ovarian cancer to provide women and health professionals with up-to-date information. The review of the evidence for ovarian cancer risk factors will guide information for health professionals and the public to identify those at high risk of ovarian cancer and identify factors that may reduce risk of ovarian cancer.

⁶ Australian Institute of Health and Welfare & National Breast and Ovarian Cancer Centre 2009. Breast cancer in Australia: an overview, 2009. Cancer series no. 50. Cat no. CAN 46. AIHW, Canberra.

Program 1.1: Deliverables⁷

Cancer Australia will produce the following ‘deliverables’ to achieve the objectives of Program 1.1.

Table 2.1.2: Qualitative Deliverables for Program 1.1

Qualitative Deliverables	2011-12 Reference Point or Target
Strengthened data capacity	
Develop an up-to-date statistical report on lung cancer in Australia, including incidence, mortality and prevalence, to inform policy and practice	Disseminate updated lung cancer statistical report to relevant medical colleges, cancer organisations and the community through the Cancer Australia website
Clinical best practice	
Develop further guidance for clinicians involved in the treatment of women with endometrial cancer	Publication and promotion of endometrial cancer treatment guidelines
Better informed community	
Involve those affected by cancer in determining priority areas for Cancer Australia work programs	Provide opportunities for those affected by cancer to give advice and input

Table 2.1.3: Quantitative Deliverables for Program 1.1⁸

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Leadership in health service delivery and health system reform					
Number of consultations undertaken with key stakeholders aimed at improving health care delivery ⁹	16	16	N/A	N/A	N/A

⁷ As a result of the Strategic Review, deliverables may have changed from the 2010-11 Portfolio Budget Statements.

⁸ The changes made in the Table 2.1.3: Quantitative Deliverables previously set out in the Portfolio Budget Statements 2010-11 reflect the amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre (NBOCC) and the development of combined deliverables for Cancer Australia and NBOCC.

⁹ Deliverable from NBOCC chapter in the 2010-11 Portfolio Budget Statements. 2010-11 Revised Budget figure reflects NBOCC activity. Due to the amalgamation of Cancer Australia and NBOCC forward year estimates are not yet available.

Cancer Australia – Agency Budget Statements – Outcomes and Planned Performance

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Priority research					
Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme	11	6	6	6	6
Number of multi-site, collaborative, national cancer clinical trials groups funded by Cancer Australia ¹⁰	13	12	12	12	12
Strengthened data capacity					
Number of data reports published to inform cancer control ¹¹	3	2	2	N/A	N/A
Clinical best practice					
Number of clinical resources published for health professionals	1	3	3	3	N/A
Better informed community					
Number of resources produced for people affected by cancer to inform decision-making ¹²	2	2	N/A	N/A	N/A

¹⁰ The number of multi-site, collaborative, national cancer trials groups funded declines due to the Boost Cancer Research measure ceasing at the end of 2010-11.

¹¹ 2010-11 Revised Budget figure includes Cancer Australia and NBOCC activity and incorporates the deliverable 'Number of pilot studies funded to improve data on the spread, treatment and recurrence of cancer' from the Portfolio Budget Statement 2010-11.

¹² Revised figures reflect the amalgamation of Cancer Australia and NBOCC and incorporate the deliverable 'Number of information resources published for women with gynaecological cancers' from the 2010-11 Portfolio Budget Statements.

Quantitative Deliverables	2010-11 Revised Budget	2011-12 Budget	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Total number of Cancer Australia resources to guide health professionals and consumers ¹³	238	238	N/A	N/A	N/A

Program 1.1: Key Performance Indicators¹⁴

The following 'key performance indicators' measure the effectiveness of Program 1.1 in meeting its objectives thereby contributing to the outcome.

Table 2.1.4: Qualitative Key Performance Indicators for Program 1.1

Qualitative Indicator	2011-12 Reference Point or Target
Clinical best practice	
Education and training for health professionals in the psycho-sexual support of women with gynaecological cancers	Health professionals in each state and territory will undertake training in psycho-sexual care for women with gynaecological cancers

Table 2.1.5: Quantitative Key Performance Indicators for Program 1.1¹⁵

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Leadership in health service delivery and health system reform					
Percentage of states and territories participating in service development projects	100%	100%	100%	100%	100%

¹³ Deliverable from NBOCC Portfolio Budget Statement 2010-11. 2010-11 Revised Budget figure reflects NBOCC activity.

¹⁴ As a result of the Strategic Review, key performance indicators may have changed from the 2010-11 Portfolio Budget Statements.

¹⁵ The changes made in the Table 2.1.5: Quantitative Key Performance Indicators previously set out in the Portfolio Budget Statements 2010-11 reflect the amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre and the development of combined deliverables for Cancer Australia and NBOCC.

Cancer Australia – Agency Budget Statements – Outcomes and Planned Performance

Quantitative Indicators	2010-11 Revised Budget	2011-12 Budget Target	2012-13 Forward Year 1	2013-14 Forward Year 2	2014-15 Forward Year 3
Priority research					
Percentage of applied research funded through the Priority-driven Collaborative Cancer Research Scheme ¹⁶	>70%	>70%	>70%	>70%	>70%
Better informed community					
Number of consumers involved in Cancer Australia activities ¹⁷	40	50	50	50	50

¹⁶ This is dependent on the quality of the research proposals submitted, and the percentage of the total research funded by Cancer Australia. This deliverable replaces 'Percentage of fundable applications matching published priorities through the Priority-driven Collaborative Cancer Research Scheme' in the 2010-11 Portfolio Budget Statements.

¹⁷ Revised forward year estimates reflect the amalgamation of Cancer Australia and NBOCC.

Section 3: Explanatory Tables and Budgeted Financial Statements

Section 3 presents explanatory tables and budgeted financial statements which provide a comprehensive snapshot of agency finances for the 2011-12 Budget year. It explains how budget plans are incorporated into the financial statements and provides further details of the reconciliation between appropriations and program expenses, movements in administered funds, special accounts and government Indigenous expenditure.

3.1 Explanatory Tables

3.1.1 Movement of administered funds between years

Section 3.1.1 is not applicable to Cancer Australia.

3.1.2 Special Accounts

Section 3.1.2 is not applicable to Cancer Australia.

3.1.3 Australian Government Indigenous Expenditure

Table 3.1.3: Australian Government Indigenous Expenditure

Outcome	Appropriations				Other \$'000	Total \$'000
	Bill No. 1	Bill No. 2	Special	Total		
	\$'000	\$'000	\$'000	\$'000		
Cancer Australia						
Administered 2011-12	272	-	-	272	-	272
<i>Administered 2010-11</i>	405	-	-	405	-	405
Departmental 2011-12	-	-	-	-	-	-
<i>Departmental 2010-11</i>	-	-	-	-	-	-
Total Outcome 2011-12	272	-	-	272	-	272
<i>Total Outcome 2010-11</i>	<i>405</i>	<i>-</i>	<i>-</i>	<i>405</i>	<i>-</i>	<i>405</i>
Total administered 2011-12	272	-	-	272	-	272
<i>Total administered 2010-11</i>	<i>405</i>	<i>-</i>	<i>-</i>	<i>405</i>	<i>-</i>	<i>405</i>
Total departmental 2011-12	-	-	-	-	-	-
<i>Total departmental 2010-11</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>
Total AGIE 2011-12	272	-	-	272	-	272
<i>Total AGIE 2010-11</i>	<i>405</i>	<i>-</i>	<i>-</i>	<i>405</i>	<i>-</i>	<i>405</i>

3.2 Budgeted Financial Statements

3.2.1 Differences in agency resourcing and financial statements

Section 3.2.1 is not applicable to Cancer Australia.

3.2.2 Analysis of budgeted financial statements

Amalgamation with National Breast and Ovarian Cancer Centre

Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. These statements include the consolidated resources for CA and NBOCC from 2010-2011.

Departmental Resources

Comprehensive Income Statement

During the 2010-11 financial year Cancer Australia had a shared services arrangement with the National Health and Medical Research Council (NHMRC). The shared services included co-location, IT infrastructure and support. Cancer Australia will continue a shared services arrangement with the NHMRC in 2011-12.

In 2011-2012 there will be a transfer of funds from the National Breast and Ovarian Cancer Centre to Cancer Australia, which reflects the amalgamation. A transfer of funds from Cancer Australia's administered funds to its departmental funds has also occurred to provide the new agency with the capacity to build its expertise, and to allow Cancer Australia to more closely match the operating model of the NBOCC. This model has proved successful for the NBOCC in delivering its program and achieving policy outcomes. This transfer has a subsequent reduction in Cancer Australia's Administered resources.

Note that due to the Government initiative 'Operation Sunlight', depreciation expenditure is no longer funded through operational revenue and instead replaced with capital funding. For further information please refer to the Notes to financial statements'.

Administered Resources

The change in administered expenditure between 2010-2011 and 2011-2012 is as a result of a transfer of funding from administered to departmental (for the reasons noted above) and also reflects the completion of funding for the 2008 Boost Cancer Research measure.

The level of administered funding across the forward years represents Government expenditure on programs delivered to all Australians through Cancer Australia.

3.2.3 Budgeted financial statements tables

**Table 3.2.1: Comprehensive income statement (showing net cost of services)
(for the period ended 30 June)**

	Estimated actual 2010-11 ¹ \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
EXPENSES					
Employee benefits	5,627	8,741	8,987	8,244	8,280
Supplier expenses	2,696	4,348	4,341	4,043	4,056
Depreciation and amortisation	111	53	53	53	53
Total expenses²	8,434	13,142	13,381	12,340	12,389
LESS:					
OWN-SOURCE INCOME					
Revenue					
Interest	30	-	-	-	-
Other revenue	787	367	367	367	367
Total revenue³	817	367	367	367	367
Gains					
Other	-	-	-	-	-
Total gains	-	-	-	-	-
Total own-source income	817	367	367	367	367
Net cost of (contribution by) services⁴	7,617	12,775	13,014	11,973	12,022
Revenue from Government ⁵	7,612	12,722	12,961	11,920	11,969
Surplus (Deficit)	(5)	(53)	(53)	(53)	(53)
Surplus (Deficit) attributable to the Australian Government	(5)	(53)	(53)	(53)	(53)
OTHER COMPREHENSIVE INCOME					
Changes in asset revaluation reserves	-	-	-	-	-
Total other comprehensive income	-	-	-	-	-
Total comprehensive income attributable to the Australian Government	(5)	(53)	(53)	(53)	(53)

**Table 3.2.1: Comprehensive income statement (showing net cost of services)
(for the period ended 30 June) (Cont)**

Note: Reconciliation of comprehensive income attributable to the agency					
	2010-11¹	2011-12	2012-13	2013-14	2014-15
	\$'000	\$'000	\$'000	\$'000	\$'000
Total comprehensive income (loss) attributable to the Australian Government	(5)	(53)	(53)	(53)	(53)
plus non-appropriated expenses					
depreciation and amortisation					
expenses	5	53	53	53	53
Total comprehensive income (loss) attributable to the agency	-	-	-	-	-

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. For comparability purposes, these statements include the consolidated resources for CA and NBOCC for 2010-11.

² Total expenses for 2010-11 is comprised of: CA \$3.825m and NBOCC \$4.609m.

³ Total revenue for 2010-11 is comprised of: CA \$0.000m and NBOCC \$0.817m.

⁴ Net cost of (contribution by) services for 2010-11 is comprised of: CA \$3.825m and NBOCC \$3.792m.

⁵ Revenue from Government for 2010-11 is comprised of: CA \$3.820m and NBOCC \$3.792m.

Table 3.2.2: Budgeted departmental balance sheet (as at 30 June)

	Estimated actual 2010-11 ¹ \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
ASSETS					
Financial assets					
Cash and cash equivalents	1,018	66	66	66	66
Receivables	1,858	2,828	2,851	2,874	2,874
Total financial assets²	2,876	2,894	2,917	2,940	2,940
Non-financial assets					
Buildings	85	442	402	362	322
Property, plant and equipment	92	130	120	110	100
Intangibles	52	49	46	43	40
Other	16	16	16	16	16
Total non-financial assets³	245	637	584	531	478
Total assets	3,121	3,531	3,501	3,471	3,418
LIABILITIES					
Payables					
Suppliers	889	934	949	965	965
Other payables	224	224	224	224	224
Total payables⁴	1,113	1,158	1,173	1,189	1,189
Provisions					
Employees	1,016	989	997	1,004	1,004
Other provisions	52	52	52	52	52
Total provisions⁵	1,068	1,041	1,049	1,056	1,056
Total liabilities	2,181	2,199	2,222	2,245	2,245
Net Assets	940	1,332	1,279	1,226	1,173
EQUITY					
Contributed equity	80	525	525	525	525
Retained surpluses or accumulated deficits	860	807	754	701	648
Total equity⁶	940	1,332	1,279	1,226	1,173

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. For comparability purposes, these statements include the consolidated resources for CA and NBOCC for 2010-11.

² Total financial assets for 2010-11 is comprised of: CA \$1.666m and NBOCC \$1.210m.

³ Total non-financial assets for 2010-11 is comprised of: CA \$0.086m and NBOCC \$0.159m.

⁴ Total payables for 2010-11 is comprised of: CA \$0.490m and NBOCC \$0.623m.

⁵ Total provisions for 2010-11 is comprised of: CA \$0.603m and NBOCC \$0.465m.

⁶ Total equity for 2010-11 is comprised of: CA \$0.659m and NBOCC \$0.281m.

Table 3.2.3: Departmental statement of changes in equity — summary of movement (Budget year 2011-12)

	Retained earnings	Asset revaluation reserve	Other reserves	Contributed equity/ capital	Total equity
	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance at at 1 July 2011¹					
Balance carried forward from previous period	860	-	-	80	940
Surplus (deficit) for the period	(53)	-	-	-	(53)
Capital budget - Bill 1 (DCB)	-	-	-	445	445
Estimated closing balance as at 30 June 2012	807	-	-	525	1,332

DCB = Departmental Capital Budgets.

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. The opening balance of equity for comparability purposes combines both CA and NBOCC equity. Total opening equity for 2010-11 is comprised of: CA \$0.659m and NBOCC \$0.281m.

**Table 3.2.4: Budgeted departmental statement of cash flows
(for the period ended 30 June)**

	Estimated actual 2010-11 ¹ \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
OPERATING ACTIVITIES					
Cash received					
Appropriations	3,784	12,750	12,938	11,897	11,969
Grants from Portfolio Department	3,792	-	-	-	-
Interest	30	-	-	-	-
GST	285	250	203	213	219
Other cash received	787	367	367	367	367
Total cash received²	8,678	13,367	13,508	12,477	12,555
Cash used					
Employees	5,667	8,741	8,979	8,237	8,280
Suppliers	2,688	4,348	4,326	4,027	4,056
Cash to the OPA	-	980	-	-	-
GST	285	250	203	213	219
Total cash used³	8,640	14,319	13,508	12,477	12,555
Net cash from (or used by) operating activities	38	(952)	-	-	-
INVESTING ACTIVITIES					
Cash used					
Purchase of property, plant and equipment	120	445	-	-	-
Total cash used⁴	120	445	-	-	-
Net cash from (or used by) investing activities	(120)	(445)	-	-	-
FINANCING ACTIVITIES					
Cash received					
Capital budget - Bill 1 (DCB)	80	445	-	-	-
Total cash received⁵	80	445	-	-	-
Net cash from (or used by) financing activities	80	445	-	-	-
Net increase (or decrease) in cash held	(2)	(952)	-	-	-
Cash and cash equivalents at the beginning of the reporting period	1,020	1,018	66	66	66
Cash and cash equivalents at the end of the reporting period⁶	1,018	66	66	66	66

DCB = Departmental Capital Budgets.

1 Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. For comparability purposes, these statements include the consolidated resources for CA and NBOCC for 2010-11.

2 Total operating cash received for 2010-11 is comprised of: CA \$3.891m and NBOCC \$4.787m.

3 Total operating cash used for 2010-11 is comprised of: CA \$3.891m and NBOCC \$4.749m.

4 Total cash used for investing for investing activity for 2010-11 is comprised of: CA \$0.080m and NBOCC \$0.040m.

5 Total cash received from financing activity 2010-11 is comprised of: CA \$0.080m and NBOCC \$0.000m.

6 Total cash at the end of 2010-11 is comprised of: CA \$0.038m and NBOCC \$0.980m.

Table 3.2.5: Capital budget statement

	Estimated actual 2010-11¹ \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
CAPITAL APPROPRIATIONS					
Capital budget - Bill 1 (DCB)	80	445	-	-	-
Total capital appropriations	80	445	-	-	-
Total new capital appropriations represented by:					
Purchase of non-financial assets	80	445	-	-	-
Total represented by	80	445	-	-	-
PURCHASE OF NON-FINANCIAL ASSETS					
Funded by capital appropriation - DCB ²	80	445	-	-	-
Funded internally from departmental resources	40	-	-	-	-
Total acquisitions of non-financial assets	120	445	-	-	-
RECONCILIATION OF CASH USED TO ACQUIRE ASSETS TO ASSET MOVEMENT TABLE					
Total purchases	120	445	-	-	-
Total cash used to acquire assets	120	445	-	-	-

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. For comparability purposes, these statements include the consolidated asset purchases for CA and NBOCC for 2010-11. For 2010-11 the 'Departmental Capital Budgets' solely relates to CA and 'Funded internally from departmental resources' relate to the NBOCC purchases.

² Does not include annual finance lease costs. Includes purchases from current and previous years' Departmental Capital Budgets (DCB).

Table 3.2.6: Statement of asset movements (2011-12)

	Buildings	Other property plant and equipment	Intangibles	Total
	\$'000	\$'000	\$'000	\$'000
As at 1 July 2011¹				
Gross book value	223	971	332	1,526
Accumulated depreciation/amortisation and impairment	138	879	280	1,297
Opening net book balance²	85	92	52	229
CAPITAL ASSET ADDITIONS				
Estimated expenditure on new or replacement assets				
By purchase - departmental capital budget	397	48	-	445
Sub-total	397	48	-	445
Other movements				
Depreciation/amortisation expense	40	10	3	53
As at 30 June 2012				
Gross book value	620	1,019	332	1,971
Accumulated depreciation/amortisation and impairment	178	889	283	1,350
Closing net book balance	442	130	49	621

¹ Cancer Australia (CA) and the National Breast and Ovarian Cancer Centre (NBOCC) are to amalgamate in 2011-12. The opening balance of assets for comparability purposes combines both CA and NBOCC assets.

² Total opening net book value of asset for 2010-11 is comprised of: CA \$0.083m and NBOCC \$0.146m.

Table 3.2.7: Schedule of budgeted income and expenses administered on behalf of Government (for the period ended 30 June)

	Estimated actual 2010-11 \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
EXPENSES ADMINISTERED ON BEHALF OF GOVERNMENT					
Grants	25,222	15,534	15,851	16,258	15,421
Total expenses administered on behalf of Government	25,222	15,534	15,851	16,258	15,421

Notes:

All administered expenses relate to Cancer Australia. NBOCC, being a agency under the *Commonwealth Authorities and Companies Act 1997* did not have administered items.

Table 3.2.8: Schedule of budgeted assets and liabilities administered on behalf of Government (as at 30 June)

	Estimated actual 2010-11 \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
ASSETS ADMINISTERED ON BEHALF OF GOVERNMENT					
Financial assets					
Cash and cash equivalents	240	240	240	240	240
Receivables	915	915	915	915	915
Total financial assets	1,155	1,155	1,155	1,155	1,155
Total assets administered on behalf of Government	1,155	1,155	1,155	1,155	1,155
LIABILITIES ADMINISTERED ON BEHALF OF GOVERNMENT					
Payables					
Suppliers	97	97	97	97	97
Grants	6,784	6,784	6,784	6,784	6,784
Total payables	6,881	6,881	6,881	6,881	6,881
Total liabilities administered on behalf of Government	6,881	6,881	6,881	6,881	6,881

Notes:

All administered expenses relate to Cancer Australia. NBOCC, being an agency under the Commonwealth Authorities and Companies Act 1997 did not have administered items.

**Table 3.2.9: Schedule of budgeted administered cash flows
(for the period ended 30 June)**

	Estimated actual 2010-11 \$'000	Budget estimate 2011-12 \$'000	Forward estimate 2012-13 \$'000	Forward estimate 2013-14 \$'000	Forward estimate 2014-15 \$'000
OPERATING ACTIVITIES					
Cash used					
Grant payments	25,222	15,534	15,581	16,258	15,421
Total cash used	25,222	15,534	15,581	16,258	15,421
Net cash from (or used by) operating activities	25,222	15,534	15,581	16,258	15,421
Net increase (or decrease) in cash held	25,222	15,534	15,581	16,258	15,421
Cash at beginning of reporting period	240	240	240	240	240
Cash from Official Public Account for: - appropriations	25,222	15,534	15,581	16,258	15,421
Cash at end of reporting period	240	240	240	240	240

Notes:

All administered expenses relate to Cancer Australia. NBOCC, being an agency under the *Commonwealth Authorities and Companies Act 1997* did not have administered items.

3.2.4 Notes to financial statements

The budgeted financial statements for Cancer Australia are prepared for the Budget year and three forward years.

Changes resulting from Net Cash Arrangements

Net cash appropriation arrangements have been implemented as part of the Operation Sunlight reform agenda to increase budget transparency and accountability through improving the levels of disclosure to Parliament regarding the use of appropriations, and encouraging more effective resource management practices with the release of funds to agencies as and when they are needed.

Net cash appropriation arrangements involve the cessation of funding for depreciation, amortisation and make good expenses. Funding for these expenses has been replaced with a Departmental Capital Budgets (DCBs) for FMA Act agencies.

To aid transparency of operating results as a result of this change, the Comprehensive Income Statement includes a reconciliation of operating result attributable to Cancer Australia DTA by including non-appropriated depreciation and amortisation expenses.

Estimates of special account flows and balances

This table provides for the cash flows and balances of the special accounts under the responsibility of Cancer Australia.

Departmental Financial Statements

Comprehensive Income Statement (showing net cost of services) (for the period ended 30 June)

This statement provides a picture of the expected financial results for Cancer Australia by identifying full accrual expenses and revenues. This highlights whether Cancer Australia is operating at a sustainable level.

Budgeted departmental balance sheet (as at 30 June)

This statement shows the financial position of Cancer Australia. It enables decision makers to track the management of Cancer Australia's assets and liabilities.

Departmental statement of changes in equity – summary of movement (Budget year 2011-2012)

This table shows the movements in equity during the Budget year.

Budgeted departmental statement of cash flows (for the period ended 30 June)

Budgeted cash flows as reflected in the statement of cash flows, provides important information on the extent and nature of cash flows by characterising them into expected cash flows from operating activities, investing activities and financing activities.

Capital budget statement

This table shows the appropriations from Government for the purchase of capital items and purchases of non-financial assets from capital and internal sources.

Statement of asset movements (2011-12)

This table shows the movements in asset classes through addition (e.g. purchases) and other movements (e.g. depreciation and amortisation).

Purchases are reconciled in the capital budget statement to the statement of cash flows as described above and include sources of funding for asset purchases and include amounts received under net cash resourcing arrangements as also described above.

Schedules of Administered Activity

Schedule of budgeted income and expenses administered on behalf of Government (for the period ended 30 June)

The schedule identifies the revenues and expenses administered by Cancer Australia on behalf of the Government.

Schedule of budgeted assets and liabilities administered on behalf of Government (as at 30 June)

The schedule shows the assets and liabilities administered by Cancer Australia on behalf of the Government.

Schedule of budgeted administered cash flows (for the period ended 30 June)

The schedule shows the cash flows administered by Cancer Australia on behalf of the Government.

