

Annual Report 2022-23



Australian Government

Cancer Australia



Statement of Acknowledgement

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

About this report

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

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All information in this publication is correct as at 18 October 2023.

Letter of Transmittal

28 September 2023



Australian Government

Cancer Australia

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2023.

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

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

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

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D. Keefe'.

Professor Dorothy Keefe PSM MD
Chief Executive Officer
Cancer Australia

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Overview

Chief Executive Officer's Review

It is with great pleasure that I present Cancer Australia's Annual Report 2022–23 and reflect on the agency's achievements in minimising the impact of cancer, addressing disparities, and improving the health outcomes of people affected by cancer in Australia.

Cancer Australia demonstrated its leadership in national cancer control through a range of initiatives in 2022–23, including extensive stakeholder consultation in the development of the Australian Cancer Plan (the Plan), and the journey to the National Lung Cancer Screening Program (LCSP). Cancer Australia undertook initiatives to address disparities in outcomes

for Aboriginal and Torres Strait Islander people with cancer, including partnering with Aboriginal and Torres Strait Islander people to create the [Our Mob and Cancer](#) website — a new community resource to support Aboriginal and Torres Strait Islander people affected by cancer, their families, communities and health professionals.

Cancer Australia continued to oversee a dedicated budget for investment in research, in partnership with the cancer sector, and has reviewed this investment to ensure it remains fit for purpose and aligns with achieving the goals and the ambitions of the Australian Cancer Plan.

Cancer Australia also demonstrated its leadership and influence in global cancer control, engaging collaboratively with international counterparts to ensure Australia continues to deliver world class cancer care.





Australian Cancer Plan

Cancer outcomes in Australia are among the best in the world, but this is not the story for all Australians. In a significant step towards addressing these disparities, Cancer Australia led the development of the Australian Cancer Plan in 2022–23.

The Plan sets out a national reform agenda of priorities over the next 10 years spanning the cancer control continuum. It outlines strategic objectives, goals and actions to deliver world-class cancer outcomes and experiences for all Australians affected by cancer, irrespective of background or location.

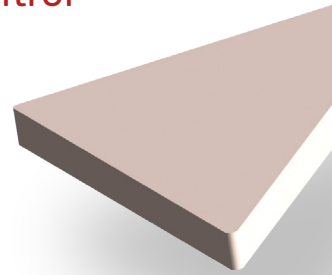
The Plan is the culmination of extensive evidence-based consultation across the spectrum of the cancer sector. Advice and feedback from organisations and individuals across Australia informed the Plan's development, including Aboriginal and Torres Strait Islander co-design.

Since April 2021, Cancer Australia has consulted with over 300 individuals and 400 different groups, including consumers, peak cancer and health organisations, representatives of the Aboriginal and Torres Strait Islander community and other priority population groups, clinicians, researchers and policy makers.

In the first quarter of 2022–23, Cancer Australia conducted targeted consultation with representatives of priority population groups and cancer consumer organisations to identify population-specific care needs. This included meeting with Aboriginal and Torres Strait Islander jurisdictional health representatives to seek input on how the Plan can achieve equitable outcomes for Aboriginal and Torres Strait Islander people affected by cancer.

Building on this engagement, Cancer Australia hosted a second series of workshops with a diverse range of stakeholders to test and refine the 10-year ambition statements, 2- and 5-year goals and actions of the Plan.

The Plan sets out a national reform agenda of priorities over the next 10 years spanning the cancer control continuum.



Cancer Australia met with representatives across the Aboriginal and Torres Strait Islander health sector to raise awareness of the Plan and to discuss local approaches to best support Aboriginal and Torres Strait Islander people affected by cancer. Cancer Australia engaged with a range of service providers, including mainstream services, community-controlled organisations and non-government organisations across metropolitan, regional and remote locations.

In the second quarter of 2022–23, the broader public was provided a further opportunity to contribute to the development of the Plan through a second phase of public consultation, which received 285 submissions. The small number of issues and emerging gaps identified during this consultation were addressed in the Plan.

The Plan is for all Australians, with a focus on addressing disparity of experience and outcome. It covers every step of cancer care from prevention and early detection through to recovery, living with a chronic disease, or end-of-life-care. Through extensive engagement and consultation, Cancer Australia has brought the sector on the journey of developing the Plan, ensuring its broad acceptance within the community. This Plan was developed by, and is for, all Australians affected by cancer.

Achieving the ambitions of the Plan over the next decade requires sector-wide collaboration and partnerships across the entire cancer control sector. Cancer Australia will continue to work with the sector through collaborations and partnerships to implement the Plan's actions and improve national cancer outcomes and experiences.

Journey to the National Lung Cancer Screening Program

On 2 May 2023, the Hon Mark Butler, Minister for Health and Aged Care announced a National Lung Cancer Screening Program, which will lead to the early detection of lung cancer in Australians and save lives. The announcement was a culmination of Cancer Australia's work over a 4-year period, commencing with the Lung Cancer Screening Enquiry and most recently feasibility assessment work, including the Medical Services Advisory Committee (MSAC) application.

Cancer Australia's lung cancer screening journey commenced in August 2019 with the [Lung Cancer Screening Enquiry](#), which focused on the prospects, process and delivery of a potential program for Australia. Building on the Enquiry, in 2022–23 Cancer Australia worked in partnership with the Department of Health and Aged Care to complete the feasibility assessment of a lung cancer screening program in Australia. As part of the feasibility assessment, Cancer Australia submitted an application to MSAC for a National Lung Cancer Screening Program, in which MSAC's [final recommendation](#) supported the introduction of a lung cancer screening program. The report ['Exploring the feasibility of a potential Lung Cancer Screening Program – Summary Report'](#) has been published on Cancer Australia's website. Image A summarises the lung cancer screening journey.


The National Lung Cancer Screening Program is the first new national cancer screening program in nearly 20 years. It will target high-risk individuals to detect lung cancer in its early stages to increase the likelihood of successful treatment and improve lung cancer outcomes. The Program is expected to prevent over 500 lung cancer deaths per year. Co-designed with the First Nations health sector, the Program will maximise prevention and early detection of lung cancer and achieve equity in cancer outcomes for vulnerable groups.

This is a proud example of Cancer Australia's important role in translating evidence to shape national policy to improve cancer outcomes for Australians. Cancer Australia will continue to work with the Department of Health and Aged Care to design and implement the Program.


Image A: Overview of Cancer Australia's lung cancer screening work

Lung Cancer Screening enquiry


August 2019 – October 2020



Examined national and international evidence









Designed a screening program in Australia



Considered mechanics for how it can be delivered

Lung cancer screening feasibility measure

July 2021 – December 2022

Workstream	Objectives
 <p>Co-design with Aboriginal and Torres Strait Islander people</p>	<p>Determined key principles and best-practice approaches to inform co-design with Aboriginal and Torres Strait Islanders stakeholders for a potential LCSP. Identified considerations for Aboriginal and Torres Strait Islander people across other workstreams.</p>
 <p>State, Territory and Primary Health Network (PHN) Engagement</p>	<p>Met with representatives from each State and Territory Health Department to understand the downstream impacts, gaps and opportunities, and needs in supporting the delivery of a potential LCSP. Consulted with Department of Health PHN branch regarding PHN roles in a potential LCSP and to determine an approach to future engagement with PHNs.</p>
 <p>Workforce Engagement & Modelling</p>	<p>Defined the roles and responsibilities for each health workforce group involved in a potential LCSP and identified key education and training requirements. Determined potential workforce demands, including the direct and downstream impacts of the introduction of a potential LCSP on relevant workforce groups.</p>
 <p>Screening Infrastructure</p>	<p>Identified the capability and capacity of existing screening infrastructure in Australia, including potential geographical gaps, to inform the implementation of a potential LCSP.</p>
 <p>Program Tools, Guidance, Information and Communication</p>	<p>Identified the tools, clinical guidance, information, reporting requirements and resources required at each stage of the screening and assessment pathway, including design and implementation considerations, for health professionals, participants and community to support delivery of a potential LCSP.</p>
 <p>Data Governance & Quality Assurance Frameworks</p>	<p>Developed a Quality Assurance Framework, a Data Governance Framework, and a Data Dictionary which outline the key elements, data sources, performance standard requirements, and KPIs of a potential LCSP.</p>



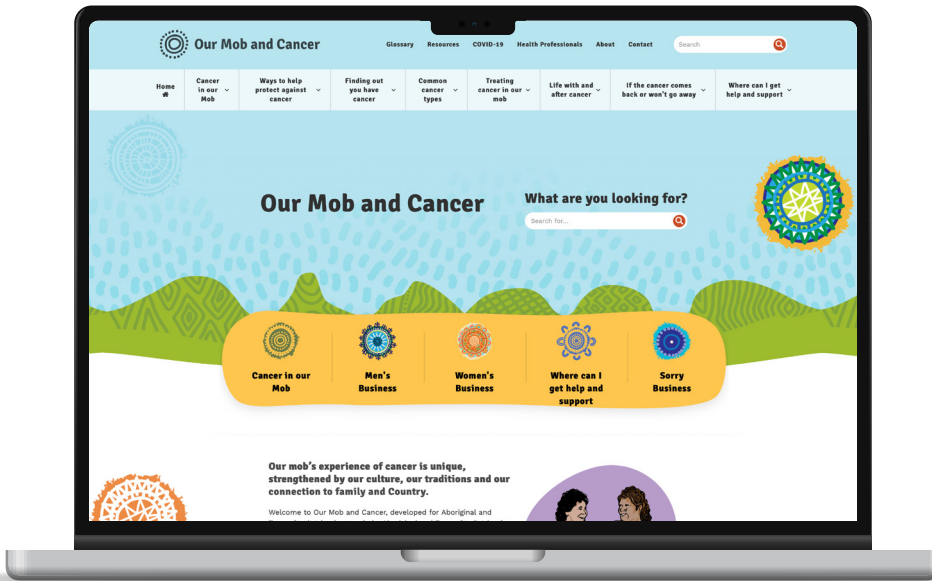
Our Mob and Cancer Website

On 10 October 2022, Assistant Minister for Indigenous Health, Senator the Hon Malarndirri McCarthy, launched [Our Mob and Cancer](#) — a first of its kind, comprehensive cancer website to support Aboriginal and Torres Strait Islander people affected by cancer, community, and the health professionals who care for them.

The fully co-designed website provides a wide range of culturally respectful and safe resources, awareness messaging, videos and guidance for Aboriginal and Torres Strait Islander people, including information about the culturally sensitive topics of Sorry Business, Men's and Women's Business and Shame, and how these relate to cancer. A section of the website provides guidance for health professionals to support culturally appropriate optimal cancer care for Aboriginal and Torres Strait Islander cancer patients.

The co-design approach included the Community, the Aboriginal and Torres Strait Islander Expert Reference Group, and the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, and ensured the voices, experiences and stories of Aboriginal and Torres Strait Islander people affected by cancer were incorporated into the design and messaging.

Image B: Our Mob and Cancer homepage



Looking ahead

For 2023 to 2026, Cancer Australia will focus on the following strategic priorities:

- Drive Australian Cancer Plan implementation, elicit cross-sector partnerships and monitor and evaluate progress to deliver better outcomes for all Australians affected by cancer.
- Provide national leadership and technical support in improving the national collection, analysis, and use of cancer data, including filling key data gaps through the development of the National Data Framework and Minimum Dataset.
- Co-design and partner to deliver improved Aboriginal and Torres Strait Islander peoples cancer outcomes and experiences.
- Support the Department of Health and Aged Care to implement the National Lung Cancer Screening Program through delivering technical aspects of the Program such as clinical guidelines, information and education materials, and guidance on program monitoring and evaluation.
- Facilitate the establishment of an Australian Comprehensive Cancer Network to drive excellence across the cancer control sector.
- Develop the National Strategic Framework for Optimal Care Pathways (OCP) to standardise the development, update, and uptake of OCPs.
- Develop a national framework for genomics in cancer control.
- Develop a strategy for equitable access to proton beam therapy in Australia.
- In partnership with governments and philanthropic investors, invest in priority driven cancer research to support world leading cancer control in Australia.
- Lead Australia's engagement with global cancer control partners, particularly in the Asia-Pacific region, and facilitate the flow of international expertise and information to priority areas of work.
- Lead national cancer control communications and health promotion.



Thank you

In closing, I would like to acknowledge and sincerely thank the many people, organisations and entities that have supported the work of Cancer Australia throughout 2022–23.

Firstly, to the Minister for Health and Aged Care, the Hon Mark Butler MP, for his support of Cancer Australia and its work.

I also extend my thanks to the Cancer Australia Advisory Council for their valued guidance throughout 2022–23. In particular, I extend my sincere thanks to the Chair of the Advisory Council, Associate Professor Chris Milross, for his outstanding contribution to cancer control in Australia.

I would like to thank members of all Cancer Australia's strategic advisory groups, the members of the agency's various project working groups, steering committees, and assessment panels. Their guidance and expertise have been invaluable in helping Cancer Australia deliver its priorities.

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

Cancer Australia has continued a patient-centred approach to its work by involving consumers in all aspects of our work to improve the outcomes and experiences of people affected by cancer. In 2022–23 Cancer Australia had 201 consumers represented on its strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels. I wish to thank each and every one for their valuable time, perspectives and advice.

I would also like to acknowledge our Priority-driven Collaborative Cancer Research Scheme (PdCCRS) funding partners in 2022–23: Australian Lions Childhood Cancer Research Foundation, Can Too Foundation, Leukaemia Foundation, Lung Foundation Australia, My Room Children's Cancer Charity Ltd, National Breast Cancer Foundation, Ovarian Cancer Research Foundation, The Kids' Cancer Project, World Cancer Research Fund International, and Worldwide Cancer Research.

I extend my thanks to the executive and staff of the Department of Health and Aged Care for their continued support, partnership, and valued 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 for their support and collaboration throughout the year.

It gives me great pleasure to acknowledge the Executive and staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to cancer control, enabling us to deliver our priorities.



Professor Dorothy Keefe PSM MD



In 2022-23 Cancer Australia had 201 consumers represented on its strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels. I wish to thank each and every one for their valuable time, perspectives and advice.

Cancer Australia Advisory Council Chair Review

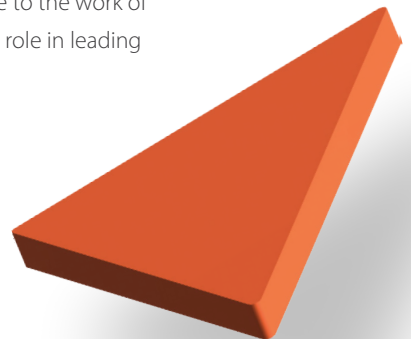
In 2022–23, the Cancer Australia Advisory Council (the Council) provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control.

Council members were engaged in and provided advice across the areas of focus for the agency, including:

- The development of the Australian Cancer Plan, including the public consultation process and emerging themes, Plan actions, digital design, and finalisation of the Plan.
- Early implementation activities led by Cancer Australia to address 2-year goals of the Australian Cancer Plan, including the frameworks to improve national cancer data collection, develop optimal care pathways and enable networked comprehensive cancer care.
- Cancer Australia's activities to review its research and supportive care grants programs towards achieving the ambitions of the Australian Cancer Plan.
- Work in determining the feasibility of a lung cancer screening program in Australia.
- Initiatives to support optimal cancer care during the COVID-19 pandemic.
- Cancer Australia's future strategic directions in the context of global health and the impact of cancer.
- Initiatives and strategic directions in Aboriginal and Torres Strait Islander cancer control.



Thank you to all Council members for the valuable guidance, advice and insights they provided throughout 2022–23. Members bring a wealth of knowledge and expertise to the work of the Council and make a significant contribution to Cancer Australia and its role in leading national cancer control.





Thank you to all Council members for the valuable guidance, advice and insights they provided throughout 2022-23.

I would like to thank and acknowledge the valued contributions over the last 5 and a half years of outgoing Council member Professor Kelvin Kong. Kelvin has been a wonderful asset to the Advisory Council — wise, well connected, generous, and innovative. We are particularly grateful to him for sharing his expertise and commitment to reducing disparities and improving outcomes for Aboriginal and Torres Strait Islander people affected by cancer.

I also want to thank Associate Professor Elizabeth Marles, who will leave the Advisory Council in August 2023. I am grateful for the expertise she brought to the group, in particular her knowledge and passion for primary care. Her input has helped shape the national approach to improving outcomes for all Australians affected by cancer.

Finally, I am pleased to acknowledge Cancer Australia's CEO, Professor Dorothy Keefe PSM, for her exceptional leadership of Cancer Australia in 2022–23. Under her stewardship, Cancer Australia has continued to deliver on its program of work and in its role as the national cancer control agency. I also commend the agency's senior management and staff for their hard work, dedication and professionalism.

I particularly want to acknowledge and commend the Cancer Australia team on the development of the Australian Cancer Plan, especially their efforts in building high-level of consensus on the issues most critical for action over the next 10 years.

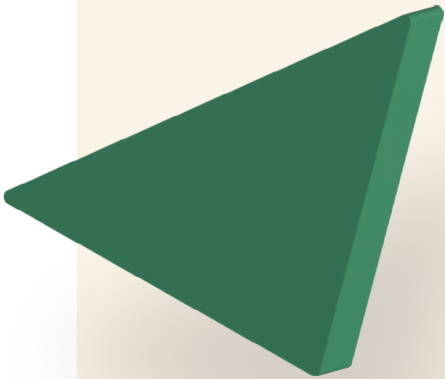
The Council looks forward to working with Professor Keefe and her team in 2023–24 to support the agency in its efforts to drive this major reform agenda and reduce the impact of cancer, address disparities, and improve outcomes for people affected by cancer.

A/Prof Christopher Milross MD FRANZCR FRACMA

Cancer Australia Advisory Council

Establishment and Function

The Advisory Council is established under the *Cancer Australia Act 2006* to “give advice to the Chief Executive Officer about the performance of Cancer Australia’s functions.” During 2022–23, the Advisory Council comprised one chair and 12 members, as appointed by the Minister for Health and Aged Care. The Advisory Council met 3 times during the year and provided valuable advice in relation to Cancer Australia’s work.



Council members bring to their role considerable breadth and depth of expertise, including in cancer research, translation science, clinical practice (epidemiology, radiation oncology, and surgical oncology), health policy, health service delivery, and an understanding of the experience of cancer.



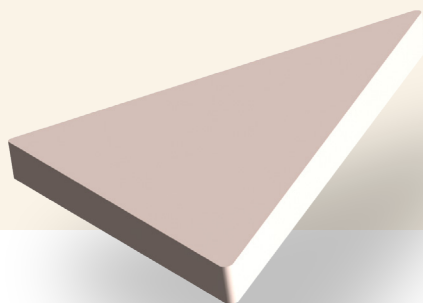
Membership

The 2022–23 members of the Advisory Council were:

- Associate Professor Chris Milross — interim Chair from 1 August 2022 to 31 October 2022; appointed Chair from 7 November 2022
- Professor Joanne Aitken
- Associate Professor Penny Blomfield
- Dr Benjamin Brady
- Professor Shelley Dolan — appointed 7 November 2022
- Ms Deborah Henderson
- Professor Timothy Hughes
- Professor Kelvin Kong — to 14 March 2023
- Ms Lillian Leigh
- Dr Elizabeth Marles — term expires 1 August 2023
- Dr Serena Sia
- The Hon Jillian Skinner
- Dr Ranjana Srivastava OAM

Advisory Council members are appointed for a term of 3 years. Remuneration of members of the Advisory Council is governed by the *Cancer Australia Act 2006* (section 30).

Advisory Council members' remuneration is determined by the Remuneration Tribunal.







About Cancer Australia

About Cancer Australia

Cancer Australia is the Australian Government's national cancer control agency; it is a specialist agency within the Health and Aged Care portfolio. Cancer Australia aims to reduce the impact of all cancers and improve outcomes for all people affected by cancer.

Cancer Australia provides leadership and vision, support to consumers and health professionals, and makes recommendations to the government about cancer policy and priorities.

Cancer Australia achieves its purpose by: providing national leadership in cancer control, developing and promoting evidence-based best practice cancer care; providing consumer and health professional cancer information; funding priority cancer research; and strengthening national cancer data capacity.

In 2022, an estimated 162,163 new cases of cancer will be diagnosed in Australia, excluding basal and squamous cell carcinomas of the skin.¹ Cancer remains a leading cause of death in Australia, with 49,996 people expected to die from cancer in 2022.¹ Cancer is also the leading cause of total disease burden in Australia, accounting for 18% of burden of disease in 2022.²

This notwithstanding, it should be noted that more people in Australia are living longer after a diagnosis with cancer. Australia has seen the 5-year relative survival for all cancers combined increase from 52.2% in 1989–93 to 70.1% in 2014–18.¹

Cancer Australia works collaboratively across the entire cancer control ecosystem, with Australians affected by cancer, health professionals, researchers, policy makers and service providers. The agency is a respected thought leader in the sector and is uniquely positioned to provide robust, world-leading advice to the Australian Government on cancer policy priorities.

Cancer Australia works closely with Aboriginal and Torres Strait Islander people to co-design improved cancer outcomes for Aboriginal and Torres Strait Islander people. It fulfills its statutory obligations to fund cancer research by building research capability and addressing emerging priorities for cancer research and data. Cancer Australia lends its expertise to inform international cancer control activity.

Cancer Australia uses its position as a trusted collaborator to facilitate a unity of purpose across the sector in setting priorities for action for cancer control in Australia.

Cancer Australia leverages its stakeholder relationships to cost-effectively harness the most eminent advice on any cancer issue at short notice.

¹ Australian Institute of Health and Welfare 2022. Cancer data in Australia. Cat. no. CAN 122. Canberra: AIHW. Accessed June 2023; <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/data>

² Australian Institute of Health and Welfare 2022. Australian Burden of Disease Study 2022. Cat. no. BOD 37. Canberra: AIHW. Accessed June 2023; <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2022/contents/about>



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.

Functions and role

Cancer Australia 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 (APS) 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 and Aged Care.

Organisational structure

Cancer Australia is led by the CEO, Professor Dorothy Keefe PSM MD. Professor Keefe is supported by the Deputy CEO, Ms Claire Howlett.

The Senior Executive team is as follows:

Cancer Control Strategy Branch: Associate Professor Anna Boltong

Evidence, Priority Initiatives and Communications Branch: Ms Cindy Toms

Clinical Policy Advice Branch – Medical Director: Professor Vivienne Milch

Corporate Operations Branch: Mr Elmer Wiegold. Mr Wiegold is also the agency's Chief Financial Officer.

At 30 June 2023, Cancer Australia had 83 employees, of whom 68 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). Cancer Australia's head office is located in Sydney. Cancer Australia also maintains an office in Canberra.

The Cancer Australia Advisory Council

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

Audit and Risk Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit and Risk Committee, whose members are Ms Gayle Ginnane (Chair), Ms Carol Lilley, and Adjunct 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 2022–23 Portfolio Budget Statements (PBS) 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 247)

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

The full agency Portfolio Budget Statement for 2022–23 is available at:

https://www.transparency.gov.au/sites/default/files/2022-23_pbs_health_aged_care.pdf





Report on performance

2022-23 Annual Report Highlights



Development of the first national cancer plan

The Australian Cancer Plan was delivered to the Minister for Health and Aged Care in April 2023. The Plan is a once in a generation reform opportunity to deliver world class cancer outcomes and experience for all Australians affected by cancer irrespective of their background or location.



Provided leadership in national cancer control

Completed the feasibility assessment of a National Lung Cancer Screening Program, which helped inform the Australian Government's decision to introduce a National Lung Cancer Screening Program from July 2025.



World Cancer Congress 2022

In partnership with Professor Gail Garvey, Professor of Indigenous Health Research and leader in psychosocial aspects of cancer care for Aboriginal and Torres Strait Islander people, Cancer Australia presented in key sessions highlighting work to address disparity in cancer outcomes for Indigenous peoples. This event provided a platform to share the outcomes from Cancer Australia's targeted work and programs, including development of key principles and best practice approach to co-design, with guidance from Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control.



Improved health outcomes and addressed disparities

In an Australian first, launched the co-designed [*Our Mob and Cancer*](#) website. The website provides a national, central source of strength based, culturally safe and respectful, evidence-based hub of cancer information, resources, awareness messaging, videos and guidance for Aboriginal and Torres Strait Islander people with cancer, health professionals and community.



Supported priority research and care

Awarded 19 research grants worth \$7.12 million through the Priority driven Collaborative Cancer Research Scheme. Awarded \$850,000 in grants to 8 community organisations to reduce the impact of cancer and better support people affected by cancer. Three of these grants were awarded to Aboriginal community organisations.



Promoted cancer awareness and provided evidence-based information

Undertook 113 cancer awareness campaigns, achieving over 7,716,127 digital impressions (social media and Google Ad campaigns combined).

Published 42 new resources on the Cancer Australia website, and 11 peer-reviewed journal articles.



Strengthened national data capacity

Collected the first national non-stage prognostic indicators for childhood cancer in Australia.

Reported on the analysis of Medicare Benefits Schedule data, and the impact of COVID-19 on cancer-related services in Australia.

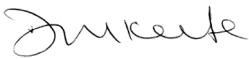


National audit of funding to cancer research projects and programs 2012-2020

Published *Cancer Research in Australia: an overview of funding for cancer research projects and programs in Australia 2012 to 2020*. This audit provides a trend analysis of funding over 2003 to 2020, as well as examining the national patterns of funding provided directly to cancer research projects and programs, for the years 2012 to 2020 at a national level.

Annual Performance Statement

As the Accountable Authority of Cancer Australia, I present the 2022–23 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1)(a) of the 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.



Professor Dorothy Keefe PSM MD

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives. They demonstrate the outcomes achieved by the agency against the intended outcomes outlined in the 2022–23 Portfolio Budget Statement (PBS) and 2022–23 Corporate Plan.

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: Health Policy, Access and Support).

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 2022–23; page 247).

Cancer Australia's program objectives for 2022-23 were:

- A. Provide national leadership in cancer control
- B. Develop and promote evidence-based best practice cancer care
- C. Fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies
- D. Provide consumer and health professional cancer information and resources (2022–23 PBS page 249; 2022–23 Corporate Plan page 3).

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. The agency has met all its 2022–23 reference points or targets.

A. Provide national leadership in cancer control

Performance criterion	2022-23 Target	Criterion Source	Result
<p>Lead the development of an Australian Cancer Plan which sets out key national priorities and action areas over the next 10 years to improve outcomes for Australians affected by cancer.</p>	<p>Engagement and consultation with stakeholders across the cancer control continuum in the development of an Australian Cancer Plan, with positive stakeholder feedback.</p> <p>Approaches in the Plan to address disparities in outcomes for all Australians affected by cancer.</p> <p>Delivered the Plan to the Minister for Health and Aged Care on time.</p>	<p>2022-23 Corporate Plan, page 10.</p> <p>Program 1.1 October 2022-23 Portfolio Budget Statements, page 250.</p>	<p>Achieved. See below.</p>

In 2022-23, Cancer Australia led the development of the first Australian Cancer Plan, a national reform agenda of priorities for the next 10 years to deliver world-class cancer outcomes and experiences for all Australians affected by cancer.

The Plan was developed through an extensive and rigorous process of stakeholder engagement including 2 public consultations, targeted engagements, 2 series of stakeholder workshops and a public webinar series. Feedback was received via more than 700 submissions and consultations, encompassing more than 400 groups and 300 individuals. Stakeholders covered the breadth of Australia's cancer control and broader health sectors, including consumers, peak cancer and health organisations, Aboriginal and Torres Strait Islander people and other priority population groups, clinicians, researchers and public policy makers.

The Plan was developed through collaborative partnerships and engagement with Aboriginal and Torres Strait Islander people and under the guidance of Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control.

Ten priority population groups were identified who require dedicated focus and actions, tailored to their unique needs and circumstances, to improve experiences and outcomes in cancer care. These groups were consulted through targeted engagement.

In April 2023, the Plan was delivered to the Minister for Health and Aged Care. The Plan has been designed as a dynamic digital platform that will evolve over the next 10 years to reflect the cancer sector's progress towards achieving the Plan's goals and ambitions.

Implementation of the Plan will be a shared responsibility requiring coordinated action and partnership across the cancer control sector, involving the Commonwealth, state and territory governments, non-government organisations, health service providers, Aboriginal Community Controlled Health Services and organisations, clinicians, industry, and the research, education and training sectors. Cancer Australia will further engage and consult with stakeholders throughout the Plan's implementation.

Performance criterion	2022-23 Target	Criterion Source	Result
Drive the implementation of the Australian Brain Cancer Mission to improve outcomes for Australians diagnosed with brain cancer.	Implementation of the Australian Brain Cancer Mission's initiatives.	2022–23 Corporate Plan, page 10.	Achieved. See below.

In 2022–23 Cancer Australia continued to work in partnership with the Department of Health and Aged Care to deliver the Australian Brain Cancer Mission (Mission) and drive improved outcomes for Australians diagnosed with brain cancer.

The Australian Government has allocated \$60.26 million to brain cancer research initiatives and the Mission through the Medical Research Future Fund (MRFF), and 12 Funding Partners have committed \$76.4 million. Funding partners include 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 Collaboration Against Cancer Initiative, Neurosurgical Research Foundation, Robert Connor Dawes Foundation, The Kid's Cancer Project, the State of New South Wales and the State of Victoria.

In 2022–23, Cancer Australia convened the Mission Strategic Advisory Group overseeing the delivery of the Mission and the Funders Group to guide the coordination of investment across the Mission partnerships and the wider sector. Cancer Australia also actively contributed to the Department of Health and Aged Care review of the Mission.

Performance criterion	2022-23 Target	Criterion Source	Result
Lead a shared agenda to improve cancer outcomes for Aboriginal and Torres Strait Islander people.	In alignment with the National Aboriginal and Torres Strait Islander Cancer Framework, progress priority initiatives for Aboriginal and Torres Strait Islander people with cancer in collaboration with key stakeholders, with positive feedback from Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control.	2022-23 Corporate Plan, page 10. Program 1.1 October 2022-23 Portfolio Budget Statements, page 251.	Achieved. See below.

In 2022-23, Cancer Australia pursued a shared agenda to improve cancer outcomes for Aboriginal and Torres Strait Islander Australians through Indigenous led co-design across a range of policy initiatives and programs. Aboriginal and Torres Strait Islander perspectives were incorporated into all of Cancer Australia's work, as new evidence of key principles and best practices for co-design in health with First Nations Australians were co-created and published. The Australian Cancer Plan acknowledges Aboriginal and Torres Strait Islander health belongs in Aboriginal and Torres Strait Islander hands and the critical role of the Aboriginal Community Controlled Health sector plays in leading approaches to improve outcomes for Aboriginal and Torres Strait Islander people.

The embedding of equity and culturally safe and responsive cancer care across the cancer continuum for Aboriginal and Torres Strait Islander people has been led by Cancer Australia's Advisor for Aboriginal and Torres Strait Islander Cancer Control, Professor Jacinta Elston, and Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, chaired by Professor Gail Garvey.

During 2022-23, Cancer Australia undertook 35 national stakeholder engagement visits with representatives of cancer services and Aboriginal and Torres Strait Islander health organisations, including Aboriginal Community Controlled Health Services. The purpose of these visits has been to raise awareness of the Plan among Aboriginal and Torres Strait Islander people and to provide opportunities for input. Visits have covered all states and territories, with Victoria engagement to be undertaken in 2023-24.

Cancer Australia continued to convene the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control to drive a national, shared, Indigenous-led approach to improving outcomes for Aboriginal and Torres Strait Islander people with cancer. The current Leadership Group membership term concluded in June 2023 with new members invited for the incoming 2023-2026 membership term.

Cancer Australia actively engaged with National Aboriginal Community Controlled Health Organisation (NACCHO) across 2022–23, particularly throughout development of the Australian Cancer Plan. This included NACCHO representation on the Leadership Group, Australian Cancer Plan consultation workshops and meetings, user testing of the digital experience of the Plan, and regular CEO level engagement.

The [*Our Mob and Cancer*](#) website was launched by Senator the Hon Malarndirri McCarthy, Assistant Minister for Indigenous Health in October 2022. The *Our Mob and Cancer* website was co-designed and co-developed from commencement to completion in collaboration with Indigenous advisors, contractors and stakeholders, and provides a central hub of evidence-based, culturally safe information, resources, awareness messaging, videos and guidance about cancer for Aboriginal and Torres Strait Islander people and the health professionals who care for them. The website has been well received by stakeholders and community and as of 30 June 2023 had been visited over 40,000 times since its launch.

Cancer Australia also continued the [*Yarn for Life*](#) campaign, which aims to raise awareness and normalise discussions about cancer, particularly in remote Aboriginal and Torres Strait Islander communities. Influential Aboriginal and Torres Strait Islander people promoted the campaign messages. Phase 5 of the campaign was launched in May 2023 for 6 weeks, and Yarn for Life audio assets were translated into a further 5 Indigenous languages, in addition to the existing 9 language translations.

In 2022–23 Cancer Australia continued to promote the evidence-based key principles and best practice approaches to co-design with First Nations people applicable to the cancer context. From a comprehensive review of literature and stakeholder consultation, a final set of 6 key principles were identified: Aboriginal and Torres Strait Islander leadership; Culturally grounded approach; Respect; Benefit to community; Inclusive partnerships; and Transparency and evaluation. Thirty-seven best practices were also identified, which provide guidance for embedding the principles into practice. Two papers were published in the *International Journal of Environmental Research and Public Health Special Issue Health and Wellness for Indigenous Peoples*.^{3,4} The key principles informed the development of the Australian Cancer Plan and will underpin its implementation.

³ Butler T, Gall A, Garvey G, Ngampromwongse K, Hector D, Turnbull S, et al. A Comprehensive Review of Optimal Approaches to Co-Design in Health with First Nations Australians. *International Journal of Environmental Research and Public Health*. 2022;19(23):16166.

⁴ Anderson K, Gall A, Butler T, Ngampromwongse K, Hector D, Turnbull S, et al. Development of Key Principles and Best Practices for Co-Design in Health with First Nations Australians. *International Journal of Environmental Research and Public Health*. 2023;20(1):147.

Cancer Australia commissioned the National Centre for Aboriginal and Torres Strait Islander Wellbeing at the Australian National University undertake the Kulay Kalingka Study. This study is Aboriginal and Torres Strait Islander designed and led, and will investigate Aboriginal and Torres Strait Islander people’s understanding of cancer, participation in health promotion and cancer screening programs, exposure to risk factors, and patient and carer experiences of cancer, including cancer treatment and participation in clinical trials. The Kulay Kalingka study will collect data to report on indicators identified on the National Cancer Control Indicators website that currently have no data.

Cancer Australia updated the Aboriginal and Torres Strait Islander Cancer Control Indicators website, a unique, national resource that brings together trusted, national data to monitor progress and identify potential areas for action in Aboriginal and Torres Strait Islander cancer control. The website provides Aboriginal and Torres Strait Islander cancer data in one location and is designed for use by policymakers, governments, cancer organisations, researchers, health professionals, and consumers. In 2022–23, the website was updated with indicators from the latest data and information in the screening and immunisation priority areas.

The *Supporting People with Cancer* Grant initiative awarded 8 grants focused on increasing equity for people in population groups who experience poorer cancer outcomes. Three of these grants were awarded to Aboriginal and Torres Strait Islander organisations to promote cancer screening and enhance cancer prevention, early detection and cancer care management including in regional and remote Aboriginal and Torres Strait Islander communities.

Performance criterion	2022-23 Target	Criterion Source	Result
Lead delivery of 5 early implementation National Pancreatic Roadmap priorities to improve the timely detection, management and care of people affected by pancreatic cancer	Collaborative engagement with key stakeholders in indigenous led in culturally responsive models of pancreatic cancer care. Delivery of 5 early implementation Roadmap priorities funded by the Department of Health and Aged Care.	2022–23 Corporate Plan, page 11 Program 1.1 October 2022–23 Portfolio Budget Statements, page 250	Partially achieved. See below.

In 2022–23, implementation of the 5 priorities to revolutionise the timely detection, management and care of people affected by pancreatic cancer commenced. Cancer Australia has engaged with stakeholders, including Aboriginal and Torres Strait Islander health professionals and services, to deliver these priorities over a 2-year period. This work will continue and be delivered in 2023–24.

B. Develop and promote evidence-based best practice cancer care

Performance criterion	2022-23 Target	Criterion Source	Result
Lead the development, dissemination and implementation of evidence-based models of cancer care to support improved patient outcomes and safe and sustainable clinical practice.	Evidence-based models of cancer care, developed, promoted, disseminated or implemented. Initiatives developed for improving access to palliative care support and services.	2022–23 Corporate Plan, page 12.	Achieved. See below.

Optimal Care Pathways are at the centre of the Australian Cancer Plan. OCPs provide a framework for the delivery of consistent, safe, high-quality, and evidence-based care for people with cancer.

The *National Pancreatic Cancer Roadmap* supports evidence-based models of cancer care and access to palliative care.

Cancer Australia continued to promote the OCP for Aboriginal and Torres Strait Islander people with cancer including through the *Our Mob and Cancer* website. The OCP and implementation guide provides guidance to health practitioners and service planners on optimal care for Aboriginal and Torres Strait Islander people with cancer across the cancer continuum. Additionally, the *Our Mob and Cancer* website provides evidence-based guidance, information and resources for health professionals to support the delivery of culturally competent care. This includes a series of short videos that demonstrate culturally safe communication techniques for non-Indigenous health professionals and key communication messages outlined in the OCP.

In 2022–23 Cancer Australia published two papers resulting from a research project with the University of Queensland Centre for Online Health on the use of telehealth in cancer care during the COVID-19 pandemic which included barriers and enablers to uptake.^{5,6} The papers focused on a comparison of in-person, video and telephone consultations in cancer care and management during COVID-19, and an Australian perspective of telehealth adoption in cancer clinical trials, respectively.

⁵ Thomas E, Kelly J, Taylor M, Mendis R, Banbury A, Haydon H et al. Telehealth adoption in cancer clinical trials: An Australian perspective. *Asia Pac J Clin Oncol*. 2023 Aug;19(4):549-558.

⁶ Banbury, A., Smith, A., Taylor, M., Der Vartanian, C., Ng, K., Vitangcol, K. et al. Cancer care and management during COVID-19: A comparison of in-person video and telephone consultations. *J Telemed Telecare*. 2022 Dec;28(10):733-739.

Performance criterion	2022-23 Target	Criterion Source	Result
Analyse, interpret and translate evidence to inform best practice cancer care.	<p>Research is translated into evidence-based information to assist and inform policy and cancer care.</p> <p>Development of a cancer-specific genomics policy framework.</p> <p>Scoping and feasibility work undertaken to inform key design elements of a lung cancer screening program.</p>	<p>2022–23 Corporate Plan, page 12.</p> <p>Program 1.1 October 2022–23 Portfolio Budget Statements, page 252.</p>	Achieved. See below.

Cancer Australia has continued to provide evidence-based information resources to support cancer care throughout the pandemic on its COVID-19 and Cancer online information hub. This includes: Frequently Asked Questions (FAQs) on COVID vaccinations and cancer and translated into the 10 most commonly spoken languages in Australia other than English; dedicated information for Aboriginal and Torres Strait Islander people affected by cancer; and best practice guidance for cancer management and COVID-19.⁷ Cancer Australia has continued to support SerOzNET, a clinical study that aims to better understand the safety and efficacy of COVID-19 vaccines in people with cancer. Cancer Australia has undertaken further analysis on the impact of COVID-19 on cancer-related medical services for the years 2020, 2021, 2022 to inform service-related policy and planning for the Department of Health and Aged Care.

In 2023, the Minister for Health and Aged Care requested Cancer Australia to lead the development of a Strategy for equitable access to Proton Beam Therapy (PBT) for cancer patients in Australia. A Strategic Planning Group (SPG) consisting of clinical and policy jurisdictional representatives was convened to provide advice. The PBT-SPG met in May 2023 and highlighted the need for a networked approach to PBT delivery, including coordinated referral of, and treatment planning for patients, a harmonised national approach to data collection, and access to clinical trials as part of standard of care.

Cancer Australia commenced a National Framework for Genomics in Cancer Control (the Framework), an early implementation priority under the Australian Cancer Plan, spanning the cancer care continuum for improved equitable outcomes for people affected by cancer. An Expert Advisory Group, including consumers, health professionals, researchers, policy makers and Aboriginal and Torres Strait Islander representatives, has been established to provide strategic advice on the Framework. An evidence review has been commissioned to examine the current and future national and international evidence on genomics in cancer care, implications, and utilisation of genomics in cancer control.

Cancer Australia worked in partnership with the Department of Health and Aged Care to determine the feasibility of a lung cancer screening program in Australia. This work has been completed and together with MSAC's advice published on 13 October 2022, informed the Government's 2 May 2023 announcement to introduce a Lung Cancer Screening Program in Australia.

⁷ Milch V, Nelson A, Austen M, Hector D, Turnbull S, Sathiaraj R et al. Conceptual Framework for Cancer Care During a Pandemic Incorporating Evidence From the COVID-19 Pandemic. *JCO Glob Oncol*. 2022 Aug 1;8:e2200043

C. Fund cancer research and strengthen national data capacity in consultation with other relevant agencies

Performance criterion	2022-23 Target	Criterion Source	Result
Fund priority cancer research through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS).	Award ≥9 cancer research grants in areas of identified priority as per published grant guideline timeframes. MOUs in place with a minimum of 4 national funding partners.	2022–23 Corporate Plan, page 13. Program 1.1 2022–23 Portfolio Budget Statements, page 253.	Achieved. See below.

In the 2022 PdCCRS round, Cancer Australia partnered with 10 national and international Funding Partners to fund cancer research projects at the following organisations: Australian Lions Childhood Cancer Research Foundation, Can Too Foundation, Leukaemia Foundation, Lung Foundation Australia, My Room Children's Cancer Charity Ltd, National Breast Cancer Foundation, Ovarian Cancer Research Foundation, The Kids' Cancer Project, WorldwideCancer Research, and World Cancer Research Fund International.

Nineteen cancer research grants were awarded for a total value of \$7.12 million (\$5.22 million from Cancer Australia and \$1.90 million from Funding Partners). These grants covered research in a range of priority areas including primary prevention and health services research and research projects in specific tumour types.

Performance criterion	2022-23 Target	Criterion Source	Result
Support Australia's national Multi-site Collaborative Cancer Clinical Trials Groups (CTGs).	Fund 14 CTGs as per published grant guideline timeframes. Providers of 3 national technical services engaged.	2022–23 Corporate Plan, page 13.	Achieved. See below.

Cancer Australia continued to support Australia's 14 Multi-site Collaborative CTGs. Through its Support for Cancer Clinical Trials program, Cancer Australia awarded \$6.84 million in funding to the CTGs to build capacity to develop industry-independent cancer clinical trial protocols and to generate evidence for best-practice care for people diagnosed with cancer. A further \$1.19 million was provided to 3 National Technical Services (NTS): Quality of Life NTS, Health- and Pharmaco-Economics NTS and the Genomic Cancer Clinical Trial Initiative to assist in building the capacity of CTGs to develop industry-independent cancer clinical trial protocols. Together, the work of the CTGs and NTS contribute to generating the evidence base for best-practice care for people diagnosed with cancer.

Performance criterion	2022-23 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control.	Up to date published data analyses and insights on the NCCI website.	2022–23 Corporate Plan, page 14.	Achieved. See below.
	Progress initiatives to improve the collection, access, analysis and reporting of national cancer data.	Program 1.1 2022–23 Portfolio Budget Statements, page 253.	

Cancer Australia continued work to strengthen national cancer data capacity to inform national cancer control. Cancer Australia published updated data for 16 measures across the cancer continuum including all cancers combined and 17 individual cancer types on the National Cancer Control Indicators (NCCI) website. The NCCI website is a dynamic national cancer resource that brings together data from 15 authoritative sources and covers 31 key indicators across the continuum of cancer care.

Cancer Australia has progressed a number of initiatives to improve the collection, access, analysis and reporting of national cancer data, including the development of business rules for the collection of stage at diagnosis data for pancreatic, stomach, liver, uterine and ovarian cancer; and supporting Cancer Council Queensland to collect, for the first time, national non-stage prognostic indicators for childhood cancer in Australia.

Cancer Australia also released *Cancer Research in Australia: an overview of funding for cancer research projects and programs in Australia 2012–2020*, which outlines the patterns of national funding to cancer research and trends of cancer funding over time. This is a quantitative analysis of the extent and pattern of direct funding to cancer research projects and programs at a national level.

Performance criterion	2022-23 Target	Criterion Source	Result
Invest in community engagement to support evidence-based information and support for people affected by cancer through the Supporting People with Cancer Grant initiative.	Award at least 4 grants (2 community organisation and 2 Aboriginal and Torres Strait Islander organisation) per annum to improve outcomes and support for people affected by cancer.	2022–23 Corporate Plan, page 14.	Achieved. See below.

In 2022-23 Cancer Australia, through the *Supporting People with Cancer* Grant Initiative, awarded 8 grants totaling \$850,000 to increase equity for people in population groups with poorer cancer outcomes, including 3 directly aimed at reducing the impacts of cancer on Aboriginal and Torres Strait Islander people. These grants aim to promote cancer screening, enhance cancer prevention, early detection and cancer care management including in regional and remote Aboriginal and Torres Strait Islander communities. The remaining 5 grants funded a range of community organisations to support priority groups affected by cancer around Australia.

D. Provide consumer and health professional cancer information and resources

Performance criterion	2022-23 Target	Criterion Source	Result
Provide evidence-based cancer information, to cancer consumers, health professionals and the community.	Up-to-date evidence-based cancer information available on the Cancer Australia website.	2022–23 Corporate Plan, page 15. Program 1.1 2022–23 Portfolio Budget Statements, page 252.	Achieved. See below.

As Australia emerged from the COVID-19 pandemic, Cancer Australia promoted important cancer awareness messaging to raise awareness in the community of symptoms that could be cancer and the importance of cancer screening and early detection. Health promotions included a focus on cancers with poorer outcomes including lung, pancreatic, blood, oesophageal and brain cancers, and childhood cancers.

Our Mob and Cancer, Australia's first dedicated, co-designed, culturally safe website for Aboriginal and Torres Strait Islander people affected by cancer, community, and the health professionals who care for them, was released in October 2022. As well as information on cancer types, diagnosis, treatment and living with cancer, *Our Mob and Cancer* provides information on cancer prevention and screening and information about the culturally sensitive topics of Sorry Business, Men's and Women's Business and Shame.

Innovative digital engagement and communication solutions were developed to support broad public and stakeholder consultation strategies on the development of the Australian Cancer Plan. The Australian Cancer Plan engagement hub provided a digital platform to engage with stakeholders and keep them in the loop on progress of the Plan, while digital promotions were undertaken to drive traffic to the engagement hub, and encourage people to participate in the public consultation and register for updates.

The Cancer Australia website canceraustralia.gov.au continues to be a source of trusted, evidence-based information for people affected by cancer, health professionals, researchers, educators, decision makers and the community. In 2022–23, Cancer Australia completed reviews for over 30 cancer and treatment webpages to ensure currency and accuracy of clinical information and responded directly to over 30 community enquiries with tailored information.

As at 30 June 2023, there were 558 resources available on the Cancer Australia website.

Resources produced or updated in 2022–23 included:

- Resources to support Aboriginal and Torres Strait Islander people with cancer, communities and health professional including the new dedicated, comprehensive *Our Mob and Cancer* website, 6 videos on the experience of cancer, a culturally appropriate interactive body map, and illustrations and animations
- Resources to support and promote the Australian Cancer Plan website, including a summary report and Plan on a Page, videos and animations, a dedicated animation for Aboriginal and Torres Strait Islander people — *A Brighter Tomorrow*, and a consumer fact sheet translated into the top 10 languages spoken in Australia
- Cancer Australia's Reconciliation Action Plan *Innovate 2023–2025*, released in May 2023
- Exploring the feasibility of a potential *Lung Cancer Screening Program Summary Report*
- *Cancer Research in Australia: an overview of funding for cancer research projects and programs in Australia 2012–2020*
- *Breast cancer: a handbook for Aboriginal and Torres Strait Islander Health Workers*
- Video animations promoting blood cancer awareness and liver cancer awareness, and an interactive body map
- A video featuring the recipients of the 2023 Jeannie Ferris Cancer Australia Recognition Awards.
- FAQs about COVID-19 vaccines for people affected by cancer in 10 languages
- *Lymphoedema — what you need to know*
- Updated Cancer Australia website information about electronic cigarettes.

Analysis

Cancer Australia has met all but one of its performance criteria relating to its 2022–23 program objectives as outlined in its 2022–23 PBS chapter and Corporate Plan. Delivery of 5 early implementation *National Pancreatic Cancer Roadmap* priorities was partially achieved in 2022–23. Full delivery will be achieved in 2023–24.

The agency's 2022–23 program objectives were: provide national leadership in cancer control; develop and promote evidence-based best practice cancer care; fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies; and provide consumer and health professional cancer information and resources.

Cancer Australia's work was supported by its 2022–23 budget allocation.

Cancer Australia defined, planned and prioritised work in light of its purpose, program objectives and budget allocation. The agency's performance reporting and monitoring framework enabled it to effectively report, analyse and monitor its performance for Financial Year 2022–23. This framework, coupled with Cancer Australia's strategic approach to business planning, ensured the alignment of effort with the agency's purpose.

Report on Financial Performance

Table 3.1: Entity Resource Statement subset Summary Current Report Period (2022-23)

	Actual Available appropriation – current year (a)	Payments made (b)	Balance remaining (a)-(b)
	\$'000	\$'000	\$'000
Departmental			
Prior year appropriation available	7,873	7,873	–
Annual appropriations			
Annual appropriations — ordinary annual services	11,242	8,532	2,710
Annual appropriations — other services — non-operating	2,612	2,177	435
Departmental capital budget	83	83	–
Total departmental annual appropriations	13,937	10,792	3,145
Total departmental resourcing (A)	21,810	18,665	3,145
Administered			
Prior year appropriation available	3,575	3,575	–
Annual appropriations			
Annual appropriations — ordinary — annual services	18,623	18,356	267
Total administered annual appropriations	18,623	18,356	267
Total administered resourcing (B)	22,198	21,931	267
Total resourcing and payments for Cancer Australia (A + B)	44,008	40,596	3,412





Management and Accountability

Management and Accountability

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

Cancer Australia's Corporate Operations Branch was responsible for administering and complying with relevant legislation and Commonwealth policy regarding financial management, asset management, business continuity planning, fraud control, freedom of information, human resources, information technology, 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
- Indigenous Procurement Policy
- small business
- work health and safety (WHS)
- executive remuneration.

Corporate Governance

Strategic and business planning

All Cancer Australia projects in 2022–23 were underpinned by a robust business planning framework which incorporated the agency's 2022–23 PBS, 2022–23 Corporate Plan and 2022–23 Business Plan.

Cancer Australia's 2022–23 Corporate Plan 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 2022–23 Business Plan supported Cancer Australia's strategic direction as outlined in its 2022–23 Corporate Plan. The Business Plan identified the agency's project deliverables, incorporating the key performance indicators listed in both the Corporate Plan and the 2022–23 PBS.

Through this process of alignment, Cancer Australia ensures its resources and investments are delivering value for money and improving outcomes for people affected by cancer.

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 2022–23 Corporate Plan and the agency's deliverables and key performance indicators outlined in the 2022–23 PBS.

Compliance Reporting

There were no instances of significant non-compliance with finance law related to the entity in 2022–23.

Table 4.1: Significant non-compliance with the Finance Law

Description of non-compliance	Remedial Action
N/A	N/A

Internal audit arrangements

In 2022–23, Cancer Australia's auditor, Protiviti, performed the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, endorsed by the Audit and Risk Committee. See page 45 for more information on Cancer Australia's *Audit and Risk 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 2022–23, Cancer Australia's fraud control plan and fraud risk assessments were reviewed by the Executive Leadership Team and staff were trained in fraud awareness and cyber security awareness, which included phishing scam training. All new employees are required to complete the fraud awareness module of the APS Induction Program.

Ethical standards

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

During 2022–23 Cancer Australia continued to reinforce its internal guidelines and policies to ensure consistency with appropriate ethical standards. Our staff act ethically, support a collaborative culture, and take pride in their work. All new employees are required to complete the integrity, diversity, and inclusion module in the APS Induction Program.

Cancer Australia implemented online inclusion training for all employees. This program was developed by SBS in collaboration with subject matter experts.

Cancer Australia provided all new employees with a copy of the APS Values and Code of Conduct to ensure awareness of ethical standards and organisational expectations.

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 and Aged Care 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 and Aged Care.

Further detail on Chief Executive Officer and SES remuneration is provided in Appendix C.

Audit and Risk Committee

Cancer Australia's Audit and Risk Committee met 4 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 and Risk Committee Charter](#).

The Cancer Australia Audit and Risk Committee Charter is available at:

Table 4.2: Audit committee charter

Direct electronic address of the charter determining the functions of the audit committee

URL <https://www.canceraustralia.gov.au/sites/default/files/audit-and-risk-committee-charter-march-2023.pdf>

The 3 independent Audit and Risk Committee Members were appointed from outside Cancer Australia. Members' details are outlined within the table below.

Table 4.3: Cancer Australia's Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended	Total number of meetings held	Total annual remuneration (GST inc.)	Additional Information (including role on committee)
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.	4	4	\$16,057	Chair
Ms Carol Lilley	Ms Carol Lilley expertise is in financial statements, internal audit, and risk management. Ms Lilley is currently serving on a range of Commonwealth Government audit, committees. She is a former partner of PricewaterhouseCoopers (2004–2011). Ms Lilley has a Bachelor of Commerce from the University of Western Australia and is a graduate of the Australian Institute of Company Directors, Fellow of Chartered Accountants Australia and New Zealand and a certified internal auditor.	4	4	\$8,400	Member
Adjunct Associate Professor Christine Giles	Adjunct Associate Professor Christine Giles has significant 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.	4	4	\$6,000	Member

Financial Overview

The 2022–23 departmental expenses were \$18.710 million (GST exclusive). The 2022–23 administered expenses were \$18.551 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2022–23, in line with the Departmental and Administered appropriations.

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 2023, Cancer Australia had 83 employees, of whom 68 were ongoing and 15 were non ongoing. Most staff were located in Sydney, 15 based in Canberra, 5 in Melbourne and 1 in Tasmania. The workforce was predominantly female (80 per cent).

Cancer Australia continues to place great value in reinforcing a productive and inclusive workplace by attracting and retaining high-calibre talented and engaged staff. 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 4.4 to 4.13 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2023 for the 2022–23 Financial Year.

Table 4.4: All Ongoing Employees Current Report Period (2022-23)

	Man/Male		Woman/Female		Non-binary			Prefers not to answer			Uses a different term			Total	
	Full time	Part time	Full time	Part time	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total		
NSW	12	0	12	31	7	38	0	0	0	0	0	0	0	0	50
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1
Vic	1	0	1	3	0	3	0	0	0	0	0	0	0	0	4
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	11	1	12	0	0	0	0	0	0	0	0	13
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	14	0	14	46	8	54	0	0	0	0	0	0	0	0	68

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

Table 4.5: All Non-Ongoing Employees Current Report Period (2022-23)

	Man/Male		Woman/Female		Non-binary		Prefers not to answer		Uses a different term		Total	
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time		
NSW	4	0	4	0	8	0	0	0	0	0	0	12
Qld	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0
Vic	0	0	1	0	1	0	0	0	0	0	0	1
WA	0	0	0	0	0	0	0	0	0	0	0	0
ACT	0	0	2	0	2	0	0	0	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	0	4	11	0	0	0	0	0	0	0	15

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).



Table 4.6: Australian Public Service Act Ongoing Employees Current Report Period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
SES 1	0	0	0	3	0	3	0	0	0	0	0	0	0	0	0	3
EL 2	3	0	3	7	0	7	0	0	0	0	0	0	0	0	0	10
EL 1	5	0	5	10	1	11	0	0	0	0	0	0	0	0	0	16
APS 6	6	0	6	19	6	25	0	0	0	0	0	0	0	0	0	31
APS 5	0	0	0	6	1	7	0	0	0	0	0	0	0	0	0	7
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	14	0	14	40	8	54	0	0	0	0	0	0	0	0	0	68

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

Table 4.7: Australian Public Service Act Non-Ongoing Employees Current Report Period (2022-23)

	Man/Male		Woman/Female		Non-binary		Prefers not to answer		Uses a different term		Total
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	
SES 3	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0	0
EL 1	1	0	3	0	3	0	0	0	0	0	4
APS 6	1	0	1	1	2	0	0	0	0	0	3
APS 5	2	0	6	0	6	0	0	0	0	0	8
APS 4	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0
Total	4	0	10	1	11	0	0	0	0	0	15

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).



Table 4.8: Australian Public Service Act Employees by Full time and Part time Status Current Report Period (2022-23)

	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	3	0	3	0	0	0	3
EL 2	10	0	10	0	0	0	10
EL 1	15	1	16	4	0	4	20
APS 6	25	6	31	2	1	3	34
APS 5	6	1	7	8	0	8	15
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	0	0	0	0	0	0	0
Total	60	8	68	0	0	15	83

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

Table 4.9: Australian Public Service Act Employment type by location Current Report Period (2022-23)

	Ongoing	Non-Ongoing	Total
NSW	50	12	62
Qld	0	0	0
SA	0	0	0
Tas	1	0	1
Vic	4	1	5
WA	0	0	0
ACT	13	2	15
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	68	15	83

Notes:

The figures in table 4.9 exclude the Cancer Australia CEO, and Advisory Council Members, who are appointed under the Cancer Australia Act 2006.

The figures in Table 4.9 include:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

Table 4.10: Australian Public Service Act Indigenous Employment Current Report Period (2022-23)

	Ongoing	Non-Ongoing	Total
Australian Public Service Act Indigenous Employment Current Report Period	0	0	0
Total	0	0	0

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2023
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

Table 4.11: Australian Public Service Act Employment arrangements Current Report Period (2022-23)

Arrangement Title	SES	Non-SES	Total
Cancer Australia Enterprise Agreement 2016–19	0	80	80
SES determination	3	0	3
Total	3	80	83

Table 4.12: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) Current Report Period (2022-23)

	Minimum salary	Maximum salary
SES 3	\$0	\$0
SES 2	\$299,421	\$299,421
SES 1	\$211,150	\$218,487
EL 2	\$147,280	\$203,194
EL 1	\$109,521	\$135,671
APS 6	\$89,124	\$109,521
APS 5	\$80,788	\$86,168
APS 4	\$74,277	\$78,482
APS 3	\$65,561	\$72,669
APS 2	\$56,731	\$61,908
APS 1	\$49,862	\$54,514
Other	\$0	\$0
Minimum/Maximum range	\$49,862	\$299,421

Table 4.13: Australian Public Service Act Employment Performance Pay by classification level Current Reporting Period (2022-23)

	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	0	0	0	0
SES 2	0	0	0	0	0
SES 1	0	0	0	0	0
EL 2	0	0	0	0	0
EL 1	0	0	0	0	0
APS 6	0	0	0	0	0
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 3	0	0	0	0	0
APS 2	0	0	0	0	0
APS 1	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Notes:

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2022-2023.

Tables 4.14 to 4.23 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2023 for the 2021–22 Financial Year.

Table 4.14: All Ongoing Employees Previous Report Period (2021-22)

	Man/Male		Woman/Female		Non-binary			Prefers not to answer			Uses a different term		Total	
	Full time	Part time	Full time	Part time	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time		Total
NSW	10	0	10	35	8	43	0	0	0	0	0	0	0	53
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vic	2	0	2	3	3	3	0	0	0	0	0	0	0	5
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	1	2	6	0	9	0	0	0	0	0	0	0	11
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	13	1	14	44	11	55	0	0	0	0	0	0	0	69

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).



Table 4.15: All Non-Ongoing Employees Previous Report Period (2021-22)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	1	0	1	10	0	0	0	0	0	0	0	0	0	0	0	11
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	10	0	0	0	0	0	0	0	0	0	0	0	12

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).

Table 4.16: Australian Public Service Act Ongoing Employees Previous Report Period (2021-22)

	Man/Male		Woman/Female		Non-binary		Prefers not to answer		Uses a different term		Total	
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time		
SES 3	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	1	0	0	0	0	0	0	0	0	1
SES 1	0	0	2	0	2	0	0	0	0	0	0	2
EL 2	4	0	8	0	8	0	0	0	0	0	0	12
EL 1	2	0	10	4	14	0	0	0	0	0	0	16
APS 6	7	1	8	7	21	0	0	0	0	0	0	29
APS 5	0	0	6	0	6	0	0	0	0	0	0	6
APS 4	0	0	1	0	1	0	0	0	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	2	0	2	0	0	0	0	0	0	2
Total	13	1	14	44	11	55	0	0	0	0	0	69

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:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).



Table 4.17: Australian Public Service Act Non-Ongoing Employees Previous Report Period (2021-22)

	Man/Male		Woman/Female		Non-binary			Prefers not to answer			Uses a different term			Total	
	Full time	Part time	Full time	Part time	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total		
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 1	1	0	1	0	1	0	0	0	0	0	0	0	0	0	2
EL 2	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
EL 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 6	1	0	1	2	0	2	0	0	0	0	0	0	0	0	3
APS 5	0	0	6	0	6	0	0	0	0	0	0	0	0	0	6
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	10	10	0	10	0	0	0	0	0	0	0	12

Notes:

The figures in table 4.17 exclude the Cancer Australia CEO, and Advisory Council Members, who are appointed under the Cancer Australia Act 2006.

The figures in Table 4.17 include:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).

Table 4.18: Australian Public Service Act Employees by Full time and Part-time Status Previous Report Period (2021-22)

	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	2	0	2	4
EL 2	12	0	12	1	0	1	13
EL 1	12	4	16	0	0	0	16
APS 6	21	8	29	3	0	3	32
APS 5	6	0	6	6	0	6	12
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	2	0	2	0	0	0	2
Total	57	12	69	12	0	12	81

Notes:

The figures in table 4.18 exclude the Cancer Australia CEO, and Advisory Council Members, who are appointed under the Cancer Australia Act 2006.

The figures in Table 4.18 include:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).

Table 4.19: Australian Public Service Act Employment type by location Previous Report Period (2021-22)

	Ongoing	Non-Ongoing	Total
NSW	45	8	53
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	5	0	5
WA	0	0	0
ACT	8	2	10
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	58	10	68

Notes:

The figures in table 4.19 exclude the Cancer Australia CEO, and Advisory Council Members, who are appointed under the Cancer Australia Act 2006.

The figures in Table 4.19 include:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).

Table 4.20: Australian Public Service Act Indigenous Employment Previous Report Period (2021-22)

	Ongoing	Non-Ongoing	Total
Australian Public Service Act Indigenous Employment Current Report Period	0	0	0
Total	0	0	0

Notes:

The figures in table 4.20 exclude the Cancer Australia CEO, and Advisory Council Members, who are appointed under the Cancer Australia Act 2006.

The figures in Table 4.20 include:

1. Headcount figures of Cancer Australia Staff as at 30 June 2022
2. Staff on leave and secondment; and
3. Staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher duties classification).

Table 4.21: Australian Public Service Act Employment arrangements Previous Report Period (2021-22)

Arrangement Title	SES	Non-SES	Total
Cancer Australia Enterprise Agreement 2016–19	0	76	76
SES determination	5	0	5
Total	5	76	81

Table 4.22: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) Previous Report Period (2021-22)

	Minimum salary	Maximum salary
SES 3	0	0
SES 2	\$238,990	\$285,000
SES 1	\$178,241	\$205,000
EL 2	\$126,865	\$150,199
EL 1	\$106,331	\$121,274
APS 6	\$86,528	\$97,618
APS 5	\$78,435	\$82,786
APS 4	\$72,114	\$76,196
APS 3	\$63,651	\$70,552
APS 2	\$55,079	\$60,105
APS 1	\$47,128	\$52,926
Other	0	0
Minimum/Maximum range	\$47,128	\$285,000

Table 4.23: Australian Public Service Act Employment Performance Pay by classification level Previous Reporting Period (2021-22)

	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	0	0	0	0
SES 2	0	0	0	0	0
SES 1	0	0	0	0	0
EL 2	0	0	0	0	0
EL 1	0	0	0	0	0
APS 6	0	0	0	0	0
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 3	0	0	0	0	0
APS 2	0	0	0	0	0
APS 1	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Notes:

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2021–2022.

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 made 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 2022. At 30 June 2023, Cancer Australia had 79 non-SES staff, and 4 SES staff (excluding Cancer Australia's CEO and Advisory Council members). Thirteen 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 to 4 officers.

Training and development

Cancer Australia supports staff to develop their capabilities in line with business needs and career aspirations. Each year the agency implements a professional development plan to help staff to realise their full potential. In addition, formal training and other development opportunities, the professional development plan incorporates financial assistance and study leave for staff to undertake relevant tertiary education.

During 2022–23 training and education was delivered to staff in line with their development needs (as identified through the Performance Development Program). In 2022–23 Cancer Australia's training was delivered through face-to-face, virtual, and e-learning programs provided by accredited training organisations.

The agency also provided training for some or all staff in records management, fraud awareness, cyber security, diversity and inclusion and work health and safety.

Ministerial and Parliamentary Coordination

During 2022–23, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health and Aged Care and the Department of Health and Aged Care on national cancer control related issues. The agency continued to collaborate closely with the Department of Health and Aged Care to support the Minister and implement Australian Government policies.





Appendices

Appendix A: Audited Financial Statements

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of Cancer Australia (the Entity) for the year ended 30 June 2023:

- (a) comply with Australian Accounting Standards – Simplified Disclosures 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 2023 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 2023 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 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.

Other Matter – Scope of the Auditor's Report for the year ended 30 June 2022

The Independent Auditor's Report for the entity's financial statements for the year ended 30 June 2022 included incorrect references to Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*. As the entity is not a registered charity in accordance with that legislation, the scope of the audit did not include whether the entity's financial statements complied with those requirements. The auditor's report should only have made reference to the financial statement's compliance with Australian Accounting Standards – Simplified Disclosures and the Public Governance, Performance and Accountability (Financial Reporting) Rule 2015.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300



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 – Simplified Disclosures and the rules made under the Act. The Accountable Authority is also responsible for such internal control as the Accountable Authority determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Authority 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 Accountable Authority 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.

Australian National Audit Office



Ben Nicholls
Audit Principal

Delegate of the Auditor-General

Canberra
6 September 2023

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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 2023 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.

Signed.....




Professor Dorothy Keefe PSM

Accountable Authority / CEO

06 / 09 / 2023

Signed.....



Elmer Wiegold

Chief Financial Officer

6 / 9 / 2023

Statement of Comprehensive Income

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	10,860,052	9,725,281	12,475,000
Suppliers	3B	5,786,707	3,879,421	4,371,000
Grants	3C	900,000	900,000	900,000
Depreciation and amortisation	7	1,137,286	1,118,946	1,138,000
Finance costs		3,995	3,936	4,000
Interest on right-of-use asset		21,667	12,690	11,000
Losses from asset disposals		-	1,072	-
Total expenses		18,709,707	15,641,346	18,899,000
Own-source income				
Own-source revenue				
Rendering of services	4A	2,368,722	5,962,751	2,069,000
Other revenue	4B	101,187	138,701	70,000
Total own-source revenue		2,469,909	6,101,452	2,139,000
Net cost of services		16,239,798	9,539,894	16,760,000
Revenue from Government	4C	11,077,000	11,936,000	11,077,000
Surplus/(Deficit)		(5,162,798)	2,396,106	(5,683,000)
Total comprehensive income/(loss)		(5,162,798)	2,396,106	(5,683,000)

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

¹ Budget reported in the 2022–23 Portfolio Budget Statements published in October 2022.

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.

Employee Costs

The underspend is due to non-ongoing APS staff vacancies allocated in the budget to develop the Australian Cancer Plan (the Plan) and deliver the National Pancreatic Roadmap. These vacant positions were subsequently filled by contractors.

Suppliers

Supplier expenses were above the budget mainly due to the utilisation of contractors to fill vacant positions needed to develop the Plan and deliver the National Pancreatic Roadmap.

Rendering of services

Rendering of services revenue was \$0.3m higher than budget because of additional Memorandum of Understanding (MoU) funding from the Department of Health and Aged Care for a COVID-19 impact study and the Australian Brain Cancer Mission. At the Budget, the receipt of these additional funding was not agreed.

Total Comprehensive Loss

In FY2022–23, the total comprehensive loss was \$0.5m lower the approved operating loss of \$5.7m at Budget, due to the deferral of some National Pancreatic Cancer Roadmap activities into the following financial year, FY2023–24. Note that the approved loss resulted from differences in timing between prior financial year MoU revenues and related expenses recognised in the current year. This loss is not a financial sustainability issue.

Statement of Financial Position

as at 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents		123,477	275,640	276,000
Trade and other receivables	6	3,161,092	7,965,636	2,604,000
Total financial assets		3,284,569	8,241,276	2,880,000
Non-financial assets				
Property, plant and equipment	7	4,052,266	4,231,571	3,397,000
Intangibles	7	126,889	217,204	179,000
Prepayments		314,285	167,558	168,000
Total non-financial assets		4,493,440	4,616,333	3,744,000
Total assets		7,778,009	12,857,609	6,624,000
LIABILITIES				
Payables				
Suppliers	8A	33,330	216,316	572,000
Other payables	8B	382,662	371,976	13,000
Total payables		415,992	588,292	585,000
Interest bearing liabilities				
Leases	9	3,828,688	3,768,737	3,135,000
Total interest bearing liabilities		3,828,688	3,768,737	3,135,000
Provisions				
Employee provisions	10A	2,590,246	2,481,694	2,482,000
Other provisions	10B	268,532	264,537	268,000
Total provisions		2,858,778	2,746,231	2,750,000
Total liabilities		7,103,458	7,103,260	6,470,000
Net assets		674,551	5,754,349	154,000
EQUITY				
Contributed equity		1,641,160	1,558,160	1,641,000
Retained surplus		(966,609)	4,196,189	(1,487,000)
Total equity		674,551	5,754,349	154,000

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

¹ Budget reported in the 2022–23 Portfolio Budget Statements published in October 2022.

Budget Variance Commentary

Cash and Cash Equivalents

The cash and cash equivalent balance fluctuates during the year as funds are drawn down to settle suppliers.

Trade and other receivables

Trade and other receivables mainly comprise of appropriation receivable including appropriations for section 74 retained revenue receipts. The receivables balance is above the budget due to the increase in section 74 retained revenue receipts, which will be fully drawn down in the following financial years.

Property, plant and equipment, and intangibles

The higher than budgeted amount is primarily due to the recognition of a Right-of-Use asset relating to the office leased in Canberra, which was not included in the Original Budget.

Suppliers and other payables

The budget variance relates to the timing of payments. Higher than expected deliverables were finalised and paid before 30 June 2023, resulting in a lower than expected payables balance at year end.

Leases

The variance is due to the recognition of the Canberra office lease liability, which was agreed and finalised after the submission of the Original Budget.

(Accumulated deficit)/Retained surplus

Higher than budget retained surplus is due to the deferral of some National Pancreatic Cancer Roadmap delivery activities and expenditure into FY2023–24.

Statement of Changes in Equity

for the period ended 30 June 2023

	2023 \$	2022 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,558,160	1,475,160	1,558,000
Opening balance	1,558,160	1,475,160	1,558,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	83,000	83,000	83,000
Total transactions with owners	83,000	83,000	83,000
Closing balance as at 30 June	1,641,160	1,558,160	1,641,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	4,196,189	1,800,083	4,196,000
Adjusted opening balance	4,196,189	1,800,083	4,196,000
Comprehensive income			
Surplus/(Deficit) for the period	(5,162,798)	2,396,106	(5,683,000)
Total comprehensive income	(5,162,798)	2,396,106	(5,683,000)
Closing balance as at 30 June	(966,609)	4,196,189	(1,487,000)
TOTAL EQUITY	674,551	5,754,349	154,000

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

¹ Budget reported in the 2022–23 Portfolio Budget Statements published in October 2022.

Accounting Policy

Equity injections

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

Budget Variance Commentary

Surplus/(Deficit) for the period

The deficit reflects the utilisation of prior year funding balance to make payments for activities during the current financial year.

Cash Flow Statement

for the period ended 30 June 2023

	2023 \$	2022 \$	Original Budget ¹ \$
OPERATING ACTIVITIES			
Cash received			
Appropriations	15,817,000	12,992,813	16,439,000
Rendering of services	2,551,077	5,784,415	2,069,000
Net GST received	463,806	421,392	186,000
Fundraising	30,115	38,434	-
Total cash received	18,861,998	19,237,054	18,694,000
Cash used			
Employees	(10,786,259)	(9,531,785)	(12,475,000)
Suppliers	(6,581,521)	(4,479,365)	(4,305,000)
Interest payments on lease liability	(21,667)	(12,690)	(11,000)
Grants	(900,000)	(900,000)	(900,000)
Net GST paid	-	-	(186,000)
Section 74 receipts transferred to OPA	-	(3,315,000)	-
Total cash used	(18,289,447)	(18,238,840)	(17,877,000)
Net cash from operating activities	572,551	998,214	817,000
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(81,962)	(107,544)	(267,000)
Purchase of intangible assets	(8,750)	(179,054)	-
Total cash used	(90,712)	(286,598)	(267,000)
Net cash from (used by) financing activities	(90,712)	(286,598)	(267,000)
FINANCING ACTIVITIES			
Cash received			
Departmental capital budget	83,000	83,000	83,000
Total cash received	83,000	83,000	83,000
Cash used			
Lease principal repayments	(717,002)	(631,734)	(633,000)
Total cash used	(717,002)	(631,734)	(633,000)
Net cash from (used by) financing activities	(634,002)	(548,734)	(550,000)
Net increase/(decrease) in cash held	(152,163)	162,882	-
Cash and cash equivalents at the beginning of the reporting period	275,640	112,758	276,000
Cash and cash equivalents at the end of the reporting period	123,477	275,640	276,000

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

¹ Budget reported in the 2022-23 Portfolio Budget Statements published in October 2022.

Budget Variance Commentary

Employee Costs

The underspend is due to non-ongoing APS staff vacancies allocated in the budget to develop the Australian Cancer Plan and deliver the National Pancreatic Roadmap. These vacant positions were subsequently filled by contractors.

Rendering of services and section 74 receipts transferred to OPA

At the time the Original Budget was prepared, the timing of additional funding through Memorandum of Understanding agreements with Department of Health and Aged Care was unknown resulting in a higher than anticipated inflow of funds. The additional funds were subsequently transferred back to the Official Public Account.

Net GST received and paid

Cancer Australia is required to make Goods and Services Tax (GST) payments on eligible goods and services. The net GST received represents the refund of those amounts from the Australia Taxation Office. GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. The net GST received was used to settle commitments, rather than drawing on additional funding.

Suppliers

Supplier payments were above the budget due to the approval to utilise prior years' departmental funds to make payments for activities during the period.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	6,489,350	7,284,592	5,595,000
Grants and service delivery contracts	15B	12,061,801	13,150,218	13,028,000
Total expenses		18,551,151	20,434,810	18,623,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		71,754	131,031	-
Total non-taxation revenue		71,754	131,031	-
Total revenue		71,754	131,031	-
Net cost of services		(18,479,397)	(20,303,779)	(18,623,000)
Deficit on continuing operations		(18,479,397)	(20,303,779)	(18,623,000)
Total comprehensive loss		(18,479,397)	(20,303,779)	(18,623,000)

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

¹ Budget reported in the 2022–23 Portfolio Budget Statements published in October 2022

Budget Variance Commentary

Suppliers and Grants and service delivery contracts

At the time of the preparation of the Original Budget, supplier and grant payments vary from year to year depending upon grant applications received and awarded. In FY2022–23, the majority of deliverables were finalised and paid before 30 June 2023.

Return of grant monies

Grant funding paid from prior years administered appropriations and these were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements.

Administered Schedule of Assets and Liabilities

as at 30 June 2023

	Notes	2023 \$	2022 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	16A	33,207	33,760	34,000
Trade and other receivables	16B	389,997	416,478	416,000
Total financial assets		423,204	450,238	450,000
Non-financial assets				
Prepayments		-	10,696	11,000
Total non-financial assets		-	10,696	11,000
Total assets administered on behalf of Government		423,204	460,934	460,934
LIABILITIES				
Payables				
Suppliers	17A	258,988	811,951	812,000
Grants	17B	-	2,876,240	2,876,000
Total payables		258,988	3,688,191	3,688,000
Total liabilities administered on behalf of Government		258,988	3,688,191	3,688,000
Net assets/(liabilities)		164,216	(3,227,257)	(3,227,000)

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

¹ Budget reported in the 2022–23 Portfolio Budget Statements published in October 2022.

Budget Variance Commentary

Trade and other receivables

Trade and other receivables are mainly GST receivable from the Australian Taxation Office.

Supplier payables

Supplier payables vary year to year being dependent on the timing of work delivered by suppliers and the payment terms of contracts and are difficult to predict. In June 2023, the majority of deliverables were finalised and paid before 30 June 2023.

Grant payables

Grant payables is less than prior years balance as at 30 June and this varies on finalisation of grants. The majority of grants funding agreements were finalised and paid for during June 2023.

Administered Reconciliation Schedule

as at 30 June 2023

	2023 \$	2022 \$
Opening assets less liabilities as at 1 July	(3,227,257)	(4,269,618)
Net cost of services		
Income	71,754	131,031
Expenses		
Payments to entities other than Commonwealth entities	(18,300,050)	(19,887,940)
Payments to Commonwealth entities	(251,101)	(546,870)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	21,942,624	21,477,171
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	(71,754)	(131,031)
Closing assets less liabilities as at 30 June	164,216	(3,227,257)

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

¹ In 2022–23, \$0.071m of grant funding paid from prior years administered appropriations and in previous financial years were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements. The unspent funds from various funding agreements must be returned to the Consolidated Revenue Fund in accordance with the appropriation Acts and guidelines.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

Administered revenues are collected by Cancer Australia on behalf of the Government with parties outside the Government. 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.

Administered Cash Flow Statement

for the period ended 30 June 2023

	Notes	2023 \$	2022 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		847,376	746,024
Other		71,754	131,031
Total cash received		919,130	877,055
Cash used			
Grants		(14,804,301)	(13,303,946)
Suppliers		(7,986,252)	(8,942,868)
Total cash used		(22,790,553)	(22,246,814)
Net cash from / (used by) operating activities		(21,871,423)	(21,369,759)
Cash and cash equivalents at the beginning of the reporting period		33,760	57,379
Cash from Official Public Account			
Appropriations		21,942,624	21,477,171
Cash to Official Public Account			
Administered receipts		(71,754)	(131,031)
Cash and cash equivalents at the end of the reporting period	16A	33,207	33,760
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

The entity conducts the following administered activities on behalf of the Government: provide national leadership in cancer control, guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

Cancer Australia is an Australian Government controlled entity. It is a non-corporate Commonwealth entity and a not-for-profit entity, with registered office at Level 14, 300 Elizabeth Street, Surry Hills NSW.

1.1 Basis of Preparation of the Financial Statements

The financial statements 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 — including simplified disclosures for Tier 2 Entities under AASB 1060 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.

1.2 New Accounting Standards

Adoption of New Australian Accounting Standard Requirements

Two amending standards (AASB 2021–2 and AASB 2021–6) have been adopted for the 2022–23 reporting period and are not expected to have a material impact on the entity's financial statements for the current reporting period or future reporting periods.

AASB 2021–2 Amendments to Australian Accounting Standards — Disclosure of Accounting Policies and Definition of Accounting Estimates (AASB 2021-2)

AASB 2021–2 amends AASB 7, AASB 101, AASB 108, AASB 134 and AASB Practice Statement 2.

The amending standard requires the disclosure of material, rather than significant, accounting policies, and clarifies what is considered a change in accounting policy compared to a change in accounting estimate.

AASB 2021–6 Amendments to Australian Accounting Standards — Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards (AASB 2021–6)

AASB 2021–6 amends the Tier 2 reporting requirements set out in AASB 1049, AASB 1054 and AASB 1060 to reflect the changes made by AASB 2021–2.

1.3 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.

1.4 Taxation

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

1.5 Reporting of Administered Activities

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

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

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2023 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

	2023 \$	2022 \$
Note 3A: Employee Benefits		
Wages and salaries	8,093,858	7,389,010
Superannuation:		
Defined contribution plans	1,210,049	1,078,400
Defined benefit plans	187,961	161,615
Leave and other entitlements	1,368,184	1,096,256
Total employee benefits	10,860,052	9,725,281

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 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.

	2023 \$	2022 \$
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants	191,158	181,815
Contractors	3,649,157	1,705,617
Information technology and licenses	677,069	841,079
Property and office	551,953	574,853
Travel	200,577	116,406
Learning and development	45,178	66,768
Media and other promotional	4,832	14,447
Other	421,107	334,128
Total goods and services supplied or rendered	5,741,031	3,835,113
Goods supplied	33,562	15,195
Services rendered	5,707,469	3,819,918
Total goods and services supplied or rendered	5,741,031	3,835,113
Other suppliers		
Workers compensation expenses	45,676	44,308
Total other suppliers	45,676	44,308
Total suppliers	5,786,707	3,879,421

	2023 \$	2022 \$
Note 3C: Grants		
Private sector:		
Non-profit organisations	900,000	900,000
Total grants	900,000	900,000

Accounting Policy

Grants

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

Note 4: Own-Source Income

Own-source revenue	Notes	2023 \$	2022 \$
Note 4A: Rendering of services			
Rendering of services		2,368,722	5,962,751
Total Rendering of services		2,368,722	5,962,751
Disaggregation of revenue from contracts with customers			
Type of customer:			
Australian Government entities (related parties)		2,368,722	5,944,751
Non-government entities		-	18,000
		2,368,722	5,962,751

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 recognises the revenue when control of the cash is obtained.

Receivables for goods and services, which have 30 day terms (2021–22: 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.

Own-source revenue	2023 \$	2022 \$
Note 4B: Other revenue		
Fundraising	30,115	38,434
Resources received free of charge — Remuneration of auditors	61,000	69,000
Return of grant monies	-	31,267
Other revenue	10,072	-
Total other revenue	101,187	138,701

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.

Own-source revenue	2023 \$	2022 \$
Note 4C: Revenue from Government		
Appropriations:		
Departmental appropriations	11,077,000	11,936,000
Total revenue from Government	11,077,000	11,936,000

Accounting Policy

Revenue from Government

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

Note 5: Fair Value Measurements

	Fair value measurements at the end of the reporting period	
	2023 \$	2022 \$
Non-financial assets		
Buildings	727,268	888,350
Property, plant and equipment	188,909	339,340

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

	2023 \$	2022 \$
Note 6: Trade and other receivables		
Goods and services	83,432	255,194
Total goods and services receivables	83,432	255,194
Appropriation receivable		
Appropriation receivable	2,856,938	7,596,938
Total appropriation receivable	2,856,938	7,596,938
Other receivables		
GST receivable from the Australian Taxation Office	220,722	113,504
Total other receivables	220,722	113,504
Total trade and other receivables (net)	3,161,092	7,965,636

Credit terms for goods and services were within 30 days (2021–22: 30 days).

No allowance for impairment was required at reporting date (2021–22: 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 2023

	Buildings \$	Plant & Equipment \$	Intangibles \$	Total \$
As at 1 July 2022				
Gross book value	5,217,277	1,055,566	1,242,474	7,515,317
Accumulated depreciation and amortisation	(1,325,046)	(716,226)	(1,025,270)	(3,066,542)
Total as at 1 July 2022	3,892,231	339,340	217,204	4,448,775
Additions	11,740	70,222	8,750	90,712
Right-of-use assets	776,954	-	-	776,954
Depreciation and amortisation	(172,822)	(220,653)	(99,065)	(492,540)
Depreciation on right-of-use assets	(644,746)	-	-	(644,746)
Total as at 30 June 2023	3,863,357	188,909	126,889	4,179,155
Total as at 30 June 2023 represented by:				
Gross book value	6,005,971	1,125,788	1,251,224	8,382,983
Accumulated depreciation and amortisation	(2,142,614)	(936,879)	(1,124,335)	(4,203,828)
Total as at 30 June 2023	3,863,357	188,909	126,889	4,179,155
Carrying amount of right-of-use assets	3,136,090	-	-	3,136,090

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).

Leased right-of-use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

An impairment review is undertaken for any right-of-use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Leased ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) 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 depends upon the nature of the assets and volatility of movements in market values for the relevant assets.

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

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:

	2023	2022
Property, Plant & Equipment	3 to 10 years	3 to 10 years

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 2023. 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 (2021–22: three years).

All software and website assets were assessed for indications of impairment as at 30 June 2023. No indicators of impairment were identified.

Note 8: Payables

	2023 \$	2022 \$
Note 8A: Suppliers		
Trade creditors and accruals	33,330	216,316
Total suppliers	33,330	216,316
Settlement is usually made within 30 days (2021–22: 30 days).		
Note 8B: Other payables		
Salaries and wages	253,578	208,169
Superannuation	38,448	31,290
Other	90,636	132,517
Total other payables	382,662	371,976

Note 9: Interest Bearing Liabilities

	2023 \$	2022 \$
Leases		
Lease liabilities	3,828,688	3,768,737
Total leases	3,828,688	3,768,737
Total cash outflow for Sydney office lease for the year ended 30 June 2023 was \$738,669 (2021–22: \$644,424).		
Maturity analysis — contractual undiscounted cash flows		
Within 1 year	860,923	673,790
Between 1 to 5 years	3,049,405	3,126,114
More than 5 years	-	-
Total leases	3,910,328	3,799,904

Cancer Australia, in its capacity as lessee has entered into a lease agreement for Sydney office in 2020–21 with a seven (7) year lease term without extension options. Similarly, Cancer Australia also entered another agreement for the Canberra Lease during 2022–23 with a five (5) year Lease term without extension options.

The above lease disclosures should be read in conjunction with the accompanying notes 3B and 7.

Accounting Policy

Leases

For all new contracts entered into, Cancer Australia considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

Note 10: Provisions

	2023 \$	2022 \$
Note 10A: Employee provisions		
Leave	2,590,246	2,481,694
Total employee provisions	2,590,246	2,481,694

	Provision for make good \$	Provision for make good \$
Note 10B: Other provisions		
As at 1 July 2022	264,537	260,601
Additional provisions made	-	-
Amounts used	-	-
Unwinding of discount or change in discount rate	3,995	3,936
Total as at 30 June 2023	268,532	264,537

Cancer Australia, in its capacity as a lessee, has entered into two lease agreements (FY2023 Canberra office , FY2021 Sydney office). The Sydney lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a Provision for make good to reflect the present value of the obligation.

Note 11: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2023 (2021–22: 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 12: 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:

	2023 \$	2022 \$
Short-term employee benefits	1,672,559	1,673,334
Post-employment benefits	225,632	215,342
Other long-term employee benefits	45,693	41,976
Termination benefits	-	-
Total key management personnel remuneration expenses¹	1,943,884	1,930,652

The total number of key management personnel included in the above table are six (2021–22: eight).

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 13: 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 14: Financial Instruments

	2023 \$	2022 \$
Financial assets measured at amortised cost		
Cash and cash equivalents	123,477	275,640
Trade receivables	83,432	255,194
Total financial assets measured at amortised cost	206,909	530,834
Total financial assets	206,909	530,834
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	33,330	216,316
Financial liabilities measured at amortised cost	33,330	216,316
Total financial liabilities	33,330	216,316

Accounting Policy

Financial assets

Cancer Australia is a non-financial entity whose financial assets are limited to trade receivables and bank deposits. 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 15: Administered – Expenses

	2023 \$	2022 \$
Note 15A: Suppliers		
Goods and services supplied or rendered		
Consultants	798,526	503,649
Contractors	4,261,086	5,547,208
Sitting and advisory fees	575,274	603,872
Travel	252,271	96,384
Printing	6,408	2,412
Other	595,785	531,067
Total goods and services supplied or rendered	6,489,350	7,284,592
Goods and services are made up of:		
Goods supplied	9,573	3,471
Services rendered	6,479,777	7,281,121
Total goods and services supplied or rendered	6,489,350	7,284,592
Total suppliers	6,489,350	7,284,592

	2023 \$	2022 \$
Note 15B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	-	155,746
Private sector		
Not-for-profit organisations	12,061,801	12,994,472
Total grants and service delivery contracts	12,061,801	13,150,218

Accounting Policy

Grants

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

Note 16: Administered – Financial Assets

	2023 \$	2022 \$
Note 16A: Cash and cash equivalents		
Cash on hand or on deposit	33,207	33,760
Total cash and cash equivalents	33,207	33,760
Note 16B: Trade and other receivables		
Net GST receivable from Australian Taxation Office	389,997	380,478
Other receivables	-	36,000
Total trade and other receivables	389,997	416,478
Credit terms for goods and services were within 30 days (2021–22: 30 days).		
No allowance for impairment was required at reporting date (2021–22: nil).		

Accounting Policy

Cash

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

- a) cash on hand;
- b) demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value; and
- c) cash in special accounts.

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

	2023 \$	2022 \$
Note 17A: Suppliers		
Trade creditors and accruals	258,988	811,951
Total suppliers	258,988	811,951
Settlement is usually made within 30 days (2021–22: 30 days).		
Note 17B: Grants		
Non-profit and profit organisations	-	2,876,240
Total grants	-	2,876,240
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2021–22: 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 2023 (2021–22: Nil).

Note 19: Administered – Financial Instruments

	2023 \$	2022 \$
Financial assets measured at amortised cost		
Cash on hand or on deposit	33,207	33,760
Trade and Other Receivables		
Other receivables	-	36,000
Trade and Other Receivables	-	36,000
Total financial assets measured at amortised cost	33,207	69,760
Total financial assets	33,207	69,760
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	258,988	811,951
Grants payable	-	2,876,240
Financial liabilities measured at amortised cost	258,988	3,688,191
Total financial liabilities	258,988	3,688,191

Note 20: Appropriations

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

	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2023 (current and prior years) \$	Variance ³ \$
Departmental					
Ordinary annual services	11,242,000	2,612,593	13,854,593	18,581,756	(4,727,163)
Capital Budget ⁴	83,000	-	83,000	83,000	-
Total departmental	11,325,000	2,612,593	13,937,593	18,664,756	(4,727,163)
Administered					
Ordinary annual services					
Administered items	18,623,000	-	18,623,000	21,930,796	(3,307,796)
Total administered	18,623,000	-	18,623,000	21,930,796	(3,307,796)

Notes:

1. In Departmental \$165,000 was withheld against 2022-23 ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from 2023 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 section 74 receipts. 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 2021-22

	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2023 (current and prior years) \$	Variance ³ \$
Departmental					
Ordinary annual services	11,936,000	5,874,247	17,810,247	15,389,177	2,421,070
Capital Budget ⁴	83,000	-	83,000	83,000	-
Total departmental	12,019,000	5,874,247	17,893,247	15,472,177	2,421,070
Administered					
Ordinary annual services					
Administered items	20,451,000	-	20,451,000	21,243,464	(792,464)
Total administered	20,451,000	-	20,451,000	21,243,464	(792,464)

Notes:

1. There were no amounts withheld against current financial year ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from prior financial year Administered Appropriations.
2. Adjustments to appropriations includes adjustments to current year annual appropriations including PGPA Act section 74 receipts.
3. The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. 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')

	2023 \$	2022 \$
Departmental		
Appropriation Act (No.1) 2020–21	-	2,547,614
Appropriation Act (No.1) 2021–22	-	5,324,965
Supply Act (No.1) 2022–23	-	-
Supply Act (No. 3) 2022–23 ¹	3,145,415	-
Total departmental	3,145,415	7,872,579
Administered		
Appropriation Act (No.1) 2021–22	-	3,574,512
Supply Act (No.1) 2022–23	-	-
Supply Act (No.3) 2022–23	266,715	-
Total administered	266,715	3,574,512

¹ Supply Act (No.3) 2022–23 includes cash and cash equivalents at 30 June 2023. In Departmental \$165,000 was withheld against 2022–23 ordinary annual services Appropriation under Section 51 of the PGPA Act.

Table C: Net Cash Appropriation Arrangements

	2023 \$	2022 \$
Total comprehensive income/(loss) — as per the Statement of Comprehensive Income	(5,162,798)	2,396,106
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹	492,540	540,653
Plus: depreciation of right-of-use assets ²	644,746	578,293
Less: lease principal repayments ²	(717,002)	(631,734)
Net Cash Operating Surplus/ (Deficit)	(4,742,514)	2,883,318

¹ From 2010–11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

² The inclusion of depreciation/amortisation expenses related to right-of-use leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

Note 21: Current/non-current distinction for assets and liabilities

Note 21A: Current/non-current distinction for assets and liabilities	2023	2022
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	123,477	275,640
Trade and other receivables	3,161,092	7,965,636
Prepayments	314,285	167,558
Total no more than 12 months	3,598,854	8,408,834
More than 12 months		
Property, plant and equipment	4,052,266	4,231,571
Intangibles	126,889	217,204
Total more than 12 months	4,179,155	4,448,775
Total assets	7,778,009	12,857,609
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	33,330	216,316
Other payables	382,662	371,976
Leases	829,337	663,100
Employee provisions	718,296	554,848
Other provisions	268,532	264,537
Total No more than 12 months	2,232,157	2,070,777
More than 12 months		
Leases	2,999,351	3,105,637
Employee provisions	1,871,950	1,926,846
Total more than 12 months	4,871,301	5,032,483
Total liabilities	7,103,458	7,103,260
Note 21B: Administered – Current/non-current distinction for assets and liabilities		
	2023	2022
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	33,207	33,760
Trade and other receivables	389,997	416,478
Prepayments	-	10,696
Total no more than 12 months	423,204	460,934
More than 12 months		
	-	-
Total more than 12 months	-	-
Total assets	423,204	460,934
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	258,988	811,951
Grants	-	2,876,240
Total no more than 12 months	258,988	3,688,191
More than 12 months		
	-	-
Total more than 12 months	-	-
Total liabilities	258,988	3,688,191

Appendix B: Acquittal Audit Report related to Cancer Australia's Fundraising Activities

Independent Auditor's Report – Cancer Australia Fundraising Activities



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ABN: 63 271 338 023

CHARTERED ACCOUNTANTS

CANCER AUSTRALIA
ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2023

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Independent audit report in relation to Cancer Australia's statement of income and expenditure of the fundraising activities relating to the Pink Pony appeal ("the Project").

We have audited:

- a) the accompanying statement of Project income and expenditure of Cancer Australia for the year ended 30 June 2023, a summary of significant accounting policies, other explanatory information, and management's attestation statement; and
- b) Cancer Australia's compliance with the *Charitable Fundraising Act 1991* for the year ended 30 June 2023.

Management's responsibility

Management is responsible for:

- a) the preparation and fair presentation of the financial statement in accordance with the *Corporations Act 2001* and Australian Accounting Standards;
- b) such internal control as management determines is necessary to enable the preparation of the financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion, based on our audit, on the statement of income & expenditure of the Project.

We conducted our audit of the financial statement in accordance with *Corporations Act 2001* and Australian Accounting Standards. The applicable Standards require that we comply with relevant ethical requirements and plan and perform our work to:

- a) obtain reasonable assurance about whether the financial statement is free from material misstatement.
- b) Complying with Accounting Standards, *Corporations Regulations 2001*, *Charitable Fundraising Act 1991* and other mandatory professional reporting requirements.

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Liability limited by a scheme approved under Professional Standards Legislation

CANCER AUSTRALIA
ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2023

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Auditor's responsibility (continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the fundraising recipient's preparation and fair presentation of the financial statement, 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 fundraising recipient's internal control. An audit also includes evaluating the appropriateness of accounting policies used by management, as well as evaluating the overall presentation of the financial statement.

Charitable Fundraising Act 1991

We have a responsibility under section 24 of the New South Wales *Charitable Fundraising Act 1991* to report to the entity's members whether, in our opinion the annual financial report of the entity complies with the *Charitable Fundraising Act 1991*, including:

- a) whether the accounts show a true and fair view of the financial results of fundraising appeals for the year to which they relate; and
- b) whether the accounts and associated records have been properly kept during that year in accordance with this Act and the regulations; and
- c) whether money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with this Act and the regulations; and
- d) the solvency of the organisation.

We must also report to members if we are satisfied that

- a) There has been a contravention of this Act or the regulations; and
- b) the circumstances are such that, in the auditor's opinion, the matter has not been or will not be adequately dealt with by comment in the auditor's report on the accounts or by bringing the matter to the notice of the person concerned or of the trustees or members of the governing body of the organisation concerned.

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CANCER AUSTRALIA

ABN: 21 075 951 918

**ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2023**

**INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA**

Opinion

Pursuant to the requirements of section 24(2) of the New South Wales *Charitable Fundraising Act 1991*, in our opinion:

- a) the financial report gives a true and fair view of the financial result of fundraising appeal activities for the financial year ended 30 June 2023; and
- b) the financial report has been properly drawn up, and the associated records have been properly kept for the year ended 30 June 2023, in accordance with the New South Wales *Charitable Fundraising Act 1991*; and
- c) money received as a result of fundraising appeal activities conducted during the year ended 30 June 2023 have been properly accounted for and applied in accordance with the New South Wales *Charitable Fundraising Act 1991*; and
- d) at the date of this report there are reasonable grounds to believe that entity will be able to pay its debts as and when they become due and payable.

Use of Report

This report has been prepared for Cancer Australia in accordance with the Accounting Standards, *Corporations Regulations 2001*, *Charitable Fundraising Act 1991*, and other mandatory professional reporting requirements. We disclaim any assumption of responsibility for any reliance on this report to any persons or users other than Cancer Australia, or for any purpose other than that for which it was prepared.



Stewart Brown

Chartered Accountants
Level 2, Tower 1, 495 Victoria Avenue
Chatswood NSW 2067



Justin Weiner

Audit Partner
Chartered Accountant (357529)
ASIC Registered Company Auditor (540726)

29 August 2023

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Charitable Fundraising

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

Fundraising appeals conducted during the financial period

Donations received to improve outcomes for Australians affected by breast cancer in 2022–23.

Table B.1: Details of aggregated gross income and total expenses of fundraising appeals

	2023 \$	2022 \$
Donations		
Gross proceeds of fundraising appeal	26,306	38,434
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	26,306	38,434
Net margin from fundraising appeals	100%	100%

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.

Table B.2: Comparison by monetary figures and percentages

	2023 \$	2022 \$
Total costs of fundraising appeal	-	-
Gross income from fundraising appeals	26,306	38,434
Percentage	0%	0%
Net surplus from fundraising appeals	26,306	38,434
Gross income from fundraising appeals	26,306	38,434
Percentage	100%	100%

Appendix C: Mandatory Reporting Information

During 2022–23, Cancer Australia undertook advertising to provide information about cancer to health professionals and the community. Additionally, Cancer Australia used market research activities to seek the community's views on the most effective methods to deliver cancer information.

- Prostate Cancer Awareness Month
- Childhood Cancer Awareness Month
- Blood Cancer Awareness Month
- Breast Cancer Awareness Month (You Know Your Breasts Best campaign)
- Lung Cancer Awareness Month
- Pancreatic Cancer Awareness Month
- Sun Safety
- Ovarian Cancer Awareness Month
- Oesophageal Cancer Awareness Month
- Brain Cancer Awareness Month
- Bowel Cancer Awareness Month
- *Our Mob and Cancer* website
- Australian Cancer Plan engagement hub
- Australian Cancer Plan consultation hub
- *Supporting People with Cancer* grant
- Yarn for Life campaign.

Further information on these advertising campaigns is available at canceraustralia.gov.au and in the reports on the Department of Finance's website. The *Campaign Advertising by Australian Government Departments and Agencies Report*, prepared annually by the Department of Finance, provides details of campaigns for which expenditure was greater than \$250,000 (including GST).

Table C.1: Advertising agencies used by Cancer Australia in 2022-23

Organisation	Service provided	Amount paid (GST inclusive)
Romanava	Online social media advertising to increase awareness of the symptoms and risk factors of prostate cancer, blood cancer, breast cancer, lung cancer, pancreatic cancer, ovarian cancer, oesophageal cancer, brain cancer and bowel cancer. There were also campaigns for sun safety awareness for cancer prevention and Men's Health Week. Romanava was also engaged to promote the Children's Cancer website, the Interactive Body Map, Australian Cancer Plan engagement hub, and Australian Cancer Plan public consultation.	\$112,200
Web Marketing Workshop Pty Ltd	Digital search marketing to increase awareness of the Cancer Australia websites and webpages promoting the Our Mob and Cancer website, the Interactive Body Map, Australian Cancer Plan engagement hub, and Australian Cancer Plan public consultation.	\$52,238
Cox Inall Ridgeway	Online social media advertising to increase awareness of the new Our Mob and Cancer website and the opening of the Supporting people with cancer Grant Initiative to Aboriginal and Torres Strait Islander audiences.	\$23,100
FinTV Pty Ltd	Jeannie Ferris Awards recipient video: filming and production. Australian Cancer Plan video filming and production. World Cancer Congress 2022 Digital session 2 — editing and production. 2022 Cancer Connect e-newsletter end of calendar year CEO video message filming and production.	\$17,380
Leon Studios Pty Ltd	Development and production of an Australian Cancer Plan promotion and information animation for Aboriginal and Torres Strait Islander communities and people with cancer.	\$15,021
Carbon Creative	The Australian Cancer Plan First Nations Social Media Campaign.	\$14,575
We Are 27 Creative	Indigenous digital bespoke artwork; 3 additional cultural cell elements.	\$7,150
News Pty Limited	Digital advertising calling for applications for the 2023 Supporting people with cancer Grants Initiative.	\$6,612
Paper Moose Pty Ltd	Australian Comprehensive Cancer Network animated presentation design and build in 16:9 (1920x1080) aspect ratio.	\$5,454
Budsoar t/a Koori Mail	1. Print advertising call for nominees for the 2023 Jeannie Ferris Cancer Australia Recognition Awards. 2. Print and digital advertising call for applications for the 2023 Supporting people with cancer Grants Initiative.	\$3,080
Medianet	Medianet Pro Plan.	\$2,848
National Indigenous Times News Pty Ltd	Digital advertising call for nominees for the 2023 Jeannie Ferris Cancer Australia Recognition Awards.	\$1,969
Dreamtime Creative	Promotional items (pens and canvas bags) for the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners National Conference 2022.	\$1,821
Silver Sun Pictures	Voiceover and audio production.	\$971

Table C.2: Market Research undertaken by Cancer Australia in 2022-23

Organisation	Service provided	Amount paid (GST inclusive)
Cox Inall Ridgeway	Final focus group testing of website content with Aboriginal and Torres Strait Islander people (including those affected by cancer) for the Our Mob and Cancer website.	\$60,935
Carbon Creative	Seek input and insights from Aboriginal and Torres Strait Islander people with cancer, families, and carers on the draft public consultation Australian Cancer Plan.	\$14,575

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 2022–23 were published on AusTender.

Consultancy and non-consultancy contracts

Annual Reports contain information about actual expenditure on reportable consultancy contracts and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website tenders.gov.au.

During 2022–23, there were seven (7) new reportable consultancies entered into totalling actual expenditure of \$0.298 million (GST incl). Seven (7) ongoing reportable consultancy contracts were active during 2022–23, involving total actual expenditure of \$0.505 million (GST incl). The total number of reportable consultancies (14) recorded in financial year 2022–23 amounted to \$0.803 million in total expenditure (GST incl).

Additionally, there were 68 new reportable non-consultancies entered into totalling actual expenditure of \$6.64 million (GST incl). Twenty-one (21) ongoing reportable non-consultancy contracts were active during 2022–23, involving total actual expenditure of \$3.92 million (GST incl). The total number of reportable non-consultancies (89) recorded in financial year 2022–23 amounted to \$10.56 million in total expenditure (GST incl).

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

Cancer Australia is a non-corporate Commonwealth entity. Cancer Australia's reportable contract data for 2022–23 is as follows:

Table C.3: Expenditure on Reportable Consultancy Contracts Current Report Period (2022-23)

	Number	Expenditure \$'000 (GST inc.)
New contracts entered into during the reporting period	7	\$298
Ongoing contracts entered into during a previous reporting period	7	\$505
Total	14	\$803

Table C.4: Expenditure on Reportable Non-Consultancy Contracts Current Report Period (2022-23)

	Number	Expenditure \$'000 (GST inc.)
New contracts entered into during the reporting period	68	\$6,641
Ongoing contracts entered into during a previous reporting period	21	\$3,920
Total	89	\$10,561

Table C.5: Organisations Receiving a Share of Reportable Consultancy Contract Expenditure Current Report Period (2022-23)

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
University of South Australia	37191313308	\$190,223
Jacinta Elston Pty Ltd	98657253220	\$187,330
The Trustee for Singh Family Trust	78769356822	\$81,000
Sustainable Health System Solutions Pty Ltd	24621384 094	\$74,697
Chan, Raymond	28412853630	\$60,000
Career Steer	50123102753	\$42,955
Hudson Global Resources (Aust) Pty Ltd	21002888762	\$41,250
Deloitte Touche Tohmatsu	74490121060	\$39,974
Michael Reid & Associates	94099794715	\$21,075
Cultivating Leadership Pty Ltd	50613626841	\$16,225
Chief Executive Women Limited	72192201209	\$13,200
Sanchia Aranda	56727939916	\$12,787
Calma, Thomas Edwin	93363968224	\$12,000
GG Consultancy	84121089099	\$10,500
Total		\$803,216

Table C.6: Organisations Receiving a Share of Reportable Non-Consultancy Contract Expenditure Current Report Period (2022-23)

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
University of Queensland	63942912684	\$1,367,899
The University of Melbourne	84002705224	\$1,227,122
Evolve FM	52605472580	\$1,052,709
The Nous Group	66086210344	\$752,704
University of Technology Sydney	77257686961	\$689,747
Hays Specialist Recruitment	47001407281	\$610,719
Chill IT Pty Ltd	83137898296	\$601,413
Paper Moose PTY LTD	42150241535	\$561,376
The University of Sydney	15211513464	\$519,975
Randstad	28080275378	\$362,985
Hudson Global Resources (Aust) Pty Ltd	21002888762	\$314,321
Southern Health	82142080338	\$264,273
National Health and Medical Research Council	88601010284	\$214,500
The Cancer Council QLD	48321126727	\$213,337
Carbon Creative	79119646089	\$198,000
Michael Reid and Associates	94099794715	\$134,750

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
Link Digital	58100170625	\$127,539
University of South Australia	37191313308	\$126,240
Australian National University	52234063906	\$110,000
F1 Solutions Pty Limited	62072832878	\$89,465
The Association for Payroll Specialists Pty Limited	43002852762	\$85,800
Aurion Corporation Pty Ltd	63050431868	\$82,294
The Trustee for Insight Economics Hybrid Trust	29627712906	\$78,903
33 Creative Pty Ltd	19602191926	\$74,811
Cox Inall Ridgeway	92103190085	\$70,835
Sax Institute	68095542886	\$68,966
Telstra	33051775556	\$66,183
National Storage	65095053179	\$50,222
Biotext Pty Ltd	17088074846	\$42,900
Burbangana Group Pty Ltd	13145128712	\$36,720
Work Club Australia Pty Ltd	21002888762	\$32,626
Watermark Search International Pty Limited	42115586144	\$29,193
Diligent Board Services Australia Pty Ltd	97154472045	\$27,457
Blaque Digital Pty Ltd	30638808938	\$27,156
Laundry Lane Productions Pty. Ltd.	66142268451	\$24,243
Kapish	33144850162	\$24,178
GrowthOps Services Pty Ltd	84626208777	\$23,601
Concur Holdings (Netherlands) B.V	821182043B02	\$22,491
South Eastern Sydney Local Health District	70442041439	\$18,040
The Cancer Council Victoria	61426486715	\$17,101
LinkedIn Singapore Pte Ltd	73615253408	\$16,048
Clarivate Analytics (UK) Ltd	GB250888089	\$15,630
Big River Connections Pty Ltd	87642195702	\$14,586
Energy Australia	99086014968	\$13,125
Impression Bay Holdings Pty Ltd	86124578141	\$12,930
Effective People Pty Ltd	79063100201	\$12,473
SALT Advertising Group	46135011933	\$12,452
Building & Industrial Cleaning Services Pty Ltd	40003700301	\$10,489
Xaana Pty Ltd	45633947369	\$10,450
Total		\$10,560,977

Disability reporting

The National Disability Strategy is Australia's overarching framework for disability reform. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government will continue to be held accountable for the implementation of the strategy through biennial progress reporting to the Council of Australian Governments. Progress reports can be found at dss.gov.au. Disability reporting is included in the APS Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.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 2022–2023 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- adopting a “paper-light” office, going digital wherever possible
- using ecologically friendly printer paper, paper-based stationery items and cleaning products
- 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 laptops, photocopiers, dishwashers, and printers incorporate energy-saving features.

The buildings in which Cancer Australia leases its office accommodation have a minimum National Australian Built Environment Rating System energy rating of 4.5 stars in Sydney and Canberra of 5.5 stars.

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

Australian Public Service Net Zero 2030

As part of the reporting requirements under section 516A of the *Environment Protection and Biodiversity Conservation Act 1999*, and in line with the Government's APS Net Zero 2030 policy, all non-corporate Commonwealth entities and corporate Commonwealth entities are required to publicly report on the emissions from their operations (there are no exclusions from reporting), commencing with public reporting of 2022–23 emissions in entity annual reports.

Entities will be able to consistently measure and report on their emissions using tools and guidance developed by the APS Net Zero Unit in the Department of Finance. To ensure consistency across reporting, entities are required to use the emissions reporting tool provided by the APS Net Zero Unit to calculate their emissions.

Greenhouse Gas Emissions Inventory – Location-Based Method 2022-23

Greenhouse gas emissions reporting has been developed with methodology that is consistent with the Whole-of-Australian Government approach as part of the APS Net Zero 2030 policy.

Table C.7: Greenhouse Gas Emissions Inventory – Location Based Method Report Period (2022-23)

Emission source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e
Electricity (Location Based Approach)	N/A	28,003	2,302	30,305
Natural Gas	-	N/A	-	-
Fleet Vehicles	-	N/A	-	-
Domestic Flights	N/A	N/A	63,524	63,524
Other Energy	-	N/A	-	-
Total kg CO₂-e	-	28,003	65,825	93,828

Table C.8: Greenhouse Gas Emissions Inventory – Market Based Method Report Period (2022-23)

Emission source	Scope 1 kg CO ₂ -e	Scope 2 kg CO ₂ -e	Scope 3 kg CO ₂ -e	Total kg CO ₂ -e
Electricity (Location Based Approach)	N/A	19,074	2,524	21,598
Natural Gas	-	N/A	-	-
Fleet Vehicles	-	N/A	-	-
Domestic Flights	N/A	N/A	63,524	63,524
Other Energy	-	N/A	-	-
Total kg CO₂-e	-	19,074	66,048	85,122

CO₂-e = Carbon Dioxide Equivalent

Note: Market based approach accounts for activities such as Greenpower, purchased LGCs and/or being located in the ACT

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2022–23 that were exempt from being published on AusTender due to FOI reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2022–23. 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 2022–23 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 IPS 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 2022 to 30 June 2023:

- 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 2022 to 30 June 2023 is available at canceraustralia.gov.au.

Purchasing

In 2022–23, 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.

Indigenous Procurement Policy

Cancer Australia continues to support diversity in our supplier base through the ongoing promotion and application of the Indigenous Procurement Policy. Providing greater opportunities for Indigenous owned businesses to contribute to the Australian economy and create more jobs for local communities.

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/government/procurement/statistics-australian-government-procurement-contracts-

To ensure SME 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 electronic systems and other processes to facilitate on-time payment performance, including payment cards.

Work health and safety

During 2023–23, the following initiatives were undertaken in relation to work health and safety:

- Influenza vaccinations were offered to all employees.
- Workstation assessments were carried out for employees.
- An Employee Assistance Program continued to be offered for employees and their immediate family members.
- The agency's WHS Committee met periodically to review the safety management plan and workplace practices.

Executive Remuneration

Key management personnel are those people who have 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, Chief Operating Officer and Chief Financial Officer, Medical Director, 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 C.9: Details of Accountable Authority during the reporting period
Current Report Period (2022-23)**

Prefix	First Name	Last Name	Post Nominals	Position Title	Start Date (1 July Previous year or after)	End Date (30 June Current year or before)
Professor	Dorothy	Keefe		Chief Executive Officer (CEO)	3 July 2019	2 July 2025

Notes:

Unable to input Date of Cessation on current instrument of appointment 02/07/2025.

Table C.10: Information about remuneration for key management personnel

Name	Position title	Short term benefits			Other benefits and allowances	Post employment benefits	Other long term benefits		Termination benefits	Total remuneration
		Base salary	Bonuses				Long service leave	Other long term benefits		
Keefe, Dorothy	Chief Executive Officer	\$359,677		\$118,811	\$49,026	\$11,313			\$538,827	
Howlett, Claire	Deputy CEO	\$291,347		-	\$47,145	\$8,878			\$347,370	
Wiegold, Elmer	Head Corporate Operations / CFO	\$205,439		-	\$38,266	\$6,144			\$249,849	
Boltong, Anna	Head National Cancer Control	\$212,167		\$24,920	\$32,082	\$6,760			\$275,929	
Toms, Cindy	Head Evidence, Priority Initiatives Communications	\$219,116		\$24,920	\$27,318	\$6,536			\$277,890	
Milch, Vivienne	Medical Director	\$212,633		\$3,528	\$31,795	\$6,063			\$254,019	
Total		\$1,500,379	-	\$172,179	\$225,632	\$45,694	-	-	\$1,943,884	

Table C.11: Information about remuneration for senior executives

Total remuneration bands	Number of senior executives	Short term benefits			Post employment benefits		Other long term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long term benefits			
\$0 – \$220,000	0	-	-	-	-	-	-	-	-	-
\$220,001 – \$245,000	0	-	-	-	-	-	-	-	-	-
\$245,001 – \$270,000	2	\$209,036	-	\$1,764	\$35,030	\$6,102	-	-	-	\$251,934
\$270,001 – \$295,000	0	-	-	-	-	-	-	-	-	-
\$295,001 – \$320,000	2	\$215,641	-	\$24,920	\$29,700	\$6,648	-	-	-	\$276,911
\$320,001 – \$345,000	0	-	-	-	-	-	-	-	-	-
\$345,001 – \$370,000	1	\$291,347	-	-	\$47,145	\$8,877	-	-	-	\$347,370
\$370,001 – \$395,000	0	-	-	-	-	-	-	-	-	-
\$395,001 – \$420,000	0	-	-	-	-	-	-	-	-	-
\$420,001 – \$445,000	0	-	-	-	-	-	-	-	-	-
\$445,001 – \$470,000	0	-	-	-	-	-	-	-	-	-
\$470,001 – \$495,000	0	-	-	-	-	-	-	-	-	-
\$495,001 – \$520,000	0	-	-	-	-	-	-	-	-	-
\$520,001 – \$545,000	1	\$359,677	-	\$118,811	\$49,026	\$11,312	-	-	-	\$538,827



Table C.12: Information about remuneration for other highly paid staff

Total remuneration bands	Number of senior executives	Short term benefits			Post employment benefits	Other long term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances		Average long service leave	Average other long term benefits		
\$0 – \$220,000	0	-	-	-	-	-	-	-	-
\$220,001 – \$245,000	0	-	-	-	-	-	-	-	-
\$245,001 – \$270,000	2	\$209,036	-	\$1,764	\$35,030	\$6,102	-	-	\$251,934
\$270,001 – \$295,000	0	-	-	-	-	-	-	-	-
\$295,001 – \$320,000	2	\$215,641	-	\$24,920	\$29,700	\$6,648	-	-	\$276,911
\$320,001 – \$345,000	0	-	-	-	-	-	-	-	-
\$345,001 – \$370,000	1	\$291,347	-	-	\$47,145	\$8,877	-	-	\$347,370
\$370,001 – \$395,000	0	-	-	-	-	-	-	-	-
\$395,001 – \$420,000	0	-	-	-	-	-	-	-	-
\$420,001 – \$445,000	0	-	-	-	-	-	-	-	-
\$445,001 – \$470,000	0	-	-	-	-	-	-	-	-
\$470,001 – \$495,000	0	-	-	-	-	-	-	-	-
\$495,001 – \$520,000	0	-	-	-	-	-	-	-	-
\$520,001 – \$545,000	1	\$359,677	-	\$118,811	\$49,026	\$11,312	-	-	\$538,827

Appendix D: 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. Cancer Australia's Advisory Groups all have consumer representation.

Cancer Australia values the advice and support provided to the organisation by its advisory groups:

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 achieve the Mission's goal; identifying and advising on leveraging opportunities and investments while ensuring there is no duplication of initiatives, infrastructure or platforms; considering outcomes arising from a review of the Mission; and supporting the development of a revised Mission Implementation Plan.

The group was chaired by Professor Sanchia Aranda AM.

Intercollegiate Advisory Group

The Intercollegiate Advisory Group provides expert advice to Cancer Australia across the spectrum of cancer control to: inform national approaches to reducing 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 control challenges across the continuum from prevention to treatment; and provide advice on emerging issues nationally and internationally to inform Cancer Australia's work.

The group was chaired by Professor Sandra O'Toole.

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 guidance to assist Cancer Australia and the Australian Government in Aboriginal and Torres Strait Islander cancer control. The Leadership Group champions cross-sector collaboration in addressing and monitoring the progress of priorities in the Australian Cancer Plan and the National Aboriginal and Torres Strait Islander Cancer Framework; identifies and leverages opportunities to improve cancer outcomes at system, service and community levels; identifies emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control and options to address these across multiple sectors; and provides input and advice in areas of specialised expertise, as required.

The group was chaired by Professor Gail Garvey.

Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia on the strategic and priority areas of focus in cancer research and data including: work in research, clinical trials and data; strategies to strengthen and build on current programs of work in research, clinical trials and data; current and emerging issues in national and international cancer research, clinical trials and data; and research priorities, priorities for work in data, and key national and international partnerships and collaborations which support Cancer Australia's leadership role in cancer research, clinical trials and data.

The group was chaired by Professor Jane Hall.

National Framework for Genomics in Cancer Control Expert Advisory Group

This advisory group provides high-level strategic and expert advice to Cancer Australia to guide the design, and development of the National Framework for Genomics in Cancer Control. The Group identifies and advises on priority areas and emerging issues of relevance in cancer genomics across the care continuum. They support engagement with the wider sector to ensure that outputs meet the needs of people affected by cancer and provide input and advice in areas of specialised expertise, as required.

The group was chaired by Professor Chris Karapetis.

Australian Cancer Plan Advisory Group

The Australian Cancer Plan Advisory Group provides advice to guide the development of the Australian Cancer Plan. The Group builds support for, and promotes, the development of the Plan, provides strategic input on emerging trends and issues of national significance to cancer control in Australia, and identifies risks, challenges and mitigation strategies in developing the Plan.

The group was chaired by Professor Dorothy Keefe.

Australian Cancer Plan Jurisdictional Reference Group

The Australian Cancer Plan Jurisdictional Reference Group provides a mechanism for state and territory representatives and the Department of Health to provide advice, guidance and expertise to Cancer Australia in developing the Australian Cancer Plan. The Group provides strategic input on emerging jurisdictional trends and issues of national significance to cancer control in Australia and advice on priorities for cancer control in Australia from a national perspective. The Group also builds support for, and promotes, the development of the Plan within their jurisdiction and identifies risks, challenges and mitigation strategies in developing the Plan.

The group was chaired by Professor Dorothy Keefe.

Appendix E: List of Requirements

Below is the table set out in Schedule 2 of the PGPA Rule. Section 17AJ(d) requires this table be included in entities' annual reports as an aid of access.

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	Page i	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)	Page ii	Table of contents (print only).	Mandatory
17AJ(b)		Alphabetical index (print only).	Mandatory
17AJ(c)	Page 139–143	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 131	List of requirements.	Mandatory
17AJ(e)	Inside front cover	Details of contact officer.	Mandatory
17AJ(f)	Inside front cover	Entity's website address.	Mandatory
17AJ(g)	Inside front cover	Electronic address of report.	
17AD(a)	Review by Accountable Authority		
17AD(a)	Page 3	A review by the Accountable Authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 19	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 19–20	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Page 20	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 18	A description of the purposes of the entity as included in corporate plan.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(aa)(i)	Page 124	Name of the Accountable Authority or each member of the Accountable Authority.	Mandatory
17AE(1)(aa)(ii)	Page 124	Position title of the Accountable Authority or each member of the Accountable Authority.	Mandatory
17AE(1)(aa)(iii)	Page 124	Period as the Accountable Authority or member of the Accountable Authority within the reporting period.	Mandatory
17AE(1)(b)	N/A	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory
17AE(2)	N/A	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Page 25	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)	Page 46	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Page 38	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	N/A	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)	Page 43	Information on compliance with section 10 (fraud systems).	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(2)(b)(i)	Page i	A certification by Accountable Authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page i	A certification by Accountable Authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page i	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)	Page 42	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	N/A	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non compliance with Finance law and action taken to remedy non compliance.	If applicable, Mandatory
<i>Audit Committee</i>			
17AG(2A)(a)	Page 44	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 45	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 45	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 45	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 45	The remuneration of each member of the entity's audit committee.	Mandatory
<i>External Scrutiny</i>			
17AG(3)	Page 122	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	N/A	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

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(3)(b)	Page 122	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)	Page 122	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	Page 46	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Page 47–53	Statistics on the entity's employees on an ongoing and non ongoing basis, including the following: <ul style="list-style-type: none"> 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)	Page 47–52	Statistics on the entity's APS employees on an ongoing and non ongoing basis; including the following: <ul style="list-style-type: none"> • Statistics on staffing classification level; • Statistics on full time employees; • Statistics on part time employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as Indigenous. 	Mandatory
17AG(4)(c)	Page 61	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)	Page 61	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)	Page 53	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 61	A description of non salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 53	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(d)(ii)	Page 53	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	Page 53	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	Page 53	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	N/A	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)	Page 123	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
Reportable consultancy contracts			
17AG(7)(a)	Page 116–117	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 116	A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]."</i>	Mandatory
17AG(7)(c)	Page 116	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)	Page 116	A statement that <i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Reportable non-consultancy contracts			
17AG(7A)(a)	Page 117	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	Page 116	A statement that <i>“Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.”</i>	Mandatory
17AD(daa) Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts			
17AGA	Page 118–119	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
Australian National Audit Office Access Clauses			
17AG(8)	N/A	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)	Page 122	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

PGPA Rule Reference	Part of Report	Description	Requirement
Small business			
17AG(10)(a)	Page 123	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)	Page 123	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	N/A	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)	Page 65–108	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	Page 44, 124–127	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)	Page 114	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)	N/A	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 122	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

PGPA Rule Reference	Part of Report	Description	Requirement
17AH(1)(c)	Page 120	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 122	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)	N/A	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Page 11, Advisory Council Chair's review as per section 37 of <i>Cancer Australia Act 2006</i> .	Information required by other legislation.	Mandatory

Glossary

Term	Description
Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which they live.
acute	Of short duration.
basal cell carcinoma	The most common type of skin cancer, which arises in the base of the top layer of skin, often on sun-exposed areas of the body. It is not usually malignant, not spreading to other areas of the body.
benign	Not cancerous. Benign cells are not able to spread like cancer cells.
cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
cancer continuum	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services and end of life care for people living with cancer.
cancer control	Cancer control aims to reduce the incidence, morbidity, and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care. Comprehensive cancer control addresses the whole population, while seeking to respond to the needs of the different subgroups at risk.
carcinoma	A cancer that starts in the tissue that lines the skin and internal organs of the body.
care pathway	The management and sequence of care for a well-defined group of patients during a well-defined period of time, to provide efficient and effective care for patients with similar conditions.
carer	A person who helps someone through an illness or disability such as cancer.
cell	The building blocks of the body. A human body is made of around 30 trillion cells, which are adapted for different functions. Cells can reproduce themselves exactly, unless they are abnormal or damaged, as in the case of cancer cells.
chronic	Lasting for a long time or happening repeatedly.
clinical guidelines	Clinical guidelines are a graded set of recommendations to help clinical decision-making or service planning based on best available research. Ideally all clinical guidelines are developed according to international quality criteria. Some clinical guidelines may be based on systematic review of relevant research.

Term	Description
clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
consumer	Consumer is used to refer to a person affected by cancer as a patient, survivor, carer, or family member; or a consumer organisation representing the views of consumers.
consumer participation	The involvement of consumers in decision-making processes. There are many ways consumers can participate in health decision-making, from working with health care providers to improve their own health, to contributing to the development and management of health services as a consumer representative.
dataset	A complete collection of all observations of particular characteristics about a set of individuals.
diagnosis	The identification and naming of a person's disease.
epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this research to improve health.
genomics	Genomics is the study of genes and other genetic information, their functions, how they interact with each other and with the environment, and how certain diseases, such as cancer, form. This may lead to new ways to prevent, diagnose, and treat cancer.
First Nations people	Aboriginal and Torres Strait Islander people.
goal	An overarching statement about the desired outcome, not usually directly measurable. <i>See also</i> objective and strategy.
governance	The set of responsibilities and practices, policies and procedures, applied by the project or program steering committee. These provide strategic direction, ensure objectives are achieved, manage risks, and use resources responsibly and with accountability.
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.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which they are associated.
industry-independent cancer clinical trials	Clinical trials not funded by industry e.g. pharmaceutical companies. Industry-independent clinical trials may be funded by government, non-government agencies, the not-for-profit sector, or philanthropic organisations.
leukaemia	Cancer that starts in blood-forming tissue such as the bone marrow and produces large numbers of abnormal blood cells. It can be acute or chronic.
lymph	A clear fluid that circulates around the body through a system of vessels, carrying white blood cells that fight infection.
lymph nodes	Also called lymph glands. Small, bean-shaped collections of lymph cells scattered across the lymphatic system. They get rid of bacteria and other harmful things. There are lymph nodes in the neck, armpit, groin and abdomen.
lymphatic system	A network of vessels that carry a clear fluid called lymph from the body's tissues to the bloodstream. The lymphatic system is part of the body's immune system and helps the body fight infection.
lymphoedema	Swelling caused by a build-up of lymph fluid. This happens when lymph nodes do not drain properly, usually after lymph glands are removed.

Term	Description
malignant	Cancerous. Malignant cells can spread and can eventually cause death if they cannot be treated.
mortality	The death rate, or the number of deaths in a certain group of people in a certain period of time.
Multi-site Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, using identical protocols and pooling their data.
objective	A series of action statements arising from a stated goal, which identifies what is going to be different. Evaluated to discover whether a program/project goal has been achieved, partially achieved or not achieved at all.
oncology	A branch of medicine that is focused on the prevention, diagnosis, and treatment of cancer.
palliative care	Care 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 treatment of pain and other problems such as physical, psychosocial and spiritual.
patient-centred	Considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. Patient-centred approach makes patients and their families an integral part of the care team who collaborate with health care professionals in making clinical decisions.
people affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, carers 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, including through health promotion activities. Prevention is the ability to modify certain cancer-causing risk factors to reduce the likelihood of developing cancer.
primary care	<p>Primary care is a sub-component of the broader primary health care system. Primary health care is usually the first contact an individual with a health concern has with the health system. Primary health care covers health care that is not related to a hospital visit, including health promotion, prevention, early intervention, treatment of acute conditions, and chronic condition management.</p> <p>Primary health care services are delivered in settings such as general practices, community health centres, allied health practices, Aboriginal Community Controlled Health Services and via technologies such as telehealth and video consultations. Primary health care professionals include general practitioners, nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists, and Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.</p>
priority-driven cancer research	Research undertaken in identified priority areas. An area might be identified as a priority for a variety of reasons, including a relative lack of research in the area in comparison to the impact that the particular cancer has on society.
prostate cancer	Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
protocol	Detailed written instructions about how to complete a specific task. Describes how, when, where and who should be involved in the task. Protocols may refer to a clinical care process or the working relationship between agencies.
proton beam therapy	A therapy where a beam of protons is used to irradiate cancerous tissue. It is a precise type of radiotherapy that results in less damage to healthy tissue.

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.
radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells or injure them so they cannot grow or multiply.
risk factor	A substance or condition that increases an individual's chances of getting a particular type of cancer.
sarcoma	A malignant tumour that starts in connective tissue.
screening	An organised program (using tests, examinations or other procedures) to identify diseases such as cancer, or changes which may later develop into disease such as cancer, before symptoms appear.
specialist	A doctor who specialises in a particular area of medicine. Cancer specialists are called oncologists.
squamous cell carcinoma of the skin	A type of skin cancer that affects the topmost layer of skin cells. It can develop in response to lifetime UV exposure, and may spread to other parts of the body.
stage	The extent of a cancer and whether the disease has spread from an original site to other parts of the body.
strategy	The detail of actions required to achieve each program/project objective.
supportive care	Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer journey from diagnosis through treatment to post-treatment care. Supportive care includes rehabilitation, secondary cancer prevention, survivorship and end-of-life care.
telehealth	The use of technology, such as video calls, to provide health care where the patient and clinician are not in the same location.
therapy	Another word for treatment, and includes chemotherapy, radiotherapy, hormone therapy, immunotherapy and surgery.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which they live.
translation science	The process of turning observations in the laboratory, clinic, and community into interventions that improve the health of individuals and populations.
tumour	An abnormal growth of tissue. It may be localised (benign), invade adjacent tissues (malignant), or invade distant tissues (metastatic).

Abbreviations

Term	Description
ABN	Australian Business Number
the Advisory Council	the Cancer Australia Advisory Council
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
CEO	Chief Executive Officer
CTGs	Clinical Trials Groups
FAQ	Frequently Asked Questions
FOI	Freedom of Information
FOI Act	<i>Freedom of Information Act 1982</i>
the Framework	the National Framework for Genomics in Cancer Control
GST	Goods and Services Tax
IPS	Information Publication Scheme
LCSP	Lung Cancer Screening Program
the Leadership Group	the Leadership Group on Aboriginal and Torres Strait Cancer Control
MBS	Medicare Benefits Schedule
the Mission	the Australian Brain Cancer Mission
MRFF	Medical Research Future Fund
MSAC	Medical Services Advisory Committee
NACCHO	National Aboriginal Community Controlled Health Organisation
NCCI	National Cancer Control Indicators
NHMRC	National Health and Medical Research Council
NTS	National Technical Services
OAM	Medal of the Order of Australia
OCP	Optimal Care Pathway
PBS	Portfolio Budget Statements
PBT	Proton Beam Therapy
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013</i>
the Plan	the Australian Cancer Plan
the Roadmap	the National Pancreatic Cancer Roadmap
SES	Senior Executive Service
SME	Small and Medium Enterprises
SPWC	Supporting People with Cancer
WHS	Work Health and Safety

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