



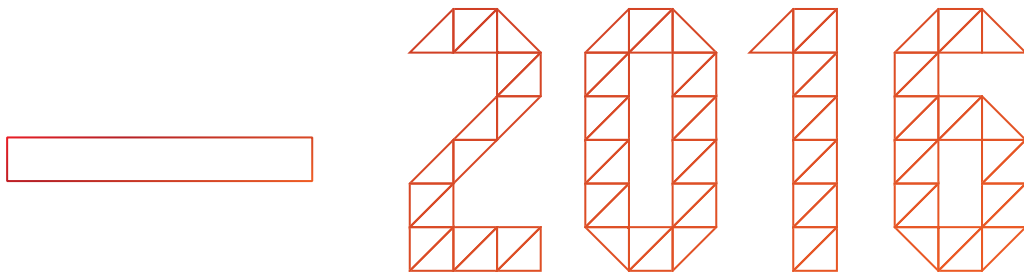
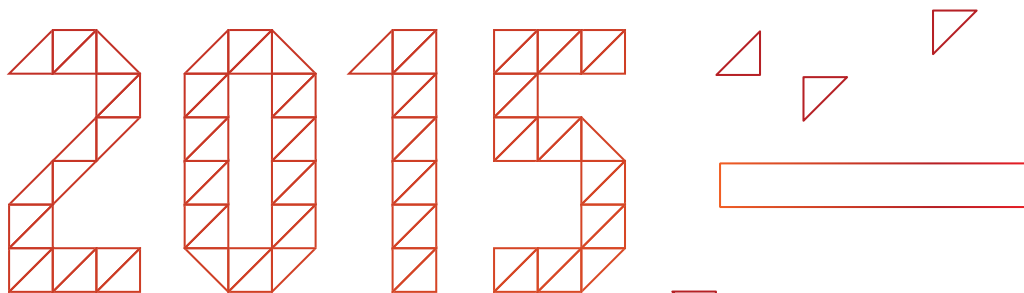
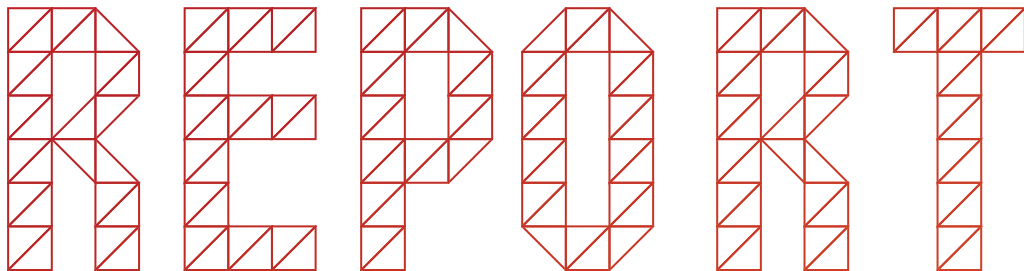
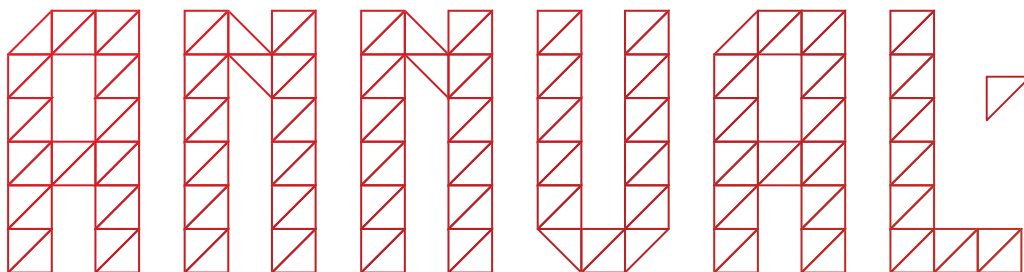
Australian Government
Cancer Australia

ANNUAL

REPORT

2015

— 2016



About this report

Cancer Australia's annual report has been prepared in accordance with the Requirements for Annual Reports, approved by the Joint Committee of Public Accounts and Audit on 2 May 2016.

The annual report is available in print from 27 libraries around Australia and online at <https://canceraustralia.gov.au/about-us/accountability-and-reporting>.

Contact us

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All information in this publication is correct as at October 2016.

Letter of transmittal



Australian Government
Cancer Australia

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2016.

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*.

I certify in compliance with section 10 of the *Public Governance Performance and Accountable Rule 2014* that:

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

Yours sincerely,

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

Professor Helen Zorbas AO
Chief Executive Officer
Cancer Australia

10 October 2016

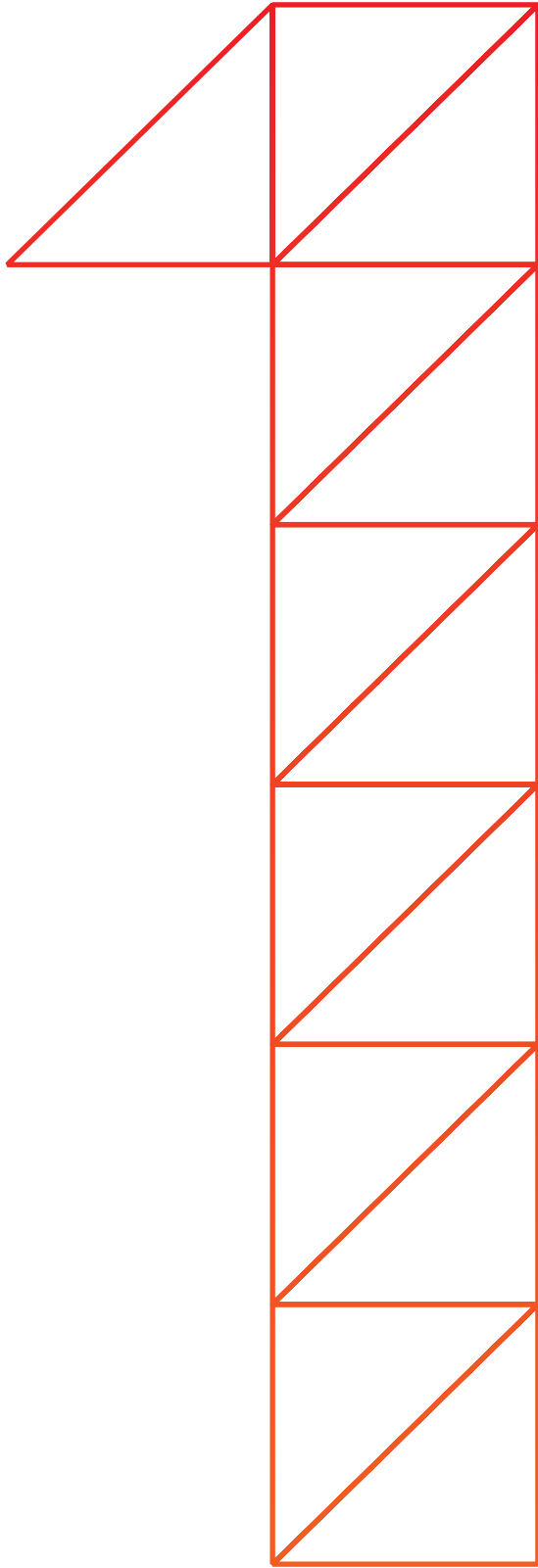
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Overview

Chief Executive Officer's Review

It is with great pleasure that I present Cancer Australia's Annual Report 2015–16 and reflect on the agency's achievements over the past year in working towards minimising the impact of cancer on the community.



In 2015–16, Cancer Australia continued to provide national leadership through collaboration and engagement with the cancer control sector, and the implementation of policies and programs which support improved outcomes for Australians affected by cancer.

Cancer Australia's work in 2015–16 was underpinned by the agency's performance framework which incorporated Cancer Australia's Portfolio Budget Statement 2015–16; Corporate Plan 2015–16; Strategic Plan 2014–2019; and Business Plan 2015–16.

In line with this performance framework and consistent with its program objectives, Cancer Australia has worked to promote effective cancer care, fund priority research, strengthen national data capacity,

promote cancer awareness, and provide information about cancer to the community. Cancer Australia's results for each of these program objectives are outlined in Part 3 of this Annual Report; and information on Cancer Australia's management and accountability, including financial results, is provided in Part 4.

To shape national cancer control, Cancer Australia finalised development of a Cancer Australia Statement—*influencing best practice in breast cancer*—which identifies 12 key appropriate and inappropriate practices in breast cancer care. Developed through engagement with all relevant clinical groups, cancer organisations and consumers, the Statement brings together evidence and expertise to influence best practice breast cancer care in the Australian context.

To ensure evidence informs practice
Cancer Australia published clinical practice guidance for the use of hypofractionated radiotherapy for early (operable) breast cancer; and for the management of menopausal symptoms in women with a history of breast cancer.

To increase community understanding about the primary prevention of cancer, in 2015–16 Cancer Australia launched *Check your cancer risk*, a new interactive online tool to help people understand how their lifestyle behaviours contribute to cancer risk. *Check your cancer risk* is based on Cancer Australia's Position Statement *Lifestyle risk factors and the primary prevention of cancer*, which provides a summary of the international evidence and recommendations regarding modifiable lifestyle factors and cancer risk.

To address national data gaps, strengthen and guide national cancer control efforts and drive improvements in national cancer data and cancer outcomes, Cancer Australia developed the National Cancer Control Indicators Framework. The Framework will enable the monitoring, reporting and benchmarking of trends in key indicators of cancer control over time nationally and internationally.



Together with five Funding Partners (Cancer Council Australia, Cancer Council NSW, Cure Cancer Australia Foundation, National Breast Cancer Foundation and The Kids' Cancer Project), Cancer Australia awarded cancer research grants totalling almost \$10 million to 27 applicants through the 2015 round of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS).



Throughout the year Cancer Australia continued work to demonstrate new approaches to care in lung cancer and breast cancer. In 2015–16 Cancer Australia engaged four health service Collaborations (which incorporated 11 sites across NSW, TAS, QLD and WA) to demonstrate improvements in the delivery of best-practice lung cancer treatment and care, in line with Cancer Australia's *Principles for best practice management of lung cancer in Australia*.

Cancer Australia has also demonstrated and evaluated an approach to shared follow-up care for women with early breast cancer between specialists and GPs at five specialist breast cancer services across Australia (QLD, NSW, SA and two sites in VIC), to address the need for innovative patient-centred models of care as a result of an increasing incidence of breast cancer and improving survival rates.

To assist in the development and implementation of evidence-informed programs, in 2015–16 Cancer Australia released the *National Framework for Gynaecological Cancer Control*. The Framework identifies key priority areas and strategies to guide future directions to improve outcomes for women with gynaecological cancers in Australia.

To reduce unwarranted variations in cancer outcomes experienced by Aboriginal and Torres Strait Islander peoples, Cancer Australia in 2015–16 launched the first *National Aboriginal and Torres Strait Islander Cancer Framework* which identifies seven national evidence-based priorities. With Indigenous Australians 30% more likely to die from cancer than non-Indigenous Australians¹, this is part of the agency's important work to address disparities and improve outcomes for Aboriginal and Torres Strait Islander people affected by cancer.

¹ Australian Institute of Health and Welfare 2014. Cancer in Australia: an overview, 2014. Cancer series No 90. Cat. no. CAN 88. Canberra: AIHW.

Building on the launch of the Framework, Cancer Australia convened a session at the inaugural World Indigenous Cancer Conference where a panel of expert leaders in Indigenous cancer control in Australia discussed putting the *National Aboriginal and Torres Strait Islander Cancer Framework* into practice to a capacity audience of national stakeholders.

In 2015–16, Cancer Australia developed a number of information resources to support Aboriginal and Torres Strait Islander people with cancer and the health workers that care for them including:

- information on lung cancer to support Aboriginal and Torres Strait Islander people diagnosed with lung cancer and their families
- a gynaecological cancers handbook to build the capacity of Aboriginal and Torres Strait Islander Health Workers to provide evidence-based information and support to their communities; and
- consumer information to increase Aboriginal and Torres Strait Islander women's understanding of the risk factors and symptoms of breast and gynaecological cancers and promote the importance of breast screening, cervical cancer screening and HPV vaccination.



Through a number of initiatives Cancer Australia continued to promote cancer awareness and provide evidence-based information about cancer to the broad community in 2015–16. Cancer Australia responded to 95 requests for expert media comment or information, with features in 1,605 stories across all forms of media.



Cancer Australia's website continues to act as an important resource for trusted, reliable evidence-based information for health professionals; people with cancer and their families; and the community. In 2015–16 Cancer Australia launched the Children's Cancer Website, a one-stop shop to address identified gaps in easily accessible and evidence-based information for families and carers of children with cancer and the health professionals who care for them.

To contribute to reducing the impact of cancer in local communities and improve the information and support networks available to people diagnosed with cancer, Cancer Australia awarded four grants to community organisations through the *Supporting people with cancer Grant* initiative in 2015–16. Cancer Australia also awarded four Ralph Lauren Pink Pony seeding grants to community organisations to improve access to quality information, support and services for women with breast cancer in Australia.

During 2015–16, people affected by cancer continued to be engaged across all aspects of our work. One hundred and eighty-nine consumers participated in Cancer Australia activities through representation in the agency's Advisory Council, strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels. Cancer Australia also hosted a Consumer Forum in which 60 organisations or individuals participated.

I welcome the new members of the Advisory Council appointed this financial year and acknowledge their insights and contribution to Cancer Australia's program of work. I would like to especially thank the new Chair of the Advisory Council, Professor Robert Thomas, for his support and guidance.

I also wish to thank and acknowledge the outgoing Chair of the Advisory Council, Professor Jim Bishop, for his personal support, his outstanding contribution to the work of Cancer Australia and his leadership of the Council over the past three years.

Cancer Australia's strategic and program advisory groups and the members of the agency's various project steering committees, working groups and assessment panels, provide invaluable guidance to Cancer Australia. They provide insights into future priorities for the agency and emerging issues in cancer control and help support the delivery of quality program outcomes. I thank all members of these groups for their contributions throughout the year.

I would like to thank the many health professionals, professional colleges and organisations that provided their support and expert input to Cancer Australia's important work in providing evidence-based, best practice clinical guidance and information for people affected by cancer.

I would like to especially acknowledge the Minister for Health, the Hon Sussan Ley MP, for her much valued support and engagement with Cancer Australia's work during 2015–16.

Cancer Australia values the productive and collegiate relationship with the Department of Health, as well as our fellow Health agencies, the Australian Institute of Health and Welfare (AIHW) and the National Health and Medical Research Council (NHMRC), and I thank them for their support and collaboration throughout the year. I also acknowledge the jurisdictional representatives and clinical experts for their work with us through the National Cancer Expert Reference Group.

Finally, I would like to acknowledge the staff of Cancer Australia for the extraordinary efforts, professionalism and commitment they bring to our cancer control efforts. The exceptional outputs and quality of their work during the year enable us to deliver effectively on our expansive body of work. Cancer Australia is privileged to have staff dedicated to the agency's purpose of minimising the impacts of cancer.

Cancer Australia looks forward to continuing to provide national cancer control leadership and improve outcomes for people with cancer, their families and carers.



Helen Zorbas AO

Advisory Council Chair's Review



I am very pleased to provide my first Review of Cancer Australia since taking up the role as Chair of the Cancer Australia Advisory Council.

In September 2015, the Hon Sussan Ley MP, the Federal Minister for Health announced the appointment of a renewed membership of the Cancer Australia Advisory Council, given the end of the previous members' terms. In addition to my own appointment, eight new members were announced by the Minister to join the Council for a period of three years.

During 2015–16 the Cancer Australia Advisory Council (the Council) has provided advice to Cancer Australia about the performance of its functions in relation to its national leadership role in cancer control.

Members provide expertise, knowledge and skills across many areas including academia, cancer research, clinical practice, health policy, health service delivery, political science, psychosocial care, rural health, and supportive care; and for some, personal experience with cancer. Perhaps most importantly the new Council provides an increased voice from those with a particular experience of cancer, the ultimate focus for Cancer Australia's cancer control efforts in our country.

In 2015–16, the Council I am pleased to say provided valuable insights to inform the key strategic issues facing Cancer Australia. These include issues in the broad areas of cancer prevention, cancer treatment and supportive care. Our discussions focused on the significant and advancing government initiatives in interpretation of data to better understand the landscape of cancer care delivery. Cancer Australia's commitment to the collection and reporting of national data on cancer stage, treatment and recurrence is an important part of this initiative.

Targeted support of health and medical research, the enhancement of primary care, and other emerging issues in cancer control have all been key areas of discussion for the Council. I am particularly proud of Cancer Australia's work in addressing disparities in cancer outcomes for Aboriginal and Torres Strait Islander people and producing practical programs to address the needs of our First Australians.



I am particularly grateful for the efforts of all the Council members in their consideration of the complex cancer control issues being addressed by Cancer Australia and want to acknowledge their informed contribution to the Council's deliberations.



On behalf of current and past Council members, I would like to express gratitude to the immediate past Chair, Professor Jim Bishop AO, whose three year term as Chair ended in February 2016. Professor Bishop made an outstanding contribution to the Council and to Cancer Australia.

The Council particularly acknowledges the Minister for Health, the Hon Sussan Ley MP, for her support of and interest in Cancer Australia's work and achievements in 2015–16.

Finally, I would like to commend the high level of expertise of the staff of Cancer Australia and acknowledge the leadership of the CEO, Helen Zorbas and her senior management team, in delivering a successful program of work in 2015–16.

It is a privilege to be the Chair of the Council of such a respected organisation. I am looking forward to continuing to work with fellow Council members and Cancer Australia and supporting the agency to drive a strategic agenda for cancer control in 2016–17.

Professor Robert Thomas OAM

Cancer Australia Advisory Council

Establishment and functions

The Advisory Council has been established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. During 2015–16, the Advisory Council comprised nine members, as appointed by the Minister for Health.



Advisory Council members bring knowledge and experience from the diverse communities and sectors in which they live and work, and offer a wealth of professional knowledge and skills that add value to the work and strategic directions of Cancer Australia.



Membership

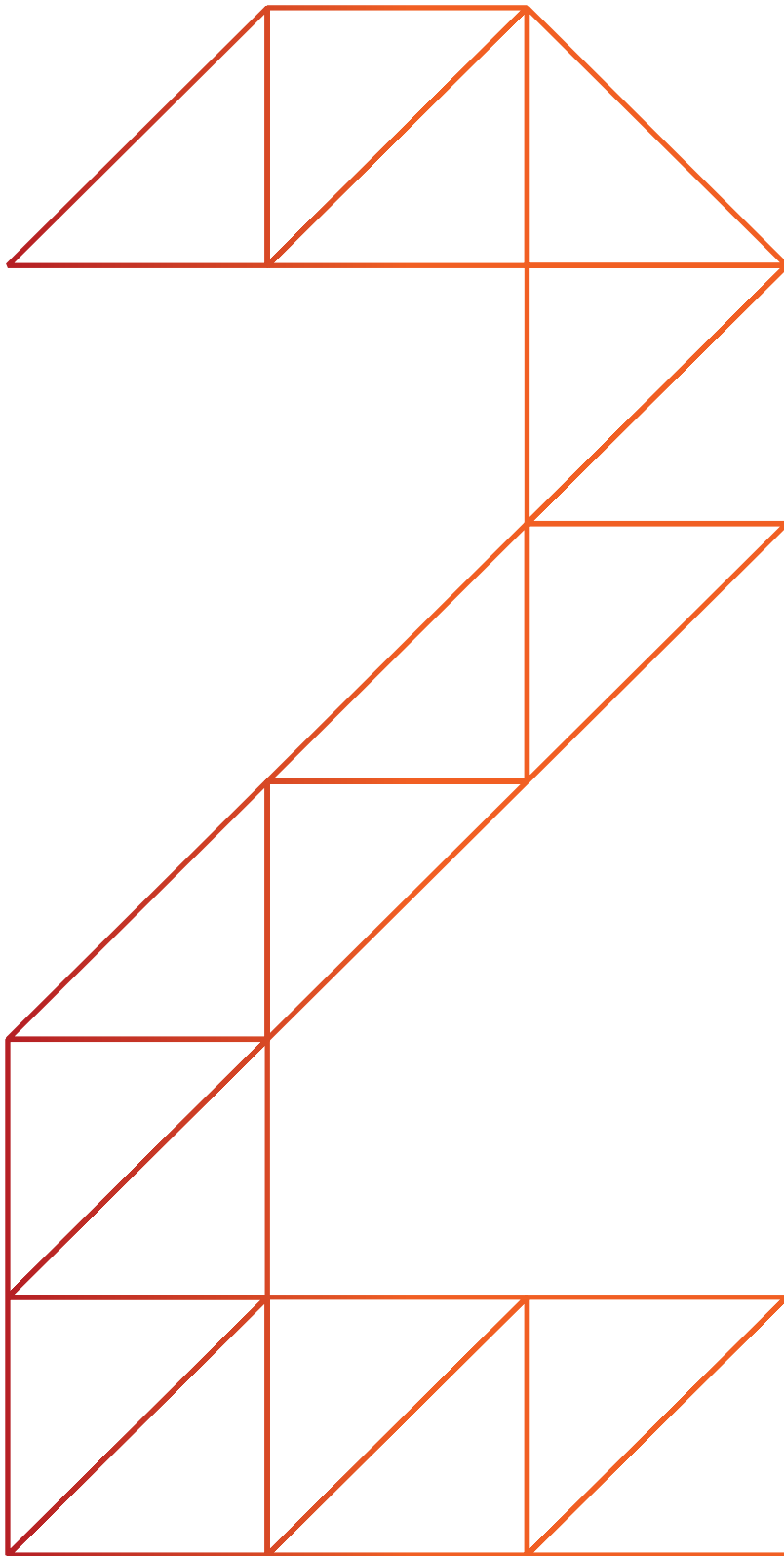
The 2015–16 members of the Advisory Council are:

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

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

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







About Cancer Australia

About Cancer Australia

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

Cancer is a major cause of illness and death in Australia, and is the greatest contributor to the fatal burden of disease (34 per cent of the total burden of disease).^{1,2} In Australia, one in two men and one in three women are expected to be diagnosed with cancer by the age of 85 years and the incidence of cancer is projected to continue to increase.^{3,4} It is estimated that, in 2016, there will be 130,470 new cases of cancer diagnosed in Australia.⁵ By 2020, the incidence is projected to be approximately 150,000 (see Figure 2.1).⁶

¹ Australian Institute of Health and Welfare (AIHW) 2016, *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011*, Australian Burden of Disease Study series No 3, cat. no. BOD 4, AIHW, Canberra.

² Burden of disease is the years of healthy life lost through premature death or disability due to illness or injury. 94 per cent of the cancer burden comes from the years of life lost due to premature death.

³ AIHW 2016. *Australian Cancer Incidence and Mortality (ACIM) books: All cancers combined*. AIHW, Canberra aihw.gov.au/acim-books. Accessed: June 2016.

⁴ AIHW 2012, *Cancer incidence projections: Australia, 2011 to 2020*, Cancer series no. 66, cat. no. CAN 62, AIHW, Canberra.

⁵ Australian Institute of Health and Welfare 2014. *Cancer in Australia: an overview 2014*. Cancer series No 90. Cat. no. CAN 88, AIHW, Canberra.

⁶ Australian Institute of Health and Welfare 2012, *Cancer incidence projections: Australia, 2011 to 2020*.

Cancer incidence together with increased cancer survival rates and advances in cancer treatments and technology pose many challenges for the health system. A strategic and coordinated response that promotes prevention, early detection and effective cancer treatment and care, is critical to improve cancer outcomes in Australia.

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

Cancer Australia provides national leadership in cancer control across the continuum of care. Cancer Australia provides recommendations to the Australian Government about cancer policies and priorities; assists with the implementation of Australian Government policies and programs in cancer control; builds the evidence base to guide improvements in cancer prevention, treatment and care through the translation of scientific research and data; and oversees a dedicated budget for research into cancer.

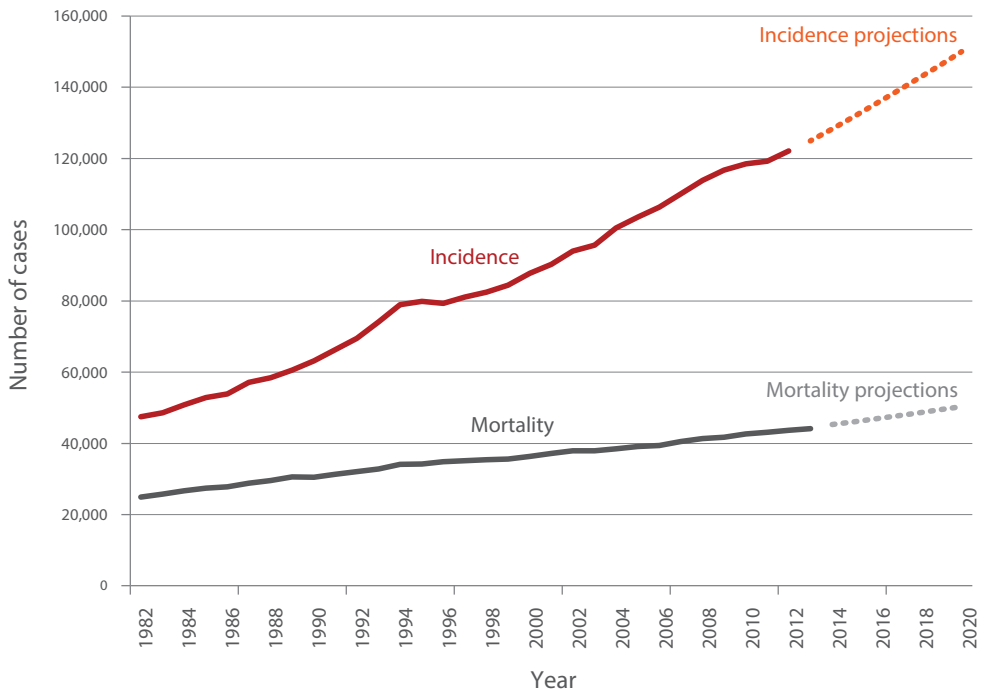
Cancer Australia works to address disparities in cancer outcomes, with a particular focus on Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

Cancer Australia achieves its objectives by harnessing expertise, effective partnerships, and a collaborative model that fosters engagement across the health system. The agency maintains a strategic and inclusive approach to consumer engagement in order to ensure that its work is informed by and responsive to the needs of people affected by cancer and the broader community.

Purpose

Cancer Australia’s purpose as stated in the agency’s 2015–16 Corporate Plan is to *minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.*

FIGURE 2.1: TRENDS IN INCIDENCE AND MORTALITY OF ALL CANCER COMBINED, AUSTRALIA ^{7, 8, 9}



⁷ AIHW 2016. *Australian Cancer Incidence and Mortality (ACIM) books*. AIHW, Canberra <http://www.aihw.gov.au/acim-books/>. Accessed: June 2016.

⁸ AIHW 2012. *Cancer incidence projections: Australia, 2011 to 2020*.

⁹ AIHW 2016. *Cancer mortality trends and projections: 2014 to 2025*. AIHW, Canberra <http://www.aihw.gov.au/cancer/mortality-trends-projections/> Accessed: June 2016.

Functions and role

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

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

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

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

Organisational structure

Cancer Australia is led by the CEO, Professor Helen Zorbas AO. Professor Zorbas is supported by the Executive Director, Associate Professor Christine Giles who has responsibility for Policy, Strategy and Public Reporting; and the Chief Finance Officer, Ms Anne Hicking. The General Manager responsibilities are set out below:

Cancer Care—Ms Jennifer Chynoweth

Corporate Affairs—Mr Bill Northcote

Health Promotion and Communication—
Ms Jane Salisbury

Knowledge Management—
Mr Paul Jackson (Acting)

Service Development and Clinical Practice—
Dr Cleola Anderiesz.

At 30 June 2016 Cancer Australia had 72 employees, of whom 58 were ongoing.

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

Cancer Australia's head office is located in Sydney. In 2015–16, the agency also continued its shared accommodation and service level agreement with the NHMRC for specified transactional corporate services in the Canberra and Melbourne (until October 2015) offices.

The Cancer Australia Advisory Council

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

Audit Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose members are Ms Glenys Roper (Chair), Ms Fran Raymond, and Cancer Australia's Executive Director, 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 stated outcome of Cancer Australia's work in the 2015–16 Portfolio Budget Statements was:



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

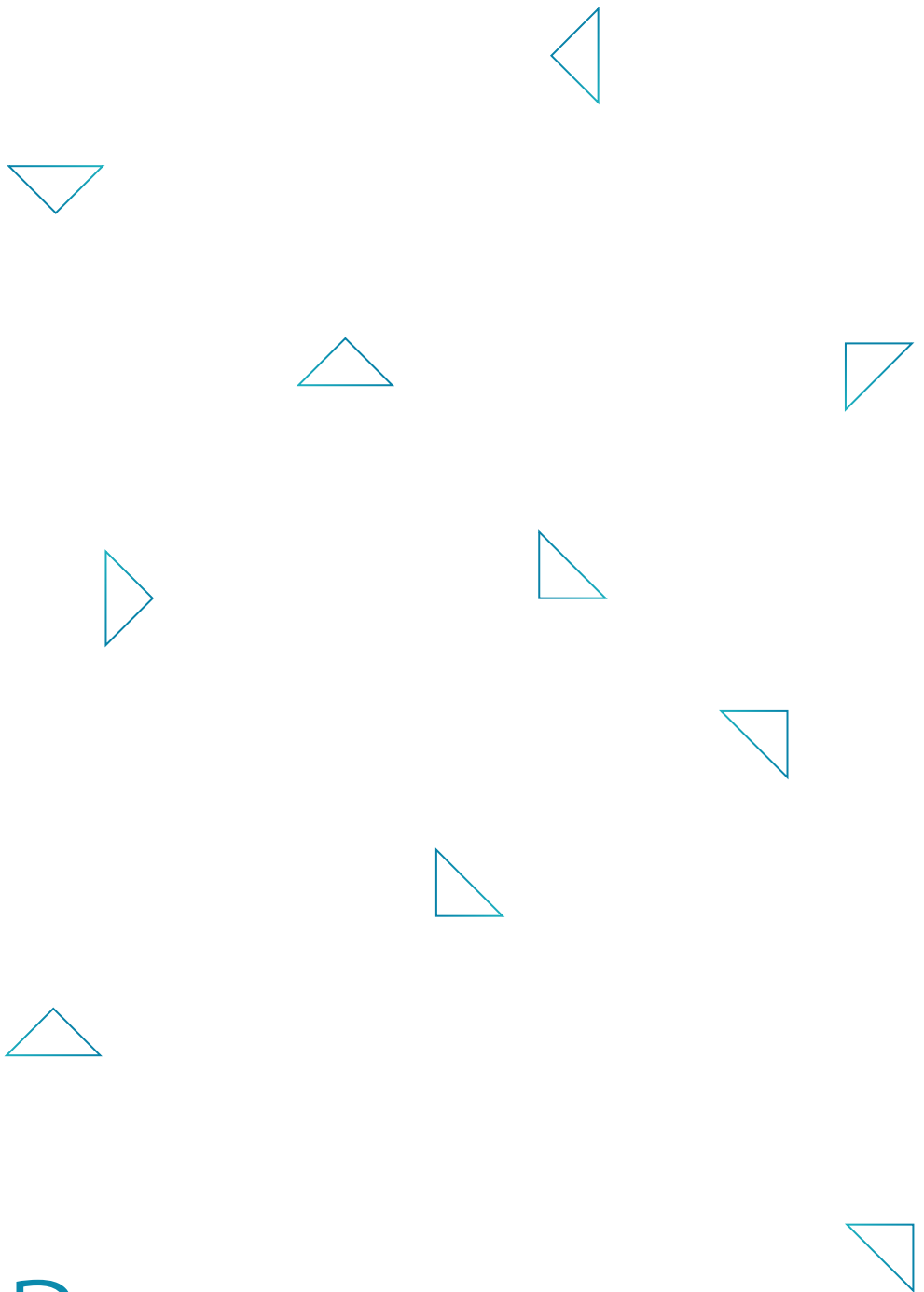


The program attached to this outcome is *Programme 1.1: Improved cancer control*.

The full Agency Budget Statement for 2015–16 is available at: [health.gov.au/internet/budget/publishing.nsf/Content/2015-2016_Health_PBS_sup3/\\$File/2015-16_Health_PBS_4.07_CA.pdf](http://health.gov.au/internet/budget/publishing.nsf/Content/2015-2016_Health_PBS_sup3/$File/2015-16_Health_PBS_4.07_CA.pdf)







Report on performance

Annual Performance Statement

I, as the accountable authority of Cancer Australia, present the 2015–16 annual performance statement of Cancer Australia, as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). In my opinion, these annual performance statements are based on properly maintained records, accurately reflect the performance of the entity, and comply with subsection 39(2) of the PGPA Act.

Purpose

To minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control—
Outcome 1: Population Health.

Results

The following section highlights the results achieved against **Cancer Australia's three program objectives** as outlined in the 2015–16 Portfolio Budget Statements.

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

Performance Criterion	Target	Criterion Source	Result
Translate research into evidence-based information to inform policy and practice.	Evidence is advanced about the most appropriate interventions across the continuum of cancer care.	Programme 1.1, 2015–16 Portfolio Budget Statements, p. 306.	See 1.1 below.
Improve outcomes for Australians diagnosed with cancer.	Demonstrated improvements in the delivery of best practice cancer care for identified cancers.	Programme 1.1, 2015–16 Portfolio Budget Statements, p. 306.	See 1.2 below.
	Demonstrate effective models of cancer care at 16 sites across Australia. ¹⁰	Cancer Australia Corporate Plan 2015–16 to 2018–19, p. 5.	See 1.3 below.
	Publish evidence-based national priorities to address disparities and improve outcomes for Aboriginal and Torres Strait Islander people.	Cancer Australia Corporate Plan 2015–16 to 2018–19, p. 5.	The National Aboriginal and Torres Strait Islander Cancer Framework was released in 2015–16.

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

In 2015–16, Cancer Australia advanced evidence about the most appropriate cancer interventions through the translation of research into the following three clinical practice guidance documents:

- *Cancer Australia Statement— influencing best practice in breast cancer*—a Statement which identifies and provides the supporting evidence for key appropriate and inappropriate practices in breast cancer across the continuum of cancer care

- *Recommendations for use of hypofractionated radiotherapy for early (operable) breast cancer*—clinical practice guidance which includes statements, recommendations and practice points regarding the use of hypofractionated radiotherapy for the treatment of women with early breast cancer
- *The management of menopausal symptoms of younger women with breast cancer*—clinical practice guidance which provides evidence-based recommendations for a range of interventions for the management of menopausal symptoms in women who have been treated for breast cancer.

¹⁰ This was incorrectly printed as '26 sites' instead of '16 sites' in the *Cancer Australia Corporate Plan 2015–16 to 2018–19* due to a typographical error.

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

Cancer Australia funded four health service collaborations comprising eleven sites across Australia to demonstrate the delivery of best practice lung cancer care in line with Cancer Australia's evidence-based *Principles for best practice management of lung cancer in Australia*.

In 2015–16, Cancer Australia evaluated the extent to which the health service collaborations implemented strategies to deliver three of the five Principles, namely timely access to evidence-based pathways of care, multidisciplinary care, and data-driven improvements. The evaluation methodology comprised the synthesis of quantitative and qualitative data from project management documentation and interviews with key informants including Clinical Leaders and Project Coordinators in each of the four collaborations.

The evaluation demonstrated that the health service collaborations were successful in implementing a range of strategies aligned with these Principles.

1.3 Demonstrate effective models of cancer care across Australia.

Cancer Australia demonstrated, through the completion of an evaluation of the implementation of shared follow-up care for women with early breast cancer, effective models of shared follow-up care between GPs and specialists. Shared follow-up care involved a team-based approach to care after completion of active treatment for early breast cancer, with the woman's follow-up care shared between the specialist team associated with the tertiary hospital and the woman's General Practitioner.

The evaluation of shared follow-up care for women with early breast cancer at five tertiary hospital sites comprised synthesis of quantitative and qualitative data sourced from patient-held shared care plans and interviews with General Practitioners, patients and care coordinators. The evaluation found that best practice guidelines for follow-up care for early breast cancer are adhered to within a shared follow-up care model and that shared follow-up care facilitates increased access to care, patient satisfaction, and patient involvement.

Cancer Australia demonstrated effective models of cancer care in breast cancer (five sites) and lung cancer (11 sites), totaling 16 sites across Australia.

2. Fund priority research and strengthen national data capacity

Performance Criterion	Target	Criterion Source	Result
Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme.	7	Programme 1.1, 2015–16 Portfolio Budget Statements, p. 307.	20
Percentage of funding for applied research through the Priority-driven Collaborative Cancer Research Scheme.	≥70%	Programme 1.1, 2015–16 Portfolio Budget Statements, p. 307 and Cancer Australia Corporate Plan 2015–16 to 2018–19, p.5.	82%
Address national data gaps.	Develop a Framework of National Cancer Control Indicators.	Cancer Australia Corporate Plan 2015–16 to 2018–19, p.5.	The Framework of National Cancer Control Indicators was finalised in 2015–16.

3. Promote cancer awareness and provide information about cancer to the community

Performance Criterion	Target	Criterion Source	Result
Total number of Cancer Australia resources available to inform health professionals, consumers and the community.	275	Programme 1.1, 2015–16 Portfolio Budget Statements, p. 306 and Cancer Australia Corporate Plan 2015–16 to 2018–19, p.5.	628
Number of consumers involved in Cancer Australia advisory and project activities.	60	Programme 1.1, 2015–16 Portfolio Budget Statements, p. 307.	189
Average monthly visits to the Cancer Australia website.	65,000	Cancer Australia Corporate Plan 2015–16 to 2018–19, p.5.	85,000

Analysis

Cancer is a national health priority, with one in two men and one in three women expected to be diagnosed in their lifetime.

Cancer Australia's performance in 2015–16 demonstrated its leadership and authoritative voice in cancer control and supported the agency to achieve its purpose—to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia.

Cancer Australia has a long and successful record using strategic collaboration as a key enabler to achieving outcomes. Cancer Australia works with the Department of Health and other Government departments and agencies to support a shared direction, and aims to foster and maximise collaboration and coordination across sectors and amongst cancer control groups to increase community knowledge and improve cancer outcomes. The agency's focus on strategically harnessing consumer engagement and health sector expertise across its program of work aims to ensure Cancer Australia's work is informed, relevant and responsive and contributes towards achieving its purpose.

Responding to the need to deliver optimal outcomes for people with cancer and provide value for the health system, Cancer Australia carefully defines, plans and prioritises its body of work to deliver tangible and sustainable responses to current and emerging cancer control challenges.

As a designated small agency the dedication, skills, knowledge and expertise of Cancer Australia's staff has significantly contributed to its performance outcomes. Cancer Australia also engages with external specialist expertise where it will enhance the quality and impact of its work.



Cancer Australia utilises its robust performance management frameworks to regularly collect information relating to the performance of its programs; monitor and analyse progress; ensure alignment of its efforts with its purpose; and maintain strong links between performance reporting, planning and management.



628

Cancer Australia resources available
for health professionals and consumers

110412

downloaded from the **Cancer Australia website**

Evaluated the
delivery of **best
practice lung
cancer care at**

11

**health service
sites** across
Australia

Cancer Australia featured in

1605

stories across all forms of **media**

Launch of Australia's

1ST
National Aboriginal
and Torres
Strait Islander
Cancer Framework

Together **with 5 funding partners Cancer Australia provided** just under

\$10 MIL

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

100

consumers involved in Cancer Australia's work

300

average monthly visits to the Cancer Australia website

Report on financial performance

Resource statement and resources for outcomes

TABLE 3.1: CANCER AUSTRALIA'S RESOURCE STATEMENT 2015-16

	Actual available appropriation for 2015-16	Payments made 2015-16	Balance remaining 2015-16
	\$'000	\$'000	\$'000
Ordinary annual services¹¹			
Departmental appropriation	17,482	-	-
Adjustment for prior year reserves ¹²	(2,117)	-	-
Adjustment for s.74 receipts	171	-	-
Total	15,536	11,001	4,535
Administered expenses			
Outcome 1— Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support	16,938	16,854	-
Total	32,474	27,855	-
Total net resourcing and payments	32,474	27,855	-

¹¹ Appropriation Act (No.1) 2015-16.

¹² Includes an amount of \$82,000 for the Department Capital Budget. For accounting purposes this amount has been designated as 'contributions by owners'.

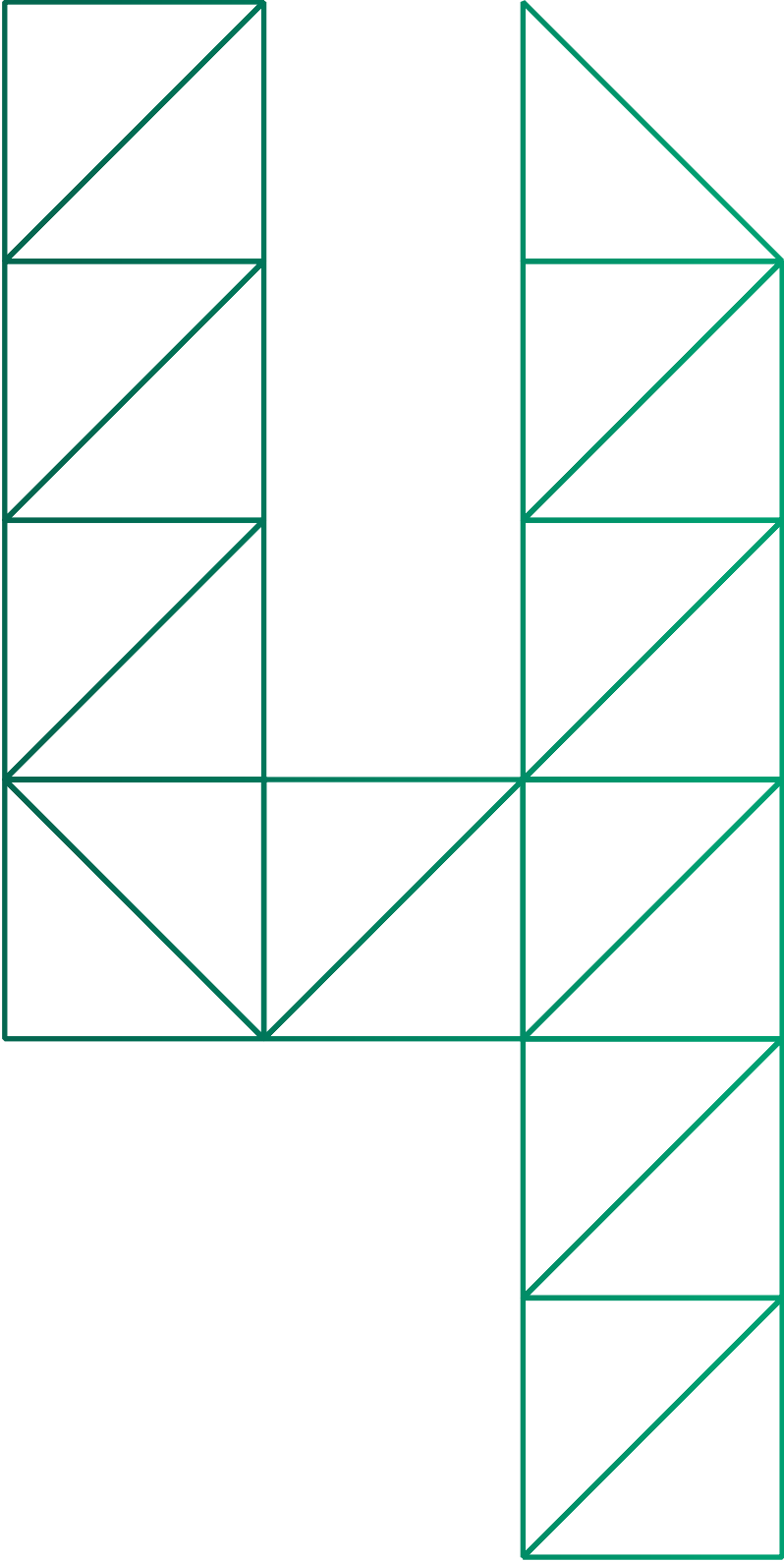
TABLE 3.2: CANCER AUSTRALIA'S SUMMARY RESOURCE TABLE BY OUTCOME 2015-16

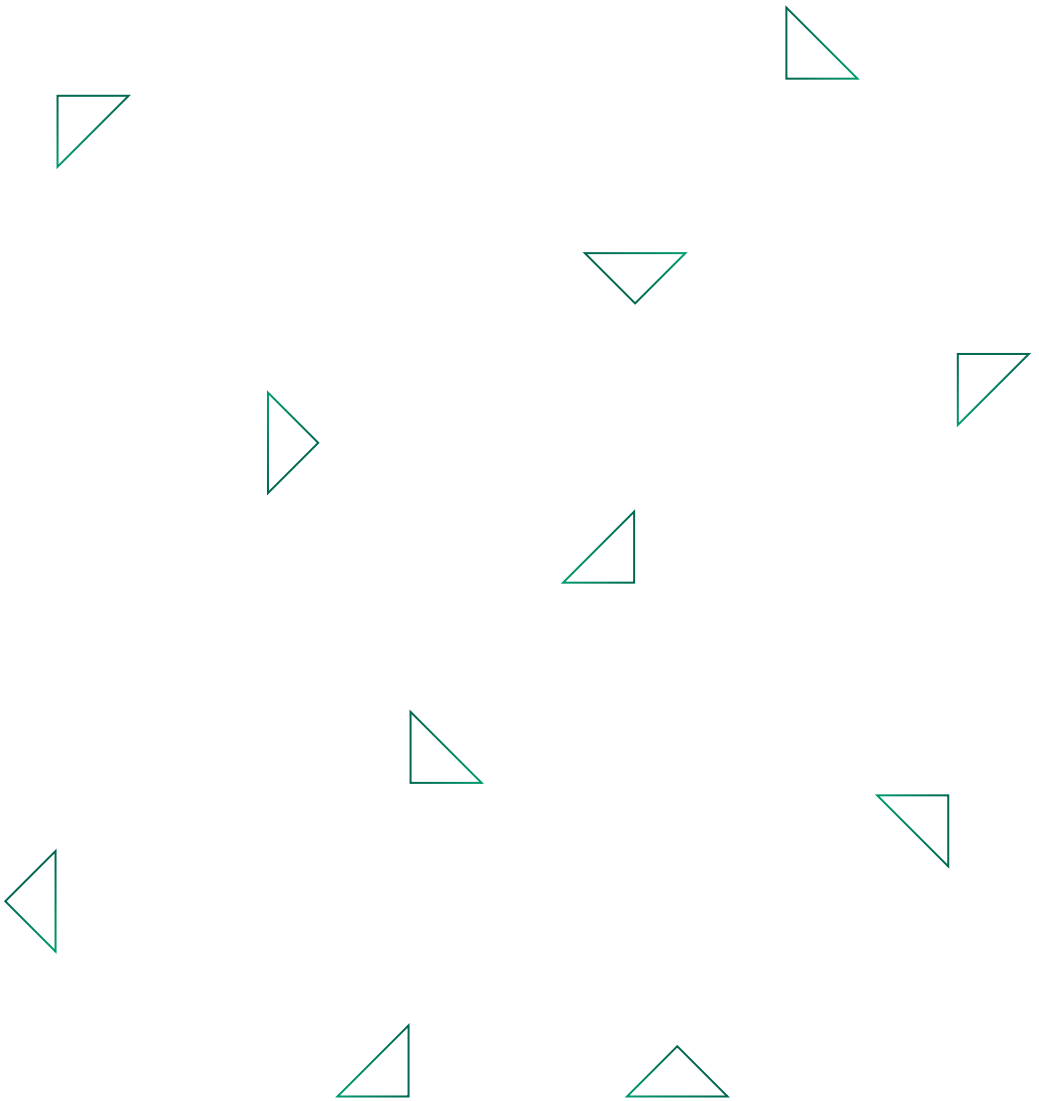
	Budget ¹ 2015–16	Actual expenses 2015–16	Variation 2015–16
	\$'000	\$'000	\$'000
Outcome 1—			
Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support			
Programme 1.1: Improved cancer control			
Administered expenses			
Ordinary annual services (Appropriation Bill No.1)	16,938	16,854	84
Departmental expenses			
Department appropriation ²	14,283	13,835	448
Total for Programme 1.1	31,221	30,689	532
Total expenses for Outcome 1	31,221	30,689	532

¹ Full year budget, including any subsequent adjustment made to the 2015–16 Budget.

² Departmental Appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s.74)"

Staff	2014–15	2015–16
Average staffing level (number)	68	62





Management and accountability

Management and accountability

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

In 2015–16, Cancer Australia's Corporate Affairs team was responsible for organising and complying with relevant legislation and Commonwealth policy in regard to asset management, business continuity planning, fraud control, freedom of information, grants, human resources, information technology, procurement, records management, security, and general administrative services required to support the agency's operations.

Cancer Australia's financial resources were organised by the agency's Finance team. Cancer Australia's audited financial statements are at Appendix A. Other mandatory information can be found at Appendix B, and covers:

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

Corporate governance

Strategic and business plans

In 2015–16, all Cancer Australia projects were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2015–16, Corporate Plan 2015–16, Business Plan 2015–16 and Strategic Plan 2014–19.

Cancer Australia's Corporate Plan 2015–16 articulates the agency's strategies for achieving its purpose and how success will be measured.

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

The Cancer Australia Business Plan 2015–16 identifies the organisation's project deliverables and supports Cancer Australia's strategic direction. The Business Plan 2015–16 aligns all projects to Cancer Australia's goals outlined in the Strategic Plan and incorporates the deliverables and key performance indicators as outlined in the Portfolio Budget Statement.

In 2015–16, quarterly reporting of project progress was conducted through a deliverables register and monthly tracking of expenditure and risks was facilitated through a central project log. Weekly Senior Management Team meetings were held to discuss organisation-wide operational matters including organisational, financial and strategic risks and their mitigation. Discussion on progress against the Business Plan was held at monthly managers' meetings.

Cancer Australia's Annual Performance Statement published in this Annual Report (see Part 3) acquits the agency's performance against the performance measures included in the Corporate Plan and the deliverables and key performance indicators outlined in the Portfolio Budget Statement 2015–16.

Compliance reporting

There were no instances of significant non-compliance with finance law related to the entity in 2015–16.

Internal audit arrangements

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

In 2015–16 Cancer Australia's auditor conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

Fraud control

Cancer Australia has prepared and regularly reviews its fraud risk assessments and fraud control plans. Cancer Australia has in place appropriate fraud prevention, detection, investigation, monitoring and reporting mechanisms which meet the specific needs of the agency. Cancer Australia has also taken all reasonable measures to minimise and appropriately deal with fraud relating to the agency, to comply with the *Commonwealth Fraud Control Framework 2014*.

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

During 2015–16, Cancer Australia's fraud control plan and fraud risk assessments were reviewed and updated by the Senior Management Team and an all staff fraud awareness session was conducted.

Ethical standards

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

During 2015–16 Cancer Australia reinforced its internal guidelines and policies so that they reflected the appropriate ethical standards.

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



Cancer Australia is committed to ensuring that it is responsive to the needs of Australia's culturally and linguistically diverse population.



In 2013, Cancer Australia developed an Access and Equity Agency Multicultural Plan 2013–15 which was developed to ensure that our services and resources are accessible by all Australians, irrespective of their place of birth, cultural or linguistic backgrounds, or religious beliefs.

The Plan is structured around six dimensions which are: leadership, performance, engagement, capability, responsiveness and openness.

An internal Access and Equity Committee was established to oversee the implementation of the Plan and completed the actions outlined in the Plan in 2015–16. Strategies have been incorporated into Cancer Australia's business processes to ensure the agency is responsive to the needs of Australia's culturally and linguistically diverse population.

The Plan can be found on the Accountability and Reporting page on the Cancer Australia website: canceraustralia.gov.au/about-us/accountability-and-reporting#AMP

Remuneration for Senior Executive Service officers

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

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

Financial overview

The 2015–16 departmental expenses were \$13,215,554 (GST exclusive).

The 2015–16 administered expenses were \$16,854,059 (GST exclusive).

Cancer Australia delivered a planned program of work in 2015–16 in line with the Departmental and Administered funding appropriated by the Australian Government.

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

Management of human resources

At 30 June 2016, Cancer Australia had 72 employees, of whom 58 were ongoing and 14 were non-ongoing. Most staff were located in Sydney, with six based in Melbourne and six in Canberra. The workforce was predominantly female (88 per cent).

At 30 June 2016 Cancer Australia had one ongoing employee who identified as Indigenous.

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



Cancer Australia Staffing statistics

The distribution of staff by classification as at 30 June 2016 is shown in Table 4.1. The distribution of staff as at 30 June 2015 is shown in Table 4.2.

TABLE 4.1: CANCER AUSTRALIA STAFF NUMBERS BY CLASSIFICATION AND FULL-TIME OR PART-TIME STATUS AT 30 JUNE 2016

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

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

TABLE 4.2: CANCER AUSTRALIA STAFF NUMBERS BY CLASSIFICATION AND FULL-TIME OR PART-TIME STATUS AT 30 JUNE 2015

Classification	Female Full-time	Female Part-time	Male Full-time	Male Part-time	Total
Chief Executive Officer	1	–	–	–	1
Senior Executive Band 2	1	–	–	–	1
Senior Executive Band 1	1	–	–	–	1
Executive Level (EL) 2	3	1	1	–	5
Executive Level (EL) 2	2M	–	–	–	2
EL 1	7	–	–	–	7
EL 1	1C	–	1C	–	2
APS 6	18	4	2	–	24
APS 6	3C	1C	1C	–	5
APS 6	1M	–	1M	–	2
APS 5	10	1	–	–	11
APS 4	4	–	–	–	4
APS 4	1M	–	–	–	1
APS 1–3	–	–	–	–	–
Medical Officer Class 2	–	1	–	–	1
Total	53	8	6	–	67

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

TABLE 4.3: SALARY STRUCTURES AT CANCER AUSTRALIA (AS AT 30 JUNE 2016)

Classification	Salary Range
EL2	\$112,652–\$133,373
EL1	\$94,419–\$107,687
APS Level 6	\$76,834–\$86,681
APS Level 5	\$69,648–\$73,512
APS Level 4	\$64,036–\$67,660
APS Level 3	\$56,520–\$62,648
APS Level 2	\$48,908–\$53,371
APS Level 1	\$41,848–\$46,997
Medical Officer salary structure	Salary Range
Medical Officer Class 4	\$145,548–\$160,207
Medical Officer Class 3	\$133,467–\$139,742
Medical Officer Class 2	\$119,365–\$125,769
Medical Officer Class 1	\$84,755–\$109,080

Employment arrangements

Cancer Australia staff at Executive Level 2 and below are employed under the conditions of the Cancer Australia Enterprise Agreement 2011–2014. Ten staff are in receipt of individual flexibility arrangements under clause 20 of the Enterprise Agreement. Non-salary benefits provided during the period by Cancer Australia to its staff were motor vehicle allowances (three officers) and car parks (two officers).

Performance pay

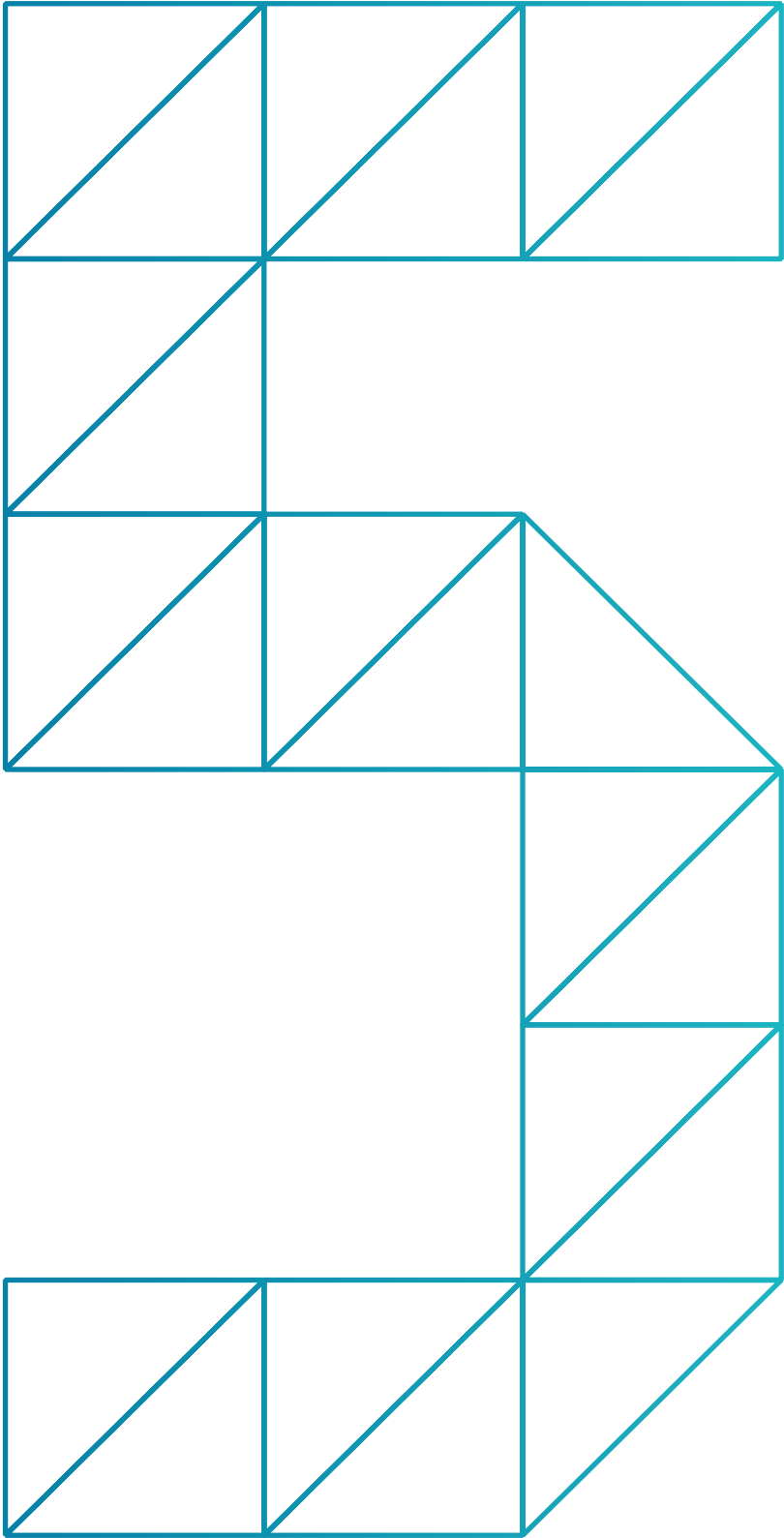
No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2015–16.

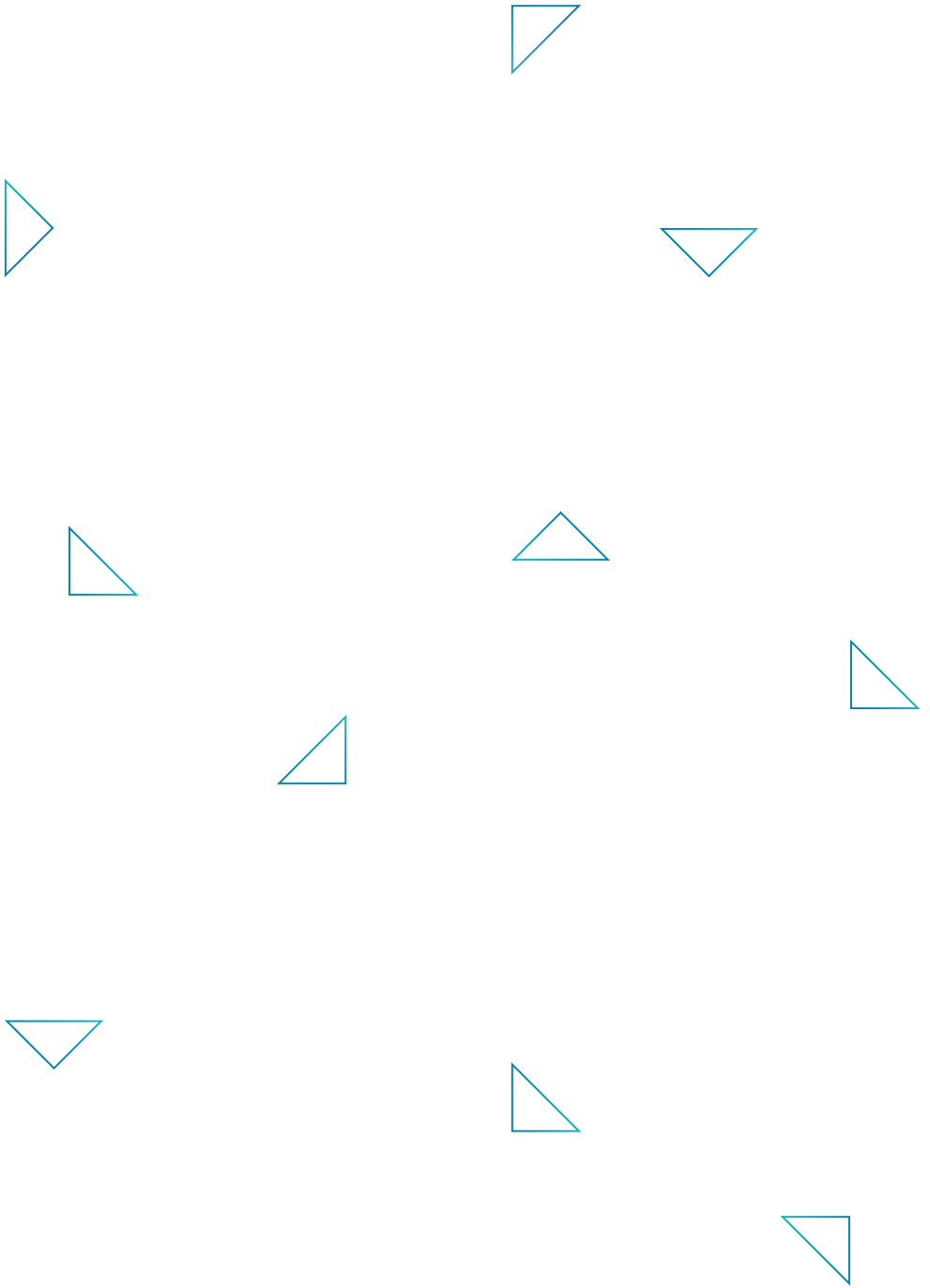
Training and development

Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Program. During 2015–16 Cancer Australia implemented its APS Development Strategy, which included in-house training programs in the areas of project management, team management, and writing skills. Cancer Australia provided additional development opportunities through project work and assignment of higher duties. Leadership development training was offered to a number of managers and staff who have been identified for continued leadership development.

Ministerial and parliamentary coordination

During 2015–16, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health on cancer control related issues. The agency continued to collaborate closely with the Department of Health to support the Minister and implement Australian Government policies.





Appendices

Appendix A: Audited financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Report on the Annual Financial Statements

I have audited the accompanying annual financial statements of Cancer Australia for the year ended 30 June 2016, which comprise:

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

Opinion

In my opinion, the financial statements of Cancer Australia:

- (a) comply with Australian Accounting Standards and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of Cancer Australia as at 30 June 2016 and its financial performance and cash flows for the year then ended.

Chief Executive's Responsibility for the Financial Statements

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

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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



internal control relevant to the entity's preparation and fair presentation of the financial statements 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. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Accountable Authority of the entity, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

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

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

Opinion

In my opinion:

- (a) the financial statements give a true and fair view of Cancer Australia's financial result of fundraising appeal activities for the financial year ended 30 June 2016;
- (b) the financial statements have been properly drawn up, and the associated records have been properly kept for the period from 1 July 2015 to 30 June 2016, in accordance with the *Charitable Fundraising Act 1991* (NSW) and its regulations; and
- (c) money received as a result of fundraising appeal activities conducted during the period from 1 July 2015 to 30 June 2016 has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991* (NSW) and its regulations.

The Chief Executive of Cancer Australia is responsible for compliance with the *Charitable Fundraising Act 1991* (NSW) and its regulations. My responsibility is to express an opinion on the financial statements based upon my audit. My procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the Act.

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

Australian National Audit Office

Clea Lewis
Executive Director

Delegate of the Auditor-General

Canberra
13 September 2016

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCE OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2016 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

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

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

Signed 
Christine Giles
Acting Accountable Authority

13 September 2016

Signed 
William Northcote
Acting Chief Finance Officer

13 September 2016

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Statement of Comprehensive Income

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	7,309,336	7,522,518	9,111,000
Suppliers	3B	5,686,831	5,939,342	4,220,000
Depreciation and amortisation	3C	193,370	366,799	196,000
Finance costs	3D	6,460	2,988	–
Losses from asset disposals	3E	19,557	3,018	–
Total expenses		13,215,554	13,834,665	13,527,000
Own-Source Income				
Own-source revenue				
Sale of goods and rendering of services	4A	1,523,847	1,975,408	1,128,000
Other revenue	4B	138,952	331,930	194,000
Total own-source revenue		1,662,799	2,307,338	1,322,000
Net cost of services		11,552,755	11,527,327	12,205,000
Revenue from Government	4C	12,000,798	12,032,000	12,009,000
Surplus/(Deficit)		448,043	504,673	(196,000)
Total comprehensive income (loss)		448,043	504,673	(196,000)

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2015–16 Portfolio Budget Statements (PBS)).

STATEMENT OF COMPREHENSIVE INCOME BUDGET VARIANCE COMMENTARY

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

Employee benefits

Although staffing levels increased during the financial year, recruitment of appropriately skilled and qualified staff took longer than expected and resulted in a lower than budgeted average staffing level for 2015–16. This resulted in reduced expenditure in employee benefits and increased expenditure in suppliers.

Suppliers

Cancer Australia engaged temporary contract staff to ensure delivery of its planned program work.

Own Source revenue - Sale of goods and rendering of services

At the time of budget preparation, additional funding received through memorandum of understanding agreements with other Government sources was unknown.

Statement of Financial Position

as at 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	6A	213,869	388,572	1,312,000
Trade and other receivables	6B	4,726,567	3,929,722	3,001,000
Total financial assets		4,940,436	4,318,294	4,313,000
Non-Financial Assets				
Property, plant and equipment	7A	436,647	360,056	463,000
Intangibles	7B	45,617	81,728	31,000
Prepayments	7C	66,092	87,442	265,000
Total non-financial assets		548,356	529,226	759,000
Total assets		5,488,792	4,847,520	5,072,000
LIABILITIES				
Payables				
Suppliers	8A	994,586	636,209	1,365,000
Other payables	8B	199,015	446,088	471,000
Total payables		1,193,601	1,082,297	1,836,000
Provisions				
Employee provisions	9A	1,833,681	1,829,946	1,792,000
Other provisions	9B	179,855	183,665	180,000
Total provisions		2,013,536	2,013,611	1,972,000
Total liabilities		3,207,137	3,095,908	3,808,000
Net assets		2,281,655	1,751,612	1,264,000
EQUITY				
Contributed equity		1,066,160	984,160	372,000
Retained surplus		1,215,495	767,452	892,000
Total equity		2,281,655	1,751,612	1,264,000

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2015–16 Portfolio Budget Statements (PBS)).

STATEMENT OF FINANCIAL POSITION BUDGET VARIANCE COMMENTARY

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

Cash and cash equivalents

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

Trade and other receivables

Trade and other receivables is comprised of appropriation receivable. The 2015–16 and 2014–15 appropriations were budgeted to be drawn down in full. Other revenue sources and lower than expected average employee numbers resulted in the appropriation not being fully utilised and resulted in a receivable balance higher than originally budgeted.

Prepayments

In 2013–14 Cancer Australia prepaid certain licence fees for projects ongoing at the time. The 2013–14 prepayment amount was used as the basis for determining the Original Budget. However, no similar prepayment was required in 2015–16 resulting in prepayments being lower than the Original Budget.

Suppliers

The budgeted variance relates to the timing of payments. Budgeted estimates are compiled based on 2013–14 results, with a larger number of deliverables accepted and paid prior to 30 June 2016 than in 2013–14.

Other Payables

The budgeted variance relates to the timing of payroll payments. As a payment was made close to 30 June in 2016, the result is lower than the Original Budget which is based on prior year estimates.

Contributed Equity

An appropriation reduction was recorded against Contributed Equity and Retained Earnings in the Original Budget, but in the Actuals the reduction was only recorded against Retained Earnings.

Retained earnings

Retained earnings is higher reflecting the actual 2015–16 result.

Statement of Changes in Equity

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY				
Opening balance				
Balance carried forward from previous period		984,160	984,160	150,000
Opening balance		984,160	984,160	150,000
Transactions with owners				
Contributions by owners				
Departmental capital budget		82,000	–	82,000
Other		–	–	140,000
Total transactions with owners		82,000	–	222,000
Closing balance as at 30 June		1,066,160	984,160	372,000
RETAINED EARNINGS				
Opening balance				
Balance carried forward from previous period		767,452	262,779	1,088,000
Opening balance		767,452	262,779	1,088,000
Comprehensive income				
Surplus/(Deficit) for the period		448,043	504,673	(196,000)
Total comprehensive income		448,043	504,673	(196,000)
Closing balance as at 30 June		1,215,495	767,452	892,000

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
TOTAL EQUITY				
Opening balance				
Balance carried forward from previous period		1,751,612	1,246,939	1,238,000
Opening balance		1,751,612	1,246,939	1,238,000
Transactions with owners				
Contributions by owners				
Departmental capital budget		82,000	–	82,000
Other		–	–	140,000
Total transactions with owners		82,000	–	222,000
Comprehensive income				
Surplus/(Deficit) for the period		448,043	504,673	(196,000)
Total comprehensive income		448,043	504,673	(196,000)
Closing balance as at 30 June		2,281,655	1,751,612	1,264,000

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2015–16 Portfolio Budget Statements (PBS)).

STATEMENT OF CHANGES IN EQUITY BUDGET VARIANCE COMMENTARY

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

Contributed Equity

An appropriation reduction was recorded against Contributed Equity and Retained Earnings in the Original Budget, but in the Actuals the reduction was only recorded against Retained Earnings.

Retained earnings

Retained earnings is higher reflecting the actual 2015–16 result.

Cash Flow Statement

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		10,899,738	10,642,973	12,009,000
Sales of goods and rendering of services		1,940,995	2,083,150	1,128,000
Net GST received		399,163	407,390	219,000
Fundraising		22,477	141,300	–
Total cash received		13,262,373	13,274,813	13,356,000
Cash used				
Employees		(7,210,841)	(7,396,379)	(8,923,000)
Suppliers		(6,044,559)	(6,666,422)	(4,074,000)
Net GST paid		–	–	(219,000)
Total cash used		(13,255,400)	(14,062,801)	(13,216,000)
Net cash from / (used by) operating activities	10	6,973	(787,988)	140,000
INVESTING ACTIVITIES				
Cash received				
Proceeds from sales of property, plant and equipment		1,907	90	–
Total cash received		1,907	90	–
Cash used				
Purchase of property, plant and equipment		(247,762)	(96,853)	(222,000)
Purchase of intangibles		(17,821)	(38,719)	–
Total cash used		(265,583)	(135,572)	(222,000)
Net cash (used by) investing activities		(263,676)	(135,482)	(222,000)

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
FINANCING ACTIVITIES				
Cash received				
Departmental capital budget		82,000	–	82,000
Total cash received		82,000	–	82,000
Net cash from financing activities		82,000	–	82,000
Net (decrease) in cash held		(174,703)	(923,470)	–
Cash and cash equivalents at the beginning of the reporting period		388,572	1,312,042	1,312,000
Cash and cash equivalents at the end of the reporting period	6A, 10	213,869	388,572	1,312,000

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

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2015–16 Portfolio Budget Statements (PBS)).

CASH FLOW STATEMENT BUDGET VARIANCE COMMENTARY

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

Appropriation

The 2015–16 and 2014–15 appropriation were budgeted to be drawn in full. Additional revenue sources and lower than expected employee numbers resulted in the appropriation not being fully utilised.

Sale of goods and rendering of service

At the time of budget preparation, additional funding through memorandum of understanding agreements with other Government sources was unknown resulting in a higher than anticipated inflow of funds.

Net GST received and paid

Cancer Australia is required to make GST payments on eligible goods and services and the GST received represents the refund of those amounts from the Australia Taxation Office (ATO). GST estimates are based on prior year trends and varies from year to year based on the payments for goods and services. In 2015–16 the Agency received more GST from the ATO due to higher than anticipated payments to suppliers. The net GST received was used to settle commitments, rather than drawing on additional funding.

Employee benefits

Although staffing levels increased during the financial year, recruitment of appropriately skilled and qualified staff took longer than expected and resulted in a lower than budgeted average staffing level for 2015–16. This resulted in reduced expenditure in employee benefits and increased expenditure in suppliers.

Suppliers

Cancer Australia engaged temporary contract staff to ensure delivery of its planned program work.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	1,882,800	2,049,393	1,376,000
Grants and service delivery contracts	15B	14,971,259	14,157,132	15,562,000
Total expenses administered on behalf of Government		16,854,059	16,206,525	16,938,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies	16	455	12,989	–
Total non-taxation revenue		455	12,989	–
Total own-source revenue administered on behalf of Government		455	12,989	–
Net cost of services		(16,853,604)	(16,193,536)	(16,938,000)
Deficit on continuing operations		(16,853,604)	(16,193,536)	(16,938,000)
Total comprehensive loss		(16,853,604)	(16,193,536)	(16,938,000)
The above schedule should be read in conjunction with the accompanying notes.				
¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2015–16 Portfolio Budget Statements (PBS)).				

BUDGET VARIANCE COMMENTARY

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

Suppliers and Grants and service delivery contracts

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

Administered Schedule of Assets and Liabilities

as at 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	17A	30,000	36,267	1,204,000
Trade and other receivables	17B	38,275	110,177	146,000
Total financial assets		68,275	146,444	1,350,000
Total assets administered on behalf of Government		68,275	146,444	1,350,000
LIABILITIES				
Payables				
Suppliers	18A	395,764	771,253	1,288,000
Grants	18B	60,000	1,722,302	578,000
Other payables	18C	–	155,826	25,000
Total payables		455,764	2,649,381	1,891,000
Total liabilities administered on behalf of Government		455,764	2,649,381	1,891,000
Net liabilities		(387,489)	(2,502,937)	(541,000)
The above schedule should be read in conjunction with the accompanying notes.				
¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2015–16 Portfolio Budget Statements (PBS)).				

BUDGET VARIANCE COMMENTARY

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

Cash and cash equivalents

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

Trade and other receivables

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

Suppliers

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. There was also a greater focus in 2015–16 on paying suppliers before year-end.

Grants

The Original Budget is based on 2013–14 grant payables. In 2015–16 grant contracts were executed earlier in the year resulting in a lower payable at the end of the reporting period.

Administered Reconciliation Schedule

	2016 \$	2015 \$
Opening assets less administered liabilities as at 1 July	(2,502,937)	(541,613)
Net (cost of) / contribution by services		
Income	455	12,989
Expenses		
Payments to entities other than Commonwealth entities	(16,504,072)	(15,926,200)
Payments to Commonwealth entities	(349,986)	(280,325)
Transfers (to) / from the Australian Government:		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	18,969,506	14,269,583
Appropriation transfers to Official Public Account		
Transfers to OPA	(455)	(37,371)
Closing assets less liabilities as at 30 June	(387,489)	(2,502,937)

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

Administered Cash Flow Statement

for the period ended 30 June 2016

	Notes	2016 \$	2015 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		453,294	454,018
Other		455	37,371
Total cash received		453,749	491,389
Cash used			
Grants		(15,317,769)	(12,662,536)
Suppliers		(4,111,298)	(3,228,668)
Net GST paid		–	–
Total cash used		(19,429,067)	(15,891,204)
Net cash used by operating activities	19	(18,975,318)	(15,399,815)
Cash and cash equivalents at the beginning of the reporting period		36,267	1,203,870
Cash from Official Public Account			
Appropriations		18,969,506	14,269,583
Cash to Official Public Account			
Appropriations		(455)	(37,371)
Cash and cash equivalents at the end of the reporting period	17A	30,000	36,267

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

Notes to and forming part of the financial statements

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Note 1: Summary of Significant Accounting Policies

1.1 OBJECTIVES OF CANCER AUSTRALIA

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

Cancer Australia is structured to meet one outcome:

Outcome 1: To minimise impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support.

The continued existence of Cancer Australia in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for Cancer Australia's administration and programs.

Cancer Australia's activities contributing towards the outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by Cancer Australia in its own right. Administered activities involve the management or oversight by Cancer Australia, on behalf of the Government, of items controlled or incurred by the Government.

Cancer Australia conducts Administered activities as identified under the one Cancer Australia Outcome.

The Australian Government continues to have regard to developments in case law, including the High Court's most recent decision on Commonwealth expenditure in *Williams v Commonwealth* [2014] HCA 23, as they contribute to the larger body of law relevant to the development of Commonwealth programs. In accordance with its general practice, the Government will continue to monitor and assess risk and decide on any appropriate actions to respond to risks of expenditure not being consistent with constitutional or other legal requirements.

1.2 BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

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

The financial statements have been prepared in accordance with:

- Financial Reporting Rule (FRR) for reporting periods ending on or after 1 July 2015; and
- Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

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

1.3 SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES

In the process of applying the accounting policies listed in this note, Cancer Australia has made no judgements that would have 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 NEW AUSTRALIAN ACCOUNTING STANDARDS

Adoption of New Australian Accounting Standard Requirements

Cancer Australia has early adopted the accounting standard AASB 2015-7 *Amendments to Australian Accounting Standards — Fair Value Disclosures of Not-for-Profit Public Sector Entities*. This Standard relieves not-for-profit public sector entities from certain disclosures specified in AASB 13 *Fair Value Measurement* for assets within the scope of AASB 116 *Property, Plant and Equipment* that are held primarily for their current service potential rather than to generate future net cash inflows.

Except as noted above, no accounting standard has been adopted earlier than its application date.

All other standards and/or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period did not have a material effect, and are not expected to have a future material effect on Cancer Australia's financial statements.

Future Australian Accounting Standard Requirements

A number of new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board prior to sign off date but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

1.5 REVENUE

Revenue from the sale of goods is recognised when:

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

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

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

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

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance 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.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

Resources Received Free of Charge

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

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another non-corporate or corporate Commonwealth entity as a consequence of a restructuring or administrative arrangement.

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.

Donations

Donations are recognised as revenue when Cancer Australia obtains control over the funds.

Fundraising revenue

Fundraising revenue related to Cancer Australia's Pink Ribbon Breakfast is recognised on completion of the event.

1.6 TRANSACTIONS WITH THE GOVERNMENT AS OWNER

Equity Injections

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

1.7 EMPLOYEE BENEFITS

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

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Leave

The liability for employee benefits includes provision for annual leave, special leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of Cancer Australia is estimated to be less than the annual entitlement for sick leave.

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

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

Superannuation

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

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

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

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

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

1.8 LEASES

A distinction is made between finance leases and operating leases. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

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

1.9 CASH

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

- (a) cash on hand; and
- (b) cash at bank.

1.10 FINANCIAL ASSETS

Cancer Australia classifies its financial assets in the following categories:

- (a) financial assets at fair value through profit or loss;
- (b) held-to-maturity investments;
- (c) available-for-sale financial assets; and
- (d) loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. Financial assets are recognised and derecognised upon trade date.

Effective Interest Method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Income is recognised on an effective interest rate basis.

Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'. Receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period.

Financial assets held at amortised cost—if there is objective evidence that an impairment loss has been incurred for receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Statement of Comprehensive Income.

1.11 FINANCIAL LIABILITIES

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

Other Financial Liabilities

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

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

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or, where appropriate, a shorter period.

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).

1.12 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

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

1.13 ACQUISITION OF ASSETS

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

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

1.14 PROPERTY, PLANT AND EQUIPMENT

Asset Recognition Threshold

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

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

Revaluations

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

Asset Class	Fair value measured at	
	2016	2015
Leasehold improvements	Depreciated replacement cost	Depreciated replacement cost
Makegood	Net Present Value	Net Present Value
Furniture and Fittings	Market selling price	Market selling price
Plant and equipment	Market selling price	Market selling price

Following initial recognition at cost, property, plant and equipment is carried at fair value. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

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

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

Depreciation

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

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:

	2016	2015
Plant and Equipment	3–10 years	3–10 years

Impairment

All assets were assessed for impairment at 30 June 2016. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

Derecognition

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

1.15 INTANGIBLES

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

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

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software are 3 years (2014–15: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2016.

1.16 TAXATION

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

Revenues, expenses, assets and liabilities are recognised net of GST except:

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

1.17 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 below, 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.

Administered Cash Transfers to and from the Official Public Account

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

Receivables

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

Grants

Cancer Australia administers a number of grants on behalf of the Government.

Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. Returned grant monies are recognised upon receipt.

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2016 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

	2016 \$	2015 \$
Note 3A: Employee Benefits		
Wages and salaries	5,596,040	5,684,274
Superannuation:		
Defined contribution plans	821,730	885,809
Defined benefit plans	121,255	134,274
Leave and other entitlements	770,311	818,161
Total employee benefits	7,309,336	7,522,518
Note 3B: Suppliers		
Goods and services		
Consultants	559,622	722,123
Contractors	1,306,942	974,596
Sponsorships	43,636	92,223
Printing	74,987	137,993
Information Technology and Licenses	544,164	452,392
Grants	1,035,637	1,443,508
Property and office	372,795	365,641
Travel	193,540	254,120
Learning and development	92,329	87,267
Media and other promotional	226,085	407,835
Other	358,445	391,641
Total goods and services	4,808,182	5,329,339
Other supplier expenses		
Operating lease rentals in connection with:		
Minimum lease payments	800,126	546,977
Workers Compensation Expense	78,523	63,026
Total Other Suppliers	878,649	610,003
Total Suppliers	5,686,831	5,939,342

Note 3: Expenses

	2016 \$	2015 \$
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Lease commitments

Cancer Australia leases commercial property in support of its activities. Lease payments are subject to the terms and conditions of the lease agreement. The term ranges from 1 to 5 years. (2015: lease expired 30 June 2015).

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

Within 1 year	731,416	-
Between 1 and 5 years	2,237,257	-
More than 5 years	-	-
Total operating lease commitments	2,968,673	-

Note 3C: Depreciation and Amortisation

Depreciation:

Property, plant and equipment	139,437	292,592
Total depreciation	139,437	292,592

Amortisation:

Intangibles:		
Computer Software — Purchased	53,933	74,207
Total amortisation	53,933	74,207
Total depreciation and amortisation	193,370	366,799

Note 3D: Finance Costs

Unwinding of discount	6,460	2,988
Total finance costs	6,460	2,988

Note 3E: Losses from asset disposals

Loss on disposal represented by:

Proceeds from sale	(1,907)	(90)
Carrying value of assets disposed	21,464	3,108
Total loss on disposal	19,557	3,018

Note 4: Own-Source Income

Own-Source Revenue	Notes	2016 \$	2015 \$
Note 4A: Sale of Goods and Rendering of Services			
Sale of goods and rendering of services		1,523,847	1,975,408
Total sale of goods and rendering of services		1,523,847	1,975,408
Note 4B: Other Revenue			
Fundraising	25	22,477	141,300
Resources received free of charge		58,475	133,630
Remuneration of auditors		58,000	57,000
Total other revenue		138,952	331,930
Note 4C: Revenue from Government			
Appropriations:			
Departmental appropriations		12,000,798	12,032,000
Total revenue from Government		12,000,798	12,032,000

Note 5: Fair Value Measurements

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

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

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

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

Level 3: Unobservable inputs for the asset or liability.

NOTE 5A: FAIR VALUE MEASUREMENTS, VALUATION TECHNIQUES AND INPUTS USED

	Fair value measurements at the end of the reporting period using			Valuation technique(s) ¹	Inputs used
	2016 \$	2015 \$	Category (Level 1, 2, 3)		
Non-financial assets					
Plant and Equipment	430,662	342,887	2	Market Approach	Adjusted market transactions
Plant and Equipment	5,985	17,169	3	Depreciated Replacement Cost	Replacement Cost New (price per square metre) Consumed economic benefit / Obsolescence of asset
				Market Approach	Adjusted market transactions
				Net present value	Current obligation costs (price per square metre) Indexation rates Discount rate
Total non-financial assets	436,647	360,056			
Total fair value measurements of assets in the statement of financial position	436,647	360,056			
Non-financial liabilities					
Makegood provision	179,855	183,665	3	Net present value	Current obligation costs (price per square metre) Indexation rates Discount rate
Total fair value measurements of liabilities in the statement of financial position	179,855	183,665	-		

Note 5: Fair Value Measurements

Notes:

1. Cancer Australia did not measure any non-financial assets on a non-recurring basis as at 30 June 2016.
2. There has been no change to valuation techniques.
3. Cancer Australia's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all controlled assets is considered their highest and best use.
4. The remaining assets reported by Cancer Australia are not measured at fair value in the statement of financial position.
5. **Recurring and non-recurring Level 3 fair value measurements — valuation processes**
Cancer Australia procured the service of the Australian Valuation Solutions (AVS) to undertake a comprehensive valuation of all non-financial assets at 28 February 2014. Cancer Australia tests the procedures of the valuation model as an internal management review at least once every 12 months (with a formal revaluation undertaken at least every three years). If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last specific valuation.
6. **Recurring Level 3 fair value measurements — sensitivity of inputs**
Cancer Australia has adopted early amendments to AASB 13 *Fair Value Measurements* which provides relief for not-for-profit public sector entities from making some previously required disclosures about the fair value measurement of property, plant and equipment assets which are primarily held for internal use. The amendments no longer require the disclosure of quantitative information about the significant unobservable inputs used in fair value measurements and the sensitivity of certain fair value measurements to changes in unobservable inputs.

Note 5B: Level 1 and Level 2 Transfers for Recurring Fair Value Measurements

No assets were transferred from Level 1 to Level 2 or from Level 2 to Level 1 during the period.

Note 5C: Reconciliation for Recurring Level 3 Fair Value Measurements

Recurring Level 3 fair value measurements – reconciliation for assets

	Non-financial assets	
	Plant and Equipment 2016 \$	Plant and Equipment 2015 \$
As at 1 July 2015¹	17,169	181,460
Total gains/(losses) in accumulated depreciation ²	(728)	(174,048)
Purchases	–	–
Revaluation	(10,457)	9,757
Transfers into Level 3 ³	–	–
Transfers out of Level 3 ³	–	–
Total as at 30 June 2016	5,985	17,169
Changes in unrealised gains/(losses) recognised in net cost of services for assets held at the end of the reporting period ⁴	–	–

¹ Opening balance as determined in accordance with AASB 13.

² The presentation of these gains/(losses) in the Statement of Comprehensive Income is disclosed as depreciation expense.

³ There have been no transfers between levels of the hierarchy during the year.

⁴ There are no unrealised gains/(losses) in the 2015–16 financial year.

Cancer Australia's policy for determining when transfers between levels are deemed to have occurred can be found in Note 1.

Note 6: Financial Assets

	2016 \$	2015 \$
Note 6A: Cash and Cash Equivalents		
Cash on hand or on deposit	213,869	388,572
Total cash and cash equivalents	213,869	388,572
Note 6B: Trade and Other Receivables		
Good and services receivable	121,942	434,213
Total goods and services receivables	121,942	434,213
Appropriations receivables		
Existing programs	4,535,160	3,434,100
Total appropriations receivables	4,535,160	3,434,100
Other receivables		
GST receivable from the Australian Taxation Office	69,465	61,409
Total other receivables	69,465	61,409
Total trade and other receivables	4,726,567	3,929,722
Trade and other receivables expected to be recovered		
No more than 12 months	4,726,567	3,929,722
Total trade and other receivables	4,726,567	3,929,722
Trade and other receivables aged as follows		
Not overdue	4,726,567	3,929,722
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total trade and other receivables	4,726,567	3,929,722

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

No allowance for impairment was required at reporting date.

Note 7: Non-Financial Assets

	2016 \$	2015 \$
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Note 7A: Property, Plant and Equipment

Property, plant and equipment:

Fair value	989,570	790,884
Accumulated depreciation	(552,923)	(430,828)
Total property, plant and equipment	436,647	360,056

Impairment testing was conducted on property, plant and equipment in accordance with Note 1.

No property plant or equipment is expected to be sold or disposed of within the next 12 months.

Revaluations of non-financial assets

All revaluations were conducted in accordance with the revaluation policy stated at Note 1. On 28 February 2014, an independent valuer conducted the revaluations. Management performed an internal assessment of the fair value of assets at 30 June 2016.

Revaluation decrements for plant and equipment in the 2015–16 financial year were \$nil (2015: \$nil).

Note 7B: Intangibles

Computer software:

Purchased	531,879	514,058
Accumulated amortisation and impairment losses	(486,262)	(432,330)
Total computer software	45,617	81,728
Total intangibles	45,617	81,728

Impairment testing was conducted on intangibles in accordance with Note 1.

No intangibles are expected to be sold or disposed of within the next 12 months.

Note 7C: Prepayments

Prepayments	66,092	87,442
Total prepayments	66,092	87,442

Prepayments expected to be recovered

No more than 12 months	63,135	87,442
More than 12 months	2,957	–
Total prepayments	66,092	87,442

Note 7: Non-Financial Assets

Note 7D: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Computer

Reconciliation of the opening and closing balances of property, plant and equipment and computer software for 2016

	Property, plant and equipment \$	Computer Software purchased \$	Total \$
As at 1 July 2015			
Gross book value	790,884	514,058	1,304,942
Accumulated depreciation and impairment	(430,828)	(432,330)	(863,158)
Net book value 1 July 2015	360,056	81,728	441,784
Additions			
By purchase	247,762	17,821	265,583
Revaluation of makegood	(6,525)	–	(6,525)
Adjustment to makegood asset due to change in discount rate	(3,746)	–	(3,746)
Depreciation expense	(139,437)	–	(139,437)
Amortisation expense	–	(53,933)	(53,933)
Other movements:			
Write back of depreciation on disposal	24,317	–	24,317
Disposals:			
Other disposals	(45,780)	–	(45,780)
Net book value 30 June 2016	436,647	45,616	482,264
Net book value as of 30 June 2016 represented by:			
Gross book value	989,570	531,879	1,521,449
Accumulated depreciation and impairment	(552,923)	(486,262)	(1,039,186)
Net book value 30 June 2016	436,647	45,617	482,264

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of property, plant and equipment and computer software for 2015

	Property, plant and equipment \$	Computer Software purchased \$	Total \$
As at 1 July 2014			
Gross book value	697,256	505,947	1,203,203
Accumulated depreciation and impairment	(139,776)	(386,348)	(526,124)
Net book value 1 July 2014	557,480	119,599	677,079
Additions:			
By purchase	96,853	38,719	135,572
Assets reclassified as expense during the year	–	(1,984)	(1,984)
Adjustment to makegood asset due to change in discount rate	1,024	–	1,024
Amortisation expense	–	(74,207)	(74,207)
Depreciation expense	(292,592)	–	(292,592)
Other movements:			
Write back of amortisation on disposal	–	27,322	27,322
Write back of depreciation on disposal	1,540	–	1,540
Disposals:			
Other disposals	(4,249)	(27,721)	(31,970)
Net book value 30 June 2015	360,056	81,728	441,784
Net book value as of 30 June 2015 represented by:			
Gross book value	790,884	514,058	1,304,942
Accumulated depreciation and impairment	(430,828)	(432,330)	(863,158)
Net book value 30 June 2015	360,056	81,728	441,784

Note 8: Payables

	2016 \$	2015 \$
Note 8A: Suppliers		
Trade creditors and accruals	994,586	636,209
Total suppliers	994,586	636,209
Suppliers expected to be settled		
No more than 12 months	994,586	636,209
Total suppliers	994,586	636,209
Settlement is usually made within 30 days.		
Note 8B: Other Payables		
Wages and salaries	25,217	208,809
Superannuation	4,106	33,675
Unearned revenue	108,836	195,947
Other	60,856	7,657
Total other payables	199,015	446,088
Other payables expected to be settled		
No more than 12 months	199,015	446,088
More than 12 months	-	-
Total other payables	199,015	446,088

Note 9: Provisions

	2016 \$	2015 \$
Note 9A: Employee Provisions		
Annual Leave	709,715	742,966
Special Leave	151,218	176,334
Long Service Leave	972,748	910,646
Total employee provisions	1,833,681	1,829,946
Employee provisions are expected to be settled		
No more than 12 months	436,939	540,276
More than 12 months	1,396,742	1,289,670
Total employee provisions	1,833,681	1,829,946
Note 9B: Other Provisions		
Provision for make good	179,855	183,665
Total other provisions	179,855	183,665
Other provisions are expected to be settled in:		
More than 12 months	179,855	–
No more than 12 months	–	183,665
Total other provisions	179,855	183,665
	Provision for make good	Total
Carrying amount 1 July 2015	183,665	183,665
Amount reversed	(7,195)	(7,195)
Unwinding of discount or change in discount rate	3,385	3,385
Closing balance 30 June 2016	179,855	179,855

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

Note 10: Cash Flow Reconciliation

	2016 \$	2015 \$
Reconciliation of cash and cash equivalents as per statement of financial position and cash flow statement		
Cash and cash equivalents as per		
Cash flow statement	213,869	388,572
Statement of financial position	213,869	388,572
Discrepancy	-	-
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	(11,552,755)	(11,527,327)
Revenue from Government	12,000,798	12,032,000
Adjustments for non-cash items		
Depreciation / amortisation	193,370	366,799
Loss on disposal and transfer of assets	19,557	5,002
Unwinding of discount	6,460	2,988
Other non-cash items	3,810	4,012
Movements in assets and liabilities		
Assets		
(Increase) / Decrease in net receivables	(796,845)	(1,129,266)
Decrease in prepayments	21,350	143,889
Decrease in inventories held for distribution	-	34,026
Liabilities		
Increase in employee provisions	3,735	38,257
Increase / (Decrease) in supplier payables	358,377	(498,059)
(Decrease) in other provisions	(3,810)	(4,012)
(Decrease) in other payables	(247,073)	(256,298)
Net cash from / (used by) operating activities	6,973	(787,988)

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 2016 (2015: Nil).

Note 12: Senior Management Personnel Remuneration

	2016 \$	2015 \$
Short-term employee benefits:		
Salary	938,853	892,595
Motor vehicle and other allowances	70,822	60,817
Total short-term employee benefits	1,009,675	953,412
Post-employment benefits:		
Superannuation	139,931	129,848
Total post-employment benefits	139,931	129,848
Other long-term benefits:		
Annual leave	82,718	73,877
Long-service leave	37,223	37,378
Total other long-term benefits	119,941	111,255
Total employment benefits	1,269,547	1,194,515

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

Note 13: Financial Instruments

	2016	2015
	\$	\$

Note 13A: Categories of Financial Instruments

Financial Assets

Cash and cash equivalents	213,869	388,572
Trade receivables	121,942	434,213
Total financial assets	335,811	822,785

Financial Liabilities

Financial liabilities measured at amortised cost

Trade creditors	994,586	636,209
Total financial liabilities measured at amortised cost	994,586	636,209
Total financial liabilities	994,586	636,209

Note 13B: Fair Value of Financial Instruments

Financial Assets

The fair values of all monetary financial assets is approximately their carrying amounts.

Financial Liabilities

The fair values of all monetary financial liabilities is approximately their carrying amounts.

Note 13: Financial Instruments

Note 13C: Credit Risk

Cancer Australia is exposed to minimal credit risk as receivables are cash and trade receivables. The maximum exposure to credit risk is the risk from potential default of a debtor. This amount is equal to the total amount of the trade receivables (2016: \$121,942 and 2015: \$434,213). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2016 (2015: \$0) to an allowance for impairment.

Cancer Australia manages its credit risk by undertaking background and credit checks prior to establishing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employees on debt recovery techniques that are to be applied.

Cancer Australia holds no collateral to mitigate against credit risk. In relation to Cancer Australia's gross credit risk, no collateral is held

Credit quality of financial assets not past due or individually determined as impaired

	Not past due nor impaired 2016 \$	Not past due nor impaired 2015 \$	Past due or impaired 2016 \$	Past due or impaired 2015 \$
Cash and cash equivalents	213,869	388,572	-	-
Receivables for goods and services	121,942	434,213	-	-
Total	335,811	822,785	-	-

Note 13: Financial Instruments

Note 13D: Liquidity Risk

Cancer Australia's financial liabilities were payables. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely as Cancer Australia is appropriated funding from the Australian Government and Cancer Australia manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, the entity has policies in place to ensure timely payments were made when due and has no past experience of default.

Maturities for non-derivative financial liabilities 2016

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	994,586	-	-	-	994,586
Total	-	994,586	-	-	-	994,586

Maturities for non-derivative financial liabilities 2015

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	636,209	-	-	-	636,209
Total	-	636,209	-	-	-	636,209

Cancer Australia had no derivative financial liabilities in either 2016 or 2015.

Note 13E: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to certain market risks. Cancer Australia is not exposed to 'Currency risk' or 'Other price risk'.

Cancer Australia is not exposed to any interest rate risk.

Note 14: Financial Assets Reconciliation

		2016 \$	2015 \$
Financial assets	Notes		
Total financial assets as per statement of financial position		4,940,436	4,318,294
Less: non-financial instrument components:			
Appropriations receivables	6B	(4,535,160)	(3,434,100)
Other receivables	6B	(69,465)	(61,409)
Total non-financial instrument components		(4,604,625)	(3,495,509)
Total financial assets as per financial instruments note		335,811	822,785

Note 15: Administered – Expenses

	2016 \$	2015 \$
Note 15A: Suppliers		
Goods and services		
Consultants	380,331	862,564
Contractors	509,560	264,300
Sitting and Advisory Fees	395,443	353,214
Travel	165,362	177,565
Printing	86,990	51,296
Other	60,769	60,129
Assessment fees	284,345	280,325
Total goods and services	1,882,800	2,049,393
Goods and services are made up of:		
Goods supplied	93,723	40,324
Services rendered	1,789,077	2,009,069
Total goods and services	1,882,800	2,049,393
Total suppliers expenses	1,882,800	2,049,393

Note 15: Administered – Expenses

	2016 \$	2015 \$
Note 15B: Grants and service delivery contracts		
Grants and service delivery contracts	14,971,259	14,157,132
Total grants and service delivery contracts	14,971,259	14,157,132

Note 16: Administered – Income

	2016 \$	2015 \$
OWN SOURCE REVENUE		
Non-Taxation Revenue		
Return of grant monies	455	12,989
Total other revenue	455	12,989

Note 17: Administered – Financial Assets

	2016 \$	2015 \$
Note 17A: Cash and Cash Equivalents		
Cash on hand or on deposit	30,000	36,267
Total cash and cash equivalents	30,000	36,267
Note 17B: Trade and Other Receivables		
Goods and services:		
Goods and services receivable — external parties	–	45
Total receivables for goods and services	–	45
Other receivables:		
GST receivable from Australian Taxation Office	38,275	110,132
Total other receivables	38,275	110,132
Total trade and other receivables (gross)	38,275	110,177
Receivables are expected to be recovered in:		
No more than 12 months	38,275	110,177
Total trade and other receivables (net)	38,275	110,177
Receivables were aged as follows:		
Not overdue	38,275	110,177
Total receivables (gross)	38,275	110,177
<p>Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2015: 30 days). No allowance for impairment was required at reporting date.</p>		

Note 18: Administered – Payables

	2016 \$	2015 \$
Note 18A: Suppliers		
Trade creditors and accruals	395,764	771,253
Total suppliers	395,764	771,253
Supplier payables expected to be settled:		
No more than 12 months	395,764	771,253
Total suppliers	395,764	771,253
Settlement is usually made within 30 days.		
Note 18B: Grants		
Private sector:		
Non-profit and profit organisations	60,000	1,722,302
Total grants	60,000	1,722,302
Total grants — are expected to be settled in:		
No more than 12 months	60,000	1,722,302
Total grants	60,000	1,722,302
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.		
Note 18C: Other Payables		
Other	–	155,826
Total other payables	–	155,826
Total other payables are expected to be settled in:		
No more than 12 months	–	155,826
Total other payables	–	155,826

Note 19: Administered – Cash Flow Reconciliation

	2016 \$	2015 \$
Reconciliation of cash and cash equivalents as per administered schedule of assets and liabilities and administered cash flow statement		
Cash and cash equivalents as per		
Administered cash flow statement	30,000	36,267
Administered schedule of assets and liabilities	30,000	36,267
Discrepancy	-	-
Reconciliation of net cost of services to net cash from operating activities		
Net cost of services	(16,853,604)	(16,193,536)
Changes in assets/liabilities		
Decrease in net receivables	71,902	36,216
(Decrease) / increase in supplier payables and grants	(2,037,790)	627,239
(Decrease) / increase in other payables	(155,826)	130,266
Net cash (used by) operating activities	(18,975,318)	(15,399,815)

Note 20: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2016 (2015: Nil).

Note 21: Administered – Financial Instruments

	2016 \$	2015 \$
Note 21A: Categories of Financial Instruments		
Financial Assets		
Cash on hand or on deposit	30,000	36,267
Trade and other receivables	–	45
Carrying amount of financial assets	30,000	36,312
Financial Liabilities		
At amortised cost:		
Trade creditors	395,764	771,253
Other creditors	–	155,826
Grants payable	60,000	1,722,302
Total financial liabilities at amortised cost	455,764	2,649,381
Carrying amount of financial liabilities	455,764	2,649,381
Cancer Australia has no non-financial assets or liabilities carried at fair value as at 30 June 2016.		

Note 21: Administered – Financial Instruments

Note 21B: Credit Risk

The administered activities of Cancer Australia are exposed to a low level of credit risk as the majority of its financial assets are trade receivables and cash and cash equivalents. Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employees' debt recovery techniques that are to be applied.

The following table illustrates Cancer Australia's gross exposure to credit risk, excluding any collateral or credit enhancements.

	2016 \$	2015 \$
Financial assets		
Cash and cash equivalents	30,000	36,267
Trade receivables	–	45
Total	30,000	36,312

Credit quality of financial instruments not past due or individually determined as impaired

	Not Past Due Nor Impaired 2016 \$	Not Past Due Nor Impaired 2015 \$	Past due or impaired 2016 \$	Past due or impaired 2015 \$
Financial assets				
Cash and cash equivalents	30,000	36,267	–	–
Trade receivables	–	45	–	–
Total	30,000	36,312	–	–

Note 21: Administered – Financial Instruments

Note 21C: Liquidity Risk

Cancer Australia's administered financial liabilities are trade creditors and grants payable. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with administered financial liabilities. This is highly unlikely as the entity was appropriated funding from the Australian Government and Cancer Australia manages its budgeted funds to ensure it had adequate funds to meet payments as they fell due. In addition, the entity has procedures in place to ensure there are appropriate resources to meet its financial obligations.

The following tables illustrates the maturities for financial liabilities.

Maturities for non-derivative financial liabilities 2016

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	–	395,764	–	–	–	395,764
Other creditors	–	–	–	–	–	–
Grants payable	–	60,000	–	–	–	60,000
Total	–	455,764	–	–	–	455,764

Maturities for non-derivative financial liabilities 2015

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	–	771,253	–	–	–	771,253
Other creditors	–	155,826	–	–	–	155,826
Grants payable	–	1,722,302	–	–	–	1,722,302
Total	–	2,649,381	–	–	–	2,649,381

Note 21D: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to market risks. Cancer Australia is not exposed to currency risk or other price risk.

Cancer Australia has no interest bearing items and is therefore not exposed to interest risk.

Note 22: Administered Financial Assets Reconciliation

	2016 \$	2015 \$
Financial Assets		
Total financial assets as per administered schedule of assets and liabilities	68,275	146,444
Less: non-financial instrument components	38,275	110,132
Total financial assets as per financial instruments note	30,000	36,312

Note 23: Appropriations

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

	2016 Appropriations						Variance ² \$
	Appropriation Act		PGPA Act		Total appropriation \$	Appropriation applied in 2016 (current and prior years) \$	
	Annual Appropriation ¹ \$	AFM \$	Section 74 \$	Section 75 \$			
Departmental							
Ordinary annual services	12,000,798	-	1,747,406	-	13,748,204	10,918,738	2,829,466
Capital Budget	82,000				82,000	82,000	-
Total departmental	12,082,798	-	1,747,406	-	13,830,204	11,000,738	2,829,466
Administered							
Ordinary annual services							
Administered items	16,938,000	-	-	-	16,938,000	16,854,059	83,941
Total administered	16,938,000	-	-	-	16,938,000	16,854,059	83,941

Notes:

1. In departmental a total of \$8,202 has been temporarily quarantined against 2016 ordinary annual services appropriation. There were no amounts temporarily quarantined from 2015 administered appropriations.
2. The departmental variance primarily represents the timing difference of payments to suppliers and employees and additional section 74 revenue received.

Note 23: Appropriations

	2015 Appropriations						Variance ² \$
	Appropriation Act		PGPA Act		Total appropriation \$	Appropriation applied in 2015 (current and prior years) \$	
	Annual Appropriation ¹ \$	AFM \$	Section 74 \$	Section 75 \$			
Departmental							
Ordinary annual services	12,051,000	–	2,166,826	–	14,217,826	12,809,799	1,408,027
Total departmental	12,051,000	–	2,166,826	–	14,217,826	12,809,799	1,408,027
Administered							
Ordinary annual services							
Administered items	16,744,000	–	–	–	16,744,000	16,206,525	537,475
Total administered	16,744,000	–	–	–	16,744,000	16,206,525	537,475

Notes:

1. At 30 June 2016, in departmental a total of \$19,000 was temporarily quarantined against 2015 ordinary annual services appropriation. In administered, the amount withheld under section 51 of the PGPA Act was \$559,930.58.
2. The departmental variance primarily represents the timing difference of payments to suppliers and employees.

Note 23: Appropriations

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

Departmental	2016 \$	2015 \$
Appropriation Act (No.1) 2013–14	–	2,318,498
Appropriation Act (No.1) 2014–15	2,284,141	1,523,174
Appropriation Act (No.1) 2015–16 ¹	2,464,888	–
Total departmental	4,749,029	3,841,672
Administered		
Appropriation Act (No.1) 2015–16	83,941	537,475
Total administered	83,941	537,475

¹ Appropriation Act (No.1) 2015-16 includes cash and cash equivalents at 30 June 2016.

Note 24: Reporting of Outcomes

The statement of income and expenditure and the statement of financial position reflect the full outcomes under Outcome 1.

Note 25: Information furnished under the Charitable Fundraising Act 1991 (NSW)

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

Note 25A: Fundraising appeals conducted during the financial period

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

Note 25B: Details of aggregated gross income and total expenses of fundraising appeals

	2016 \$	2015 \$
Pink Ribbon Breakfast		
Gross proceeds of fundraising appeal	21,955	130,145
Total direct costs of fundraising appeal	(6,132)	(102,213)
Net surplus from fundraising appeal	15,823	27,932
Donations		
Gross proceeds of fundraising appeal	522	11,155
Total direct costs of fundraising appeal	–	–
Net surplus from fundraising appeal	522	11,155

Note 25: Information furnished under the Charitable Fundraising Act 1991 (NSW)

Note 25C: Statement demonstrating how funds received were applied to charitable purposes

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

Note 25D: Comparison by monetary figures and percentages

	2016 \$	2015 \$
Total cost of fundraising appeals ¹	6,132	102,213
Gross income from fundraising appeals	22,477	141,300
%	27%	72%
Net surplus from fundraising appeals	16,344	39,086
Gross income from fundraising appeals	22,477	141,300
%	73%	28%

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

¹ All costs relate to the Pink Ribbon Breakfast

Appendix B: Mandatory reporting information

Advertising and market research

Cancer Australia undertook advertising in 2015–16 to provide information about cancer to health professionals and the community. Cancer Australia used market research activities to seek the community's views on the most effective methods to deliver cancer information.

During 2015–16, Cancer Australia conducted the following advertising campaigns:

- Check your cancer risk
- Breast cancer in young women.

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

TABLE B.1: ADVERTISING AGENCIES

Organisation	Service Provided	Amount paid (GST inclusive)
Leigo Industries	Online advertising for Check your cancer risk online tool	\$19,500
Tonic Health Media	Patient and GP videos developed about Breast cancer in young women	\$29,968
Tonic Health Media	Patient and GP videos developed about the Check your cancer risk online tool	\$36,369

TABLE B.2: MARKET RESEARCH ORGANISATIONS

Organisation	Service Provided	Amount paid (GST inclusive)
The Leading Edge	Audience testing for the Check your cancer risk tool	\$26,400

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 2015–16 were published on AusTender.

Consultancies

During 2015–16, eight new consultancy contracts were entered into involving total actual expenditure of \$731,646. In addition, ten ongoing consultancy contracts were active during 2015–16, involving total ongoing actual expenditure of \$1,887,263.

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

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

Prior to engaging consultants, the Agency takes into account the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise. The decision to engage a consultant is made in accordance with the *Public Governance, Performance and Accountability Act 2013* and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

Disability reporting

Since 1994, Commonwealth non-corporate entities have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–08, reporting on the employer role was transferred to the Australian Public Service Commission's *State of the Service Report* and the *APS Statistical Bulletin*. These reports are available at apsc.gov.au. From 2010–11, departments and agencies have no longer been required to report on these functions.

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

Ecologically sustainable development and environmental performance

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

In 2015–16 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

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

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

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

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2015–16 that were exempt from being published on AusTender due to Freedom of Information (FOI) reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2015–16. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix A. There were no reports on the

operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman in 2015–16.

Freedom of information

Entities subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS).

This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements.

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

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2015 to 30 June 2016:

- *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 2015 to 30 June 2016 is available at canceraustralia.gov.au.

Purchasing

In 2015–16, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

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

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

The Agency also provides training and education, and support for staff, in procurement and grants.

All procurement and grant activity within the Agency is reviewed to ensure compliance with legislative requirements and to maximise best practice.

Small Business

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

To ensure that Small and Medium Enterprises can engage in fair competition for Australian Government business, Cancer Australia's procurement practices include use of the Commonwealth Contracting Suite for low-risk

procurements valued under \$200,000; and use of electronic systems and other processes to facilitate on-time payment performance, including the use of payment cards.

Work health and safety

During 2015–16, the following initiatives were undertaken in relation to work health and safety.

- The Work Health and Safety Policy was reviewed.
- Work Health and Safety Management Arrangements were finalised.
- The Health and Wellbeing Policy was finalised.
- A page on Cancer Australia's intranet dedicated to Work Health and Safety Issues was developed and provides access to legislation, policies and procedures including reporting on notifiable incidents.
- Influenza vaccinations were offered for all employees.
- Workstation assessments were carried out for new staff.
- An Employee Assistance Program continued to be offered for employees and their immediate family members.
- Rehabilitation providers were engaged to assist injured staff to return to work.

During 2015–2016, the Health and Safety Committee met three times to finalise policies and determine work health and safety objectives and targets for 2016.

During 2015–16 there were no notifiable incidents or investigations conducted arising out of the conduct of Cancer Australia's business or undertakings.

Appendix C: Cancer Australia Advisory Groups

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

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

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

Intercollegiate Advisory Group

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

The group was chaired by Associate Professor Chris Milross.

Research and Data Advisory Group

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

The group was chaired by Professor Adele Green AC.

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

Breast Cancer Advisory Group

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

The group was chaired by Associate Professor Bruce Mann.

Gynaecological Cancer Advisory Group

The Gynaecological Cancer Advisory Group provides expert advice on best practice initiatives, barriers, opportunities, strategies and actions relating to issues of national relevance within the area of gynaecological cancers. The group also identifies ways in which Cancer Australia can work effectively with all stakeholders including consumers, cancer organisations and professional groups to determine approaches in each of these areas to lessen the impact of gynaecological cancers in Australia.

The group was chaired by Associate Professor Peter Grant.

Lung Cancer Advisory Group

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

The group was chaired by Professor David Ball.



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



Appendix D:

List of requirements

Part of Report	Description	Requirement	Page
Letter of transmittal	Letter of transmittal	Mandatory	iii
Aids to access	Table of contents	Mandatory	iv
Aids to access	Alphabetical Index	Mandatory	109
Aids to access	Glossary	Mandatory	106
Aids to access	List of Requirements	Mandatory	102–105
Aids to access	Contact officer(s)	Mandatory	ii
Aids to access	Entity's website address and electronic address for report	Mandatory	ii
Review by Accountable Authority	Review by the Accountable Authority	Mandatory	2–5
Overview of the entity	Role and functions	Mandatory	14
Overview of the entity	Organisational structure	Mandatory	14
Overview of the entity	Outcome and program structure	Mandatory	15
Overview of the entity	Purpose of the entity as included in corporate plan	Mandatory	13
Overview of the entity	Portfolio structure	Portfolio departments—mandatory	Not applicable
Overview of the entity	Where outcome and program structures differ from PB Statements/PAES or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	If applicable, mandatory	Not applicable
Report on Performance — Annual performance statement	Annual Performance Statement	Mandatory	18–23
Report on Performance — Report on financial performance	Discussion and analysis of the department's financial performance	Mandatory	33
Report on Performance — Report on financial performance	Table summarising the total resources and total payments of the entity	Mandatory	26–27

Part of Report	Description	Requirement	Page
Report on Performance — Report on financial performance	Information on any significant changes in the financial results during or after the previous or current reporting period.	If applicable, mandatory	Not applicable
Management and Accountability — Corporate Governance	Information on compliance with section 10 (fraud systems)	Mandatory	iii
Management and Accountability — Corporate Governance	Certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	iii
Management and Accountability — Corporate Governance	Certification by accountable authority that appropriate mechanisms for preventing, detecting, investigating, recording and reporting fraud are in place	Mandatory	iii
Management and Accountability — Corporate Governance	Certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity	Mandatory	iii
Management and Accountability — Corporate Governance	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	31–32
Management and Accountability — Corporate Governance	Statement of significant issues reported to the Minister related to non-compliance with Finance law	If applicable, Mandatory	31
Management and Accountability — External Scrutiny	Significant developments in external scrutiny	Mandatory	98
Management and Accountability — External Scrutiny	Judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner	If applicable, mandatory	98
Management and Accountability — External Scrutiny	Reports by the Auditor-General, a Parliamentary Committee, the Commonwealth Ombudsman or an agency capability review	If applicable, mandatory	98
Management and Accountability — Management of Human Resources	Assessment of effectiveness in managing and developing human resources to achieve entity objectives	Mandatory	37
Management and Accountability — Management of Human Resources	Statistics on staffing	Mandatory	34–35
Management and Accountability — Management of Human Resources	Enterprise agreements, IFAs, common law contracts, determinations and AWAs, and number of employees covered by agreements	Mandatory	37
Management and Accountability — Management of Human Resources	Salary ranges available for APS employees by classification level	Mandatory	36

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APPENDICES

Part of Report	Description	Requirement	Page
Management and Accountability — Management of Human Resources	Non-salary benefits provided to employees	Mandatory	37
Management and Accountability — Management of Human Resources	Performance pay	If applicable, mandatory	37
Management and Accountability — Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	Not applicable
Management and Accountability — Purchasing	Assessment of purchasing against <i>Commonwealth Procurement Rules</i>	Mandatory	99
Management and Accountability — Consultants	Information on new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were entered into in a previous year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory	97
Management and Accountability — Consultants	A statement that “During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]”.	Mandatory	97
Management and Accountability — Consultants	A statement noting that information on contracts and consultancies is available through the AusTender website.	Mandatory	97
Management and Accountability — Consultants	Policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged	Mandatory	97
Management and Accountability — Consultants	Statement that <i>Annual reports contain information on actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website.</i>	Mandatory	97
Management and Accountability — Australian National Audit Office Access Clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	97
Management and Accountability — Exempt contracts	Contracts exempted from publication in AusTender	Mandatory	97

Part of Report	Description	Requirement	Page
Management and Accountability — Small business	Statement that the entity supports small business participation in the Commonwealth Government procurement market	Mandatory	99
Small business	Procurement initiatives to support small business	Mandatory	99
Small business	Statement regarding importance of paying small businesses on time if entity is considered 'material in nature'	If applicable, Mandatory	Not applicable
Management and Accountability — Financial Statements	Financial Statements	Mandatory	40–95
Other Mandatory Information	Advertising and Market Research and statement on advertising campaigns	If applicable, mandatory	96
Other Mandatory Information	Statement regarding information on grants awarded	If applicable, Mandatory	98
Other Mandatory Information	Mechanisms of disability reporting including reference to website for further information	Mandatory	97
Other Mandatory Information	Reference to where entity's <i>Information Publication Scheme</i> statement can be found	Mandatory	98
Other Mandatory Information	Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
Other Mandatory Information	Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i>)	Mandatory	99
Other Mandatory Information	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i>)	Mandatory	97–98

CONTINUED ▸

Glossary

Term	Description
Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Consumer	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Continuum of care	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or in palliative care.
Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Evidence-based	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
Health outcome	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple and the outcome may relate to a person, group or population or be partly or wholly due to the intervention, with either positive or neutral result(s).
Incidence	The number of new cases of a disease diagnosed each year.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which he or she is associated.

Term	Description
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types: Hodgkin's lymphomas and non-Hodgkin's lymphomas.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease; live in one area of the country; or are of a certain sex, age, or ethnic group.
Palliative care	An approach that improves the quality of life of patients and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification and impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
Policy	A plan or course of action intended to influence and determine decisions, actions and other matters.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Primary care	First level of health care, outside of hospitals. For example, a GP is a primary health care practitioner.
Psychosocial	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues and the impact of illness and treatment on sexuality and body image.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures. In Australia, organised screening programs must adhere to the Australian Health Ministers' Advisory Council's Population Based Screening Framework available at cancerscreening.gov.au
Support networks	People on whom an individual can rely for the provision of emotional caring and concern and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
Stakeholder	Any person or organisation that has a vital interest in Cancer Australia and its operations and programs.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

Abbreviations

Term	Description
the Council	Cancer Australia Advisory Council
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
CEO	Chief Executive Officer
EL	Executive Level
FOI	Freedom of Information
GP	General Practitioner
GST	Goods and Services Tax
HPV	Human papillomavirus
IPS	Information Publication Scheme
NHMRC	National Health and Medical Research Council
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	Public Governance, Performance and Accountability Act 2013
SES	Senior Executive Service
SME	Small and Medium Enterprises

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