



VCS
Foundation



2018

VCS
FOUNDATION
ANNUAL
REPORT

OUR VISION

TO PREVENT CANCER AND INFECTIOUS
DISEASES THROUGH EXCELLENCE IN
THE PROVISION OF POPULATION HEALTH
SERVICES SUPPORTING SCREENING
AND VACCINATION

VCS FOUNDATION
HAS HELPED REDUCE
THE MORTALITY RATE
FROM CERVICAL CANCER
IN VICTORIA TO A LEVEL
OF HALF THAT OF THE
REST OF AUSTRALIA.

THIS SAVES THE LIVES

OF MORE THAN 50

ADDITIONAL VICTORIAN

WOMEN EVERY YEAR



WE'RE TAKING
OUR KNOWLEDGE
TO THE WORLD



OUR VALUES
FAIRNESS
INTEGRITY
RESPECT
EXCELLENCE



IN MAY 2018 THE DIRECTOR GENERAL OF THE WORLD HEALTH ORGANIZATION (WHO) MADE A GLOBAL CALL FOR ACTION FOR THE ELIMINATION OF CERVICAL CANCER. WORLDWIDE, CERVICAL CANCER REMAINS A SERIOUS THREAT TO WOMEN'S LIVES, AND GLOBALLY, ONE WOMAN DIES OF CERVICAL CANCER EVERY TWO MINUTES.

IN LINE WITH OUR VISION, VCS FOUNDATION SUPPORTS THE GLOBAL CHALLENGE TO ENSURE THAT ALL GIRLS GLOBALLY ARE VACCINATED AGAINST HPV AND THAT EVERY AGE-ELIGIBLE WOMAN IS SCREENED AND, WHERE NECESSARY, EFFECTIVELY TREATED FOR PRE-CANCEROUS LESIONS.

ORGANISATIONAL OVERVIEW



VCS
Foundation

Australia is a world leader in achieving cervical cancer control in our population and it is time to extend that leadership to supporting cancer prevention globally. VCS Foundation Limited (trading as VCS Foundation) has emerged from the long established and trusted Victorian Cytology Service, a laboratory service formed in 1964 to support cervical screening when it was first introduced in Victoria, Australia's second largest state by population.

VCS Foundation is a not for profit organisation drawing on over 50 years of expertise in cervical cancer prevention through laboratory and educational services, establishing and operating cancer screening and vaccination registries, and delivering digital health solutions and services. The unique combination of these distinct but integrated services cost effectively delivers world leading public health outcomes in preventing cancer and infectious diseases.

The provision of our expertise and services have contributed to Australia having amongst the lowest cervical cancer incidence and mortality rates globally. Cervical cancer is a devastating disease that can destroy the health and well-being of affected women, and have critical impacts on their families and communities. Although it is preventable, it remains the fourth most common cancer of women globally despite the availability of screening through cytology for over 50 years. Our history of success and expertise enables VCS Foundation to reach out to resource constrained countries in our region, Asia and the Pacific and beyond, to increase access to cervical screening and HPV vaccination in ways that are appropriate to the setting and acceptable to women, girls and their families to effectively prevent cervical cancer.

VCS Foundation will continue providing its high quality laboratory services through VCS Pathology, and registry services through a new division "VCS Population Health". VCS Digital Health, a dedicated and innovative healthcare technology provider, has a range of secure and innovative platforms and technology services that drive the health and well-being of populations.

VCS FOUNDATION OFFERS A COMPREHENSIVE SUITE OF SERVICES TO ESTABLISH, SUPPORT, MONITOR AND MANAGE POPULATION HEALTH PROGRAMS, INCLUDING SCREENING AND VACCINATION. OUR UNIQUE COMBINATION OF SERVICES IS PROVEN TO ACHIEVE BETTER HEALTH OUTCOMES AND WILL ULTIMATELY SAVE LIVES.





VCS
Pathology

SAVING LIVES WITH BETTER SCIENCE

VCS Pathology is a specialist laboratory committed to providing excellence in HPV testing, cervical cytology, histopathology and chlamydia testing. We are leaders in self-collected HPV tests and, in our 50 years of operation, have reported over 12 million cervical screening tests.

Supporting Australia's Cervical Screening Program, VCS Pathology provides unparalleled quality laboratory services and advice to health professionals.

Our education unit provides health professionals with accredited training, education materials and phone support via specialist Liaison Physicians with access to a team of pathologists, cytologists and scientists with extensive expertise in cervical screening, including HPV testing.

As a not for profit laboratory service, health care providers can be assured that when choosing VCS Pathology they are supporting our work in under-served populations in Australia and around the world.



VCS
Population Health

IMPROVING THE HEALTH AND WELLBEING OF OUR COMMUNITIES

VCS Population Health are leaders in the delivery of high quality, high performance population health services and are committed to making a difference.

Our team of experts offers an unrivalled combination of experience in delivering and managing population health services through registry services, epidemiology, research and evaluation, health information management, reporting and statistics.

We work locally, regionally and internationally.

We understand the complexities of population health and the importance of delivering services that improve the health of our communities in ways that are safe, appropriate, acceptable and cost effective.

We work closely with clients and stakeholders to find the best solutions to improve health outcomes for all.



VCS
Digital Health

DIGITAL SOLUTIONS FOR POPULATION HEALTH

VCS Digital Health has over 25 years experience building, integrating, deploying, operating and supporting Digital Health solutions with a core focus on delivering better health outcomes.

Our highly scalable, secure and configurable platforms are built with a clinical focus to cost effectively improve the wellbeing of populations.

VCS Digital Health deliver in partnerships, leveraging an integrated team of technology and clinical specialists who understand what it takes to deliver.

Through partnerships and collaboration, VCS Foundation encourages and supports health improvements and health equity. The organisation is proud to be a member of the Global Health Alliance and BioMelbourne Network.

VCS Foundation is a Company Limited by Guarantee that operates under, and complies with, the:

- Corporations Act 2001(Cth),
- Australian Charities and Not-for-profits Commission Act 2012
- Improving Cancer Outcomes Act 2014



GLOBAL HEALTH
ALLIANCE
MELBOURNE



BioMelbourne
Network
Progressing BioIndustry

WELCOME TO THE VCS FOUNDATION ANNUAL REPORT 2017–2018

The VCS Foundation Annual Report 2017–2018 provides disclosure of our quality, operational and financial performance, and documents our key achievements and challenges.

During this financial year, VCS Foundation's operating environment in Australia has undergone major changes with the introduction of the government's renewed National Cervical Screening Program implemented in December 2017 and the release of the National Cancer Screening Register. Two yearly Pap tests have now been replaced by 5 yearly human papillomavirus (HPV) tests in an age range of 25 to 74 years rather than the previous 18 to 69 years. In addition, the Victorian Cervical Screening Registry (VCSR), formerly the Victorian Cervical Cytology Registry (VCCR) operated by VCS for over 25 years, has commenced its transition to the National Cancer Screening Register and the National HPV Vaccination Program Register, designed, developed and operated by VCS since 2008, is transitioning to the Australian Immunisation Register.

These changes have significantly altered the historic operations of the VCS laboratory and registry services. VCS, now trading as VCS Foundation, has redirected its expertise and focus to support under-served populations in Australia and around the world. To better leverage its service capability and expertise, and to position the organisation to prevent cancer and infectious diseases internationally, a new structure has been developed. This report showcases the achievements in 2017/18 and future directions of the organisation.

VCS, NOW TRADING AS VCS FOUNDATION,
HAS REDIRECTED ITS EXPERTISE AND
FOCUS TO SUPPORT UNDER-SERVED
POPULATIONS IN AUSTRALIA AND
AROUND THE WORLD.

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YEAR IN REVIEW – CHAIRMAN & EXECUTIVE DIRECTORS REPORT

2017/18 was a year of consolidation as we transitioned to accommodate the enormous changes which have taken place in all areas in which we operate in Australia. VCS Pathology has adjusted to the renewed cervical screening program with the introduction of new equipment, new technologies and changes to staff structure, whilst the long running registry service the National Human Papillomavirus Vaccination Program Register (NHVPR) has begun to wind down. The rapidly changing business operating environment has required a further review of our Strategic Plan resulting in the exciting establishment of VCS Foundation Ltd.

VCS Foundation draws from the organisation's long and proud history as a high quality laboratory and trusted registry operator, to oversee the management of VCS Pathology, VCS Population Health and VCS Digital Health. These changes position the organisation to answer the call to action from the Director General of the World Health Organization for all countries to help end the suffering caused by cervical cancer. Accordingly VCS Foundation now seeks wider engagement to provide solutions and save lives in underserved populations globally.

VCS Population Health, a new division, will continue to run existing registries, with the Victorian Cervical Screening Registry (VCSR) expected to eventually transition to the National Cancer Screening Register. The NHVPR will transition to the Australian Immunisation Register by end December 2018. VCS Population Health is a team of experts with over 25 years of experience in operating registry services, delivering and managing population health services, epidemiology, research and evaluation, health information management, reporting and statistics. VCS Population Health is already providing preferred solutions to a number of state and council projects. Examples of these are contained within this report.

As indicated in the 2016/17 Annual Report, VCS Foundation has focussed on developing VCS Digital Health, leveraging its technology service capability and products such as the population health management platforms canSCREEN® and canVAX®, to drive new service opportunities. These platforms support and enable services offered by VCS Population Health, providing a unique value proposition that can be utilised in population health, screening and vaccination programs in Australia and globally. New funding streams for these services are being investigated with successful projects already underway as demonstrated by the case studies contained in this report.

WHAT WE SAID WE WOULD DO IN 2017/18

- ✓ Continued implementation of the revised 2020 Strategic Plan
- ✓ Manage Compass Trial recruitment post Renewal and expand beyond Victoria
- ✓ Preparing the laboratory equipment and processes for the changes in the screening program
- ✓ Preparing staff for the introduction of Renewal and the National Cancer Screening Register on 1 December 2017
- ✓ VCS Digital Health will be progressed in 2017/18 extending key IT platforms – canSCREEN®, canVAX® and related support services
- ✓ Introduction of Neisseria gonorrhoea testing in the laboratory
- ✓ National Health and Medical Research Council (NHMRC) partnership grant “Identifying and addressing gaps in Australia’s adolescent HPV vaccination program”
- ✓ Continue our involvement in the NHMRC partnership grant “Cervical screening participation and outcomes for Indigenous Australian women”
- ✓ Progress VCS Foundation as a Centre of Research Excellence in Cervical Cancer Control

This Annual Report is the first for VCS Foundation Limited under the new structure and showcases its achievements in what was another significant year for the organisation.

LOOKING TO THE FUTURE

2017/18 was not only a year of consolidation – it was also a year of adjusting to external changes and of positioning the organisation for future growth.

As mentioned previously, a new structure overseen by VCS Foundation has been established, with VCS Digital Health and VCS Population Health already tested and proven in the market. VCS Pathology continues to provide high quality laboratory screening and diagnostic services supporting the National Cervical Screening Program and under-screened populations both locally and overseas.

Our goal for the future is to identify and explore new service opportunities for VCS Foundation in order to broaden our population health contribution.

BOARD APPOINTMENTS

In November 2017, Ms Anderson retired as Chairman of the VCS Board after holding the position for two consecutive two year terms. Ms Anderson remains a long serving member of the Board providing guidance as a nurse with expertise in preventative health. We are grateful for Ms Anderson's ongoing commitment to the VCS Foundation Board and value her depth of knowledge having served on the Board for 18 years.

Ms Stephanie Reeves was appointed to the role of Chairman at the 2017 AGM. She has served on the Board since February 2014 bringing her finance, commerce, corporate management and legal skills to the organisation. Stephanie is delighted to accept the challenges of the role as Chairman and aspires to serve the organisation with the same enthusiasm and commitment as Ms Anderson has done.

Mr David Wrede accepted the nomination as Vice Chairman at the 2017 AGM. David was appointed to the Board in 2010 as a director with gynaecological expertise.

He looks forward to working with Stephanie to support the Board and the organisation.

Ms Christine Harvey retired from the Board in February 2018 after serving 9 years as a Director with expertise in finance, commerce, corporate management and law. Ms Harvey generously offered her time and knowledge during her period of tenure on the Board, also serving as a member of the Audit and Finance Committee.

All VCS Foundation Board Directors give their time to us voluntarily, as committed and passionate people who share their expertise for the benefit of the wider community. We are very grateful for their ongoing service.

We also acknowledge and thank our funding providers and other stakeholders, the Executive Team, and staff at VCS Foundation, all of whom continue to work to further enhance our reputation as a trusted committed organisation and valued partner in prevention of cancer and infectious disease.

*Stephanie Reeves, Chairman
Marion Saville, Executive Director*



Stephanie Reeves
Chairman

Marion Saville
Executive Director

THIS ANNUAL REPORT IS THE FIRST FOR VCS FOUNDATION LIMITED UNDER THE NEW STRUCTURE AND SHOWCASES ITS ACHIEVEMENTS IN WHAT WAS ANOTHER SIGNIFICANT YEAR FOR THE ORGANISATION.

FINANCIAL SUMMARY

AUDIT AND FINANCE COMMITTEE CHAIRMAN AND CHIEF FINANCIAL OFFICER REPORT

The consolidated net result for VCS Foundation for the financial year ending 30 June 2018 was a deficit of \$(166,514) after taking into account depreciation and amortisation. This was a pleasing result when compared to the budgeted deficit that was anticipated for the year. The result included depreciation of \$2.6M of which \$1.2M related to canSCREEN®, the Cancer Screening Register Platform built in stages over the last three years and now completed. Grant funding was received from the Victorian Department of Health and Human Services (DHHS) and was recognised as Capital Purpose income in prior years to fund the development of the canSCREEN® platform.

Contingency funding from the Australian Department of Health of \$1.437M was received as support for increased Liquid Based Cytology (LBC) costs incurred due to the late start of Renewal of the National Cervical Screening Program (delayed from 1 May 2017 to 1 December 2017) which positively contributed to the reduced deficit. The delayed commencement date of the National Cancer Screening Register also resulted in VCS Foundation operating the VCSR and SA Health Registers for the full 2017/18 year. Accordingly, additional funding was received to support these ongoing activities. VCS Foundation has since been requested by the Victorian and South Australian State Governments to continue the operation of both registers for the 2018/19 year.

VCS Foundation also provided implementation support to the refugee and asylum seeker immunisation pilot "Providing Access to Immunisation for Vulnerable Groups" (PAIVnG) which generated new income of \$552,008.

Patient fees of \$2.5M increased by 77% when compared to the prior year due to bulk billing of LBC tests as a result of the commencement of Renewal, our finalised National Partnership Agreement and changes to the Medicare Benefits Schedule which allowed VCS Pathology to bill for LBC tests for the first time.

Total consolidated expenditure increased by 14.4%. This was due primarily to the anticipated increase in laboratory supply consumables of 138.1% as VCS Pathology successfully implemented the new CST (HPV and LBC) tests following cessation of Pap tests for primary screening. The increased consumables cost was partly offset by reduction in labour costs after the restructuring of the scientific and laboratory workforce in December 2017.

The number of primary screening tests undertaken in 2017/2018 decreased to 250,133 (2016/17: 287,100). The size of the Victorian market reduced prior to the commencement of Renewal: however, VCS Pathology maintained in excess of a 50% market share.

We would like to acknowledge the support of fellow Board Directors who are Audit and Finance Committee members and the Finance Team led by Finance Manager Pauline Lomas.

The support provided by the Victorian, South Australian and Commonwealth Governments has been invaluable in assisting the organisation throughout 2017/18.

The funding provided during the year has enabled VCS Foundation to continue to invest in and provide crucial and effective services.

Most pleasing during the year was the federal Government's ongoing commitment to VCS Pathology, with a 4 year funding agreement executed that invests over \$41.5M until June 2021 in the continued provision of laboratory screening services that support Renewal. This core funding commitment reflects confidence in VCS Foundation to deliver services that support the renewed program.

*Tim Humphries, Chairman – Audit & Finance Committee
Les McLean, Chief Financial Officer*



THE SUPPORT PROVIDED BY THE VICTORIAN, SOUTH AUSTRALIAN AND COMMONWEALTH GOVERNMENTS HAS BEEN INVALUABLE IN ASSISTING THE ORGANISATION THROUGHOUT 2017/18.

Tim Humphries
Chairman – Audit &
Finance Committee

Les McLean
Chief Financial Officer



THE EVOLUTION OF VCS FOUNDATION

Restructure of VCS Ltd. to VCS Foundation	2018	VCS Population Health introduced
National Cancer Screening Register operational		VCS Digital Health implemented canSCREEN® for PAIVnG, providing immunisation management of Refugee and Asylum Seekers within councils
Victorian Cervical Cytology Register (VCCR) name change to Victorian Cervical Screening Register (VCSR) in line with the renewed screening program	2017	VCS Digital Health ensured that VCS Pathology was the first Victorian laboratory to provide test results to the My Health Record
VCS Digital Health introduced		VCS Digital Health population health platform canSCREEN® Cloud roadmap progressed
		VCS Digital Health awarded DHHS support contract for the Immunisation Provider System used in 76 councils
		VCS shortlisted for New Zealand National Screening Solution
Restructure of VCS workforce to support the renewed NCSP	2016	12,722,025 smears reported from 1965 to the commencement of the renewed NCSP
Renewal of the National Cervical Screening Program launched in December 2017		
VCS Digital Health platform canSCREEN® was re-architected as a population health management platform, and released to support the South Australian and Victorian governments cervical screening	2015	VCS Digital Health won a Microsoft Partner award for canSCREEN® under the category Technology for Social Impact
		VCS shortlisted in tender for the operation of the Australian National Cancer Screening Register
Total workforce prior to Renewal = 181		Compass Main Trial recruitment target of 36,300 unvaccinated women born on, or before, June 30th 1980 reached in May
VCS Celebrates 50 years of service	2014	12,006,312 Pap smears reported over the life of the service
Compass Main Trial to recruit 121,000 women commences		VCS hosts PCC2015, the third such conference
	2013	VCS appointed operators of the South Australian Cervix Screening Register
Boys added to the HPV vaccination program		Compass Pilot Study commences

THE EVOLUTION OF VCS FOUNDATION

National Bowel Screen Cancer Registry Follow Program (PFUF) added to the service		Planning commences for a renewed cervical screening program
VCS rebranding and logo refresh	2012	VCS Pathology Established
VCS hosts PCC2011, the second such conference	2011	VCS releases first data showing a decrease in high grade abnormalities after introduction of the HPV vaccination program
20th anniversary of Victorian Cervical Cytology Register	2010	Implemented and integrated a secure messaging platform
		Implemented virtualised server infrastructure
		Designed, built, and released an enterprise business intelligence platform
Preventing Cervical Cancer Conference (PCC) bringing together Australian and International experts	2009	Renewal of National Cervical Screening Program announced
VCS contracted to establish and operate the National Human Papillomavirus Vaccination Program Register	2008	VCCR co-locates with the National HPV Vaccination Program Register
		Built and implemented canVAX®, a national population health management platform supporting vaccination
National HPV Vaccination Program implemented	2007	
Implementation of MediPath LIS for histopathology	2006	NHMRC Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities
	2005	
VCS computer system introduced a decision support tool offering the reporting scientist or pathologist the appropriate clinical recommendation	2004	Planning started for determining a suitable site for VCS pending the relocation of the Royal Womens Hospital
	2003	
VCS computer system project completed July 2000. Victorian BreastScreen Registry relocated to new premises on 26 July 2000	2002	Due to another Victorian laboratory losing its NATA accreditation, test volumes increased markedly for a period
	2001	
Dr Marion Saville appointed Director	2000	
Mandatory for pathology laboratories to meet performance targets	1999	On 17 August 1999, the core functions of the new VCS computer system commenced

THE EVOLUTION OF VCS FOUNDATION

BreastScreen handled approximately 220,000 phone calls and made 158,000 appointments for women	1998 1997	VCS was providing a public cytology service for the Royal Melbourne Hospital
VCCR and VBR required increased space	1996 1995	Performance measures for Australian laboratories reporting cervical cytology introduced
VCS commenced a contract to provide the Victorian BreastScreen Registry (VBR)	1994 1993	First NHMRC Guidelines Screening to Prevent Cervical Cancer: Guidelines for the Management of Women with Screen Detected Abnormalities
On 3 September 1991, VCS was incorporated	1992 1991	Cancer Council Victoria and Victorian Cervical Cytology Registry introduced the "Organised Approach to Preventing Cancer of the Cervix"
The Commonwealth agreed to pay \$1.5 million, matched by the State Government, to improve the Service in a number of areas	1991 1990	National Cervical Screening Program established as joint initiative of Australian State and Territory Governments
Dr Gabriele Medley Appointed Director	1990 1989	VCS moved from Prince Henry's to 265 Faraday Street Carlton
A survey by Cancer Council Victoria showed that 20% of Victorian women had never had a cervical smear	1989 1988	Bill passed. Amendment to Cancer Act 1958 Cancer (Central Registers) Act 1989. VCCR established under direction of Heather Mitchell - the first Australian state-based Pap test Registry
There were the first reports of occupationally related illnesses at the Service	1988 1987 1986	Review of cervical screening in Australia commissioned. Working Party on Central Registry at Cancer Council Victoria and proposal to establish Registry. Extensive community consultation
	1985	Report of Cancer Council of Victoria Working Party on Mass Screening for cervical cancer recommending formal statewide database
	1984	May 1985 was a record month for smears, 29,442 were received
	1983	Sir Lance Townsend, founding chairman, died

THE EVOLUTION OF VCS FOUNDATION

On the 28th May 1982, the Minister for Health, The Honourable T. W. Roper, visited the Service and personally supervised the registration of the three millionth smear	1982	
Univac V77/600 mini-computer replaced virtually all existing clerical activities	1981	Despite a recommended two-yearly screening interval, Victorian women appeared to have set their own "mean interval" of 3.5 years
Royal Melbourne Institute of Technology (RMIT) established a degree course in applied science, which included Anatomical Pathology	1980	
The screened population coverage reached over 90% in some age groups	1979	
The Clinical Cytology II subject commenced at RMIT	1978	There was a reorganisation of medical staff with four Pathologists employed within the Department of Anatomical Pathology
137,717 smears were received, with 487 'positive' cases	1977	
The Service moved into new premises on the third floor of the new clinical school at Prince Henry's Hospital	1976	The introduction of Medicare bulk billing allowed other laboratories to provide an apparently 'free' service
Screeners were mostly girls straight from matriculation	1975	
Over the first 18 months, 70,878 smears were examined, which was approximately 7% of the adult female population in Victoria	1974	Staff efficiency was calculated to have doubled since the inception of the Service
Victorian Clinical Gynaecology Service established operating from Prince Henry's Hospital	1973	
Dr Michael Drake appointed Director	1972	The average smear cost for the year was \$1.16
	1971	
	1970	Punch cards were used for 'normal' and 'abnormal' records, which were transferred onto magnetic tape
	1969	
	1968	Staff were divided into Cytotechnologists, Senior Cytotechnicians and Cytotechnicians (screeners)
	1967	
	1966	Total workforce at the commencement of the service = 19.5
	1965	
	1964	Victorian Cytology (Gynaecological) Service was formed on 9th December 1964

2017/2018 AT A GLANCE

2017/18 WAS A YEAR OF CONSOLIDATION – WE TRANSITIONED TO ACCOMMODATE THE ENORMOUS CHANGES OCCURRING IN ALL AREAS IN WHICH WE OPERATE IN AUSTRALIA.

VCS PATHOLOGY ADJUSTED TO THE RENEWED CERVICAL SCREENING PROGRAM INTRODUCING NEW EQUIPMENT, NEW TECHNOLOGIES AND STAFF RE-STRUCTURE.

OUR LONG RUNNING REGISTRY SERVICE **THE NATIONAL HUMAN PAPILLOMAVIRUS VACCINATION PROGRAM REGISTER (NHVPR)** HAS BEGUN TO WIND DOWN.

THE RAPIDLY CHANGING BUSINESS OPERATING ENVIRONMENT REQUIRED A FURTHER REVIEW OF OUR STRATEGIC PLAN, RESULTING IN THE EXCITING ESTABLISHMENT OF **VCS FOUNDATION LTD.**

FINANCIAL POSITION

OPERATING RESULT
(\$166,154)

TOTAL REVENUE
\$28,104,030

TOTAL EXPENSES
\$28,270,185



OUR PEOPLE

PERCENTAGE
OF MEN AND
WOMEN IN THE
WORKFORCE



75%
WOMEN

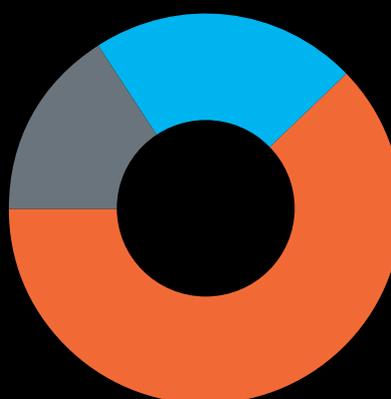


25%
MEN

THE SUPPORT PROVIDED BY THE VICTORIAN, SOUTH AUSTRALIAN AND COMMONWEALTH GOVERNMENTS HAS BEEN INVALUABLE IN ENABLING VCS FOUNDATION TO DELIVER OUTSTANDING SERVICE TO PARTICIPANTS IN PUBLIC HEALTH PROGRAMS THROUGH ITS LABORATORY AND REGISTRY SERVICES



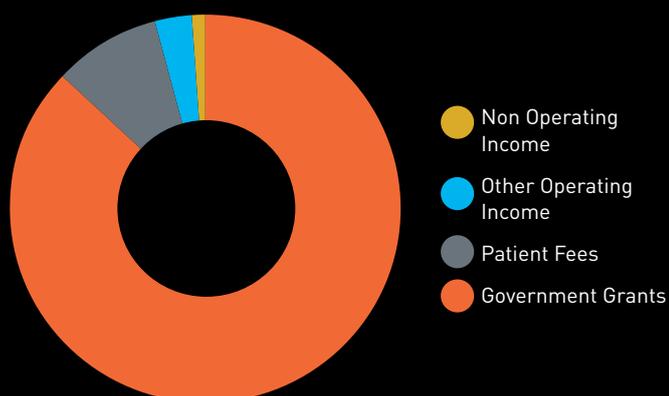
EMPLOYMENT TYPES



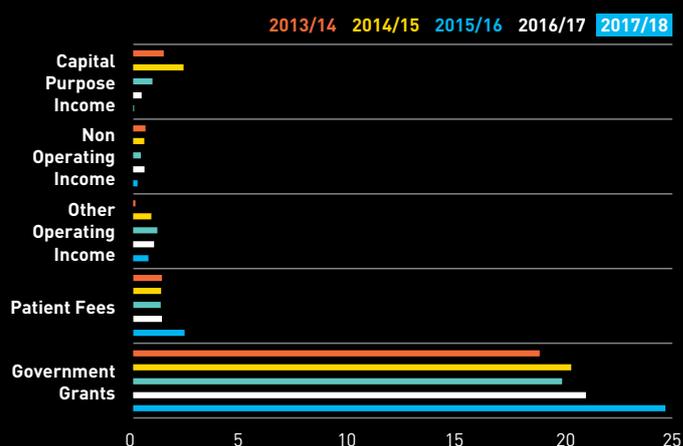
- Full time
- Part time
- Casual

SUMMARY OF CONSOLIDATED FINANCIAL RESULTS FOR VCS FOUNDATION LIMITED

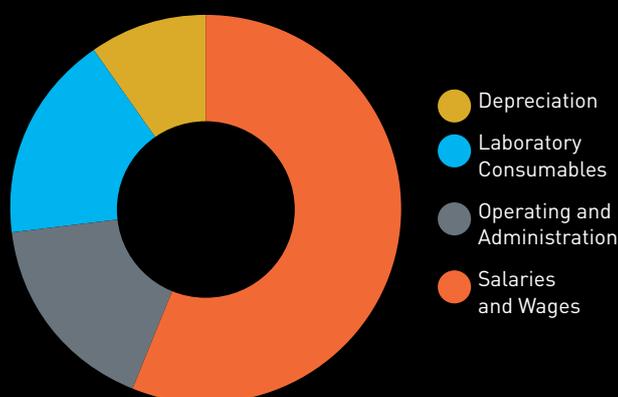
SOURCES OF REVENUE 2017/2018



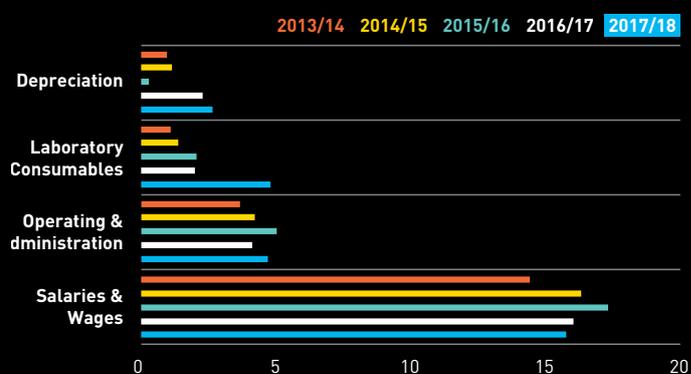
ANNUAL INCOME BY SOURCE \$M



OPERATING EXPENSES 2017/2018



ANNUAL OPERATING EXPENDITURE \$M



CORE BUSINESS PERFORMANCE

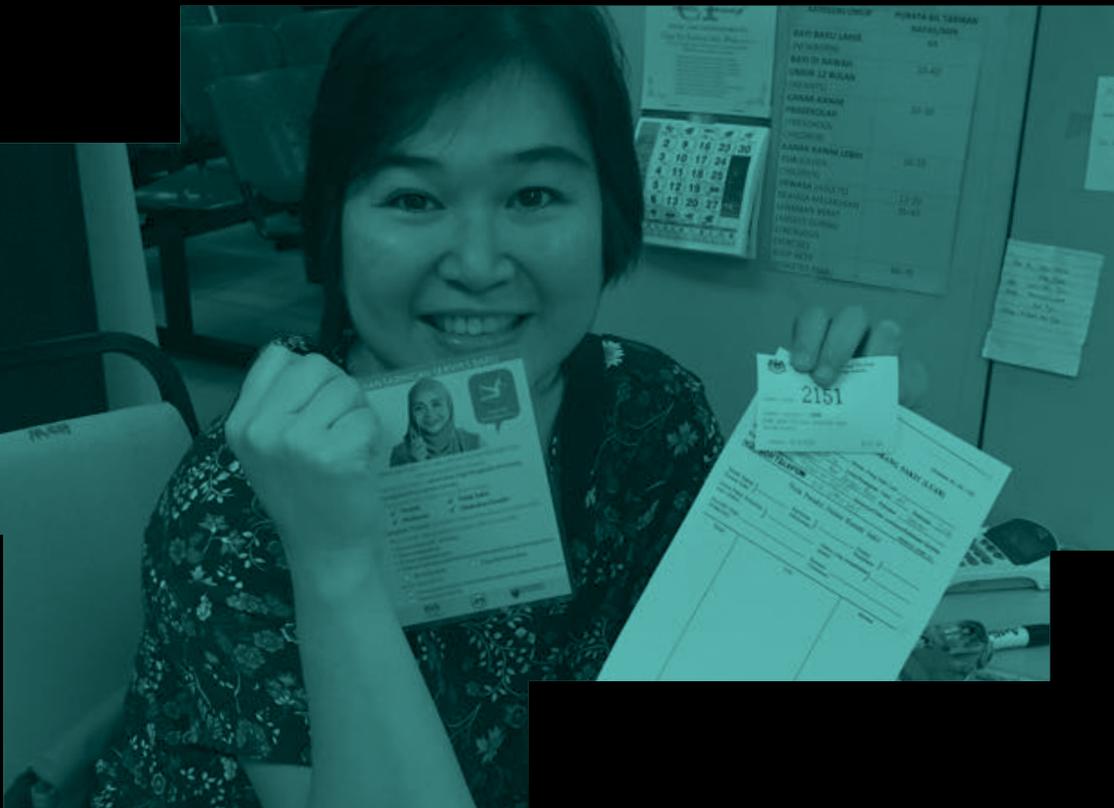
	2017/18 \$	2016/17 \$	2015/16 \$	2014/15 \$	2013/14 \$
Total Revenue	28,104,030	25,349,828	24,120,709	25,740,473	22,872,403
Total Expenses	28,270,185	24,712,316	26,255,281	23,354,898	20,440,084
NET RESULT Surplus/(Deficit)	(\$166,154)	637,512	(2,134,573)	2,385,575	2,432,319
Total Assets	24,027,269	23,495,604	23,211,845	25,061,975	24,746,925
Total Liabilities	8,322,521	7,624,702	7,978,455	7,694,012	9,764,537
NET ASSETS Total Equity	15,704,748	18,870,902	15,233,390	17,367,963	14,982,388





VCS Foundation

DELIVERING EXCELLENCE IN AUSTRALIAN AND GLOBAL PUBLIC HEALTH OUTCOMES



LEADERS IN THE PREVENTION OF
CERVICAL CANCER AND
INFECTIOUS DISEASES

ORGANISATIONAL STRUCTURE

VCS FOUNDATION IS A REGISTERED COMPANY LIMITED BY GUARANTEE UNDER THE CORPORATIONS ACT (VIC) 2001 AND IS GOVERNED BY A BOARD OF UP TO 11 DIRECTORS IN ACCORDANCE WITH THE CONSTITUTION. THE EXECUTIVE DIRECTOR OF THE SERVICE IS NOT A MEMBER OF THE BOARD BUT ACTS AS SECRETARY. THE BOARD ESTABLISHES THE ORGANISATION'S VISION, STRATEGIC INTENT, GOALS AND OBJECTIVES, EMPLOYS THE EXECUTIVE DIRECTOR, IDENTIFIES AND MONITORS THE MANAGEMENT OF CORPORATE RISKS AND MONITORS AND ASSESSES THE EXECUTIVE DIRECTOR AND THE PERFORMANCE OF THE ORGANISATION. THERE ARE EIGHT EXECUTIVES, INCLUDING THE EXECUTIVE DIRECTOR, THAT FORM THE EXECUTIVE MANAGEMENT TEAM.

VCS FOUNDATION LIMITED EXECUTIVE MANAGEMENT TEAM

EXECUTIVE DIRECTOR



Executive Director
A/Prof Marion Saville

EXECUTIVE TEAM



Medical Director,
VCS Population Health
A/Prof Julia Brotherton

Research Team
Dr Farhana Sultana
Dr Michael Malloy
Ms Tracey McDermott



Operations Director,
VCS Population Health
Ms Genevieve Chappell

Manager Screening
Operations
Ms Tanya O'Farrell

Vaccination Operations
Manager (NHVPR)
Ms Kate Wilkinson

Follow Up Manager
Ms Floriana LaRocca

Senior Health
Information Manager
Ms Karen Peasley



Director,
VCS Digital Health
Mr Matthew Cunningham

Solutions
Delivery Manager
Mr Leigh Trevaskis

ICT Infrastructure
and Service
Delivery Manager
Mr Andrew Trinh

EXECUTIVE TEAM



Director Molecular
Biology and
Biochemistry,
VCS Pathology
Dr David Hawkes

Molecular Supervisors
Ms Ellen Ip

Molecular Senior
Scientist
Ms Joanne Romano

Data Information
Supervisor
Ms Sheree Holt



Director Education
and Liaison,
VCS Pathology
Dr Lara Roeske

Liaison Physician Team
Dr Stella Heley
Dr Alexis Butler
Dr Wendy Pakes



Chief Financial Officer,
Mr Les McLean

Human Resources
Manager
Ms Sally Wilson

Finance Manager
Ms Pauline Lomas



Director Cytology and
Histology, VCS Pathology
Ms Grace Tan

Scientific Supervisor
Ms Diana Stockman

Supervisor Cytology/
Quality Officers
Ms Robyn Bower
Ms Wen Lan Lou (Jenny)

Multidisciplinary Senior
Scientists
Ms Domenica
Giacomantonio
Ms Noni Christou

Specimen Triage
Supervisor
Ms Despina Pyrros

STRATEGIC PLAN

The organisation is currently operating in year 3 of the 5 year plan established in 2015. Given the significant changes in the business operating environment, the plan has again been revised during 2017/18. This plan is underpinned by our Vision *"To prevent cancer and infectious diseases through excellence in the provision of population health services supporting screening and vaccination"*.

VCS Foundation's long history as a cervical screening test provider and Registry operator allowed it to successfully transition its laboratory and registry services to meet the needs of the National Cervical Screening Program "Renewal" that was launched on 1st December 2017 by the Australian government. The rapid sector change and recent events affecting the future of VCS Foundation necessitated a review of the 2015 – 2020 Strategic Plan by the Board of Directors in collaboration with the Executive Management Team to decide on short and mid-term goals for the organisation whilst in this transitional phase.

The overarching theme of the Plan is *"Beyond Renewal..."*

A number of initiatives were identified with five considered as the most strategic and to be the areas the organisation should focus on in the short and medium term.

- 1 Expand laboratory services**
- 2 Support effective delivery of immunisation in Victoria**
- 3 Pursue Asia Pacific Screening Programs beginning with Project ROSE**
- 4 Articulate and leverage the value of Compass**
- 5 Position and promote VCS Foundation to support its strategic initiatives**



1 EXPAND LABORATORY SERVICES

THE SELF COLLECTION PATHWAY

Health Care Providers anywhere in Australia can now access the Self Collection Pathway within the National Cervical Screening Program. Self-collection is when an eligible woman collects her own sample for cervical screening. This is offered to women who are currently at least 2 years overdue for cervical screening or have never screened before and who have declined a practitioner taken sample. In Australia, more than 80% of women diagnosed with invasive or micro-invasive cervical cancer have never been screened or have participated inadequately in the screening program. Australia wide only 6 in 10 women participate in the program at the recommended screening interval. The self-collected HPV test is an evidence-based strategy to overcome the barriers to screening that some women experience.

VCS Pathology has developed a suite of resources and aides to assist Health Care Providers to support eligible women to take their own sample for HPV testing. Interest in the test is gathering momentum across Australia and has been particularly well received in rural and remote areas. VCS Pathology has advised health care providers of this service through our liaison physicians accessing 39,000 Royal Australian College of General Practitioner (RACGP) members via online news, GP articles, RACGP instructional videos, an advertorial in the Australian Journal of General Practice, numerous presentations and webinars as part of RACGP QI&CPD accredited Active Learning Modules (ALMs), and workshops.

To further assist health care providers, the liaison physicians have developed an HPV Self Sampling Clinical Audit that has been approved by the RACGP Quality Assurance Program and entitles participating clinicians to 40 QI&CPD points in the 2017/19 triennium. The clinical audit aims to inform and support general practitioners and practice teams to pro-actively identify women between the ages of 30-74 years who are more than 2 years overdue for cervical screening with an outcome of engaging them in either routine cervical screening or, if they decline, to offer them the option of HPV self-collection.

VCS Pathology is currently the only service in Australia accredited to offer HPV testing for self-collected vaginal samples and proudly offers this service to eligible women and their practitioners Australia wide at no charge through bulk-billing. Since its introduction in January 2018, 545 self collected samples have been received and reported. This represents 545 women who have not been screened for more than 4 years that have re-engaged in the screening program.

In line with the vision of VCS Foundation and the global call to action by WHO to eliminate cervical cancer, the availability of this test will help reach under-served populations in Australia, and around the world. Our focus in 2018/19 is to increase participation in the Self collection pathway.

“ELIMINATION HAS TO BE FOR ALL AUSTRALIAN WOMEN. THAT SHOULD BE OUR LEGACY.”

Dr Lisa Whop, Post-doctoral research fellow at the Menzies School of Health Research, colleague and research collaborator with VCS Foundation



IN AUSTRALIA, MORE THAN 80% OF WOMEN DIAGNOSED WITH INVASIVE OR MICRO-INVASIVE CERVICAL CANCER HAVE NEVER BEEN SCREENED OR HAVE PARTICIPATED INADEQUATELY IN THE SCREENING PROGRAM.



Executive Director Marion Saville accepting the Innovation Award for the first GeneXpert Infinity System Placement in Australia, from Rayden Rivett, General Manager, ANZ, Cepheid

With the introduction of HPV-based cervical screening, VCS Pathology has had the opportunity to develop into the leaders in cervical screening programs beyond just cytology and cyto-pathology. With five different assays being run routinely, the continuation of the Compass trial and a pragmatic approach to implementation of HPV-based cervical screening programs, VCS Pathology is being sought out for their technical assistance both nationally and internationally.

Dr David Hawkes
Director Molecular Biology
VCS Pathology



NEISSERIA GONORRHOEA

Neisseria gonorrhoea testing was introduced by VCS Pathology in October 2017 and can be tested from a liquid based cytology specimen. This allows health care providers to request HPV, chlamydia and gonorrhoea testing on the same sample. Since its introduction, the laboratory has reported 1,710 gonorrhoea tests using the Cepheid GeneXpert Infinity System. VCS Pathology was an early adopter of this technology and a cutting of the ribbon ceremony was held to launch the first GeneXpert Infinity System placement in Australia.

HPV TESTING

Since the commencement of the renewed National Cervical Screening Program the volume of HPV tests received at VCS Pathology has increased from 19,611 in 2016/17, to 115,487 in the six months

since the commencement of the renewed program. In anticipation of the increased volumes of HPV testing, the laboratory introduced HPV testing on a number of different platforms from a range of manufacturers. This allows for clear redundancy pathways should any issues arise with a particular testing instrument. Combined, these instruments below are capable of reporting over 2,000 HPV tests per day:

- Roche cobas 6800 instrument and cobas HPV assay
- Roche cobas 4800
- BD Viper LT Instrument and partial genotyping Onclarity HPV assay
- Seegene Starlet Instrument and full genotyping Onclarity HPV assay
- Abbott M2000

2 SUPPORT EFFECTIVE DELIVERY OF IMMUNISATION IN VICTORIA

Utilising our experience with delivering and operating the Victorian Cervical Screening Register and the National HPV Vaccination Program Register, our new division VCS Population Health is ideally placed to support a range of population health programs. As recognised experts in managing population health services, epidemiology, research and evaluation, health information management, reporting and statistics, VCS Population Health is working locally to assist the Victorian Department of Health and Human Services with optimising other population health based services.

PROVIDING ACCESS TO IMMUNISATION FOR VULNERABLE GROUPS (PAIVnG)

Refugees and Asylum Seekers arrive in Australia from resource-poor countries with sub-optimal immunisation coverage. The Victorian Department of Health and Human Services (DHHS) engaged VCS Digital Health to customise and configure the award winning population health management platform canSCREEN® to facilitate the immunisation management of Refugee and Asylum Seekers.

The VCS Digital Health team facilitated key DHHS and council stakeholders in designing an effective service delivery model to be underpinned by a technical solution. As a result of this work, a 2½ year pilot project commenced in January 2018 and is being trialled in the Hume, Whittlesea and Greater Dandenong councils. Using the cloud version of canSCREEN®, the councils have notified 1,634 refugees, referred 966, initiated

537 appointments and completed 57 vaccinations. The target for the end of the pilot in June 2019 is a total of 4,000 vaccinations.

The canSCREEN® platform and VCS IT Service Management supports service delivery at site level within councils to track and refer all clients to completion of immunisation, and centralises management of all pilot data allowing a single view of participants for DHHS to easily monitor the pilot's progress. Based on the pilot, implementation and expansion in other low coverage populations in Victoria and beyond will be considered creating further service opportunity for VCS Population Health.

SUPPORT TO VICTORIAN LOCAL GOVERNMENT IMMUNISATION PROVIDER SYSTEM (ImPS)

Immunisations in Victoria are provided by local councils, GPs and specially qualified nurses in medical clinics and community health services, some Maternal and Child Health nurses, travel clinics and some pharmacists and hospitals.

VCS Digital Health **successfully tendered for a Victorian Department of Human Services (DHHS) contract for the provision of IT Service Management for ImPS**, including maintenance, support and enhancement services. During December 2017, the VCS Digital Health service was established for ImPS, transitioning the system from the incumbent provider to a new platform and infrastructure, and providing access to the VCS Digital Health Service Desk for all users and stakeholders.

VCS Digital Health continue to provide support to DHHS and over 67 councils throughout Victoria, identifying and providing innovative solutions and enhancements to the current platform and service.

ImPS primary functions include:

- Manage Local Government immunisation programs;
- Make age appropriate recommendations at antigen, vaccine and brand level according to the National Immunisation Schedule;
- Keep accurate record for clients including consent details, current vaccine details and immunisation history report to Australian Immunisation Register;
- Transmit data to a central location;
- Manage the stock control of vaccines;
- Provide reports for both internal and external reporting requirements and management of local immunisation programs.

The Population Health team are also working with DHHS to identify service improvement opportunities driving efficient work practices within the councils, and the alleviation of administrative burden. This will help drive increased productivity and improve quality within council vaccination service teams who are at the coalface of vaccine delivery in Victoria, ultimately driving better service values and improved health outcomes within the immunisation program.

VCS DIGITAL HEALTH SUCCESSFULLY TENDERED FOR A VICTORIAN DEPARTMENT OF HUMAN SERVICES (DHHS) CONTRACT FOR THE PROVISION OF IT SERVICE MANAGEMENT FOR ImPS



3 PURSUE ASIA PACIFIC SCREENING PROGRAMS BEGINNING WITH PROJECT ROSE

MALAYSIAN SELF SAMPLING ROSE PILOT

Cervical cancer remains the third most common cancer amongst Malaysian women despite it being a largely preventable cancer. Only 1 in 5 eligible Malaysian women have had cervical screening despite public awareness campaigns and relatively easy access to screening in healthcare facilities.

Professor Woo (University of Malaya) and A/Prof Marion Saville are co-leading Project ROSE.

To overcome barriers to screening in Malaysia, VCS Foundation collaborated with the University of Malaya and the Malaysian Ministry of Health to implement an innovative cervical screening program supported by its leading-edge population health management platform canScreen® (see page 35).

The platform was configured to suit the specific policy and program requirements in Malaysia, using cloud and web technologies to deliver mobile services at the point of care, including integration capability with government and other digital health platforms. canScreen® provides a secure platform that can be scaled to support other health programs and large scale participation.

This new approach to cervical screening integrates the latest advances in self-sampling, HPV screening and digital health platforms to effectively respond to the needs of Malaysian women and the health care providers that support them.

It empowers women to take their own sample for screening and have the result sent to their phone via SMS that same day.

The pilot program targeting 2,000 women in five clinics in Malaysia was launched in April 2018. A service delivery strategy is being designed to transition the pilot into a broader program. The Project ROSE collaboration was nominated as a finalist at the Union for International Cancer Control (UICC) 2018 World Cancer Congress in Malaysia.

“...THINKING OUT OF THE BOX AND UTILIZING INNOVATIONS AND SMART COLLABORATIONS TO EXECUTE CHANGE IN CERVICAL SCREENING.”

Prof. Dr. Woo Yin Ling
MA FRCOG PhD
University of Malaya



UICC Awards

Finalist 2018

The Collaboration Award

4 ARTICULATE AND LEVERAGE THE VALUE OF COMPASS

Compass is a randomised controlled trial designed to compare 2.5 yearly cytology-based cervical screening with 5-yearly primary HPV screening in Australian women aged 25-69 years. Researchers at VCS Foundation and Cancer Council NSW are conducting the trial, the largest in Australia, aiming to recruit 121,000 women in 2 cohorts; 36,300 older unvaccinated women, for which recruitment has been successfully completed, and 84,700 younger HPV vaccinated women attending for routine screening at participating practices in Victoria and selected states. The trial is being co-led by Professor Karen Canfell, Cancer Council NSW and A/Prof Marion Saville, VCS Foundation.

The Compass trial is important for VCS Foundation, Cancer Council NSW, the Australian National Cervical Screening Program (NCSP) and globally for understanding the implementation and impact of HPV based screening.

Decisions have been made about Australia's renewed NCSP on the basis of an extensive evidence review and supplementary modelling. The Compass trial is expected to provide empirical evidence to confirm (or not) the modelled predictions:

- Will the improved performance for HPV vs. cytology screening be sustained (or even improved) in a vaccinated population?
- How should HPV positive women be triaged, and will triage test performance be the same in an HPV vaccinated population compared to an unvaccinated population?

- What will be the impact of primary HPV screening if starting at a younger age (25 years) on downstream health services (particularly colposcopy referrals), in a vaccinated population?

The role of the trial is to contribute important empirical evidence which, together with modelling, policy setting and outcome evaluation, provide a framework for continuous improvement in the understanding and performance of NCSP with important implications for leading the international effort to eliminate cervical cancer as a public health problem globally.

Since the commencement of the renewed screening program, recruitment into Compass has slowed, having become more challenging as health professionals adapt to the new NCSP. A range of strategies have been put in place to address this.

GPs participating in the trial are eligible to take part in the Compass Research Active Learning Module (ALM) developed by the VCS Pathology Liaison Physicians. This ALM has been endorsed by the Royal Australian College of General Practitioners Australia and will earn GPs 40 category 1 QI&CPD points and Women's Health points for the current 2017-2019 triennium.

The ALM includes an hour education session to inform and enable GPs and practice teams to recruit eligible women into the trial.

The Compass Research Team continue to reach out to clinicians to take part in this important trial. At the time of writing this report, more than 500 general practices in Victoria and South Australia were participating with over 73,000 women recruited to date.

“THERE WAS STRONG EVIDENCE THAT WOMEN WHO TEST NEGATIVE FOR HPV RUN A VERY LOW RISK OF DEVELOPING CERVICAL CANCER FOR A LONG TIME, JUSTIFYING THE LONGER INTERVAL IN HPV SCREENING...”

Professor Karen Canfell,
Cancer Council NSW
Co-Principal Investigator
Compass Trial



5

POSITION AND PROMOTE VCS FOUNDATION TO SUPPORT ITS STRATEGIC INITIATIVES

The VCS Foundation Board of Directors adopted an organisational name change from “Victorian Cytology Service Ltd” to “VCS Foundation Ltd” trading as VCS Foundation. This name change makes clear our status as a non-government organisation.

VCS Foundation better positions our organisation to continue to build on the important work we do, explore new opportunities and reach out to low income, resource constrained countries in our region to increase screening participation with the introduction of secure and innovative technology supported by our Population Health and Digital Health services. VCS Foundation’s vision clearly aligns with the World Health Organization’s (WHO) global call to action to help end the suffering caused by cervical cancer.

VCS Foundation will continue providing its high quality laboratory services through the VCS Pathology and registry services through a new division “VCS Population Health”. VCS Digital Health, a dedicated and innovative healthcare technology provider, has a range of secure platforms and technology services that continue to support the health and well-being of populations.

Our vision remains “To prevent cancer and infectious diseases through excellence in the provision of population health services supporting screening and vaccination.”

Rebranding to support this new structure is now underway including a new website due to be released in October 2018.

OUR VISION REMAINS
“TO PREVENT CANCER
AND INFECTIOUS
DISEASES THROUGH
EXCELLENCE IN
THE PROVISION OF
POPULATION HEALTH
SERVICES SUPPORTING
SCREENING AND
VACCINATION.”



VCS Digital Health

DIGITAL INNOVATION ADVANCING GLOBAL HEALTH



E-HEALTH SOLUTIONS WITH
A CORE FOCUS ON DELIVERING
BETTER HEALTH OUTCOMES



VCS Digital Health

VCS DIGITAL HEALTH WAS IDENTIFIED AS A KEY ASSET THAT COULD BE USED TO DRIVE NEW OPPORTUNITIES FOR VCS FOUNDATION. THE VCS DIGITAL HEALTH SOLUTIONS DELIVERY AND SERVICE MANAGEMENT TEAMS HAVE EXTENSIVE eHEALTH AND POPULATION MANAGEMENT EXPERIENCE, LEVERAGING OVER 25 YEARS OF SUCCESSFUL SERVICE DELIVERY IN LARGE SCALE DIGITAL HEALTHCARE.

To better support VCS Foundation's strategy to expand its service portfolio, both with regards to health programs and geography, VCS Digital Health rebranded two of its flagship population health management platforms; canSCREEN® and canVAX®.

canSCREEN® is an award winning¹ contemporary technology platform that has been architected and designed to support the full population health management service lifecycle across a broad spectrum of health programs and is proven to deliver improved outcomes and support cost effective service delivery. It is highly configurable, having proven its capability to scale and support a variety of health service programs, supporting service objectives, policies, frameworks, and care management plans. The canSCREEN® solution provides multiple service channels and integration, supporting a variety of healthcare use cases e.g. registry operations, public, governments, health and non-health professionals and many other stakeholders.

The canSCREEN® architecture and technology stack ensure a platform that is high performing, highly scalable, secure, reliable and able to integrate providing the interoperability required in today's healthcare environment. It can be commissioned on-premises or in the cloud to suit service requirements.

canVAX® is a registry platform specifically designed to support national vaccination programs. canVAX® provides a high-performing, integrated, flexible and automated registry platform supporting vaccination programs at local, state and national levels. It delivers complete vaccination records in line with program policies and guidelines, and can be configured to support multiple programs and local vaccination schedules.

During the 17/18FY, VCS Digital Health platforms and services continued to securely manage and transact consumer data for both Australian federal and state government health programs:

RECORDS UNDER MANAGEMENT



6.5+ MILLION PARTICIPANTS



25+ MILLION TEST EPISODES

VCS DIGITAL HEALTH – SERVICES FOR POPULATIONS



9+ MILLION VACCINATIONS



5+ MILLION CARE MANAGEMENT TRANSACTIONS/YEAR

LIVES SAVED

VCS FOUNDATION SAVES AN ADDITIONAL 50 LIVES PER YEAR





Highlights for the year included working with organisations and governments in Australia and overseas, helping them succeed in delivering better health outcomes and services. In addition to the Success Stories throughout this report, other examples of the provision of new government services include:

- **My Health Record** – engaged by the Australian Digital Health Agency to upload pathology test results into the My Health Record. VCS Digital Health successfully delivered a solution ensuring VCS Pathology was the first Victorian laboratory to connect to the Federal Government’s My Health Record service, and has been successfully transmitting pathology test results since the 28th May 2018.
- **Provision of Digital Health consultancy services for the Victorian Department of Health and Human Services (DHHS)** – further enhancing VCS Digital Health’s unique value proposition to DHHS, broadening service opportunities whilst enhancing its reputation as a digital health service provider:
 - a. **Electronic Laboratory Reporting for Notifiable Conditions** – engaged by DHHS to facilitate the electronic provision of notifiable conditions from Victorian pathology laboratories. Leveraging VCS Digital Health’s pathology experience and stakeholder engagement was key in delivering the outcomes for this project, and included implementing a solution to facilitate transmission of communicable disease data between Sonic Pathology and DHHS.
 - b. **DHHS Syndromic Surveillance** – contracted by DHHS to provide technical expertise in a pilot project to receive Syndromic Surveillance data from Bendigo Health and to process and store it within DHHS Microsoft cloud infrastructure with the ultimate aim of applying machine learning algorithms to look for indicators and patterns.

VCS Digital have expanded its IT Service Management onboarding a number of new ‘customers’ including Victorian councils.

1718FY

<p style="font-size: 24px; font-weight: bold;">4,216</p> <p style="font-weight: bold;">SUPPORT CALLS</p>	<p style="font-size: 24px; font-weight: bold;">4,416</p> <p style="font-weight: bold;">HELP DESK TICKETS</p>	<p style="font-size: 24px; font-weight: bold;">139</p> <p style="font-weight: bold;">CHANGE REQUESTS</p>
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IT SERVICE MANAGEMENT – SERVICE DESK



2017/2018 VCS DIGITAL HEALTH CUSTOMER SUCCESS STORIES

PROJECT ROSE – REMOVING OBSTACLES TO CERVICAL SCREENING IN MALAYSIA

Enabling Malaysian women to access cervical screening

Project ROSE is an initiative from the University of Malaya (UM) and the Malaysian Ministry of Health (MoH) to set a new approach to cervical screening that integrates the latest advances in self-sampling, HPV screening and digital health platforms to effectively respond to the needs of Malaysian women.

It empowers women to take their own cervical screening sample and have the initial result sent to their phone via SMS that same day.

Cervical cancer remains the third most common cancer amongst Malaysian women despite it being a largely preventable cancer.

Only 1 in 5 eligible Malaysian women have had a cervical cancer screening despite public awareness campaigns and relatively easy access to screening in healthcare facilities.

To overcome barriers to screening, VCS Digital Health collaborated with the UM and the MoH to implement a digital health platform that is:

- easily configured to suit specific Policy and Program requirements, ensuring a quick 'time-to-market'
- scalable and flexible to support all Malaysian women
- easy to integrate with government and other digital health platforms

DESIGN THINKING APPLIED TO CERVICAL SCREENING



UICC Awards

Finalist 2018

The Collaboration
Award



2017/2018 VCS DIGITAL HEALTH CUSTOMER SUCCESS STORIES

VICTORIAN DEPARTMENT OF HEALTH & HUMAN SERVICES – PROVIDING ACCESS TO IMMUNISATION FOR VULNERABLE GROUPS (PAIVnG)

Enabling all Victorians to be vaccinated

To ensure newly arrived refugees and asylum seekers are up to date with vaccinations as per the Australian schedule, the PAIVnG program was established to ensure no one is left behind.

With thousands of refugees and asylum seekers settling in Victoria and 'No Jab, No Pay or Play' vaccination policies being enforced, the DHHS identified a need to enable systematic coverage of vaccinations in the newly arrived refugee and asylum seeker communities in Victoria. To deliver a successful program, VCS Digital Health was identified as a key delivery partner to:

- Provide software to support service provision and measurement of outcomes

- Effectively collaborate with settlement support services and local councils to ensure systematic referral to immunisation service on arrival.

Within a matter of weeks, VCS Digital Health effectively collaborated with DHHS to configure their canSCREEN® platform that:

- allowed for centralised management of the pilot data, providing a single view of participants for DHHS to easily monitor the pilot's progress
- provided real-time KPI Management and Analytics
- was flexible and scalable to enable easy rollout to additional immunisation services

“I AM PROUD THAT VCS DIGITAL HEALTH HAS SUCCESSFULLY PROVIDED A PLATFORM AND SERVICES TO SUPPORT AND DELIVER BETTER OUTCOMES FOR SOME OF THE MOST VULNERABLE GROUPS WITHIN OUR COMMUNITY.”

Matt Cunningham –
Director VCS Digital





VCS Pathology

SAVING MORE LIVES THROUGH SELF-COLLECTION



LEADERS IN SELF COLLECTED
HPV TESTS



VCS Pathology

THE INTRODUCTION OF THE NEW NATIONAL CERVICAL SCREENING PROGRAM

In 2017/18 VCS Pathology, Australia's largest public cervical screening testing laboratory, reporting approximately 300,000 Pap smears annually, transitioned from 2 yearly cytology-based testing to 5 yearly HPV-based screening in accordance with the renewed National Cervical Screening Program (NCSP) which commenced on the 1st December 2017.

Along with all other laboratories reporting Pap smears, VCS Pathology commenced offering liquid based cytology (LBC) as an alternative to conventional Pap Smears for routine screening from 1 May to 30 November 2017. This followed an unexpected delay in the implementation of the renewed NCSP caused by the delay in the establishment of the National Cancer Screening Program (NCSR). This was at a time when many laboratories had commenced redundancy processes for scientific staff. The funding of LBC increased the capacity of the remaining scientists to meet ongoing demand for cytology reporting. The change to LBC was rapid with samples increasing from 60% of tests received in July to approximately 90% in November (see figure 1).

The National Pathology Accreditation Advisory Committee (NPAAC) recognised the disruption caused by the delay and lifted target turn around times for laboratories to report LBC tests from 10 days to 20 days. In anticipation, new equipment and processes had been introduced into the VCS Pathology laboratory to manage the increased LBC test volumes and, as a result, VCS Pathology easily met the NPAAC target (see figure 2). In the renewed NCSP, LBC is only used as the reflex test for positive oncogenic HPV tests or as a co-test for symptomatic women and women with confirmed high grade biopsies. This has resulted in a significant drop in the volume of LBC tests from the peak period of 4,671 cases per week in November to 1,300 cases per week by the end of the financial year (see figure 1).



IN MAY 2017 ONLY
20 CYTOLOGISTS WERE
TRAINED IN SCREENING LBC.
BY THE END OF AUGUST,
36 CYTOLOGISTS WERE
TRAINED AND COMPETENT
FOR ROUTINE LBC
SCREENING

“THE VICTORIAN CYTOLOGY SERVICE CONTINUE TO PROVIDE A HIGH QUALITY SERVICE FOR VICTORIAN WOMEN AND CLINICAL PROVIDERS. THEY HAVE MET PERFORMANCE AND QUALITY MEASURES FOR THE PROGRAM, AND CONTINUE TO BE VALUED PARTNERS IN THE DELIVERY OF THE CERVICAL SCREENING PROGRAM IN VICTORIA. THEIR CLINICAL ADVICE AND SUPPORT DURING THE TRANSITION TO THE RENEWED CERVICAL SCREENING PROGRAM HAS BEEN INVALUABLE, AND THEIR CONTINUED ROLE IN DELIVERING SERVICES WITHIN THE RENEWED ENVIRONMENT IS IMPERATIVE.”

Department of Health and Human Services Victoria –
Review of the VCS Pathology operations in 2017/18





The reporting turn around times for cervical screening tests increased significantly as the laboratory adjusted to the interim LBC testing reaching a peak of 11 days in July (within the NPAAC target of 20 days) but dropping to 3 days at the end November 2017 (see Figure 2). This was a commendable achievement given the abrupt and challenging changes to the workplace including major changes to laboratory processes and the reduced scientific workforce.

The transition from 2 yearly cytology-based to 5 yearly HPV-based screening, required a significant review of existing processes, extensive re-development by VCS Digital Health of the laboratory information system, and documentation to support the new processes implemented for the renewed program. The VCS Foundation Liaison Physicians had readied our referrers with information sessions and a suite of resources. The switch to HPV tests on the launch date was immediate (see figure 3). Some refinement of work streams through the laboratory were required and delays in reporting turnaround times were seen in the first few months. These have now been addressed and reporting times are at acceptable levels (see figure 4).

FIG.1: FLUCTUATION OF LIQUID BASED CYTOLOGY TESTING VOLUMES (Percentage of all cervical Screening Tests received)

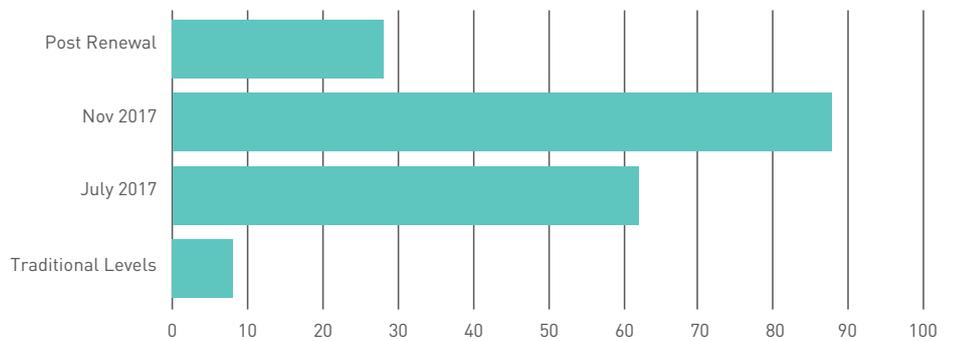


FIG.2: CERVICAL SCREENING TESTS REPORTING TURN AROUND TIMES

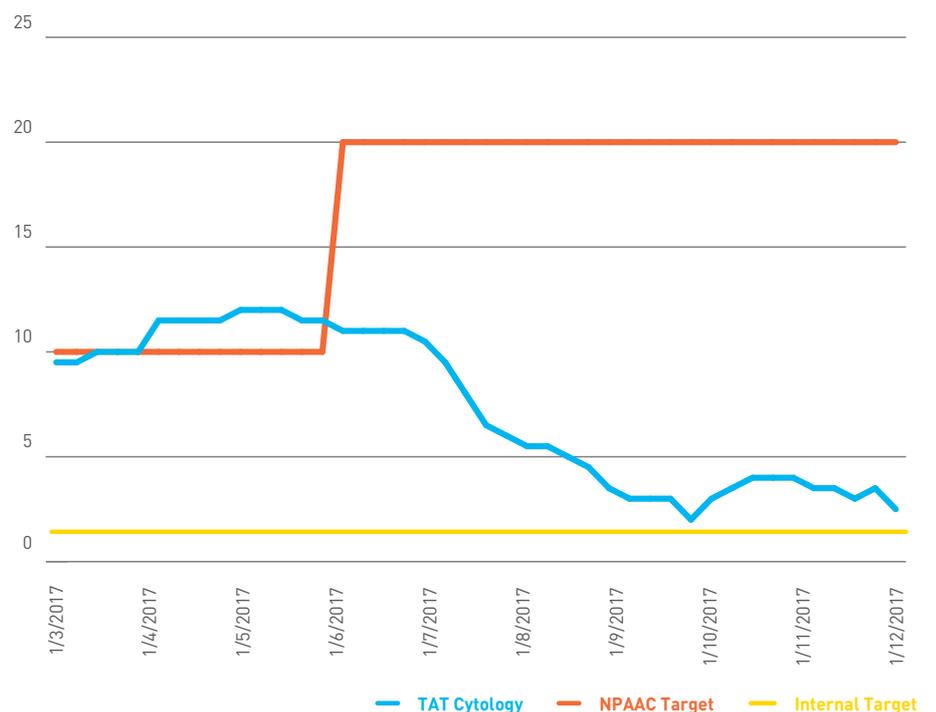
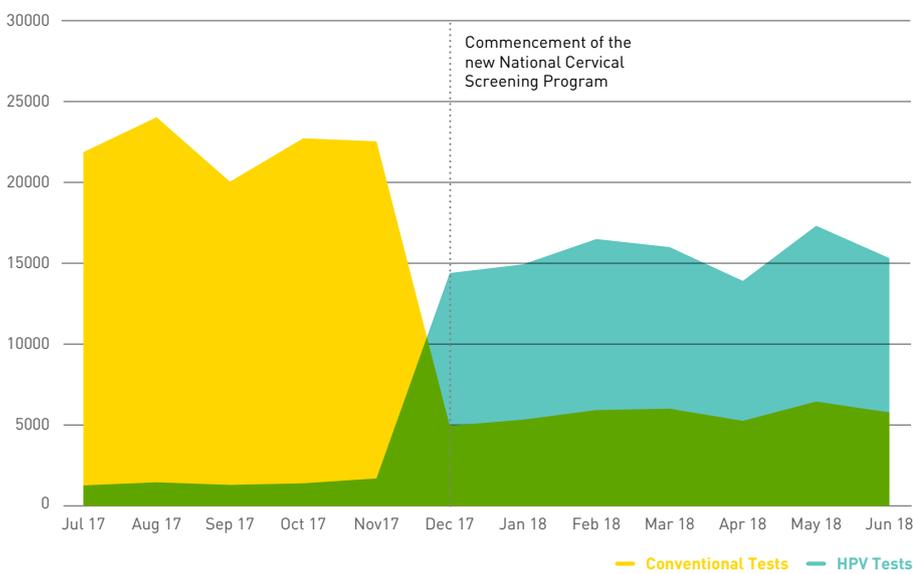
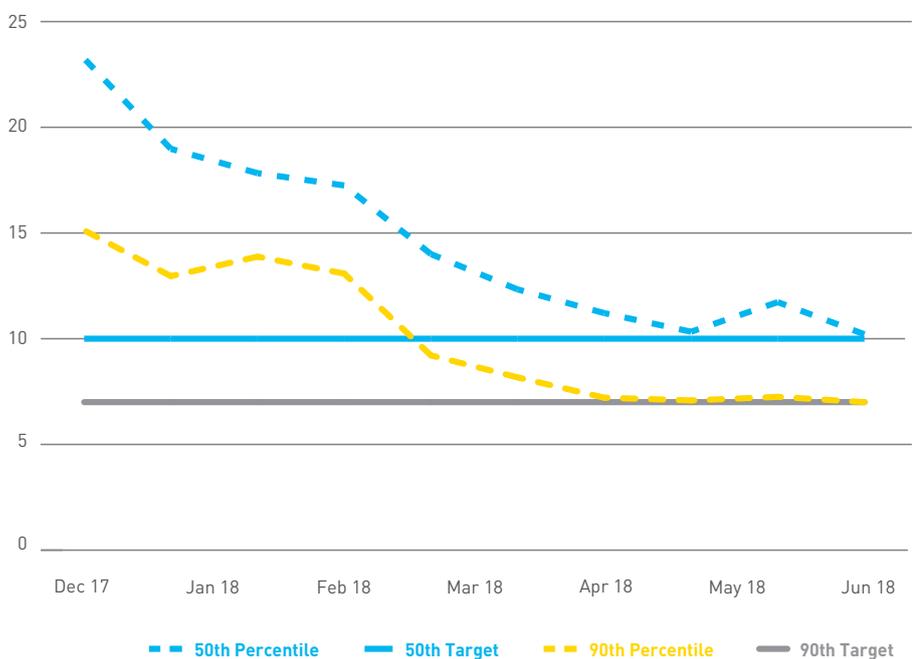


FIG.3: INTRODUCTION OF THE NCSP



THE TRANSITION FROM 2 YEARLY CYTOLOGY-BASED TO 5 YEARLY HPV-BASED SCREENING, REQUIRED A SIGNIFICANT REVIEW OF EXISTING PROCESSES.

FIG.4: HPV WITH LBC REPORTING TURN AROUND TIME





VCS Pathology

ONGOING LABORATORY SERVICES

VCS Pathology continues to report histology, chlamydia and gonorrhoea specimens.

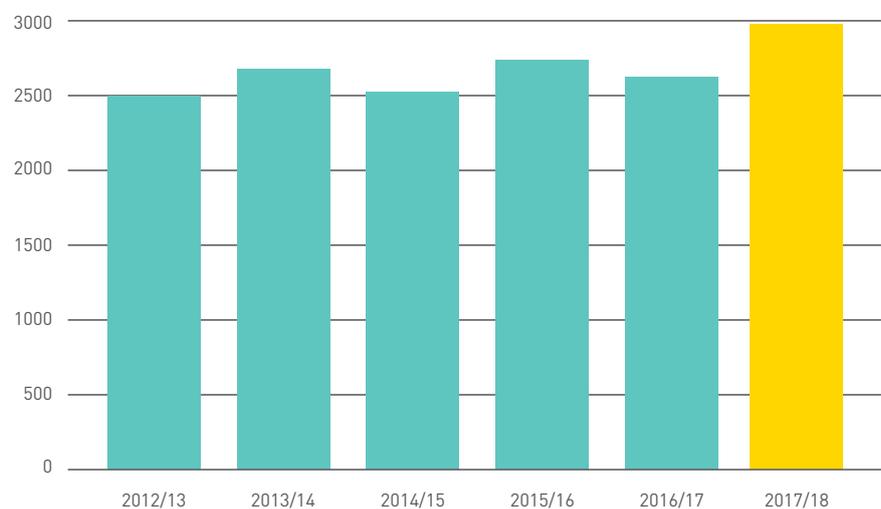
Histology

Histology volumes grew significantly, with 2,984 cases reported for 2017/2018 compared with 2,628 in 2016/2017.

The increase in histology samples is likely to be due to increased disease detection, with a more sensitive primary HPV test compared to cytology, resulting in an initial higher colposcopy referral rates and treatment in the first 7 months post the renewed NCSP.

Our focus in the histology laboratory is to maintain a competitive 24-hour reporting turn-around time to cater to the specialists who refer histology samples to VCS Pathology.

HISTOLOGY VOLUMES



OUR FOCUS IN THE HISTOLOGY LABORATORY IS TO MAINTAIN A COMPETITIVE 24-HOUR REPORTING TURN-AROUND TIME TO CATER TO THE SPECIALISTS WHO REFER HISTOLOGY SAMPLES TO VCS PATHOLOGY.

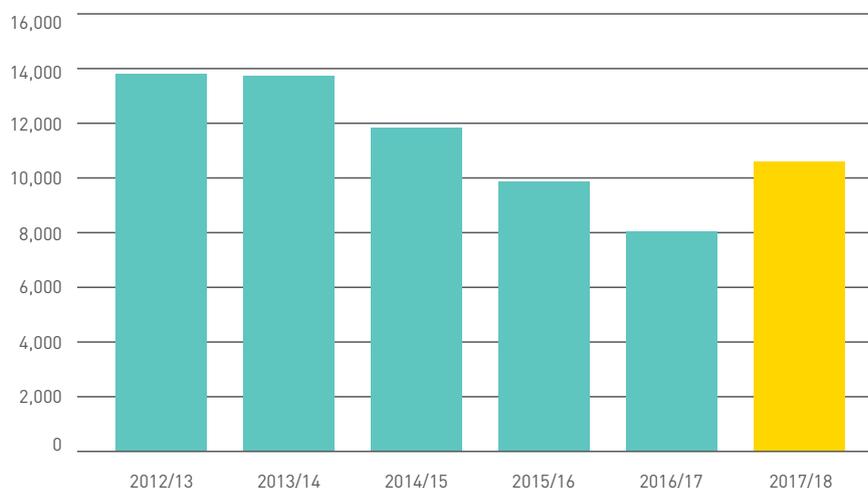


VCS Foundation Director of Cytology/Histology, Grace Tan, was awarded the best scientific poster award for her study "The falling rates of endocervical cells – cause and remedy" at the Australian Society of Cytology Annual Scientific Meeting in Canberra in October 2017. The poster addressed the issue of falling rates of endocervical cells and whether this was associated with the increased shift from conventional Pap smear to LBC.

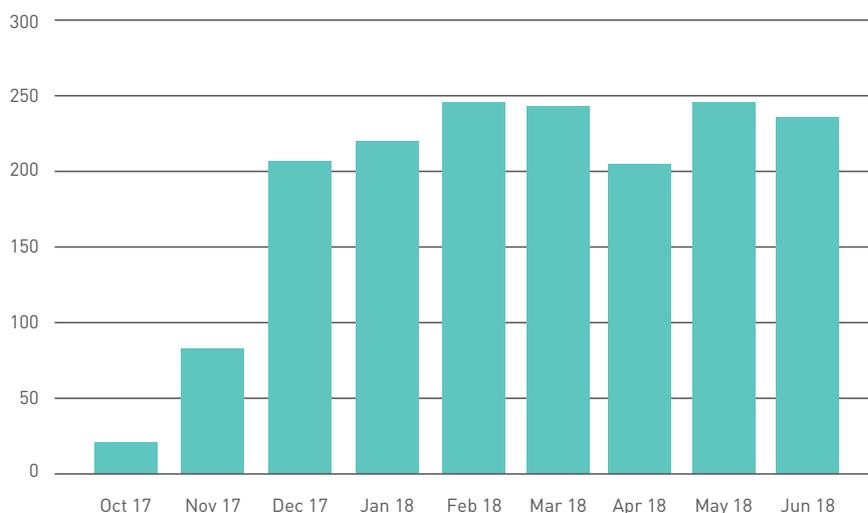
Chlamydia & Neisseria Gonorrhoea

Chlamydia volumes increased, with 10,610 cases reported in 2017/18 compared to 8,055 in 216/17. This increase was likely due to the introduction of neisseria gonorrhoea testing, which allows practitioners to send a request for both chlamydia and gonorrhoea on the same sample. Since its introduction in October 2017, the laboratory has reported 1,710 gonorrhoea tests.

CHLAMYDIA TEST VOLUMES



NEISSERIA GONORRHOEA VOLUMES





VCS Pathology

EDUCATION, COMMUNICATIONS AND MARKETING

The VCS Foundation's Liaison Physicians have current and significant experience in health professional education and in clinical practice. Education and training is carefully tailored to meet professional and clinical requirements, including accreditation for Continuing Professional Development Points and for Women's Health. Professional education is delivered by Liaison Physicians to rural, regional and metropolitan Victorian practices in a variety of formats including site visits, teleconference and webinar. One to one professional support and training is also available to health practitioners to ensure that national competency standards for taking a quality sample for cervical screening are maintained and to address the key practical implications of the renewed National Cervical Screening Program (NCSP) for clinical practice supporting implementation of the Guidelines (2016).

VCS Pathology acknowledges health professionals' prior learning and experience. Education is designed to incorporate feedback from practitioners and is monitored for quality improvement. A clinical advisory service operates daily during the week to respond to health professional enquiries and to support women seeking information or advice. Victorian and interstate enquiries are handled toll free on 1800 611 635 or via email. Over 100 enquiries are handled each week via telephone and email.

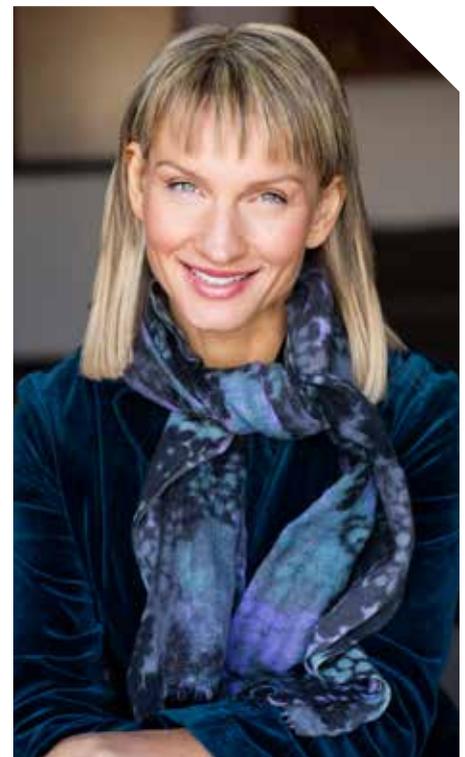
VCS Pathology has provided accredited training to members of the following professional bodies: Royal Australian

College of General Practitioners, Australian College of Rural and Remote Medicine, Australian Primary Health Care Nurses Association, The Australasian Chapter of Sexual Health Medicine, and The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Additionally, VCS Pathology contributes to conferences, nationally and internationally, peer-reviewed journals and the development of curricula for the aforementioned professional bodies and at major teaching hospitals and universities.

For the 2017/18 financial year, the Liaison Physicians delivered approximately 135 talks to an audience of approximately 3,500 health professionals including GPs, nurses and gynaecologists. This included large audiences at Health Ed general practitioner information days in Melbourne and Brisbane. Focus areas include:

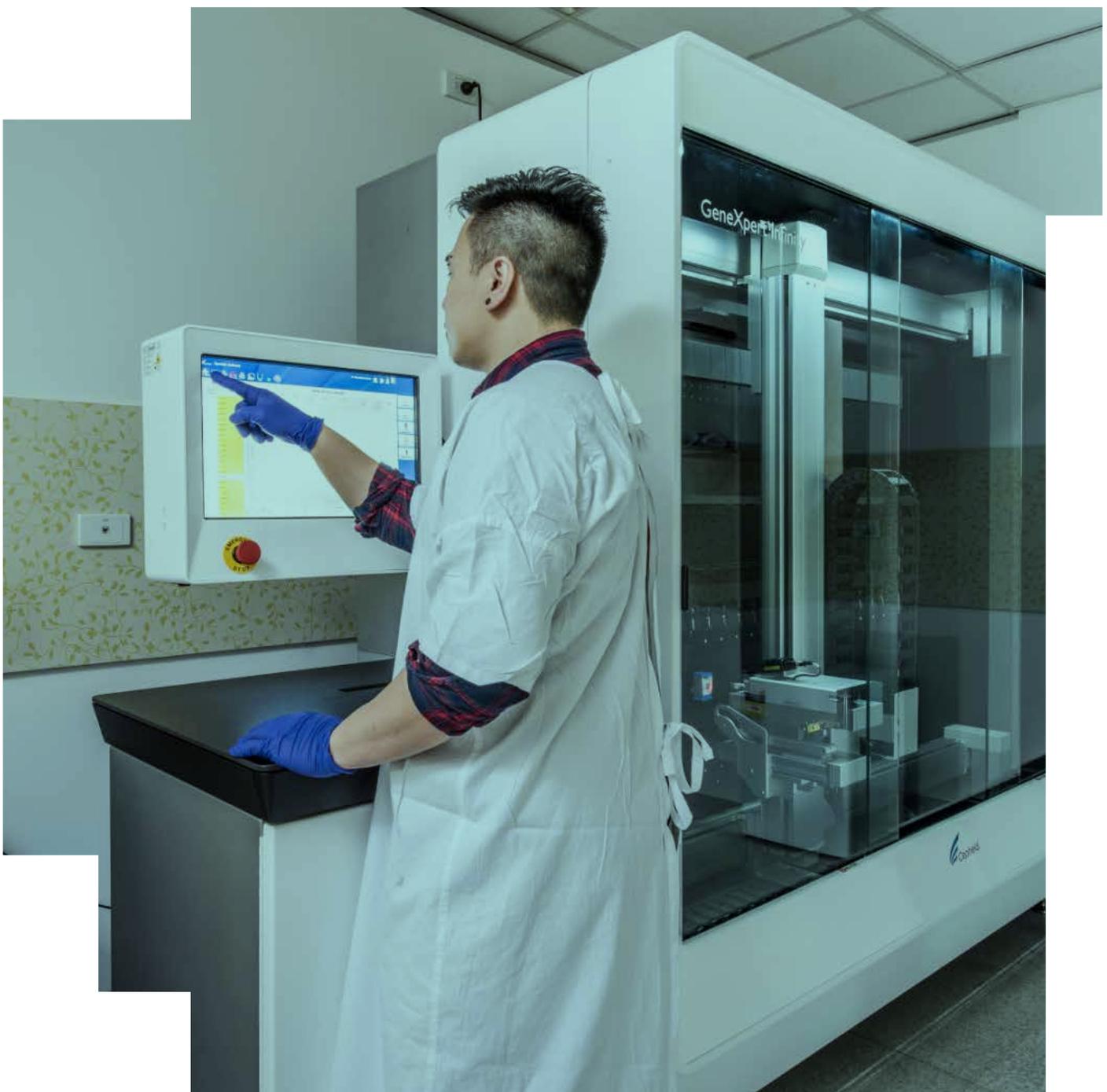
- HPV and its role in cervical cancer
- Sampling techniques and the new Cervical Screening Test (CST)
- Key practical implications of the renewed NCSP for clinical practice and women
- Applying management recommendations from the new Guidelines (2016)
- Co testing and investigation of abnormal vaginal bleeding
- Interpreting and explaining results to patients
- Accessing and activating the self-collection pathway



Dr Lara Roeske was appointed as Director of Education and Liaison in early 2018.

Lara is a GP, Practice owner and Director of Education and Liaison at VCS Foundation. She is co-author and working party member of the renewed National Cervical Screening Program Guidelines and Chair of the RACGP SI Sexual Health Medicine Network. She is a RACGP representative on national and state-based sexual and reproductive health committees. Lara has worked in clinical general practice for over 20 years.

A CLINICAL ADVISORY SERVICE OPERATES DAILY DURING THE WEEK TO RESPOND TO HEALTH PROFESSIONAL ENQUIRIES AND TO SUPPORT WOMEN SEEKING INFORMATION OR ADVICE.





VCS Pathology

Ready, Set, Go: a new era in cervical cancer prevention for Australian general practice

Dr Lara Roeske, Dr Wendy Pakes and A/Professor Julia Brotherton delivered a six hour interactive Royal Australian College of General Practitioners (RACGP) accredited active learning module to a large audience of International Medical Graduates (IMGs) in Sydney in October 2017.

The learning module titled “Ready, Set, Go: a new era in cervical cancer prevention for Australian general practice” was developed at VCS by the Education and Liaison team.

The Australian Medical Review Council (AMRC) is responsible for preparing overseas trained doctors for professional recognition to practice in Australia.

This module contributes to an accredited bridging course run by AMRC for overseas trained doctors. The VCS team of presenters have been invited to deliver this ALM a further three times to different cohorts of IMGs, in response to the highly rated evaluation of the module. IMGs completing the module gain a level of clinical knowledge, as well as the skills and attitudes required to conduct high quality cervical screening in the renewed program, thereby promoting the health of Australian women.

HPV Self Sampling clinical audit

The VCS liaison physicians have developed an HPV Self Sampling clinical audit that has been accredited by the RACGP Quality Improvement and Continuing Professional Development (CPD) program, and entitles participating general practitioners to earn 40 QI&CPD points in the 2017/19 triennium. The clinical audit aims to inform and support GPs and practice teams to pro-actively identify women between the ages of 30-74 years who are more than two years overdue for cervical screening, with an outcome of engaging them in either routine cervical screening or, if they decline, to offer them the option of HPV self-collection.

THE VCS LIAISON PHYSICIANS HAVE DEVELOPED AN HPV SELF SAMPLING CLINICAL AUDIT THAT HAS BEEN ACCREDITED BY THE RACGP QUALITY IMPROVEMENT AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM.



VCS Population Health

IMPROVING THE HEALTH AND WELLBEING OF OUR COMMUNITIES



LEADERS IN HIGH QUALITY
AND HIGH PERFORMANCE
POPULATION HEALTH SERVICES



VCS Population Health

VCS Population Health are leaders in the delivery of high quality, high performance population health services and are committed to making a difference. Drawing from almost 30 years of experience in operating the Victorian Cervical Screening Registry (VCSR), 10 years operating the National HPV Vaccination Program Register (NHVPR), four years managing the South Australian Cervix Screening Register (SACSR), as well as providing follow-up services for Victorian participants of the National Bowel Cancer Screening Program, we have an unrivalled combination of experience in delivering and managing population health services and in epidemiology, research and evaluation, health information management, reporting and statistics.

This year has been challenging for the registry services. As with other state and territory based registries, the data stored and managed by the VCSR and the SACSR was fully migrated to the National Cancer Screening Register, which began operating the delayed National Cancer Screening Register in late June 2018. The Department of Health and Human Services Victoria and the South Australian Department of Health have requested VCS Foundation continue some components of its operations until it is assured the NCSR is fully functional. Whilst this has meant that some functionality provided by the VCSR/SACSR is no longer required, the complexities of the renewed screening program and operating in parallel with the NCSR have resulted in increased workloads and placed pressure on resources and staffing. Similarly, the NHVPR, has commenced preparing for the transition

of HPV vaccination data and services to the new whole of life, Australian Immunisation Register operated by the Commonwealth's Department of Human Services. The NHVPR team have been, and continue to, work closely with the Department of Health and the Department of Human Services to ensure a smooth transition. Both registers are expected to wind up before the end of the 2018/19 financial year.

During this time of transition, the Registers are continuing to provide high quality services to ensure that those reliant on the information held are appropriately managed and cared for.

Both registries have achieved many significant milestones during their periods of operation and contributed greatly to national and international knowledge about cervical cancer prevention, through the use of their high quality registry data for policy relevant research and program evaluation.

THE VCSR IS CONTINUING TO SUPPORT THE NATIONAL CERVICAL SCREENING PROGRAM BY MONITORING AND FOLLOWING UP WOMEN WITH POSITIVE TEST RESULTS



VCSR Follow Up team members, Health Information Manager, Floriana LaRocca (L) and Sarah Bowen(R)

VICTORIAN CERVICAL SCREENING REGISTRY (VCSR)

Operated on behalf of:
Victorian Department of Health and Human Services (DHHS)

VCS Foundation established Australia's first cervical screening register, and has managed the service for nearly 30 years. VCS Foundation has set world class standards for Registry services by systematically recording and effectively following up cervical screening results and women. This has led to Victoria having the highest participation in cervical screening nationally, and amongst the lowest incidence and mortality rates for cervical cancer in the world. **The mortality rate in Victoria is half that of the rest of Australia, translating into approximately 50 additional women's lives saved per year.**

In 1982, cervical cancer was the sixth most common cancer in Australia. The Victorian Cervical Screening Registry was established in 1989 by an amendment to the Cancer (Central Registers) Act to provide the infrastructure and services to prevent women developing cervical cancer through early detection and encouraging women with reminders to participate regularly in the screening program.

For nearly 30 years, VCS Foundation has been providing high quality, accessible, reliable and available registry services to support cervical screening in Victoria. Underpinned by the award winning contemporary canSCREEN® platform, the Registry:

- facilitates the participation of women in cervical screening
- supports many communication channels and care pathways
- creates a safety net for women with abnormal screening results
- provides screening histories for accurate reporting and care management
- evaluates participation and contributes to policy development
- adheres to industry quality assurance and provides decision support

Since 1991, there has been a 50% reduction in incidence and deaths from cervical cancer. Today, Victoria has one of the lowest rates of cervical cancer mortality in the world, 1.2/100,000 women.

Our expertise, products and services fundamentally underpin the long running success of this screening program.

“NOTHING IS EVER TOO MUCH TROUBLE AND THE QUALITY OF WORK SURPASSES OUR EXPECTATIONS AT EVERY LEVEL.”

**Health Senior Manager
(in regard to VCS Population Health registry services)**

TAKING DATA AND TURNING IT INTO INFORMATION AND KNOWLEDGE

The VCSR is continuing to support the National Cervical Screening Program by monitoring and following up women with positive test results.

The Victorian Registry will continue to provide these, and others services, until such a time as the National Cancer Screening Register is fully operational. This support service has also been extended to the South Australian Cervix Screening Program.

Over the last two decades VCSR has sent more than six million reminder letters to women.

The Registry services we provide, and the information we hold, have been key to improving health outcomes in our communities for many years.

Our data, knowledge, and expertise, have been invaluable in monitoring and improving the public health programs we support.

As we enter a new era, I look forward to diversifying our Registry services through VCS Population Health and, in so doing, continuing our contributions to public health programs.

*Genevieve Chappell
Operations Director
VCS Population Health*





VCS Population Health

NATIONAL HPV VACCINATION PROGRAM REGISTER (NHVPR)

Operated on behalf of:
Australian Department of Health

In 2008 VCS Foundation established Australia's first national adolescent and adult vaccination register. The NHVPR provides a full suite of registry services including data management and reporting, call centre and mail house services, course completion and follow-up services, all supported by the canVAX® information system. canVAX® receives, processes and registers school-based vaccination doses (via web portal); provides a reminder system to support completion of the dose schedule; and systematically reports information to stakeholders and for Program evaluation.

The NHVPR was announced at the end of 2006, with vaccination commencing in April 2007. As a specialist digital health service integrator, VCS Foundation was contracted in early 2008 and within a few months had developed an interim platform and established a Registry service and contact centre. The NHVPR successfully uploaded, cleaned and processed over 3 million vaccination notifications in the initial catch-up vaccination program, which vaccinated females aged 12-26 years until the end of 2009, from all types of providers on multiple types of forms, including facilitating GP incentive payments.

This responsiveness to an urgent government need, and the recognised quality of the Register services, are testament to VCS Foundation's capacity to deliver business solutions and health services on a large scale in a timely manner.

The services offered by the NHVPR and the canVAX® platform have delivered improved rates of HPV vaccination coverage by facilitating monitoring of coverage and supporting course completion through overdue dose reports, history statements and reminder letters, the ability to access vaccination histories anytime anywhere, and by providing high level advice and support about HPV vaccine program issues.

The focus of VCSR and NHVPR during this financial year and until services cease, is to ensure uninterrupted services until the final hand over to the new service providers. Meanwhile, in collaboration with VCS Digital Health, VCS Population Health will continue to seek new registry opportunities in Australia and overseas such as Project ROSE and the PAIVnG project.

“VCS IS AN EFFECTIVE SERVICE PROVIDER THAT HAS A STRONG SENSE OF COMMITMENT TO MEETING ITS CONTRACTUAL OBLIGATION AND WAS ABLE TO MEET THE TIGHT PROJECT TIMELINES WITHIN BUDGET.”

Independent Government Audit Review

**SINCE 2008,
VCS FOUNDATION'S
NHVPR HAS:**

 REGISTERED 3,639,105
CONSUMERS ON THE NHVPR

 RECORDED DETAILS FOR 9,634,762
VACCINATION EPISODES

Sent 2,753,048 completion statements
to consumers to advise that their
HPV vaccination course is complete 

Sent 170,175 vaccination history
statements to parents or students
vaccinated at school advising they
need a further vaccine dose/s, following
overdue dose reports having been sent to
their immunisation providers (GP and non GP),
listing consumers who require further
vaccinations to complete the HPV vaccine course 

 SENT 81,501 REMINDER LETTERS
TO CONSUMERS ADVISING THEY
REQUIRE FURTHER VACCINATIONS
TO COMPLETE THE HPV COURSE

Processed 1.7 million GP incentive
payments for notifying doses
to the Register (payments to
GPs ceased in June 2010) 

MADE 98,000 PHONE CALLS TO
VACCINATION PROVIDERS,
CONSUMERS AND JURISDICTIONS 

 RESPONDED TO 11,000 ENQUIRY
EMAILS RECEIVED THROUGH
THE NHVPR WEBSITE

 UPLOADED 1,780
JURISDICTIONAL REPORTS –
STATISTICAL/OPERATIONAL
REPORTS RELEASED QUARTERLY
TO EACH JURISDICTION

RESPONDED TO 325 REQUESTS
FOR DATA FOR INTERNATIONAL,
NATIONAL, JURISDICTIONAL
AND LOCAL RESEARCH AND
PROGRAM MANAGEMENT PROJECTS 

VCS Foundation routinely meets
all performance measures. 
Our engagement in the effective
provision of digital solutions and
registry services to support vaccination
builds upon our long track record
(50+ years) of working in and supporting
public health programs at both a
jurisdictional and national level



VCS Population Health

NATIONAL BOWEL CANCER SCREENING PROGRAM (NBCSP)

PARTICIPANT FOLLOW UP FUNCTION (PFUF)

VCS Population Health will continue to operate the Participant Follow Up Function (PFUF) in Victoria for the National Bowel Cancer Screening Program (NBCSP) on behalf of the Victorian Government.

An important component of the National Bowel Cancer Screening Program (NBCSP) is the follow-up of participants with a positive FOBT result. In 2012 VCS Foundation was contracted by the Victorian Department of Health and Human Services to operate the Participant Follow-up Function (PFUF) to support the Victorian component of the NBCSP. PFUF is performed in conjunction with safety net reminder letters sent to ensure that participants with a positive FOBT who have apparently not yet visited a healthcare professional or undertaken an assessment colonoscopy, progress along the screening pathway and receive the appropriate recommended care. **Since its commencement in 2012, the PFUF team have made contact with 32,187 participants.**

We will say goodbye to the NHVPR in December 2018

Since 2008 the NHVPR has played an essential role in supporting the vaccination of young people against HPV and in monitoring and evaluating the HPV vaccination program.

These outcomes were achieved through the registration of immunisation providers, the creation and reconciliation of individual consumer immunisation records, mailing of completion statements and reminder letters, and the generation of routine and tailored statistical reports on the National HPV Vaccination Program and through close engagement and responsiveness to all stakeholders supporting the program.

In its 10 years of operation the NHVPR has received 9.6 million notifications and sent 3 million consumer communications.

It is with great sadness that we will say goodbye to the NHPVR at the end of December 2018, when the data we hold is transferred to the Australian Department of Human Services who operate the whole-of-life Australian Immunisation Register.

We are immensely proud to have designed, built and operated Australia's first all ages vaccination register. I thank each and every one of our staff whose dedication and excellence have made operating the register an enormous pleasure.

We are even prouder to have supported the immunisation program at every level and contributed to its ongoing evaluation and success.

We will continue to provide world leading registry services to support population health.

*A/Prof Julia Brotherton
Medical Director VCS Population Health*



"IT IS A GREAT PLEASURE TO WORK WITH YOU ALL. THE DEDICATION, SYSTEM SET UP AND SERVICE THROUGHOUT THE YEARS OF THE REGISTER HAS BEEN INCREDIBLE. WELL DONE TO YOU ALL."

Immunisation Program Co-ordinator



VCS POPULATION HEALTH WILL CONTINUE TO OPERATE THE PARTICIPANT FOLLOW UP FUNCTION (PFUF) IN VICTORIA FOR THE NATIONAL BOWEL CANCER SCREENING PROGRAM (NBCSP) ON BEHALF OF THE VICTORIAN GOVERNMENT.

RESEARCH

CENTRE OF RESEARCH EXCELLENCE IN CERVICAL CANCER CONTROL

VCS Foundation is a key partner of Australia's National Health and Medical Research Council (NHMRC) funded Centre of Research Excellence (CRE) in Cervical Cancer Control (C4).

Cervical cancer continues to have significant impact globally despite over 50 years of Pap testing. The Centre for Research Excellence in Cervical Cancer Control, known as C4, was established in 2017 following its awarding by the NHMRC, to bring together cervical cancer prevention experts to undertake research and evaluation of HPV vaccination and screening programs.

The work of the Centre for Research Excellence in Cervical Cancer Control (C4) will ensure the future of cervical cancer prevention is underpinned by world-class research that can reduce the global impact of the disease.

The core group consists of researchers from Cancer Council NSW, the VCS Foundation, the University of Melbourne and the Kirby Institute with expertise in epidemiology, public

health, laboratory testing, clinical trial implementation, predictive modelling and economic evaluation. Our associate investigators bring additional expertise and perspectives from a range of organisations. For details of the full team, please visit the C4 website at www.cervicalcancercontrol.org.au

The Centre for Research Excellence in Cervical Cancer Control (C4) will focus on:

- evaluating the effectiveness of next generation primary HPV screening and HPV vaccination approaches
- developing better tools for monitoring HPV and for predicting abnormalities
- assessing the impact of the HPV vaccination program in Australia
- global aspects of cervical cancer prevention

Within C4, runs Australia's largest clinical trial, Compass, which is providing world-first evidence on the interaction between HPV vaccination and screening. C4 investigators also led the scientific agenda for the world's largest meeting on HPV, the International Papillomavirus Conference 2018 (IPVC and AOGIN 2018),

which was held at the Sydney International Convention Centre from October 2nd - 6th 2018. This brought together the world's best researchers, policy makers and aid agencies working towards cervical cancer elimination. The VCS Foundation Preventing Cervical Cancer Conference was a part of this international conference, with two dedicated and well attended sessions focussing on current issues in vaccination and screening in Australia.



THE WORK OF THE CENTRE FOR RESEARCH EXCELLENCE IN CERVICAL CANCER CONTROL (C4) WILL ENSURE THE FUTURE OF CERVICAL CANCER PREVENTION IS UNDERPINNED BY WORLD-CLASS RESEARCH THAT CAN REDUCE THE GLOBAL IMPACT OF THE DISEASE.

RESEARCH EXAMPLES

The Compass Trial

Compass is a large scale randomised controlled trial of 5 yearly HPV testing vs. 2 ½ yearly cytology based screening in Victoria Australia being conducted by VCS Foundation in conjunction with the Cancer Council NSW. For full details of this significant study, see page 29.

Self-Collected or Practitioner-Collected Evaluation (Scope)

Marion Saville is the Principle Investigator on the SCoPE study which is validating self-collected samples against practitioner collected samples across multiple HPV testing platforms in order to facilitate the self-sampling pathway for underscreened women in the Australian National Cervical Screening Program (NCSP). In January 2018, VCS Pathology became the first, and to date remains the only, laboratory in Australia which can undertake HPV testing of self-collected flocked swabs as part of the NCSP.

Clinical Validation of the Roche Cobas HPV Assay using the Cobas 6800 System

VCS Pathology undertook the clinical validation of the cobas HPV assay utilising samples from the Compass Trial. This study evaluated the relative sensitivity, specificity and reproducibility of the cobas HPV assay and demonstrated that this assay satisfied the protocol outlined by Meijer and colleagues in 2009 using the cobas 4800 HPV assay as a reference test. The results of this validation allowed the cobas HPV assay to be used in the NCSP. The manuscript, Saville et al, is currently accepted pending minor changes, in the Journal of Clinical Microbiology.

Was the Positive Predictive Value (PPV) of Cytology falling due to vaccination?

This research study involving the VCS team Farhana Sultana, Karen Winch, Marion Saville and Julia Brotherton explores data from the VCSR to examine whether the PPV of cytology decreased in women aged <20 years and 20-24 years following the National HPV Vaccination Program. This had been predicted to occur due to the decreasing prevalence of high grade lesions in these age groups. A manuscript is currently accepted pending minor changes, in the International Journal of Cancer.

Evaluating Renewal Implementation in Australia

Two studies are in progress assessing practitioner and program partner experiences of the implementation of the renewed National Cervical Screening Program. Firstly, a survey based study is comparing the preparedness and comfort level of primary care practitioners in implementing the new program in the period just before and then after renewal was implemented. Results were presented at the IPVC 2018 conference.

The second study will interview program partners and stakeholders to explore their experiences of the new program. An advisory group has been convened, ethics approved and the framework and interview guide agreed. The core study team comprises Farhana Sultana, Julia Brotherton, Dorothy Machalek and Margaret Kelaher from University of Melbourne, and Megan Smith and Nicole Rankin from Cancer Council NSW.

Collaborative Research

Australia is a leader in providing evidence for screening programs due to its long established cervical screening program, decision to implement primary HPV screening, and its first-in-world experience of HPV vaccination. Our existing projects and resources, and our unique capacity as an investigative team to draw from laboratory and registry data, mean that we are in a position to provide highly relevant findings for the international community. Published articles from VCS Foundation's collaborative work can be found on page 102.

SUPPORT FOR CERVICAL SCREENING IN UNDERSERVED COMMUNITIES

VCS Pathology continues to support conventional Pap smear screening to resource poor communities in the Asia Pacific region, including Papua New Guinea and Tonga. VCS Pathology provides clinics, such as the Tonga Family Health Association, with sampling instruments and screening services.

CERVICAL SELF SCREENING IN REMOTE INDIGENOUS COMMUNITIES

VCS Pathology is working collaboratively with Marathon Health on the Aboriginal Women's HPV Self Sampling Trial within rural communities which is focusing on the mechanisms to implement the renewed National Cervical Screening Program including a self-collection pathway for under-screened women. This program is being delivered in conjunction with Local Aboriginal Land Councils in 8 remote Western NSW communities, for which VCS Pathology provides kits and pathology services.

In total, 215 women conducted a HPV self-sampling test and 200 evaluation surveys were completed. Results from the trial showed:

- One-fifth of women had never completed a Pap test, and a further two-thirds either had not been screened in more than 4 years or were unsure.
- Thirty-nine women (18%) were HPV positive; of these 9 were HPV 16/18 type and 30 were HPV 'other' type.
- Just over half (56%) of HPV positive women had completed their recommended follow up appointments.

- Importantly, follow up rates did not differ by a participant's prior cervical screening status, meaning that, women who were never-screened had a similar follow up rate to women who had been screened more recently (but were still under-screened).

95% of participants rated a high satisfaction of the process of HPV self-sampling.

TACKLING CERVICAL CANCER IN THE PACIFIC REGION

Marion Saville and David Hawkes joined speakers from around the Pacific to share their expertise in a collaboration that seeks to prevent cervical cancer in the region using new technologies, screening and registry services.

The group discussed cervical cancer in their respective countries including Fiji, Tonga, Vanuatu and Samoa. In particular, they examined a pilot study in Papua New Guinea (research led by the Kirby Institute and supported by an NHMRC grant on which VCS Foundation is a collaborator) in order to look at how to facilitate testing as well as follow up treatment.

The VCS Foundation team spoke about development of new technologies which will present new opportunities for Samoan women, addressing some of the real challenges around human and financial resources in the region to establish effective screening programs.

In resource poor settings, the new technology is cost effective and does not require the same level of expertise for collection and test analysis. The tests

can be performed with minimal training and can be done in community health settings, potentially making screening more accessible to women across the region. Self-Sampling was also an important part of the agenda.

VCS Foundation is committed to providing better health outcomes for Pacific women and the associated collaborations are directly in line with our charitable purpose.

We look forward to progressing this important work.



Dr David Hawkes (second from left back row) and Associate Professor Marion Saville (right back row) with speakers from around the Pacific in Samoa

VCS FOUNDATION IS COMMITTED
TO SUPPORTING UNDERSCREENED
POPULATIONS IN THE COMMUNITY.



STAKEHOLDERS AND CUSTOMERS

GOVERNMENT, HEALTH AND PROFESSIONAL RELATIONSHIPS

VCS Foundation strongly values its working relationships with our partners, which include: Government Departments both State and Commonwealth, Cancer Councils, medical colleges, universities, major teaching hospitals, Sexual and Reproductive Health Services, Primary Care and community organisations, and technology and device service providers.

VCS Foundation plays a key role as a centre for health practitioner education and support, policy-relevant research and evaluation, and is extremely well positioned to assist health professionals and practices navigate the changes associated with the renewed National Cervical Screening Program (NCSP).

A number of VCS Foundation staff serve on advisory committees supporting both the Commonwealth and Victorian governments in relation to cancer screening and immunisation policy, including committees responsible for the success of the renewed National Cervical Screening Program.

COMMITTEE ENGAGEMENT

Member of the National Pathology Accreditation Advisory Committee (NPAAC) "Self Collect Validation Working Group".	Marion Saville
Member of the National Cervical Screening Program's "Self-Collection Working Group"	Marion Saville
Member of the National Pathology Accreditation Advisory Council "Standards Cervical Screening Drafting Committee" (NPAAC CSC)	Marion Saville David Hawkes
Member of The Australian Department of Health's CDNA-HPV Surveillance Working Group to "update the HPV Surveillance Plan – an integrated approach to monitoring the impact of HPV vaccination in Australia"	Julia Brotherton Marion Saville David Hawkes
Member of The Australian Department of Health's working Party to draft "Clinical Management Guidelines for the Prevention of Cervical Cancer".	Marion Saville (Deputy Chair) Lara Roeske
Member of the "Cervical Drafting Committee" to draft the NPAAC performance measures and standards for human papillomavirus (HPV) testing and cytology.	Marion Saville Julia Brotherton David Hawkes
Member of the "National Quality Safety Monitoring Committee"	David Hawkes
Member of the Department of Health and Human Services, Victoria "Victorian Renewal Advisory Committee,"	Marion Saville Julia Brotherton Genevieve Chappell Lara Roeske
Member of the Department of Health and Ageing "Steering Committee for the Renewal Implementation Project"	Marion Saville

Denotes historical

VCS FOUNDATION PLAYS A KEY ROLE AS A CENTRE FOR HEALTH PRACTITIONER EDUCATION AND SUPPORT, POLICY-RELEVANT RESEARCH AND EVALUATION.

OTHER COMMITTEES

Australian Technical Advisory Group on Immunisation HPV Working Party	Julia Brotherton
New Zealand Technical Reference Group – HPV Testing For Primary Screening Project	Marion Saville (Chair)
Cancer Council Victoria – Self Collection Roll Out Committee	Marion Saville Lara Roeske
Department of Health and Human Services Victoria “Under-Screened Program Steering Group”	Marion Saville Julia Brotherton Genevieve Chappell
RCPA QAP Cytopathology Advisory Committee	Marion Saville
DHHS Primary Community Health and Engagement	Lara Roeske
DHHS Women’s Sexual and Reproductive Health Reference Group	Lara Roeske
Optimal Care Pathway for Women with Cervical Cancer working group	Marion Saville / Lara Roeske
Examination Committee 2017, Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians	Julia Brotherton
Scientific Advisory Committee for cervical stream of ‘Pathways to a Cancer-free future’, Cancer Council NSW	Julia Brotherton Marion Saville Lara Roeske Stella Heley
Eurogin Conference Program Committee and Faculty	Julia Brotherton
International Papillomavirus Society Policy Committee	Julia Brotherton
16th National Immunisation Conference 2018 Advisory Committee	Julia Brotherton
IPVC 2018 Local Organising Committee	Marion Saville Julia Brotherton David Hawkes
IPVC2018 Executive Committee	Julia Brotherton

KEY STRATEGIC PARTNERSHIPS

Partner	Project
Cancer Council New South Wales	Compass Trial
Cancer Council Victoria	Supporting the National Cervical Screening Program in Victoria
Clinicians and Nurse Pap Smear Providers	Supporting the National Cervical Screening Program in Victoria
Royal Women’s Hospital	VCS Foundation Tenancy (Carlton) Research
Public Pathology Australia	National collaborative laboratory relationships
University of Melbourne	Research
University of Sydney	Research
Kirby Institute – University of New South Wales	Research
National Centre for Immunisation Research & Surveillance (NCIRS)	Research
Menzies School of Health Research	Research
University of Malaya	Project ROSE
Ministry of Health Malaysia	Project ROSE
University of Laval, Canada	Research
Public Health Association of Australia	Member
Global Health Alliance	Member
BioMelbourne Network	Member

THE YEAR AHEAD

THERE ARE MANY INITIATIVES AND OPPORTUNITIES THAT VCS FOUNDATION WILL BE PURSUING IN 2018/19.

THESE INCLUDE:

1

CONTINUED IMPLEMENTATION OF THE REVISED 2020 STRATEGIC PLAN

2

ACCELERATION OF RECRUITMENT FOR THE COMPASS TRIAL

3

BROADEN REACH OF SELF SAMPLING TESTING TO WOMEN IN REMOTE AND UNDERSCREENED POPULATIONS IN AUSTRALIA AND GLOBALLY

6

PURSUE NEW REGISTRY OPPORTUNITIES LOCALLY, WITHIN AUSTRALIA AND OVERSEAS TO SUPPORT SCREENING, VACCINATION AND OTHER POPULATION HEALTH INITIATIVES

7

COLLABORATIVE RESEARCH ACTIVITIES AS PART OF THE C4 CENTRE OF RESEARCH EXCELLENCE

4

PURSUE DIGITAL HEALTH OPPORTUNITIES
LEVERAGING THE canSCREEN® AND canVAX®
PLATFORMS, USING TECHNOLOGY AS AN ENABLER
DRIVING NEW SERVICES FOR VCS FOUNDATION

5

ENSURE
UNINTERRUPTED
SERVICES FOR NHVPR
AND VCSR UNTIL THE
FINAL HAND OVER TO
THE NEW SERVICE
PROVIDERS

8

INVOLVEMENT IN THE NEW NHMRC CENTRE OF
RESEARCH EXCELLENCE IN TARGETED APPROACHES
TO IMPROVE CANCER SERVICES FOR ABORIGINAL AND
TORRES STRAIT ISLANDER AUSTRALIANS (TACTICS)
(LED BY THE MENZIES SCHOOL OF HEALTH RESEARCH)

9

DEVELOP A SERVICE
DELIVERY STRATEGY
AND BUSINESS MODEL
FOR PROJECT ROSE
POST PILOT

OUR PEOPLE



"RESPECT AND INTEGRITY ARE VERY IMPORTANT IN OUR WORKPLACE AND COMMITMENT TO THESE VALUES WAS EVIDENT DURING NEGOTIATIONS WITH STAFF AND OTHER STAKEHOLDERS DURING THE REDUNDANCY PROCESS FOR CYTOLOGY SCIENTISTS".

Sally Wilson
HR Manager

WORKFORCE DATA

VCS continues to attract, retain and develop talented and committed employees. As at 30 June, 2018, 166 people were employed in a variety of managerial, professional, technical and operational roles. This figure includes permanent, temporary and casual employees, of which 102 are full time, 37 part time and 27 casual positions.

During the past year the organisation has undergone significant change primarily driven by the National Cervical Screening Program (Renewal) which became operational on 1 December, 2017. Like all laboratories Australia wide, VCS Pathology had prepared for the launch of the new screening program. A restructure of the cytology and histology work areas was required and was achieved with the successful implementation of a considered workforce plan. The change to the new screening program also resulted in the redundancy of 27 cytology scientists from our work force. For many cytologists, VCS Pathology had been their only employer, having graduated from RMIT and successfully completed the intensive in-house training program. Others had come to VCS Pathology as newly arrived immigrants and 17 years on were still valued employees. The cytologists' service and commitment to VCS was exemplary and many friendships will continue on though the familiar faces are no longer here in the workplace.

Training & Career Development

VCS Foundation continues to encourage and support the career development of our people across the organisation.

The past year has seen a major focus on career development in VCS Pathology where we are supporting the development of a multi-disciplinary workforce. Since the introduction of Renewal, there has been a change in skills required in the cytology and histology work area. VCS Pathology is now using liquid based cytology (LBC) and the majority of cytology and pathology staff have undergone training and have achieved competency to report Surepath (SP) LBC. There are 2 multi-disciplinary positions that have been created in the Cytology and Histology Labs. These scientists have undergone training in the Cytology Laboratory and are routinely rostered to work in both areas.

Being able to offer training in dual stained cytology has increased the skill set of all remaining cytology staff post Renewal. These valued staff will now be able to assist in screening dual stained cytology for the Compass Trial. Ultimately, the multi-skilling of staff will help ensure that staff resources are deployed to areas where and when they are most needed in order to cope with the expected fluctuating workload.

We continue to provide opportunities to participate in cross functional projects, which provide a number of employees with the opportunity to learn new skills and advance their careers. There are now

VCS FOUNDATION IS AN EQUAL OPPORTUNITY EMPLOYER AND IS COMMITTED TO PROVIDING A WORK ENVIRONMENT THAT FOSTERS MUTUAL RESPECT AMONG EMPLOYEES AND AN INCLUSIVE CULTURE.

four Cytology staff who have successfully transitioned to full time duties in the Molecular Laboratory. In addition, there is a new Molecular Laboratory Supervisor who successfully transitioned from the field of Cytology. In total, the Molecular team now has 12 staff, including the new Courier Supervisor and stores personnel.

The transition to new roles and, ultimately, new careers has reinforced for staff that VCS Foundation supports professional development opportunities. There are benefits to both parties as employee career development enhances employee engagement and retention, as well as and providing appropriate talent pools for succession planning.

Performance Appraisal System (VESSPA)

VESSPA is a contemporary on-line appraisal system that enhances consistency and drives excellence by facilitating the alignment of individual's performance, behaviours and efforts to the VCS Foundation Strategic Plan. A further benefit of the VESSPA on-line appraisal performance system is that it provides easy access and retrieval of performance appraisals for both managers and employees, encouraging collaboration in the development of individual learning and development action plans.

HR continues to conduct VESSPA training sessions for all levels of management and general employees in the use of this on-line system.

Workplace Gender Report

Our organisation values the importance of providing all employees with the same rewards, resources and opportunities regardless of gender. VCS Foundation received written confirmation from the Workplace Gender Equality Agency of compliance with the Workplace Gender Equality Act 2012.

As an organisation, we are dedicated to giving men and women the same chance to succeed and ensuring equal opportunities throughout careers. We recognise VCS Foundation has a long established history inclusive of a strong female workforce, which has remained steady over the last decade. Currently, the VCS Foundation workforce is comprised of 75% female employees and 25% male employees.

Our management team is comprised of 73% female managers and 27% male managers with 63% of the VCS Executive team female staff and 37% male.

As an organisation, we strive to optimise the health and well-being of Australian women and we are proud of our strong female representation across many areas of the business.

VCS Foundation supports the vision to eliminate discrimination on the basis of gender in the workplace and will continue to promote and proactively work towards this goal.

Workforce Diversity

VCS Foundation is an Equal Opportunity employer and is committed to providing a work environment that fosters mutual respect among employees and an inclusive culture.

Within this context, we reinforce sensitivity and awareness of different cultures, abilities and needs through our robust Equal Opportunity policy in conjunction with our employees regularly receiving Equal Opportunity training.

We believe a workplace that embraces an inclusive culture will cultivate diverse views, which will ultimately drive superior business decisions, increase innovation, and produce a more engaged workforce.

Professional Practice Students

Each year VCS Foundation proudly provides secondary and tertiary students the opportunity of work experience or on-the-job training through affiliation with various secondary schools, the Royal Melbourne Institute of Technology (RMIT) and the University of Melbourne. Through these placements, students receive invaluable support in building their academic performance, as well as technical and employment skills. The student placement program is evidence of the organisation's commitment to continue to provide professional training for future employees and industry leaders through these formal links.

OUR PEOPLE

Professional Practice Students (continued from previous page)

During the last financial year, in the cytology and histology work area, there were two RMIT under graduate Laboratory Medicine students who completed the 40-week placement program. There were also four RMIT students participating in the 16 week program at VCS Pathology as part of their Master of Laboratory Medicine.

One student from the University of Melbourne participated in the 120-hour short-term program as part of their Internship placement for their Bachelor of Science (Pathology Major).

The Molecular laboratory has also assisted with the career development of two students. The first is Stephanie Studniberg who has been working as a casual laboratory technician since 2017. She was accepted into the honours program at Walter and Eliza Hall Institute of Medical Research (WEHI). She continued to work in the lab until the final month when her course demands increased, but is expected to return upon the completion of her course. Stephanie has also been offered a PhD placement as a result of her work here at VCS Pathology during her honours year. Additionally, student Thanh Thao Vu, who was undertaking a placement in the molecular laboratory, has been accepted into the PhD program at RMIT. The benefits for VCS Pathology from having motivated students such as these, is the fresh perspective they bring to the workplace that in turn enables new ideas to emerge.



Staff Profile – JESSICA LEES

Since graduating with my Bachelor of Applied Science (Laboratory Medicine) I have spent my entire career working as a scientist at VCS Pathology. I have always been interested in biology from my very first science class in high school, and knew then that this area of interest would influence my decision for a career.

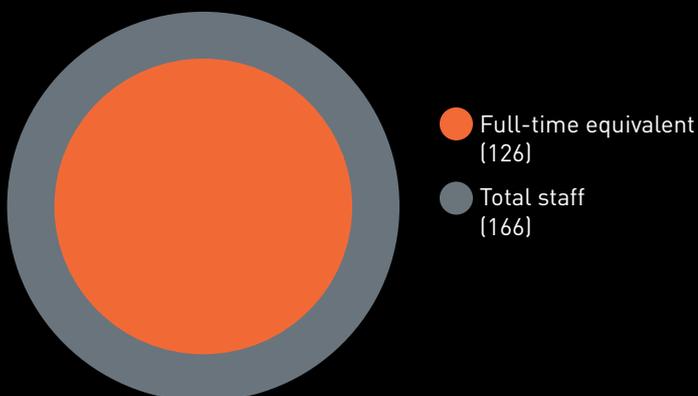
In 2008 I applied for a one year placement as a bursary student at VCS Pathology. It was during this time that I discovered a passion for cytology and felt rewarded by being able to do something positive in a woman's life to assist the prevention of cervical cancer. After completing my degree I began my career as a Cytologist with VCS Pathology and was supported by VCS to complete my CTASC qualification which enabled my admission to the professional body of Australian Society of Cytology.

I have had many opportunities for career advancement at VCS and was successful in gaining a multidisciplinary position within the molecular laboratory. This strengthened my future in alignment with the changes brought about by the introduction of the renewed National Cervical Screening Program which replaced conventional Pap smears with HPV testing.

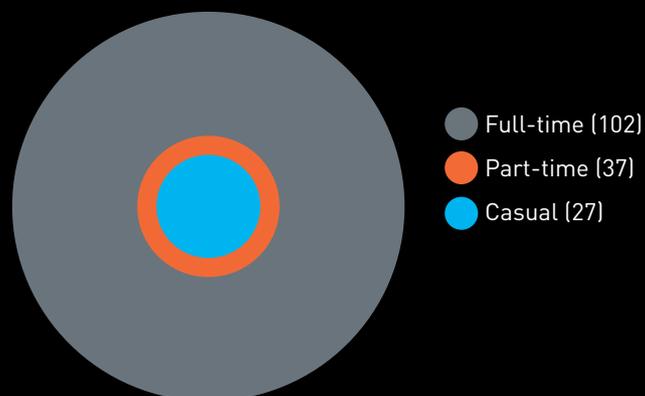
I have since welcomed my first child into the world and upon returning to VCS I have been given the opportunity to expand my skills further by assisting with educating stakeholders in medical practices on the new guidelines for the renewed cervical screening program. This experience has increased my multidisciplinary skills as I am now able to provide internal support for other VCS Pathology scientists in developing their knowledge of the new cervical screening guidelines. I feel very positive about my current role and my ability to share my knowledge with both internal and external stakeholders.

I look forward to the continual growth of VCS Foundation and any future endeavours that this may offer and to taking on new and rewarding challenges.

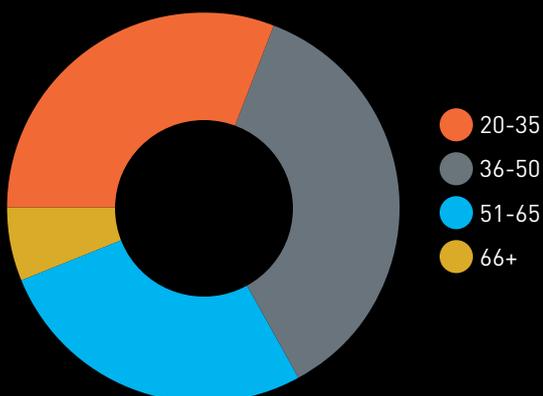
TOTAL WORKFORCE FTE (INCLUDING CASUALS) 2017/18



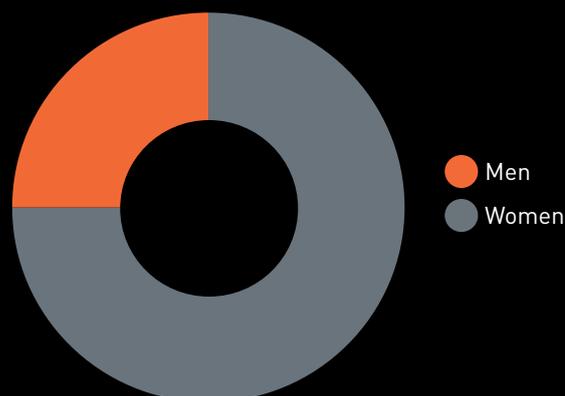
EMPLOYMENT TYPES 2017/18



WORKFORCE AGE DEMOGRAPHIC 2017/18 (%)



WORKFORCE GENDER BALANCE 2017/18 (%)



STAFF TURNOVER

	2013/2014		2014/2015		2015/2016		2016/2017		2017/2018	
	Headcount	Turnover %								
Voluntary Separation	8	5	9	5	16	7	25	11	30	18
Involuntary Separation	6	4	7	4	4	2	13	6	14	8
Total Staff Separation	14	8	16	9	20	9	38	17	44	26

The increase in staff turnover was due to the change to the new screening program which resulted in the redundancy of 27 Cytology Scientists from our work force.

WORKFORCE COMPOSITION

	2013/2014		2014/2015		2015/2016		2016/2017		2017/2018	
	Male	Female								
Board Members	2	8	2	8	2	8	2	8	2	8
Executive Directors / Directors	1	6	3	4	3	4	3	5	3	5
Managers	2	6	3	11	2	11	2	10	3	8
Medical Professionals	4	3	3	6	3	5	2	6	2	4
Other Professionals	7	12	11	12	13	15	12	14	12	31
Scientific / Laboratory Technical Staff	8	46	9	42	12	45	7	39	4	25
Operational and Administration	9	63	13	69	20	85	14	67	17	52
Total	33	144	44	152	55	173	42	149	43	133

OCCUPATIONAL HEALTH AND SAFETY

Our dedicated health and wellbeing approach assists the organisation to support people's physical and mental wellbeing. During the year, we continued to identify ways to support our people, undertaking a number of health and safety initiatives including work station assessments, RACV driver training, flu vaccinations, refresher training for OHS representatives, and mental health support through the promotion of EAP services (Employee Assistance Program).

These services and opportunities have been utilised by employees with 10 employees accessing the EAP ordinary service and 6 EAP critical incident assistance services provided. This is an overall increase from 13 employees in the previous year and was not unexpected, given the planned restructure of the cytology workforce that took place during the year. There was a total of 97 employees who received flu vaccinations.

Pleasingly, Lost Time to injury (LTI) rates continue to reduce significantly, totalling 25.22 days for the year. This is a further improvement in terms of productivity gained, increased employee awareness, encouragement of incident reporting, and prevention of injury in the form of hazard identification from inspection. However, VCS Foundation still strives for zero LTIs. The majority of reported LTIs was related to a single incident that required minor surgery but necessitated a long recovery time. The remaining incidents resulting in LTIs were relatively minor, with no long term impacts on the staff involved.

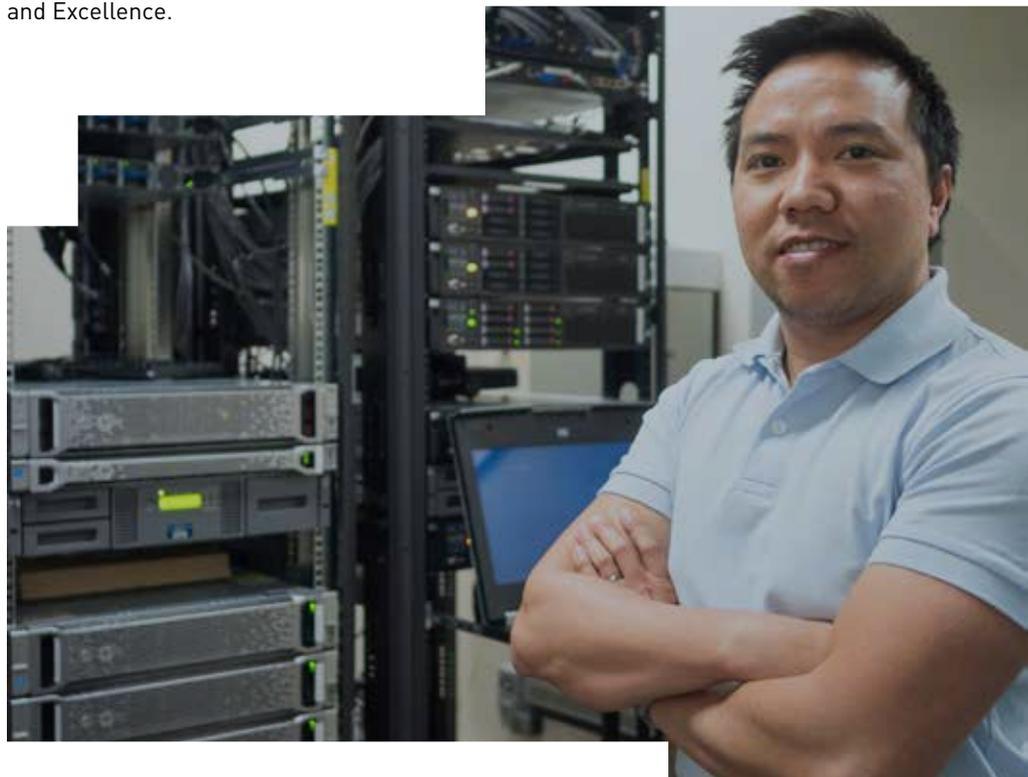
The Health and Safety Committee continue to meet quarterly in accordance with legislative requirements, supporting the mental health and physical wellbeing of all our people.

VCS Foundation believe that raising awareness and encouraging people to take a proactive approach to health and wellbeing will have a positive impact on the essential services we deliver, fundamentally making us safer, more consistent, reliable and effective in everything we do.

Our focus on Health & Safety is underpinned by a genuine care for our employees and the continuity of service excellence aligned with the corporate Values of Fairness, Integrity, Respect and Excellence.

FREEDOM OF INFORMATION

VCS Foundation is not directly subject to the Freedom of Information Act 1982. While some of the organisation's government funded activities may be the subject of FOI requests, these requests should be made to the relevant government department for assessment.



PRIVACY

VCS Foundation appreciates that it holds sensitive personal health information and has strict confidentiality practices in place to protect privacy. Personal and health information held about an individual is used for the following purposes:

- i. Reporting the pathology test that has been ordered;
- ii. Charging for services (where appropriate);
- iii. The Victorian Cervical Screening Registry (VCSR) to remind women or practitioners of overdue cervical screening tests;
- iv. The National HPV Vaccination Program Register (NHVPR) to issue completion statements and to remind vaccine recipients or their immunisation providers to complete HPV vaccination courses;
- v. Research to improve our knowledge, particularly of how to better prevent cancer of the cervix in women. No research publication identifies an individual person.

Full privacy policies can be viewed at:
www.vcs.org.au
www.vcsr.org
www.hpvregister.org.au

RISK MANAGEMENT

The Risk Register identifies 100 active risks as at the end of the 2017/18 financial year. There has been a continued focus on consolidating risks wherever possible, ensuring that risks align with changing business operations and processes, and accounting for structural changes across the organisation.

In summary, the most significant changes throughout 2017/18 included the following:

- VCS Foundation's Risk Management Policy and Procedures were reviewed by the Audit and Finance Committee and Board during the year. The review resulted in no changes to the Risk Matrix.
- The total number of Risks reduced from 107 at June 2017 to 100 at June 2018. Consideration is given to the potential consolidation of Risks in order to avoid duplication which will in turn reduce the size of the Risk Register.
- Risks were added and/or updated to recognise Renewal, NHVPR Transition Out, VCSR/SACSR continuation, and the extension to the National Partnership Agreement.

Two new Risks were identified during the year, with both of these still active, being;

- Cloud Computing Risk
- Business Continuity impacts of operating from a single site.

2017/2018 RISK ATTESTATION STATEMENT

I, Marion Saville, Executive Director of VCS Foundation Ltd., certify that VCS Foundation Ltd. has appropriate risk management processes in place consistent with the Australian/ New Zealand Risk Management Standard AS/NZS ISO 31000:2009 and has an internal control system in place that enables the Executive Management Team to understand, manage and satisfactorily control risk exposures.



VCS
Foundation

ACCREDITATION

In 2018 VCS Pathology was assessed and accredited to Medical laboratories – Requirements for quality and competence, the National Pathology Accreditation Advisory Council (NPAAC) requirements and the Interpretation of NPAAC Requirements and ISO 15189 – Medical Testing Field Application Document, Requirements for Accreditation (FAD).

VCS Pathology was the first laboratory scheduled by the National Association of Testing Authority (NATA) to be assessed against the renewed National Cervical Screening Program.

VCS Pathology is committed to meeting all relevant industry standards including the various requirements of the National Association of Testing Authorities (NATA), National Pathology Accreditation Advisory Council (NPAAC), The Royal College of Pathologists Australasia (RCPA) and VCS Foundation Ltd. insurers.

QUALITY ASSURANCE

Since its establishment in 1964, VCS Foundation has always regarded the provision of a quality service as the most important aspect of its operation. The Executive Director of VCS Foundation and all staff remain fully committed to the organisation being a centre of excellence in cervical screening tests and registry services.

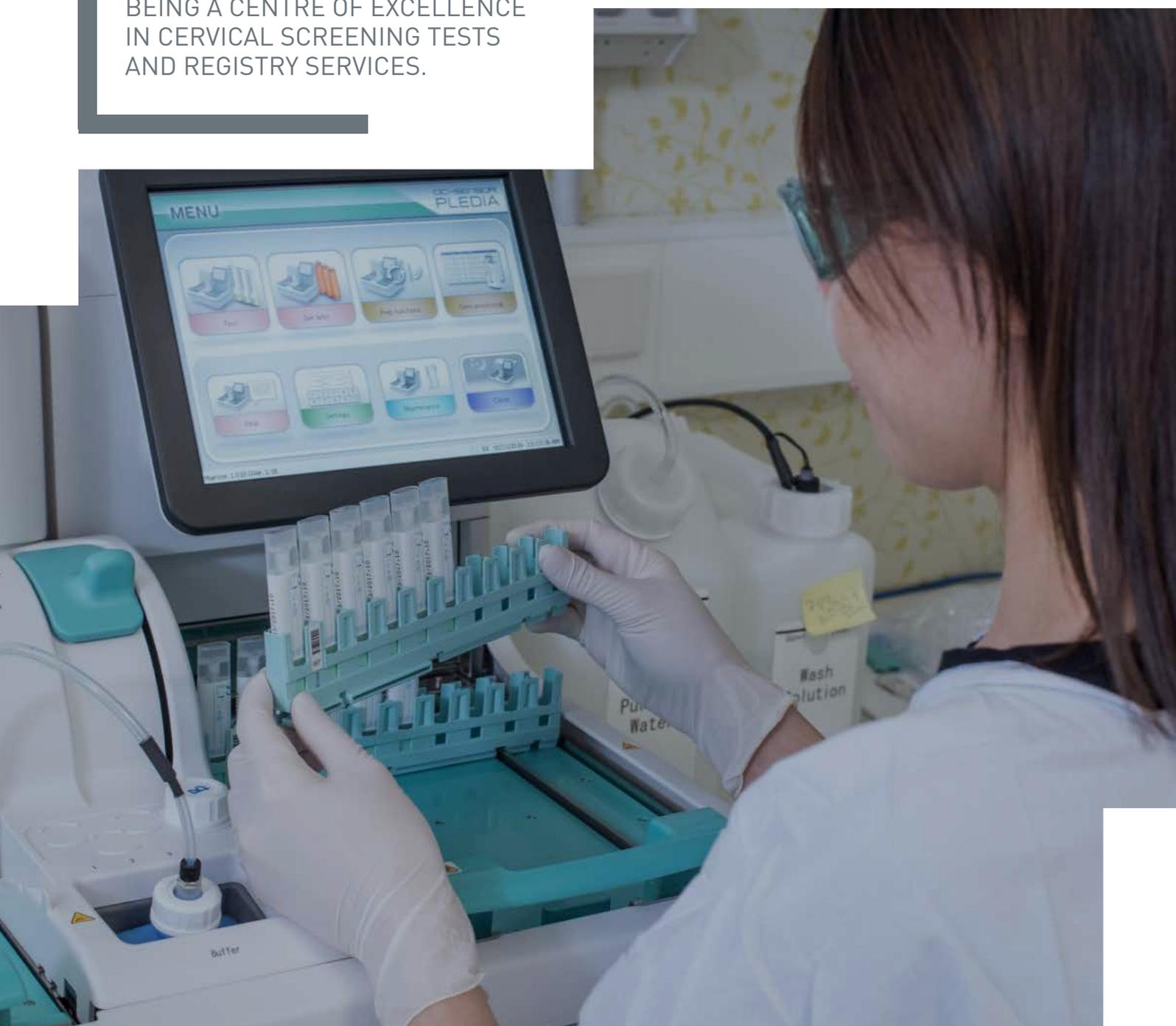
Our quality system comprises the structure, objectives and policies of VCS Foundation and the description of work practices and procedures that promote a high quality of operation in all aspects of our work. Thus the quality system forms the basis on which the pathology laboratory and registries operate.

All staff embrace an ethos of quality improvement and a customer focus. We have a broad perspective of our customer base, seeing this as comprising the health practitioners who send us pathology samples for reporting, the women (and men) from whom the samples are taken, the consumers and participants recorded on our registries, and our funding providers.

VCS Foundation is committed to meeting all relevant industry standards, including AS ISO 15189:2012 and the various requirements of NATA, NPAAC, the RCPA and our insurers.

Quality system activities are coordinated by the Quality Officers under the guidance of the Executive Director of VCS Foundation. These activities are supported by the quality management software Q-Pulse, which is designed to support key elements of the Quality System.

SINCE ITS ESTABLISHMENT IN 1964, VCS FOUNDATION HAS ALWAYS REGARDED THE PROVISION OF A QUALITY SERVICE AS THE MOST IMPORTANT ASPECT OF ITS OPERATION. THE EXECUTIVE DIRECTOR OF VCS FOUNDATION AND ALL STAFF REMAIN FULLY COMMITTED TO THE ORGANISATION BEING A CENTRE OF EXCELLENCE IN CERVICAL SCREENING TESTS AND REGISTRY SERVICES.



DIRECTORS' REPORT

The Directors present their report on VCS Foundation Limited ("the Company") for the financial year ended 30th June 2018.

VCS FOUNDATION BOARD OF DIRECTORS

The role of the VCS Foundation Board of Directors is to:

- Set, approve and monitor the strategic direction of VCS Foundation.
- Take responsibility for the overall performance of the organisation including; appointing and managing the performance of the Executive Director, monitoring and working in the best interests of the stakeholders.

- Monitor and minimise the risks to VCS Foundation.
- Establish and approve Board policies.
- Comply with the Constitution of VCS Foundation Ltd., State and Federal Laws, Directors' and insurance responsibilities.

The Audit and Finance Committee (a subcommittee of the Board) is responsible for:

- Advising the Board on matters relating to the financial strategies and policies, the financial performance, viability, sustainability and capital management.
- Reviewing the quality of internal financial reporting to the Board.

- Ensuring effective governance and financial stewardship in order to assist directors in discharging their responsibility to exercise due care and diligence in relation to:
 - the selection and application of accounting policies in line with accounting standards and legislation
 - financial reporting
 - management and internal control procedures
- Ensuring the effectiveness and independence of external audit function.
- Applying appropriate risk management processes contributing to improving the risk management culture in the organisation.

YEARS OF SERVICE



Sandy Anderson

Jane Collins

Kate Broun

Timothy Humphries

Christine Harvey*



Stephanie Reeves

Anne Robertson

Christine Selvey

David Wrede

Fiona Kelly

* Resigned from the board in February 2018

The Quality Assurance Committee (a sub-committee of the Board) is chaired by the Executive Director. It uses statistical analyses to monitor a range of activities including performance targets in the scientific, registries, administration and clerical areas, audits, non-conformances and document control. Results of the activities are presented to the Quality Assurance Committee Meetings and any actions identified are assigned and reported. Detailed reports of findings are presented to the Board on a quarterly basis.

Ms Stephanie Reeves – Chairman

Ms Stephanie Reeves joined the Board in February 2014 as a Director with expertise in Law and was appointed as Chairman in 2017. Ms Reeves has worked as an in-house legal counsel for both small and large ASX Listed companies for many years. She now operates her own consultancy business. Stephanie has been a member of the Melbourne Cricket Ground Trust and on the Advisory Board of a start-up law firm, Lexvoco. Ms Reeves has also been involved with a number of not-for-profit organisations including Crime Stoppers Victoria of which she was Chairman. Stephanie has a particular interest in corporate governance in both the commercial and not-for-profit sectors.

Mr David Wrede – Vice Chairman

Mr David Wrede was appointed to the Board in May 2010 as the Director with gynaecological expertise and was appointed Vice Chairman in 2017. Mr Wrede studied medicine at Cambridge University and St. Thomas' Hospital London. His post-graduate training

was in General Surgery and Obstetrics & Gynaecology and included two years research into Cervical Cancer and HPV at the St. Mary's branch of the Ludwig Institute. Previous appointments in the UK's National Health Service include Consultant posts with interests in Gynaecological Cancer, Minimal Access Surgery and Colposcopy in Scotland and England. Since moving to Australia, his main clinical focus has been in gynaecological cancer prevention at The Royal Women's Hospital where he is now the clinical lead for the Dysplasia service. Mr Wrede is an investigator on a number of cervical screening projects including COMPASS (led by A/Prof Marion Saville and Prof Karen Canfell) and is also an associate investigator in the C4 Centre of Research Excellence. He was also a member of the Clinical Guidelines Working Group for the Renewal of the cervical cancer screening program and Secretary of the Management Committee of the Australian Society for Colposcopy & Cervical Pathology. Mr Wrede is an Honorary Senior Lecturer to the Department of O&G at the University of Melbourne.

Mr Tim Humphries – Chair Audit and Finance Committee

Mr Tim Humphries joined the Board in 2012 as a Director with expertise in Finance, Commerce or Corporate Management. Currently he is the Chair of the Audit & Finance Subcommittee. Mr Humphries holds a Bachelor of Commerce from Flinders University, and Master of Business Administration (MBA) from Deakin University. He is a member of the Certified Practising Accountants

(CPA) Australia. Mr Humphries brings a wealth of experience with a career spanning more than 20 years in senior Accounting and Finance roles, and CEO, a position he currently holds. His broad finance experience is complemented with HR, IT, corporate governance, sales and Project Management skills developed in a wide range of industries including health, aged care, transport and logistics, materials handling, recruitment, and not-for-profit sectors in Australia.

Ms Sandy Anderson

Ms Anderson was Chairman (previously President under VCS Inc.) of the VCS Foundation Ltd Board from 2013 to 2017, following on from a previous term as President from 2004 to 2007. Ms Anderson has served on the Board as a Director since 2000 and holds the position of nurse with expertise in preventative health. Ms Anderson is a registered nurse with a Graduate Diploma of Community Health Nursing, Sexual and Reproductive Health Nurse Training, and a Master of Health Management. Ms Anderson worked with PapScreen Victoria for over ten years in a role working with nurses providing cervical screening and women's health services throughout the state and, as part of this role, coordinated the Victorian Nurse Credentialing Program. Ms Anderson also currently works in women's health, holding clinics at Baarlinjan Medical Clinic at Ballarat and District Aboriginal Cooperative. In 2012 Ms Anderson was awarded the National Australian Practice Nurse Association Best Practice Nurse Award for Sexual Health in relation to increasing Koori women's cervical screening.

DIRECTORS' REPORT

Ms Kate Broun

Ms Broun has been a representative of the Cancer Council Victoria. Ms Broun joined the Board in September 2005 and served for a two year period. Following a maternity break, she returned in October 2009. Ms Broun is the Manager - Screening, Early Detection and Immunisation at the Cancer Council Victoria. She has extensive experience in health promotion, screening and women's health. At the conclusion of her current term there will no longer be a representative of the Cancer Council Victoria in accordance with changes in Board composition as reflected in the current Constitution.

Dr Jane Collins

Dr Collins is immediate past Vice President from 2013 to 2017 and past President 2009-2013, and is currently a member of the Audit and Finance Subcommittee of the Board. Dr Collins was appointed to the Board in February 2008 to fill the role of a Director with expertise in General Practice. Dr Collins is an experienced General Practitioner, business owner and freelance medical writer. She has a special interest in women's health as well as the provision and organisation of health care in the wider community. Dr Collins is a co-owner and the Clinical Director of the Clifton Hill Medical Group, an inner urban general practice comprising 12 GPs.

Ms Christine Harvey

Ms Christine Harvey retired from the Board in February 2018. Ms Harvey was first appointed to the Board in February 2008 as a Director with expertise in Finance, Commerce, Corporate Management and Law and served as Vice President of the Board from 2009 to 2013. Ms Harvey is a legal practitioner with degrees in both arts and law (with Honours) from the Australian National University and is admitted to practice in the ACT and NSW. Ms Harvey has had a diverse career as a legal practitioner, in both private and government practice, and as a special magistrate of the ACT Magistrates Court. In addition, she has significant experience working in professional associations and peak industry bodies at the national, state and territory level. Ms Harvey has held positions as Director of Professional Standards of the Law Society of the ACT, Executive Director of the Law Society of the ACT, Deputy Secretary- General of the Law Council of Australia, Chief Executive Officer of the Royal Australian Institute of Architects and Chief Executive Officer of The Victorian Bar.

Ms Fiona Kelly

Ms Fiona Kelly was appointed to the Board in March 2017 as a Director with expertise in Finance, Commerce and Corporate Management. She is also a member of the Audit and Finance Committee. Ms Kelly holds a Bachelor of Economics from Monash University and a Master of Business Administration from the University of Melbourne and is a member of Chartered Accountants

Australia and New Zealand. Ms Kelly has more than 20 years of experience in consulting, finance and operations management within a professional services setting and more recently within the not-for-profit sector. She brings significant strategic experience in the areas of financial management, management of support services, including IT, property management and procurement, project management, technology implementation and in guiding organisations through major change.

Ms Anne Robertson

Ms Anne Robertson joined the Board in May 2013 as the Director with a consumer perspective. She has a personal interest in the promotion of the HPV vaccine and the cervical screening program as she lost her sister to cervical cancer in 1998. Ms Robertson holds a Bachelor of Arts degree from the University of Adelaide, a Master of Arts from the University of Sheffield, and a Graduate Diploma of Education from Monash University. Ms Robertson has had a diverse career in education, working in Japan, England and Australia.

Dr Christine Selvey

Dr Christine Selvey was appointed to the Board in September 2012 as the Director with immunisation expertise. Dr Selvey has had responsibility for the implementation of state immunisation programs in Queensland, the Northern Territory and Victoria. She was a member of the National Immunisation Committee (NIC) from 1999-2007 and has been both the NIC and the Communicable Diseases Network Australia (CDNA) representative

on the Australian Technical Advisory Group on Immunisation (ATAGI). Dr Selvey has a particular interest in HPV vaccine and was a member of two ATAGI working groups that provided recommendations on the use of HPV vaccines in Australia. With her experience in managing immunisation programs in the two Australian jurisdictions with immunisation registers, and her experience with the Australian Childhood Immunisation Register, Dr Selvey brings a good understanding of the operation of immunisation registers to the Board.

MEMBERS GUARANTEE

The company was incorporated under the *Corporations Act 2001* on 3 December 2015 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations. At 30 June 2018, the total amount that members of the company are liable to contribute if the company is wound up is \$100 (2017: \$100).

COMPANY SECRETARY

In accordance with the constitution, the person appointed as the Executive Director shall also be the Company Secretary. The Executive Director, Marion Saville, held the position of Company Secretary for the year.

PRINCIPAL ACTIVITIES

The principal activity of VCS Foundation Limited during the financial year was to provide public health services, including laboratory and registry services, supporting screening and vaccination.

SIGNIFICANT CHANGES TO STATE OF AFFAIRS

On the 1st December 2017, VCS Pathology, Australia's largest cervical screening testing laboratory reporting approximately 300,000 Pap smears annually, transitioned from 2 yearly cytology-based testing to the renewed National Cervical Screening Program (NCSP), 5 yearly HPV-based screening.

Along with all other laboratories reporting Pap smears, VCS Pathology commenced offering liquid based cytology (LBC) as an alternative to conventional Pap Smears for routine screening from 1 May to 30 November 2017. This was in response to notification received by the Chief Medical Officer that, in order to minimize delays in reporting caused by the 6 month delay in the launch of the renewed NCSP (delayed from 1 May 2017 to 1 December 2017), LBC would be funded as an alternative to the Pap smear. LBC is a semi-automated testing process that does not require the same level of staffing. Around Australia, laboratories had already begun redeploying and reducing cytology scientists in anticipation of the NCSP and the delay meant that many laboratories were left short staffed.

The consequences of a delayed commencement date of the National Cancer Screening Register resulted in VCS Foundation operating the VCSR and SA Health Registers for the full 2017/18 year. Accordingly, additional funding was received to support these ongoing activities. VCS Foundation has since been requested by the respective Victorian and South Australian State Governments to continue the operation of both registers for the 2018/19 year.

OPERATING RESULTS

The consolidated net result for VCS Foundation for the financial year ending 30 June 2018 was a deficit of \$(166,514) after taking into account depreciation and amortisation. This is a pleasing result when compared to the budgeted deficit that was anticipated for the year. The result included depreciation of \$2.6M of which \$1.2M related to canSCREEN[®], the Cancer Screening Register Platform built in stages over the last three years and now completed. Grant funding was received from the Victorian Department of Health and Human Services (DHHS) and was recognised as Capital Purpose income in prior years to fund the development of the canSCREEN[®] platform.

Contingency funding from the federal Department of Health of \$1.437M was received as support for increased Liquid Based Cytology (LBC) costs incurred due to the late start of Renewal of the National Cancer Screening Program (delayed from 1 May 2017 to 1 December 2017) and contributed to the reduced deficit.

DIRECTORS' REPORT

The consequences of a delayed commencement date of the National Cancer Screening Register resulted in VCS Foundation operating the VCSR and SA Health Registers for the full 2017/18 year. Accordingly, additional funding was received to support these ongoing activities. VCS Foundation has since been requested by the respective Victorian and South Australian State Governments to continue the operation of both registers for the 2018/19 year.

VCS Foundation also provided implementation support to the Refuge and Asylum Seeker Immunisation Pilot (PAIVnG) which generated new income of \$552,008.

Patient fees of \$2.5M increased by 77% when compared to the prior year due to bulk billing of LBC tests as a result of the commencement of Renewal, our finalised National Partnership Agreement and changes to the Medicare Benefits Schedule which allowed VCS Pathology to bill for LBC tests for the first time.

Total consolidated expenditure increased by 14.4% due primarily to the anticipated increase in laboratory supply consumables of 138.1% as VCS Pathology successfully implemented the new CST (HPV and LBC) tests following cessation of Pap tests for primary screening. The increased consumables cost was partly offset by reduction in labour costs after restructuring the scientific and laboratory workforce in December 2017.

The number of primary screening tests undertaken in 2017/2018 decreased to 250,133 (2016/17: 287,100). The size of the Victorian market has reduced prior to the commencement of Renewal however VCS Pathology maintained in excess of a 50% market share.

PECUNIARY INTEREST

During the 2017/18 financial year, no Board Director declared a conflict of pecuniary interest in a contract with VCS Foundation.

DECLARATION OF INTEREST

During the 2017/18 the following Board Members noted their involvement with the Compass Pilot:

Mr David Wrede:
Chief investigator – Compass trial

Ms Sandy Anderson:
Associate Investigator – Compass trial

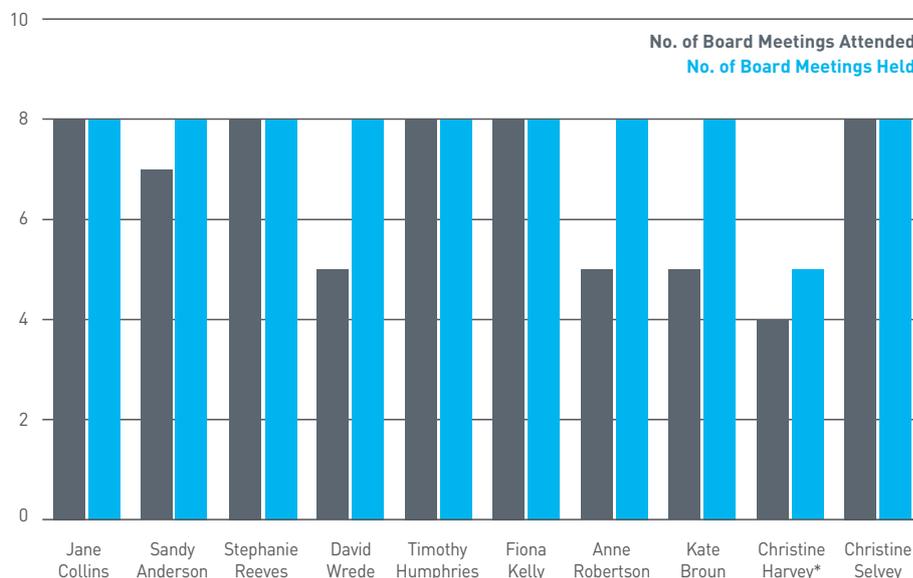
Dr Jane Collins:
Associate Investigator – Compass trial

MEETINGS OF THE BOARD AND ITS COMMITTEES

The following meetings were held during 2017/18;

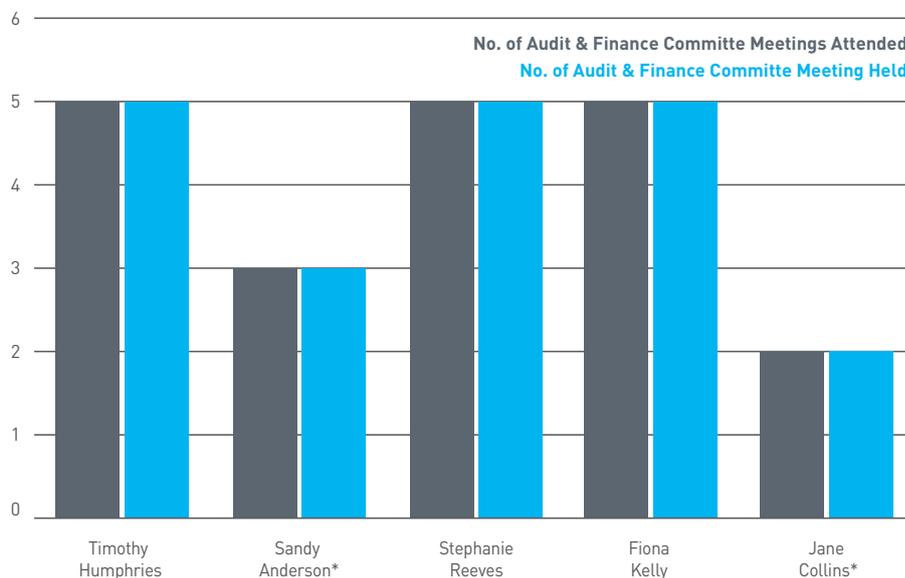
- The Members of the organisation met at the Annual General Meeting 3rd November 2017.
- The Board of Directors met on 8 occasions either in person or via teleconference.
- The Board's Audit & Finance Committee met on 5 occasions.
- The Board's Quality Assurance Committee met on 12 occasions for Scientific Quality and 4 occasions for Operational Quality.

BOARD MEETINGS ATTENDED 2017/18



* Ms Christine Harvey resigned from the Board in February 2018

AUDIT AND FINANCE COMMITTEE MEETINGS ATTENDED 2017/18



* Jane Collins replaced Sandy Anderson on the Committee in February 2018

ENVIRONMENT

VCS Foundation's objective is to operate its activities in an ecologically sustainable manner. Whilst we have not formally assessed the elements of our small environmental footprint, a number of sustainability initiatives are currently practised including:

- Energy efficient fleet vehicles for courier pickup and delivery services
- Recycling facilities for cardboard/paper, ink/toner cartridges, comingled recycling of cans/plastics from food wastes, coffee pods etc.
- Free bike storage facilities for all staff
- Shared waste chemical management facilities
- Paperless Board meetings
- Establishment of purchasing policy and procedures that include environmental sustainability in purchasing decisions
- Recycling and/or donation of used equipment (including medical and Information and Communications Technology (ICT) equipment to support similar screening programs being established in developing countries in Oceania.

AUDITORS INDEPENDENCE DECLARATION

The external auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page 98 of the financial report.

This directors' report is signed in accordance with a resolution of the Board of Directors.

Director
Stephanie Reeves

Dated
26 October 2018

FINANCIAL STATEMENTS
YEAR ENDED 30 JUNE 2018





STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2017/18 \$	2016/17 \$
Revenue from operating activities	2	27,766,882	24,471,346
Revenue from non operating activities	2	337,149	353,482
Wages and salaries	4	(15,764,493)	(16,032,146)
Operating and administration costs	4	(4,727,929)	(4,148,924)
Medical supplies	4	(4,827,254)	(2,027,165)
Rental expense	4	(216,702)	(188,409)
Interest expense	4	(41,042)	-
Net result before capital items and specific items		2,526,611	2,428,184
Capital purpose income	2	-	525,000
Depreciation and amortisation	4	(2,682,564)	(2,315,672)
Loss on sale of non current assets	4	(10,201)	-
		(2,692,765)	(1,790,672)
Net result for the year		(166,154)	637,512
Other comprehensive income			
Items that will be reclassified to profit and loss when specific conditions are met:		-	-
Items that will not be reclassified to profit and loss when specific conditions are met:		-	-
Total comprehensive result for the year		(166,154)	637,512

This statement should be read in conjunction with the accompanying notes.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2018

	Notes	2017/18 \$	2016/17 \$
CURRENT ASSETS			
Cash and cash equivalents	6	4,574,482	3,505,754
Other financial assets	7	12,138,739	13,500,295
Trade and other receivables	8	1,979,457	507,714
Inventories	9	550,034	251,122
Other current assets	10	447,844	392,950
Total current assets		19,690,556	18,157,835
NON-CURRENT ASSETS			
Plant, equipment & vehicles	11	2,391,160	2,621,594
Intangible assets	12	1,945,553	2,716,175
Total non current assets		4,336,713	5,337,769
Total assets		24,027,269	23,495,604
CURRENT LIABILITIES			
Unexpended grants	13	1,026,236	479,914
Trade and other payables	14	1,570,346	1,604,418
Provisions	15	4,406,255	4,824,742
Finance lease liability	21	157,379	-
Total current liabilities		7,160,216	6,909,074
NON-CURRENT LIABILITIES			
Provisions	15	515,690	715,628
Finance lease liability	21	646,615	-
Total non current liabilities		1,162,305	715,628
Total liabilities		8,322,521	7,624,702
Net assets		15,704,748	15,870,902
EQUITY			
Accumulated surplus	16	13,919,818	12,896,280
Designated funds reserve		1,784,930	2,974,622
Total Equity		15,704,748	15,870,902

This statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2018

	Notes	Accumulated surplus \$	Designated funds reserve \$	Total equity \$
Balance at 30 June 2016		11,405,478	3,827,912	15,233,390
Net result for the year		637,512	-	637,512
Transfer		-	-	-
Amortisation of data base upgrade - Phase 1		853,290	(853,290)	-
Balance at 30 June 2017		12,896,280	2,974,622	15,870,902
Net result for the year	16	(166,154)	-	(166,154)
Transfer		-	-	-
Amortisation of data base upgrade - Phases 1 and 2		1,189,692	(1,189,692)	-
Balance at 30 June 2018		13,919,818	1,784,930	15,704,748

This statement should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2017/18 \$	2016/17 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Receipts from trading activities		1,828,718	2,495,759
Interest received		328,736	350,541
Receipts from grants		27,375,519	24,742,302
Payments			
Wages and salaries		(17,042,187)	(16,365,767)
Suppliers		(11,863,269)	(8,580,850)
Interest Paid		(41,042)	-
Net cash inflow from operating activities		586,475	2,641,985
CASH FLOWS FROM INVESTING ACTIVITIES			
(Payments) / redemption of term deposits		1,361,556	662,740
Purchase of plant, equipment and intangibles		(816,532)	(1,659,150)
Proceeds from sale of plant and equipment		23,236	3,487
Net cash flow from investing activities		568,260	(992,923)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of interest bearing liabilities		(86,006)	-
Net cash flow from financing activities		(86,006)	-
Net increase(decrease) in cash held		1,068,729	1,649,062
Cash and cash equivalents at the beginning of the financial year		3,505,754	1,856,692
Cash and cash equivalents at the end of the financial year	6	4,574,483	3,505,754
RECONCILIATION OF NET CASH PROVIDED BY OPERATING ACTIVITIES TO OPERATING RESULT			
Comprehensive result for the year		(166,154)	637,512
Depreciation and amortisation		2,682,564	2,315,672
Loss (profit) on sale of fixed assets		1,788	(2,942)
Change in operating assets/liabilities			
(Increase) decrease in accounts receivable and other assets		(1,526,637)	(21,130)
(Increase) decrease in inventories		(298,912)	66,624
(Decrease) increase in payables and unexpended grants		512,251	64,393
(Decrease) increase in provision for employee entitlements		(618,425)	(418,144)
		586,475	2,641,985

This statement should be read in conjunction with the accompanying notes.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements cover Victorian Cytology Service Limited, a Company registered on 3 December 2015 in Victoria under the Corporations Act 2001 (previously registered as Victorian Cytology Service Inc., an Association incorporated on 3 September 1991 in Victoria under the Associations Incorporation Reform Act, 2012 (Vic)). In accordance with section 601BM of the *Corporations Act 2001*, this change does not create a new legal entity. Victorian Cytology Service Limited comprises the VCS Pathology, the Victorian Cervical Cytology Registry and the National HPV Vaccination Program Register.

The organisation is registered with the Australian Charities and Not-for-Profit Commission (ACNC) and is therefore also required to comply with the Australian Charities and Not-for-Profit Commission Act 2012.

(A) BASIS OF PREPARATION

These financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (AAS) – Reduced Disclosure Requirements as set out in AASB 1053 Application of Tiers of Australian Accounting Standards of the Australian Accounting Standards Board and the ACNC Act 2012.

The organisation is a not-for-profit entity and therefore applies the additional paragraphs applicable to 'not-for-profit' organisations under the AASs.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2018 and the comparative information presented in these financial statements for the year ended 30 June 2017.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Historical cost convention

The financial statements are prepared in accordance with the historical costs convention, modified, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities.

(B) TAXATION

The activities of the Victorian Cytology Service Ltd. are exempt from income tax under Div. 50 of the Income Tax Assessment Act 1997, and payroll tax.

(C) INVENTORIES

Inventories are measured at the lower of cost and current replacement cost. The cost of inventories is based on the first in, first out principal.

(D) PLANT AND EQUIPMENT

Each class of property, plant and equipment is carried at cost, less where applicable, any accumulated depreciation and impairment losses. Assets are capitalised when in excess of \$1,000.

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the useful life of the asset commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and equipment	5-50%
Motor Vehicles	25%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the comprehensive income statement.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

(E) LEASES

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset - but not the legal ownership - are transferred to entities in the consolidated group, are classified as finance leases.

Finance leases are capitalised by recognising an asset and a liability at the lower of the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight line basis over the lease term. Lease incentives under operating leases are recognised as a liability and amortised on a straight line basis over the life of the lease term.

(F) FINANCIAL INSTRUMENTS

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date the organisation commits itself to either purchase or sell the asset. (I.e. trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit and loss' in which case transaction costs are expensed to profit and loss.

The organisation classifies its financial assets between current and non-current assets based on the purpose for which the assets are acquired. Management determines the classification of its other financial assets at initial recognition.

Financial instruments held by the Company are subsequently measured at amortised cost using the effective interest method.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual

term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a 'loss event') having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

The organisation assesses at each balance date whether a financial asset or group of financial assets is impaired.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) over the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

(i) Held-to-maturity investments

Where the organisation has the positive intent and ability to hold investments to maturity, they are stated at amortised cost less impairment losses.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Derecognition

Financial assets are derecognised when the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged, cancelled or have expired.

The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(G) INTANGIBLE ASSETS

Intangible assets represent identifiable non-monetary assets without physical substance such as patents, trademarks, and computer software and development costs (where applicable). Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that future economic benefits will flow to the organisation.

Amortisation is allocated to intangible assets with finite lives on a systematic (typically straight-line) basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds the recoverable amount.

Intangible assets with finite useful lives are amortised over a three year period (2017: 3 years).

The Company's intangible assets are comprised mainly of software and licenses.

(H) IMPAIRMENT OF ASSETS

At the end of each reporting date, the organisation reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the organisation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

(I) PAYABLES

These amounts consist predominantly of liabilities for goods and services.

Payables are initially recognised at fair value, and then subsequently carried at amortised cost and represent liabilities for goods and services provided to the organisation prior to the end of the financial year that are unpaid, and arise when the organisation becomes obliged to make future payments in respect of purchase of these goods and services.

The normal credit terms are usually Net 30 days.

(J) EMPLOYEE PROVISIONS

Short-term employee benefits

Provision is made for the organisation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages and salaries. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Other long-term employee benefits

Provision is made for employees' annual leave entitlements not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Other long-term employee benefits are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any re-measurements of obligations for other long-term employee benefits for changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The organisation's obligations for long-term employee benefits are presented as non-current provisions in its statement of financial position, except where the organisation does not have an unconditional right to defer settlement for at least 12 months after the reporting date, in which case the obligations are presented as current provisions.

Superannuation

Payments made to defined contribution plans are expenses when incurred. The organisation has minimal exposure to liability arising from defined benefit plan liability as highlighted in note 20. In view of this, the amount is not recognised on the basis that it is immaterial.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

(K) CASH AND CASH EQUIVALENTS

Cash and cash equivalents comprise cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of three months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

(L) RECEIVABLES

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is recognised when there is objective evidence that an impairment loss has occurred. Bad debts are written off when identified.

(M) REVENUE

Revenue from the rendering of a service is recognised upon the delivery of the service to customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets, using the effective interest rate method.

All revenue is stated net of the amount of goods and services tax (GST).

(N) BORROWING COSTS

Borrowing costs are recognised in the profit and loss in the period in which they occur.

(O) GOVERNMENT GRANTS

Non-reciprocal grant revenue is recognised in the profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

(P) GOODS AND SERVICES TAX (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(Q) CRITICAL ACCOUNTING ESTIMATES AND JUDGMENTS.

Management evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the organisation.

Key estimates – impairment:

The organisation assesses impairment at the end of each reporting date by evaluation of conditions and events specific to the organisation that may be indicative of impairment triggers. The recoverable amount of the relevant assets is reassessed using value-in-use calculations which incorporate various key assumptions.

Key judgements – provision for impairment of receivables:

A provision for impairment of trade receivables is established where there is evidence that the debts will not be collectible. Delinquency in payments (more than 60 days) is considered an indicator that the trade receivable is impaired. The directors do not believe the full amount of the trade receivables will be recoverable and accordingly, an impairment provision has been made at 30 June 2018 and 2017.

(R) NEW ACCOUNTING STANDARDS FOR APPLICATION IN FUTURE PERIODS

The AASB has issued a number of new and amended Accounting Standards that have mandatory application dates for future reporting periods, some of which are relevant to the entity. The directors have decided not to early adopt any of the new and amended pronouncements. Their assessment of the pronouncements that are relevant to the entity but applicable in future reporting periods is set out below:

- (i) AASB 16 *Leases* (applicable to annual reporting periods

beginning on or after 1 January 2019).

When effective, this Standard will replace the current accounting requirements applicable to leases in AASB 117 *Leases and related Interpretations*. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

The main changes introduced by the new Standard are as follows:

- new lessee accounting requirements for leases at significantly below-market terms and conditions (commonly known as “peppercorn leases”) principally to enable the lessee to further its objectives. This requires the lessee to recognise the leased asset/ right-of-use asset at fair value per AASB 13 *Fair Value Measurement*, the lease liability per AASB 117/AASB 16 and the residual as income (after related amounts) at the inception of the lease per AASB 1058 *Income of Not-for-Profit Entities*;
- recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-of-use assets in line with AASB 116 *Property, Plant and Equipment* in profit or loss and unwinding of the liability in principal and interest components;
- inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date;
- application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and
- inclusion of additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors* or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

Although the directors anticipate that the adoption of AASB 16 will impact the entity’s financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

- (ii) AASB 1058 *Income of Not-for-Profit Entities* (applicable to annual reporting periods beginning on or after 1 January 2019).

This Standard is applicable when an entity receives volunteer services or enters into other transactions where the consideration to acquire the asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives.

The significant accounting requirements of AASB 1058 are as follows:

- Income arising from an excess of the initial carrying amount of an asset over the related amount being contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards.
- Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. Income must be recognised in profit or loss when the entity satisfies its obligations under the transfer.

A private sector not-for-profit entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss.

The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with AASB 1004: Contributions.

Although the directors anticipate that the adoption of AASB 1058 may have an impact on the entity’s financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

2 REVENUE	Notes	VCS 2017/18 \$	VCCR 2017/18 \$	NHVPR 2017/18 \$	Total 2017/18 \$
REVENUE FROM OPERATING ACTIVITIES					
Government grants					
Department of Health & Human Services		15,288,633	2,734,147		18,022,780
SA Health			985,839		985,839
Department of Health		1,437,372		4,504,802	5,942,174
Indirect contributions by Department of Health & Human Services	3	21,349			21,349
Patient fees		2,511,228			2,511,228
Other revenue from operating activities		751,373	10,000	82,753	844,126
		20,009,955	3,729,986	4,587,555	28,327,496
TRANSFER UNEXPENDED GRANTS					
Operating funding transferred from prior year		309,362	156,259		465,621
Operating funding transferred to following year		(136,082)	(890,154)		(1,026,236)
		20,183,235	2,996,091	4,587,555	27,766,881
REVENUE FROM NON OPERATING ACTIVITIES					
Bank interest		318,055	8,739	1,942	328,736
Profit on sale of non current assets		8,413			8,413
		326,468	8,739	1,942	337,149
REVENUE FROM CAPITAL PURPOSE INCOME					
Department of Health		-	-	-	-
Department of Health & Human Services		-	-	-	-
		-	-	-	-
Total Revenue		20,509,703	3,004,830	4,589,497	28,104,030

	Notes	VCS 2016/17 \$	VCCR 2016/17 \$	NHVPR 2016/17 \$	Total 2016/17 \$
REVENUE FROM OPERATING ACTIVITIES					
Government grants					
Department of Health & Human Services		14,065,562	2,230,183	23,470	16,319,215
SA Health		-	698,051	-	698,051
Department of Health		123,745	-	4,479,403	4,603,148
Indirect contributions by Department of Health & Human Services	3	30,192	-	-	30,192
Patient fees		1,415,509	-	-	1,415,509
Other revenue from operating activities		1,093,457	-	7,921	1,101,378
		16,728,465	2,928,234	4,510,794	24,167,493
TRANSFER UNEXPENDED GRANTS					
Operating funding transferred from prior year		-	150,750	-	150,750
Operating funding transferred to following year		309,362	(156,259)	-	153,103
		17,037,827	2,922,725	4,510,794	24,471,346
REVENUE FROM NON OPERATING ACTIVITIES					
Bank interest		332,314	15,962	2,264	350,540
Profit on sale of non current assets		2,942	-	-	2,942
		335,256	15,962	2,264	353,482
REVENUE FROM CAPITAL PURPOSE INCOME					
Department of Health		-	-	-	-
Department of Health & Human Services		525,000	-	-	525,000
		525,000	-	-	525,000
Total Revenue		17,898,083	2,938,687	4,513,058	25,349,828

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

3 INDIRECT CONTRIBUTIONS BY DEPT OF HEALTH & HUMAN SERVICES

The Department of Health and Human Services makes certain payments on behalf of the Service.

These amounts have been brought to account in determining the operating results for the year by recording them as revenue and expenses.

4 EXPENSES	VCS	VCCR	NHVPR	Total	VCS	VCCR	NHVPR	Total
	2017/18	2017/18	2017/18	2017/18	2016/17	2016/17	2016/17	2016/17
	\$	\$	\$	\$	\$	\$	\$	\$
Wages and salaries	12,781,743	1,628,347	1,354,403	15,764,493	13,042,488	1,553,042	1,436,616	16,032,146
Operating and administration costs	2,758,068	775,404	1,194,457	4,727,929	2,185,344	760,542	1,203,038	4,148,924
Medical supplies	4,827,254	-	-	4,827,254	2,027,165	-	-	2,027,165
Rental expense	-	108,351	108,351	216,702	-	95,785	92,624	188,409
Interest	41,042	-	-	41,042	-	-	-	-
Depreciation and amortisation	1,042,847	1,315,548	324,169	2,682,564	973,045	1,027,452	315,175	2,315,672
Loss on sale of non current assets	10,201	-	-	10,201	-	-	-	-
	21,461,155	3,827,650	2,981,380	28,270,185	18,228,042	3,436,821	3,047,453	24,712,316

5 AUDITOR'S REMUNERATION	2017/18	2016/17
	\$	\$
Auditor's remuneration - auditing the accounts	16,525	16,200

6 CASH AND CASH EQUIVALENTS

Cash at bank and on hand	131,717	68,469
Deposits at call	4,442,765	3,437,285
	4,574,482	3,505,754

The effective interest on short-term bank deposits was 0.50% (2017: 0.60%)

7 OTHER FINANCIAL ASSETS

Term Deposits with an original maturity greater than 3 months	12,138,739	13,500,295
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8 TRADE AND OTHER RECEIVABLES

Current

Trade debtors and accrued revenue	1,982,329	446,479
Provision for impairment of receivables	(40,481)	(9,803)
	1,941,848	436,676
Interest receivable	37,609	71,038
	1,979,457	507,714

8.1 TRADE RECEIVABLES

	2017/18	2016/17
	\$	\$
Settlement terms and the basis for determining the allowance for doubtful debts are outlined in Note 1(m).		
Movement in the allowance for doubtful debts		
Balance at the beginning of the year	9,803	5,486
Impairment losses recognised on receivables	57,000	36,000
Amounts written off during the year as uncollectable	(26,322)	(31,683)
Balance at the end of the year	40,481	9,803

9 INVENTORIES

Medical and surgical supplies at cost	550,034	251,122
	550,034	251,122

The cost of medical supplies is listed in Note 4.

10 OTHER CURRENT ASSETS

Prepayments	447,844	392,950
	447,844	392,950

11 PLANT, EQUIPMENT & VEHICLES

Plant and equipment at cost	5,861,864	5,869,651
Accumulated depreciation	(5,095,959)	(4,233,843)
Written down value	765,905	1,635,808
Leasehold improvements at cost	1,525,388	1,442,314
Accumulated amortisation	(722,717)	(579,935)
Written down value	802,671	862,379
Motor Vehicles at cost	387,186	407,900
Accumulated depreciation	(350,769)	(284,493)
Written down value	36,417	123,407
Leased equipment	890,000	-
Accumulated depreciation	(103,833)	-
Written down value	786,167	-
Carrying amount at the end of the year	2,391,160	2,621,594

	Plant & equipment	Motor Vehicles	Leasehold Improvements	Leased Equipment	Total
Movement in carrying amounts					
Balance at the beginning of the year	1,635,808	123,407	862,379	-	2,621,594
Additions	69,234	-	83,075	890,000	1,042,309
Disposals	(20,201)	(4,824)	-	-	(25,025)
Depreciation	(918,936)	(82,166)	(142,783)	(103,833)	(1,247,718)
Carrying amount at the end of the year	765,905	36,417	802,671	786,167	2,391,160

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

12 INTANGIBLES	2017/18 \$	2016/17 \$
Software and licences at cost	10,162,648	9,531,223
Accumulated amortisation	(8,217,095)	(6,815,048)
Carrying amount at the end of the year	1,945,553	2,716,175

Movement in carrying amounts	Software	Licences	Total
Balance at the beginning of the year	2,714,975	1,200	2,716,175
Additions	664,223	-	664,223
Disposals	-	-	-
Amortisation	(1,434,145)	(700)	(1,434,845)
Carrying amount at the end of the year	1,945,053	500	1,945,553

13 UNEXPENDED GRANTS	2017/18	2016/17
Operating funding transferred to following year	1,026,236	479,914
	1,026,236	479,914

14 PAYABLES	2017/18	2016/17
Current Unsecured		
Trade creditors	851,636	577,651
Other creditors	718,710	1,026,767
	1,570,346	1,604,418

The average trading terms are 30 days.

15 PROVISIONS	2017/18	2016/17
Employee benefits		
Current		
Provision for annual leave - short term	1,704,374	1,848,844
Provision for long service leave	2,701,881	2,975,898
	4,406,255	4,824,742
Non-Current		
Provision for long service leave	515,690	715,628
	515,690	715,628
Employee numbers		
Average number of employees during the financial year	166	181

Annual leave entitlements

Based on past experience, the organisation expects the full amount of the annual leave balance to be wholly settled within the next 12 months. Further, these amounts must be classified as current liabilities since the organisation does not have an unconditional right to defer settlement of these amounts in the event that employees wish to use their leave entitlements.

16 EQUITY

Details of equity

Retained surplus

The retained surplus represents the funds of the organisation that are not designated for particular purposes

Designated funds reserve

The capital funds represent the capital funding received to cover the cost of the upgrade of the VCS/VCCR data base.

The amortisation of the upgrade will be allocated against the capital funds over the expected life of the upgrade.

17 FINANCIAL RISK MANAGEMENT

The organisation's financial instruments consist mainly of deposits with banks, receivable and payable.

The organisation did not have any derivative instruments at 30 June 2018 and 2017.

The totals for each category of financial instruments, measured in accordance with AASB139 as detailed in the accounting policies to the financial statements, are as follows:

	Notes	2017/18	2016/17
		\$	\$
Financial Assets			
Cash & cash equivalents	6	4,574,482	3,505,754
Trade receivables as categorised as loans and receivables	8	1,941,848	436,676
Other receivables as categorised as loans and receivables	8	37,609	71,038
Term Deposits at amortised cost	7	12,138,739	13,500,295
Total Financial Assets		18,692,678	17,513,763
Financial Liabilities			
Payables at amortised cost	14	851,636	577,651
Other at amortised cost	14	718,710	1,026,767
Total Financial Liabilities		1,570,346	1,604,418

None of the organisation's financial instruments are recorded at fair value.

18 COMPANY DETAILS

The principal address of the business of the Company is:

Victorian Cytology Service Limited.

265 Faraday Street Carlton South, VIC 3053

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2018

19 RELATED PARTIES

The names of persons who were Board members at any time during the year are set out in the Annual Report.

There were no transactions that require disclosure for the years ended 30 June 2018 and 2017.

The Board Directors did not receive any remuneration during the financial years ended 30 June 2018 and 2017.

Key management personnel compensation	2017/18	2016/17
	\$	\$

Key management personnel comprise executives and other persons having authority and responsibility for planning, directing and controlling the activities of Victorian Cytology Service Ltd.

Short term employee benefits	2,136,658	1,921,360
Post-employment benefits	215,371	191,639
	2,352,029	2,112,999

During the 2017/18 year 3 executives resigned and 2 were appointed.

As at 30 June 2018 7.6 FTEs were employed as executives (2017 7.6).

There were no transactions between the organisation and the executives during the year.

20 DEFINED BENEFIT SCHEME

The organisation contributes to a Defined Benefits Scheme maintained by First State Super Fund and has an ongoing obligation to share in the future experience of the Fund including favourable or unfavourable variations that may arise should the experience of the Fund differ from the assumptions made by the Fund's actuary in estimating the Fund's accrued benefits liability.

The trustee of the Scheme has determined that the notional excess of net assets attributable to the staff who are members of the scheme for the year ended 30 June 2018 total \$186,265 (2017: \$151,842). The Fund's actuary has advised that the contributions will remain unchanged for the current year.

21 LEASES	2017/18	2016/17
Lease commitments	\$	\$
The organisation has leased office premises under a non-cancellable operating lease expiring within five years with renewal rights. On renewal, the terms of the lease will be renegotiated. Commitment in relation to the lease contracted for at the reporting date but not recognised as a liability, payable:		
Within one year	148,269	216,701
Later than one year but not later than five years	-	148,269
	148,269	364,970

On 29 June 2017 a lease agreement was entered into to lease 1 x Cobas 6800 system and 2 x Cobas p 480 v2 instruments for a term of 60 months with a commencement date of 1 December 2017.

Within one year	217,800	-
less future finance charge	(60,421)	-
Current Finance Lease Liability	157,379	-
Later than one year but not later than five years	744,150	-
less future finance charge	(97,535)	-
Non-Current Finance Lease Liability	646,615	-
	803,994	-
Total lease commitments	952,263	364,970

22 CONTINGENT LIABILITIES

Bank Guarantee secured against Term Deposit	76,691	79,421
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The amount disclosed represents a Bank Guarantee for the property leased at Wellington Parade, East Melbourne, payable on default of rent.

23 EVENTS OCCURRING AFTER THE BALANCE SHEET DATE

These financial statements were authorised for issue in accordance with a resolution of the Board of Directors dated 26 October 2018.

The name of the Company changed from Victorian Cytology Services Limited to VCS Foundation Limited with effect from 6 August 2018. Except for this change of name, no other events have occurred since reporting date to the date of the report that may significantly affect the activities of the organisation, the results of those activities, or the state of the affairs of the organisation in the ensuing or any subsequent financial years.

DIRECTORS' DECLARATION



DIRECTORS' DECLARATION

In the opinion of the Board of Directors, the Financial Statements as set out in the Annual Report are in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

1. Giving a true and fair view of the financial position of Victorian Cytology Service Limited as at 30 June 2018 and its performance for the year ended on that date in accordance with Australian Accounting Standards – Reduced Disclosure Requirements.
2. At the date of this statement, there are reasonable grounds to believe that Victorian Cytology Service Limited will be able to pay its debts as and when they fall due.

In addition:

We certify that Victorian Cytology Service Limited has complied with the terms and conditions of their service agreement with the Department(s).

We certify that Victorian Cytology Service Limited has used funding received from the Department(s) for the year ended 30 June 2018 on the services specified in the service agreement.

This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Ms Stephanie Reeves
Chairperson

Date: 2 November 2018

Ms Fiona Kelly
Director

Date: 2 November 2018

AUDITOR'S REPORT



Accountants | Business and Financial Advisers

INDEPENDENT AUDITOR'S REPORT to the Members of Victorian Cytology Service Limited

Opinion

We have audited the financial report of Victorian Cytology Service Limited ("the Company") which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2018 and of its financial performance and cash flows for the year then ended; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors, would be in the same terms if given as at the time of this auditor's report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

HLB Mann Judd (VIC Partnership)

Level 9, 575 Bourke Street, Melbourne VIC 3000 | GPO Box 2850, Melbourne VIC 3001 | DX 154 Melbourne | Tel: +61 (0)3 9606 3888 | Fax: +61 (0)3 9606 3800

Email: mailbox@hlbvic.com.au | Website: www.hlbvic.com.au

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AUDITOR'S REPORT



If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and the Directors for the Financial Report

Management is responsible for the preparation of the financial report that gives a true and fair view in accordance with the Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of the management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists

AUDITOR'S REPORT



related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the Directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

A handwritten signature in dark ink that reads 'HLB Mann Judd'.

HLB Mann Judd
Chartered Accountants

Melbourne
2 November 2018

A handwritten signature in dark ink that appears to read 'Nick Walker'.

Nick Walker
Partner

INDEPENDENT AUDITOR'S DECLARATION



AUDITOR'S INDEPENDENCE DECLARATION

We declare that, to the best of our knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit of the financial report of Victorian Cytology Service Limited for the year ended 30 June 2018.

A handwritten signature in dark ink that reads 'HLB Mann Judd'.

HLB Mann Judd
Chartered Accountants

Melbourne
2 November 2018

A handwritten signature in dark ink that reads 'Nick Walker'.

Nick Walker
Partner

HLB Mann Judd (VIC Partnership)

Level 9, 575 Bourke Street, Melbourne VIC 3000 | GPO Box 2850, Melbourne VIC 3001 | DX 154 Melbourne | Tel: +61 (0)3 9606 3888 | Fax: +61 (0)3 9606 3800

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VCS PUBLISHED ARTICLES 2018

A prospective study of the incidence of juvenile onset recurrent respiratory papillomatosis after implementation of a National HPV Vaccination Program.	D Novakovic , ATL Cheng, Y Zurynski, R Booy, PJ Walker, R Berkowitz, H Harrison , R Black, C Perry, S Vijayasekaran, D Wabnitz, H Burns, SN Tabrizi, SM Garland, E Elliott, JML Brotherton	J Infect Dis. 2018 Jan 4;217(2):208-212. doi: 10.1093/infdis/jix498
Self-collection for under-screened women as part of the renewed National Cervical Screening Program: A Pilot Study.	M Saville, D Hawkes , E McLachlan, S Anderson , K Arabena	Curr Oncol. 2018 Feb;25(1):e17-e26. doi: 10.3747/co.25.3916. Epub 2018 Feb 28
Completing the cervical screening pathway: Factors that facilitate the increase of self-collection uptake among under-screened and never-screened women, an Australian pilot study.	E McLachlan, S Anderson, M Saville, D Hawkes , and K Arabena	Curr Oncol. 2018 Feb;25(1):e17-e26. doi: 10.3747/co.25.3916. Epub 2018 Feb 28
Very Low Prevalence of Vaccine Human Papillomavirus Types Among 18- to 35-Year Old Australian Women 9 Years Following Implementation of Vaccination.	DA Machalek, SM Garland, JML Brotherton , D Bateson, K McNamee, M Stewart, SR Skinner, B Liu, AM Cornall, JM Kaldor, SN Tabrizi	J Infect Dis. 2018 Apr 23;217(10):1590-1600. doi: 10.1093/infdis/jiy075
IPVS Statement Moving towards Elimination of Cervical Cancer as a Public Health Problem.	SM Garland, A Giuliano, JML Brotherton , AB Moscicki, M Stanley, AM Kaufmann, N Bhatla, R Sankaranarayanan, JM Palefsky, S de Sanjose, on behalf of IPVS.	Papillomavirus Res. 2018 Jun;5:87-88. doi: 10.1016/j.pvr.2018.02.003. Epub 2018 Feb 27
Population based HPV vaccination programmes are safe and effective: 2017 update and the impetus for achieving better global coverage.	JML Brotherton , PN Bloem	Best Pract Res Clin Obstet Gynaecol. 2018 Feb;47:42-58. doi: 10.1016/j.bpobgyn.2017.08.010. Epub 2017 Sep 6.
Protocol for Compass: a randomised controlled trial of primary HPV testing versus cytology screening for cervical cancer in HPV-unvaccinated and vaccinated women aged 25 to 69 years living in Australia.	K Canfell, M Saville , MCaruana, VL Gebiski, J Darlington-Brown, JML Brotherton, S Heley , PE Castle	BMJ Open. 2018 Jan 26;8(1):e016700. doi: 10.1136/bmjopen-2017-016700.
Reply to Dikkers and San Giorgi.	D Novakovic, JML Brotherton	J Infect Dis. 2018 Apr 11;217(9):1504-1505. doi: 10.1093/infdis/jix675
Authors' reply to "Comments on: Safety of Human Papillomavirus Vaccines: An Updated Review".	K Macartney, A Phillips, C Patel, A Pillsbury, JML Brotherton	Drug Safety 2018 https://doi.org/10.1007/s40264-018-0655-1

"Lest we forget" as we move forward with cervical screening.	M Saville , O McNally	Aust N Z J Obstet Gynaecol 2018; 58: 265–266. 04 June 2018. https://doi.org/10.1111/ajo.12813
Decline in prevalence of human papillomavirus infection following vaccination among Australian Indigenous women, a population at higher risk of cervical cancer.	S McGregor, D Saulo, JML Brotherton , B Liu, S Phillips, SR Skinner, M Luey L Oliver, M Stewart, SN Tabrizi, S Garland, JM Kaldor	Vaccine. 2018 Jul 5;36(29):4311–4316. doi: 10.1016/j.vaccine.2018.05.104. Epub 2018 Jun 5
Spatial variation in cervical cancer screening participation and outcomes among Indigenous and non-Indigenous Australians in Queensland.	P Dasgupta, LJ Whop, A Diaz, SM Cramb, SP Moore, JML Brotherton , J Cunningham, PC Valery, D Gertig, G Garvey, JR Condon, DL O'Connell, K Canfell, PD Baad	Geographical Research 2018. 24 May 2018, https://doi.org/10.1111/1745-5871.12281
Final analysis of a study assessing genital human papillomavirus genoprevalence in young Australian women, following eight years of a national vaccination program.	SM Garland, AM Cornall, JML Brotherton , JD Wark, MJ Malloy, SN Tabrizi, on behalf of the VACCINE study group	Vaccine Volume 36, Issue 23, 31 May 2018, Pages 3221–3230. https://doi.org/10.1016/j.vaccine.2018.04.080
Comorbidity and cervical cancer survival of Indigenous and non-Indigenous Australian women: A semi-national registry-based cohort study (2003–2012).	A Diaz, PD Baade, PCValery, LJ Whop, SP Moore, J Cunningham, G Garvey, JML Brotherton , DL O'Connell, K Canfell, D Sarfati, D Roder, E Buckley, JR Condon	PLoS One 13(5): e0196764. May 8, 2018
Safety of Human Papillomavirus Vaccines: An Updated Review.	A Phillips, C Patel, A Pillsbury, J Brotherton , K Macartney	PLoS One 13(5): e0196764. May 8, 2018
Perspective: Scientific and ethical concerns pertaining to animal models of autoimmune/autoinflammatory syndrome induced by adjuvants (ASIA).	R Ameratunga, D Langguth, D Hawkes	Autoimmun Rev. 2018 May;17(5):435–439. doi: 10.1016/j.autrev.2017.11.033. Epub 2018 Mar 8
Ad hominem attacks on vaccine safety researchers.	Rohan Ameratunga, David Gillis, Daman Langguth, David Hawkes , Allan Linneberg, Mark Elwood	Vaccine Volume 36, Issue 27, 22 June 2018, Pages 3886–3887 https://doi.org/10.1016/j.vaccine.2018.01.053
Human papillomavirus vaccination update: nonavalent vaccine and the two-dose schedule.	JML Brotherton	Aust J Gen Pract. 2018 Jul;47(7)
There are no old roads to new directions.	L Roeske	Aust J Gen Pract. 2018 Jul;47(7)
HPV testing as part of the renewed National Cervical Screening Program.	D Hawkes	Aust J Gen Pract. 2018 Jul;47(7)

LIST OF ACRONYMS

AICD	Australian Institute of Company Directors	NCSP	National Cervical Screening Program
AIWH	Australian Institute of Health and Welfare	NCSR	National Cancer Screening Register
ASIC	Australian Securities and Investments Commission	NHMRC	National Health and Medical Research Council
ASVR	Australian School Vaccination Register	NHVPR	National Human Papillomavirus Program Register
ATAGI	Australian Technical Advisory Group on Immunisation	NPAAC	National Pathology Accreditation Advisory Council
CIS	Cytology Information System	NSW	New South Wales
CRE	Centre of Research Excellence	PAIVnG	Providing Access to Immunisation for Vulnerable Groups
CSR	Cervical Screening Register	PFUF	Participant Follow Up Function – National Bowel Cancer Register
CST	Cervical Screening Test	RACGP	Royal Australian College of General Practitioners
Cth	Commonwealth	RCPA	Royal College of Pathologists Australasia
DHHS	Victorian Department of Health and Human Services	RCPA	Royal College of Pathologists Australia
EAP	Employee Assistance Program	SA	South Australia
EFT	Equivalent full time	SACSP	South Australian Cervix Screening Program
EO	Equal Opportunity	SACSR	South Australian Cervix Screening Register
FOBT	Faecal Occult Blood Test	SMC	Safety Monitoring Committee
FTE	Full time equivalent	TAT	Turn around time
GP	General Practitioner	VC(G)S	Victorian Cytology Gynaecological Service
HPV	Human Papillomavirus	VCCR	Victorian Cervical Cytology Register
HR	Human Resources	VCSR	Victorian Cervical Screening Register (previously VCCR)
ICT	Information Communication Technology	VCS Ltd.	Victorian Cytology Service Limited
ImPS	Immunisation Provider System	VESS	VCS Employee Self Service
ISO	International Standards	VESSPA	VESS Performance Appraisals
LBC	Liquid Based Cytology	VMIA	Victorian Managed Insurance Agency
LTI	Lost time injury	WHO	World Health Organisation
NATA	National Association of Testing Authorities, Australia		
NBCSP	National Bowel Cancer Screening Program		

VCS Foundation's Annual Report 2016/2017 received a SILVER AWARD at the 2018 Australasian Reporting Awards (ARA). ARA is a not for profit organisation established in 1950 to encourage effective communication of financial and business information. Each submission is reviewed by three members of an expert panel comprised of accounting, legal and communication professionals.



VCS acknowledges the support of the Victorian Government

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Printed copies can be ordered from:
VCS Foundation Ltd.
Telephone: (03) 9250 0322
Email: directorate@vcs.org.au

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VCS Foundation Ltd.
ANNUAL REPORT 2017/18
VCS Foundation
PO Box 178, Carlton South VIC 3053
265 Faraday Street, Carlton Vic 3054
Telephone: (03) 9250 0300
Website: www.vcs.org.au

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A FOND FAREWELL

Dr Henry Yeung

MB BS, FRCPA

Dr Henry Yeung has been providing expert advice to health care providers on behalf of VCS Foundation since 1998. Dr Yeung is retiring after 20 years of offering his knowledge, wisdom and humour to VCS Pathology.

Dr Yeung is a Hong Kong medical graduate completing his training in anatomical pathology at Queen Mary Hospital, Hong Kong. Dr Yeung also trained in cytopathology in Sydney, Melbourne & Adelaide. At the University of Hong Kong Dr Yeung assisted in the development of the cytopathology service, which was the only laboratory in Hong Kong specialising in cytopathology services particularly fine needle aspiration biopsy.

Dr Yeung is a respected member of our staff and we have been fortunate that he has shared so much of his working life with us – Farewell Henry!



VCS
Foundation