



VCS
Foundation

IMAGINE
THIS.

GLOBAL
ELIMINATION
OF CERVICAL
CANCER.

20/19 | ANNUAL
REPORT



Cervical cancer is almost completely preventable with these two lifesaving tools, HPV vaccination and screening.

CERVICAL CANCER IS CLEARLY THE MOST PREVENTABLE CANCER.



OUR VISION

To prevent cancer and infectious diseases through excellence in the provision of population health services supporting screening and vaccination.

OUR VALUES

FAIRNESS

INTEGRITY

RESPECT

EXCELLENCE



VCS Foundation
eliminating cervical cancer

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. We also support the right to treatment and palliative care for all women diagnosed with cervical cancer wherever they live.

VCS Foundation is here to control cervical cancer in the interests of all women – we always have been.



WHO TARGETS*

VISION:

A world without cervical cancer

THRESHOLD:

All countries to reach <4 cases per 100,000 by the end of the century. To achieve this, the global targets for scale up by 2030 are to achieve:

90%

HPV VACCINATION

Of girls fully vaccinated with HPV vaccine by 15 years of age

70%

HPV TEST

Of women screened with a high precision test by 35 and 45 years of age

90%

TREATMENT

Of women identified with cervical disease receive treatment and care

* World Health Organization. Draft global strategy towards the elimination of cervical cancer as a public health problem (2019). Available at https://www.who.int/docs/default-source/documents/cervical-cancer-elimination-draft-strategy.pdf?sfvrsn=380979d6_4

ORGANISATIONAL OVERVIEW



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.



For over 50 years, VCS Foundation has been a major contributor to the prevention of cancer and infectious diseases in Australia through excellence in public health services supporting screening and vaccination programs. VCS Foundation established Australia's first Pap smear register in Victoria in 1989 which successfully reduced the mortality rate of cervical cancer in Victoria alone to half the national average. We successfully managed the South Australian Cervical Screening Register and established and operated the National Human Papillomavirus (HPV) Vaccination Program Register for the Australian Government between 2008 and 2018. Our current operations include VCS Pathology, the largest public health laboratories providing cervical screening services in Australia.

VCS Foundation is a trusted advisor to governments locally and globally and participates in numerous committees which support the shift from cytology to HPV screening.

VCS Foundation works collaboratively with state, federal and international government bodies providing solutions for the implementation and monitoring of screening and vaccination programs. It does this by using the latest advances in self-sampling, HPV screening and our population health management platform canScreen® which won the Microsoft partnership award in 2016, to effectively respond to the needs of participants and health care providers.

Backed by our Strategic Plan 2020, VCS Foundation is positioned 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 HPV screening participation with the introduction of secure and innovative technology, supported by our Population Health and Digital Health services. The vision of VCS Foundation clearly aligns with the World Health Organization's call to action to eliminate cervical cancer globally.

Leaders in Self-collected HPV Tests, Research and Delivery

VCS Pathology is a specialist laboratory committed to providing excellence in HPV testing, cervical cytology, histopathology, chlamydia and gonorrhoea testing. We are Australian leaders in self-collected HPV tests and have reported over 12 million cervical screening tests in our 50+ years of laboratory operations. Backed by this strong expertise, we are now Australia's HPV and Cervical Screening Reference Laboratory.

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

Our medical 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.

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.

Digital Innovation Advancing Global Health

VCS Digital Health draws from extensive eHealth and population management experience, leveraging over 25 years of successful service delivery in large scale digital healthcare.

canSCREEN® is our award winning contemporary technology platform which supports the full population health management service lifecycle across a broad spectrum of health programs for registry operations, public, governments, health and non-health professionals.



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, BioMelbourne Network and the UICC.

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



CONTENTS

06	Organisational Overview	23	Strategic Plan	52	The Year Ahead
09	Welcome to the VCS Foundation Annual Report 2018/19	1.	<i>Expand Laboratory Services</i>	54	Our People
10	Year in Review – Chairman & Executive Directors Report	2.	<i>Support Effective Delivery of Immunisation in Victoria</i>	58	Occupational Health and Safety
12	Financial Summary	3.	<i>Pursue Asia Pacific Screening Programs Beginning with Project ROSE</i>	58	Freedom of Information
14	2018/19 Financials at a Glance	4.	<i>Articulate and Leverage the Value of Compass</i>	58	Privacy
16	2018/19 Significant Events at a Glance	5.	<i>Position and Promote VCS Foundation to Support its Strategic Initiatives</i>	58	Whistleblowers Protection
20	Organisational Structure			59	Risk Management
		33	Core Services	59	Accreditation
			<i>VCS Pathology</i>	59	Quality Assurance
			<i>VCS Population Health</i>	60	Directors' Report
			<i>VCS Digital Health</i>	65	Environment
		45	Research	65	Auditor's Independence Declaration
		49	Support for Cervical Screening in Underserved Communities	66	Financial Statements
		50	Stakeholders and Customers	97	List of Acronyms
				98	VCS Published Articles 2018/19

WELCOME TO THE VCS FOUNDATION ANNUAL REPORT 2018/19

The VCS Foundation Annual Report 2018/19 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 continued to undergo major changes following the introduction of the government's renewed National Cervical Screening Program (NCSP) implemented in December 2017, and the release of the National Cancer Screening Register (NCSR). 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 almost 30 years, commenced its transition to the NCSR, and the National HPV Vaccination Program Register (NHVPR), designed, developed and operated by VCS since 2008, transitioned 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 2018/19 and future directions of the organisation.



YEAR IN REVIEW – CHAIRMAN & EXECUTIVE DIRECTORS REPORT

2018/19 was the first year of operating under the banner of VCS Foundation. 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. VCS Foundation now seeks wider engagement to provide solutions and save lives in underserved populations in Australia and around the world.

VCS Pathology has transformed from a high volume cytology laboratory to reporting significant volumes of HPV tests supporting the renewed National Cervical Screening Program (NCSP) in Victoria. Our Microbiology laboratory has grown considerably to meet the new demands. The processes both within the laboratory and on our IT platform have been redesigned to align with the new workflows and we are now in a new steady state. At the end of the financial year, the laboratory had reported 198,135 HPV tests compared to 19,611 in the year leading up to the transition to the new NCSP in December 2017.

VCS Foundation ceased operation of the National Human Papillomavirus Vaccination Program Register (NHVPR) in December 2018 after ten years of operation following the transition of data to the Australian Immunisation Register. The Victorian Cervical Screening Register (VCSR) and the South Australian

Cervical Screening Register (SACSR) transitioned their data to the National Cancer Screening Register on the 30th June 2019 after 30 years and 4 years of operation respectively.

These significant changes to the historic operations of the organisation, including the shift from 2 yearly cytology screening to 5 yearly HPV testing in December 2017 were anticipated. There were many changes to operational processes and staffing levels undertaken before and during 2018/19 to meet the needs of these changes.

VCS Foundation's capabilities have been recognised by state and federal governments with a number of projects in the development pipeline to be released in 2019/20. The Executive team and their supporting staff have successfully transformed and redirected the organisation's focus and it is with great anticipation that we move forward.

WHAT WE SAID WE WOULD DO IN 2018/19

- ✓ Continued implementation of the revised 2020 Strategic Plan
- ✓ Acceleration of recruitment for the Compass trial
- ✓ Broaden reach of Self Sampling testing to women in remote and underscreened populations in Australia and Globally
- ✓ Pursue digital health opportunities leveraging the canSCREEN® and canVAX® platforms using technology as an enabler, driving new services for VCS Foundation
- ✓ Ensure uninterrupted services for NHVPR and VCSR until the final hand over to the new service providers
- ✓ Pursue new registry opportunities locally, within Australia and overseas to support screening, vaccination and other population health initiatives
- ✓ Collaborative research activities as part of the C4 NHMRC Centre of Research Excellence
- ✓ Involvement in the new NHMRC Centre of Research Excellence in targeted approaches to improve cancer services for Aboriginal and Torres Strait Islander Australians (TACTICS)
- * Develop a service delivery strategy and business model for Project ROSE post pilot (Work in progress)

“Our highly skilled and multidisciplinary teams in the three VCS Foundation business pillars enables us to provide world-leading expertise in building and using registries to support population health programs.”



Stephanie Reeves
Chairman



Prof Marion Saville
Executive Director

VCS Population Health, our new division, continued to operate the NHVPR, the VCSR and the SACSR at a high standard of quality until their respective shut down dates. The morale of the team was maintained throughout the shutdown process with the majority of staff finding new positions within the organisation. The VCS Population Health team of experts have 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. Our reputation in this area is providing us with many opportunities, examples of which are contained within this report.

VCS Digital Health has developed and supported eHealth solutions with a core focus on delivering improved public health outcomes in both local and international settings. The highly configurable platform canSCREEN® is driving new and exciting service opportunities globally.

Our highly skilled and multidisciplinary teams in the three VCS Foundation business pillars enables us to provide world-leading expertise in building and using registries to support population health programs. New funding streams for these services are being investigated with successful projects already underway, as demonstrated in this report.

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

Australia is on track to be the first country in the world to achieve cervical cancer elimination. Australia was the first country in the world to introduce a national HPV vaccination program for young girls, and it is now one of the only countries that has extended vaccination to young boys. In 2017, Australia was the first country in the world to introduce a truly integrated approach to HPV prevention with an HPV based cervical cancer screening program that directly tests for the presence of HPV vaccine-included types.

Guided by our expertise in HPV vaccination, HPV testing, cervical screening and registry services, our goal for the future is to identify and explore new service opportunities for VCS Foundation in order to further broaden our population health contribution in our region and internationally.

BOARD APPOINTMENTS

We welcome Mr Anthony (Tony) Abbenante who was appointed to the Board in September 2018 as a member with expertise in Information Technology. This is a new category in the skill mix of the Board and Tony's expertise will complement the needs of the organisation as we further develop our VCS Digital Health platforms.

In December 2018, Ms Kate Broun's term as the representative of the Cancer Council expired. In line with changes to the VCS Foundation Constitution, this appointment was not renewed. Although Kate has departed the board of VCS Foundation after 11 years of invaluable service, she continues to be a champion of VCS and is a worthy ambassador for the organisation.

We also say goodbye to Ms Anne Robertson who served on the VCS Foundation Board as a consumer representative from May 2013 with her second three year term of appointment expiring in May 2019. Anne has been a valuable member of the Board during her six year tenure and we are very grateful for her participation and insights.

The Board of VCS Foundation is committed to governance excellence and reviews its performance annually. The Board has voluntarily adopted the Australian Institute of Company Directors (AICD) Not for Profit Governance Principles. In future years, we will align the annual Board review with the AICD principles.

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.

FINANCIAL SUMMARY

AUDIT AND FINANCE COMMITTEE CHAIRMAN AND DIRECTOR CORPORATE SERVICES REPORT

The consolidated net result for VCS Foundation for the financial year ending 30 June 2019 was a surplus of \$1.37M after taking into account depreciation and amortisation. This was an extremely positive result when compared to a deficit of \$166k the previous year. The surplus was well above budget and reflects the collective efforts of the Executive Team in securing new projects and funding.

The 2018/19 financial year was the first full year of the Renewed Screening Program and the second year of the Federal Government's four-year commitment to VCS Pathology. The year marked the end of an era with the closure of the National HPV Vaccination Register (NHVPR) in December 2018, and transition of the Victorian Cervical Screening Registry and SA Cervix Screening Register to the National Cancer Screening Register in June 2019. In line with these closures, a restructure of VCS Foundation Ltd. was implemented and future financial reports will reflect this change.

VCS Pathology benefited from the purchase of Abbott's *Alinity m* diagnostic system. The *Alinity m* is a high volume instrument capable of processing over 1,100 specimens a day, positioning VCS Pathology with the capacity and test platform redundancy to reduce supplier risks.

Following from the success of the VCSR, VCS Foundation successfully secured work with the Victorian Government to deliver on several strategic priorities of the Victorian Cancer Screening Framework. Funding was received to continue the successful pilot project for refugee and asylum seeker immunisation 'Providing Access to Immunisation for Vulnerable Groups' (PAIVnG).

The number of primary screening tests undertaken in 2018/19 increased slightly to 257,499 compared with the previous year (3% increase). While the size of the Victorian market has reduced with Renewal, VCS Pathology has maintained in excess of a 48% market share. Patient fees of \$3.8M were reported in the financial year, reflecting an increase of 51% from 2017/18. The fees reflect the bulk billing of Liquid-based Cytology (LBC) tests resulting from Renewal and changes to the Medicare Benefits Schedule which allows VCS Pathology to bill for LBC tests.

The financial result included depreciation of \$2.1M of which \$1.1M related to canSCREEN®, the proprietary Cancer Screening Register Platform which has been built in stages over a period of three years. Grant funding was received from the Victorian Department of Health and Human Services (DHHS) for development of this Platform and was recognised as Capital Purpose Income in prior years. The decrease in plant and equipment at cost compared to the prior year resulted from the disposal of NHVPR assets.

Total consolidated expenditure decreased by 3% compared with the prior year. In line with the changes implemented for the Renewed Screening Program on 1 December 2017, we saw a decrease in salaries and wages offset by an increase in laboratory consumables in the 2018/19 financial year. Close monitoring of general expenditure also contributed to our strong performance.

Moving forward, VCS Foundation is already positioned for strong financial performance in 2019/20 with the receipt of funds in advance for implementation of a new state-wide immunisation program software system for Victorian local government authorities, recognised as a deferred revenue liability.

We acknowledge the support of the Board's Audit and Finance Committee members along with the Executive and Finance Team in completion of the financial statements in a timely manner. We welcome Ronda Harrison's transition into the role of Finance Manager after 14 years with the organisation.

Mr Tim Humphries
Chairman
Audit & Finance Committee

Dr Michelle Critchley
Director Corporate Services



Mr Tim Humphries
Chairman – Audit &
Finance Committee



Dr Michelle Critchley
Director Corporate
Services

“The year marked the end of an era with the closure of the National HPV Vaccination Register in December 2018, and transition of the Victorian Cervical Screening Register and SA Cervix Screening Registry into the national register in June 2019.”

2018/19 OUTCOMES

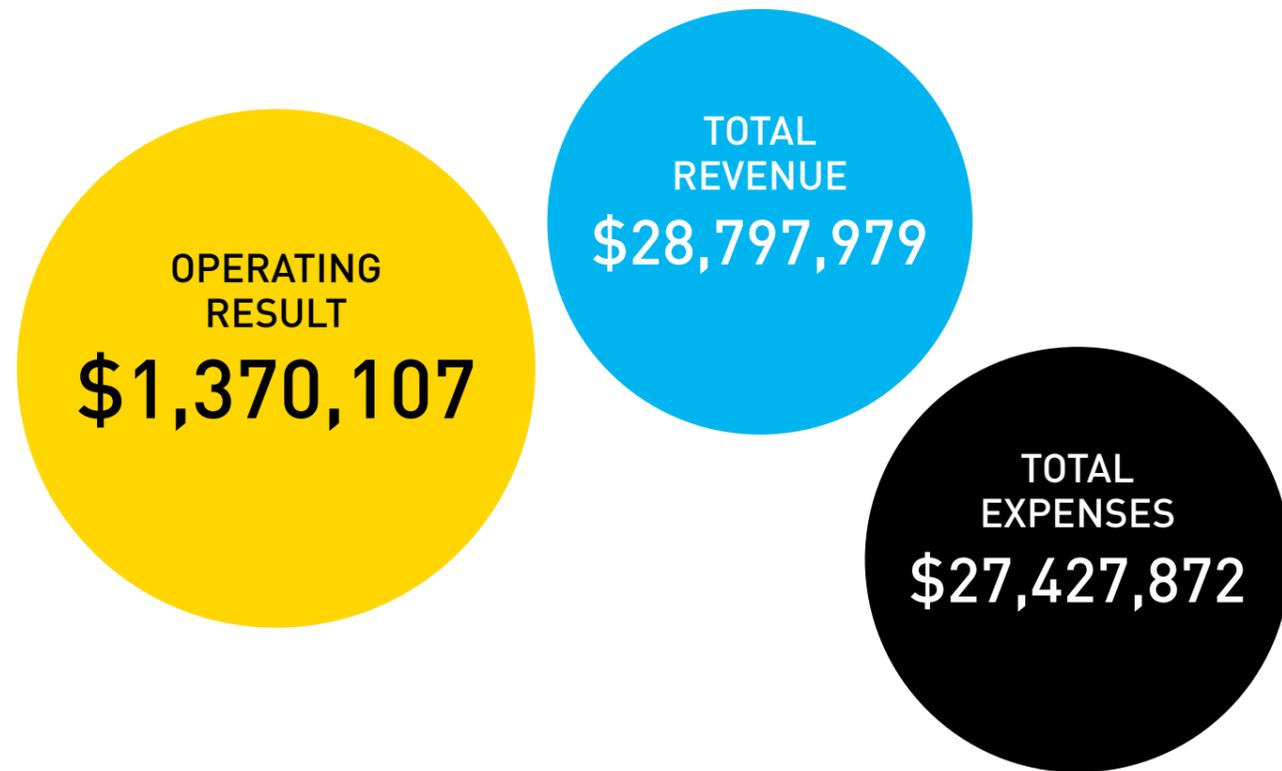
Major
immunisation
projects secured
in Victoria

Surplus
well above
budget

Continued
strong market
share for
HPV testing

2018/19 FINANCIALS AT A GLANCE

FINANCIAL POSITION



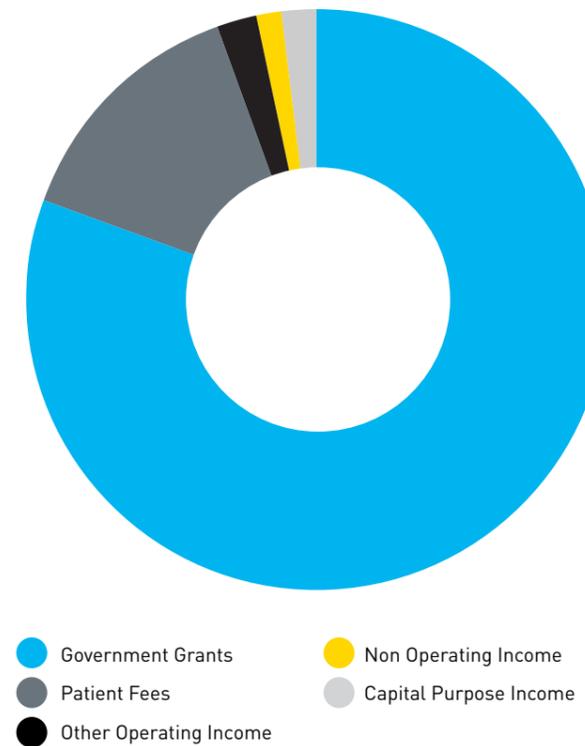
CORE BUSINESS PERFORMANCE

	2018/19	2017/18	2016/17	2015/16	2014/15
	\$	\$	\$	\$	\$
Total Revenue	28,797,979	28,104,030	25,349,828	24,120,709	25,740,473
Total Expenses	27,427,872	28,270,185	24,712,316	26,255,281	23,354,898
NET RESULT Surplus/(Deficit)	1,370,107	(\$166,154)	637,512	(2,134,573)	2,385,575
Total Assets	31,145,539	24,027,269	23,495,604	23,211,845	25,061,975
Total Liabilities	14,070,684	8,322,521	7,624,702	7,978,455	7,694,012
NET ASSETS Total Equity	17,074,855	15,704,748	18,870,902	15,233,390	17,367,963

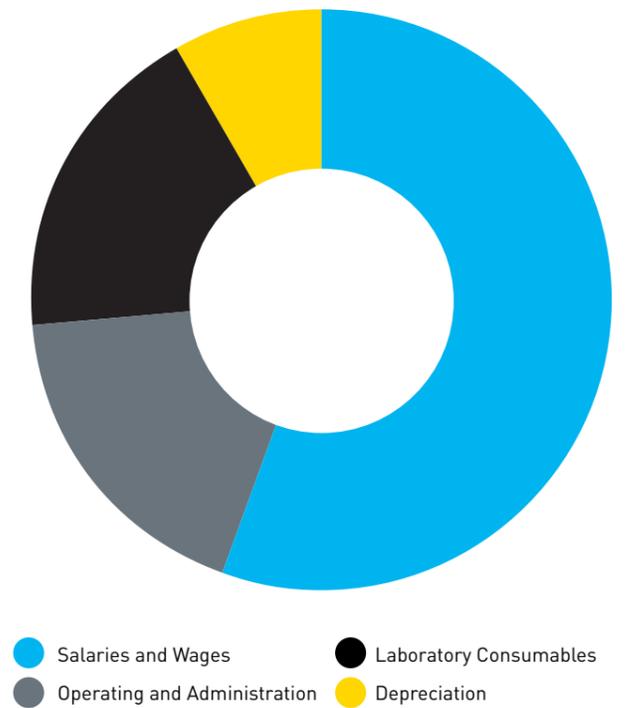
The support provided by the Victorian, South Australian and Commonwealth Governments has been invaluable in enabling VCS Foundation to deliver outstanding service to participants in public health programs through its laboratory and registry services.

Summary of Consolidated Financial Results for VCS Foundation Limited

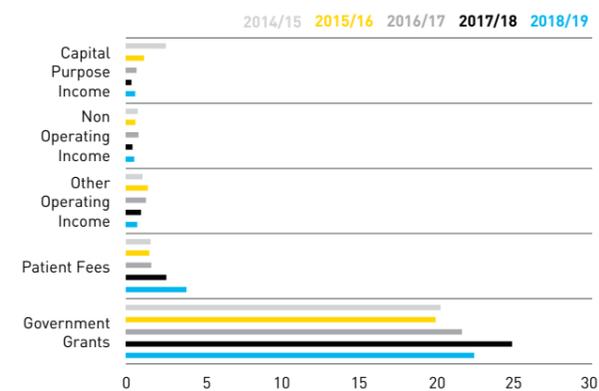
ANNUAL INCOME BY SOURCE 2018/19



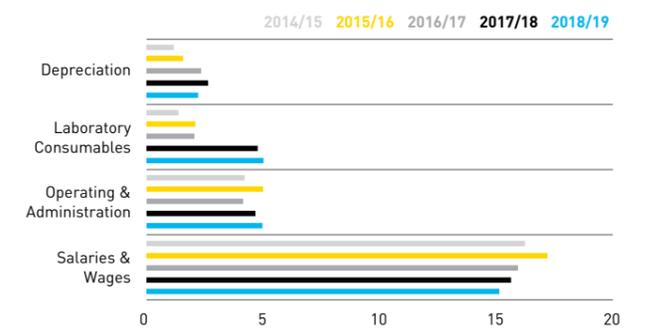
OPERATING EXPENDITURE 2018/19



ANNUAL INCOME BY SOURCE \$M



ANNUAL OPERATING EXPENDITURE \$M



2018/19 SIGNIFICANT EVENTS AT A GLANCE

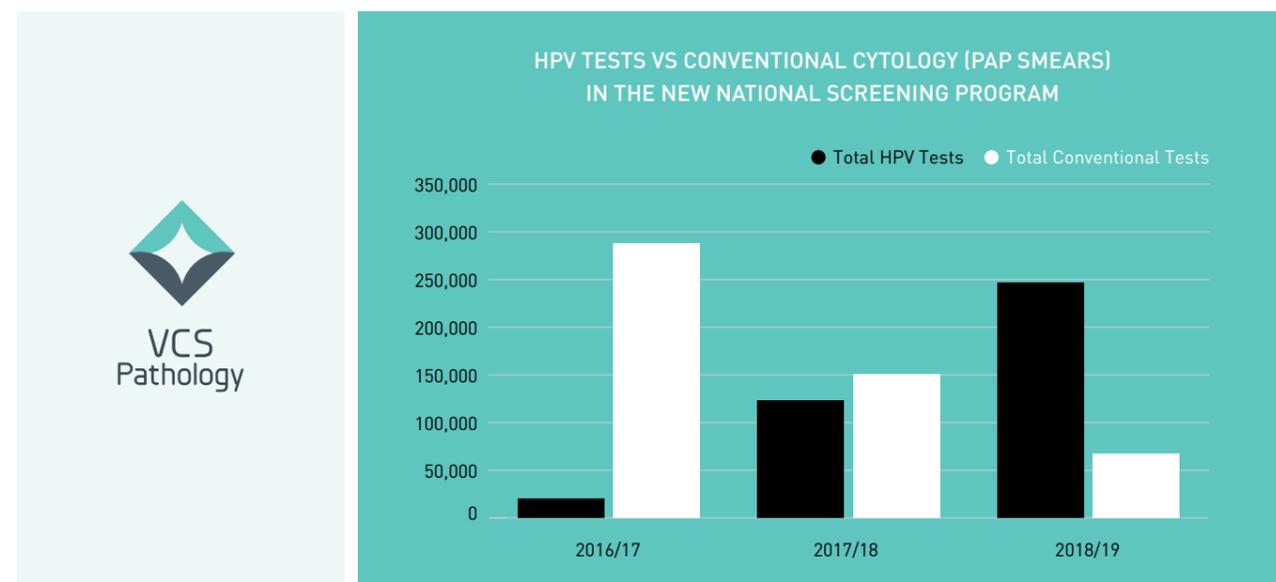
ESTABLISHMENT AND GROWTH OF VCS POPULATION HEALTH AND DIGITAL HEALTH

VCS Population Health and Digital Health were formed to utilise our longstanding expertise in operating, building and using registry services and IT platforms to support population health programs. In 2018/19, eight new project contracts were secured with another two in progress. The work associated with these projects can be found on pages 41-42.

NEW PROJECT CONTRACTS

 <p>VCS Population Health</p>	<p>Providing Access to Immunisation for Vulnerable Groups (PAIVnG) Operational Support Services – Hume City Council and City of Whittlesea and City of Greater Dandenong Expansion</p>	<p>Menzies Project – Queensland Aboriginal and Torres Strait Islander Cancer Plan</p>	
	<p>Leading contractor for the DHHS projects:</p> <ul style="list-style-type: none"> Cancer Screening Data Surveillance Cancer Screening Primary Care Workforce Strategy 	<p>Menzies Project – Using Data to improve Cervical Cancer Outcomes for Aboriginal & Torres Strait Islander women</p>	
	<p>DHHS Flu Support</p>	<p>Self Collection Project – Data Framework</p>	
 <p>VCS Digital Health</p>	<p>Jean Hailes – Digital Platform to support the National Endometriosis Clinical and Scientific Trials (NECST) Network</p>	<p>IMPS Replacement Project – Victorian Immunisation System Replacement for Local Councils</p>	

HPV TESTING ESCALATES IN THE VCS PATHOLOGY LABORATORY



GOODBYE TO 30 YEARS OF REGISTRY SERVICES SUPPORTING THE NATIONAL CERVICAL SCREENING PROGRAM AND 11 YEARS OF OPERATING THE NATIONAL HUMAN PAPILLOMAVIRUS VACCINATION PROGRAM REGISTER

1965 – 1991 OPPORTUNISTIC CERVICAL SCREENING

<p>1965 Victorian Cervical Gynaecology Service established.</p>	<p>1989 Bill passed. Amendment to Cancer Act 1958 Cancer (Central Registers) Act 1989 VCCR established under the direction of Dr Heather Mitchell – the first state based Pap test Registry.</p>	<p>1991 National Cervical Screening Program established as a joint initiative of Australian State and Territory Governments.</p>	<p>1994 First NHMRC Guidelines <i>Screening to Prevent Cervical Cancer: Guidelines for the Management of Women with Screen Detected Abnormalities.</i></p>	<p>1996 Performance Measures for Australian laboratories reporting cervical cytology.</p>	<p>1997 Mandatory for pathology laboratories to meet performance targets.</p>	<p>2006 National Cervical Screening Program established as a joint initiative of Australian State and Territory Governments.</p>	<p>2007 VCS commences operations of the National HPV Vaccination Program Register.</p>	<p>2009 Renewal of the National Cervical Screening Program announced.</p>	<p>2013 The National HPV Register accepts males' doses.</p>	<p>2017 National Cervical Screening Register commenced. Renewal of the national Cervical Screening Program rolled out.</p>	<p>2018 The National HPV Register closed on 31 December 2018. All HPV vaccination records held in the HPV Register transferred into the Australian Immunisation Register.</p>	<p>2019 The VCCR closed on the 30 June 2019. All records held by the VCCR transferred to the National Cancer Screening Register.</p>
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VCS Foundation established Australia's first cervical screening register, the Victorian Cervical Screening Registry (VCSR) and managed the service for 30 years, developed and operated the National HPV Vaccination Program Register (NHVPR) for 11 years, transitioned and managed the South Australian Cervix Screening Register (SACSR) for four years and continues to provide follow-up services for Victorian participants of the National Bowel Cancer Screening Program.

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.

The Victorian Registries continued to provide cervical screening registry services until the end of June 2019 following the commencement of the National Cancer Screening Register. The NHVPR was integrated to the Australian Immunisation Register in December 2018.



Victorian Cervical Cytology Registry
No longer operating. Transitioned to the National Cancer Screening Register in June 2019



National HPV Vaccination Program Register
No longer operating. Transitioned to the Australian Immunisation Register in December 2018

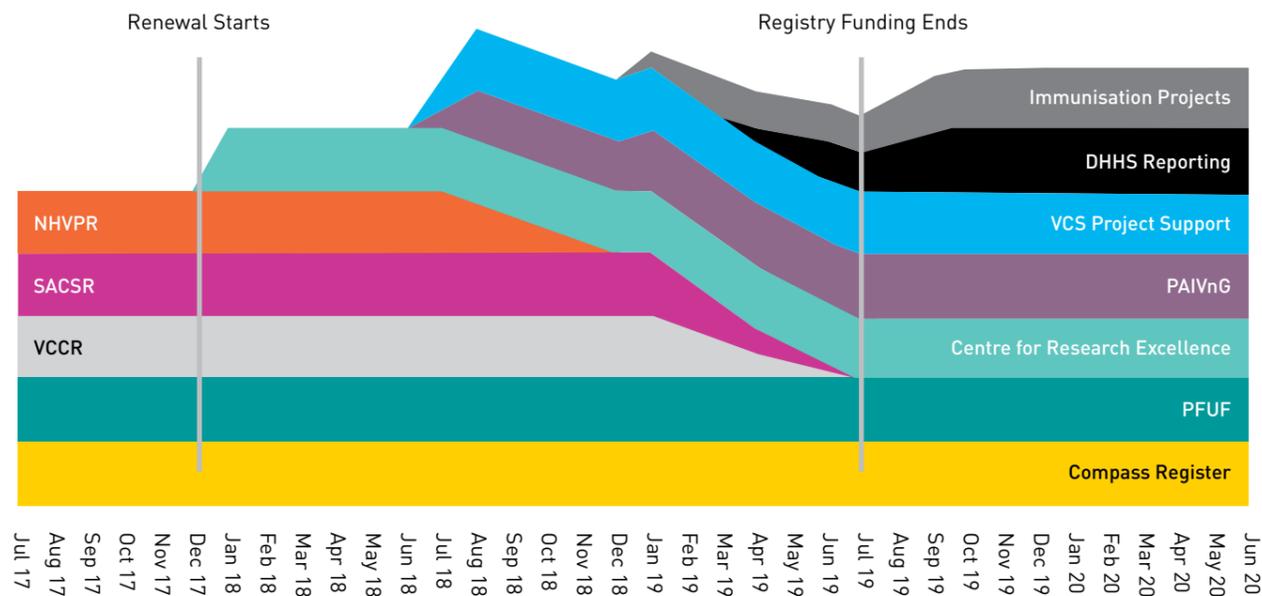
2018/19 SIGNIFICANT EVENTS AT A GLANCE

We have leveraged our expertise in delivering and managing population health and registry services, epidemiology, research and evaluation, health information management, reporting and statistics to offer and promote a range of population health services through our VCS Population Health unit.

The chart below illustrates our journey as we transition from our historic services. Whilst our support of the Victorian Participant Follow Up Function (PFUF) for the National Bowel screening program and our support of the Compass trial continue, changes commenced with Renewal in 2017, followed by major changes resulting

from the end of the cervical screening and HPV vaccination registries in 2018/19. The first of our new functions/ services was the awarding and commencement of the NHMRC Centre for Research Excellence in Cervical Cancer Control in late 2017, with other new services progressively starting thereafter.

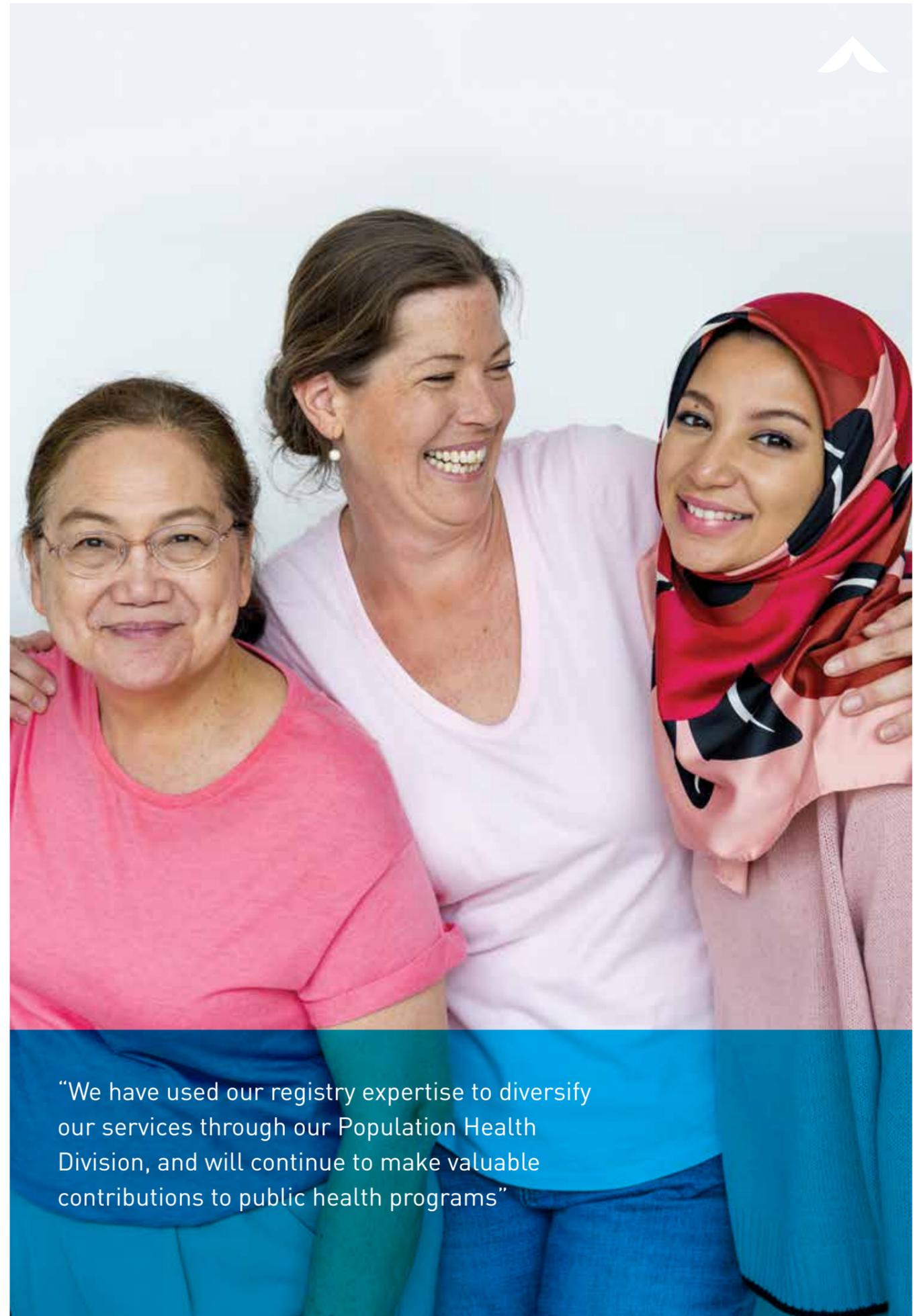
REGISTRY TRANSITION



Sandy Anderson
Nurse Health Care Provider
Ballarat and District Aboriginal
Cooperative and Medical Clinic
VCS Foundation Ltd. Board Director

“The partnership that Ballarat and District Aboriginal Cooperative Medical Clinic developed with the Victorian Cervical Screening Register (VCSR) ensured that, on clinic registration, women were given an option to provide permission to ensure that their cervical screening history was uploaded from VCSR to their file. This relationship resulted in 96.4% of Aboriginal and Torres Strait Islander women attending the clinic having a known cervical

screening history. Subsequent to this, a screening rate of 70.5% has been achieved where women have either had a Pap test in the last two years or a cervical screening test in the past five years. This WHO recommended goal could never have been achieved without the collaboration and work of the VCSR staff”

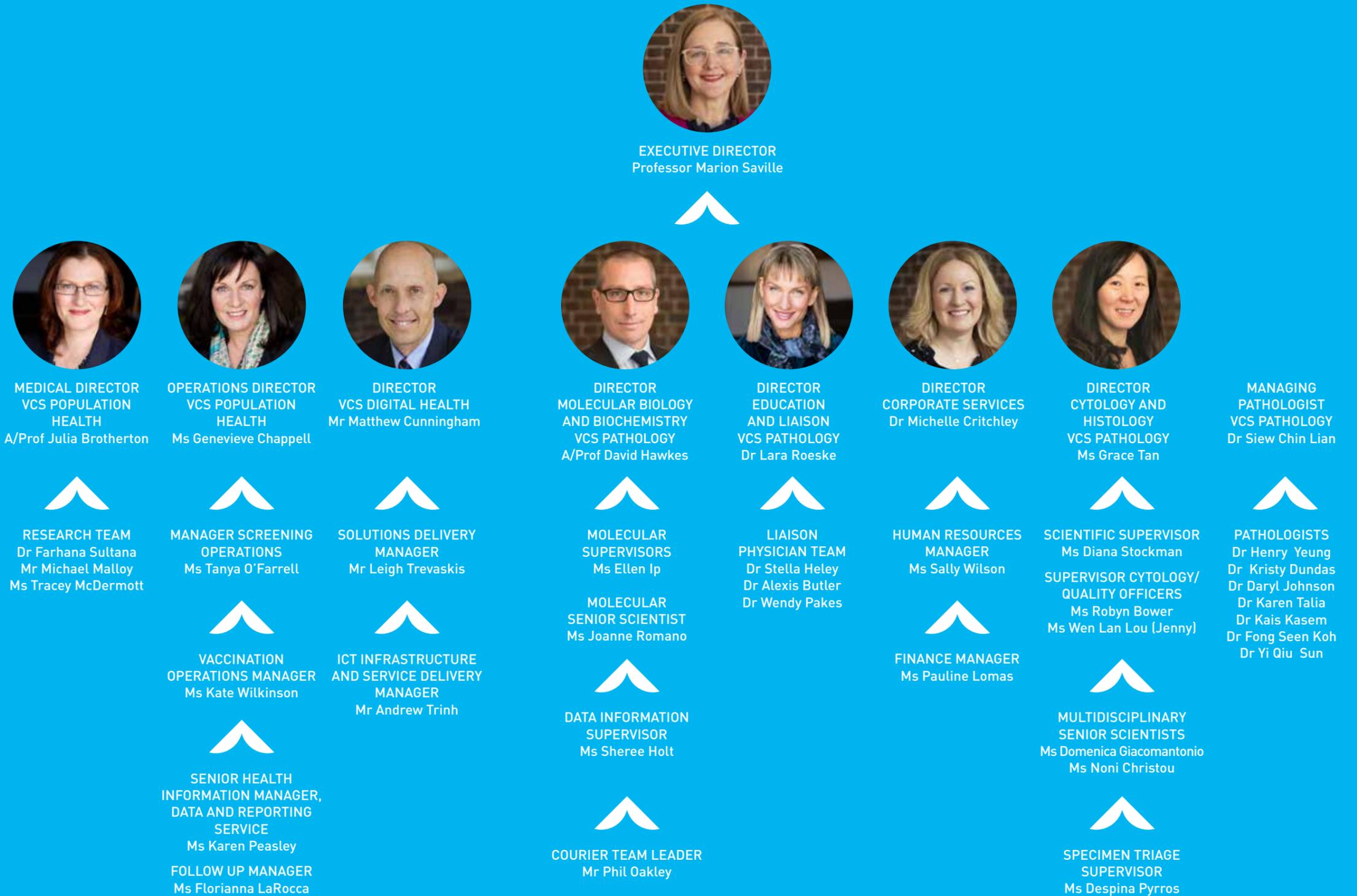


“We have used our registry expertise to diversify our services through our Population Health Division, and will continue to make valuable contributions to public health programs”

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 Non-Executive 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. Eight Directors, including the Executive Director, form the Executive Management Team.

VCS FOUNDATION LIMITED EXECUTIVE TEAM





STRATEGIC PLAN

VCS Foundation is currently operating in year 4 of the 5 year 2020 Strategic Plan established in 2015. Given the significant changes in the business operating environment, the plan was 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"*.

The organisation'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 Australian governments. The rapid sector change and recent events affecting the future of VCS Foundation necessitated a review of the 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 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 IN AUSTRALIA

While cervical cancer is recognised as a preventable disease, rates among indigenous women remain unacceptably high. Australian data has demonstrated that at least 80% of women who develop cervical cancer in Australia are not up to date with screening or have never been screened. Screening participation declines with increasing socioeconomic disadvantage. There are particular groups of women that tend to be under or never-screened including women from Aboriginal and Torres Strait Islander populations, women who are rural or remote, women from linguistically and culturally diverse backgrounds, women with disabilities, and women who may be experiencing socioeconomic disadvantage. Many other groups of women also, for a range of reasons, refuse a speculum exam.

VCS Pathology was the first laboratory in Australia to be accredited to process self-collected samples as part of the renewed National Cervical Screening Program. So that this test can be offered around the country, VCS Pathology has validated the dry flocked swab, used for self-collection, for high temperatures, humidity, and delays in time to processing.

Self-collection allows women to take their own vaginal sample for HPV testing, providing them access to life-saving cervical screening tests. Australia is one of the first countries to endorse self-collection in its national screening guidelines and we are thrilled to be offering this world-class methodology. Eligible women are provided with this test at no charge through bulk-billing.

Since its introduction in January 2018, 2,466 self collected samples have been received and reported. This represents 2,466 women who have not been screened for more than 4 years that have either re-engaged in, or engaged for the first time with the screening program.

The VCS Liaison Physicians provide free education and training to GPs, Nurses and Aboriginal Workers who each play important roles in promoting and undertaking screening pathways. The training aims to advance skills and confidence, ensuring clinical decision-making aligns with the renewed National Cervical Screening Program. Self-sampling is available to women at least 30 years of age, who haven't had a Pap smear for 4 or more years or who have never been screened and who decline a traditional screening test collected by a doctor or nurse. Self-collection is gathering momentum in rural areas as this education is rolled out across the country. Our Liaison Physicians are also working in partnership with Cancer Council Victoria to promote self collection in Victoria.

We anticipate that by advancing local care providers' knowledge and skills in early detection, we will greatly increase participation in cervical screening.

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 2019/20 is to continue to increase participation in the Self Collection pathway in our region.



"There are many reasons women may not feel comfortable with traditional screening methods. Self-collection is an alternative pathway to overcome barriers some women experience to having a traditional screening test. By providing access to a screening method that is not only private and dignified but simple, quick, safe and accurate, we hope to greatly improve these women's health outcomes."

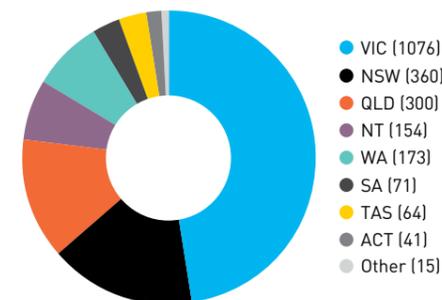
Dr Lara Roeske
Director Education and Liaison



"As the renewed National Cervical Screening Program (NCSP) has become more established, VCS Pathology has been able to transition seamlessly into the new screening paradigm as a result of its people; scientists, technicians, data information and specimen reception staff and couriers have all supported VCS Pathology through this period. VCS Pathology continues to act as the reference laboratory for many other laboratories throughout Australia, both public and private, assisting them in all aspects of the NCSP."

Dr David Hawkes
Molecular Biology and Biochemistry

SELF COLLECTION TOTALS – DISTRIBUTION



HPV TESTING

In 2018/19 VCS Pathology reported approximately 250,000 HPV tests across six different HPV testing platforms. This makes VCS Pathology one of the biggest publicly funded molecular, not just screening, laboratories in Australia. In addition to the established Roche cobas 4800 and cobas 6800 systems and the BD Onclarity assay, VCS Pathology has introduced two new systems into routine screening this year. The Seegene Anyplex II system which allows for full individual HPV genotyping of the 14 HPV types in the National Cervical Screening Program and the Abbott m2000 system which provides a robust redundancy in case of instrumentation issues with any of the other systems.

VCS Pathology also secured competitive funding from the Victorian Department of Health and Human Services to purchase the new Abbott alinity m system which has a capacity of over 1,000 samples a day and will replace the m2000 system over time.

SELF COLLECTION VOLUMES



Medical Scientist, Mr Khurram Abdul Karim working with the new Abbott alinity m

Since my high school years in Karachi, I have always had an interest in science, especially biology, and I knew from then, that this area of interest would influence my career pathway. After achieving my master's degree in medical laboratory technology, I started my career as a Medical Technologist at Aga Khan University and Hospital in Karachi, Pakistan. It was during this time that I discovered my interest and passion for cytopathology. I have worked in a range of different areas of cytology as well as histology.

In December 2008, I moved to Australia with my family and I joined VCS as a trainee scientist in January 2009 and after that I started work as an independent cytologist. Joining VCS is one of the most successful experiences that I've ever had. In my career at VCS I have had many accomplishments in the laboratory science field. VCS Pathology has provided a learning environment where I was supported to complete my Australian Society of Cytology qualification (CTASC). I was also given the opportunity to join the Microbiology Laboratory to expand my skills in this new field. This allowed me to transition into the laboratory for HPV testing as part of the introduction of the renewed National Cervical Screening Program (NCSP).

Since the introduction of the HPV-based NCSP, I have held a position as a full-time medical laboratory technician in the Microbiology Laboratory. I have been provided with many opportunities to be trained on the latest instruments in different areas of the laboratory. This experience has increased my multi-disciplinary skills as I am now able to work independently with other scientists and technicians in a professional atmosphere.

It has been an enjoyable experience to work at VCS, which has a friendly learning environment. I hope to have an opportunity to work for VCS Foundation for many years to come.



2. Support Effective Delivery of Immunisation in Victoria

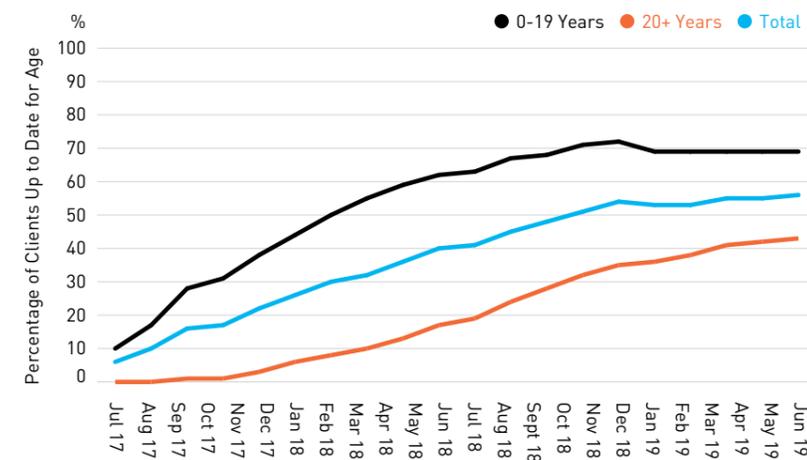
Utilising our 30 years of experience in delivering and operating screening registers and systems, VCS Population Health and VCS Digital Health are ideally placed to support a range of population health programs. As recognised experts in managing population health services, epidemiology, research and evaluation, health information management, reporting and statistics, VCS Population Health joins the VCS Digital Health team 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 that often have sub-optimal immunisation coverage. This group is at greater risk of vaccine preventable diseases and can also be disproportionately impacted by the No Jab No Pay and No Jab No Play policies. The Victorian Department of Health and Human Services (DHHS) engaged VCS Foundation, led by the VCS Digital Health team to customise and configure the award winning population health management platform canSCREEN® to facilitate the immunisation management of refugees and asylum seekers as part of the Victorian Government's Refugee Immunisation Project.

In January 2018, the VCS Digital Health team implemented the technical solution – called PAIVnG (Providing Access to Immunisation to Vulnerable Groups) – which enabled local council project partners to track and refer refugee and asylum seeker clients to completion of immunisation.

REFUGEE IMMUNISATION PROJECT – PROPORTION OF CLIENTS UP TO DATE FOR AGE BY MONTH



PAIVnG centralises management of all project data allowing a single view of participants for councils and DHHS to easily monitor both participant and project progress.

To further support the project, in July 2018 the VCS Population Health team commenced providing PAIVnG operational support and data reporting to the participating councils – Hume, Whittlesea and Greater Dandenong. As at 14th August 2019 the councils have notified 5,486 refugees into the project, referred 4,230 to immunisation providers, initiated 3,826 appointments and 2,240 refugees are up to date with their immunisations. DHHS extended this successful pilot project for a further 12 months to 30 June 2020.

YOUNG PEOPLE'S HEALTH SERVICE PROJECT

Immunisation remains a significant gap in the health of young marginalised people in Australia, including those who are homeless or at risk of homelessness. In December 2018, DHHS commenced an 18 month pilot project with VCS Foundation and the Young People's Health Service (YPHS) at the Royal Children's Hospital. The project aims to enhance immunisation service delivery and improve access to vaccines for this population using the PAIVnG system. In collaboration with a range of residential and education service providers for at risk young people, as at 14th August 2019 YPHS has notified 212 young people into the project, referred 207 to immunisation providers, initiated 138 appointments and ensured 30 young people are fully immunised. Of note, is that only 4 young people were up to date for immunisation when notified into the project.

VICTORIAN IMMUNISATION SYSTEM REPLACEMENT

In July 2018, VCS Foundation were engaged by the Department of Health and Human Services (DHHS) to plan and scope the build and implementation of their ageing ImPS platform. ImPS is an information system that is sponsored by DHHS and is available to 79 local government areas and is currently utilised by 67 councils and other stakeholders to support both vaccine delivery and the management of immunisation programs throughout the State of Victoria.

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.

In a joint project operation, VCS Foundation is working with DHHS to develop a replacement platform providing innovative solutions and enhancements to existing ImPS functions, with the overarching aim to improve existing council work practices and alleviate 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 value and improved health outcomes within the immunisation program.

This project is directly aligned with VCS Foundation's strategic initiative to support effective delivery of immunisation in Victoria and will continue to leverage and expand on VCS Foundation's relationships and reputation within DHHS.

The anticipated go-live date for this project is May 2020.

“The immunisation project is good. The nurses are very kind and polite and the immunisations are very important to protect us and our children and to be safe.”

Program Participant









The canSCREEN® supported Immunisation Program System (ImPS) will provide 79 Victorian local government authorities and other stakeholders, including schools and nurses with the ability to manage their local immunisation programs.

Using the canSCREEN® platform VCS will support the Victorian Government in assisting in the management of their immunisation programs by:

- Making age appropriate recommendations at antigen, vaccine and brand level in accordance with the National Immunisation Schedule

- Keeping accurate records for clients including:
 - consent details,
 - current vaccine details
- Providing an immunisation history report to Australian Immunisation Register
- Transmitting data to a central location enabling:
 - stock control of vaccines;
 - reports for both internal and external reporting requirements and management of local immunisation programs

VICTORIAN VACCINE DATA SERVICES PROJECT

VCS Foundation is committed to supporting the Victorian Government DHHS in its strategies to improve immunisation coverage across Victoria's vulnerable groups. Childhood vaccination is a simple, safe and effective way of providing protection from serious and life threatening vaccine-preventable diseases before exposure. The Victorian Vaccine Data Services project will target the follow-up of under-immunised children (0-5 years) in order to ensure they receive all vaccines listed on the Immunisation Schedule for their age.

VCS Population Health is working with DHHS to develop a streamlined and co-ordinated approach and a new model to support the follow-up of children due for overdue vaccination. The aim will be to improve coverage and reduce the risk of families losing family benefit payments under the Commonwealth's No Jab, No Pay Policy and/or access to childcare and kindergarten under the Victorian Government's No Jab, No Play Policies.

The anticipated go-live date of this project is calendar year 2019.

3. Pursue Asia Pacific Screening Programs Beginning with Project ROSE*

MALAYSIAN SELF SAMPLING ROSE PILOT

VCS Foundation and the University of Malaya (UM) are collaborating to make a life changing difference to Malaysian women by helping prevent cervical cancer – the third most common cancer among women in Malaysia, which claims six lives every day.

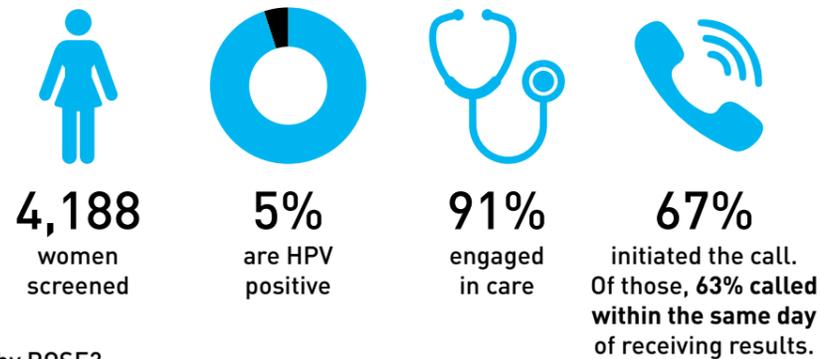
In January 2019, a Memorandum of Understanding (MoU) was exchanged between VCS Foundation and UM that will see the successful pilot program rolled out across Malaysia. The program, Removing Obstacles to Cervical Screening, or Program ROSE, integrates self-collection, HPV testing and VCS Foundation’s digital platform, canSCREEN®, to enhance Malaysian women’s personal journeys of maintaining good cervical health.

To date, no country has implemented a programme like ROSE, incorporating these three components through an integrated system that links the HPV self-collection result to a woman’s mobile phone and a secure population health management register for comprehensive follow through of the screening to treatment pathway, making Malaysia the first in the world and a model for others to follow.

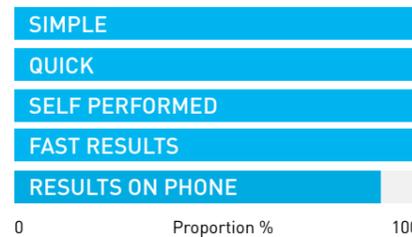
Currently, many Malaysian women are reluctant to be screened due to the fear, embarrassment and discomfort associated with Pap tests. This low rate of uptake explains why so many Malaysian women are suffering and dying from cervical cancer. Program ROSE will encourage more women to willingly participate in screening in a timely manner by protecting their safety, privacy and dignity through self-collection, a process where women use a swab to collect their own sample from the vagina for HPV testing.

* Removing Obstacles to Cervical Screening

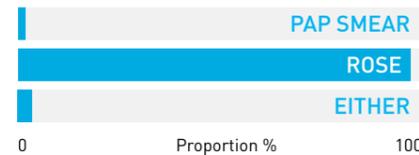
RESULTS FROM OUR TELEPHONE SURVEYS WITH 1,000 PARTICIPANTS



Why ROSE?



Pap smear or ROSE?



97% would recommend it to their friends

99% would repeat the ROSE test again



ROSE participant recommends Program ROSE

April 30
Very convenient HPV screening. It is now just a swab away to save you from cervical cancer. The steps are convenient. Do it ladies. You are precious!

ROSE participant recommends Program ROSE

January 23
Easy procedure. Brilliant idea!

ROSE participant recommends Program ROSE

February 4
It's amazing... self test and no embarrassing.

ROSE participant recommends Program ROSE

January 19
Easy, convenience, no embarrassment, superb!

The e-health component of Program ROSE makes it unique and powerful. It utilises mobile technology and VCS Foundation’s canSCREEN®, a population health management platform that enables healthcare professionals to track the progress of every woman screened through their lifetime, regardless of where she was screened.

This provides a welcome safety net to ensure that women in whom HPV is detected are followed up and managed appropriately. It also allows optimisation of health resources by preventing duplication of services while establishing a powerful resource to monitor Malaysia’s progress towards eliminating cervical cancer.

Project ROSE is co-led by Professor Saville and Prof Woo Yin Ling of the University of Malaya.

The national rollout means more women in Malaysia will have access to this method of cervical cancer screening, a life-saving decision which will enable the prevention of cancer through the detection and treatment of pre-cancerous abnormalities.



The MoU was exchanged between Professor Marion Saville, Executive Director of VCS Foundation and Professor Dato’ Dr Adeeba Kamarulzaman, Dean of the Medical Faculty of UM in the presence of the Deputy Prime Minister of Malaysia Dato’ Seri Dr Wan Azizah.

Both organisations will establish a not-for-profit joint venture to combine their expertise to support the implementation of ROSE as a cervical screening programme in Malaysia.

The game-changing potential of ROSE has been recognised by the World Health Organisation (WHO), Union for International Cancer Control, International Papillomavirus Society, National Cancer Institute of the US, and International Federation of Gynaecology & Obstetrics.



4. Articulate and Leverage the Value of Compass

Australia is leading a world-first clinical trial conducted by VCS Foundation and Cancer Council NSW. The trial aims to find the most effective strategies for cervical screening in HPV vaccinated women.

The Compass Trial is the largest clinical trial ever to be carried out in Australia. This randomised controlled trial aims to compare 2.5-yearly cytology with 5-yearly primary HPV testing for cervical screening in Australian women aged 25-69. Phase 1 of the trial, which involved more than 5,000 women, found high-grade cervical abnormalities (known as CIN2+) were detected in 1 per cent of women who were HPV screened, compared to 0.1 per cent of women given Pap tests. Indicating that HPV testing was more effective at picking up precancerous lesions. These initial findings supported the recent change in Australia from two-yearly Pap tests for women aged between 18-69 to five-yearly HPV test for 25-74 year-olds.

Phase 2 of the trial, aiming to recruit 76,300 women, seeks to confirm that the HPV test is a superior screening method and assess different ways of deciding which women need further investigation if they have a positive test. We aim to

better understand the best means of screening for HPV, especially in women who have been offered HPV vaccination.

After successfully recruiting 5,000 women in phase 1 and 36,300 women in the unvaccinated cohort (born before 1st July 1980) into phase 2 of the trial, VCS Foundation is now calling on 1,800 Australian women aged 25-38 years to participate in the trial to reach the 40,000 target for this cohort.

In 2019 the trial extended its reach to women in New South Wales supported by Family Planning NSW Clinics throughout the state. With recruitment now active in Victoria, South Australia, New South Wales and Tasmania, it is anticipated the trial target will be met by the end of the 2019.

The Compass Research Team continue to reach out to clinicians to take part in this important trial. A public relations drive has been undertaken targeting the younger vaccinated women (born on or after 1st July 1980), to raise awareness and drive recruitment for the trial. "Hero" clinics have been identified in Victoria, South Australia, and New South Wales all of whom have offered to participate in media interviews, either by radio, newspaper or television.

The Compass trial is a Royal College of General Practitioners Australia accredited research activity and attracts 40 QI & CPD points for participating

clinicians. This incentive combined with the recent media, education sessions to re-engage recruiters, and regular participation reporting to recruiting clinics, has stimulated recruitment.

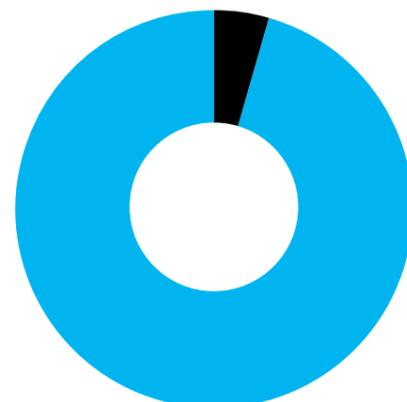
At the time of writing this report, more than 670 general practices in Victoria, South Australia, New South Wales and Tasmania were participating with over 75,000 women recruited to date for the whole trial.



"The Compass trial is a powerful example of women helping other women, understanding how we can further improve screening in women, particularly those who have been vaccinated against HPV, is an important step towards eliminating this disease."

Adjunct Professor Deborah Bateson
Director Family Planning NSW

VACCINATED COHORT TARGET 40,000



● Recruited (38,200) ● Remaining (1,800)

"HPV testing is a better way to find lesions that otherwise may become cancers but we are also using the trial to identify the best way to refine the testing, which in turn will help avoid sending too many healthy women for further tests."

Prof Marion Saville
VCS Foundation, ED.

5. Position and Promote VCS Foundation to Support its Strategic Initiatives

In the last financial year, the organisational name change from "Victorian Cytology Service Ltd" to "VCS Foundation Ltd" trading as VCS Foundation occurred, positioning our status in the market as a non-government organisation.

The branding of VCS Foundation enables us to continue to build on the important work we do, explore new opportunities and reach out to 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 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. The roll out of these business names has continued in the financial year. Internal policy to guide our employees in use of the VCS Foundation brand is under development.

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





CORE SERVICES VCS PATHOLOGY

VCS PATHOLOGY

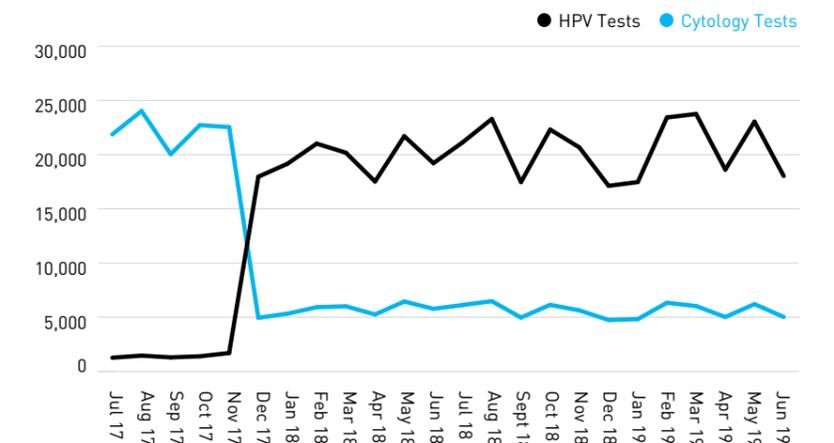
Testing For the New National Cervical Screening Program

VCS Pathology is the largest not-for-profit cervical screening laboratory in Australia. The high volumes of cervical screening tests we receive provide us with the capacity to do rigorous analysis of trends and quality measures to inform the National Cervical Screening Program (NCSP). We are able to provide data and information to researchers to ensure women in Australia and in the Asia Pacific region have the best, and most appropriate test available to them. Provided these tests are taken in accordance with the guidelines, they are free of charge to women.

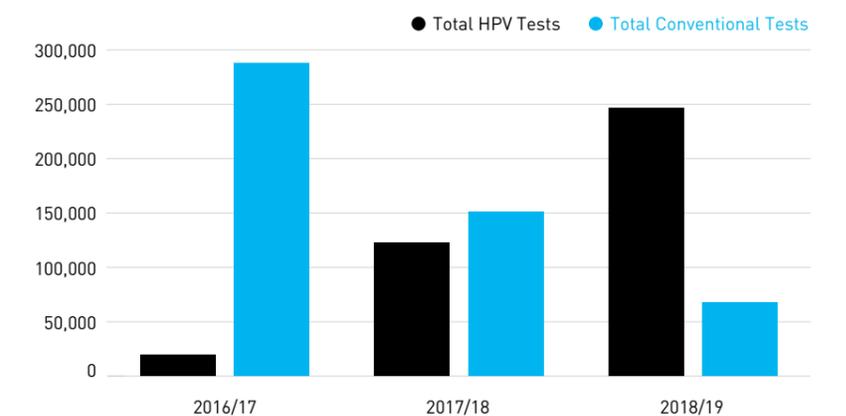
In 2017/18, VCS Pathology transitioned from 2 yearly cytology-based testing to 5 yearly HPV-based screening in accordance with the renewed National Cervical Screening Program (NCSP) which commenced on the 1st December 2017. The transition from 2 yearly cytology-based to 5 yearly HPV-based screening, required a significant review of existing processes, extensive re-development of the laboratory computer information system in collaboration with VCS Digital Health, and an update of documentation to support the new processes required for the renewed program. Our team also prepared our laboratory information system to receive data from the new National Cancer Screening Register to ensure our screeners have up to date history records for women so that their current test can be managed appropriately.

Over the past 12 months the laboratory has undergone significant changes to its work practices and in the 2018/19 financial year reported 246,354 HPV tests and 67,635 liquid based cytology (LBC) tests. This mix of testing required significant changes in the laboratory to ensure there were adequate cytology screeners to maintain reporting for LBC whilst ramping up the molecular testing for the increase in HPV testing for the new screening program.

IMPACT ON CYTOLOGY TESTING WITH THE INTRODUCTION OF HPV TESTING



TEST TOTALS HPV AND CONVENTIONAL CYTOLOGY



“VCS continues 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 National 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 program is imperative.”

Department of Health and Human Services VIC
DeskTop Review of VCS Services 2018/19



CORE SERVICES VCS PATHOLOGY

Dr Karen Talia, Pathologist

I first joined VCS Foundation Ltd. (previously Victorian Cytology Service) in 2002 as a newly qualified pathologist, completing a 12-month fellowship in cytopathology. This experience cemented my interest in both gynaecological pathology and cytology and provided a stepping-stone first to private practice for several years and then a longer-term role in a large public teaching hospital, where I worked largely in subspecialty practice, focussing on gynaecological and obstetric pathology and cytology. During this time, I returned to VCS in a part-time capacity from 2006-2009 and have now, once again, re-joined VCS as a consultant pathologist.



In addition to the daily work of reporting histology and cytology, I very much enjoy teaching and research. I have been actively involved in teaching anatomical pathology trainees over many years and, through my role as State Councillor for the Australian Society of Cytology (2016-2019), help organise educational activities for the Victorian Branch of the Society. My research interests are in gynaecological and obstetric pathology and I have collaborated in numerous research projects locally and internationally, resulting in publications in peer-reviewed journals. Recently I have presented these findings at both national and international scientific meetings. As a consequence of this work, I have been invited to contribute to the next edition of the World Health Organisation (WHO) Classification of Tumours of Female Reproductive Organs. I also volunteer my time to Project ECHO, an initiative supported by the International Gynaecologic Cancer Society, participating via video-link in tumour board meetings in resource-poor nations.

I have watched with interest the many developments in cervical cancer screening over the past decade. The introduction of the HPV vaccine and Renewal of the National Cervical Screening Program have had a profound impact in Australia and I am impressed by the lead role VCS has played in this transition. VCS has not only guided and navigated the change effectively but has also realised the opportunity to inform the process through research projects such as Compass. A desire to be involved in this work is what attracted me to return to VCS. With the 2018 WHO call for action to eliminate cervical cancer worldwide and VCS' collaboration in Project ROSE in Malaysia, I am also inspired by the contribution VCS will make internationally and hope to be a part of this effort.

Looking to the future, I am excited by the opportunity to participate in research at VCS and hope to build my academic skills. To me, the most positive aspect of working for VCS is the ability to engage with a diverse team of committed professionals, all motivated to achieve improved health outcomes for the women in our community and beyond.

ONGOING LABORATORY SERVICES

VCS Pathology continues to report Histology, Chlamydia and Gonorrhoea specimens.

Histology

Histology volumes grew significantly, with 3,896 cases reported for 2018/19 compared with 2,984 in 2017/18.

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 initially higher colposcopy referral rates and treatment in the first full year of the renewed National Cervical Screening Program.

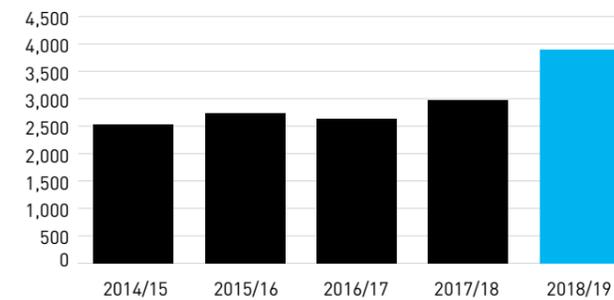
Our focus in the histology laboratory is to maintain a competitive 24-hour reporting turn-around time to cater to the specialists who refer histology samples to VCS Pathology, made possible through the adoption of new instrumentation to improve work flow processes.

Chlamydia and Gonorrhoea

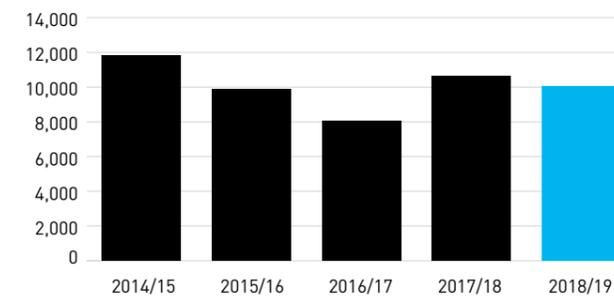
Chlamydia volumes remained steady with 10,630 cases reported in 2018/19 compared to 10,055 in 2017/18.

Chlamydia volumes increased with the introduction of gonorrhoea testing in 2017, which allows practitioners to send a request for both chlamydia and gonorrhoea on the same sample. Since its introduction the laboratory has reported 5,514 gonorrhoea tests.

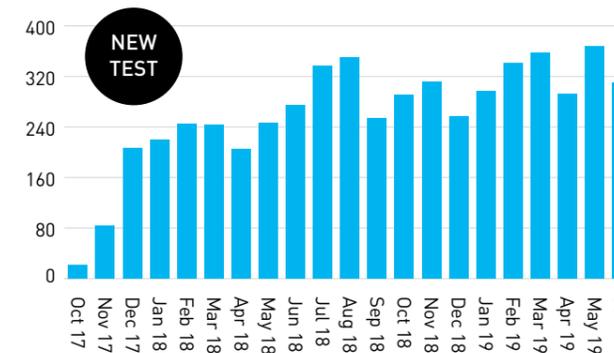
HISTOLOGY VOLUMES



CHLAMYDIA TEST VOLUMES



GONORRHOEA VOLUMES



“Our priority is to deliver excellent and timely laboratory services to achieve better patient health outcomes.”

Grace Tan,
Director of Cytology and Histology

CORE SERVICES VCS PATHOLOGY

EDUCATION, COMMUNICATIONS AND MARKETING

VCS Foundation's Medical Education and Liaison Team 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. Professional education is delivered 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 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.

In the 2018/19 financial year, the Liaison Physicians delivered approximately 130 clinic based education sessions to GPs, nurses and gynaecologists reaching approximately 800 health professionals. In addition, VCS were exhibitors at five major medical conferences across the country with a combined audience of 5,000 health professionals.

Focus areas of our booths and education sessions 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
- Reaching the target recruitment for the Compass trial.

Taking Cervical Screening to Rural and Remote Areas



Dr Lara Roeske (second from left) in Port Augusta, an area that has one of the lowest rates of participation in cervical screening.

Dr Lara Roeske has been working with South Australia Health to promote self collection in regional and remote areas of the state. Supported by SA Health, intensive education sessions have been provided to GPs, nurses and aboriginal health care workers in Mt Gambier, Port Augusta and Port Lincoln. Health professionals from all over South Australia were invited to these sessions.



Our Liaison Physicians also provide activities that attract Continuing Professional Development points accredited by the Royal Australian College of General Practitioners. These include:

Research Activities:

- NEW NCSP – Under-screened Patients and Compass Trial
- The Compass Clinical Trial
- The Compass General Practice Research Activity

Clinical Audits:

- Self-Collection pathway for under and never screened women: a clinical audit

Active Learning Modules:

- A new era in cervical cancer prevention for Australian GPs
- Emerging STIs and a new era in cervical screening and vaccination



ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES)

In May 2019, VCS Foundation executed a Collaboration Statement with the ECHO Institute to develop a sustainable community of practice for cervical cancer vaccination, screening and control within the IndoPacific region.

Project ECHO is a program designed to use technology to leverage scarce resources, share "best practices" to reduce disparities, apply case-based learning to master complexity, and evaluate and monitor outcomes.

VCS was part of The Asia Pacific Economic Cooperation (APEC) Cervical Cancer ECHO program run by the US National Cancer Institute that was

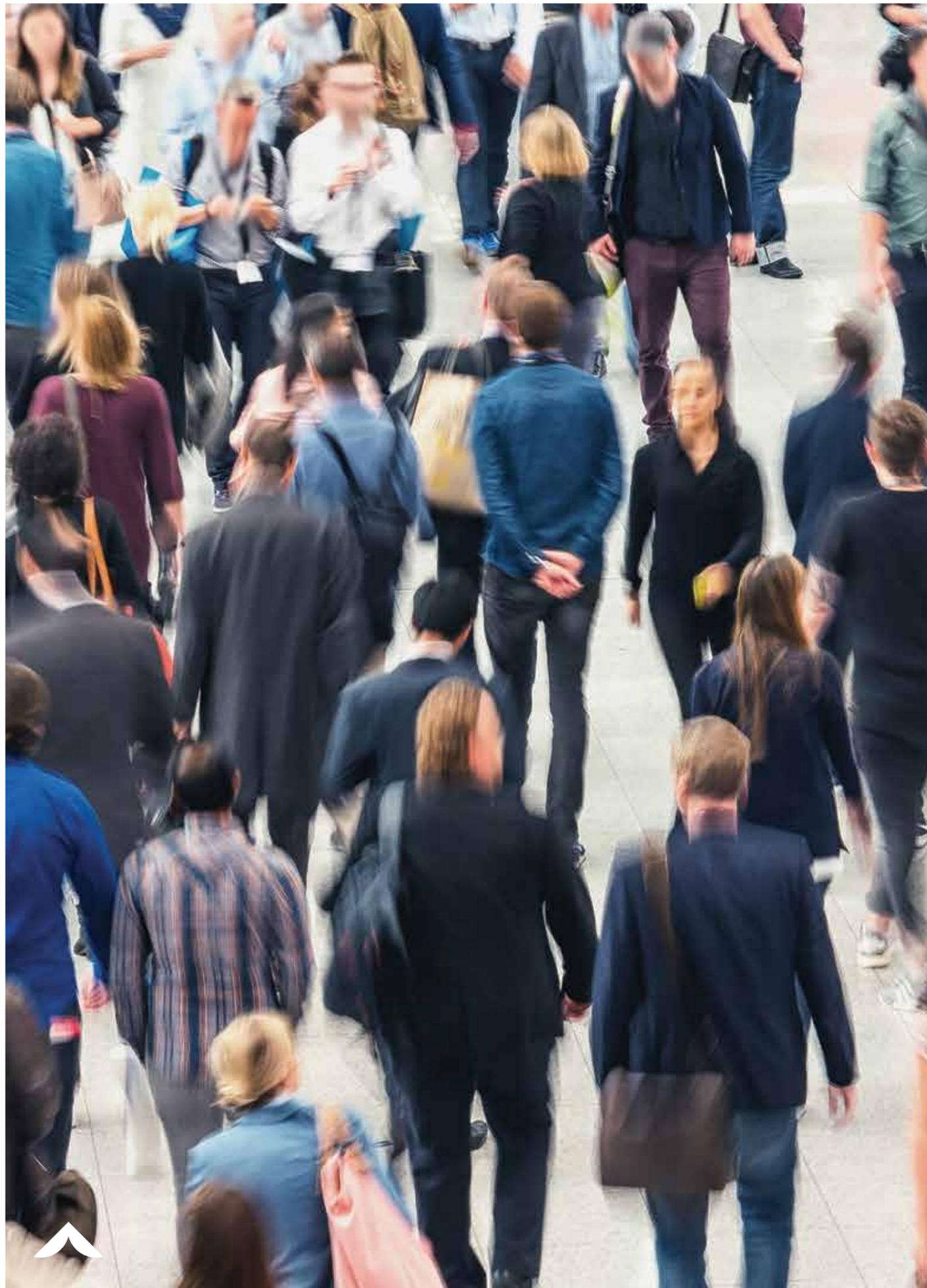
launched in February 2018 as part of the APEC Cervical Cancer Initiative. The VCS ECHO will build upon this foundation.

Pictured below are Assoc/Prof Julia Brotherton, Dr Lara Roeske and Sheree Holt undertaking the "ECHO Immersion training" at the ECHO Institute in Albuquerque, New Mexico to learn how to set up our own teleECHO clinics.

The **SUCCESS (Scale Up for Cervical Cancer Elimination Strategy Success) in the Indo-Pacific ECHO** will provide ongoing, monthly consultations with multi-sectorial country teams seeking and contributing peer advice and expert input regarding the challenges faced when scaling up to reach the WHO 2030 targets*.



* see page 5.



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 30 years of experience in operating the Victorian Cervical Screening Registry (VCSR), 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.

VCS DIGITAL HEALTH platforms have been major drivers of new opportunities for VCS Foundation. The VCS Digital Health team has over 25 years experience in delivering large scale digital healthcare solutions in a range of eHealth and population management applications, critical to the support of screening and vaccination programs.

Together these two divisions work closely to deliver holistic solutions to public health initiatives for any screening, vaccination or public health programs, in Australia or globally.

This report highlights the activities and outcomes of these divisions in 2018/19.



VCS
Population Health



VCS
Digital Health

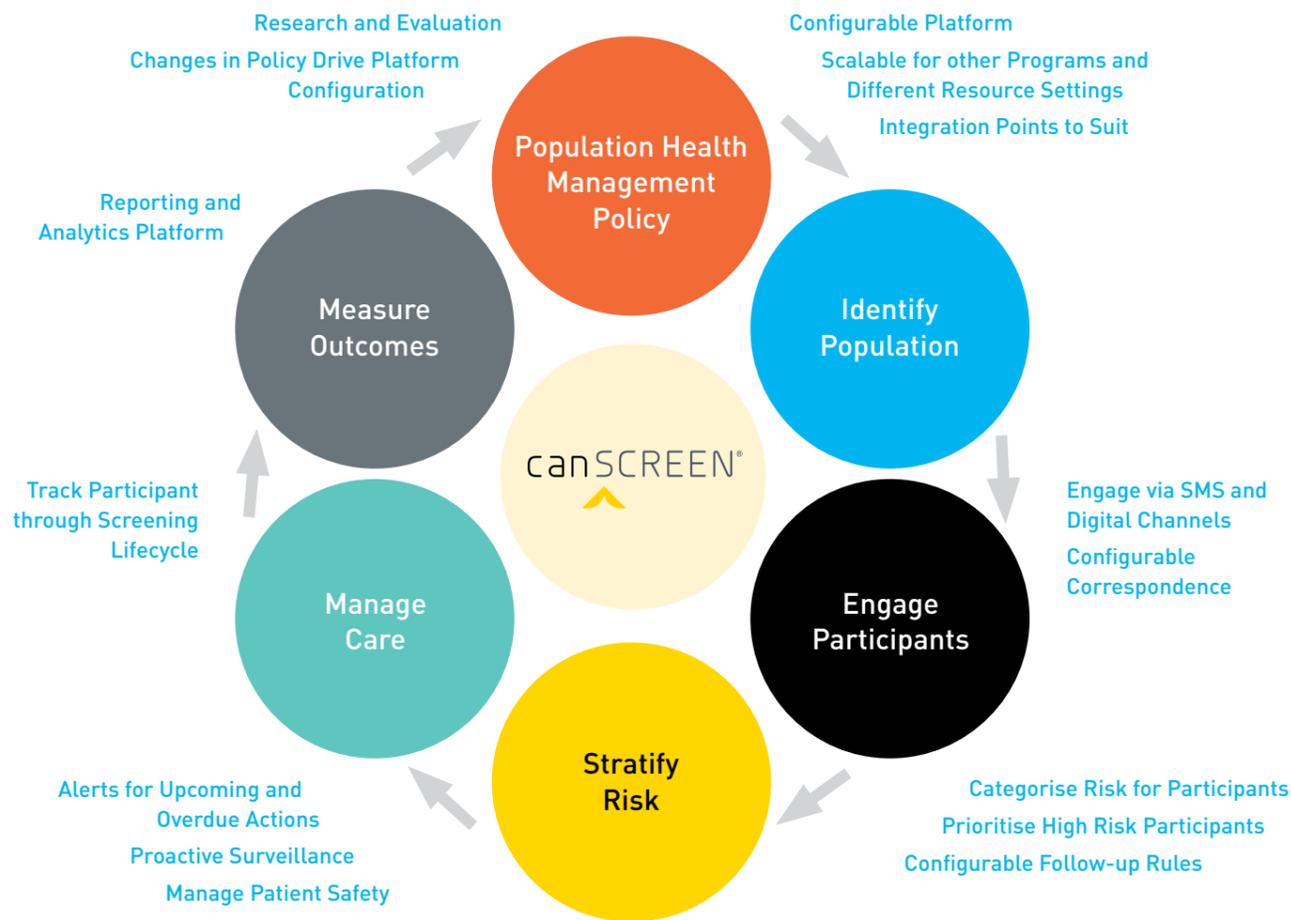


CORE SERVICES

VCS POPULATION HEALTH / VCS DIGITAL HEALTH

VCS Population Health and VCS Digital Health have continued to progress the development roadmap for the proprietary canSCREEN® population health management platform. canSCREEN® is critical to supporting our ongoing projects with government and other organisations with a focus on population health and will underpin a number of new global partnerships planned for the coming year to develop regional registry hubs.

canSCREEN® LIFECYCLE OF POPULATION HEALTH MANAGEMENT



1 Microsoft Australia Partner Award – Technology for Social Impact

PROJECTS UNDERWAY IN 2018/19

The combination of our Digital Health and Population Health teams have contributed to successful tenders throughout the year resulting in significant funding for the organisation. Supported by canSCREEN® and our ICT systems, the following projects are now in development:

PROJECT TITLE	STAKEHOLDER	DESCRIPTION	BRAND
Victorian Immunisation System Replacement (ImPS)	Department of Health and Human Services, Victoria	VCS Foundation are contracted to replace the existing, aged system currently installed within 67 Victorian councils with a new centralised canSCREEN® based platform. The platform will: <ul style="list-style-type: none"> • Provide a single view of immunisations delivered by local Govt. across Victoria • Support around 67 councils in the delivery of immunisation • Provide stock management, reporting capability, session management, integration • Project support includes change management, training and data remediation services 	
Evaluation of the Refugee Immunisation Project (ImPS)	Department of Health and Human Services, Victoria	VCS Foundation are contracted to provide project support for the evaluation of the Refugee Immunisation Project, implemented by the Victorian Government from 2016 to 2019 to ensure newly arrived refugees and asylum seekers have access to government funded vaccines and are up to date with vaccinations as per the Australian schedule.	
Data Surveillance & Cancer Screening Primary Care and Workforce Strategy	Department of Health and Human Services, Victoria	The Department of Health and Human Services (DHHS) has engaged VCS Foundation to deliver a new data and reporting service to support cancer screening (cervical, bowel and breast) in Victoria and enhance integrated approaches to cancer screening service delivery by primary care and workforce. VCS Foundation will design, develop and implement a comprehensive data and reporting service for cancer screening that supports the need for policy relevant information, monitoring of program outcomes, and measuring the impact of screening initiatives and projects. <ul style="list-style-type: none"> • Reporting/analysis • Monitoring/surveillance • Evaluation of initiatives • Data linkage • Research support • Education and training • Improve program participation and outcomes 	

CORE SERVICES

VCS POPULATION HEALTH / VCS DIGITAL HEALTH

PROJECTS UNDERWAY IN 2018/19

PROJECT TITLE	STAKEHOLDER	DESCRIPTION	BRAND
PAIVnG & Front Yard	Department of Health and Human Services, Victoria	Supported by the canSCREEN® platform, this project has been developed to facilitate the immunisation management of Refugee and Asylum Seekers. The 2.5 year pilot project commenced in January 2018 with a target of 4,000 vaccinations by the end of the pilot in June 2019. Throughout 2018/19 the project has been expanded to include new vulnerable groups and extend for a further 12 months. <ul style="list-style-type: none"> Tracking/monitoring and the follow-up of participants Reminders and communications to participants and their providers Reporting and analysis of project data including reporting of indicators and targets On-site operational project support 	 
National Endometriosis Clinical and Scientific Trials (NECST) Network	Jean Hailes	VCS Foundation have been contracted by Jean Hailes to build a digital platform that underpins a comprehensive national program of clinical, basic science and translational research relevant to the needs of Australian endometriosis sufferers, consistent with the research objectives in the National Action Plan for Endometriosis.	 
Victorian Vaccine Data Services	Department of Health and Human Services, Victoria	The VCS Population Health team are currently working with DHHS to develop a model to support the follow-up of children due and overdue for vaccination. We are working closely with DHHS to determine the requirements and to reach agreement on the workflows and supporting model for the project. Joint workshops and meetings have been held with all stakeholders and a proposal of the new service submitted to DHHS for consideration.	 
Program ROSE	University of Malaya	Initially a pilot for ~2,000 participants to improve the uptake of self-sampling cervical screening by implementing a "point of care" solution.	
DHHS Flu Support	Department of Health and Human Services, Victoria	The VCS Population Health team in conjunction with VCS Pathology are supporting the data entry of flu notifications and other notifiable conditions to DHHS. A skilled team of health data entry staff are working on-site at DHHS with the Communicable Disease Epidemiology and Surveillance team.	 

REGISTRY SERVICES AND OPERATIONS

National Bowel Cancer Screening Program

Participant Follow Up Function

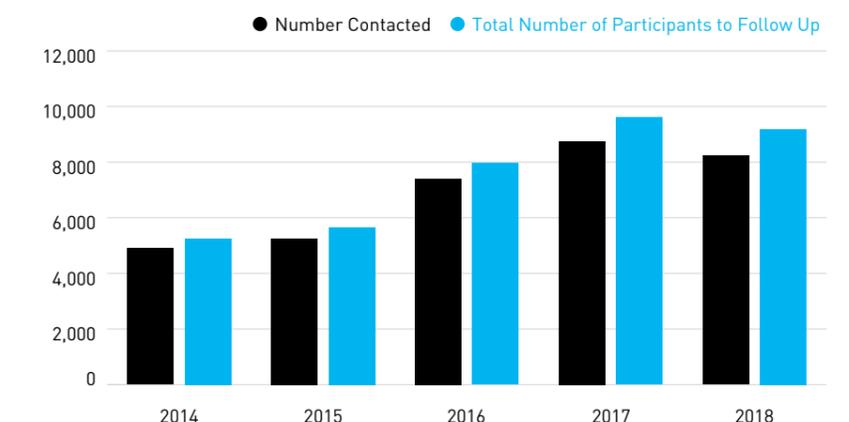
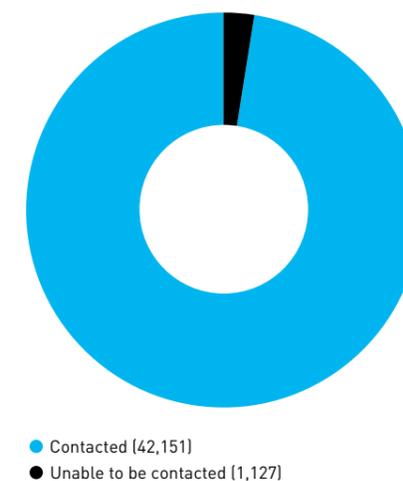
VCS Population Health will continue to operate the Participant Follow Up Function (PFUF) in Victoria for the National Bowel Cancer Screening Program (NBCSP) on behalf of the Victorian Government.

An important component of the 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. The service commenced in 2013. 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 the PFUF team have been assigned to follow up 42,151 participants to remind them to follow up their positive result and have successfully contacted an impressive 38,545 (91%). The year ahead for PFUF brings some new challenges and change. In November 2019 PFUF services across Australia will commence using the new registry portal developed by the National Cancer Screening Register. The new portal will impact how our PFUF team currently work. Planning is well underway to manage this change and support the team.

BOWEL SCREEN PARTICIPANT FOLLOW UP CALLS SINCE 2014



CORE SERVICES

VCS POPULATION HEALTH / VCS DIGITAL HEALTH

Compass Register

VCS Population Health continue to operate the Compass Register supporting follow up activities for women participating in the Compass Trial.

As at the end of June 2019, the Register was responsible for approximately 80,000 women participating in the Compass trial.

Functions of the Compass Register include:

- Compass Hotline for women and practitioners.
- Reminders/communication to women participating in the Compass trial.
- Management of screening histories.
- Monitoring/follow-up of women on the trial.
- Data processing/reporting.



Tanya O'Farrell (Bachelor of Health Information Management)

Operations Manager – VCS Population Health



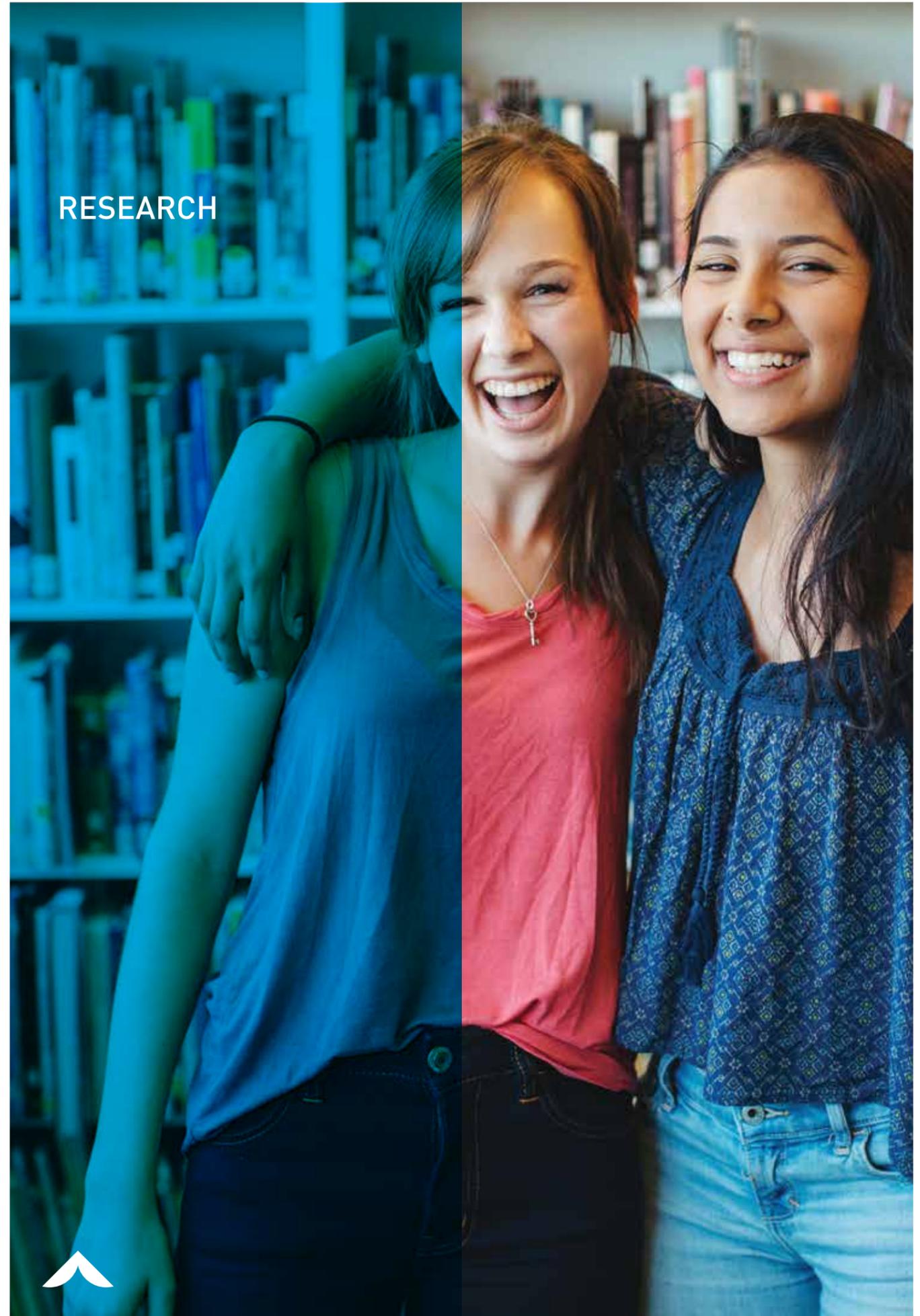
Working in the healthcare sector has always been of interest to me. The idea of contributing to a positive impact on patients at a hospital level, or a select population group as is the case with my role at VCS, brings me a great deal of satisfaction.

My career progression includes working at the Department of Health and Human Services as part of their Data Systems and Standards Unit; The Royal Victorian Eye and Ear Hospital as Manager, Health Information Services; as a Clinical Trial Co-ordinator at Austin Health working on the frontline with cancer patients, and then to VCS in 2010 in a Project Officer role to assess the functions of the Registry and recommend changes which later fed into some of the functionality of the internally developed canSCREEN® population health management system.

At VCS I have had many opportunities, including managing the operations of the Victorian Cervical Cytology Registry; overseeing the implementation and eventual operations of the Participant Follow-up Function as part of the National Bowel Cancer Screening Program; working on the Project Team for the implementation of the South Australia Cervix Screening Registry (overseen by VCS Foundation on behalf of SA Health) and overseeing its eventual operations; working as part of the development team of the canSCREEN® population health management system and participating in its roll-out across the Registries which included staff education in the new National Cervical Screening Program; and more recently in the transition of the state registries to the National Cancer Screening Register.

VCS has provided me with many new and exciting challenges that have encouraged me to extend myself. It is with satisfaction that I look at my past achievements as a member the VCS team, and my role in our organisation's continued commitment to providing a quality service that makes a positive impact on individual lives and the health and well-being of our communities.

RESEARCH



RESEARCH

NHMRC 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).

The Centre for Research Excellence in Cervical Cancer Control, known as C4, was established in late 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 C4 will ensure the future of cervical cancer prevention is underpinned by world-class research that can reduce the global impact of the disease. This is particularly timely with the WHO call for cervical cancer elimination as a public health problem globally in 2018, now that we have the tools available to do so. The work of C4 researchers is directly contributing to the development of strategies to see this vision become a reality.

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 our full team, please visit the C4 website at www.cervicalcancercontrol.org.au

The Centre for Research Excellence in Cervical Cancer Control (C4) focuses 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 control

Within C4, we run Australia's largest clinical trial, Compass, which is providing world-first evidence on the interaction between HPV vaccination and screening. For further details see page 30. 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 2-6 October 2018.



NHMRC CENTRE OF RESEARCH EXCELLENCE TACTICS: TARGETED APPROACHES TO IMPROVE CANCER SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER AUSTRALIANS

A/Prof Julia Brotherton is a Chief Investigator of the NHMRC TACTICS CRE. This CRE is led by Gail Garvey at the Menzies School of Health Research, Brisbane and includes chief investigators from Menzies, VCS Foundation, University of Sydney, University of NSW, University of SA, and Genesis Cancer Care. Julia co-leads with Dr Lisa Whop the screening and vaccination stream of the CRE. Work underway in this stream include the Screening Matters study and Yarning about HPV vaccine study, which are Indigenous researcher led studies that seek to understand the cervical screening and HPV vaccination experience from the perspective of Aboriginal and Torres Strait Islander people and communities.



RESEARCH EXAMPLES

Self-Collected or Practitioner-Collected Evaluation (SCoPE)

Prof Marion Saville is the Principal Investigator on the SCoPE study which compared self-collected samples against practitioner collected samples across all PCR-based HPV testing platforms available for use in the Australian National Cervical Screening Program in order to facilitate the self-sampling pathway for underscreened women in the Australian National Cervical Screening Program (NCSP). The data from this study allowed VCS Pathology to become the first laboratory in Australia to be accredited for HPV testing on self-collection specimens as part of the NCSP. The SCoPE study manuscript has been submitted for publication.

Qualitative Analysis of the Implementation of Self-Collected Cervical Screening in Primary Care in Victoria

The Department of Health and Human Services has commissioned VCS to undertake this study which aims to understand and evaluate the self-collection pathway from the participant and practitioner perspective. VCS is working closely with collaborators at the University of Melbourne led by CRE partner Prof Margaret Kelaher. The study will involve qualitative interviews with screening participants who have done a self-collected CST, and practitioners who have used the self-collection pathway for their patients, to explore the experiences of both groups using self-collection. Recruitment is underway.

The findings from the study will be used to improve the delivery of the self-collection cervical screening pathway in Victoria and to guide future policy and clinical practice.

Evaluating the Renewed National Screening Program Implementation in Australia with Primary Care Practitioners

The National Cervical Screening Program in Australia underwent major changes on 1st December 2017. VCS Foundation surveyed primary care practitioners to understand their level of preparedness to undertake cervical screening under the new guidelines.

Surveys were conducted between 14th August-30th November 2017 (pre-renewal) and from 9th February-15th August 2018 (post-renewal). Preparedness was assessed in three areas: 1) level of comfort, 2) level of confidence and 3) access to resources. Comparisons were made between the pre and post-renewal periods.

The evaluation concluded that the proportion of practitioners who felt comfortable and confident with the changes, and could access resources, increased significantly from pre- to post-renewal period. The area where the practitioners expressed most discomfort with the new guidelines was in relation to the option of self-collection for under-screened women, in regard to womens' eligibility, test reliability and waiting period.

There remains a need for more education, information and communication around self-collection which is a one of VCS Foundation's key strategic initiatives.



Using Data to Improve Cervical Cancer Outcomes for Aboriginal and Torres Strait Islander Women

The aim of this collaborative Cancer Australia/Dept of Health commissioned project is to develop a plan to improve identification, collection, collation and reporting of Indigenous status in the HPV vaccination and cervical screening programs. VCS Foundation was a subcontracted partner on this Menzies School of Health Research led project

The outcome of this project will be a documented Plan of Action identifying a robust approach to collecting, collating and reporting Indigenous status in cervical cancer programs informed by governments, medical colleges, service providers and Aboriginal and Torres Strait Islander consumers.

National Analysis of Effectiveness of One Dose of HPV Vaccine

The aim of this study collaboration with Alison Budd and colleagues from the Australian Institute of Health and Welfare was to determine whether one dose of HPV vaccination is as effective as three against high grade cervical disease. A linked dataset containing HPV vaccination history, cervical screening results, vital status and de-identified demographic details for all Australian women aged 15 or under when eligible for vaccine who screened between April 2007 (when vaccination commenced) and 31st December 2014 was analysed. Our analysis strongly suggests that one dose of HPV vaccine is as effective as three and has now been published in Papillomavirus Research.

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. In addition to the projects detailed above, VCS Foundation is collaborating in many research and evaluation projects. The published articles from VCS Foundation's collaborative work can be found on pages 98-99.



“VCS Pathology supports screening in resource poor communities in the Asia Pacific region, including Papua New Guinea, Tonga and Fiji by providing support, expertise, sampling instruments and screening services to on the ground cancer prevention initiatives.”



SUPPORT FOR CERVICAL SCREENING IN UNDERSERVED COMMUNITIES

Women in rural and remote communities are at particularly high risk of cervical cancer. In many low and middle income countries, the majority of the population live in rural and remote communities, where women have no access to cervical cancer screening and treatment services at local or district level. Even where screening has been made available in urban settings, travel to provincial urban centres may be costly, time-consuming, and ultimately not feasible.

VCS Pathology supports screening in resource poor communities in the Asia Pacific region, including Papua New Guinea, Tonga and Fiji by providing support, expertise, sampling instruments and screening services to on the ground cancer prevention initiatives.

PACIFIC ISLAND CERVICAL CANCER SCREENING INITIATIVE

The Pacific Island Cervical Cancer Screening Initiative (PICCSI) Project led by Dr Nicola Fitzgerald of the Northern Obstetricians and Gynaecologists (NOGS) was developed to give women in the Pacific access to cervical cancer screening and treatment, in countries or areas where this is not routinely available. Throughout the Pacific women have limited access to cervical screening and consequently have a high rate of cervix cancer compared to higher income countries. The pilot project was run in the western part of Fiji, and the aim was to screen 400 women aged between 30 and 50 and to treat screen detected abnormalities.

Clinics were run for one week with 316 eligible women tested for HPV. 21 of these women tested positive for HPV infection and 13 women underwent a biopsy. One woman's biopsy showed an early cervical adenocarcinoma. So far there have been no adverse outcomes reported in women who underwent a biopsy procedure.

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.

POINT OF CARE HPV 'TEST AND TREAT' FOR CERVICAL SCREENING IN RURAL AND REMOTE PAPUA NEW GUINEA

In PNG, there are an estimated 1.1 million women in the target age-group for screening (those aged 30-59 years), around 87% of whom live in rural and remote areas.

Following our collaboration with The Kirby Institute University of NSW in the National Health and Medical Research Council (NHMRC) funded study, "Point-of-care HPV-DNA testing for cervical cancer screening in high-burden, low-resource settings in Papua New Guinea", a new collaborative grant proposal has been submitted for funding in 2020 for a "Point-of-care 'Test and Treat' model for the detection and treatment of cervical pre-cancer among women living in rural and remote communities in Low to Middle Income Countries (LMIC)."

Our collaborative group has already developed and field tested this model among 3,000 women attending urban health facilities in our NHMRC-funded research program in PNG, specifically demonstrating for the first time the excellent performance of this strategy for the detection and same-day treatment of cervical pre-cancer. The challenge, and our goal for this trial, is to extend the benefit to women living outside urban settings, via a model that is both practical and sustainable.



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.

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 as well as on international committees.

COMMITTEE ENGAGEMENT

Member of the National Cervical Screening Program Clinical Expert Panel	Marion Saville
Member of the Project Steering Committee, Australian Government – Cancer Australia: “Using data to improve cervical cancer outcomes for Aboriginal and Torres Strait Islander women”	Marion Saville
Member of the National Cervical Screening Program “Self-Collection Working Group”	Marion Saville
Member of the National Pathology Accreditation Advisory Committee (NPAAC) drafting committee for “Self Collect Validation”	Marion Saville
Member of the National Pathology Accreditation Advisory Council “Standards Cervical Screening Drafting Committee” (NPAAC CSC)	Marion Saville David Hawkes
Member of the “National Quality Safety Monitoring Committee”	David Hawkes
Member of the Department of Health and Human Services “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
Department of Health and Human Services Primary Community Health and Engagement	Lara Roeske
Department of Health and Human Services Women’s Sexual and Reproductive Health Reference Group	Lara Roeske
Department of Health and Human Services Victoria “Under-Screened Program Steering Group”	Marion Saville Julia Brotherton Genevieve Chappell
Cancer Council Victoria – Self Collection Roll Out Committee	Marion Saville Lara Roeske
Scientific Advisory Committee for cervical stream of ‘Pathways to a Cancer-free future’, Cancer Council NSW	Julia Brotherton Marion Saville Lara Roeske Stella Heley
RCPA QAP Cytopathology Advisory Committee	Marion Saville
RCPA QAP Microbiology Advisory Committee	David Hawkes
New Zealand Technical Reference Group - HPV Testing For Primary Screening Project	Marion Saville (Chair)

COMMITTEE ENGAGEMENT

RMIT University Laboratory Medicine Industry Advisory Committee	Grace Tan
Optimal Care Pathway for Women with Cervical Cancer Working Group	Marion Saville Lara Roeske
Eurogin Conference Program Committee and Faculty	Julia Brotherton
International Papillomavirus Society Policy Committee	Julia Brotherton
Member of the Scientific Advisory Committee for International Papillomavirus Conference (IPVC) 2020 meeting, Barcelona, Spain	Julia Brotherton
Member of the WHO Technical Advisory Group for Cervical Cancer Elimination	Julia Brotherton
Member of the WHO Working Group on Monitoring and Surveillance	Marion Saville
External Expert (HPV vaccine coverage methodology), Meeting of the Advisory Committee on Immunization and Vaccine related Implementation Research (IVIR-AC), 12-14 March, WHO, Geneva, Switzerland	Julia Brotherton
Member of the Local Organising Committee, IPV2018, Sydney October 2018	Marion Saville Julia Brotherton David Hawkes
Member of Executive Committee, IPV2018, Sydney October 2018	Julia Brotherton
Member and External Advisor, Non-trials Workgroup, One Dose HPV Vaccine Consortium (PI PATH, Funding Bill and Melinda Gates Foundation)	Julia Brotherton
Member of the Conference Advisory Committee for the 17th National Immunisation Conference 2020	Julia Brotherton
Member, Victorian Cancer Agency Mid-Career Research Fellowship Evaluation Panel 2018	Julia Brotherton

STRATEGIC PARTNERSHIPS

PARTNER	PROJECT
Cancer Council New South Wales	Compass Trial, Research
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) and 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
Union for International Cancer Control (UICC)	Member
Indian Institute of Public Health, Gandinagar	Research
ECHO Institute	Education and knowledge sharing



THE YEAR AHEAD

There are many initiatives and opportunities that VCS Foundation Ltd. will be pursuing in 2019/20. These include:

2019/2020

- Continued implementation of the revised 2020 Strategic Plan
- Completion of recruitment for the Compass Trial
- Broaden reach of Self Sampling testing to women in remote and underscreened populations in Australia and globally
- Commencement of the ImPs project with the Victorian Government

- Commencement of the National Endometriosis Clinical and Scientific Trials Project with the Jean Hailes Foundation
- Collaborative activities as part of the C4 Centre of Research Excellence
- Expansion of Program ROSE in Malaysia and scale up of screening
 - Implement a service delivery strategy and business model for Project ROSE post-pilot
 - Launch of the VCS Pathology branch laboratory in Malaysia to support ROSE
- Completion of the ECHO Immersion training and launch of a regional program for the Indo Pacific region
- Partnerships with cervical cancer fundraising organisations for targeted projects
- Involvement in the 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)

OUR PEOPLE

WORKFORCE PLAN

VCS Foundation continues to attract, retain and develop a dedicated team of talented and committed employees. As at 30 June 2019, VCS Foundation employed 154 staff across a range of managerial, professional, technical and operational roles at its Carlton and East Melbourne sites. Staffing includes permanent, temporary and casual employees, of which 89 are full time, 47 part-time and 18 casual appointments.

In the 2018/19 year, workforce planning largely centred on the VCS Population Health team with the wind down of major cervical screening registries commencing in January 2019. The change management process was completed by July 2019 when staff taking up the offer of redeployment moved into new roles within VCS Foundation Ltd. This was a positive process for the team with 100% of affected staff redeployed.

“We are dedicated to giving men and women the same chance to succeed and ensuring equal opportunities throughout careers.”

WORKFORCE DIVERSITY

VCS Foundation is an Equal Opportunity employer. Consistent with our values of Fairness, Integrity, Respect and Excellence, we are committed to providing a work environment that fosters mutual respect among employees and an inclusive culture. We recognise this extends beyond our workforce to the communities we serve and the networks of volunteers we leverage.

During the financial year, we have reinforced the sensitivity and awareness of the abilities and needs of different cultures through our robust Equal Opportunity Policy, in conjunction with our employees regularly receiving Equal Opportunity training. A total of 117 staff participated in Equal Opportunity training in 2018/19.

VCS Foundation believes a workplace embracing an inclusive culture will ultimately drive superior business decisions for service improvement, increase innovation and produce a more engaged workforce. A focus for the year ahead will be introducing new training programs targeted at cultural safety and awareness. A goal is to have 100% of staff at supervisor level and above trained in cultural safety by the end of 2019/20.

WORKFORCE GENDER EQUALITY

VCS Foundation values the importance of providing all employees with the same rewards, resources and opportunities, regardless of gender. We are dedicated to giving men and women the same chance to succeed and ensuring equal opportunities throughout careers.

We have a long established history inclusive of a strong female workforce; a profile which has remained steady over the last decade. In the financial year, the VCS Foundation workforce comprised of 74% female employees and 26% male employees. Our management team is comprised of 73% female managers and 27% male managers, with 71% of the VCS Directors being female and 29% male. As a not-for-profit 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 our operations.

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. We have continued to report annually to the Workplace Gender Equality Agency. The Agency confirmed our data was compliant for the 2018/19 reporting period.



TOTAL WORKFORCE FTE (including casuals)

	2014/15	2015/16	2016/17	2017/18	2018/19
Full Time Equivalent	132	153	147	126	120
Total Staff	186	218	181	166	154

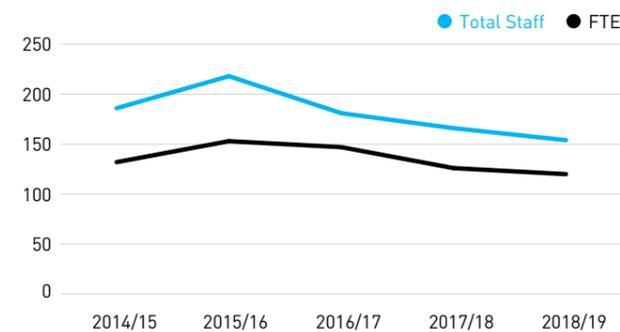
EMPLOYMENT TYPES

	2014/15	2015/16	2016/17	2017/18	2018/19
Full Time	116	127	107	102	89
Part Time	58	60	47	37	47
Casual	12	31	27	27	18

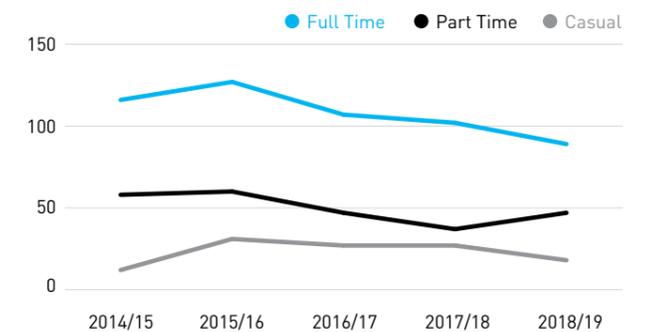
STAFF TURNOVER

	2014/15		2015/16		2016/17		2017/18		2018/19	
	Headcount	Turnover %								
Voluntary Separation	9	5	16	7	25	11	30	18	18	12
Involuntary Separation	7	4	4	2	13	6	14	8	6	4
Total Staff Separation	16	9	20	9	38	17	44	26	24	16

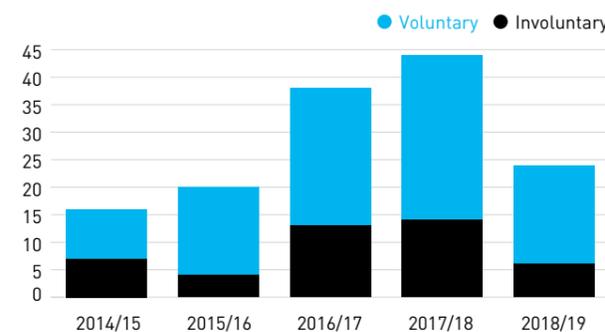
TOTAL WORKFORCE



EMPLOYMENT TYPES



STAFF TURNOVER



“VCS Foundation continues to attract, retain and develop a dedicated team of talented and committed employees.”

OUR PEOPLE

WORKFORCE COMPOSITION

	2014/15		2015/16		2016/17		2017/18		2018/19	
	Male	Female								
Board Members	2	8	2	8	2	8	2	8	3	7
Executive Directors/ Directors	3	4	3	4	3	5	3	5	2	5
Managers	3	11	2	11	2	10	3	8	3	8
Medical Professionals	3	6	3	5	2	6	2	4	1	8
Other Professionals	11	12	13	15	12	14	12	31	11	22
Scientific / Laboratory Technical staff	9	42	12	45	7	39	4	25	6	25
Operational and Administration	13	69	20	85	14	67	17	52	17	46
TOTAL	44	152	55	173	42	149	43	133	42	122

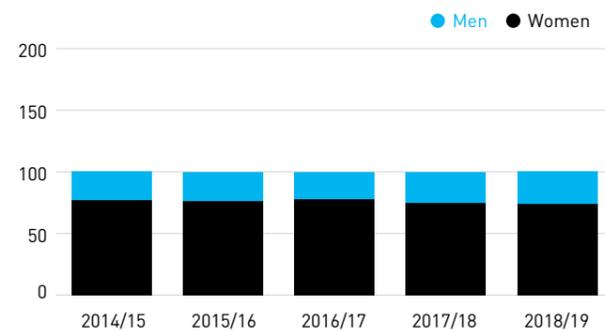
WORKFORCE GENDER %

	2014/15	2015/16	2016/17	2017/18	2018/19
Women	77	76	78	75	74
Men	23	24	22	25	26

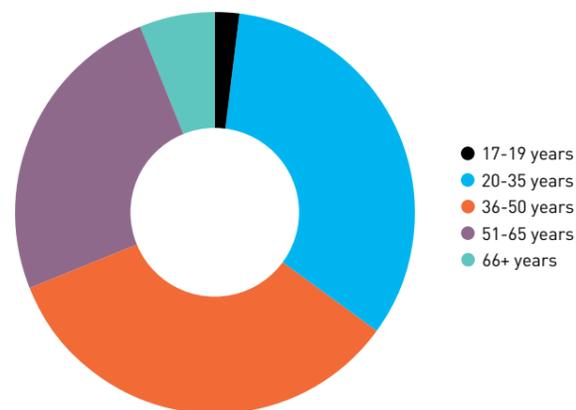
WORKFORCE AGE DEMOGRAPHIC

	2014/15	2015/16	2016/17	2017/18	2018/19
17-19 Years	-	-	-	-	2
20-35 Years	31	36	33	31	33
36-50 Years	40	37	41	36	34
51-65 Years	24	23	20	27	25
66+ Years	5	5	6	6	6

WORKFORCE GENDER BALANCE



AGE WORKFORCE DEMOGRAPHICS 2018/19



PROFESSIONAL PRACTICE STUDENTS

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

During the last financial year, there were 8 RMIT students participating in the 16-week program in the cytology and histology work area at VCS Pathology as part of their Master of Laboratory Medicine. Of the 8 students, 2 are now employed by VCS Foundation and work in the Specimen Triage Laboratory. The cytology and histology work area also engaged 2 Year 10 secondary students in June 2019 for work experience.

In the Molecular, Biology and Biochemistry work area of VCS Pathology, there were 3 RMIT students participating in the 16-week placement program as part of their Master of Laboratory Medicine, as well as 1 RMIT student participating in the 40-week program as part of their Master of Laboratory Medicine. This student is now employed by VCS Foundation as a Laboratory Assistant in the Molecular Laboratory.

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.

In 2018/19, the Human Resources team coordinated Communication Training, with an external facilitator, in preparation for staff appraisals. A total of 101 staff participated in the training and provided positive feedback on the content. Attendees comprised of general staff, Managers, Supervisors and Executives. The main outcome of this training was upskilling our staff to improve performance management discussions.

A further benefit of the VESSPA on-line appraisal performance system has been easy access and retrieval of performance appraisals for both managers and employees, which has encouraged collaboration in the development of individual learning and development action plans.

Further, the Human Resource team has continued to conduct VESSPA training sessions for all levels of management and general employees in the use of this on-line system.

LEARNING AND DEVELOPMENT

VCS Foundation continues to encourage and support the career development of its people across the organisation. Continuing from the prior year, efforts continued towards upskilling our multidisciplinary VCS Pathology workforce in line with the transition to Renewal. Learning and development opportunities provided to our team spanned cytology, histology and dual stain applications. Training was provided in-house and through accredited training providers.

Our couriers were also offered safe driver training in early 2019 through the RACV, consistent with our commitment to Occupational Health and Safety.

While the focus for VCS Population Health has largely been on the closure of the cervical screening registers and NHVPR, we are actively working with the team to build skills and learning opportunities for our new projects. This included training in resume writing. The transition to new roles and, ultimately, new careers has reinforced for staff that VCS Foundation supports professional development opportunities. For VCS Foundation, employee career development will enhance employee engagement and retention, as well as provide appropriate talent pools for succession planning.

New initiatives were undertaken in Corporate Services to create and implement a transformational journey for the finance team and associated functions. The focus has been on modernising finance functions and creating capacity for leadership and effective management skills.

STAFF AWARDS

The annual Jenny Brosi Award warmly remembers our dear work colleague and friend Jenny Brosi who passed away in 2016. Jenny was a valued member of our registry team in East Melbourne. The Award reminds us of the qualities admired in Jenny's approach to work and life in general, her attention to detail, her positive and friendly attitude and her commitment to better public health outcomes. The 2018 Award was given to Sheree Holt, Data Information Supervisor for VCS Pathology, who played a critical role in oversight of changes in the Data Information area (formerly Clerical). We congratulate Sheree on her valuable contribution.

OCCUPATIONAL HEALTH AND SAFETY

VCS Foundation's comprehensive health and wellbeing approach assists the organisation to support the physical and mental wellbeing of all employees. During the year, we continued to identify ways to best support our staff, undertaking a number of health and safety initiatives. This included work station assessments, RACV driver training, flu vaccinations, refresher training for OHS representatives, and mental health support through promotion of the Employee Assistance Program (EAP) services.

The services of the EAP program have been utilised by our employees, with a total of 8 EAP service sessions provided. This result is a reflection of careful planning in the restructure of the Registry workforce that took place during the year and our efforts to minimise impacts on staff. All EAP sessions are strictly confidential and were provided by an external counsellor.

Lost Time to Injury (LTI) rates totalled 75.5 days for the year. The majority of reported LTI days related to one incident. The remaining incidents were relatively minor, with no long term impacts on the staff involved. VCS Foundation Ltd. continues to strive for zero LTIs.

The Health and Safety Committee continued to meet quarterly in accordance with legislative requirements, evidencing our commitment to the health and wellbeing of our workforce and excellence in safety management and best practices. Health and Safety at VCS Foundation is underpinned by a genuine care for our employees in alignment with our corporate Values of Fairness, Integrity, Respect and Excellence.

FREEDOM OF INFORMATION

VCS Foundation is not directly subject to the Freedom of Information (FOI) 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. In the last financial year, personal and health information held about an individual was 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

Our privacy policies will be updated in the coming financial year to reflect the closure of registries and changes to our services.

WHISTLEBLOWERS PROTECTION

VCS Foundation is committed to the highest standards of legal, ethical and moral behaviour. The organisation seeks to maintain an environment where legitimate misconduct concerns are able to be reported without fear of retaliatory actions or retribution and are managed expeditiously, confidentially and appropriately. VCS Foundation's Whistleblower Policy was reviewed in June 2019 and is compliant with the Whistleblower reforms under Part 9.4AAA of the Corporations Act 2001 (Cth).

Whistleblower training for the VCS Foundation Executive Team and Managers has been scheduled for 2019.

RISK MANAGEMENT

The VCS Foundation Risk Register identifies 77 active risks as at the end of the 2018/19 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. A Risk Report is provided to the VCS Board of Directors on a quarterly basis, identifying all changed risks and risks rated higher than significant.

In summary, the most significant changes throughout 2018/19 included the following:

- The total number of risks reduced from 100 at June 2018 to 77 at June 2019.
- The consolidation of risks, eliminating duplicates and the closure of the National Human Papillomavirus Vaccination Program Register and the Victorian Cervical Screening Register reduced the size of the Risk Register.

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 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 people 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.

2018/19 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.



DIRECTORS' REPORT

The Directors present their report on VCS Foundation Limited ("the Company") for the financial year ended 30 June 2019.

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.

The Quality Assurance Committee (a subcommittee of the Board) is chaired by the Executive Director. It uses statistical analyses to monitor of 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.

BOARD DIRECTORS

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 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.

Mr Anthony Abbenante

Mr Tony Abbenante was appointed to the Board in September 2018 as a Director with expertise in Information Technology and Communications, and specialist knowledge in enterprise-wide digital health programs. Mr Abbenante holds a Bachelor of Applied Science in Computer Studies from the University for South Australia. He is the chairman of the National Health Services Directory Fund Provider Committee and various other national committees. He brings

a wealth of experience with a career spanning more than 25 years in senior digital health roles and is currently the Assistant Director in Digital Health for Victoria at the Department of Health and Human Services. He has deep knowledge and experience in organisational and sector delivery, governance and design of digital health outcomes that deliver value-based clinical and business outcomes for Victoria and for national programs.

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 The Cancer Council Victoria for over fifteen 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 Certification Program. Ms Anderson also currently works in women's health, holding clinics at Ballarat and District Aboriginal Cooperative Medical Clinic.



Sandy Anderson
YEARS OF SERVICE – 19



Jane Collins
YEARS OF SERVICE – 11



Kate Broun*
YEARS OF SERVICE – 12



Timothy Humphries
YEARS OF SERVICE – 7



Stephanie Reeves
YEARS OF SERVICE – 5



Anne Robertson**
YEARS OF SERVICE – 6



Christine Selvey
YEARS OF SERVICE – 7



David Wrede
YEARS OF SERVICE – 9



Fiona Kelly
YEARS OF SERVICE – 3



Anthony Abbenante
YEARS OF SERVICE – 1

*Term expired Dec 2018 **Term expired May 2019

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 term in December 2018 there is no longer 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 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 brings significant experience from a broad range of senior management roles in the professional services and not-for-profit sectors and as COO, a position she currently holds. Her experience spans the areas of finance and accounting, HR, management of support services, including IT, property management and procurement, project management, technology implementation and organisational development, including guiding organisations through major change.

Ms Anne Robertson

Ms Anne Robertson joined the Board in May 2013 as a Director with a consumer perspective and left in May 2019 following the expiration of her second term. 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 a 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 great 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 2019, the total amount that members of the company are liable to contribute if the company is wound up is \$100 (2019: \$0).

COMPANY SECRETARY

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

PRINCIPAL ACTIVITIES

The principal activity of VCS Foundation 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

The year marked the end of an era for our workforce with the closure of the NHVPR in December 2018, and transition of both the VCSR and SACS to the NCSR in June 2019. In line with these closures, a restructure of VCS Foundation Ltd. has been implemented and future financial reports will reflect this change.

Following from the success of the VCSR, VCS Foundation continued its successful relationship with the Victorian Government to deliver on strategic priorities within the Victorian Cancer Screening Framework. Our projects have built on our success in immunisation and registries, while remaining consistent with our purpose.

The successful track record of VCS Population Health continued with preliminary work into the 'No Jab No Play' Immunisation Follow-Up Service and positioning for the major state-wide Immunisation Program Software System (ImPS) Replacement Project in coming financial years. With the closure of major registries, this continued financial support from the Commonwealth and Victorian Governments was critical to our continued service impact.

OPERATING RESULTS

The consolidated net result for VCS Foundation for the financial year ending 30 June 2019 was a surplus of \$1.37M after taking into account depreciation and amortisation. This was an extremely positive result when compared to a deficit of \$166k the previous year. The surplus was well above budget and reflects the collective efforts of the Executive Team in securing new projects and funding, building on strong relationships with a range of stakeholders.

PECUNIARY INTEREST

During the 2018/19 financial year, no Board Director declared a conflict of pecuniary interest in a contract with VCS Foundation.

DECLARATION OF INTEREST

During the 2018/19 year the following Board Members noted their involvement with the Compass Pilot:

Mr David Wrede:
Principal Investigator – Compass trial

Ms Sandy Anderson:
Investigator – Compass trial

Dr Jane Collins:
Investigator – Compass trial



“Guided by our expertise in HPV vaccination, HPV testing, cervical screening and registry services, our goal for the future is to identify and explore new service opportunities for VCS Foundation in order to further broaden our population health contribution in our region and internationally.”

Stephanie Reeves
Chairman

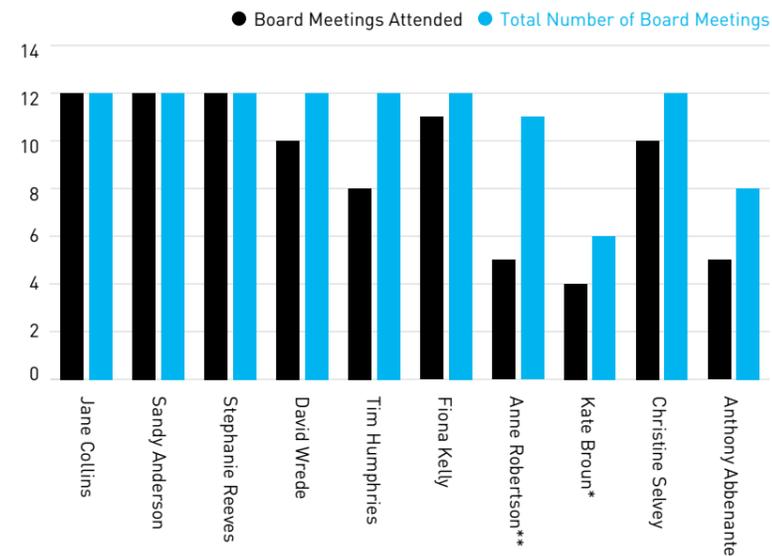
DIRECTORS' REPORT

MEETINGS OF THE BOARD AND ITS COMMITTEES

The following meetings were held during 2018/19:

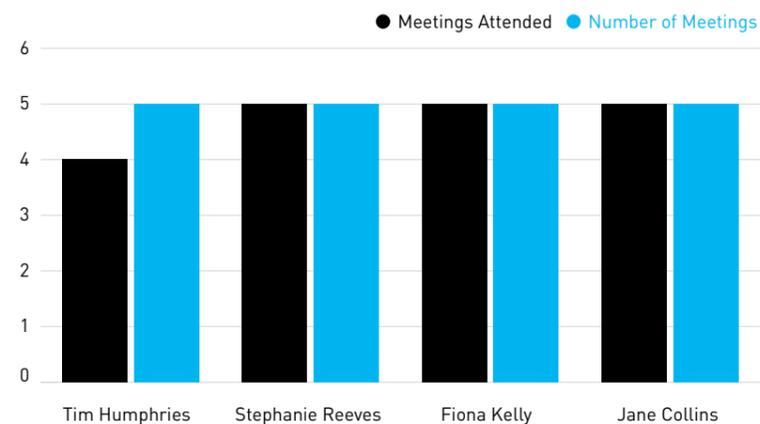
- The Members of the organisation met on the 27 July 2018 and at the Annual General Meeting on the 2 November 2018.
- The Board of Directors met on 12 occasions either in person or via teleconference/Zoom.
- The Board's Audit & Finance Committee met on 5 occasions.
- The Board's Quality Assurance Committee met on 9 occasions for Scientific Quality and 4 occasions for Operational Quality.

BOARD MEETINGS ATTENDED 2018/19



*Ms Kate Broun's term ended in December 2018
 ** Ms Anne Robertson's term ended in May 2019

AUDIT AND FINANCE COMMITTEE MEETINGS ATTENDED 2018/19



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.

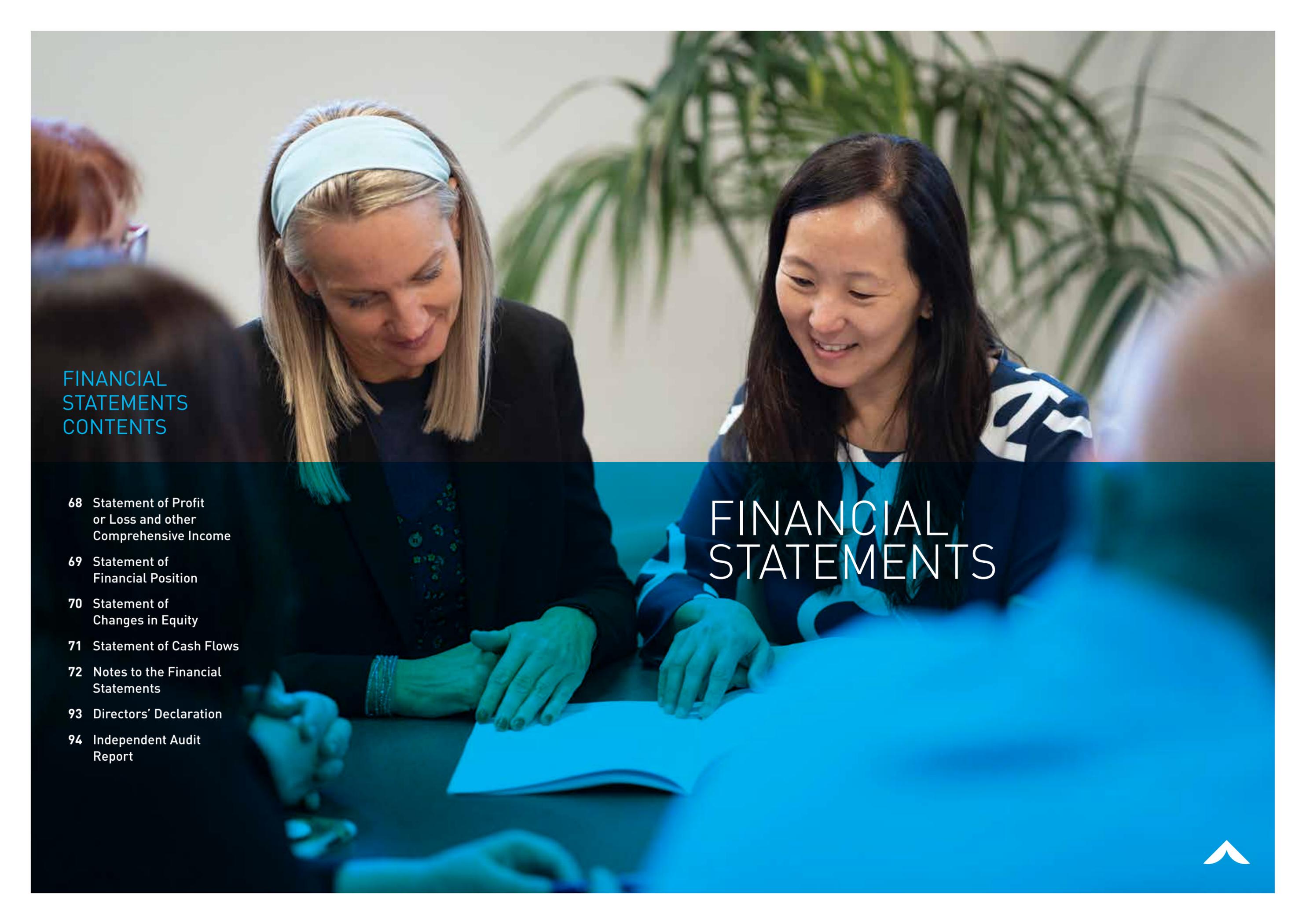
AUDITOR'S INDEPENDENCE DECLARATION

The external auditor's independence declaration for the year ended 30 June 2019 has been received and can be found on page 96 of the financial report.

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

Director
 Timothy Humphries

Dated
 01/11/2019

A photograph of two women sitting at a table, looking at a document together. The woman on the left has blonde hair and is wearing a light blue headband and a dark jacket. The woman on the right has dark hair and is wearing a blue and white patterned top. They are both smiling and appear to be in a professional meeting. The background is slightly blurred, showing a green plant.

FINANCIAL STATEMENTS CONTENTS

- 68 Statement of Profit or Loss and other Comprehensive Income
- 69 Statement of Financial Position
- 70 Statement of Changes in Equity
- 71 Statement of Cash Flows
- 72 Notes to the Financial Statements
- 93 Directors' Declaration
- 94 Independent Audit Report

FINANCIAL STATEMENTS



STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue from operating activities	5	27,892,102	27,766,882
Revenue from non-operating activities	5	418,527	337,149
Wages and salaries	7	(15,165,567)	(15,764,493)
Operating and administration costs	7	(4,758,934)	(4,727,929)
Medical supplies	7	(5,066,850)	(4,827,254)
Rental expense	7	(228,672)	(216,702)
Interest expense	7	(60,421)	(41,042)
Net result before capital items and specific items		3,030,185	2,526,611
Capital purpose income	5	487,350	-
Depreciation and amortisation expense	7	(2,126,140)	(2,682,564)
Loss on sale of non-current assets	7	(21,288)	(10,201)
		(1,660,078)	(2,692,765)
Net result for the year		1,370,107	(166,154)
Other comprehensive income, net of income tax			
Items that will be reclassified to profit and loss:		-	-
Items that will not be reclassified to profit and loss when specific conditions are met:		-	-
Total comprehensive income for the year		1,370,107	(166,154)

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

The Company has not restated comparatives when initially applying AASB 9 *Financial Instruments*, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents	8	11,751,929	4,574,482
Trade and other receivables	9	1,639,189	1,979,457
Inventories	10	672,845	550,034
Other financial assets	11	13,724,476	12,138,739
Other assets	12	354,375	447,844
Total current assets		28,142,814	19,690,556
NON-CURRENT ASSETS			
Plant, property and equipment	13	2,251,448	2,391,160
Intangible assets	14	751,277	1,945,553
Total non-current assets		3,002,725	4,336,713
Total assets		31,145,539	24,027,269
CURRENT LIABILITIES			
Trade and other payables	15	2,775,576	1,570,346
Borrowings	16	170,855	157,379
Employee benefits	17	4,525,073	4,406,255
Other liabilities	18	5,775,336	1,026,236
Total current liabilities		13,246,840	7,160,216
NON-CURRENT LIABILITIES			
Borrowings	16	475,758	646,615
Employee benefits	17	348,086	515,690
Total non-current liabilities		823,844	1,162,305
Total liabilities		14,070,684	8,322,521
Net assets		17,074,855	15,704,748
EQUITY			
Reserves	19	736,919	1,784,930
Retained earnings	20	16,337,936	13,919,818
Total Equity		17,074,855	15,704,748

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

The Company has not restated comparatives when initially applying AASB 9 *Financial Instruments*, the comparative information has been prepared under AASB 139 *Financial Instruments: Recognition and Measurement*.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2019

	Note	Accumulated surplus \$	Designated funds reserve \$	Total \$
2019				
Balance at 1 July 2018	19,20	13,919,818	1,784,930	15,704,748
Net result for the year	20	1,370,107	-	1,370,107
Amortisation of database upgrade (Phases 1 and 2)	19,20	1,048,011	(1,048,011)	-
Balance at 30 June 2019	19,20	16,337,936	736,919	17,074,855
2018				
Balance at 1 July 2017	19,20	12,896,280	2,974,622	15,870,902
Net result for the year	20	(166,154)	-	(166,154)
Amortisation of database upgrade (Phases 1 and 2)	19,20	1,189,692	(1,189,692)	-
Balance at 30 June 2018	19,20	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 2019

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts:			
Receipts from trading activities		5,787,618	1,828,718
Interest received		392,285	328,736
Receipts from grants		27,611,500	27,375,519
Payments:			
Payments for wages and salaries		(14,675,652)	(17,042,187)
Payments to suppliers		(9,337,393)	(11,863,269)
Interest Paid		(60,421)	(41,042)
Net cash provided by/(used in) operating activities	21	9,717,937	586,475
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		16,068	23,236
Purchase of property, plant and equipment		(813,440)	(816,532)
(Payments for)/redemption of term deposits		(1,585,737)	1,361,556
Net cash provided by/(used in) investing activities		(2,383,109)	568,260
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of interest bearing liabilities		(157,381)	(86,006)
Net cash provided by/(used in) financing activities		(157,381)	(86,006)
Net increase/(decrease) in cash and cash equivalents held		7,177,447	1,068,729
Cash and cash equivalents at beginning of year		4,574,482	3,505,754
Cash and cash equivalents at end of the financial year	8a	11,751,929	4,574,483

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

The financial report covers VCS Foundation 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.

The Company 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-profits Commission Act 2012*.

The functional and presentation currency of VCS Foundation Limited is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

1 BASIS OF PREPARATION

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012*.

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

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

2 CHANGE IN ACCOUNTING POLICY

Financial Instruments - Adoption of AASB 9

The Company has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2018.

As part of the adoption of AASB 9, the Company adopted consequential amendments to other accounting standards arising from the issue of AASB 9 as follows:

- AASB 101 *Presentation of Financial Statements* requires the impairment of financial assets to be presented in a separate line item in the statement of profit or loss and other comprehensive income. In the comparative year, this information was presented as part of other expenses.
- AASB 7 *Financial Instruments: Disclosures* requires amended disclosures due to changes arising from AASB 9, these disclosures have been provided for the current year.

The Company performed an impact assessment regarding the application of AASB 9. The assessment identified that the application of this standard had no material impact on the Company.

Changes in accounting policies resulting from the adoption of AASB 9 have been applied retrospectively except the Company has not restated any amounts relating to classification and measurement requirements including impairment which have been applied from 1 July 2018.

Classification of financial assets

The financial assets of the Company have been reclassified into the following category on adoption of AASB 9 based on primarily the business model in which a financial asset is managed and its contractual cash flow characteristics:

- measured at amortised cost.

Impairment of financial assets

The incurred loss model from AASB 139 has been replaced with an expected credit loss model in AASB 9 for assets measured at amortised cost, contract assets and fair value through other comprehensive income. This has resulted in the earlier recognition of credit loss (bad debt provisions).

Classification of financial assets and financial liabilities

The table opposite illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

Classification of financial assets and financial liabilities

	Note	Classification under AASB 139	Classification under AASB 9	Carrying amount under AASB 139 \$	Re-classification \$	Carrying amount under AASB 9 \$
FINANCIAL ASSETS						
Trade and other receivables	9	Loans and receivables	Amortised cost	1,979,457	-	1,979,457
Cash and cash equivalents	8	Loans and receivables	Amortised cost	4,574,482	-	4,574,482
Term deposits (i)	11	Held to maturity	Amortised cost	12,138,739	-	12,138,739
Total financial assets				18,692,678	-	18,692,678
FINANCIAL LIABILITIES						
Finance lease liabilities	16	Other financial liabilities	Other financial liabilities	803,994	-	803,994
Trade and other payables	15	Other financial liabilities	Other financial liabilities	1,481,535	-	1,481,535
Total financial liabilities				2,285,529	-	2,285,529

Notes to the table:

(i) Reclassification from Held to Maturity to Amortised Cost

Term deposits that would previously have been classified as held to maturity are now classified at amortised cost. The Company intends to hold the assets to maturity to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding. There was no difference between the previous carrying amount and the revised carrying amount of these assets.

3 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(A) REVENUE AND OTHER INCOME

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Company and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Company obtains control of the grant, 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.

When grant revenue is received whereby the Company 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.

VCS Foundation Limited receives non-reciprocal contributions of assets from the government and other parties for zero or a

nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Rendering of services

Revenue in relation to rendering of services is recognised depending on whether the outcome of the services can be estimated reliably. If the outcome can be estimated reliably then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

If the outcome cannot be reliably estimated, then revenue is recognised to the extent of expenses recognised that are recoverable.

Interest income

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

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

(B) LEASES

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the Company, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to 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 for the period.

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of 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.

(C) BORROWING COSTS

Borrowing costs are recognised as an expense in the period in which they are incurred.

(D) INCOME TAX

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(E) 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.

Bank overdrafts also form part of cash equivalents for the purpose of the statement of cash flows and are presented within current liabilities on the statement of financial position.

(F) FINANCIAL INSTRUMENTS

For comparative year

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

The Company's financial assets are divided into the following categories which are described in detail below:

- loans and receivables; and
- held-to-maturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Company's trade and other receivables fall into this category of financial instruments.

In some circumstances, the Company renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Company does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Company's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

Financial liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities depending on the purpose for which the liability was acquired.

The Company's financial liabilities include borrowings, trade and other payables (including finance lease liabilities), which are measured at amortised cost using the effective interest rate method.

Impairment of Financial Assets

At the end of the reporting period, the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

For current year

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Company classifies its financial assets into the following category, those measured at:

- amortised cost.

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Company's financial assets measured at amortised cost comprise trade and other receivables, cash and cash equivalents and term deposits in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, foreign exchange gains or losses and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information.

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or
- the financial assets are more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Company comprise trade and other payables and finance lease liabilities.

(G) INVENTORIES

Inventories are measured at the lower of cost and net realisable value. Cost of inventory is determined using the first-in-first-out basis and is net of any rebates and discounts received. Net realisable value is estimated using the most reliable evidence available at the reporting date and inventory is written down through an obsolescence provision if necessary.

(H) PROPERTY, PLANT AND EQUIPMENT

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

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Company, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Plant and Equipment	5 - 50%
Leased Equipment	20%
Motor Vehicles	25%
Leasehold improvements	10%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

(I) INTANGIBLES

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 Company.

Amortisation

Amortisation is recognised in profit or loss on a straight-line basis over the estimated useful lives of intangible assets, other than goodwill, from the date that they are available for use.

Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

Software and licenses

Software and licenses have a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of three years.

(J) IMPAIRMENT OF NON-FINANCIAL ASSETS

At the end of each reporting period, the Company determines whether there is any evidence of impairment for its non-financial assets.

Where an indicator exists and regardless for goodwill, indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss, except for goodwill.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

(K) TRADE AND OTHER 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 Company prior to the end of the financial year that are unpaid, and arise when the Company becomes obliged to make future payments in respect of purchase of these goods and services.

The normal credit terms are usually Net 30 days.

(L) EMPLOYEE BENEFITS

Short-term employee benefits

Provision is made for the Company'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.

The Company's obligations for short-term employee benefits such as wages and salaries are recognised as a part of current trade and other payables in the statement of financial position.

Other long-term employee benefits

Provision is made for employees' long service leave and 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 corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for

other long-term employee benefits, the net change in the obligation is recognised in profit or loss as a part of employee benefits expenses.

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

Superannuation

Obligations for contributions to defined contribution superannuation plans are recognised as an employee benefit expense in profit or loss in the periods in which services are provided by employees.

The Company has minimal exposure to liability arising from defined benefit plan liability as highlighted in Note 27. In view of this, the amount is not recognised on the basis that it is immaterial.

(M) GOODS AND SERVICES TAX (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority are classified as operating cash flows.

(N) ADOPTION OF NEW AND REVISED ACCOUNTING STANDARDS

The Company has adopted all standards which became effective for the first time at 30 June 2019. The adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company or refer to Note 2 for details of the changes due to standards adopted.

(O) NEW ACCOUNTING STANDARDS AND INTERPRETATIONS

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Company has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Company where the standard is relevant:

Standard Name	Effective date for entity	Requirements	Impact
AASB 15 Revenue from contracts with customers	1 July 2019	AASB 15 introduces a five step process for revenue recognition with the core principle of the new Standard being for entities to recognise revenue to depict the transfer of goods or services to customers in amounts that reflect the consideration (that is, payment) to which the entity expects to be entitled in exchange for those goods or services. Accounting policy changes will arise in timing of revenue recognition, treatment of contracts costs and contracts which contain a financing element. AASB 15 will also result in enhanced disclosures about revenue, provide guidance for transactions that were not previously addressed comprehensively (for example, service revenue and contract modifications) and improve guidance for multiple-element arrangements.	The changes in revenue recognition requirements in AASB 15 are not expected to have a material impact on the financial statements.
AASB 16 Leases	1 July 2019	AASB 16 will cause the majority of leases of an entity to be brought onto the statement of financial position. There are limited exceptions relating to short-term leases and low value assets which may remain off-balance sheet. The calculation of the lease liability will take into account appropriate discount rates, assumptions about lease term and increases in lease payments. A corresponding right to use asset will be recognised which will be amortised over the term of the lease. Rent expense will no longer be shown, the profit and loss impact of the leases will be through amortisation and interest charges.	The Company currently has operating leases which will be brought onto the statement of financial position. The estimated impact of this is an increase in assets of \$1,208,533 on recognition of a right-of-use asset, and increase in liabilities on recognition of lease liability of \$1,208,533. Interest and amortisation expense will increase and rental expense will decrease.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

(O) NEW ACCOUNTING STANDARDS AND INTERPRETATIONS (CONT.)

Standard Name	Effective date for entity	Requirements	Impact
AASB 1058 Income of NFP Entities	1 July 2019	<p>AASB 1058 supersedes all the income recognition requirements relating to private sector NFP entities, and the majority of income recognition requirements relating to public sector NFP entities, previously in AASB 1004 Contribution. The timing of income recognition depends on whether such a transaction gives rise to a liability or other performance obligation (a promise to transfer a good or service), or a contribution by owners, related to an asset (such as cash or another asset) received by an entity.</p> <p>AASB 1058 applies when a NFP entity receives volunteer services or enters into other transactions where the consideration to acquire an asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. In the latter case, the entity recognises and measures the asset at fair value in accordance with the applicable Australian Accounting Standard (eg AASB 116 Property, Plant and Equipment).</p> <p>Upon initial recognition of the asset, this Standard requires the entity to consider whether any other financial statement elements (called 'related amounts') should be recognised in accordance with the applicable Accounting Standard, such as:</p> <ul style="list-style-type: none"> (a) contributions by owners; (b) revenue, or a contract liability arising from a contract with a customer; (c) a lease liability; (d) a financial instrument; or (e) a provision. <p>If the transaction is a transfer of a financial asset to enable an entity to acquire or construct a recognisable non-financial asset to be controlled by the entity (i.e. an in-substance acquisition of a non-financial asset), the entity recognises a liability for the excess of the fair value of the transfer over any related amounts recognised. The entity recognises income as it satisfies its obligations under the transfer similarly to income recognition in relation to performance obligations under AASB 15.</p> <p>If the transaction does not enable an entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income.</p>	<p>Each revenue stream, including grant agreements are currently being reviewed to determine the impact of AASB 1058.</p> <p>We anticipate that some grant agreements which were previously recognised immediately on receipt may be able to be deferred until the performance obligation is satisfied.</p>

4 CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

The Directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key estimates - receivables

The receivables at the reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

Key judgement - Recognition of ImPS Project funding from the Victorian Government Department of Health and Human Services

During the year, the Company received funding from the Victorian Government Department of Health and Human Services ("DHHS") for the development and implementation of a new state-wide immunisation program software system for Victorian local government authorities ("the ImPS Project"). Work on the ImPS Project has not been scheduled to commence until the subsequent reporting period. As the Company's control of the ImPS system will not be transferred to DHHS, the transfer is deemed to be non-reciprocal.

Whilst the transfer of the funds was non-reciprocal, it is management's view that the Company does not have control of these funds. The requirements under the ImPS funding agreement are stringent enough that the ability to deny or regulate the use of funds remains with the DHHS. These requirements include the following:

- Funds to be held in a separate bank account until specific milestones stipulated in the agreement have been successfully completed; and
- DHHS has *absolute discretion* to seek a part or whole repayment of the funding if the milestones are not satisfactorily met.

On the above basis, the funding received from DHHS with respect to the ImPS Project as at 30 June 2019, has been recognised as a deferred revenue liability.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

5 REVENUE	Note	VCS		VCCR	
		2019 \$	2018 \$	2019 \$	2018 \$
REVENUE FROM OPERATING ACTIVITIES					
Government grants					
Department of Health & Human Services		21,959,483	15,288,633	2,353,975	2,734,147
SA Health		-	-	521,171	985,839
Department of Health		-	1,437,372	-	-
Indirect contributions by Department of Health & Human Services	6	-	21,349	-	-
Patient fees		3,795,422	2,511,228	-	-
Other revenue from operating activities		303,057	751,373	51,898	10,000
		26,057,962	20,009,955	2,927,044	3,729,986
TRANSFER UNEXPENDED GRANTS					
Operating funding transferred from prior year		136,082	309,362	890,154	156,259
Operating funding transferred to following year		(5,652,278)	(136,082)	-	(890,154)
Total revenue from operating activities		20,541,766	20,183,235	3,817,198	2,996,091
REVENUE FROM NON-OPERATING ACTIVITIES					
Bank interest		398,348	318,055	2,161	8,739
Profit on sale of non-current assets		16,068	8,413	-	-
Total revenue from non-operating activities		414,416	326,468	2,161	8,739
REVENUE FROM CAPITAL PURPOSE INCOME					
Department of Health & Human Services		487,350	-	-	-
Total revenue from capital purpose income		487,350	-	-	-
Total Revenue		21,443,532	20,509,703	3,819,359	3,004,830

REVENUE FROM OPERATING ACTIVITIES	Note	NHVPR		Total	
		2019 \$	2018 \$	2019 \$	2018 \$
Government grants					
Department of Health & Human Services		492,809	-	24,806,267	18,022,780
SA Health		-	-	521,171	985,839
Department of Health		2,784,974	4,504,802	2,784,974	5,942,174
Indirect contributions by Department of Health & Human Services	6	-	-	-	21,349
Patient fees		-	-	3,795,422	2,511,228
Other revenue from operating activities		255,355	82,753	610,310	844,126
		3,533,138	4,587,555	32,518,144	28,327,496
TRANSFER UNEXPENDED GRANTS					
Operating funding transferred from prior year		-	-	1,026,236	465,621
Operating funding transferred to following year		-	-	(5,652,278)	(1,026,236)
		3,533,138	4,587,555	27,892,102	27,766,881
REVENUE FROM NON-OPERATING ACTIVITIES					
Bank interest		1,950	1,942	402,459	328,736
Profit on sale of non-current assets		-	-	16,068	8,413
		1,950	1,942	418,527	337,149
REVENUE FROM CAPITAL PURPOSE INCOME					
Department of Health & Human Services		-	-	487,350	-
Total revenue from capital purpose income		-	-	487,350	-
Total Revenue		3,535,088	4,589,497	28,797,979	28,104,030

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

6 INDIRECT CONTRIBUTIONS BY DEPARTMENT OF HEALTH & HUMAN SERVICES

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

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

7 EXPENSES	VCS		VCCR		NHVPR		Total	
	2019	2018	2019	2018	2019	2018	2019	2018
	\$	\$	\$	\$	\$	\$	\$	\$
Wages and salaries	12,037,177	12,781,743	2,010,522	1,628,347	1,117,868	1,354,403	15,165,567	15,764,493
Operating and administration costs	2,496,141	2,758,068	1,132,423	775,404	1,130,370	1,194,457	4,758,934	4,727,929
Medical supplies	5,066,850	4,827,254	-	-	-	-	5,066,850	4,827,254
Rental expense	104,638	-	74,327	108,351	49,707	108,351	228,672	216,702
Interest expense	60,421	41,042	-	-	-	-	60,421	41,042
Depreciation and amortisation expense	774,991	1,042,847	1,150,260	1,315,548	200,889	324,169	2,126,140	2,682,564
Loss on sale of non-current assets	-	10,201	748	-	20,540	-	21,288	10,201
Total expenses	20,540,218	21,461,155	4,368,280	3,827,650	2,519,374	2,981,380	27,427,872	28,270,185

8 CASH AND CASH EQUIVALENTS	Note	2019	2018
		\$	\$
Cash at bank and on hand		4,556,116	131,717
Deposits at call		7,195,813	4,442,765
Total cash and cash equivalents	8a	11,751,929	4,574,482

The effective interest on short-term bank deposits was 0.25% (2018: 0.50%).

(A) RECONCILIATION OF CASH

Cash and cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:	2019	2018	
	\$	\$	
Cash and cash equivalents	8	11,751,929	4,574,482
Balance as per statement of cash flows		11,751,929	4,574,482

9 TRADE AND OTHER RECEIVABLES	2019	2018	
CURRENT	\$	\$	
Trade debtors and accrued revenue	1,621,422	1,982,329	
Provision for impairment of receivables	9b	(30,016)	(40,481)
	1,591,406	1,941,848	
Interest receivable	47,783	37,609	
Total current trade and other receivables	1,639,189	1,979,457	

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances. The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

(B) IMPAIRMENT OF RECEIVABLES

The Company applies the simplified approach to providing for expected credit losses prescribed by AASB 9, which permits the use of the lifetime expected loss provision for all trade receivables. To measure the expected credit losses, trade receivables have been grouped based on shared credit risk characteristics and the days past due. The loss allowance provision as at 30 June 2019 is determined as follows, the expected credit losses incorporate forward looking information.

30 June 2019	Current	< 30 days overdue	< 90 days overdue	> 90 days overdue	Total
Expected loss rate (%)	0.36	3.80	43.09	62.89	1.85
Gross carrying amount (\$)	1,554,651	26,852	8,503	31,416	1,621,422
ECL provision	5,572	1,021	3,664	19,759	30,016

(C) RECONCILIATION OF CHANGES IN THE PROVISION FOR IMPAIRMENT OF RECEIVABLES IS AS FOLLOWS:

	2019	2018
	\$	\$
Balance at beginning of the year (calculated in accordance with AASB 139)	40,481	9,803
Additional impairment loss recognised	-	57,000
Amounts written off as uncollectible:		
- Movement through provision	(10,465)	(26,322)
Balance at the end of the year	30,016	40,481

The Company measures the loss allowance for trade receivables at an amount equal to lifetime expected credit loss (ECL). The ECL on trade receivables are estimated using a provision matrix by reference to past default experience of the debtor and an analysis of the debtor's current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate and an assessment of both the current as well as the forecast direction of conditions at the reporting date.

The Company writes off a trade receivable when there is information indicating that the debtor is in severe financial difficulty and there is no realistic prospect of recovery, e.g. when the debtor has been placed under liquidation or has entered into bankruptcy proceedings or when the trade receivables are over 150 days past due, whichever occurs first.

10 INVENTORIES	2019	2018
CURRENT	\$	\$
At cost:		
Medical and surgical supplies	672,845	550,034
Total current inventories	672,845	550,034

11 OTHER FINANCIAL ASSETS	2019	2018
Financial assets at amortised cost	\$	\$
CURRENT		
Term deposits	13,724,476	12,138,739
Total current other financial assets	13,724,476	12,138,739

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

12 OTHER ASSETS	2019	2018
CURRENT	\$	\$
Prepayments	262,470	447,844
Security deposit	91,905	-
Total current other assets	354,375	447,844
13 PROPERTY, PLANT AND EQUIPMENT	2019	2018
Leased equipment	\$	\$
At cost	890,000	890,000
Accumulated depreciation	(281,833)	(103,833)
Total leased equipment	608,167	786,167
Plant and equipment		
At cost	4,917,181	5,861,864
Accumulated amortisation	(3,981,153)	(5,095,959)
Total plant and equipment	936,028	765,905
Motor Vehicles		
At cost	393,681	387,186
Accumulated depreciation	(365,420)	(350,769)
Total motor vehicles	28,261	36,417
Leasehold Improvements		
At cost	1,331,111	1,525,388
Accumulated amortisation	(652,119)	(722,717)
Total leasehold improvements	678,992	802,671
Total property, plant and equipment	2,251,448	2,391,160

MOVEMENT IN CARRYING AMOUNTS

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

Year ended 30 June 2019	Leased Equipment	Plant and Equipment	Motor Vehicles	Leased Improvements	Total
	\$	\$	\$	\$	\$
Balance at the beginning of the year	786,167	765,905	36,417	802,671	2,391,160
Additions	-	685,362	24,491	12,819	722,672
Disposals	-	(1,363)	-	-	(1,363)
Depreciation expense	(178,000)	(513,876)	(32,647)	(136,498)	(861,021)
Balance at the end of the year	608,167	936,028	28,261	678,992	2,251,448

14 INTANGIBLE ASSETS	2019	2018
Licenses		
Cost	1,200	1,200
Accumulated amortisation and impairment	(1,200)	(700)
Net carrying value	-	500
Computer Software		
Cost	6,601,858	10,161,448
Accumulated amortisation and impairment	(5,850,581)	(8,216,395)
Net carrying value	751,277	1,945,053
Total Intangibles	751,277	1,945,553

MOVEMENT IN CARRYING AMOUNTS OF INTANGIBLE ASSETS

Year ended 30 June 2019	Licenses	Computer Software	Total
	\$	\$	\$
Balance at the beginning of the year	500	1,945,053	1,945,553
Additions	-	90,770	90,770
Disposals	-	(19,927)	(19,927)
Amortisation	(500)	(1,264,619)	(1,265,119)
Closing value at 30 June 2019	-	751,277	751,277

15 TRADE AND OTHER PAYABLES	2019	2018
CURRENT	\$	\$
Trade payables	1,406,830	851,636
GST payable	724,279	88,811
Other payables	644,467	629,899
Total current trade and other payables	2,775,576	1,570,346

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

(A) TRADE AND OTHER PAYABLES CLASSIFIED AS FINANCIAL LIABILITIES AT AMORTISED COST:

Total current trade and other payables	2,775,576	1,570,346
Less: GST payable	(724,279)	(88,811)
Total trade and other payables classified as financial liabilities at amortised cost	2,051,297	1,481,535

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

16 BORROWINGS

	Note	2019 \$	2018 \$
CURRENT			
Secured liabilities:			
Finance lease liability	23(b)	170,855	157,379
Total current borrowings		170,855	157,379
NON-CURRENT			
Secured liabilities:			
Finance lease liability	23(b)	475,758	646,615
Total non-current borrowings		475,758	646,615

17 EMPLOYEE BENEFITS

	2019 \$	2018 \$
CURRENT		
Long service leave		
	2,951,774	2,701,881
Annual leave		
	1,573,299	1,704,374
Total current employee benefits	4,525,073	4,406,255
NON-CURRENT		
Long service leave		
	348,086	515,690
Total non-current employee benefits	348,086	515,690

ANNUAL LEAVE ENTITLEMENTS

Based on past experience, the Company 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 Company does not have an unconditional right to defer settlement of these amounts in the event that employees wish to use their leave entitlements.

18 OTHER LIABILITIES

	2019 \$	2018 \$
CURRENT		
Deferred revenue - Government grants	5,652,278	1,026,236
Amounts received in advance	43,180	-
Deferred rent	79,878	-
Total current other liabilities	5,775,336	1,026,236

19 RESERVES

	2019 \$	2018 \$
Designated funds reserve		
Opening balance	1,784,930	2,974,622
Amortisation of database upgrade	(1,048,011)	(1,189,692)
Closing balance	736,919	1,784,930
Total reserves	736,919	1,784,930

(A) 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.

20 ACCUMULATED SURPLUS

	2019 \$	2018 \$
Accumulated surplus at the beginning of the financial year	13,919,818	12,896,280
Net result for the year	1,370,107	(166,154)
Transfer from designated funds reserve	1,048,011	1,189,692
Accumulated surplus at end of the financial year	16,337,936	13,919,818

The accumulated surplus represents the funds of the Company that are not designated for particular purposes.

21 CASH FLOW INFORMATION

Reconciliation of result for the year to cashflows from operating activities	2019 \$	2018 \$
Net result for the year	1,370,107	(166,154)
Non-cash flows in profit:		
- depreciation and amortisation expense	2,126,140	2,682,564
- net loss on disposal of property, plant and equipment	5,220	1,788
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	340,268	(1,471,743)
- (increase)/decrease in other assets	93,469	(54,894)
- (increase)/decrease in inventories	(122,811)	(298,912)
- increase/(decrease) in other liabilities	4,749,100	546,322
- increase/(decrease) in trade and other payables	1,205,230	(34,071)
- increase/(decrease) in employee benefits	(48,786)	(618,425)
Cashflows from operations	9,717,937	586,475

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

22 FINANCIAL RISK MANAGEMENT

The Company's principal financial instruments comprise of deposits with banks, receivables and payables.

The totals for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2019 \$	2018 \$
Financial assets			
<i>Loans and receivables:</i>			
- Cash and cash equivalents	8	-	4,574,482
- Trade and other receivables	9	-	1,979,457
<i>Held-to-maturity financial assets:</i>			
- Term deposits	11	-	12,138,739
<i>Held at amortised cost:</i>			
- Cash and cash equivalents	8	11,751,929	-
- Trade and other receivables	9	1,639,189	-
- Term deposits	11	13,724,476	-
Total financial assets		27,115,594	18,692,678
Financial liabilities			
<i>Held at amortised cost:</i>			
- Trade and other payables	15(a)	2,051,297	1,481,535
- Borrowings	16	646,613	803,994
Total financial liabilities		2,697,910	2,285,529

The Company has not restated comparatives when initially applying AASB 9, the comparative information has been prepared under AASB 139 Financial Instruments: Recognition and Measurement.

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

23 LEASING COMMITMENTS

(A) OPERATING LEASES

	Note	2019 \$	2018 \$
Minimum lease payments under non-cancellable operating leases:			
- not later than one year		239,633	148,269
- between one year and five years		639,022	-
Total minimum lease payments		878,655	148,269

The Company has leased office premises under a non-cancellable operating lease expiring within 5 years with renewal rights. On renewal, the terms of the lease will be renegotiated.

	Note	2019 \$	2018 \$
(B) FINANCE LEASES			
Minimum lease payments:			
- not later than one year		217,800	217,800
- less future finance charge		(46,945)	(60,421)
Total current finance lease liability	16	170,855	157,379
Minimum lease payments:			
- between one year and five years		526,350	744,150
- less future finance charge		(50,592)	(97,535)
Total non-current finance lease liability	16	475,758	646,615
Total finance lease commitments		646,613	803,994

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.

24 KEY MANAGEMENT PERSONNEL

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 2019 and 30 June 2018.

The Board did not receive any remuneration during the financial years ended 30 June 2019 and 30 June 2018.

KEY MANAGEMENT PERSONNEL REMUNERATION

Key management personnel remuneration included within employee expenses for the year is shown below:

	2019 \$	2018 \$
Short-term employee benefits	1,925,975	2,136,658
Post-employment benefits	197,371	215,371
Total key management personnel remuneration	2,123,346	2,352,029

During the 2018/19 year, 2 executives resigned and 1 was appointed. As at 30 June 2019, 6.8 FTEs were employed as executives (2018: 7.6). There were no transactions between the Company and the executives during the year.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

25 AUDITOR'S REMUNERATION	2019 \$	2018 \$
Remuneration of the auditor (HLB Mann Judd), for:		
- auditing or reviewing the financial statements	17,000	16,525
- assistance with preparation of financial report	2,500	-
Total auditor's remuneration	19,500	16,525

26 MEMBERS' GUARANTEE

The Company is incorporated under the Australian Charities and Not-for-profits Commission Act 2012 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 of the Company. At 30 June 2019 the number of members was 8 (2018: 7).

27 DEFINED BENEFITS SCHEME

The Company contributes to a Defined Benefits Scheme ("the Scheme") maintained by First State Super Fund ("the 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 2019 totalled \$270,087 (2018: \$186,265). The Fund's actuary has advised that the contributions will remain unchanged for the current year.

28 CONTINGENCIES	2019 \$	2018 \$
Contingent Liabilities		
Bank guarantee secured against term deposit	-	76,691

The amount disclosed represented a Bank Guarantee for the property leased at Wellington Parade, East Melbourne, payable on default of rent.

29 EVENTS AFTER THE END OF THE REPORTING PERIOD

The financial report was authorised for issue on Friday 1st November 2019.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

30 STATUTORY INFORMATION

The registered office and principal place of business of the Company is:

VCS Foundation Limited
265 Faraday Street
Carlton South VIC 3053



265 Faraday Street Carlton South VIC 3053
Phone: +61 3 9250 0300 Fax: +61 3 9349 1977
www.vcs.org.au

VCS Foundation Limited ABN 35430554780

DIRECTORS' DECLARATION

In the opinion of the Board of Directors, the Financial Statements as set out on pages 73 to 89 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 VCS Foundation Limited as at 30 June 2019 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 VCS Foundation Limited will be able to pay its debts as and when they fall due.

In addition:

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

We certify that VCS Foundation Limited has used funding received from the Department(s) for the year ended 30 June 2019 on the services specified in the service agreement.

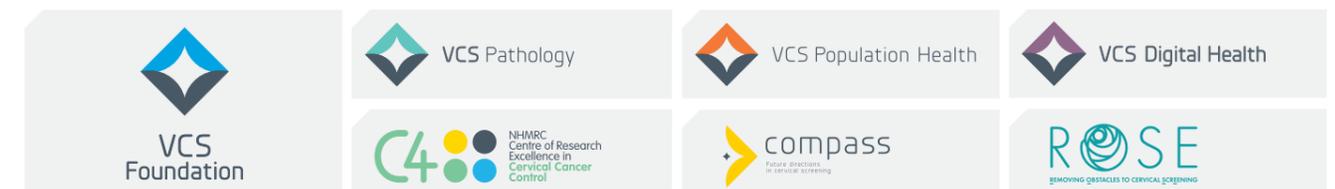
This declaration is signed in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Ms Stephanie Reeves
Chairperson

1 November 2019

Tim Humphries
Director

1 November 2019





INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF VCS FOUNDATION LIMITED

Opinion

We have audited the financial report of VCS Foundation Limited ("the Entity") which comprises the statement of financial position as at 30 June 2019, 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 declaration by the Directors.

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

- giving a true and fair view of the Entity's financial position as at 30 June 2019 and of its financial performance and cash flows for the year then ended; and
- 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 Entity 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.

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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 2019, 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.

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* 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 Entity'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 Entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Entity'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 Entity'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 related to events or conditions that may cast significant doubt on the Entity'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 Entity 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 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.

HLB Mann Judd
Chartered Accountants

Melbourne
1 November 2019

Nick Walker
Partner



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 review of the financial report of VCS Foundation Limited for the year ended 30 June 2019.

HLB Mann Judd
Chartered Accountants

Nick Walker
Partner

Melbourne
1 November 2019

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LIST OF ACRONYMS

AICD	Australian Institute of Company Directors	NATA	National Association of Testing Authorities, Australia
AIWH	Australian Institute of Health and Welfare	NBCSP	National Bowel Cancer Screening Program
APEC	Asia Pacific Economic CoOperation	NCSP	National Cervical Screening Program
ASIC	Australian Securities and Investments Commission	NCSR	National Cancer Screening Register
ASVR	Australian School Vaccination Register	NHMRC	National Health and Medical Research Council
ATAGI	Australian Technical Advisory Group on Immunisation	NHVPR	National Human Papillomavirus Vaccination Program Register
CIS	Cytology Information System	NPAAC	National Pathology Accreditation Advisory Council
CRE	Centre of Research Excellence	NSW	New South Wales
CSR	Cervical Screening Register	PAIVnG	Providing Access to Immunisation for Vulnerable Groups
CST	Cervical Screening Test	PFUF	Participant Follow Up Function – National Bowel Cancer Register
Cth	Commonwealth	RACGP	Royal Australian College of General Practitioners
DHHS	Victorian Department of Health and Human Services	RCPA	Royal College of Pathologists Australasia
EAP	Employee Assistance Program	RCPA	Royal College of Pathologists Australia
ECHO	Extension For Community Healthcare Outcomes	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.	VCS Foundation
ImPS	Victorian Immunisation System Replacement	VESS	VCS Employee Self Service
ISO	International Standards Organisation	VESSPA	VESS Performance Appraisals
LBC	Liquid Based Cytology	VMIA	Victorian Managed Insurance Agency
LMIC	Low to Middle Income Country	WHO	World Health Organization
LTI	Lost Time Injury		

VCS FOUNDATION PUBLISHED ARTICLES 2018/19

Brotherton JML.	Human papillomavirus vaccination update: nonavalent vaccine and the two-dose schedule.	Australian Journal of General Practice. AJGP Vol. 47, No. 7, July 2018	Islam JY, Khatun F, Alam A, Sultana F , Bhuiyan A, Alam N, Reichenbach L, Marions L, Rahman M, Nahar Q.	Knowledge of cervical cancer and HPV vaccine in Bangladeshi women: a population based, cross-sectional study.	BMC Womens Health. 2018 Jan 11;18(1):15.
Roeske L.	There are no old roads to new directions.	Australian Journal of General Practice. AJGP Vol. 47, No. 7, July 2018	Bhuiyan A, Sultana F , Islam JY, Chowdhury MAK, Nahar Q.	Knowledge and Acceptance of Human Papillomavirus Vaccine for Cervical Cancer Prevention Among Urban Professional Women in Bangladesh: A Mixed Method Study.	Biores Open Access. 2018 May 1; 7(1):63-72. https://doi.org/10.1089/biores.2018.0007
Hawkes D.	HPV testing as part of the renewed National Cervical Screening Program.	Australian Journal of General Practice. AJGP Vol. 47, No. 7, July 2018	Arbyn M, Smith SB, Temin S, Sultana F , Castle PE, on behalf of the Collaboration on Self-Sampling and HPV Testing.	HPV testing on self-samples: an accurate cervical cancer screening test to reach under-screened women? An update of meta-analyses.	BMJ 2018;363:k4823 https://www.bmj.com/content/363/bmj.k4823.long
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A TRIBUTE TO TWO LONG STANDING BOARD MEMBERS

Sadly two highly valued and respected past Board members passed away during the year. We pay tribute to:



Dorothy Reading OAM

Dorothy served on the VCS Board from 1989 to 2007 as a “representative of women/user clients” and later as the representative of the Cancer Council. During her tenure she served as President from 1990 to 1997 and was a member of the Audit and Finance Subcommittee from 2001 until her resignation in February 2007. Dorothy’s dedication to the VCS Board never faltered in her 18 years of service. Her advice and guidance were invaluable in

a time of strategic positioning for the organisation. The foundations laid by the Board during Dorothy’s Presidency positioned VCS for its ongoing future success as a well respected leader in the provision of laboratory testing and registry services for the Cervical Screening Program. Following her resignation Dorothy continued to make her expertise available to call upon in times of need and was considered a long term friend and champion of VCS.



Professor Julia Shelly

Julia Shelley served on the VCS Board of Directors from 1991 to 2007 as the representative for Epidemiology which included a role of Deputy Chair. During her 16 years of service to the VCS Board, Prof Shelley’s research focussing on women’s reproductive health including the epidemiology of Pap smear screening made her

contributions to Board deliberations insightful and invaluable. Julia was internationally recognised. She was deeply committed to research of importance to the public as well as the academic research community, and in particular of studies that enabled us to better understand how to support women’s reproductive rights.

VCS Foundation Ltd.
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20 /
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