



VCS
Foundation

ABOVE



BEYOND

IN 2020

ANNUAL REPORT



COVID-19
HAS LEFT
AN INDELIBLE
FOOTPRINT
ON OUR LIVES
AND **VCS**
FOUNDATION
IN 2020.



On the 11th March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic.

“THIS IS NOT JUST A PUBLIC HEALTH CRISIS, IT IS A CRISIS THAT WILL TOUCH EVERY SECTOR – SO EVERY SECTOR AND EVERY INDIVIDUAL MUST BE INVOLVED IN THE FIGHT.”

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

When the COVID-19 pandemic arrived in Australia and began to impact on our community, VCS Foundation quickly recognised that we could leverage our existing molecular testing platforms to reorient our services to offer SARS-CoV-2 testing.

Since early May 2020, VCS Pathology has tested over 20,000 SARS-CoV-2 samples from various screening clinics and drive-through testing sites across metropolitan Melbourne. The laboratory has maintained a rapid turnaround of urgent samples (usually within 24 hours) for Health Care Workers, Aged Care Workers and other high priority patients, and within five days for non-urgent samples.





FAIRNESS

INTEGRITY

RESPECT

EXCELLENCE

**THROUGH
ALL OF THIS
OUR VISION +
VALUES REMAIN
THE SAME...**

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



ORGANISATIONAL OVERVIEW

Australia is a world leader in achieving cervical cancer control in our population and we are now extending 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.



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 due to cervical cancer in Victoria to half the national average before it transitioned across to the National Cancer Screening Register in 2019. 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, VCS Population Health and VCS Digital Health.

VCS Foundation is a trusted advisor to governments locally and globally, participating in numerous committees that are supporting the shift from cytology to HPV screening and the delivery of HPV vaccination in Australia and around the world.

Through partnerships and collaboration, VCS Foundation encourages and supports health improvements and health equity. We are proud to be a member of the Global Health Alliance, BioMelbourne Network and the Union for International Cancer Control (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 (Cth)
- Improving Cancer Outcomes Act 2014 (Vic)



1 Microsoft partnership award in 2016



VCS Foundation works collaboratively with state, federal and international government bodies providing solutions for the implementation and monitoring of screening and vaccination programs using the latest advances in self-sampling, HPV screening and our population health management award winning¹ platform canSCREEN®, to effectively respond to the needs of participants and health care providers.

The vision of VCS Foundation aligns with the WHO's call to action to eliminate cervical cancer as a public health problem globally. Backed by our Strategic Plan 2020, VCS Foundation has the technical capacity and depth of expertise and experience across cervical screening and HPV vaccination to support the realisation of the global strategy in Victoria, Australia, our region and beyond.



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 Gonorrhea testing. We are leaders in self-collected HPV tests and, in over 50 years of operation, have reported over 12 million cervical screening tests. We are 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.

This year we have added SARS-CoV-2 testing to our panel of available tests.

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 with 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 equitable, 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 health management experience, leveraging over 25 years of successful service delivery in large scale digital healthcare.

Digital Health has two population health management platforms; canSCREEN® and canVAX®.

canSCREEN® is an award winning contemporary technology platform that supports the full population health management service lifecycle across a broad spectrum of health programs.

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



WELCOME TO THE VCS FOUNDATION ANNUAL REPORT 2019/20

The VCS Foundation Annual Report 2019/20 provides disclosure of our quality, operational and financial performance, and documents our key achievements and challenges.

The COVID-19 pandemic has brought both challenges and opportunities for VCS Foundation. Our work in under-screened communities outside Australia was postponed as these countries battled to bring the virus under control. Our laboratory operations rapidly diversified to introduce SARS-CoV-2 testing. Many of our staff transitioned to work from home and for those needing to attend our premises, we introduced a split roster with two separated teams attending our premises on different days. This proved to be an invaluable business continuity model when inevitably, a small number of our staff developed COVID-19 during a period of very high rates of community transmission. Thanks to the thorough planning and the diligence of our teams, VCS Foundation has had no cases of proven transmission of SARS-CoV-2 in our workplace.

Screening rates in the cervical screening program fell during 2020, coinciding with restrictions in movement and social contact mandated by the pandemic and alongside a reduction in face-to-face health care. To ensure under-screened women were not disproportionately affected by the pandemic, VCS Foundation launched an innovative new initiative to assist clinicians to encourage and support under-screened patients to participate in cervical screening, by offering to send home self-sampling kits to patients who are identified as never-screened or under-screened during a telehealth consultation. This Annual Report showcases the agility of VCS Foundation to go above and beyond in times of crisis.

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YEAR IN REVIEW – CHAIRMAN AND EXECUTIVE DIRECTOR'S REPORT

VCS Foundation has undergone many changes over its 56 years of operation but none quite like the events of 2019/20. The state of Victoria was hit hard by the COVID-19 pandemic with the high numbers of recorded cases necessitating tough restrictions for businesses and day to day activities across the state. VCS Foundation quickly adapted its systems and processes to deliver above and beyond expectations, providing major benefits to the Victorian response.

VCS Foundation remained agile through the pandemic and assisted government wherever possible to equip the appropriate medical teams with testing instruments, test materials, epidemiological expertise and above all, the laboratory quickly utilised existing testing instruments to test for SARS-CoV-2. Within weeks of the first wave of COVID infections, VCS Pathology readied its existing scientific platforms to test for SARS-CoV-2 and prepared the laboratory and staff to work in the new testing environment.

Throughout these very uncertain times, our core pathology services continued to provide certainty to women with uninterrupted cervical screening testing and histology reporting with business as usual turn-around times.

As an essential service under the Victorian restrictions, VCS Pathology remained operational with the minimum number of staff on site to manage

specimen collection and testing while all other staff were transitioned to work from home. To ensure capacity to safely and quickly continue operations should a positive case arise, all staff were divided into split teams and a strict roster was put in place to ensure that members of the two teams never come into contact with each other. Policies and procedures were developed based on state and federal government recommendations to guide staff through safe work practices, and a rapid response team is in place to manage any confirmed cases.

The pandemic has also impacted the number of women presenting to clinics for regular cervical screening tests resulting in lower testing numbers than expected, particularly in the April to June 2020 period. To assist clinicians, Home Based Self Collection is being offered to eligible never-screened and under-screened women. This is supported by new resources developed for both clinicians and women, working with our partners at the Cancer Council Victoria and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to promote the availability of this service.

With businesses and organisations turning their attention to managing operations through the pandemic, a number of key projects have been deferred. This included an exciting project with the Global Good Foundation utilising our canSCREEN® platform to support clinical trials examining the effectiveness of approaches to cervical screening in low and middle income countries including India and Brazil. With the pandemic at crisis levels in these countries, work has been put on hold while these countries prioritise controlling the pandemic.

LOOKING TO THE FUTURE

The purpose of VCS Foundation is not just to continue the organisation but to better serve women in the community. In collaboration with the VCS Executive Team, the Board of Directors developed a Strategic Plan for 2020-2025 and set targets for the 2020/21 financial year. Over the next five years, we will continue to support the Victorian Government, the Australian Government and countries in the Indo-Pacific region to eliminate cervical cancer as a public health problem. We will also continue to support the National Bowel Cancer Screening Program and Victorian immunisation programs whilst maintaining and diversifying the range of VCS Pathology testing services.

Development continues on our canSCREEN™ and canVAX™ population health management platforms which have attracted interest as a cost effective support to low and middle income countries for managing cervical screening, vaccination and establishing the supporting registry services.

BOARD APPOINTMENTS

Sadly, we said goodbye to Sandy Anderson after 19 years of service to the VCS Board including two terms as President. Sandy held the position of nurse with expertise in preventative health and provided the Board and organisation with many insights into the issues arising at the coal face of cervical screening. Sandy always gave her time freely and readily mentored new Board members. We were thrilled that Sandy was recognised for her extraordinary services to women on the Queen's Birthday when she was awarded a Medal of the Order of Australia (OAM) for her service to cancer prevention, and to Aboriginal women's health.



Jane Collins
Chairman

Professor Marion Saville AM
Executive Director

In July 2019 we welcomed a new Board Member, Ms Genevieve Webb, as a Director with a consumer perspective. Genevieve is a senior executive with extensive experience in health and human services. Her present position is Director of Quality at BreastScreen Victoria, where she leads the client centric care and consumer engagement program. We continue to value Genevieve's contributions to the Board.

The Board has voluntarily adopted the Australian Institute of Company Directors (AICD) Not-for-Profit Governance Principles which are reflected in regular individual and whole of Board performance assessments.

All VCS Foundation Board Directors are honorary positions and do not attract remuneration. Our Directors are committed and passionate people who share their expertise for the benefit of the wider community. We are very grateful for their ongoing service.

We would like to take this opportunity to thank our funding providers, other stakeholders, the Executive Team, and staff at VCS Foundation who have continued to ensure important screening programs continue through the COVID-19 pandemic. The combined efforts and belief in the work we do has ensured that VCS Foundation has continued to serve the women of Victoria, Australia and across our region.

Dr Jane Collins
Chairman

Prof Marion Saville AM
Executive Director

WHAT WE SAID WE WOULD DO IN 2019/20

- ✓ Continued implementation of the revised Strategic Plan 2020
- ✓ Completion of recruitment for the Compass Trial
- ✓ Broaden reach of self-sampling testing to women in remote and under-screened populations in Australia and globally
- ✓ Commencement of the ImPS Replacement 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
- ✓ Launch of the VCS Pathology branch laboratory in Malaysia
- ✓ Completion of the ECHO Immersion training and launch of a regional program for the Indo Pacific
- ✗ 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 Menzies School of Health Research)

This Annual Report showcases our major achievements in what was another significant year for the organisation.

FINANCIAL SUMMARY

AUDIT AND FINANCE COMMITTEE CHAIRMAN
AND DIRECTOR CORPORATE SERVICES REPORT



Mr Tim Humphries
Chairman – Audit &
Finance Committee



Dr Michelle Critchley
Director Corporate
Services

The consolidated net result for VCS Foundation for the financial year ended 30 June 2020 was extremely positive compared with budget, with a surplus of \$1.51M reported after accounting for depreciation and amortisation. Despite a range of operational and safety challenges, the COVID-19 pandemic has created significant new opportunities for the organisation and are reflected in the result.

VCS Foundation leveraged the existing high capacity molecular analytical capabilities at VCS Pathology to diversify into SARS-CoV-2 testing services, the causative virus of COVID-19. This contributed to the 17% increase in patient fees in 2019/20 compared to the prior year. At 30 June 2020, the laboratory had processed over 20,000 specimens from screening clinics and drive through test sites across metropolitan Melbourne, demonstrating the flexibility and commitment of VCS Pathology to support the Victorian COVID-19 response. Many VCS Foundation employees qualified for fortnightly JobKeeper payments under Round One of the program which coupled with the Coronavirus Cash Flow Boost for businesses, both greatly contributed to the strong performance of the organisation.

The financial year was the second full year of the Renewed National Cervical Screening Program and year three of the Federal Government’s four-year commitment to VCS Pathology for the provision of laboratory screening services supporting Renewal. As forecast with the transition to a five-yearly screening cycle, the number of HPV primary screening tests undertaken in 2019/20 decreased to approximately 170,000 tests compared with just over 250,000 tests in the previous

year. Despite the fall in primary test volumes, VCS Pathology continued to maintain a 46% market share for HPV tests conducted across the state. In addition to SARS-CoV-2 tests, the patient fees reported include the bulk billing of Liquid Based Cytology (LBC) tests with Renewal. New investment into automated instrumentation for the Cytology and Histology laboratory will contribute to improved productivity in workflow processes in the coming year.

Operating revenue for 2019/20 includes unbudgeted income from the Global Good Foundation to deliver an IT solution supporting multi-country cervical screening and triage strategies for large-scale clinical trials. This project was unfortunately interrupted by the COVID-19 pandemic in June 2020. The state-wide Immunisation Program Software System Replacement Project commenced in the financial year with milestone payments approved as scheduled for deliverables achieved.

Following the closure of state and national registries in the previous year, a restructure in the financial reporting of VCS Foundation was successfully implemented. The year also saw the adoption of new Accounting Standards which included AASB 16 Leases for the VCS Foundation East Melbourne premises.

Total consolidated expenditure in the financial year decreased by 9% compared with 2018/19. This is the result of targeted cost saving initiatives relating to general expenditure which were implemented early in the financial year pre-COVID-19, plus a changed operating profile during the pandemic which reduced expenditure in many areas. Laboratory consumables were in line with the lower test volumes under the five-yearly HPV screening cycle but included unbudgeted expenditure on SARS-CoV-2 test assays. Salary and wage expenditure remained largely stable.

With the introduction of the COVID Instant Asset Write off, depreciation was lower than budgeted in the financial year. Significant ICT investment was made in staff laptops, equipment and security to transition many teams into work from home arrangements during the pandemic. Budgeted capital expenditure for upgrading the Carlton premises was postponed with COVID-19.

Financial support from both the Commonwealth and Victorian Governments is acknowledged and has been invaluable in enabling VCS Foundation to continue the delivery of service excellence across screening, vaccination and specialist laboratory services, consistent with our purpose.

We also acknowledge the support of the Audit and Finance Committee, the Executive and particularly the finance team in completion of the 2019/20 financial statements in a timely manner, under the pandemic’s restricted working arrangements.

Mr Tim Humphries
Chairman – Audit & Finance Committee

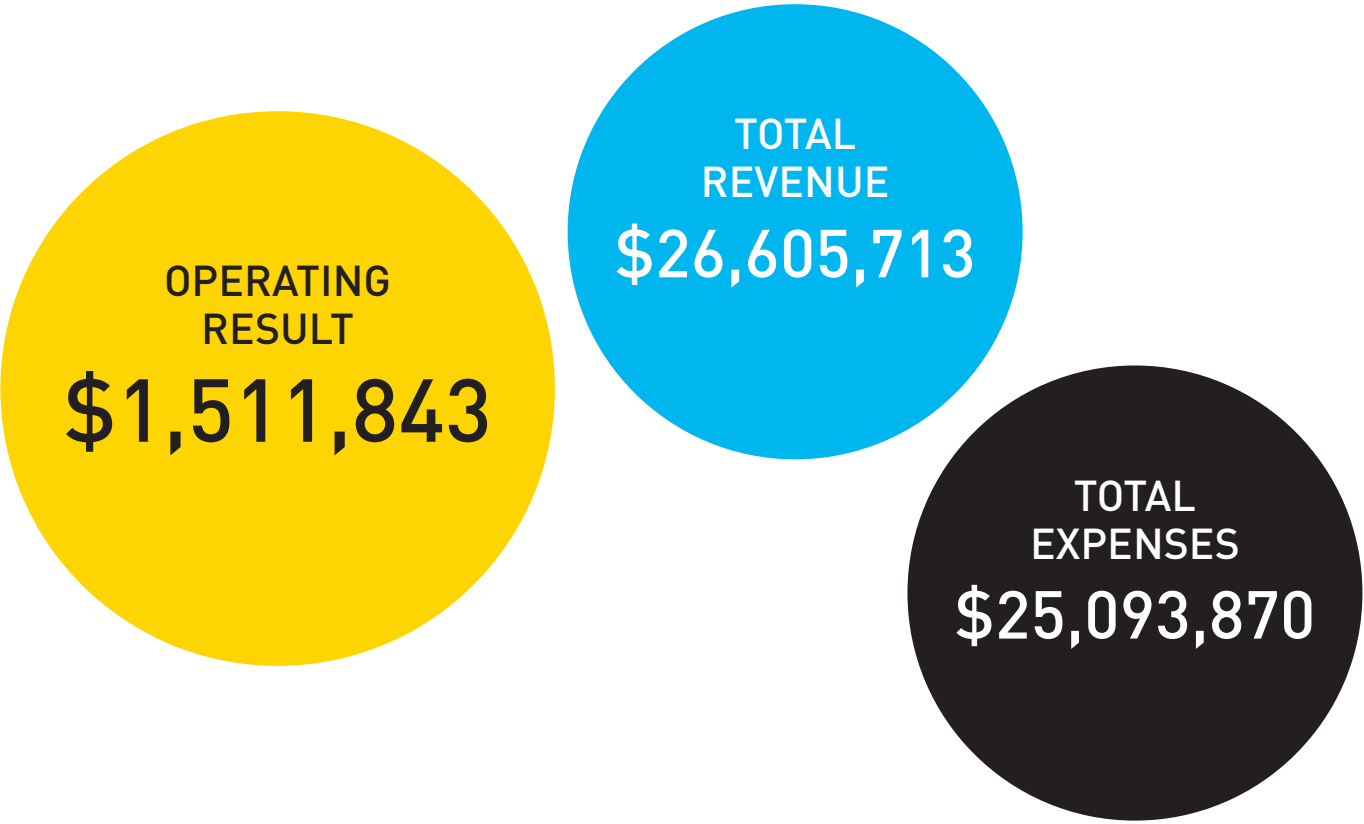
Dr Michelle Critchley
Director Corporate Services

Following the recent adoption by all World Health Organization Member States of the 'Global Strategy: Accelerating the Elimination of Cervical Cancer as a Public Health Problem', there has never been a better time to capitalise on and expand the role of VCS as the National Centre of Excellence to enable Australia to respond effectively and in a nationally coordinated way to the elimination targets.



2019/20 FINANCIALS
AT A GLANCE

FINANCIAL POSITION



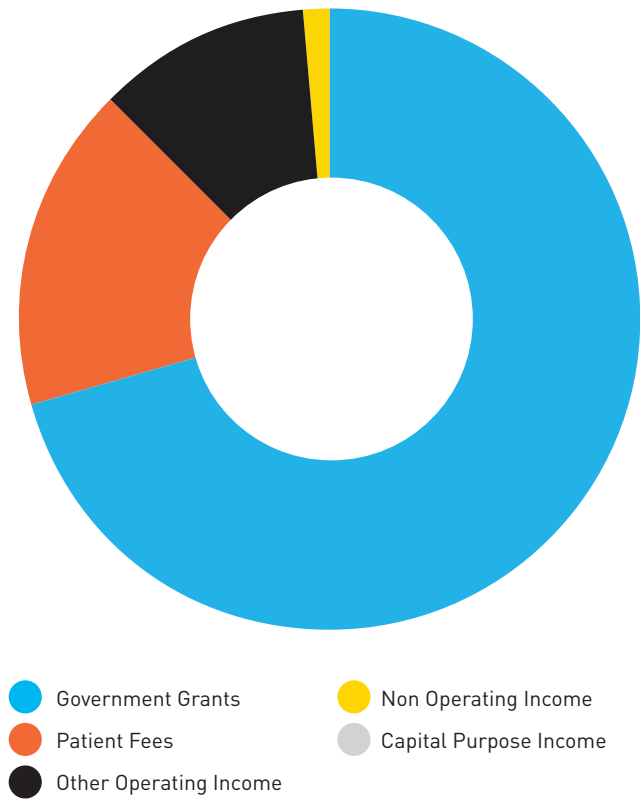
CORE BUSINESS PERFORMANCE

	2019/20	2018/19	2017/18	2016/17	2015/16
	\$	\$	\$	\$	\$
Total Revenue	26,605,713	28,797,979	28,104,030	25,349,828	24,120,709
Total Expenses	25,093,870	27,427,872	28,270,185	24,712,316	26,255,281
NET RESULT Surplus/(Deficit)	1,511,843	1,370,107	(\$166,154)	637,512	(2,134,573)
Total Assets	28,800,410	31,145,539	24,027,269	23,495,604	23,211,845
Total Liabilities	10,133,834	14,070,684	8,322,521	7,624,702	7,978,455
NET ASSETS Total Equity	18,666,576	17,074,855	15,704,748	18,870,902	15,233,390

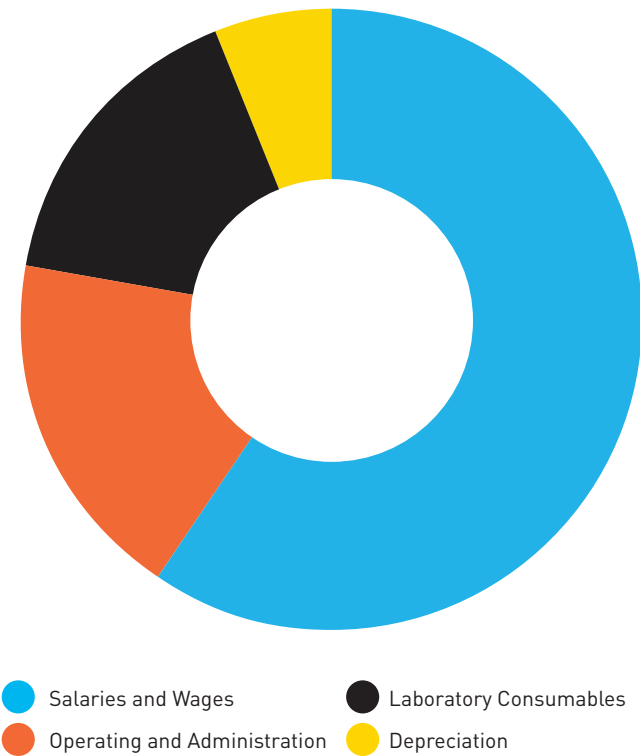
The support provided by the Victorian and Commonwealth Governments has been invaluable in enabling VCS Foundation to deliver outstanding service to participants in population health programs through its laboratory and registry services.

Summary of Consolidated Financial Results
for VCS Foundation Limited

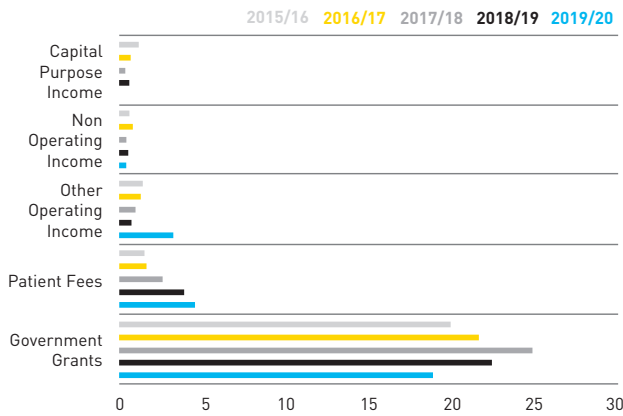
ANNUAL INCOME BY SOURCE 2019/20



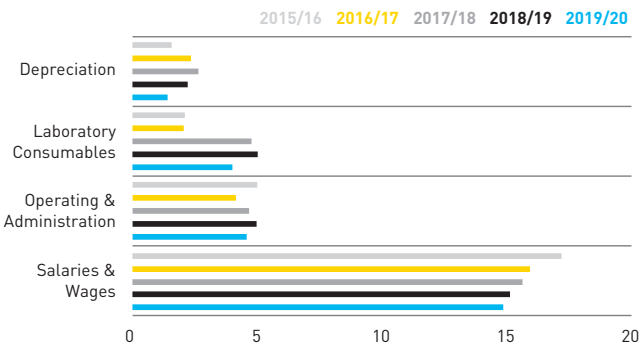
OPERATING EXPENDITURE 2019/20



ANNUAL INCOME BY SOURCE \$M



ANNUAL OPERATING EXPENDITURE \$M

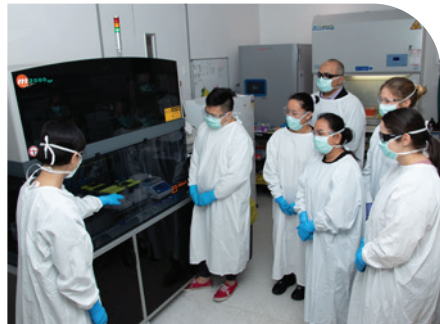


2019/20 SIGNIFICANT EVENTS AT A GLANCE

INTRODUCTION OF SARS-COV-2 TO VCS PATHOLOGY

In early May 2020, VCS Pathology introduced testing for SARS-CoV-2 using its existing scientific platforms without impacting our core cervical screening testing for the National Cervical Screening Program. This new testing capability demonstrates the flexibility and commitment of VCS Pathology to rapidly respond to DHHS requirements and work collaboratively with vendors, regulators and government to support the Victorian COVID-19 response.

[Read more... page 22](#)



RELOCATION OF VCS STAFF TO WORK FROM HOME

A major shift in the operations of the workforce at VCS Foundation occurred as a result of the COVID-19 pandemic and the associated lockdowns in Victoria. As an essential service, VCS Foundation has continued its laboratory and follow-up services but has taken proactive steps to minimise risks from Coronavirus in the workplace. Wherever possible staff are working remotely and have been provided with the necessary equipment and ICT support to work efficiently. Staff who are required to work on site have been divided into team rosters so that the laboratory has the capacity to safely and quickly continue to process COVID-19 and cervical screening samples with no delay in results to patients. The organisation has been fortunate to provide ongoing employment to staff during the pandemic period.

[Read more... page 56](#)



LAUNCH OF SUCCESS ECHO

In December 2019, VCS Foundation introduced a new regional learning community – the SUCCESS (Scale Up for Cervical Cancer Elimination Strategy Success) in the Indo-Pacific ECHO. Using the ECHO™ model and web-based video conferencing, SUCCESS ECHO provides peer-to-peer and expert support to multi-sectorial country teams answering the WHO's call to eliminate cervical cancer as a public health problem over the next century. Covering topics related to screening, vaccination, and treatment, SUCCESS ECHO monthly sessions bring together practitioners seeking and contributing peer and expert advice regarding the challenges faced when scaling up to reach the 2030 WHO Cervical Cancer elimination goals. In December 2019, VCS Foundation was privileged to have the SUCCESS ECHO launched by Dr Nono Simelela ADG, Special Adviser to the Director-General on Strategic Programmatic Priorities WHO, who outlined for participants the Global Strategy to eliminate cervical cancer as a public health problem.

[Read more... page 37](#)



COMPLETION OF COMPASS TRIAL RECRUITMENT

In 2013, VCS Foundation and Cancer Council NSW launched the Compass Trial. Australia's largest clinical trial, Compass investigates the performance of HPV-based screening compared with cytology testing. It is the first trial in the world undertaking this comparison among HPV-vaccinated women. Comparing two and a half yearly Pap screening tests with five yearly HPV tests, the randomised trial aims to confirm that the HPV cervical screening test is a superior screening method, and will demonstrate how HPV-based screening will work optimally in HPV-vaccinated cohorts of women. The trial also provides important safety and quality monitoring data for the renewed National Cervical Screening Program.

In January 2020, we were excited to announce the completion of recruitment to the trial with 76,150 women participating. This is in addition to 5,000 women recruited to the Pilot trial that commenced in 2013. The trial is due for completion five years from the close of recruitment.

[Read more... page 29](#)



ROSE FOUNDATION AND ROSE LABORATORY LAUNCH

Established as a joint venture between VCS Foundation and the University of Malaya, the ROSE program is a revolutionary approach to cervical screening which integrates self-sampling, HPV testing and an eHealth platform. Program ROSE addresses common social barriers to screening, empowering more women to come forward to have a cervical screening test. The eHealth platform ensures they receive the follow up and care they need if they receive a positive screening test result.

The ROSE Foundation and ROSE Laboratory was officially launched in February 2020 by the Malaysian Deputy Energy, Science, Technology, Environment and Climate Change Minister Isnaraissah Munirah Majilis. This launch represents a critical milestone in VCS Foundation's collaboration with the University of Malaya, recognising our shared commitment towards establishing the first national cervical screening program globally based on self-collection and HPV testing.

[Read more... page 28](#)



LR- Prof Marion Saville AM, YB Isnaraissah Munirah bt Majilis, Datuk Ir. Dr. Siti Hamisah binti Tapsir, Ms Fiona Kelly, Prof Yin Ling Woo

BUILDING THE CENTRALISED IMMUNISATION REGISTER FOR VICTORIA

Approximately 50 per cent of immunisations in Victoria are provided by local councils, Maternal and Child Health nurses, and a small number of hospitals. The Immunisation Provider System (ImPS) is an information system that is sponsored by the DHHS and is utilised by 67 Victorian councils and three hospitals to record immunisation encounters. DHHS has engaged VCS Foundation to deliver a state of the art, web-based centralised immunisation information system to replace the legacy ImPS.

[Read more... page 26](#)

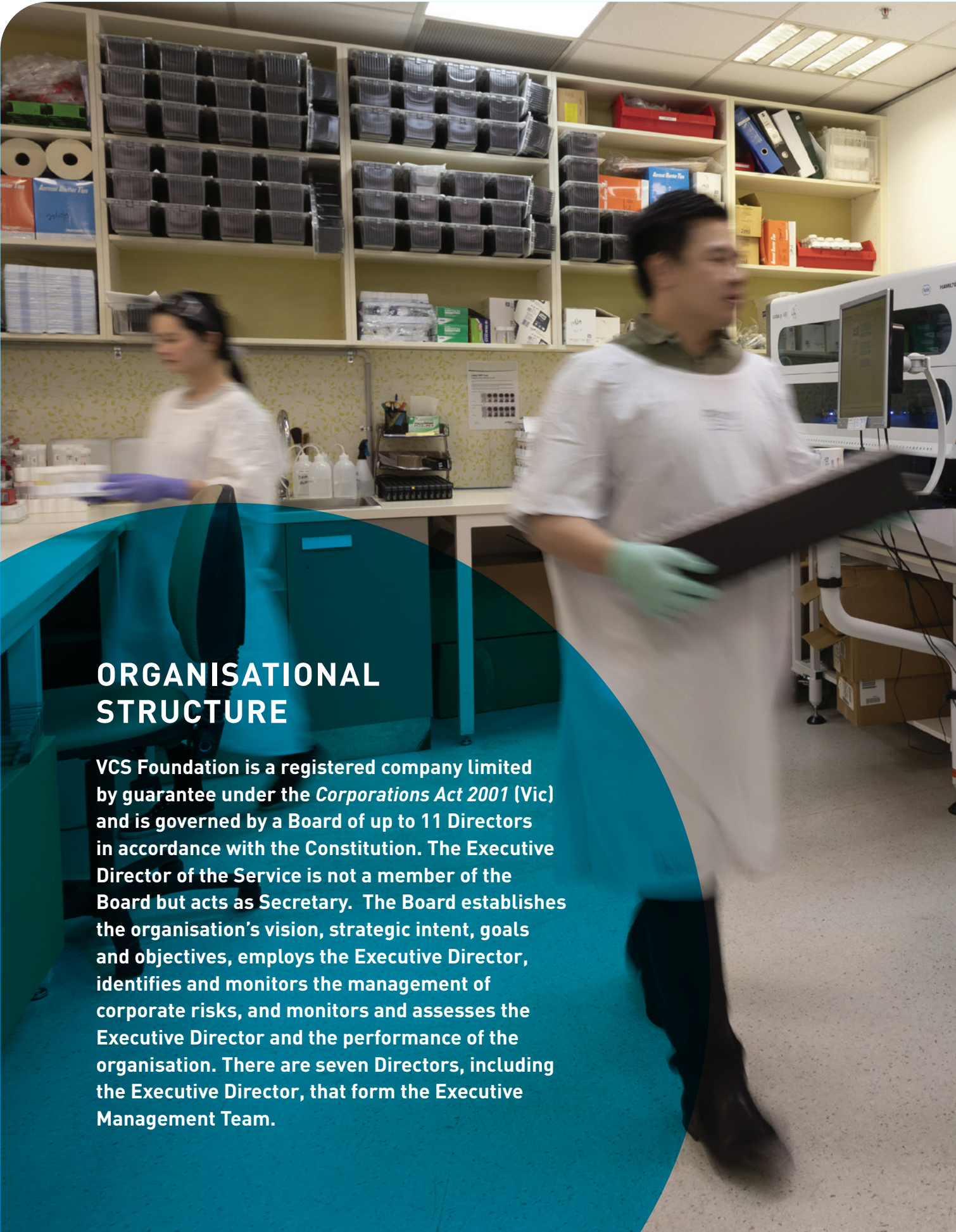


JEAN HAILES WOMEN'S HEALTH – THE NATIONAL ENDOMETRIOSIS CLINICAL AND SCIENTIFIC TRIALS (NECST) NETWORK

It is estimated that 11.4% of Australian women and girls are living with endometriosis. The National Action Plan for Endometriosis (Department of Health, 2018) called for the first ever national approach to reduce the burden of this debilitating and painful condition. In July 2019, VCS Foundation was selected as the preferred tenderer for the software development to support the National Endometriosis Clinical and Scientific Trials (NECST) Digital Platform Project for Jean Hailes Women's Health. Using our proprietary canSCREEN® platform, the NECST Registry will be developed as a national resource of standardised patient data and bio-specimen collection to understand disease trends and improve patient outcomes for participants with endometriosis-related symptoms.

[Read more... page 40](#)





ORGANISATIONAL STRUCTURE

VCS Foundation is a registered company limited by guarantee under the *Corporations Act 2001* (Vic) and is governed by a Board of up to 11 Directors in accordance with the Constitution. The Executive Director of the Service is not a member of the Board but acts as Secretary. The Board establishes the organisation’s vision, strategic intent, goals and objectives, employs the Executive Director, identifies and monitors the management of corporate risks, and monitors and assesses the Executive Director and the performance of the organisation. There are seven Directors, including the Executive Director, that form the Executive Management Team.

VCS FOUNDATION LIMITED EXECUTIVE TEAM



EXECUTIVE DIRECTOR
Professor Marion Saville AM



MEDICAL DIRECTOR
VCS POPULATION
HEALTH
A/Prof Julia
Brotherton



RESEARCH
ASSISTANT
Tracey McDermott



OPERATIONS
DIRECTOR
VCS POPULATION
HEALTH
Genevieve Chappell



OPERATIONS
MANAGER
Tanya O’Farrell



SENIOR HEALTH
INFORMATION
MANAGER
Karen Peasley



PROJECT MANAGER
Kate Wilkinson



DIRECTOR
CORPORATE
SERVICES
Dr Michelle Critchley



FINANCE MANAGER
Ronda Harrison



HUMAN RESOURCES
MANAGER
Sally Wilson



DIRECTOR OF
GLOBAL PROJECTS
Krystyne Dillon



SENIOR BUSINESS
ANALYST
Kath Ryan



DIRECTOR
MOLECULAR
BIOLOGY
A/Prof David Hawkes



CLINICAL
MICROBIOLOGISTS
Hui Tat Mark Chan
Belinda Lin



LIAISON PHYSICIANS
Alexis Butler
Wendy Pakes



MOLECULAR
SENIOR SCIENTIST
Joanne Romano
Marco Ho Ting Keung



DATA INFORMATION
MANAGER
Sheree Holt



DIRECTOR OF
CYTOLOGY AND
HISTOLOGY
Grace Tan



PATHOLOGISTS
Dr Kristy Dundas
Dr Kais Kasem
Dr Fong Koh
Dr Yi Sun
Dr Karen Talia



CYTOLOGY &
HISTOLOGY
SUPERVISOR
Diana Stockman



MULTIDISCIPLINARY
SENIOR SCIENTISTS
Domenica
Giacomantonio
Noni Christou

STRATEGIC PLAN

VCS Foundation is currently operating in its final year of the Strategic Plan 2015-2020. This plan is underpinned by our Vision *"To prevent cancer and infectious diseases through excellence in the provision of population health services supporting screening and vaccination"*.

VCS Foundation's long history as a cervical screening test provider and registry operator allowed the organisation to successfully transition its laboratory and registry services to meet the needs of the National Cervical Screening Program "Renewal" that was launched on 1st December 2017 by the Australian Government. In the life of the Strategic Plan, VCS Foundation's long running operations of the Victorian Cervical Screening Register and South Australian Cervix Screening Register transitioned across to the National Cancer Screening Register. The rapid sector change and events affecting the future of VCS Foundation necessitated a review of the 2015 – 2020 Strategic Plan by the Board of Directors in collaboration with the Executive Management Team to decide on five short and mid-term goals for the organisation whilst in this transitional phase. The outcomes against these goals are contained in this report.

In June 2020 the Board of Directors held a planning meeting and agreed to the five year strategic goals for 2020-25 and targets for 2020/21. This new strategy will form the basis of future Annual Reports ([read more page 54](#)).

A number of initiatives were identified with five considered as the most strategic.

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

INTRODUCTION OF SARS-CoV-2 TESTING FOR THE CORONAVIRUS

When the COVID-19 pandemic arrived in Australia and began to impact our community, VCS Foundation recognised that the existing high capacity of our molecular testing capability at VCS Pathology could be reoriented to include SARS-CoV-2 testing in our service offering. The introduction of this new testing capability demonstrates the flexibility and commitment of VCS Pathology to rapidly respond to DHHS requirements and work collaboratively with vendors, regulators and government to support the Victorian COVID-19 response.

Under the leadership of A/Prof David Hawkes, VCS Pathology was able to offer SARS-CoV-2 testing within an extremely short time period of just six weeks at a time when the demand for tests threatened to cripple the state's pathology services. Teams from across the organisation worked together to develop and implement new policies, procedures, training, personal protective equipment, acquisition of the required assay, platform and consumables and information resources for GPs and consumers.

Since early May 2020, VCS Pathology has tested over 20,000 SARS-CoV-2 samples for various screening clinics and drive-through testing sites across metropolitan Melbourne. The laboratory has maintained a rapid turnaround of urgent samples (usually within 24 hours) for Health Care Workers, Aged Care Workers and other high priority patients, and within five days for non-urgent samples.

VCS Foundation also utilised its courier service to assist the DHHS with transferring specimens from Coronavirus quarantine hotels for returning overseas individuals to the Victorian Infectious Disease Reference Laboratory (VIDRL) for SARS-CoV-2 testing.

SARS-CoV-2 testing at VCS Pathology utilises the Abbott Realtime, Hologic Aptima and Seegene Allplex SARS-CoV-2 assays which have been approved by the Therapeutic Goods Administration (TGA) for use in Australian Laboratories.

VCS Pathology has redeployed existing test platforms for SARS-CoV-2 testing without impacting our capacity or timeliness in reporting cervical screening tests.

Early in the pandemic one of our testing platforms, the Xpert Infinity 80, was moved to the Royal Melbourne Hospital to provide them with greater capacity for SARS-CoV-2 testing to meet urgent demand at that site.

Resources have been developed to assist clinicians in taking a COVID sample and outlining the correct method of packaging for transporting to the laboratory.



VCS Pathology Xpert Infinity 80 moves to Royal Melbourne Hospital.



A/PROF DAVID HAWKES



Director Molecular Microbiology, David Hawkes has significantly contributed to responding to the testing needs of the COVID-19 pandemic in Victoria, by quickly and systematically redeploying our existing testing platforms for SARS-CoV-2 testing while maintaining our core HPV testing capacity.

David identified and overcame all the various challenges and logistics of rapidly pivoting the pathology service enabling VCS Pathology to offer SARS-CoV-2 testing in an extremely short time period.

“David joined VCS as we transitioned from cytology based cervical screening to HPV based cervical screening. He has been committed, flexible and collaborative in his approach to re-engineering the laboratory processes to support a very significant change. In the context of the COVID-19 pandemic he has brought these same qualities to advocating for and enabling VCS to make every possible contribution to assisting with Victoria’s COVID response.” – Executive Director Professor Marion Saville AM

HOW TO TAKE A SARS-COV-2 / UPPER RESPIRATORY TRACT SAMPLE

Patients being tested for SARS-CoV-2 should fulfil current Victorian COVID-19 testing criteria. Visit <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19#assessment> for the most up to date information. Testing for respiratory illnesses will include Flu A/B, RSV, Human Metapneumovirus, Adenovirus, Rhinovirus and Parainfluenza virus.

<p>STEP 1 – Safety precautions</p> <ul style="list-style-type: none">Assess if the patient has severe symptoms suggestive of pneumonia. If this is the case, this patient should be managed in a hospital, including collection of diagnostic samples.Use appropriate precautions to avoid contact and droplet exposure, including hand hygiene and donning Personal Protective Equipment (PPE).Stand slightly to the side of the patient when taking the sample to avoid exposure to respiratory secretions, should the patient cough or sneeze.For more information, refer to https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19#personal	<p>STEP 2 – Oropharyngeal (throat) sampling</p> <p>Swab the tonsillar beds and the back of the throat, avoiding the tongue and saliva.</p> <ul style="list-style-type: none">To conserve swabs the same swab that has been used to sample the oropharynx should be utilised for nasopharyngeal or nasal sampling.	<p>STEP 3 – Nasopharyngeal (nasopharynx) or nasal sampling</p> <p>Nasopharyngeal</p> <ul style="list-style-type: none">Gently insert the flocked swab into nose and slide along floor of nasal cavity approximately the length of the patient's index finger. Leave the swab in place for a few seconds to absorb secretions.Withdraw and repeat the process in the other nostril using the same swab. <p>Nasal</p> <ul style="list-style-type: none">Gently insert the swab along the floor of the nasal cavity parallel to the palate until resistance is encountered, and rotate gently for 10-15 seconds.Withdraw and repeat the process in the other nostril using the same swab.	<p>STEP 4 – Place the swab in the vial</p> <ul style="list-style-type: none">Place the swab into the accompanying viral transport medium.Snap the swab at the indicated break-off point. Use the edge of the vial and cap to apply pressure if required.Replace the cap securely.Follow instructions over the page for labelling, bagging and storing the sample.	<p>STEP 5 – Safety doff PPE</p> <p>Remove your PPE in the following sequence:</p> <ol style="list-style-type: none">Remove gown and glovesWash handsRemove protective eye wearRemove mask/respiratorWash hands <p>For more information, refer to https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19#personal</p>
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Corp: MHA-Pub-165 V1 Apr 20 © VCS Foundation Ltd

VCS Pathology acknowledges the support of the Victorian Government

1. Expand Laboratory Services

SELF-COLLECTION

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. VCS Pathology now supports HPV self-collection Australia-wide including remote and regional locations. So that this test can be offered nationally, VCS Pathology successfully validated the dry flocked swab which is used for self-collection, for high temperatures, humidity, and delays in time to processing to enable its use throughout Australia.

Self-collection allows women to take their own vaginal sample for HPV testing, removing a significant barrier to participation. Australia is one of the first countries to endorse self-collection in its national screening guidelines and VCS Foundation is committed to ensuring Australian women have access to this world-class methodology. Eligible women are provided with this test at no charge through bulk-billing. This is offered to women who are currently at least two years overdue for cervical screening or have never screened before and who have declined a practitioner taken sample. HPV self-collection is an important new tool to increase cervical screening participation amongst under and never-screened women. There is strong potential for its use to be expanded to a broader group of women in the future.

Self-collection allows women to take their own vaginal sample for HPV testing, removing a significant barrier to participation.

Since its introduction in January 2018, VCS Pathology has reported 4,133 self-collection samples. This represents 4,133 women who have not been screened for more than four years that have either re-engaged in, or engaged for the first time with the screening program.

The VCS Pathology Liaison Physicians have developed the first HPV Self-Collection Clinical Audit that has been accredited by the Royal Australian College of General Practitioners (RACGP) Quality Improvement and Continuing Professional Development (CPD) program, the Australian College of Rural and Remote Medicine (ACCRM) and the Australian Practice Nurses Association (APNA) and entitles participating GPs, rural generalists and practice nurses to earn Quality Improvement and Continuing Professional Development (QI & CPD) points for 2017-19.

Although delayed by the pandemic, we are working towards accreditation of updated resources for the 2020-2022 professional learning triennia.

The Clinical Audit aims to assist GPs and practice teams to proactively identify women who may be under-screened or never-screened and increase their participation in the cervical screening program. Women between the ages of 30-74 years who are unscreened or two or more years overdue for cervical screening are supported by GPs and nurses undertaking the audit activity to access screening. The audit activity aims to achieve the outcome of engaging the women in either routine cervical screening or, if they decline, to access the self-collection pathway.

INTRODUCTION OF HOME-BASED SELF COLLECTION TO SUPPORT CERVICAL SCREENING WITH TELEHEALTH

During the COVID-19 pandemic, there has been a strict restriction of movement within the community to protect the health of Victorians. Despite the fact that people were able to and encouraged to visit their GP for medical care, VCS Foundation observed a corresponding steep decline in cervical screening activity during Victoria's lockdown periods, down to as low as 30% of expected volumes in April and May 2020. To facilitate screening during the pandemic VCS Foundation launched a new initiative to assist clinicians to encourage and support under-screened patients to participate in cervical screening, by offering to send home self-sampling kits to patients who are identified as never-screened or under-screened during a telehealth consultation.

This initiative empowers screening participants to collect a HPV sample in the privacy of their own home without needing to visit a clinic, and with the support of their health care practitioner. VCS Foundation receives the test request from the clinician, checks the patient's eligibility for self-sampling with the National Cancer Screening Register, then posts a self-sampling kit with instructions to the patient's preferred address.

The Commonwealth Government's expansion of the Medicare Benefits Scheme (MBS) telehealth items in response to the pandemic opened up this opportunity to support clinicians to offer this very safe cervical screening service model. Primary care clinics can proactively identify under or never-screened patients in their patient database and reach out to offer home-based cervical screening.

Home-based screening is expected to be extremely well accepted and welcomed by a range of under-screened cohorts, including groups that the National Cervical Screening Program may never have reached before. For example, transgender men who may feel unsafe or unsupported to request a cervical screening test from their health care practitioner, people with disabilities who experience difficulty accessing suitable screening services, and patients who have experienced trauma and are fearful of or distressed by cervical screening.

The initiative has been met with enthusiasm by our cancer screening partners, including the Department of Health and Human Services, Cancer Council Victoria and the Victorian Aboriginal Community Controlled Health Organisation.

VCS PATHOLOGY OFFERS SUPPORT FOR CERVICAL SCREENING WITH TELEHEALTH



VCS Pathology is now offering to send home self-sampling kits to eligible women in order to assist clinicians in screening asymptomatic women that are identified as UNSCREENED or UNDERSCREENED during a Telehealth consultation.



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 based 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 in working locally to assist the Victorian DHHS with optimising other population health based services.

BUILDING A CENTRALISED IMMUNISATION INFORMATION SYSTEM FOR VICTORIAN LOCAL COUNCILS

Approximately 50 per cent of immunisations in Victoria are provided by local councils, Maternal and Child Health nurses, and a small number of hospitals. The Immunisation Provider System (ImPS) is an information system that is sponsored by the Department of Health and Human Services (DHHS) and is utilised by 67 Victorian councils and three hospitals to record immunisation encounters. DHHS has engaged VCS Foundation to deliver a state of the art, web-based centralised immunisation information system to replace the legacy ImPS.

The new system is called Centralised Immunisation Records Victoria (CIRV) and it will be rolled out to participating local councils and hospitals in the first half of 2021. Some of the key benefits of the new system include the following:

- Every immunisation client will have a single, up to date record including clinical notes and alerts that is available to every immunisation provider that uses CIRV.
- CIRV will be accessible to immunisation providers on laptops, tablets and mobile phones, and parents will have the option to provide consent online through a secure Digital Consent Portal.

- CIRV will provide a view of real-time data at a state-wide and regional level which will inform Victorian immunisation policy and initiatives to increase coverage amongst under-immunised and at risk groups.
- CIRV will automatically send immunisation encounters to the Australian Immunisation Register (AIR), ensuring that families can have timely access to childcare payments and enrolment to childcare under the No Jab No Pay and No Jab No Play policies.

This project is directly aligned with VCS Foundation's strategic initiative to support effective delivery of immunisation in Victoria. CIRV will provide a configurable platform that can be adapted and scaled up as required to meet emerging public health priorities, such as recording COVID-19 immunisation encounters when a vaccine becomes available.



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, which means 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 DHHS engaged with VCS Foundation and the VCS Digital Health team led the customisation and configuration of 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.

Since the VCS Digital Health team implemented the technical solution called PAIVnG (Providing Access to Immunisation to Vulnerable Groups) in January 2018, VCS Foundation has continued to support this important project enabling local council project partners to track and refer refugee and asylum seeker clients to complete immunisation.

PAIVnG centralises management of all project data, which allows a single view of participants for councils and DHHS to easily monitor both participant and project progress. In addition, the VCS Population Health team provide PAIVnG operational project support and data reporting to the participating councils - Hume, Whittlesea and Greater Dandenong. As at 26th October 2020, the councils have notified 7,784 refugees into the project, referred 6,375 to immunisation providers, initiated 6,064 appointments and 4,845 refugees are up to date with their immunisations following referral. The Victorian Government has further extended this successful pilot project to 31st December 2020 awaiting the outcome of a bid for longer term funding.

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 17th September 2020 YPHS has notified 665 young people into the project, referred 599 to immunisation providers, initiated 466 young people for catch-up appointments and ensured 199 young people were fully immunised.

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 based programs.

3. Pursue Asia Pacific Screening Programs Beginning with Project ROSE

MALAYSIAN SELF SAMPLING ROSE FOUNDATION AND LABORATORY

VCS Foundation and the University of Malaya 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.

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 (Removing Obstacles to Cervical Screening) 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.

Instead of the conventional Pap smear conducted by a healthcare professional, involving a pelvic examination, Program ROSE offers women the choice of using a self-swab: a quick, convenient and effective approach to enable molecular tests to be undertaken followed by prompt delivery of results straight to women’s mobile phones. This technology is supported by VCS Foundation’s canSCREEN® product, 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. The program was established in June 2018 and has attracted over 8,000 women to date with five in every 100 women screened having an abnormal screening tests that required follow-up screening. Program ROSE provides

an important safety net to ensure that women in whom HPV is detected are followed up and managed appropriately.

The ROSE Foundation was established as a joint venture between the University of Malaya and VCS Foundation to support this unique program. The mission of ROSE Foundation is to deliver the highest standard of cervical screening services to women in Malaysia using the ROSE approach, in line with the WHO cervical cancer elimination goals and prioritizing the under-screened population. Its vision is a cervical cancer-free future for women in Malaysia. ROSE Foundation also runs the ROSE Laboratory to provide a centralised cervical screening service using HPV testing.

The ROSE Foundation and ROSE Laboratory was officially launched on 17th February 2020 by the Malaysian Deputy Energy, Science, Technology, Environment and Climate Change Minister Isnaraissah Munirah Majilis. This launch represents a critical milestone in VCS Foundation’s collaboration with the University of Malaya, recognising our shared commitment towards establishing the first national cervical screening program globally based on self-collection and HPV testing.

Program ROSE is co-led by Prof Marion Saville AM and Prof Woo Yin Ling of the University of Malaya.

The ROSE program is a first of its kind solution in the world, which addresses the social and health system barriers in helping women come forward to have a cervical screening test.



Mr Michael Growder – Deputy High Commissioner, Australian High Commission Malaysia, Prof. Marion Saville AM, Executive Director VCS Foundation, YB Isnaraissah Munirah bt Majilis – Member of Parliament for Kota Belud, Sabah, Datuk Ir. Dr. Siti Hamisah binti Tapsir – Secretary General, Ministry of Science, Technology and Innovation Malaysia, Ms Fiona Kelly, VCS Foundation Ltd. Board Director, Prof. Dr. Woo Yin Ling – Department of Obstetric and Gynaecology, Faculty of Medicine, University of Malaya



L/R Mr Marco Keung, Senior Scientist, VCS Foundation Ltd., Associate Prof. Dr. Reena a/p Rajasuriar – ROSE Laboratory Director, Norazwana binti Samat – ROSE Laboratory Supervisor



4. Articulate and Leverage the Value of Compass

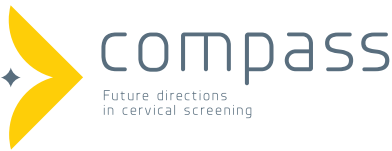
Australia is leading a world-first clinical trial led by VCS Foundation and Cancer Council NSW. The trial aims to find the most effective strategies for cervical screening in HPV vaccinated women.

The Compass Trial is a key piece of Australian research supporting the National Cervical Screening Program (NCSP). Compass is the largest clinical trial in Australia, conducted by VCS Foundation and Cancer Council NSW. It is expected to inform future changes to the NCSP by confirming that the HPV test is a superior screening method and to assess different ways of deciding which women need further investigations. Specifically, for women in whom HPV (not 16/18) is detected,

we will evaluate whether dual stain cytology can outperform Liquid Based Cytology (LBC) in determining which women require immediate colposcopy. There is early evidence that if dual stain cytology is negative, women could be followed up again at three years rather than one year, giving more women a chance to clear incident HPV infections and avoid unnecessary referral to colposcopy. A further advantage is that it is very likely that the reading of dual stained slides could be automated, potentially addressing a predicted future workforce shortage of cytologists. Importantly, the trial also incorporates a “safety monitoring” arm in which 10% of HPV negative women will be invited to have an additional LBC test at two and a half years. Any underperformance of the HPV test, leading to unexpected loss of safety of the longer interval (five years) would be apparent in this group, enabling an appropriate trial and NCSP response.

Importantly for the NCSP, the roll out of the Compass pilot informed many aspects of the implementation of the renewed screening pathway, including processes in the laboratory and registry.

In January 2020, we were excited to announce closure of Compass recruitment with 76,150 participants. The trial is due for completion five years from the close of recruitment.



Compass Total Recruitment	Target	Number recruited	% of target recruited
Eligible for HPV vaccination	40,000	39,807	99.51%
Not eligible for HPV vaccination	36,300	36,376	100.20%
Total	76,300	76,183	99.85%

A joint research initiative of VCS Inc. and Cancer Council NSW



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

The branding of VCS Foundation enables us to continue to build on the important work we do, explore new opportunities and reach out to low income, resource constrained countries in our region. Our goal is to increase screening participation and HPV vaccination coverage 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 WHO global call to action to help end the suffering caused by cervical cancer.

An internal policy to guide our employees in use of the VCS Foundation brand was developed in this financial year. The corporate identity of VCS Foundation which includes Logos, Business Names and Trade Marks is targeted at maintaining the brand recognition and profile of the organisation in its projects, services and business activities with government, stakeholders and the community.



CORE SERVICES





VCS PATHOLOGY

VCS Pathology is the largest not-for-profit cervical screening laboratory in Australia. Tests are free of charge to women as long as they have been taken in accordance with national program guidelines.

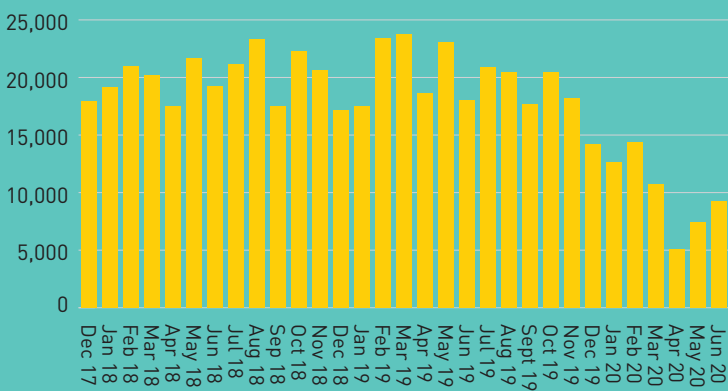
The high volumes of cervical screening tests we receive provide us with the capacity to do rigorous analysis of trends and quality measures to inform the NCSP. We are able to provide data and knowledge to researchers to help ensure that women in Australia and in the Indo Pacific region have the best, and most appropriate test available to them.

HPV TESTING

In 2019/20, VCS Pathology reported approximately 170,000 HPV tests compared to 250,000 in the previous year.

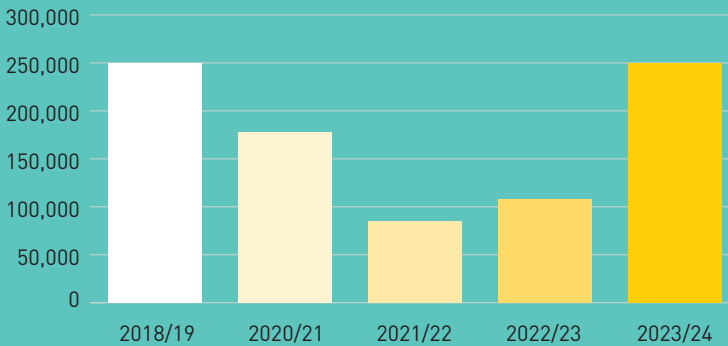
As anticipated, primary HPV tests have declined due to the transition to a five yearly screening interval for HPV testing from the two yearly cytology-based testing interval on 1st December 2017. Switching to a longer screening interval has resulted in predicted transitional fluctuations for volumes of tests. It will be several decades before a ‘steady state’ is reached for the new test volumes. Although there is a drop in the volume of testing VCS Pathology continues to achieve a 46% market share of HPV tests taken across the state. As a result of the COVID-19 pandemic, Victorians have delayed cancer screening and diagnostic appointments, contributing to an approximately 30 per cent reduction in cancer notifications since lockdown began in Victoria in March 2020.

HPV TEST NUMBERS



* Dec 2017 – Commencement of the renewed National Cervical Screening Program transitioning from two-yearly cytology based testing to five yearly HPV testing.

PREDICTED NUMBER OF HPV TESTS AT VCS OVER THE 5 YEAR SCREENING INTERVAL



VCS PATHOLOGY

HISTOLOGY

Histology volumes continue to grow with 4,720 cases received compared with 3,896 in 2018/19.

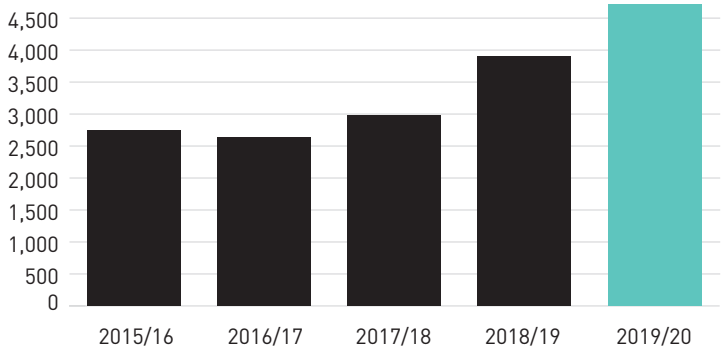
The increase in histology samples is due to increased disease detection resulting from the programs transition to the more sensitive primary HPV test. The increased sensitivity for high grade disease is resulting in an initially higher colposcopy referral rate and treatment as existing disease is detected in the renewed NCSP.

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

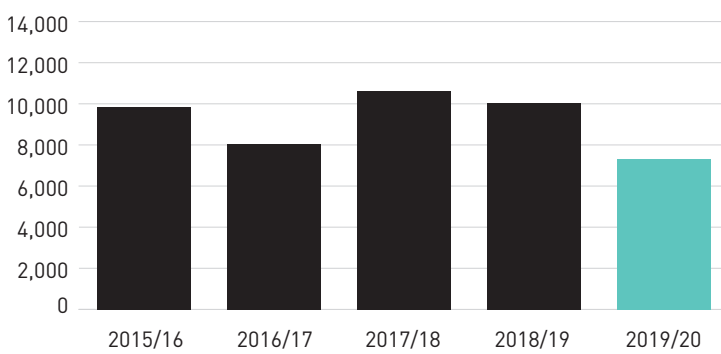
CHLAMYDIA AND GONORRHOEA

Most chlamydia and gonorrhoea test requests at VCS Foundation are taken from samples received for HPV. With the decline in HPV testing, the demand for these two tests has also been impacted. 7,309 chlamydia tests were reported in 2019/20 compared to 10,630 cases in 2018/19. Since the introduction of gonorrhoea testing in 2017, the laboratory has reported 8,742 gonorrhoea tests.

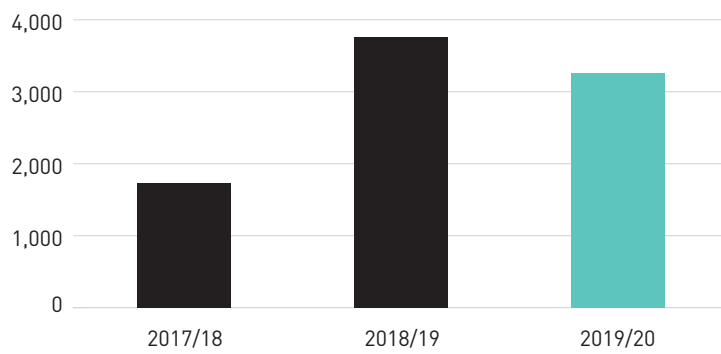
HISTOLOGY VOLUMES



CHLAMYDIA TEST VOLUMES



GONORRHOEA VOLUMES



EDUCATION, COMMUNICATIONS AND MARKETING

The VCS Liaison Physicians provide free accredited medical education, training and on-call advice related to cervical screening.

The VCS Liaison Physicians provide free accredited medical education and training to General Practitioners (GPs), Nurses, O&G Specialists, GP and O&G Registrars, International Medical Graduates and Overseas Trained Doctors and Aboriginal Health Workers each of whom play important roles in promoting and undertaking screening pathways.

The training aims to advance medical practitioner skills and confidence, ensuring clinical decision-making aligns with the National Cervical Screening Program (NCSP). In addition to mainstream general practice, clinical training is delivered across a diversity of clinical settings including rural, remote, regional and community health services,

and Aboriginal and Torres Strait Islander health services.

Our Liaison Physicians are focused on education around self-collection and are working in partnership with Cancer Council Victoria to actively promote self-collection in Victoria. We know that by advancing local care providers' knowledge and skills in early detection, we will greatly increase participation in cervical screening.

The Liaison team manage approximately 75 phone calls a week from clinicians across Victoria seeking information about the current screening guidelines and management of patients. Face to face visits will resume when the COVID-19 pandemic is under control. Up until December 2019, the Liaison team visited 42 clinics in metropolitan Melbourne and Rural Victoria, including presentations to Monash Medical students to provide updates on:

- 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, and
- Reaching the target recruitment for the Compass Trial.

The Liaison Physician team is supporting the Victorian Government's Cancer Screening Primary Care and Workforce Strategy 2019-22 (see page 36), providing education and training sessions on the three cancer screening programs, cervical, breast and bowel. Face to face sessions have been deferred due to the pandemic but have been replaced with webinar 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:**
- 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

VCS PATHOLOGY



PRIMARY CARE AND
WORKFORCE GROUP –
CANCER SCREENING
EDUCATION AND TRAINING

In May 2019, DHHS endorsed a Victorian Cancer Screening Framework, a new governance and funding model for Victoria’s cervical, breast and bowel screening programs. A three year strategy and annual activity plan has been developed by the Victorian Cancer Screening Steering Committee which consist of members from DHHS, VCS Foundation, BreastScreen Victoria, Cancer Council Victoria, the Victorian Aboriginal Community Controlled Health Organisation. The Committee is working together to reach the annual goals and implement the overall strategy.

Chaired by VCS Foundation and auspiced by the DHHS, this group which includes BreastScreen Victoria, Cancer Council Victoria, Victorian Aboriginal Community Controlled Health Organisation, and Primary Health Network representatives, is responsible for developing and implementing the Victorian Government’s Cancer Screening Primary Care and Workforce Strategy 2019-22 (Strategy). The Strategy will support an integrated, evidence-based cancer screening education and training approach and supporting systems, resources, tools and communications for the cancer screening workforce to improve adherence to clinical guidelines, increase health care practitioner endorsement of screening, and increase participation of under-screened populations.

The priority focus areas of the Strategy are:

- Enhance integrated approaches to cancer screening service delivery
- Support innovative, culturally safe and inclusive service systems that remove barriers to under-screening communities, and
- Foster the use of technology to improve cancer screening service systems.

Development of cancer screening education and training to primary care teams, including GPs, practice nurses and practice managers is underway. Education and training activities are essential to ensure that local health services are equipped to provide accurate clinical information, culturally safe screening services and appropriate referral pathways prior to delivery of place-based cancer screening community engagement and communications activities.

The COVID-19 pandemic has impacted the roll out of the plan. With face to face education and training not an option, the activities are being delivered to primary care clinics in three targeted local government areas of Wyndham, Mildura and Whittlesea in 2020 via webinars. This will be followed by a suite of community-based interventions led by Cancer Council Victoria and other screening partners - such as a local champions/influencers program, local social marketing activities, settings-based interventions, and advocacy and engagement with local GPs, nurses, allied health workers, community health services and community health workers.

SUCCESS ECHO
(Scale Up for Cervical Cancer
Elimination Strategy Success
in the Indo-Pacific)

Project ECHO (Extension for Community Health Care Outcomes) is a movement to share knowledge and amplify local capacity to provide best practice care for people all over the world. With the motto of “All teach, all learn”, each ECHO hub creates a community of practice around a health need or subject area to build capacity and learning through shared information exchange.

VCS Foundation launched the SUCCESS ECHO to provide peer-to-peer and expert support to multi-sectorial country teams answering the WHO call to scale up cervical cancer prevention to eliminate cervical cancer as a public health problem within the next century (incidence of cervical cancer of <4 per 100,000 per year).

Each month we bring together clinicians, health policy makers, public health practitioners, academics, researchers, and other interested parties from across the Indo-Pacific through videoconferencing. Sessions are alternatively chaired and facilitated

by A/Prof Julia Brotherton and Prof Marion Saville AM. Topics related to cervical screening, HPV vaccination, or cervical cancer treatment are covered in each session in short didactic expert case studies presented by participants. SUCCESS ECHO monthly sessions facilitate the seeking and contributing of peer and expert advice regarding the challenges faced when scaling up to reach the 2030 goals for all countries to:

- Achieve 90% HPV vaccination coverage by age 15 years
- Achieve 70% participation in twice lifetime high precision screening of mid adult women, and
- Achieve 90% treatment of screen detected cervical lesions and cancers.

Launched in December 2019, with a presentation from Dr Princess Nothemba (Nono) Simelela of the WHO, the ECHO sessions have been popular and well attended with participants from 30 countries engaged to date even through the competing priorities arising from the COVID-19 pandemic. For more information, please see our SUCCESS ECHO page: <https://www.vcs.org.au/echo-success/>



success echo





VCS POPULATION HEALTH AND VCS DIGITAL HEALTH

VCS Population Health are leaders in the delivery of high quality, high performance population health services and are committed to making a difference. Drawing from 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 are a key asset to drive 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 such as supporting 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 program, in Australia or globally.

IMPROVING SURVEILLANCE OF THE EFFECTIVENESS AND OUTCOMES OF CERVICAL, BREAST AND BOWEL SCREENING PROGRAMS

In May 2019, DHHS endorsed a Victorian Cancer Screening Framework, a new governance and funding model for Victoria's cervical, breast and bowel screening programs. A three year strategy and annual activity plan has been developed by the Victorian Cancer Screening Steering Committee which consist of members from DHHS, VCS Foundation, BreastScreen Victoria, Cancer Council Victoria, the Victorian Aboriginal Community Controlled Health Organisation. The Committee is working together to reach the annual goals and implement the overall strategy.

This collaboration and framework will improve our understanding about who and where Victoria's under-screened and never-screened populations are.

DHHS and the Victorian Cancer Screening Committee have identified the need for a more integrated approach to cancer screening data and surveillance in Victoria in order to ensure that screening program partners are able to better utilise combined screening data to deliver screening system improvements and drive equitable outcomes.



"This collaboration and framework will improve our understanding about who and where Victoria's under-screened and never-screened populations are."

With its 30 year background in data management, reporting and registry services, VCS Population Health are providing their expertise to support the Victorian Cancer Screening Framework and to lead the Data and Surveillance Working Group with the aim of improving surveillance of the effectiveness and outcomes of the breast, bowel and cervical screening programs in Victoria through an integrated and consistent approach to data collection, use and reporting.

The Strategy will ensure timely, accurate and rich data is available to the Department, cancer screening agencies, health service providers, researchers and other stakeholders to:

- Inform cancer screening service planning at the local, regional and state level
- Develop and evaluate initiatives to improve screening program participation, access and performance
- Identify under-screened groups and monitor their participation rates, and
- Support research and evaluation to improve Victorians' cancer outcomes.

The key objectives of the Cancer Screening Data and Surveillance Strategy are to:

- Ensure access to timely and accurate data to support service planning and program delivery across each program's cancer screening pathway
- Utilise data to establish and monitor baseline participation rates and improvements in screening participation outcomes, and
- Develop consistency and integration across cancer screening datasets.

VCS Population Health, in collaboration with all screening partners, has made significant progress on the establishment activities for 2019/20. Two key achievements include:

- An Integrated Cancer Screening Data and Reporting Solution has been built that can import, manage and output data. It will use and link data from relevant cancer screening and related datasets. The Data and Reporting Solution will be used to build a detailed picture of cancer screening in Victoria to inform statewide and targeted policy and service planning initiatives. For example, participation data has been produced stratified by a range variables including language, Aboriginal and Torres Strait Islander status, age, socio-economic status and remoteness. These reports enable screening programs to identify under-screened communities that experience barriers to screening and may need innovative approaches to engage them in cancer screening.
- A comprehensive Victorian Cancer Screening Data Monitoring Framework has been established. It sets out the purpose of the integrated approach to cancer screening data monitoring and reporting; includes agreed indicators, priorities and reports for the three screening programs; outlines data governance arrangements including data sharing, access and data linkage protocols; and identifies key data sources.



VCS POPULATION HEALTH AND VCS DIGITAL HEALTH

JEAN HAILES WOMEN'S HEALTH - THE NATIONAL ENDOMETRIOSIS CLINICAL AND SCIENTIFIC TRIALS (NECST) NETWORK

The National Action Plan for Endometriosis (Department of Health, 2018) set out the first ever national approach to strengthen the response to endometriosis management and research and to improve the quality of life for those that are affected by this debilitating condition. It recognised that within Australia there was a need to improve awareness, education, diagnosis, treatment and research into endometriosis and its associated symptomatology.

In July 2019, VCS Foundation was selected as the preferred provider for the software development to support the National Endometriosis Clinical and Scientific Trials (NECST) Digital Platform Project for Jean Hailes Women's Health.

The National Endometriosis Clinical and Scientific Trials (NECST) Registry will be a nationally co-ordinated database containing securely held patient details, clinical history, diagnostic results, treatment details and health outcomes, for patients who have given informed consent for their details to be included, to support research into endometriosis. This national database will underpin a comprehensive national program of clinical, basic science and

translational research relevant to the needs of Australians with endometriosis, consistent with the research objectives in the National Action Plan for Endometriosis.

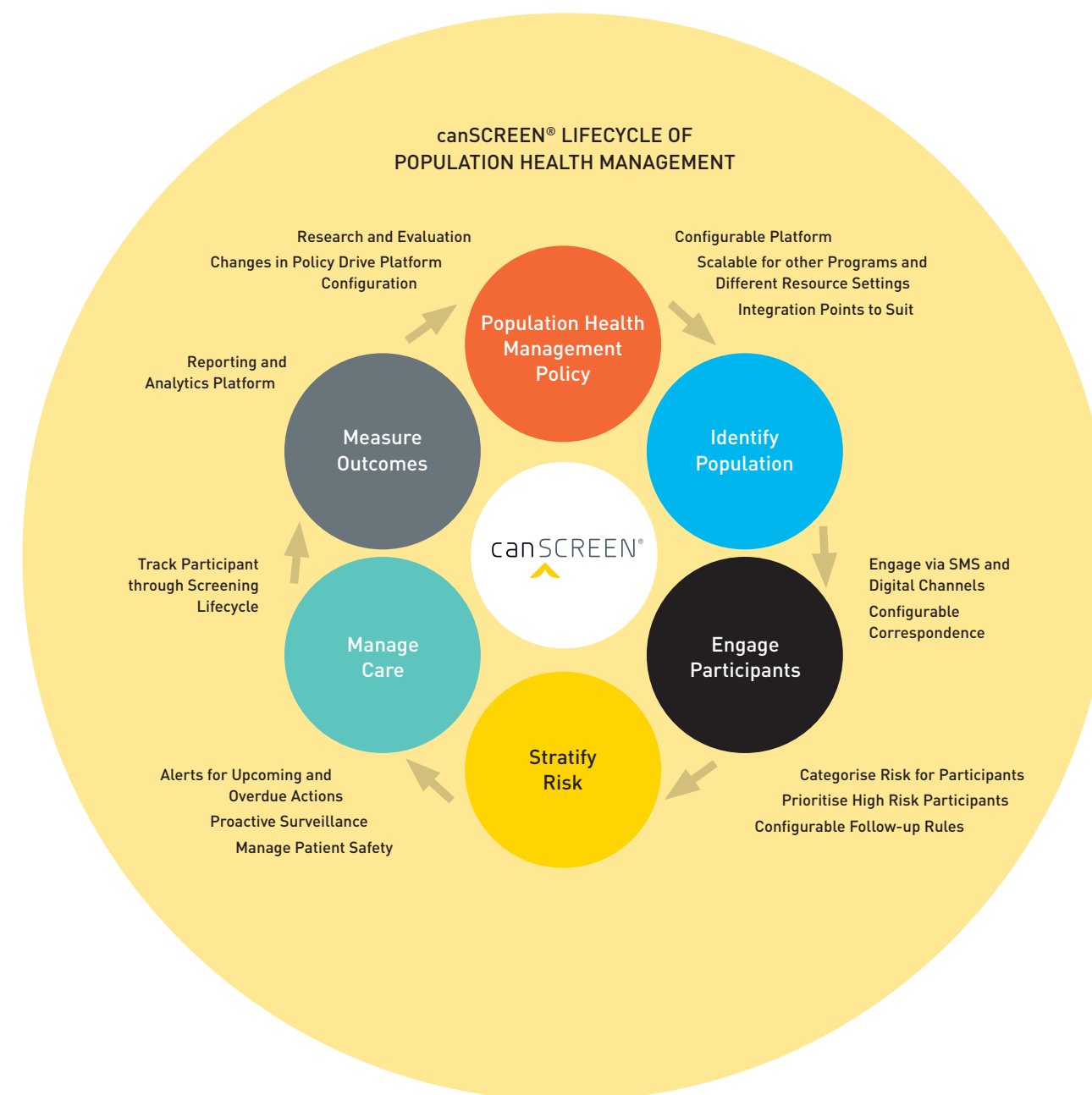
The VCS Digital Health team are working closely with Jean Hailes Women's Health to deliver this project with the NECST Registry roll out anticipated in December 2020.

**It is estimated that 11.4%
(more than 730,000)
Australian women and girls
are living with endometriosis.**



canSCREEN® POPULATION HEALTH MANAGEMENT PLATFORM

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 and underpins global partnership opportunities.



VCS POPULATION HEALTH AND VCS DIGITAL HEALTH

REGISTRY SERVICES AND OPERATIONS

National Bowel Cancer Screening Program (NBCSP)

Participant Follow Up Function (PFUF)

An important component of the National Bowel Cancer Screening Program (NBCSP) is the follow-up of participants with a positive Faecal Occult Blood Test (FOBT) result. In 2012, VCS Foundation was contracted by the Victorian DHHS to operate the Participant Follow Up Function (PFUF) to support Victorian bowel screening participants. The service commenced in 2013.

PFUF is performed in conjunction with safety net reminder letters sent by the National Cancer Screening Register to ensure that participants with a positive FOBT who have not yet visited a healthcare professional or undertaken an assessment colonoscopy, progress along the screening pathway and receive the appropriate recommended care.

Since the commencement of the program the PFUF Team have followed up 58,703 participants, including 16,552 participants in the 2019/20 financial year.

Compass Register

VCS Population Health continues to operate the Compass Register supporting follow up activities for healthcare providers and women participating in the Compass Trial. The Compass Register routinely accepts and records cervical screening tests and related investigations, such as colposcopy and histology results to provide follow up services in accordance with the Compass Trial protocols. The services include:

- Compass Hotline for participants and healthcare providers
- Reminders and communication to women participating in the Compass Trial
- Management and provision of screening histories to healthcare providers and laboratories
- Monitoring and follow up of trial participants
- Provision of reports to healthcare providers to remind them when participants are due for their next Compass screening test, and
- Data processing and reporting.

Recruitment for the Compass Trial concluded at the end of November 2019 and as at the end of June 2020, the Register was responsible for over 80,000 participants. This includes participants in the Compass Pilot study, which is nearing completion, and the main trial. On completion of the Compass Trial, each participant will exit and their complete records will be transferred to the National Cancer Screening Register for ongoing follow up.

The Compass Register will continue to support healthcare providers and participants until the conclusion of the Compass Trial in 2026, allowing for the exit test at five years and follow-up of women in whom HPV is detected on the exit test.

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. The core group consists of researchers from the Cancer Council NSW, VCS Foundation, the University of Melbourne and the Kirby Institute with combined 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.

C4 focuses on:

- Evaluating the effectiveness of next generation primary HPV screening and HPV vaccination approach
- Developing better tools for monitoring HPV and for predicting abnormalities
- Assessing the impact of the HPV vaccination program in Australia, and
- 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.

C4 is supporting the WHO strategy for cervical cancer elimination as a public health problem, with contribution of our expertise to multiple areas of research and implementation activity to ensure that this strategy becomes a reality in Australia, our region and beyond.

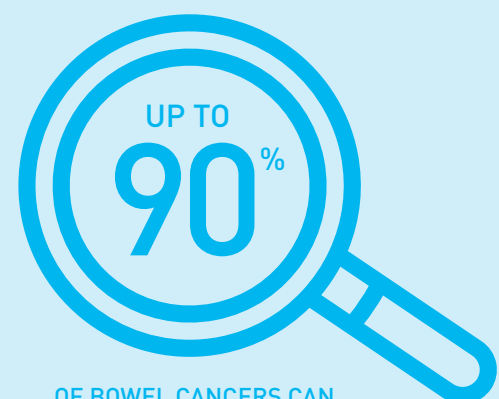
Our key contributions include:

- Modelling work to inform the elimination strategy
- Membership of WHO expert advisory groups
- Working locally with government and key stakeholders to inform strategies for monitoring progress and achieving elimination in Australia
- Working regionally with governments and key stakeholders to inform strategies for scale up to meet the WHO strategy targets, and
- Developing partnerships and grant applications for the undertaking of implementation research to inform scale up for elimination in our region.

Within the CRE, VCS is actively engaged in Australian policy relevant research including the following projects:

- STORIES interview study documenting the perceptions of key stakeholders around the implementation of Renewal.
- Piloting of a cervical cancer HPV typing system for Australia
- VCA funded trial of a universal access to self-collection policy in Victorian practices
- VCA funded study on Improving the benefits of the renewal of the National Cervical Screening Program for Victorian Aboriginal women
- Comparison of HPV surveillance approaches using routine screening HPV assay data compared with genotyping using Linear Array.

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.



OF BOWEL CANCERS CAN
BE SUCCESSFULLY TREATED
IF DETECTED EARLY



RESEARCH

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

Cancer survival rates in Australia are amongst the best in the world, yet Aboriginal and Torres Strait Islander people continue to experience disparities in cancer outcomes, with cancer being the second leading cause of death among First Nations peoples. Funded by the NHMRC and led by Menzies School of Health Research, VCS Foundation's A/Prof Julia Brotherton is a chief investigator of the TACTICS CRE, co-leading with Dr Lisa Whop - Theme 1: Increase cancer prevention and early detection.

The aim of the TACTICS CRE is to:

- increase cancer prevention and early detection through immunisation and screening
- improve diagnosis and treatment through health service innovation, and
- provide appropriate care to enhance psychosocial wellbeing of First Nations cancer survivors, their partners and carers across the cancer continuum.

A research paper, the first of four planned papers from the Screening Matters CRE research project was published in June 2020: Butler TL, Anderson K, Condon JR, Garvey G, Brotherton JML, Cunningham J, et al. (2020) Indigenous Australian women's experiences of participation in cervical screening. PLoS ONE 15(6): e0234536. <https://doi.org/10.1371/journal.pone.0234536>

THE COMPASS TRIAL

Compass is a large scale randomised controlled trial of five yearly HPV testing versus two and a half yearly cytology based screening in Victoria, Australia, being conducted by VCS Foundation in conjunction with the Cancer Council NSW. For full details of this significant study, [see page 29](#).

SELF-COLLECTED OR PRACTITIONER-COLLECTED EVALUATION (SCOPE)

The SCoPE study compared self-collected samples against practitioner collected samples across all PCR-based HPV testing platforms available for use in the NCSP. This facilitated the self-sampling pathway for under-screened women in the 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 was published in the Journal of Clinical Virology. 2020;127.: 104375 <https://doi.org/10.1016/j.jcv.2020.104375>.

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.

These include ongoing collaborative work with A/Prof Anneke van der Walt of Monash University investigating the impact of treatment on cervical disease risk amongst women with multiple sclerosis, with Dr Aime Powell and Prof Paul Cohen of the University of Notre Dame undertaking an analysis of HPV vaccine impact amongst Western Australian Aboriginal and non-Aboriginal women, and with the Burnet Institute exploring HPV vaccination and screening knowledge in Myanmar. The published articles from VCS Foundation's collaborative work can be found on [page 98](#).

SUPPORT FOR CERVICAL SCREENING IN UNDERSERVED COMMUNITIES



SUPPORT FOR CERVICAL SCREENING IN UNDERSERVED COMMUNITIES

Women in rural and remote communities are at particularly high risk of cervical cancer due to lack of access to prevention services. 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 the 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 (PNG), Tonga and Fiji, by providing support, expertise, sampling instruments and screening services to on the ground cancer prevention initiatives.

The COVID-19 pandemic is hampering the efforts of local and global health communities to make HPV vaccination and HPV-based screening available to all girls and women. We are working to find innovative ways to overcome this new challenge. Self-collected samples and rapid point of care testing will be crucial to providing safe and cost-effective screening.

‘When choosing VCS Pathology clinicians are supporting our work in under-served populations in Australia and around the world’.

CALL TO ACTION – TOWARDS THE ELIMINATION OF CERVICAL CANCER IN THE PACIFIC ISLANDS

Representing VCS Foundation, Prof Marion Saville AM and A/Prof Julia Brotherton met with key organisations in Suva, Fiji in December 2019 and agreed to a Call to Action on the global target to achieve elimination of cervical cancer as a public health problem.

In line with the WHO draft targets for 2030, in the Pacific the targets are:

- 90% of girls are fully vaccinated against human papillomavirus (HPV) by 15 years of age
- 70% of women have had an HPV screening test between 30-39 years of age and a second HPV test between 40- 49 years of age, and
- 90% of women identified with cervical pre-cancer and cancer have received appropriate treatment and care.

Delegates from Papua New Guinea, Vanuatu, Solomon Islands, Kiribati, Federated States of Micronesia, Fiji and Samoa together with representatives of the Pacific Society for Reproductive Health, Papua New Guinea Obstetrics and Gynaecology Society, Fiji Obstetrics and Gynaecology Society, Papua New Guinea Institute of Medical Research, Cervical Cancer Prevention in the Pacific, The Pacific Community (SPC), VCS Foundation, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Kirby Institute at the University of New South Wales, Family Planning Australia, Australian Cervical Cancer Foundation, Fiji Cancer Society, Fiji National University, University of Otago, National University of Samoa and Victoria University. Also present were representatives of the United Nations Population Fund and the United Nations Children's Fund.

The following principles were agreed:

We support the global target to achieve elimination of cervical cancer as a public health problem, noting the current high burden of cervical cancer in the Pacific and the current lack of adequate vaccination, screening and treatment.

We support the principles of equity in striving for the elimination of cervical cancer in the Pacific so that no woman or community is left behind.

We support the principle of meaningful collaboration between Pacific Island nations in planning, procurement and knowledge sharing.

We are committed to the following actions:

- **Raising awareness of cervical cancer in the Pacific and its impact on families and communities and strengthening advocacy for elimination.**
- **Vaccination**
 - Exploring funding options including public-private partnerships for ongoing HPV vaccination in the Pacific.
 - Urging Pacific Island governments to include HPV vaccination against HPV onto existing immunisation schedules.
- **Screening**
 - Urging Pacific Island governments to transition to the delivery of effective cervical cancer screening with HPV testing and pre-cancer treatment services. Consideration should be given to self-collection of vaginal samples in order to facilitate scale up and acceptability.

• Treatment

- Urging cooperation between Pacific Island Governments to establish a treatment centre for cervical cancer, including radiotherapy, to act as a referral hub within the Pacific.

• Workforce

- Assisting Pacific Island governments and training agencies to develop an essential workforce for the delivery of HPV vaccination, cervical cancer screening and the management of cervical cancer.

• Registry establishment

- Assisting in establishing an adequate registry to record information about vaccination, screening and treatment for the prevention of cervical cancer; and with potential linkage to a cancer registry. This will facilitate follow-up of the young with incomplete vaccination and women through the screening pathway.

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.

VCS Foundation is a collaborator with The Kirby Institute University of NSW in the NHMRC funded study, “Point-of-care HPV-DNA testing for cervical cancer screening in high-burden, low-resource settings in Papua New Guinea”, which has been extended to the end of 2020 to

complete the study. A new collaborative grant proposal has also been submitted for funding in 2020 to build on this work with implementation research assessing 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.

GLOBAL GOOD FOUNDATION – CERVICAL SCREENING SOLUTIONS FOR INDIA, BRAZIL, ZAMBIA AND SOUTH AFRICA

In July 2019, VCS Foundation was approached by Global Good to deliver an IT solution that could be readily adapted to support multi-country cervical screening and triage strategies for large-scale clinical trials in India, Brazil, Zambia and South Africa using the canSCREEN® platform.

Collaborative discussions were held with Global Good over the next six months to align canSCREEN® with the needs of the project. The VCS Digital Health team was scaled up to meet the deadlines of the project to develop common and country specific requirements, and architecture deliverables. This exciting project was unfortunately interrupted by the COVID-19 pandemic in late June 2020. The countries involved are focusing their attention to managing the COVID-19 infection rates in their communities and as a result the work has been put on hold.



SUPPORT FOR CERVICAL SCREENING IN UNDERSERVED COMMUNITIES

PACIFIC ISLAND CERVICAL CANCER SCREENING INITIATIVE (PICCSI Project) Cervical Cancer Screening and Treatment for Women in the Pacific Islands

Cervical cancer is unfortunately more common in Fiji and the Pacific Islands than in Australia and New Zealand due to the lack of availability of pap smears, or cervical screening tests. There isn't a formal cervical cancer screening program in Fiji, and women who develop cervical cancer are often diagnosed with the disease when it is too advanced to treat.

The PICCSI Project led by the Australian doctor, Dr Nicola Fitzgerald, was developed to allow women in the Pacific to have access to a quick test for HPV, and if they test positive for the infection, a colposcopy, and a LLETZ (large loop excision of the transformation zone) procedure if needed. The results of the HPV test are available in around an hour using a rapid Polymerase Chain Reaction (PCR) test. This significantly decreases the number of women lost to follow up, which is one of the challenges of performing cancer screening in low resource settings.

VCS Pathology provides cytology and histology reporting on the specimens collected by the PICCSI team and also assists with the HPV testing by providing technical expertise for Point of care testing and in laboratory individual genotype testing.


The PICCSI Pilot Project was extended into 2019 to increase the number of women screened. The 2018 Project trip did not achieve the original aim of screening 400 women. In August 2019, the PICCSI team spent a week travelling to rural areas in Fiji including Nadi, Sigatoka, Ba, Tavua and Rakiraki. Of the 356 women tested during the week, 50 women tested positive for HPV infection. 49 of these women underwent colposcopy on the same day as their initial test, and 12 women had a LLETZ procedure under local anaesthetic. 3 women received the result of possible or probable cervical cancer after the LLETZ histology was obtained.

Participant Comment:

Comments

Do you have any comments on any of the questions above? Please let us know below:

*Thank you for coming
I am very grateful for you people for
waiting your money and your time for me.
God Bless you all.*



PICCSI Pacific Island Cervical Cancer Screening Initiative



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 is a key contributor to state, national and international cervical cancer control policy and initiatives. VCS Foundation staff continue to serve in-kind on expert advisory committees and participate in working

groups and forums that support both the Commonwealth and Victorian Governments in relation to cancer, cancer screening and immunisation. This includes committees responsible for the success of the renewed National Cervical Screening Program (NCSP) and international committees.

COMMITTEE ENGAGEMENT

COMMITTEE	VCS STAFF MEMBER	PURPOSE/CONTRIBUTION
INTERNATIONAL		
International Papillomavirus Conference (IPVC) 2020 meeting, Barcelona, Spain – Scientific Advisory Committee	A/Prof Julia Brotherton	Engagement with lead international scientists and implementers in HPV and cervical screening.
International Papillomavirus Society Policy Committee	A/Prof Julia Brotherton	Engagement with lead policy makers in HPV and cervical screening assists in setting future direction of the NCSP.
WHO Elimination Data Monitoring Group	Prof Marion Saville AM	Direct engagement with international groups regarding best practice for program monitoring.
WHO Director-General's Expert Advisory Group on the Elimination of Cervical Cancer	A/Prof Julia Brotherton	Direct engagement with lead international group strategy setting for global cervical cancer elimination.
International Agency for Research on Cancer Handbook 18: Cervical Cancer Screening Working Group	A/Prof Julia Brotherton	Member and Chair of sub group drafting this leading international reference and evidence synthesis.
New Zealand Technical Reference Group - HPV Testing for Primary Screening Project.	Prof Marion Saville AM (Chair)	Close ongoing connections with New Zealand Ministry of Health in relation to transition to HPV primary screening.
Member of the Program Committee and Faculty for Eurogin 2021 meeting, Dusseldorf, Germany	A/Prof Julia Brotherton	Since its creation three decades ago, the EUROGIN congress has gained a strong reputation as one of the leading international conferences on HPV infection and associated cancers. The meeting offers a forum for high-level scientific exchange involving multiple disciplines, with the aim to translate research into clinical practice.

STAKEHOLDERS AND CUSTOMERS

COMMITTEE ENGAGEMENT

COMMITTEE	VCS STAFF MEMBER	PURPOSE/CONTRIBUTION
NATIONAL		
17th National Immunisation Conference 2021 - Conference Advisory Committee	A/Prof Julia Brotherton	Close ongoing connections with Australia’s immunisation experts and community relating to ongoing research and evaluation of HPV vaccine impact which has direct implications for HPV based screening performance i.e. assists in setting future direction of the NCSP. Note the Conference was deferred from 2020 to 2021.
Cancer Council NSW, Scientific Advisory Committee for cervical stream of ‘Pathways to a Cancer-free future’	A/Prof Julia Brotherton Prof Marion Saville AM Dr Lara Roeske Dr Stella Heley	Direct engagement with lead international group strategy setting for global cervical cancer elimination.
Department of Health, Cancer Australia: “Using data to improve cervical cancer outcomes for Aboriginal and Torres Strait Islander women”, Project Steering Committee	Prof Marion Saville AM	Committee steered project aiming to provide recommendations to increase screening participation in Aboriginal and Torres Strait Islander populations by improved data collection. Project completed in mid-2019.
Australian Government Department of Health: National Cervical Screening Program “Clinical Expert Panel”	Prof Marion Saville AM	Provision of clinical expertise to the Federal Government as required.
Australian Government Department of Health: National Cervical Screening Program “Self-Collection Expert Advisory Group”	Prof Marion Saville AM	Supports self-collection policy development and adoption in never and under-screened Australian women. Was formerly the Working Group.
National Pathology Accreditation Advisory Council (NPAAC) “Standards Cervical Screening Drafting Committee”	Prof Marion Saville A/Prof David Hawkes	Directly supports Australian laboratory standards for pathology laboratories reporting cervical screening tests.
National Pathology Accreditation Advisory Council (NPAAC) “Self Collect Validation Working Group”	Prof Marion Saville AM	Completed.
National Quality Safety Monitoring Committee	A/Prof David Hawkes	Peak committee governing the NCSP quality framework. Includes best practices for data management and reporting.
Horizon Scanning Working Group, a subcommittee of the NCSP Quality and safety monitoring group.	Prof Marion Saville AM A/Prof David Hawkes	Working group to monitor emerging technologies and processes for consideration in relation to further development of the NCSP.
Medical Laboratory Quality Network Committee	A/Prof David Hawkes	Victorian peer organisation for the development and application of quality frameworks within public laboratories.
Non-trials workgroup, One dose HPV vaccine consortium (PI PATH, Funding Bill and Melinda Gates Foundation) - Member and external advisor	A/Prof Julia Brotherton	Close ongoing connections with international HPV immunisation experts relating to ongoing research and evaluation of HPV vaccine impact.
RCPA QAP Cytopathology Advisory Committee	Prof Marion Saville AM Ms Grace Tan	Directly assists the performance monitoring of laboratories reporting services under the NCSP. VCS Foundation provides feedback and support as committee members.
RCPA QAP Microbiology Advisory Committee	A/Prof David Hawkes	Technical advice supporting the quality and testing framework for HPV testing.

COMMITTEE	VCS STAFF MEMBER	PURPOSE/CONTRIBUTION
National Cervical Screening Program Data Dictionary Working Group	Prof Marion Saville AM Genevieve Chappell Karen Peasley	Assist the Australian Institute of Health and Welfare (AIHW) in the review of the National Cervical Screening Program (NCSP) Data Dictionary Version 1.0 in light of changes to clinical management guidelines, the program or data. This will include the review of data items, performance indicator specifications and coding sheets.
HPV Working Group, Positive Life, NSW	A/Prof Julia Brotherton	Networking with advocates and experts in the HIV and sexual health community and providing technical advice in relation to the spectrum of HPV related diseases, screening and vaccination.
HPV Evaluation Advisory Committee, National Centre for Immunisation Research and Surveillance	A/Prof Julia Brotherton	Providing input, advice and technical support to a national evaluation of the HPV vaccination program.
STATE		
Cancer Council Victoria – Self Collection Roll Out Committee	Prof Marion Saville AM Dr Lara Roeske	Benefits to NCSP in self-collection and promoting participation in under and never screened women. Assists NCSP implementation and achievement of outcomes.
Victorian Department of Health and Human Services Victorian Cancer Screening Steering Committee	Prof Marion Saville AM	The committee provides guidance to support Victoria’s delivery of and investment in cancer screening programs and facilitates collaboration across screening programs to maximise efficiencies and reduce duplication. VCS Foundation provides expertise to support strategic screening priorities including participation and recruitment, data and reporting, research and evaluation and health workforce education.
Victorian Cancer Screening Data and Surveillance Working Group (auspiced by DHHS)	Genevieve Chappell (Chair) Karen Peasley Kate Wilkinson Rebecca Yap John Siddham	Chaired by VCS Foundation, this group is responsible for developing and implementing the Cancer Screening Data and Surveillance Strategy 2019-22. The strategy aims to improve surveillance of the effectiveness and outcomes of the breast, bowel and cervical screening programs in Victoria through an integrated and consistent approach to data collection, use and reporting. Cervical screening data produced will inform Victorian initiatives to improve under and never-screened women’s participation, and support cervical screening research and education activities.
Victorian Department of Health and Human Services Evaluation and Research Working Group, Victorian Cancer Screening Framework	A/Prof Julia Brotherton	Assists the NCSP in effective implementation, determining outcomes or evaluating options for future directions. Supports performance monitoring.
Victorian Cancer Screening Primary Care and Workforce Working Group (auspiced by DHHS)	Prof Marion Saville AM (Chair) Kate Wilkinson Dr Lara Roeske Barbara Irwin Rebecca Yap Kim Lee	Chaired by VCS Foundation, this group is responsible for developing and implementing the Cancer Screening Primary Care and Workforce Strategy 2019-22. The Strategy will support an integrated, evidence-based cancer screening education and training approach and supporting systems, resources, tools and communications for the cancer screening workforce to improve adherence to clinical guidelines, increase health care practitioner endorsement of screening, and increase participation of under-screened populations.
Aboriginal Cancer Screening Working Group (auspiced by DHHS)	Prof Marion Saville AM	This group led by VACCHO developed the Aboriginal Cancer Screening Strategy 2019-22. The Strategy will deliver Aboriginal designed and led screening initiatives and ensure culturally responsive cervical screening services are available to Aboriginal women in Victoria.

STAKEHOLDERS AND CUSTOMERS

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	VCS Foundation Tenancy (Carlton) and Research
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 Development of Queensland Cancer Strategy for Aboriginal and Torres Strait Islander Peoples
University of Malaya	Program ROSE
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
Prince of Wales Hospital (NSW)	Australian Cervical Cancer Typing Study
Royal Brisbane Hospital, Brisbane (QLD)	Australian Cervical Cancer Typing Study
Mercy Hospital for Women/Austin Pathology (VIC)	Australian Cervical Cancer Typing Study
Westmead Hospital (NSW)	Australian Cervical Cancer Typing Study
Royal Prince Alfred Hospital and Chris O’Brien Lifehouse (NSW)	Australian Cervical Cancer Typing Study
Royal Women’s Hospital (VIC)	Australian Cervical Cancer Typing Study
Pathology North (NSW).	Australian Cervical Cancer Typing Study
Monash University (VIC)	Research relating to Multiple Sclerosis treatments and cervical HSIL/cancer risk
Notre Dame University (WA)	Research
Burnet Institute	Research
McGill University, Canada	Research

LOOKING AHEAD





LOOKING AHEAD

Following collaboration with the Executive Team, the Board of Directors agreed on a strategic direction for 2020 – 25 along with specific targets for 2020/21. The vision was revised to represent the organisation’s focus and provides scope to include a broader range of pathology testing:

“To prevent cancer and infectious diseases through excellence in the provision of public health services supporting screening, population based testing and vaccination.”

2020/25 STRATEGIC PLAN



OUR PEOPLE

WORKFORCE PLAN

As an essential service during the COVID-19 pandemic, workforce planning in the financial year focused on ensuring the continuity of operations and programs. A key aim was to build the capabilities and resilience of VCS Pathology and our broader workforce to capture testing opportunities and effectively respond to restrictions and change.

VCS Pathology has continued its laboratory operations during the pandemic and expanded its testing capabilities into respiratory panels. This has created training opportunities for staff in new processes, workplace practices, test assays and state-of-the-art technologies. The focus has continued to be on excellence in pathology services and the provision of timely results to clinics and patients.

New recruitment into VCS Pathology for Anatomical Pathologists and Clinical Microbiologists has ensured the organisation continues to meet National Pathology Accreditation Advisory Council (NPAAC) requirements for laboratory governance and supervision. This has significantly strengthened the clinical governance, excellence and leadership capabilities within VCS Pathology, having flow on benefits to the broader workforce.

In the second half of the financial year, VCS Foundation has worked proactively to transition staff into flexible work arrangements. The majority of VCS Digital Health, VCS Population Health and Corporate Services transitioned to

working from home. VCS Foundation also introduced new staffing rosters for the prevention of COVID-19 cross infections, dividing the workforce into two teams that do not crossover at any time of location. We have been fortunate to retain our staff during the pandemic and we have provided new options and support for a safe working environment.

VCS Foundation continues to attract, retain and develop a dedicated team of talented and committed employees. At 30th June 2020, VCS Foundation employed 146 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, comprising 84 full time, 49 part-time and 13 casual appointments.

WORKFORCE DIVERSITY

VCS Foundation is an Equal Opportunity employer. Consistent with our values of Fairness, Integrity, Respect and Excellence, the organisation is committed to providing a work environment that fosters mutual respect amongst employees and an inclusive culture. This extends beyond our workforce, reaching the customers and communities that we serve.

During the 2019/20 financial year, VCS Foundation reinforced the sensitivity and awareness of the abilities and needs of different cultures through an update to the Equal Opportunity Policy. Our employees continue to receive regular Equal Opportunity training. A total of 35 staff participated in Equal Opportunity training in 2019/20.

VCS Foundation believes a workplace which embraces an inclusive culture will cultivate diverse views, ultimately driving superior business decisions for service improvement, innovation and staff engagement. The organisation engaged with Victorian Aboriginal Community

Controlled Health Organisation in early 2020 to deliver Cultural Safety Training to 20 staff. The aim is to have 100% of staff at Supervisor level and above trained in Cultural Safety by the end of 2020/21.

WORKFORCE GENDER EQUALITY

VCS Foundation embraces the opportunity to provide all employees with the same rewards, resources and opportunities, regardless of gender. We provide all employees the same chance to succeed, ensuring equal opportunities throughout all careers at VCS Foundation.

We have a long established history inclusive of a strong female workforce; a profile which has remained steady over the last decade. In the 2019/20 financial year, the VCS Foundation workforce comprise 73% female employees and 27% male employees. At 30th June 2020, our Executive management team comprise of 83% female Executives and 17% male Executives, with 63% of the VCS Foundation Board Directors being female and 37% male.

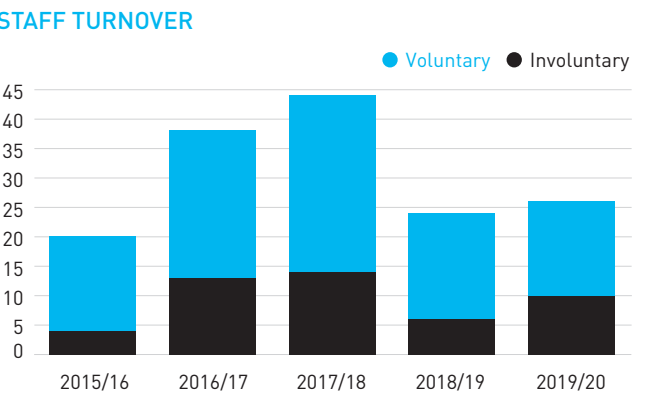
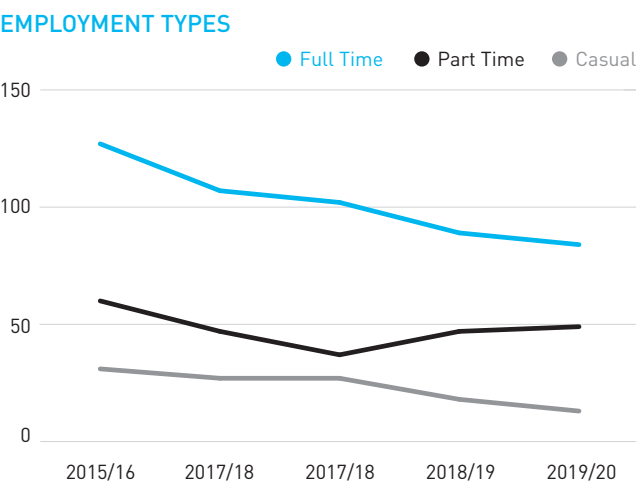
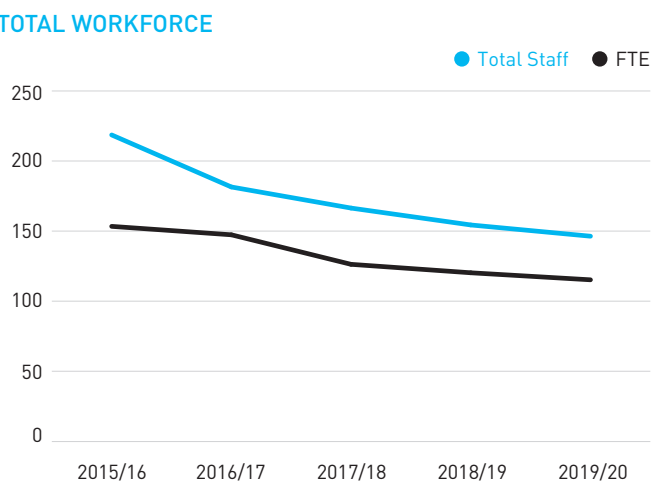
As a not-for-profit organisation, we strive to optimise the health and wellbeing of Australian women and we are proud of our strong female representation across our leadership and many areas of our operations.

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 2019/2020 reporting period.

TOTAL WORKFORCE FTE (including casuals)	2015/16	2016/17	2017/18	2018/19	2019/20
Full Time Equivalent	153	147	126	120	115
Total Staff	218	181	166	154	146

EMPLOYMENT TYPES	2015/16	2016/17	2017/18	2018/19	2019/20
Full Time	127	107	102	89	84
Part Time	60	47	37	47	49
Casual	31	27	27	18	13

STAFF TURNOVER	2015/16		2016/17		2017/18		2018/19		2019/20	
	Headcount	Turnover %	Headcount	Turnover %	Headcount	Turnover %	Headcount	Turnover %	Headcount	Turnover %
Voluntary	16	7	25	11	30	18	18	12	24	16
Involuntary	4	2	13	6	14	8	6	4	15	10
Total Staff Turnover	20	9	38	17	44	26	24	26	24	16



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

• • •

The organisation engaged with Victorian Aboriginal Community Controlled Health Organisation in early 2020 to deliver Cultural Safety Training to 20 staff.

OUR PEOPLE

WORKFORCE COMPOSITION	2015/16		2016/17		2017/18		2018/19		2019/20	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Board Members	2	8	2	8	2	8	2	8	3	5
Executive Directors/ Directors	3	4	3	5	3	5	2	5	1	5
Managers	2	11	2	10	3	8	3	8	1	8
Medical Professionals	3	5	2	6	2	4	1	8	2	9
Other Professionals	13	15	12	14	12	31	11	22	16	16
Scientific / Laboratory Technical staff	12	45	7	39	4	25	6	25	6	26
Operational and Administration	20	85	14	67	17	52	17	46	14	42
TOTAL	55	173	42	149	43	133	42	122	43	111

WORKFORCE GENDER %	2015/16	2016/17	2017/18	2018/19	2019/20
Women	76	78	75	74	73
Men	24	22	25	26	27

WORKFORCE AGE DEMOGRAPHIC	2015/16	2016/17	2017/18	2018/19	2019/20
17-19 Years	-	-	-	2	1
20-35 Years	36	33	31	33	29
36-50 Years	37	41	36	34	40
51-65 Years	23	20	27	25	25
66+ Years	5	6	6	6	5

PROFESSIONAL PRACTICE STUDENTS

VCS Foundation has supported Victorian secondary and tertiary students with the opportunity for work experience and/or on-the-job training through affiliations with various secondary schools, the Royal Melbourne Institute of Technology (RMIT), the University of Melbourne and Swinburne University.

Cytology and Histology

During the financial year, there were six RMIT students participating in the 16-week program in the Cytology and Histology work area at VCS Pathology as part of the Master of Laboratory Medicine qualification. There were impacts from COVID-19 restrictions on several of these placements in early 2020 resulting in suspension of programs. One RMIT student participated in the 40-week

program in the Cytology and Histology area as part of the qualification for Bachelor of Laboratory Medicine. Out of the seven students supported, two students were directly employed by VCS Foundation, one in Specimen Triage and the other in Data Information.

The Cytology and Histology work area hosted two Year 10 secondary students in 2019/20 for work experience. Again, our work experience programmes were suspended in 2020 due to COVID-19 restrictions.

Molecular Microbiology

In the Molecular Microbiology work area of VCS Pathology, we supported four RMIT students participating in the 16-week placement program as part of their Master of Laboratory Medicine. In the first half of 2020, two of these student placements were suspended

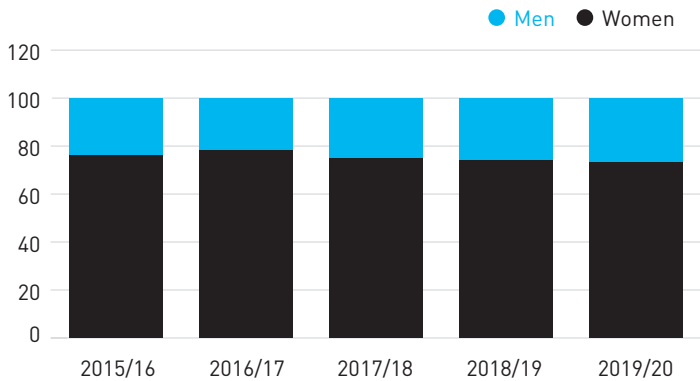
due to COVID-19 restrictions. Out of the four students supported, two students are now employed by VCS Foundation as Laboratory Technicians in the Molecular Microbiology Laboratory.

PERFORMANCE APPRAISAL SYSTEM (VESSPA)

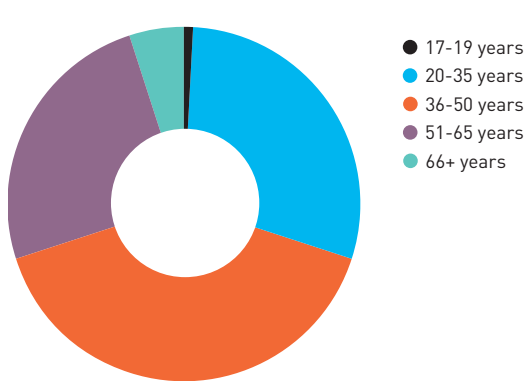
VCS Foundation has continued to utilise its contemporary VESSPA online appraisal system during the financial year. VESSPA has provided many benefits, enhancing consistency in staff appraisal processes and driving a culture of excellence where performance and behaviours align to the VCS Foundation Strategic Plan.

The Human Resources team continued to conduct VESSPA training sessions for all levels of management and general employees in the use of this online

WORKFORCE GENDER BALANCE



AGE WORKFORCE DEMOGRAPHICS 2019/20



system and how to have constructive performance discussions. This built on the outcomes of external training in the previous year, upskilling staff and ensuring the organisation’s timelines for the completion of appraisals in 2019/20 were achieved.

New onboarding plans for employees in their probationary periods were also introduced. This has ensured new staff have support to effectively transition into the organisation and are best positioned to succeed.

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.

Training opportunities were also provided to our laboratory staff in new assays and equipment platforms for

SARS-CoV-2 analysis, the causative agent of COVID-19, and respiratory panel testing. These new skills capabilities provided a major positive contribution to the organisation’s efforts in supporting the Victorian Government in its COVID-19 pandemic response.

A number of VCS Digital Health staff members participated in training across project management, cyber security and ITIL. Upskilling of the team was also undertaken in readiness for Office 365 implementation.

VCS Foundation recognises that the training of staff is critical to employee engagement and retention, providing the basis for succession planning.

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 improved public health outcomes.

The 2019 Jenny Brosi Award went to two worthy recipients:

- Kath Ryan, Senior Business Analyst in VCS Digital Health, who has worked tirelessly to ensure projects critical to the future growth of the organisation remained on track. The award also recognised her unwavering drive to create new IT solutions.
- Diana Stockman, Cytology and Histology Supervisor in VCS Pathology, whose leadership in the laboratory has resulted in significant improvements to laboratory quality standards. Diana has been proactive in mentoring tertiary students, encouraging them to take pride in their work and show resilience when faced with challenges.



L/R: Diana Stockman, Prof Marion Saville AM, Kath Ryan

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 first aid training, fire warden training, flu vaccinations, manual handling training and mental health support through promotion of the Employee Assistance Program (EAP) services.

The services of the EAP continue to be utilised by our employees, with a total of 27 sessions provided in the financial year. This is an increase from eight sessions in the previous year and likely reflects the many challenges associated with the COVID-19 pandemic and lockdowns. VCS Foundation staff are regularly encouraged to reach out to this service if they are experiencing mental health difficulties. All EAP sessions are confidential and provided by an external counsellor.

Lost Time to Injury (LTI) rates totalled 172 days for the financial year, an increase from 76 days in 2018/19. The LTI days related primarily to one incident which has had an ongoing impact on the employee. The remaining incidents were relatively minor. VCS Foundation continues to strive for zero injuries.

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 understands the importance of protecting the privacy and confidentiality of all personal and health information that is held by the organisation. VCS Foundation collects a range of personal and health information about individuals. VCS Foundation may collect this information from the individual or from another person dealing with that individual, such as their healthcare practitioner. The type of information that VCS Foundation collects and the way in which it may use and disclose that information varies according to the services, activities and programs VCS Foundation provides or undertakes in relation to an individual.

VCS Foundation has strict privacy and confidentiality practices in place and all staff are required to abide by these. A Disciplinary Policy and Procedure is in place to ensure staff comply with these practices. All persons who may observe personal and health information held by VCS Foundation are required to sign a confidentiality statement.

All personal and health information is stored on the premises of VCS Foundation or in cloud based storage. Backup tapes of the information system and some slides are stored in a secure facility off-site. Where services are contracted out, contractors must comply with VCS Foundation privacy and confidentiality requirements if any personal information is provided to them.

Our Privacy Policy was updated in 2019/20 and is available at www.vcs.org.au/privacy-policy/

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 was scheduled for 2019/20 but has been delayed due to the COVID-19 pandemic. Online training is scheduled for October 2020.

RISK MANAGEMENT

VCS Foundation introduced the management software RiskWare™ in August 2019 for the monitoring and reporting of risks. This software is a configurable, integrated, scalable risk management system compliant with ISO 45001, ISO 31000. The Board of Directors are provided with Quarterly Risk Reports and are immediately notified if a risk is escalated to a Major, High or Extreme rating. The Risk Management Policy and Risk Management Procedure were updated and approved by the Board in May 2020.

The VCS Foundation Risk Register identified 81 active risks as at the end of the 2019/20 financial year with 1 High/Extreme risk – ‘COVID-19 infection in VCS Foundation staff’. With the high number of infections reported in the community, this risk remains High/Extreme and controls have been identified and implemented.

Rating	2019/20	2018/19
High/Extreme	1	5
Major	19	19
Significant	31	31
Moderate/Low	30	22
Total	81	77

Risk Management COVID-19 infection in VCS Foundation staff

VCS Pathology controls:

- Testing Working Committee meeting daily to monitor risks
- Work practices which generate aerosols minimised
- Documentation of testing workflow and assessment of risks and mitigations at every step
- Detailed laboratory protocols in place
- Oversight of laboratory operations by a senior and experienced team which includes Clinical Microbiologists

- Staff wear appropriate PPE and have daily temperature checks
- Specimen Reception will be undertaken in a room with a closed door to reduce potential aerosol spread
- Support from external test facilities and stakeholders to ensure best practices for testing are implemented

Workplace controls:

- Coronavirus policy and procedure in place and is regularly updated to incorporate changes to DHHS and DoH guidance for COVID-19 prevention and infection control
- Split workforce roster (blue and red team) ensuring staff exposure is controlled and operations can continue if one team is infected. Enforcement of social distancing in the workplace
- Heightened cleaning of all touch points in the workplace
- Promotion of staff hygiene practices. This includes wearing of face masks, cleaning rosters, provision of hand sanitiser and hygiene signage
- Procedure on Q Pulse for first aid officers for staff reporting illness
- Decontamination procedure on Q Pulse for the clean-up of potentially contaminated work areas post staff reporting illness.
- Medical Director VCS Population Health available to respond to staff queries and concerns
- Regular communications from the VCS Foundation Executive Director

Data entry:

- Paper request forms/slips to be treated at the appropriate time/temperature conditions for virus inactivation

Couriers:

- Use of appropriate PPE
- Couriers trained and experienced in the handling of biological samples and procedures
- Hand and respiratory hygiene practices
- Triple containment of specimens in shatterproof packaging by clinics, as per NPACC requirements

Other controls:

- Monitoring of DHHS and DoH guidance for SARS-CoV-2/COVID-19 prevention in the workplace
- Regular communications with Government and other stakeholders for the continuous adoption of best practices for SARS-CoV-2/COVID-19 prevention
- Staff transitioned to Flexible Work Arrangements (i.e. work from home) where possible



VCS Foundation

2019/20 RISK ATTESTATION STATEMENT

I, Marion Saville AM, 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.

ACCREDITATION

QUALITY ASSURANCE

VCS Foundation meets the relevant regulatory requirements as necessary by the National Association of Testing Authorities (NATA) for Australian Laboratories reporting under the National Cervical Screening Program (NCSP).

NATA conducted a Surveillance Visit of the VCS Pathology laboratory on 21st August 2019. The outcomes of the surveillance visit were extremely positive, reflecting our commitment to high quality and excellence in pathology governance.

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

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 community members from whom the samples are taken, the 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.

DIRECTORS' REPORT

The Directors present their report on VCS Foundation Limited ("the Company") for the financial year ended 30th June 2020.

VCS FOUNDATION BOARD OF DIRECTORS

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

- Set, approve and monitor the strategic direction of VCS Foundation Ltd.
- 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 Ltd.
- 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 at 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.



DIRECTORS' REPORT



Sandy Anderson
YEARS OF SERVICE – 19



Jane Collins
YEARS OF SERVICE – 12



David Wrede
YEARS OF SERVICE – 10



Timothy Humphries
YEARS OF SERVICE – 8



Christine Selvey
YEARS OF SERVICE – 8



Stephanie Reeves
YEARS OF SERVICE – 6



Fiona Kelly
YEARS OF SERVICE – 4



Antonio Abbenante
YEARS OF SERVICE – 2



Genevieve Webb
YEARS OF SERVICE – 1

Dr Jane Collins - Chairman

Dr Collins was appointed as Chairman in 2019, a position she also held from 2009 to 2013. Dr Collins was appointed to the Board in February 2008 to fill the role of a Director with expertise in general practice. She is also a member of the Audit and Finance Committee. 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.



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 of 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 the Compass Trial (led by Prof Marion Saville AM 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 past-Secretary of the Management Committee of the Australian Society for Colposcopy & Cervical Pathology. Mr Wrede is an Honorary Senior Lecturer to the Department of Obstetrics & Gynaecology 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 and corporate management. He is currently Chair of the Audit and 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 Antonio (Tony) Abbenante

Mr Tony Abbenante was appointed to the board in October 2018 as a director with expertise in information technology and communications (ICT). He has specialist knowledge in enterprise-wide digital health. Mr Abbenante holds a Bachelor of Applied Science in Computer Studies from the University of South Australia and is a fellow of the Australian Institute of Digital Health. He has broad experience in governing national and state-wide ICT programs; this provides a wealth of experience and knowledge to the VCS. His career spans more than 27 years in senior digital health roles and he has extensive experience working with governments. Tony has deep knowledge and skills in digital health project delivery and program governance to deliver value-based clinical and business outcomes to the health sector.



Ms Sandy Anderson OAM

Ms Anderson retired from the Board in November 2019. During her tenure 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 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 currently works in women's health, holding clinics at Ballarat and District Aboriginal Cooperative Medical Clinic.



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 Subcommittee. 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 Stephanie Reeves

Ms Stephanie Reeves joined the Board in February 2014 as a Director with expertise in law and served as Chairman from 2017 to 2019. Ms Reeves is currently a member of the Audit and Finance Subcommittee of the Board. 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 assisting families navigate the ageing process, and is on the Council of the Royal Melbourne Golf Club. 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.



Dr Christine Selvey

Dr Christine Selvey was appointed to the Board in September 2012 as the Director with immunisation expertise. Dr Selvey has had responsibility for the implementation of state immunisation programs in Queensland, the Northern Territory and Victoria. She was a member of the National Immunisation Committee (NIC) from 1999-2007 and has been both the NIC and the Communicable Diseases Network Australia (CDNA) representative on the Australian Technical Advisory Group on Immunisation (ATAGI). Dr Selvey has a particular interest in HPV vaccination and was a member of two ATAGI working groups that provided recommendations on the use of HPV vaccines in Australia. With her experience in managing immunisation programs in the two Australian jurisdictions with immunisation registers, and her experience with the Australian Childhood Immunisation Register, Dr Selvey brings a good understanding of the operation of immunisation registers to the Board.



Ms Genevieve Webb

Ms Genevieve Webb joined the Board in July 2019 as a Director with a consumer perspective. Genevieve is a senior executive with extensive experience in health and human services. Her present position is Director Quality at BreastScreen Victoria, where she leads the client centric care and consumer engagement program. Her previous roles include CEO of Queen Victoria Women's Centre, GM Corporate Services at Mind, Executive Director of Relationships Australia (Vic) and Associate Director at KPMG. Genevieve has extensive experience in organisational governance, as Chair of the Audit Committee at the State Revenue Office (Vic) and as a board member of a community health service, a TAFE college and other community organisations. She has qualifications in Psychology and IT and is a Fellow of the Australian Institute of Company Directors.



DIRECTORS' REPORT

MEMBERS GUARANTEE

The company was incorporated under the Corporations Act 2001 on 3rd 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 30th June 2020, the total amount that members of the company are liable to contribute if the company is wound up is \$100 (2020: \$0).

COMPANY SECRETARY

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

PRINCIPAL ACTIVITES

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

SIGNIFICANT CHANGES TO STATE OF AFFAIRS

The COVID-19 pandemic brought about challenges and opportunities for VCS Foundation. Our work in under-screened communities outside Australia was postponed as these countries battled to bring the virus under control. Our laboratory rapidly diversified to introduce SARS-CoV-2 testing. As an essential service, VCS has continued its laboratory and follow-up services but has taken proactive steps to minimise risks from Coronavirus in the workplace. Wherever possible staff are working remotely and have been provided with the necessary equipment and ICT support to work efficiently. Staff that are required to work on site have been divided into team rosters so that the laboratory has the capacity to safely and quickly continue to process COVID-19 and cervical screening samples with no delay in results to patients.

OPERATING RESULTS

The consolidated net result for VCS Foundation for the financial year ending 30 June 2020 was a surplus of \$1.51M after taking into account depreciation and amortisation. 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 2019/20 financial year, no Board Director declared a conflict of pecuniary interest in a contract with VCS Foundation.

DECLARATION OF INTEREST

During 2019/20 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

MEETINGS OF THE BOARD AND ITS COMMITTEES

The following meetings were held during 2019/20:

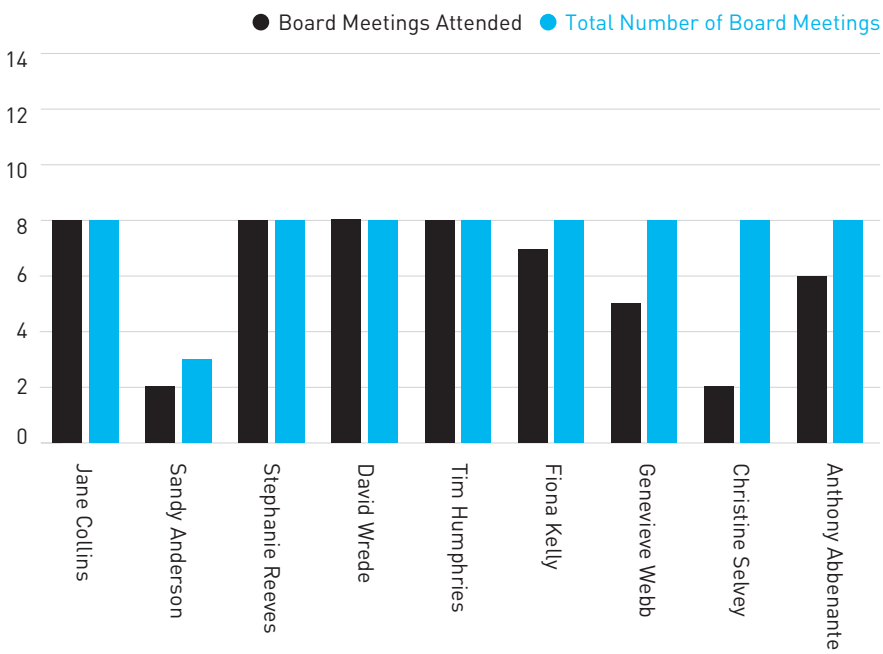
- The Members of the organisation met at the Annual General Meeting 8th November 2019
- The Board of Directors met on eight occasions either in person or via teleconference/Zoom
- The Board's Audit and Finance Committee met on five occasions, and
- The Board's Quality Assurance Committee met on 10 occasions for Scientific Quality and four occasions for Operational Quality.

MEETINGS OF THE BOARD AND ITS COMMITTEES

The following meetings were held during 2019/20:

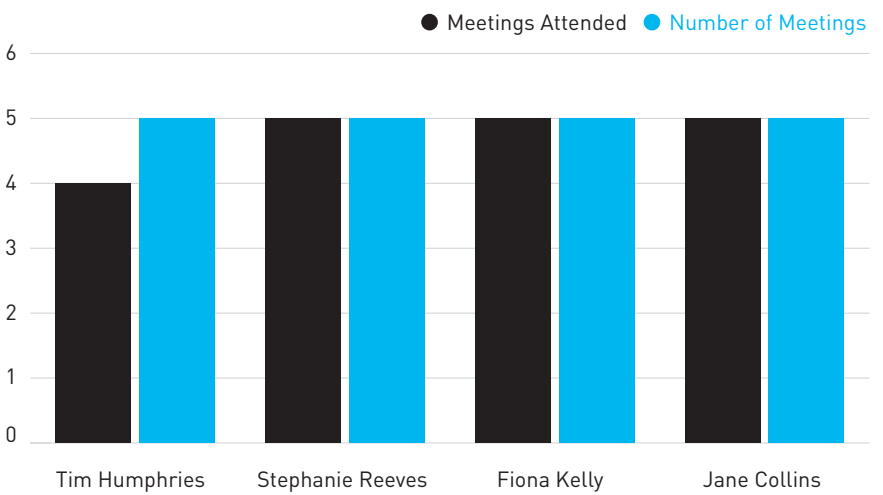
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- The Board's Audit and Finance Committee met on five occasions, and
- The Board's Quality Assurance Committee met on 10 occasions for Scientific Quality and four occasions for Operational Quality.

BOARD MEETINGS ATTENDED 2019/20



Christine Selvey has temporarily absented from Board activities due to her work on the COVID-19 pandemic
Sandy Anderson retired from the Board in November 2019.

AUDIT AND FINANCE COMMITTEE MEETINGS ATTENDED 2019/20



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, and
- Recycling and/or donation of used equipment (including medical and 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 2020 has been received and can be found on page 95 of the financial report.

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

Director
Timothy Humphries

Dated
20/11/2020

FINANCIAL STATEMENTS

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STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
Revenue from operating activities	5	26,109,406	27,892,102
Revenue from non-operating activities	5	496,307	418,527
Wages and salaries	6	(14,926,579)	(15,165,567)
Operating and administration costs	6	(4,569,273)	(4,758,934)
Laboratory Consumables	6	(4,041,829)	(5,066,850)
Rental expense	6	-	(228,672)
Interest expense	6	(81,247)	(60,421)
Net result before capital items and specific items		2,986,785	3,030,185
Capital purpose income	5	-	487,350
Depreciation and amortisation expense	6	(1,469,270)	(2,126,140)
Loss on sale of non-current assets	6	(5,672)	(21,288)
		(1,474,942)	(1,660,078)
Surplus for the year		1,511,843	1,370,107
Other comprehensive income, net of income tax			
Items that will not be reclassified subsequently to profit or loss		-	-
Items that will be reclassified to profit or loss when specific conditions are met		-	-
Total comprehensive income for the year		1,511,843	1,370,107

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2020

	Note	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	9,870,175	11,751,929
Trade and other receivables	8	2,097,385	1,639,189
Inventories	9	683,608	672,845
Other financial assets	10	12,011,649	13,724,476
Other assets	11	413,932	262,470
Total current assets		25,076,749	28,050,909
NON-CURRENT ASSETS			
Right-of-use assets	12(a)	1,245,367	-
Property, plant and equipment	13	1,324,983	2,251,448
Intangible assets	14	1,061,406	751,277
Other assets	11	91,905	91,905
Total non-current assets		3,723,661	3,094,630
Total assets		28,800,410	31,145,539
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	15	1,429,316	2,775,576
Borrowings	16	-	170,855
Lease liabilities	12(b)	428,202	-
Contract liabilities	17	2,917,362	-
Employee benefits	18	3,901,694	4,525,073
Other liabilities	19	42,300	5,775,336
Total current liabilities		8,718,874	13,246,840
NON-CURRENT LIABILITIES			
Borrowings	16	-	475,758
Lease liabilities	12(b)	986,138	-
Employee benefits	18	428,822	348,086
Total non-current liabilities		1,414,960	823,844
Total liabilities		10,133,834	14,070,684
Net assets		18,666,576	17,074,855
EQUITY			
Reserves	20	336,060	736,919
Accumulated surplus	21	18,330,516	16,337,936
Total Equity		18,666,576	17,074,855

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2020

	Note	Accumulated surplus \$	Designated funds reserve \$	Total \$
2020				
Balance at 1 July 2019	21,20	16,337,936	736,919	17,074,855
Adjustment on initial application of AASB 16	2,21	79,878	-	79,878
Adjusted balance at 1 July 2019		16,417,814	736,919	17,154,733
Surplus for the year	21	1,511,843	-	1,511,843
Amortisation of database upgrade (Phases 1 and 2)	21,20	400,859	(400,859)	-
Balance at 30 June 2020	21,20	18,330,516	336,060	18,666,576
2019				
Balance at 1 July 2018	21,20	13,919,818	1,784,930	15,704,748
Surplus for the year	21	1,370,107	-	1,370,107
Amortisation of database upgrade (Phases 1 and 2)	21,20	1,048,011	(1,048,011)	-
Balance at 30 June 2019	21,20	16,337,936	736,919	17,074,855

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
<i>Receipts:</i>			
- Receipts from trading activities		5,680,489	5,787,618
- Interest received		374,586	392,285
- Receipts from grants		17,218,872	27,611,500
<i>Payments:</i>			
- Payments for wages and salaries		(15,897,704)	(14,675,652)
- Payments to suppliers		(9,691,104)	(9,337,393)
- Interest Paid		(81,247)	(60,421)
Net cash provided by/(used in) operating activities	23	(2,396,108)	9,717,937
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment		137,774	16,068
Purchase of property, plant and equipment		(983,074)	(813,440)
(Payments for)/redemption of term deposits		1,712,826	(1,585,737)
Net cash provided by/(used in) investing activities		867,526	(2,383,109)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(353,172)	(157,381)
Net cash provided by/(used in) financing activities		(353,172)	(157,381)
Net increase/(decrease) in cash and cash equivalents held		(1,881,754)	7,177,447
Cash and cash equivalents at beginning of year		11,751,929	4,574,482
Cash and cash equivalents at end of the financial year	7(a)	9,870,175	11,751,929

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

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 (ABNC) 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.

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 (“AAS”).

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, 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

Revenue from Contracts with Customers - Adoption of AASB 15

The Company has adopted AASB 15 *Revenue from Contracts with Customers* and AASB 1058 *Income of Not for Profit Entities* for the first time in the current year with a date of initial application of 1 July 2019.

The Company performed an impact assessment regarding the application of AASB 15 and AASB 1058. The assessment identified that the application of this standard had no significant impact on the timing of revenue recognition for the Company.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related interpretations. All adjustments on adoption of AASB 15 and AASB 1058 have been taken to retained earnings at 1 July 2019.

The key changes to the Company’s accounting policies and the impact on these financial statements from applying AASB 15 and AASB 1058 are described below.

AASB 15 Revenue from Contracts with Customers

The Company has adopted AASB 15 from 1 July 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity’s statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity’s performance and the customer’s payment. Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 1058 Income of Not for Profit Entities

The Company has adopted AASB 1058 from 1 July 2019. The standard replaces AASB 1004 Contributions in respect to income recognition requirements for not for profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of a grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset’s fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised. Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the 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 immediately. Where the fair value of volunteer services received can be measured, a private sector not for profit entity can elect to recognise the value of

those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

AASB 15 and AASB 1058 supersede AASB 111 Construction Contracts, AASB 118 Revenue, AASB 1004 Contributions and related interpretations, and apply to all revenue arising from contracts with customers, unless those contracts are in the scope of other standards.

The standard requires entities to exercise judgement, taking into consideration all of the relevant facts and circumstances when applying each step of the model to contracts with customers. The standard also specifies the accounting for the incremental costs of obtaining a contract and the costs directly related to fulfilling a contract.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related interpretations. There were no adjustments on adoption of AASB 15 and AASB 1058 taken to accumulated surplus at 1 July 2019.

Leases - Adoption of AASB 16

The Company has adopted AASB 16 Leases using the modified retrospective (cumulative catch up) method from 1 July 2019 and therefore the comparative information for the year ended 30 June 2019 has not been restated and has been prepared in accordance with AASB 117 Leases and associated Accounting Interpretations.

Impact of adoption of AASB 16

The impact of adopting AASB 16 is described below:

The Company as a lessee

Under AASB 117, the Company assessed whether leases were operating or finance leases based on its assessment of whether the significant risks and rewards of ownership had been transferred to the Company or remained with the lessor. Under AASB 16, there is no differentiation between finance and operating leases for the lessee and therefore all leases which meet the definition of a lease are recognised on the statement of financial position (except for short term leases and leases of low value assets).

The Company has elected to use the exception to lease accounting for short term leases and leases of low value assets, and the lease expense relating to these leases are recognised in the statement of profit or loss on a straight line basis.

Practical expedients used on transition

AASB 16 includes a number of practical expedients which can be used on transition, the Company has used the following expedients:

- contracts which had previously been assessed as not containing leases under AASB 117 were not re assessed on transition to AASB 16;
- lease liabilities have been discounted using the Company’s incremental borrowing rate at 1 July 2019;
- right of use assets at 1 July 2019 have been measured at an amount equal to the lease liability adjusted by the amount of any prepaid or accrued lease payments;
- a single discount rate was applied to all leases with similar characteristics;
- the right of use asset was adjusted by the existing onerous lease provision (where relevant) at 30 June 2019 rather than perform impairment testing of the right of use asset;
- excluded leases with an expiry date prior to 30 June 2020 from the statement of financial position and lease expenses for these leases have been recorded on a straight line basis over the remaining term;
- used hindsight when determining the lease term if the contract contains options to extend or terminate the lease;
- for leases which were classified as finance leases under AASB 117, the carrying amount of the right of use asset and the lease liability at 1 July 2019 are the same value as the leased asset and liability on 30 June 2019.

Financial statement impact of adoption of AASB 16

The Company has recognised right of use assets of \$1,729,067.00 and lease liabilities of \$1,729,067.00 at 1 July 2019, for leases previously classified as operating and finance leases.

The weighted average lessee’s incremental borrowing rate applied to lease liabilities at 1 July 2019 was 3.25%.

	\$
Operating lease commitments at 30 June 2019 financial statements	878,655
Add:	
Finance lease liabilities	646,613
Extension options reasonably certain to be exercised not included in the commitments note	-
Recognition of provision for makegood	250,000
Less:	
Short term leases included in commitments note	-
Leases for low value assets included in commitments note	-
Discount using incremental borrowing rate	46,201
Lease liabilities recognised at 1 July 2019	1,729,067

At 30 June 2019, the Company had recognised a liability in accordance with AASB 117 which represented the difference between the cumulative operating lease payments paid against the cumulative operating lease expense measured on a straight line basis. On the initial application of AASB 16 this liability, which amounted to \$79,878, was reversed against the accumulated surplus for the same amount.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

3 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(A) REVENUE AND OTHER INCOME

For the comparative year

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.

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.

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.

Revenue from contracts with customers

For the current year

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange

for those goods or services. Revenue is recognised by applying a five step model as follows:

- 1. Identify the contract with the customer
- 2. Identify the performance obligations
- 3. Determine the transaction price
- 4. Allocate the transaction price to the performance obligations
- 5. Recognise revenue as and when control of the performance obligations is transferred

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Company are:

Rendering of services

Revenue from provision of services is recognised in the accounting period in which the services are rendered. For fixed price contracts, revenue is recognised based on the actual services provided to the end of the reporting period as a proportion of the total services to be provided as the customer receives and uses the benefit simultaneously.

Statement of financial position balances relating to revenue recognition

Contract assets and liabilities

Where the amounts billed to customers are based on the achievement of various milestones established in the contract, the amounts recognised as revenue in a given period do not necessarily coincide with the amounts billed to or certified by the customer.

When a performance obligation is satisfied by transferring a promised good or service to the customer before the customer pays consideration or the before payment is due, the Company presents the contract as a contract asset, unless the Company’s rights to that amount of consideration are unconditional, in which case the Company recognises a receivable. When an amount of consideration is received from a customer prior to the entity transferring a good or service to the customer, the Company presents the contract as a contract liability.

Grant revenue

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight line basis.

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.

(B) LEASES

For the comparative year

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 entities in 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.

For the current year

At inception of a contract, the Company assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.
- The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Company has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

Lessee accounting

The non lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Company recognises a right of use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right of use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right of use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company’s incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company’s assessment of lease term.

Where the lease liability is remeasured, the right of use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right of use asset has been reduced to zero.

Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for both short term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low value assets. The Company recognises the payments associated with these leases as an expense on a straight line basis over 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*.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

(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

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.

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 is 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	5 - 33%

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 are 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 2020

(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 28. 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 1 July 2019. The adoption of these standards has not caused any material adjustments to the reported financial position, performance or cash flow of the Company. Refer to Note 2 for details of the changes due to standards adopted.

(O) NEW ACCOUNTING STANDARDS AND INTERPRETATIONS FOR APPLICATION IN FUTURE PERIODS

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Directors have decided against early adoption of these Standards, but do not expect the adoption of these standards to have any impact on the reported position or performance of the Company.

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 judgements – Impacts of COVID 19

Judgement has been exercised in considering the impacts that the Coronavirus (COVID 19) pandemic has had, or may have, on the Company based on known information. There does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the Company unfavourably as at the reporting date as a result of the COVID 19 pandemic.

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

During the year ended 30 June 2019, 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”). 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 of \$5,445,909. Work on the ImPS Project has commenced during the year ended 30 June 2020 and income recognised as milestones of the Project were achieved with the remaining balance at 30 June 2020 recognised as a contract liability of \$2,571,609 in line with the Company’s adoption of AASB 15 and AASB 1058 during the year.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2020

5 REVENUE AND OTHER INCOME

	VCS		VCCR	
	2020	2019	2020	2019
	\$	\$	\$	\$
REVENUE FROM OPERATING ACTIVITIES				
<i>Government grants:</i>				
- Department of Health & Human Services	16,067,994	21,959,483	-	2,353,975
- SA Health	-	-	-	521,171
-Department of Health	-	-	-	-
Other government subsidies and support	1,143,500	-	-	-
Patient fees	4,445,981	3,795,422	-	-
Project income	1,510,935	106,157	-	-
Other revenue from operating activities	206,080	196,900	-	51,898
	23,374,490	26,057,962	-	2,927,044
TRANSFER UNEXPENDED GRANTS				
Operating funding transferred from prior year	5,652,278	136,082	-	890,154
Operating funding transferred to following year	(2,917,362)	(5,652,278)	-	-
Total revenue from operating activities	26,109,406	20,541,766	-	3,817,198
REVENUE FROM NON-OPERATING ACTIVITIES				
Bank interest	349,407	398,348	-	2,161
Profit on sale of non-current assets	137,773	16,068	-	-
Foreign currency translation gains	9,127	-	-	-
Total revenue from non operating activities	496,307	414,416	-	2,161
REVENUE FROM CAPITAL PURPOSE INCOME				
Department of Health & Human Services	-	487,350	-	-
Total revenue from capital purpose income	-	487,350	-	-
Total Revenue	26,605,713	21,443,532	-	3,819,359

	NHVPR		Total	
	2020	2019	2020	2019
	\$	\$	\$	\$
REVENUE FROM OPERATING ACTIVITIES				
Government grants				
- Department of Health & Human Services	-	492,809	16,067,994	24,806,267
- SA Health	-	-	-	521,171
-Department of Health	-	2,784,974	-	2,784,974
Other government subsidies and support	-	-	1,143,500	-
Patient fees	-	-	4,445,981	3,795,422
Project income	-	-	1,510,935	106,157
Other revenue from operating activities	-	255,355	206,080	504,153
	-	3,533,138	23,374,490	32,518,144
TRANSFER UNEXPENDED GRANTS				
Operating funding transferred from prior year	-	-	5,652,278	1,026,236
Operating funding transferred to following year	-	-	(2,917,362)	(5,652,278)
Total revenue from operating activities	-	3,533,138	26,109,406	27,892,102
REVENUE FROM NON-OPERATING ACTIVITIES				
Bank interest	-	1,950	349,407	402,459
Profit on sale of non-current assets	-	-	137,773	16,068
Foreign currency translation gains	-	-	9,127	-
	-	1,950	496,307	418,527
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	26,605,713	28,797,979

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

6 EXPENSES	VCS		VCCR		NHVPR		Total	
	2020	2019	2020	2019	2020	2019	2020	2019
	\$	\$	\$	\$	\$	\$	\$	\$
Wages and salaries	14,926,579	112,037,177	-	2,010,522	-	1,117,868	14,926,579	15,165,567
Operating and administration costs	4,569,273	2,496,141	-	1,132,423	-	1,130,370	4,569,273	4,758,934
Laboratory Consumables	4,041,829	5,066,850	-	-	-	-	4,041,829	5,066,850
Rental expense	-	104,638	-	74,327	-	49,707	-	228,672
Interest expense	81,247	60,421	-	-	-	-	81,247	60,421
Depreciation and amortisation expense	1,469,270	774,991	-	1,150,260	-	200,889	1,469,270	2,126,140
Loss on sale of non-current assets	5,672	-	-	748	-	20,540	5,672	21,288
Total expenses	25,093,870	20,540,218	-	4,368,280	-	2,519,374	25,093,870	27,427,872

7 CASH AND CASH EQUIVALENTS	Note	2020	2019
		\$	\$
Cash at bank and on hand		139,431	4,556,116
Deposits at call		9,730,744	7,195,813
Total cash and cash equivalents	7(a)	9,870,175	11,751,929

The effective interest on short term bank deposits was 0.15% (2019: 0.25%).

(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:		2020	2019
		\$	\$
Cash and cash equivalents	7	9,870,175	11,751,929
Balance as per statement of cash flows		9,870,175	11,751,929

8 TRADE AND OTHER RECEIVABLES		2020	2019
		\$	\$
CURRENT			
Trade debtors and accrued revenue		2,091,325	1,621,422
Provision for impairment of receivables	8(b)	(16,543)	(30,016)
		2,074,782	1,591,406
Interest receivable		22,603	47,783
Total current trade and other receivables		2,097,385	1,639,189

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.

(A) 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 2020 is determined as follows, the expected credit losses incorporate forward looking information.

30 June 2020	Current	< 30 days overdue	< 90 days overdue	> 90 days overdue	Total
Expected loss rate (%)	0.79	N/A	N/A	N/A	0.79
Gross carrying amount (\$)	2,091,325	-	-	-	2,091,325
ECL provision	16,543	-	-	-	16,543

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

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

	2020	2019
	\$	\$
Balance at beginning of the year	30,016	40,481
Amounts written off as uncollectible:		
- Movement through provision	(13,473)	(10,465)
Balance at the end of the year	16,543	30,016

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.

9 INVENTORIES	2020	2019
	\$	\$
CURRENT		
At cost:		
Laboratory Consumables	683,608	672,845
Total current inventories	683,608	672,845

10 OTHER FINANCIAL ASSETS	2020	2019
	\$	\$
Financial assets at amortised cost		
CURRENT		
Term deposits	12,011,649	13,724,476
Total current other financial assets	12,011,649	13,724,476

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2019

11 OTHER ASSETS

	2020	2019
CURRENT	\$	\$
Prepayments	413,932	262,470
NON-CURRENT		
Security deposit	91,905	91,905

12 LEASES

The Company has applied AASB 16 using the modified retrospective method and therefore the comparative information has not been restated and continues to be reported under AASB 117 and related Interpretations.

THE COMPANY AS A LESSEE

The Company has leases over a range of assets including land and buildings, and plant and equipment.

Information relating to the leases in place and associated balances and transactions are provided below.

Terms and conditions of leases

The Company has entered into the following lease arrangements:

- a premises located in East Melbourne for the term 1 March 2019 to 28 February 2023; and
- plant and equipment, 1 x Cobas 6800 system and 2 x Cobas p 480 v2 instruments, from 1 December 2017 to 30 November 2022.

Neither of the above lease agreements contain options to extend the term of options to purchase the assets on expiry.

(A) RIGHT-OF-USE ASSETS

Year ended 30 June 2020	Buildings \$	Plant and Equipment \$	Total \$
Initial recognition on adoption of AASB 16 on 1 July 2019	1,120,900	-	1,120,900
Reclassification of finance leases on initial application of AASB 16 on 1 July 2019	-	608,167	608,167
Depreciation expense	(305,700)	(178,000)	(483,700)
Balance at end of year	815,200	430,167	1,245,367

(B) LEASE LIABILITIES

Maturity analysis - Contractual undiscounted cash flows:	2020 \$
- Less than one year	487,432
- One to five years	1,030,831
Total undiscounted lease liabilities as at 30 June	1,518,263

Lease liabilities included in the balance sheet at 30 June:

- Current	428,202
- Non current	986,138
Total lease liabilities	1,414,340

(C) STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

The amounts recognised in the statement of profit or loss and other comprehensive income relating to leases where the Company is a lessee are shown below:

	2020 \$
Interest expense on lease liabilities	81,247
Depreciation of right-of-use assets	483,700
Total	564,947

(D) STATEMENT OF CASH FLOWS

Repayment of leases	353,172
Payment of interest on leases	81,247
Total cash outflow for leases	434,419

13 PROPERTY, PLANT AND EQUIPMENT

	2020 \$	2019 \$
LEASED EQUIPMENT		
At cost	-	890,000
Accumulated depreciation	-	(281,833)
Total leased equipment	-	608,167
PLANT AND EQUIPMENT		
At cost	4,512,605	4,917,181
Accumulated depreciation	(3,851,679)	(3,981,153)
Total plant and equipment	660,926	936,028
MOTOR VEHICLES		
At cost	318,282	393,681
Accumulated depreciation	(268,622)	(365,420)
Total motor vehicles	49,660	28,261
LEASEHOLD IMPROVEMENTS		
At cost	1,331,111	1,331,111
Accumulated amortisation	(716,714)	(652,119)
Total leasehold improvements	614,397	678,992
Total property, plant and equipment	1,324,983	2,251,448

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 2020	Leased Equipment \$	Plant and Equipment \$	Motor Vehicles \$	Leased Improvements \$	Total \$
Balance at the beginning of the year	608,167	936,028	28,261	678,992	2,251,448
Additions	-	74,175	36,580	-	110,755
Disposals	-	(5,673)	-	-	(5,673)
Depreciation expense	-	(343,604)	(15,181)	(64,595)	(423,380)
Reclassification to right of use assets on initial application of AASB 16 on 1 July 2019	(608,167)	-	-	-	(608,167)
Balance at the end of the year	-	660,926	49,660	614,397	1,324,983

14 INTANGIBLE ASSETS	2020	2019
LICENCES	\$	\$
Cost	1,200	1,200
Accumulated amortisation and impairment	(1,200)	(1,200)
COMPUTER SOFTWARE		
Cost	7,424,742	6,601,858
Accumulated amortisation and impairment	(6,363,336)	(5,850,581)
Net carrying value	1,061,406	751,277
Total Intangibles	1,061,406	751,277

MOVEMENT IN CARRYING AMOUNTS OF INTANGIBLE ASSETS

Year ended 30 June 2020	Licenses \$	Computer Software \$	Total \$
Balance at the beginning of the year	-	751,277	751,277
Additions	-	872,319	872,319
Amortisation	-	(562,190)	(562,190)
Closing value at 30 June 2020	-	1,061,406	1,061,406

15 TRADE AND OTHER PAYABLES	2020	2019
CURRENT	\$	\$
Trade payables	820,865	1,406,830
GST payable	72,057	724,279
Other payables	536,394	644,467
Total current trade and other payables	1,429,316	2,775,576

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	1,429,316	2,775,576
Less: GST payable	(72,057)	(724,279)
Total trade and other payables classified as financial liabilities at amortised cost	1,357,259	2,051,297

16 BORROWINGS		2020	2019
CURRENT	Note	\$	\$
Secured liabilities:			
Finance lease liability	25(b)	-	170,855
Total current borrowings		-	170,855
NON-CURRENT			
Secured liabilities:			
Finance lease liability	25(b)	-	475,758
Total non-current borrowings		-	475,758

17 CONTRACT LIABILITIES	2020	2019
CURRENT	\$	\$
Government grants	2,917,362	-
Total current contract liabilities	2,917,362	-

18 EMPLOYEE BENEFITS	2020	2019
CURRENT	\$	\$
Long service leave	2,294,601	2,951,774
Annual leave	1,607,093	1,573,299
Total current employee benefits	3,901,694	4,525,073
NON-CURRENT		
Long service leave	428,822	348,086
Total non-current employee benefits	428,822	348,086

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.

19 OTHER LIABILITIES	2020	2019
CURRENT	\$	\$
Deferred revenue - Government grants	-	5,652,278
Amounts received in advance	42,300	43,180
Deferred rent	-	79,878
Total current other liabilities	42,300	5,775,336

20 RESERVES	2020	2019
	\$	\$
Designated funds reserve		
Opening balance	736,919	1,784,930
Amortisation of database upgrade	(400,859)	(1,048,011)
Closing balance	336,060	736,919
Total reserves	336,060	736,919

(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.

21 ACCUMULATED SURPLUS

	2020 \$	2019 \$
Accumulated surplus at the beginning of the financial year	16,337,936	13,919,818
Adjustment on initial application of AASB 16 on 1 July 2019	79,878	-
Adjusted balance at the beginning of the financial year	16,417,814	13,919,818
Surplus for the year	1,511,843	1,370,107
Transfer from designated funds reserve	400,859	1,048,011
Accumulated surplus at end of the financial year	18,330,516	16,337,936

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

22 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 2020 the number of members was 8 (2019: 8).

23 CASH FLOW INFORMATION

Reconciliation of result for the year to cashflows from operating activities	2020 \$	2019 \$
Surplus for the year	1,511,843	1,370,107
Non-cash flows in profit:		
- depreciation and amortisation expense	1,469,270	2,126,140
- net loss on disposal of property, plant and equipment	(132,101)	5,220
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	(458,196)	340,268
- (increase)/decrease in other assets	(151,462)	93,469
- (increase)/decrease in inventories	(10,763)	(122,811)
- increase/(decrease) in other liabilities	(5,653,158)	4,749,100
- increase/(decrease) in trade and other payables	(1,346,260)	1,205,230
(increase)/decrease in contract liabilities	2,917,362	-
- increase/(decrease) in employee benefits	(542,643)	(48,786)
Cashflows from operations	(2,396,108)	9,717,937

24 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	2020 \$	2019 \$
Financial assets			
<i>Held at amortised cost:</i>			
- Cash and cash equivalents	7	9,870,175	11,751,929
- Trade and other receivables	8	2,097,385	1,639,189
- Term deposits	10	12,011,649	13,724,476
Total financial assets		23,979,209	27,115,594
Financial liabilities			
<i>Held at amortised cost:</i>			
- Trade and other payables	15(a)	1,357,259	2,051,297
- Borrowings	16	-	646,613
- Lease liabilities		1,414,340	-
Total financial liabilities		2,771,599	2,697,910

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

25 LEASING COMMITMENTS

(A) OPERATING LEASES	Note	2020 \$	2019 \$
Minimum lease payments under non-cancellable operating leases:			
- not later than one year		-	239,633
- between one year and five years		-	639,022
Total minimum lease payments		-	878,655

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.

At 1 July 2019, operating leases were capitalised on initial application of AASB 16. Refer to notes 2 and 13 for further details.

(B) FINANCE LEASES			
Minimum lease payments:			
- not later than one year		-	217,800
- less future finance charge		-	(46,945)
Total current finance lease liability	16	-	170,855
Minimum lease payments:			
- between one year and five years		-	526,350
- less future finance charge		-	(50,592)
Total non-current finance lease liability	16	-	475,758
Total finance lease commitments		-	646,613

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.

At 1 July 2019, finance leases were reclassified as leases on initial application of AASB 16. Refer to notes 2 and 13 for further details.

26 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 2020 and 30 June 2019.
The Board did not receive any remuneration during the financial years ended 30 June 2020 and 30 June 2019.

KEY MANAGEMENT PERSONNEL REMUNERATION

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

	2020	2019
	\$	\$
Short-term employee benefits	2,424,666	1,925,975
Post-employment benefits	194,952	197,371
Total key management personnel remuneration	2,619,618	2,123,346

During the 2019/20 year, 2 executives resigned and 2 were appointed.
As at 30 June 2020, 8 FTEs were employed as executives (2019: 8).
There were no transactions between the Company and the executives during the year.

27 AUDITOR’S RENUMERATION

	2020	2019
	\$	\$
Remuneration of the auditor (HLB Mann Judd), for:		
- auditing or reviewing the financial statements	17,500	17,000
- assistance with preparation of financial report	2,500	2,500
Total auditor’s remuneration	20,000	19,500

28 DEFINED BENEFITS SCHEME

The Company contributes to a Defined Benefits Scheme (“the Scheme”) maintained by Aware 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 2020 totalled \$6,084 (2019: \$270,087). The Fund’s actuary has advised that the contributions will remain unchanged for the current year.

29 CONTINGENCIES

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2020 (30 June 2019: None).
The amount disclosed represented a Bank Guarantee for the property leased at Wellington Parade, East Melbourne, payable on default of rent.

30 EVENTS AFTER THE END OF THE REPORTING PERIOD

The financial report was authorised for issue on 20 November 2020.
The Victorian Government applied Stage 4 restrictions on 2 August 2020 as a result of the rising COVID 19 cases in Greater Metropolitan Melbourne. The Company continued to operate within the government’s permitted activities.
The COVID 19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by the Company by the reporting date. As responses by the government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on the Company, its operations, its future results and financial position. Subsequent to year end, the state of emergency in Victoria was extended until 11 October 2020 and the state of disaster is still in place. Any future changes to the Company’s operations relating to COVID 19 will be in response to the Victorian Government’s directions. The Company’s operations relating to COVID 19 will be in response to the Victorian Government’s directions.
Except for the above, no other matters or circumstances have arisen since the end of the financial year which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

31 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

The directors of the Company declare that:

1. The financial statements and notes, as set out on pages 2 to 34, are in accordance with the *Australian Charities and Not for profits Commission Act 2012*, and:
 - a. comply with Australian Accounting Standards Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position as at 30 June 2020 and of the performance for the year ended on that date of the Company.
2. In the directors' opinion, there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

In addition:

1. We certify that VCS Foundation Limited has complied with the terms and conditions of their service agreement with the Department(s).
2. We certify that VCS Foundation Limited has used funding received from the Department(s) for the year ended 30 June 2020 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*.

Dr Jane Collins
Chairperson

Tim Humphries
Director

Dated this 20 November 2020



AUDITOR'S INDEPENDENCE DECLARATION

We declare that, to the best of our knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit of the financial report of VCS Foundation Limited for the year ended 30 June 2020.

HLB Mann Judd
Chartered Accountants

Melbourne
20 November 2020

Nick Walker
Partner

hlb.com.au

HLB Mann Judd (VIC Partnership) ABN 20 696 861 713

Level 9, 575 Bourke Street, Melbourne VIC 3000 | GPO Box 2850, Melbourne VIC 3001
 T: +61 (0) 3 9606 3888 F: +61 (0) 3 9606 3800 E: mailbox@hlbvic.com.au
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VCS
Foundation



VCS Pathology



VCS Population Health



VCS Digital Health



NHMRC
Centre of Research
Excellence in
Cervical Cancer
Control



compass
Future directions
in cervical screening



ROSE
REMOVING OBSTACLES TO CERVICAL SCREENING



INDEPENDENT AUDITOR’S REPORT TO THE MEMBERS OF VCS FOUNDATION LIMITED
REPORT ON THE AUDIT OF THE FINANCIAL REPORT

Opinion

We have audited the financial report of VCS Foundation Limited (“the Entity”) which comprises the statement of financial position as at 30 June 2020, 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 has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* including:

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:

- (a) Giving a true and fair view of the Entity’s financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the 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.

hlb.com.au

HLB Mann Judd (VIC Partnership) ABN 20 696 861 713
Level 9, 575 Bourke Street, Melbourne VIC 3000 | GPO Box 2850, Melbourne VIC 3001
T: +61 (0) 3 9606 3888 F: +61 (0) 3 9606 3800 E: mailbox@hlbvic.com.au
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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 Entity’s annual report for the year ended 30 June 2020, 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 2012 and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the 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

HLB Mann Judd
Chartered Accountants

Melbourne
20 November 2020

Nick Walker

Nick Walker
Partner

VCS FOUNDATION
PUBLISHED ARTICLES 2019/20

AUTHOR(S)	JOURNAL	TITLE	REFERENCE
Foster E, Malloy MJ, Jokubaitis VG, Wrede CD, Butzkueven H, Sasadeusz J, van Doornum S, Macrae F, Unglik G, Brotherton JML , Van der Walt A.	PLoS One	Increased risk of cervical dysplasia in females with autoimmune conditions—Results from an Australia database linkage study.	<i>PLoS ONE</i> 15(6): e0234813. https://doi.org/10.1371/journal.pone.0234813
Dutton T, Marjoram J, Burgess S, Montgomery L, Vail A, Callan N, Jacob S, Hawkes D , Saville M, Bailey J.	BMC Health Services Research	Uptake and acceptability of human papillomavirus self-sampling in rural and remote aboriginal communities: evaluation of a nurse-led community engagement model	<i>BMC Health Services Research</i> (2020) 20:398. https://doi.org/10.1186/s12913-020-05214-5
Butler TL, Anderson K, Condon J, Garvey G, Brotherton JML , Cunningham J, Tong A, Moore SP, Maher CM, Mein JK, Warren EF, Whop LJ.	PLoS One	Indigenous Australian women’s experiences of participation in cervical screening	<i>PLoS ONE</i> 2020; 15(6): e0234536. https://doi.org/10.1371/journal.pone.0234536
Sultana F, Roeske L, Malloy MJ, McDermott TL, Saville M, Brotherton JML.	PLoS One	Implementation of Australia’s Renewed Cervical Screening Program: Preparedness of General Practitioners and Nurses	<i>PLoS ONE</i> 2020;15(1):e0228042. https://doi.org/10.1371/journal.pone.0228042
Dodd R, Mac O, Brotherton JML , Cvejic E, McCaffery KJ.	Sexually Transmitted Infections	Levels of anxiety and distress after screening positive in Australia’s HPV- based cervical screening program	<i>Sex Transm Infect Epub ahead of print: [30 Jan 2020]. doi:10.1136/sextrans-2019-054290</i>
Lawton B, Heffernan M, Wurtak G, Steben M, Lhaki P, Cram F, Blas M, Hibma M, Adcock A, Stevenson K, Whop L, Brotherton J , Garland S.	Papillomavirus Research	IPVS Policy Statement addressing the burden of HPV disease for Indigenous peoples	<i>Papillomavirus Research</i> 2020; https://doi.org/10.1016/j.pvr.2019.100191 Available online 12 December 2019.
Brotherton JML , Davies C, on behalf of IPVS Policy Committee.	Papillomavirus Research	IPVS policy statement equity in cervical cancer prevention: For all and not just for some	<i>Papillomavirus Research.</i> https://doi.org/10.1016/j.pvr.2019.100192 E Published 2019/12/07
Brotherton JML , Sundstrom K.	Cancer	The evidence is mounting to support one dose human papillomavirus vaccination strategies	<i>Cancer. Published online 10th February 2020. DOI: 10.1002/cncr.32696</i>
Saville M, Hawkes D, Keung MHT, Ip ELO , Silvers J, Sultana F, Malloy MJ, Velentzis LS, Canfell K, Wrede CD, Brotherton JML.	Journal of Clinical Virology.	Validation of self-collected samples against practitioner-collected samples for six HPV assays: the SCoPE study	<i>Journal of Clinical Virology.</i> 2020;127:, 104375 https://doi.org/10.1016/j.jcv.2020.104375 .
Budd A, Powierski A, Chau T, Saville M, Brotherton JML	Medical Journal of Australia	The value of data linkage depends on the quality of the data: incorporating Medicare data alters cervical screening analysis findings	<i>Vol 212 [08] 4 May 2020. https://doi.org/10.5694/mja.2.50506</i>

AUTHOR(S)	JOURNAL	TITLE	REFERENCE
Hawkes D, Keung MHT, Huang Y, McDermott T, Romano J, Saville M, Brotherton JML.	Cancer	Self-Collection for Cervical Screening Programs: From Research to Reality	<i>Cancers</i> 2020 Apr 24;12(4):E1053. doi: 10.3390/cancers12041053
Hawkes D.	Asian Pacific Journal of Cancer Prevention	Extraordinary Claims don’t always require extraordinary evidence, but they do require good quality evidence	<i>Asian Pac J Cancer Prev</i> 20(7): 1935-1937
Tan J, Malloy MJ, Brotherton JML , Saville M.	Australian New Zealand Journal of Obstetrics and Gynaecology	Compliance with follow-up Test of Cure and outcomes after treatment for high-grade cervical intra-epithelial neoplasia in Victoria	<i>Aust N Z J Obstet Gynaecol</i> 2020 Jun; 60(3):433-437. doi: 10.1111/ajo.13115. Epub 2020 Jan 16
Shilling HS, Murray G, Brotherton JML, Hawkes D, Saville M , Sivertsen T, Chambers I, Roberts J, Farnsworth A, Garland SM, Hocking J, Kaldor J, Guy R, Atchison S, Costa A-M, Molano M, Machalek DA.	Vaccine	Monitoring human papillomavirus prevalence among young Australian women undergoing routine chlamydia screening	<i>Volume 38, Issue 5, Pages 951-1276 (29 January 2020) DOI: 10.1016/j.vaccine.2019.11. 019</i>
Canfell K, Saville M , Caruana M, Gebski V, Darlington-Brown J, Brotherton JML , Heley S, Castle PE.	BMJ Open	Sample Size Revision - Protocol for Compass: a randomised controlled trial of primary HPV testing versus cytology screening for cervical cancer in HPV- unvaccinated and vaccinated women aged 25–69 years living in Australia [eletter]	<i>BMJ Open</i> 2019. https://bmjopen.bmj.com/content/8/1/e016700.responses Published on: 19 December 2019
Brotherton JML.	Papillomavirus Research	Rationalizing the HPV vaccination schedule: a long road to a worthwhile destination	<i>Papillomavirus Res.</i> 2019 Dec;8:100190. doi: 10.1016/j.pvr.2019.100190. Epub 2019 Nov 21.
Yeasmeen T, Kelaher M, Brotherton JML, Malloy MJ.	Journal of Cancer Policy	Understanding the participation of cervical cancer screening among Muslim women in Victoria, Australia from record-linkage data	<i>J Cancer Policy</i> 2019;22: 100201. https://doi.org/10.1016/j.jcpo.2019.100201
Hull BP, Hendry AJ, Dey A, Beard FH, Brotherton JM , McIntyre P.	Communicable Diseases Intelligence	Immunisation coverage annual report, 2016	<i>Commun Dis Intell</i> 2019;43(https://doi.org/10.33321/cdi.2019.43.44) Epub 16/09/2019
Hull BP, Hendry AJ, Dey A, Brotherton JM , Macartney K, Beard FH.	Communicable Diseases Intelligence	Immunisation coverage annual report, 2017	<i>Commun Dis Intell.</i> 2019;43 https://doi.org/10.33321/cdi.2019.43.47 Published online: 18/11/2019
Nunez C, Morris A, Teutsch S, McGregor S, Brotherton J , Novakovic D, Rawlinson W, Jones C, Elliott E.	Commun Dis Intell	Australian Paediatric Surveillance Unit Annual Report 2018	<i>Commun Dis Intell.</i> 2019;43(https://doi.org/10.33321/cdi.2019.43.53) Epub 18/11/2019

AUTHOR(S)	JOURNAL	TITLE	REFERENCE
Toliman P, Phillips S, de Jong S, O'Neill T, Tan G, Brotherton J, Saville M , Kaldor J, Vallely A, Tabrizi S.	Clinical Microbiology and Infection	Evaluation of p16/Ki-67 dual stain cytology performed on self-collected vaginal and clinician-collected cervical specimens for the detection of cervical pre-cancer	<i>Clin Microbiol Infect</i> 2020; 26(6): 748 – 752. https://doi.org/10.1016/j.cmi.2019.10.020
Hawkes D.	BMJ Evidence Based Medicine	Evidence evolves over time and should be based on data not opinion	<i>BMJ Evid Based Med.</i> 2019 Sep 23;bmjebm-2019-111222. doi: 10.1136/bmjebm-2019-
Brotherton JML , Budd A, Saville M.	Medical Journal of Australia	Understanding the proportion of cervical cancers attributable to HPV	<i>Med J Aust.</i> 2020;212: 63-64. e1. doi:10.5694/mja2.50477
Smith M, Hammond I, Saville M. ²	Public Health Research Practice	Lessons from the renewal of the National Cervical Screening Program in Australia	<i>Public Health Res Pract.</i> 2019;29(2):e2921914. Published 31 July 92019. H1https://doi.org/10.17061/p.hrp2921914
Ioannides S, Beard F, Larter N, Clark K, Wang H, Hendry A, Hill B, Dey A, Chiu C, Brotherton J , Jayasinghe S, Macartney K, McIntyre P.	Communicable Diseases Intelligence	Vaccine Preventable Diseases and Vaccination Coverage in Aboriginal and Torres Strait Islander People, Australia, 2011-2015	<i>Commun Dis Intell</i> 2019;43 (https://doi.org/10.33321/cdi.2019.43.36) Epub 15/08/2019.
McIntyre P, Phillips A, Brotherton JML , Tatley M.	British Medical Journal	Improving detection of rare or poorly defined adverse events – Analysis poorly grounded in evidence. Online rapid response	<i>BMJ</i> 9 July 2019 https://www.bmj.com/content/365/bmj.l2268/rr-11
Brotherton JML , Budd A, Rompotis C, Bartlett N, Malloy MJ, Andersen RL, Coulter KAR, Couvee PW, Steel N, Ward GH, Saville M.	Papillomavirus Research	Is one dose of human papillomavirus vaccine as effective as three?: A national cohort analysis.	<i>Papillomavirus Research</i> , July 2019. https://doi.org/10.1016/j.pvr.2019.100177
Brotherton JML.	Papillomavirus Research	Impact of HPV vaccination: achievements and future challenges	<i>Papillomavirus Research.</i> 2019; 7;138-140 doi: https://doi.org/10.1016/j.pvr.2019.04.004
Wnukowski-Mtonga P, Jayasinghe S, Chiu C, Macartney K, Brotherton JML , Donovan B, Hall M, Smith D, Peterson K, Campbell-Lloyd S, Selvey C, Giles M, Kaldor J, Marshall H.	Communicable Diseases Intelligence	Scientific evidence supporting recommendations on the use of the 9-valent HPV vaccine in a 2-dose vaccine schedule in Australia by the Australian Technical Advisory Group on Immunisation (ATAGI)	<i>Commun Dis Intell</i> 020;44(https://doi.org/10.33321/cdi.2020.44.33) Epub 15/4/2020

2 Awarded “Best in Practice Paper” by the Sax Institute – Oct 2019

LIST OF ACRONYMS

AICD	Australian Institute of Company Directors	NBCSP	National Bowel Cancer Screening Program
AIWH	Australian Institute of Health and Welfare	NCSP	National Cervical Screening Program
ATAGI	Australian Technical Advisory Group on Immunisation	NCSR	National Cancer Screening Register
CIRV	Centralised Immunisation Records Victoria	NHMRC	National Health and Medical Research Council
CRE	Centre of Research Excellence	NHVPR	National Human Papillomavirus Program Register
CST	Cervical Screening Test	NPAAC	National Pathology Accreditation Advisory Council
Cth	Commonwealth	NSW	New South Wales
DHHS	Victorian Department of Health and Human Services	PAIVnG	Providing Access to Immunisation for Vulnerable Groups
EAP	Employee Assistance Program	PFUF	Participant Follow Up Function (National Bowel Cancer Screening Program)
ECHO	Extension For Community Healthcare Outcomes	RACGP	Royal Australian College of General Practitioners
FOBT	Faecal Occult Blood Test	RCPA	Royal College of Pathologists Australasia
FTE	Full time equivalent	SA	South Australia
GP	General Practitioner	SACSR	South Australian Cervix Screening Register
HPV	Human Papillomavirus	TAT	Turn Around time
HR	Human Resources	VCCR	Victorian Cervical Cytology Register
ICT	Information Communication Technology	VCSR	Victorian Cervical Screening Register (previously VCCR)
ImPS	Immunisation Provider System	VCS	Foundation Ltd.VCS Foundation Ltd.
ISO	International Standards	VESS	VCS Employee Self Service
LBC	Liquid Based Cytology	VESSPA	VESS Performance Appraisals
LTI	Lost time injury	VMIA	Victorian Managed Insurance Agency
NATA	National Association of Testing Authorities, Australia	WHO	World Health Organization



VCS FOUNDATION IS ENRICHED BY COMMITTED AND PASSIONATE PEOPLE



We are very proud to have two Order of Australia awardees within the organisation.

Our Executive Director, Marion Saville was appointed as a Member (AM) of the Order of Australia at the Australia Day awards on the 26th January 2020 for her significant service to women's health through cervical screening initiatives.

The Order of Australia recognises Australians who have demonstrated outstanding service or exceptional achievement.

Marion's career of over 30 years has been focused on delivering and leading laboratory and registry services that support public health programs, in particular screening and vaccination programs. She has served on numerous cervical screening advisory committees in Australia and New Zealand. Most recently she was a member of the Renewal Steering Committee, a group established by Australian governments to provide oversight to Renewal of the National Cervical Screening Program and is chair of the Working Party to review the Clinical Management Guidelines for the Prevention of Cervical Cancer.

The AM recognises Marion's important contribution to Australia's world leading cervical cancer prevention programs and the success of VCS Foundation in making a difference to women's lives in Australia and around the world, supported by our committed, multi-disciplinary team of staff. This Order of Australia Award is a credit to Marion and the staff of VCS Foundation.

Marion works tirelessly to improve the programs that support screening and vaccination and is dedicated to seeing the elimination of cervical cancer in women in Australia and our region, particularly among disadvantaged women in Australia and those from low and middle income countries.



Our long term Board Member and Past President, Ms Sandy Anderson was awarded a Medal of the Order of Australia (OAM) in the General Division of the Queen's Birthday Honours for service to cancer prevention and to Aboriginal women's health.

Sandy Anderson was appointed as an honorary member of the VCS Foundation Board of Directors in 2000 and served on the Board for 19 years, including a term

as President from 2004 to 2007 and then as Chairman (previously titled President) from 2013 to 2017.

VCS Foundation Board positions are honorary and offer no remuneration. Regardless of this Sandy has offered her time and expertise over many years to the Board on various subcommittees and working parties. She has also been quick to offer mentoring to any new Board members and was and continues to be an advocate for women on boards.

Sandy works in women's health, holding clinics at Baarlinjan Medical Clinic at Ballarat and District Aboriginal Cooperative (BADAC). In 2012 Sandy was awarded the National Australian Practice Nurse Association Best Practice Nurse Award for Sexual Health in relation to increasing Koori women's cervical screening. As a representative of BADAC, Sandy was instrumental in the Victorian Department of Health and Human Services funded pilot project to develop an acceptable pathway to increase participation in cervical cancer screening for under-screened women.

WE WOULD LIKE TO TAKE
THIS OPPORTUNITY TO THANK
OUR FUNDING PROVIDERS,
OTHER STAKEHOLDERS, THE
EXECUTIVE TEAM, AND STAFF
AT VCS FOUNDATION WHO HAVE
CONTINUED TO ENSURE IMPORTANT
SCREENING PROGRAMS CONTINUE
THROUGH THE COVID-19 PANDEMIC.
THE COMBINED EFFORTS AND
BELIEF IN THE WORK WE DO HAS
ENSURED THAT VCS FOUNDATION
HAS CONTINUED TO SERVE THE
WOMEN OF VICTORIA, AUSTRALIA
AND ACROSS OUR REGION.



VCS Foundation's Annual Report 2019/20 received a GOLD AWARD at the 2020 Australasian Reporting Awards (ARA). ARA is a not-for-profit organisation established in 1950 to encourage effective communication of financial and business information. Each submission is reviewed by three members of an expert panel comprised of accounting, legal and communication professionals.

VCS Foundation Ltd.
ANNUAL REPORT 2019/20
VCS Foundation
PO Box 178, Carlton South VIC 3053
265 Faraday Street, Carlton VIC 3053
Telephone: (03) 9250 0300
Website: www.vcs.org.au
© VCS Foundation Ltd.
ABN: 35 430 554 780

Copies of this report are
available online: www.vcs.org.au
Printed copies can be ordered from:
VCS Foundation Ltd.
Telephone: (03) 9250 0322
Email: director@vcs.org.au

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the Victorian Government





VCS
Foundation

