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BreastScreen Victoria gratefully acknowledges the support of:
Australian Government Department of Health and Ageing and
the Department of Health, Victoria
Mission, Vision, Values

Our Mission
BreastScreen Victoria will extend the lives of Victorian women by detecting breast cancer early and enabling improved treatments.

Our Vision
We will screen a growing number of women each year. We will be an essential component of cancer care in Australia. We will support research and embrace new findings and technologies to improve our services. We will be highly regarded by the women we serve.

Our Values
Client focus – Women’s health is our primary focus
Quality – We pursue excellence
Partnerships – We work with our partners to achieve our mission
Flexibility – We are innovative and creative
Efficiency – We make best use of resources
Transparency – We are forthright and accountable
About BreastScreen Victoria

BreastScreen Victoria is part of a national breast cancer screening program inviting women aged 50–69 to have free screening mammograms every two years. BreastScreen Victoria aims to reduce deaths from breast cancer through early detection of the disease. BreastScreen Victoria has a network of services around the state including eight regional assessment services, 31 screening clinics and a Mobile Screening Service that visits 27 communities every two years.

Breast cancer is the most common cancer affecting women in Victoria, with more than three thousand women being diagnosed each year. BreastScreen Victoria is an accredited part of BreastScreen Australia, and is jointly funded by the Victorian and Commonwealth Governments. The Program aims to reduce deaths from breast cancer through early detection of the disease. BreastScreen Victoria invites women aged 50–69 to have a free screening mammogram every two years. Women in their 40s and over 70 are also eligible for free screening mammograms with BreastScreen Victoria.

Who we are

The Program is made up of two components: the BreastScreen Victoria Coordination Unit and regional Screening and Assessment Services. The BreastScreen Victoria Coordination Unit is an independently incorporated association which administers funding for the Screening and Assessment Services, manages the centralised information and appointment service, coordinates the Mobile Screening Service, manages client information, coordinates statewide communication and recruitment, monitors service provision and coordinates special projects.

The Program is delivered through eight regional Screening and Assessment Services across the state. Screening and Assessment Services provide all clinical services from the initial screening mammogram to the point of diagnosis. Collectively the eight Services manage 31 permanent screening clinics and the Mobile Screening Service that visits 27 communities on a two-yearly cycle. BreastScreen Victoria has strong relationships with both the public and private health service providers who manage the daily operation of the Screening and Assessment Services.

Caring about women

The many people who support and contribute to the BreastScreen Victoria Program share a commitment to the ongoing provision of quality screening and assessment services to women. BreastScreen Victoria’s clinical staff are highly skilled and experienced in the detection and assessment of breast cancer. Our model of care aims to ensure that all women have equal access and experience a respectful and affirming service.

BreastScreen Victoria saves lives

The BreastScreen Australia Evaluation Report June 2009 concluded that, at the current participation rate of 56%, the Program has been successful in reducing mortality from breast cancer for women in the target age group (50–69 years) by approximately 21–28%.
The BreastScreen Victoria program is delivered to the women of Victoria through eight regional Screening and Assessment Services located throughout the state. Collectively these eight Services manage 31 permanent screening clinics and the Mobile Screening Service which visits 27 locations on a two-yearly cycle.

The maps on this page show the spread of the BreastScreen Victoria screening locations throughout greater metropolitan Melbourne and regional Victoria.
BreastScreen Victoria’s role is to deliver screening mammography to women between the ages of 50–69 years. Our challenge is to encourage all eligible women to take the test and to ensure the screens are delivered effectively, efficiently and with a caring and sensitive approach. After 20 years of dedicated service, we realised that some of our approach to service delivery needed refreshing. We have had to renew and refocus our service model to meet that challenge. Over the past year the Board has implemented a wide range of service changes to renew how we deliver the best possible service for women.

This has required hard work and dedication across the entire organisation, and I wish to thank my Board colleagues for their support as we moved through this substantial change period. We farewelled Dr Bob Fabiny and Dr Pam Williams OAM, who both resigned from their positions on the Board of Management during the year.

I wish to give special thanks to the staff and members of all our committees at BreastScreen Victoria, led by CEO Vicki Pridmore, for rising to the considerable challenge of renewing while maintaining and improving quality of care. I would also like to acknowledge the support of our partners in service delivery at the Screening and Assessment Services and the Department of Health, particularly Louise Galloway and Colin Sindall.

BreastScreen Victoria performed a total of 206,178 screens in 2011–2012. This number of screens is a reflection of the hard work by the staff in Screening and Assessment services across Victoria, working in partnership with the BreastScreen Victoria Coordination Unit, under the leadership of CEO Vicki Pridmore.

Our participation rate has plateaued at 55% (in line with the national average but below the desired target of 70%). We are concerned at the number of women in our target age group, 50–69 years, who are putting off participating in the Program.

To this end, the renewal this year has largely focused on three key areas:

- increasing participation
- upgrading our screening technology
- improving clinical governance

The scope of change in these particular areas is significant and encompasses alignment of the structure of services and associated contracts, improvements to recruitment of women for screening, booking systems, quality management, the consumer experience and process efficiency for screening and assessment.

Centralising recruitment has captured the recommendations of research and evidence that show a recruitment strategy based on demographics alone would not reach an adequate number of women to improve the participation rate. A new centralised recruitment team including specialist Health Promotion Officers, media liaison, publications including internet and new e-technologies, has delivered a new strategy focusing on the mindsets of women have that are barriers to screening. Of the eligible women who don’t attend screening, our research shows that 70% are time poor and procrastinate about screening. The year also saw the preparation for an historic mass media campaign to further encourage women who procrastinate about making an appointment.

I would like to thank the many peak bodies that have participated in this new strategy including major Breast Cancer research and fundraising foundations, Members of the Victorian Parliament, General Practitioners and Local Governments. Their willingness to embrace the need for change has made a lasting difference and forged ongoing partnerships.

The Digital Mammography Project, funded by the Commonwealth and Victorian State Governments, has delivered significant process improvements to the service. I would like to thank both Governments for their contribution to this vital project which ensures we respond dynamically to technological change.

Underscoring these processes is the clinical Quality Framework. We are dedicated to providing the highest quality services to Victorian women. To ensure this, the Quality Framework guides and supports our efforts in quality improvement. In 2011 we started with three Services on four year accreditation status, four Services with a two year status, and one on provisional accreditation. Just over 12 months later, five Services have four year accreditation status, and three have a two year status with high priority recommendations. A huge amount of work, and a considerable culture shift at Services has resulted in significant and sustained performance improvements. We are well on our way to achieving ‘four in four’ and I congratulate all involved.

Our task for the next 12 months is to increase the participation of eligible women and to continue to improve the quality and efficiency of our services. We look forward to achieving our goals and continuing to play an important role in protecting the health of women in our community.

Professor Katherine McGrath
Chair, BreastScreen Victoria
Chief Executive Officer’s Report

When I hear that a celebrity has been diagnosed with breast cancer, the team at BreastScreen Victoria ready themselves to be inundated by women suddenly concerned that their breasts may contain a cancer that is hidden and requires further investigation by BreastScreen.

I ask myself, is it better to have a free, regular mammogram, find out sooner, and optimise the treatments available and reduce the invasiveness of the surgery, or wait until a lump is noticeable when you look in the mirror or until a celebrity makes her announcement? Often, the treatment has the same side effects such as nausea and hair loss no matter how the lump is detected, but the long term mortality benefits of an early diagnosis are vastly improved.

BreastScreen Victoria has been successful in reducing deaths from breast cancer by approximately 21 to 28%. This success is a result of routine screening, combined with significant improvements in surgery and drug treatments. In Victoria we have managed to achieve this at our current participation rate of 55% for women aged 50 to 69 years. Imagine what we could do if more Victorian women took the opportunity to have regular, free screenings.

When I ask myself is it the right thing to find it as early as I can? The answer is a resounding Yes – I want to take control of my body and take advantage of the advances science and medicine have to offer.

For me, that means having a regular free mammogram every two years, just as I have a regular two-yearly pap test and regular dental visits. A two-yearly mammogram allows experienced professionals to read the mammograms and compare them to detect any abnormal changes that require further investigation.

So far, luckily for me, there has been no bad news and the story will continue to unfold. I have peace of mind that there will be help available if the story changes. Because I am a woman, and aged over 50, my chances of breast cancer are 1 in 9, even though I don’t have a family history of the disease. I exercise and enjoy all good things in moderation but I still choose to have a regular mammogram to screen for cancer.

I am glad I get the free check for my own sake and that of my family and friends who love me and need me.

At the moment, there is a significant scientific debate about the benefits and harms of screening. All population screening programs acknowledge that a small percentage of the cancers detected would not have led to death or caused symptoms if left untreated. Overdiagnosis is the term applied to these cancers.

BreastScreen Victoria encourages all debate and continues to support research that may make it possible to better define those screen detected invasive cancers that do not need treatment. We anticipate that in the future such research will enable us to better identify women at higher risk of developing breast cancer.

In the meantime, the evidence shows that regular two-yearly breast screening is still the most effective way of detecting cancer early and can reduce a woman’s chance of dying from breast cancer.

Despite the lives saved, and the potential for many more to be saved, only 55% of eligible women (aged 50–69) participate in our free program in Victoria. For the full benefits of a screening program to be realised, we are aiming for 70% participation.

Our evidence shows that women are aware of the benefits and the harms of screening, but struggle to make their screening appointment a priority. These same women are alarmed by the facts: that 1 in 9 women will get breast cancer in their lifetime, over 50% of women diagnosed with breast cancer are aged over 50, and that these facts are for women without a family history of breast cancer.

Sometimes, as our evidence shows, it takes a celebrity to prompt them to make an appointment. So we have had to get a lot smarter about how we prompt women to take up this opportunity.

We have made it easier for women to make a booking by increasing the capacity of the Call Centre, and have introduced an outbound service targeting specialised cohorts of women or clinics that are filling too slowly. We have initiated online bookings that allow a woman to make an appointment at a time and place that suits her.

All these initiatives have been delivered efficiently and rapidly by the BreastScreen Victoria team. I would like to acknowledge the huge effort of all staff who have embraced the plan for renewal; always ensuring that the quality of our care for women remains at the forefront of our actions.

Ms Vicki Pridmore
Chief Executive Officer

2011–2012 at a glance

812,299

Letters sent

These letters include advisory letters about new clinics, invitations to screening, appointment confirmations and results. This number has decreased 20% from the previous year, due to the introduction of electronic results letters to GPs and fewer advisory letters sent to women about clinic changes.

284,883

Calls to the Call Centre

Result is down 19% from previous year, due to the introduction of a new phone system that provides women with the option of leaving their details and being called back by the Call Centre, or booking their appointment online. The new phone system together with additional phone lines and higher staffing levels are now providing women with a quicker and more streamlined service. The Call Centre now answers 95% of all calls received (up 8% on the previous year).

209,800

Bookings made

This number includes 202,324 phone and 7,476 online bookings (available from December 2011 onwards).

206,178

Breast screens performed

This number includes 1,915 Victorian women screened by BreastScreen New South Wales. Of these women, 16.1% attended for their first screen and 83.9% attended for their second or subsequent screen.

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Per centage of all women screened in the 50–69 year target age group

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>North Western</td>
<td>87.6%</td>
<td>80.6%</td>
</tr>
<tr>
<td>Monash</td>
<td>86.5%</td>
<td>83.9%</td>
</tr>
<tr>
<td>Geelong</td>
<td>85.6%</td>
<td>83.6%</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>87.1%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Maroondah</td>
<td>85.7%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Grampians</td>
<td>85.2%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Gippsland</td>
<td>87.7%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Bendigo</td>
<td>82.8%</td>
<td>81.6%</td>
</tr>
<tr>
<td>TOTAL ANNUAL</td>
<td>86.5%</td>
<td>83.1%</td>
</tr>
</tbody>
</table>

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Aboriginal and/or Torres Strait Islander women screened†

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>North Western</td>
<td>43</td>
<td>51</td>
</tr>
<tr>
<td>Monash</td>
<td>53</td>
<td>42</td>
</tr>
<tr>
<td>Geelong</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>82</td>
<td>79</td>
</tr>
<tr>
<td>Maroondah</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>Grampians</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Gippsland</td>
<td>80</td>
<td>72</td>
</tr>
<tr>
<td>Bendigo</td>
<td>98</td>
<td>90</td>
</tr>
<tr>
<td>TOTAL</td>
<td>448</td>
<td>474</td>
</tr>
</tbody>
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Culturally and Linguistically Diverse women screened†

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>North Western</td>
<td>12,413</td>
<td>11,862</td>
</tr>
<tr>
<td>Monash</td>
<td>9,019</td>
<td>10,439</td>
</tr>
<tr>
<td>Geelong</td>
<td>775</td>
<td>1,002</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>8,698</td>
<td>10,247</td>
</tr>
<tr>
<td>Maroondah</td>
<td>4,070</td>
<td>4,463</td>
</tr>
<tr>
<td>Grampians</td>
<td>93</td>
<td>149</td>
</tr>
<tr>
<td>Gippsland</td>
<td>383</td>
<td>510</td>
</tr>
<tr>
<td>Bendigo</td>
<td>300</td>
<td>309</td>
</tr>
<tr>
<td>TOTAL</td>
<td>35,751</td>
<td>38,981</td>
</tr>
</tbody>
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3,339,6214 Breast screens performed by BreastScreen Victoria since February 1993.

1,307 Breast cancers diagnosed by BreastScreen Victoria from 1 July 2010 to 30 June 2011. Of these cancers 1,066 (81.6%) were invasive breast cancers and 241 (18.4%) were DCIS.

26,717 Breast cancers diagnosed by BreastScreen Victoria from February 1993 to 30 June 2011.

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1. Women who self-identify as Aboriginal and/or Torres Strait Islander (ATSI).
2. Women who self-identify as speaking a language other than English at home are classified as Culturally and Linguistically Diverse (CALD).
3. Histopathology data is incomplete for the reporting period.
In 2011–2012 BreastScreen Victoria managed Screening and Assessment Services and Coordination Unit activities within budget. An evaluation of the financial year ending 30 June 2012 shows expenditure of 90% of the total budget. Including other sources of income, revenue for the rollout of the Digital Mammography project and other grants received, the surplus is $802,583. As in previous years this surplus will be allocated to 2012–2013 expenditure to further enhance screening services in line with strategic plans and as directed by the Board of Management. Total expenditure for 2011–2012 was $40.18m.

Screening and Assessment Services are funded based on targeted screens, assessments and biopsies. In addition funds are applied directly through the BreastScreen Coordination Unit which provides Mobile Screening and Assessment Services and support via the Registry, Information Management, Communications and Client Recruitment, Information and Communication Technology, Quality, Research and Planning units and administers the funding for the network of accredited screening and assessment centres located in both the public and private sectors. In 2011–12, 89% of funds were directly applied to the Services.

Strategic projects are approved by the Board of Management in line with the BreastScreen Strategic Plan. Funding comes from different sources. The State and Commonwealth governments fund the majority of projects whereas other projects may be funded by specialised groups. Several strategic projects were funded from accumulated surpluses. In 2011–12 expenditure on strategic projects included the rollout of digital mammography across the state, implementation of the service model, radiographer training, radiologist registrars program, ATSI, CALD, focus group testing and the commencement of the mass media campaign.
BreastScreen Victoria Strategic Plan 2010–2013 identifies four key result areas (KRAs) necessary to achieve BreastScreen Victoria’s mission. The three-year Strategic Plan was developed by the Board of Management in consultation with senior staff, stakeholders and consumers. This strategic plan summary identifies achievements in 2011–2012 (the second year of the three year Plan).

<table>
<thead>
<tr>
<th>Key Result Area</th>
<th>Achievements in 2011–12</th>
</tr>
</thead>
</table>
| **1. BUSINESS SUSTAINABILITY** | • Develop and implement a sustainable business and funding model that supports: delivery of targets, long term service planning, appropriate scaling and technology, capacity building, partnerships and good governance.  
  • Underpin sustainability by building effective relationships with the Minister and Department.  
  • Realigned BSV funding model to reflect activity base and changing structure of service delivery  
  • Completed phase 1 statewide Service Model Renewal (SMR) including contractual redesign and centralisation of critical functions  
  • Developed a State Communication and Recruitment plan  
  • Centralise client recruitment  |
| **2. PRODUCTIVITY**           | • Ensure the most productive use of current resources by: re-engineering the business, harnessing the benefits of technological change to improve productivity, and reviewing contracts to maximise efficiency outcomes and develop appropriate skills  
  • Completed second year of Digital Mammography Project  
  • Implemented workflow review findings to support digital deployment  |
| **3. QUALITY & PARTICIPATION**| • Increase participation by improving access and reducing barriers.  
  • Improve the consumer experience.  
  • Increase service quality to achieve four year accreditation for all services by 2015, and support research and technology to improve cancer detection.  
  • Strengthened consumer voice by establishing consumer forums and an Ambassador Program  
  • Partnered with DOH to increase participation: CALD, ATSI low SES and women with disabilities  
  • Piloted collaborative initiatives across breast, pap and bowel cancer screening  
  • Broadened Call Centre approach to initiate contact with women  
  • Implemented clinical quality framework  |
| **4. WORKFORCE DEVELOPMENT**  | • Build and sustain a workforce that delivers service excellence by: attracting, retaining and maximising utilisation of staff, developing career paths through role redesign and enhancement, and ensuring skills are maintained through professional development  
  • Established state wide radiologist and radiographer positions  
  • Continued radiology registrar initiative  
  • Implemented climate survey |
BreastScreen Victoria aims to meet the national target of 70% participation. To achieve this target we need to further improve access and convenience for an increasing population of women. In 2010-11 the Board undertook a suite of comprehensive reviews of the Program. The findings of these reviews have been used to develop a new, sustainable service model for BreastScreen Victoria.

Aims of the new service model:
- Improve women’s access to, and experience of, the Program.
- Improve the capacity, flexibility and sustainability of our Services.
- Maximise the benefits gained from the introduction of digital technology.
- Achieve full accreditation of all Services by 2015.
- Meet government screening targets.

A Service Model Renewal (SMR) project team was established, led by Senior Project Manager, Genevieve Webb, to implement the new service model by 2013. The following highlights the SMR achievements in 2011–2012.

Centralised coordination of client recruitment
A new central client recruitment team of Health Promotion Officers is responsible for coordinating the recruitment of women to the Program. The team has delivered statewide initiatives to increase participation, with a focus on cohorts of women where participation is lowest. This change affected some positions in BreastScreen Screening and Assessment Services. BreastScreen Victoria would like to acknowledge the work done over many years by Information Officers within those Services, and to thank them for their work in raising awareness of breast cancer and screening.

Simplified service structure
In the past, screening service providers were subcontracted by the eight regional BreastScreen Services. From 1 July 2012, BreastScreen will hold direct contracts with 27 Screening Service Providers (SSPs) and eight Reading and Assessment Services (formerly Screening and Assessment Services). Performance-based contracts and a central contract coordination position have been introduced to ensure the highest standards of service.

Revised pricing and funding arrangements
To ensure the financial sustainability of the program, we have reviewed the pricing and funding arrangements between BreastScreen Victoria and its SSPs. A consistent model has been developed that aims to provide more certainty of revenue for all SSPs, and aligns with the funding we receive from the Department of Health. This work will continue into the future.

Managing screening capacity
The SMR project has also looked at ways that we can better use service capacity across the state. A new Service Delivery team will be established with the objectives of ensuring we have enough screening capacity to meet the needs of women across Victoria, and minimising the number of unused appointment slots.

What’s next?
The next phase of the SMR project will provide staff training and improved systems to streamline some key operational processes, and will further standardise funding arrangements for services.
In 2009 the State Government announced $10 million in funding to rollout digital technology across BreastScreen Victoria, and the Commonwealth Government provided up to $32 million to upgrade breast screening equipment. The introduction of digital technology offers the opportunity for more streamlined workflows, efficiency gains and an improved client experience. The statewide rollout of digital technology across BreastScreen Victoria commenced in January 2010 and is scheduled to be completed by June 2013. A Digital Mammography Project (DMP) team was established to manage the implementation of digital technology statewide. The Project’s objective is to convert remaining analogue services to digital over four years.

**Digital Mammography projects completed in 2011–2012:**

<table>
<thead>
<tr>
<th>Type of project</th>
<th>What’s involved</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONNECTIVITY</td>
<td>Enabling a private screening provider to send digital images to BreastScreen.</td>
<td>Elsternwick Screening Clinic</td>
</tr>
<tr>
<td>FULL DIGITAL</td>
<td>Converting a screening clinic or service from either an analogue or a read-only1 environment to a digital environment. Full digital conversion includes installation of: • A digital modality. • The supporting IT equipment including high resolution monitors, Gecko computers, PACS workstations, digital printers and digitisers. • Infrastructure (building works and cabling).</td>
<td>Screening and Assessment Services: Monash, North Western, St Vincent’s and Gippsland. Mobile Screening Service: Nina Radiographer Training Centre Screening Clinics: Moorabbin, Waverley, Heidelberg, Essendon and Sale</td>
</tr>
<tr>
<td>DIGITAL UPGRADE</td>
<td>Clinics and services that were part of the original pilot phase for the DMP have had their equipment upgraded.</td>
<td>Maroondah Screening and Assessment Service Mobile Screening Service: Marjorie</td>
</tr>
</tbody>
</table>

1 Read-only means the service uses analogue screening but is able to receive digital images from other screening centres.

Minister for Health David Davis officially opened BreastScreen Victoria’s Radiographer Training Centre and Moorabbin BreastScreen Clinic on 2 December 2011. (L-R) Chief Radiographer Jayne Mullin, BreastScreen Victoria CEO Vicki Pridmore, Elizabeth Miller MP and the Hon David Davis, Minister for Health.
CASE STUDY  Digital transition at Monash BreastScreen

‘This long-planned-for digital transition and DMP support for renovations have provided the Service with the opportunity to maximise work efficiency’
Adam Horsburgh, Executive Director – Strategy and Operations, Southern Health.

The DMP has provided an opportunity for Monash BreastScreen to improve both our screening and assessment services. The enhanced ambience of the environment has improved acceptance of our service to women and provides a more contemporary, pleasant work environment for staff.

Assessment
The Monash Assessment Centre had limited space, with one analogue mammography unit and the core biopsy table located in another part of the hospital. This limited future growth of assessment capacity and our ability to offer women timely assessment appointments. Some women requiring core biopsy also had to be rebooked for a second assessment visit.

Southern Health provided their support for this project, which was approved by the DMP Project Control Group in 2011. The project at Monash included two key parts:

1. Building renovations and installation of new equipment. Substantial renovations within the same footprint have provided a more streamlined work flow. The assessment clinic now has two digital mammography units and the core biopsy table is located within the clinic. A new larger multi-disciplinary team room, located close to the procedure rooms allows staff to meet and discuss cases easily and accommodate trainees, including radiology breast fellows, rotating registrars and radiographers.

2. Reviewing our workflow and processes
Working with Alison Daley, DMP Process Improvement Leader, allowed us to map the assessment pathway and articulate areas of inefficiency that could be addressed by renovations and improved workflow. A major improvement that resulted was that, instead of four or five small clinics per week (of 13-15 women) with one radiologist, we now have three large clinics (of 18-20 women) with two radiologists. Benefits include:

• A more efficient work environment for staff
• Improved client pathway allows women to move easily through the assessment process
• Ease of information flow
• Improved clinic throughput
• Biopsies can now be done on the same day (avoiding the need for women to return).

We continue to refine work processes to maximise efficiencies.

Screening
A partnership between BreastScreen Victoria and Holmesglen resulted in new screening clinics and a state-of-the-art Radiographer Training Centre (RTC). The new clinics (located in Moorabbin and Glen Waverley) are supported by the clinical expertise of Monash BreastScreen. This new integrated model provides increased flexibility with radiographer workflow. The DMP provided building works and new digital mammography units for both of the clinics, allowing for future growth in screening. The new Moorabbin Screening Clinic and RTC were opened in December 2011, and the Waverley clinic opened in May 2012.

A team effort
Implementation of the DMP required all staff to meet the challenge of providing a high volume screening and assessment service to women while working in dual modalities; analogue and digital. Chief Radiographer Jayne Mullen took a lead role in project managing all three renovations. Implementation also required extensive staff training and adapting to major changes in workflow. Our staff rose to the challenge, and continued to provide an excellent service while adapting to the changes.
Increasing participation

To improve participation BreastScreen Victoria has built a knowledge base through focus groups and surveys on women who underscreen, including factors affecting women’s response to invitation and reminder letters. Research results were used to develop a State Recruitment and Communications Plan for 2011–2012.

State Recruitment and Communications Plan 2011–2012

The Recruitment and Communications Plan aims to recruit an additional 20,000 women to the program by 2013.

Key activities:
- Central coordination of recruitment
- Using social media to reach women
- Developing strategic partnerships with workplaces, businesses and peak bodies
- Engaging with GPs
- Targeting areas and groups of women with low participation
- Increasing support from MPs
- Increasing media activity and prepare for a mass media campaign in 2012–2013

Central coordination of recruitment

BreastScreen Victoria established a new central client recruitment team of health promotion officers in April 2012. The team’s brief was to roll out statewide initiatives and campaigns to increase participation in the Program.

Activities were targeted to geographical areas and groups of women with low participation (less than 50%). Groups included Culturally and linguistically Diverse (CALD) women and Aboriginal and/or Torres Strait Islander (ATSI) women. A Statewide Media Liaison Officer and Aboriginal Education Program Coordinator were also appointed in 2011–2012.

Health Promotion Manager Nikki McGrath (front centre) with Health Promotion Officer John Lee, Statewide Media Liaison Officer Sharny McLean, and Health Promotion Officers Carolyn Wall, Leanne Cousens and Marg Lannen.
Using social media to reach women

Online appointments

From December 2011 women who received an invitation letter from BreastScreen Victoria had the option to book their screening appointment online. Between December 2011 and June 2012 over 7,000 women made online bookings. From September 2012 all women not currently in the Program will be able to self-register and update their personal information.

Facebook launched

More than 300,000 Victorian women aged 50 and over use social media. On International Women’s Day nearly 7,000 women received a card from BreastScreen Victoria’s CEO Vicki Pridmore to mark the launch of our new Facebook page.

www.facebook.com/BreastScreen

Our Facebook page provides information about breast screening and encourages women to register for an appointment.

BreastScreen celebrates International Women’s Day

20 years ago, a quarter of all women diagnosed with breast cancer died. Why? Because, often it was found too late. They were someone’s mother, sister, daughter, grandmother, wife.

Something had to be done. Women led the fight to make sure that every woman over the age of 40 could get a free mammogram every two years because finding cancer early saves lives.

These women gave us BreastScreen. It is free, convenient, quick. It is for you. Accept the gift.

Call 13 20 50 today and book an appointment at BreastScreen.

Vicki Pridmore
CEO

Interpreters available

www.breastscreen.org.au
Increasing participation
(Continued)

Developing partnerships
In 2011–2012 we developed strategic partnerships with business, workplaces and peak cancer bodies.

Partnerships with business
Bendigo BreastScreen and Coffee Town Cafe in Mildura partnered for a promotion. Women attending the Mildura Screening Clinic were offered a coffee voucher from the Cafe that included a reminder to return in two years time, and urged women to promote breast screening to their friends.

CEO Vicki Pridmore gave a speech and presented the trophy to the winners of the David Jones Rose Clinic Toorak Handicap at Caulfield Guineas Day in 2011. This event was televised live by Channel 9.

Support from local government
BreastScreen Victoria celebrated International Women’s Day by signing an historic agreement with Moreland Council. BreastScreen Victoria will provide information on breast screening to female staff through staff presentations and messages on internal communications. Melton Council have signed a similar agreement.

Moreland Council CEO Peter Brown, BreastScreen Victoria CEO Vicki Pridmore and Moreland City Council employee Linda Millard.

Working with community leaders
Leaders for Geelong is an alliance of government, local business and community employers working together to improve the lives of local people. In 2011–2012, the group conducted research into barriers to screening for women in the Geelong region, and developed recommendations to increase participation. Several recommendations have been adopted at a statewide level, including an Ambassador Program and the use of social media.


BreastScreen Victoria Participation Rate
- Less than 45%
- Between 45%-50%
- Between 50%-55%
- Between 55%-60%
- Between 60%-65%
- Between 65%-70%
- Greater than 70%
Participation Rate refers to women aged 50-69 who have attended a screening clinic within a 24 month period (2009-2011).

Partnering with peak groups

BreastScreen Victoria CEO, Vicki Pridmore and 20 staff participated in the Melbourne Mother’s Day Classic run in May 2012, to raise money for the National Breast Cancer Foundation. BreastScreen Victoria Ambassador Jo Hall not only participated in the walk, but also took to the stage to promote the Program. Staff from Grampians BreastScreen also participated in a local Mother’s Day Classic event in Ballarat.

Recruitment campaigns

‘Walk-in’ campaign

More than 40 women took advantage of a ‘walk-in’ initiative at Grampians BreastScreen during December 2011. Clinic staff received training so they could make appointments for women who ‘walk-in’ without a prior appointment. BreastScreen Victoria is considering rolling out this campaign at other locations.

‘Outbound’ calls campaigns

The Call Centre has conducted a number of outbound call campaigns during quieter times. Staff called women who have taken longer than two years to return to screening, and have not responded to invitation or reminder letters, and invited them to make a screening appointment. Approximately 3,000 new bookings have resulted from these campaigns.

New Year Card campaign

After the success of the New Year Card direct mail campaign in 2011, BreastScreen Victoria again sent out a ‘Happy New Year’ card in 2012. Nearly 18,000 women received the card from BreastScreen Victoria’s CEO Vicki Pridmore in January 2012, wishing them happy new year in English and in our 12 community languages, and highlighting the benefits of screening.
Engaging with GPs

General Practitioners (GPs) play an important role in encouraging women to participate in the program. A recommendation from a GP is responsible for prompting approximately one third of women to make their first screening appointment, slightly higher than the response to a letter. In 2011–2012 new initiatives aimed at strengthening our partnerships with GPs included:

**GP report cards**

Practices in postcodes with participation rates below 50% were sent report cards. Low participating postcodes were grouped into GP Divisions. This enabled the Divisions to also promote screening through their internal communications to GPs. There was a noticeable increase in women reporting their GPs as the prompt for booking an appointment after the report card mail-out.

**Electronic results and reminder systems**

The rollout of electronic results to GPs for women with routine screening results was completed in August 2012. Electronic results have enabled practices to include breast screening in their routine recall system and identify lapsed screeners.

**GP Conference and Exhibition (GPCE)**

BSV had a promotional stand over the three days of the GPCE, attended by over 1,000 GPs and practice nurses. A BreastScreen Victoria satchel insert, outlining the available information at the stand, prompted over 100 GPs to visit the stand.

**Working with the GP stakeholders**

BreastScreen Victoria formed partnerships with a number of GP stakeholders including the Victorian Post-graduate Medical Foundation, Rural Workforce Agency Victoria and Cancer Council Victoria. These partnerships have seen BreastScreen Victoria delivering information sessions to GPs, practice nurses and allied health professionals. All Medicare Locals were sent a map highlighting areas of low participation in their local area, and several Medicare Locals subsequently contacted BreastScreen Victoria and are working with us to improve local participation.

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**Source of awareness, 2011–2012**

Q: What prompted your decision to call BreastScreen Victoria?

![Graph showing source of awareness](image)

- **Doctor / GP / nurse recommendation**
- **Letter from BSV**
- **Self referral**
- **Family / friend**
- **Other**

Note: ‘Other’ includes media/advertising, BSV promotions, seeing the mobile van, and breast cancer symptoms.

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Many GPs and practice staff supported the Program and promoted BreastScreen Victoria to their patients. Dyllis Williamson, Practice Manager at First Health Medical Centre in Hampton Park, has been in particularly supportive of the Program. She sends SMS messages to eligible female patients reminding them about the importance of regular breast screens.
Working with CALD communities

BreastScreen Victoria aims to provide equitable access to all eligible Victorian women. Culturally and Linguistically Diverse (CALD) women participate in the Program at a lower rate than the state average. Our State Recruitment and Communications Plan for 2011–2012 includes activities that target CALD communities with low participation rates.

Training for bilingual educators

A pilot project developed in partnership with Cancer Council Victoria has provided breast health training for five bilingual educators from Arabic, Italian and Greek backgrounds. Each educator was provided with a resource kit to deliver culturally appropriate breast health sessions. Around 500 CALD women have attended bilingual breast health awareness sessions.

New translated information for CALD women

Health Minister Mr David Davis and Multicultural Affairs Minister Mr Nicholas Kotsiras jointly launched BreastScreen Victoria’s new CALD Is BreastScreen For You? brochures on 7 March in Footscray. The brochures have been translated into 12 languages to provide information about breast cancer and screening to women from CALD backgrounds.

Minister for Health David Davis, Multicultural Affairs Minister Mr Nicholas Kotsiras, BreastScreen Victoria Board members, CEO and staff, and bilingual interpreters at the launch of the translated Is BreastScreen for you? brochure in March 2012.
Increasing participation
(Continued)

Working with Aboriginal and Torres Strait Islander communities
BreastScreen Victoria partnered with the Cancer Council Victoria to establish a new position of Aboriginal Education Program Coordinator in August 2011. This position promotes cancer screening and support programs aimed at reducing cancer in Victoria’s Indigenous community.

The Coordinator works in partnership with Aboriginal Community Controlled Health Organisations (ACCHOs) and other Aboriginal agencies, and represents BreastScreen Victoria at indigenous specific events.

Activities in 2011–12 included:
- Breast health presentations at the Mullum Mullum Indigenous Gathering Place’s ‘Sisters Day In’ in Eastern Melbourne, and the Rumbalara Aboriginal Cooperative’s Aboriginal Women’s Health Day in Shepparton.
- Provided BreastScreen Victoria resources to support Aboriginal Women’s Health Day at Wentworth and the Lake Tyers Health & Children Service’s Aboriginal Women’s Group.
- Represented BreastScreen Victoria at Pap & Pamper day held by the Nindedana Quaranook Gippsland Aboriginal Health Service.
- Presented at a Pink Ribbon Breakfast at the Aborigines Advancement League.
- Supported the Long Walk women’s lunch in October 2011.
- Representation from peak Aboriginal and Torres Strait Islander groups at the BreastScreen Victoria Stakeholder forum in March 2012.

Improving access for women with disabilities
BreastScreen Victoria aims to ensure that women with disabilities have equitable and suitable access to the Program.

BreastScreen Victoria Stakeholder Forum
Representatives from disability groups and the Department of Health were amongst the participants attending the BreastScreen Victoria Stakeholder Forum in March 2012. The Forum recommended actions to increase rescreening rates for first screeners. Recommendations relating to women with disabilities included:
- Using personal stories. New BreastScreen Victoria website will include personal stories and videos, including women with disabilities. The website will be launched in November 2012.
- Auditing screening clinics to ensure they provide inclusive services. An Inclusive Service Audit tool is being developed in consultation with stakeholder groups (including disability). The tool will be piloted in 2013.

Increasing cancer screening for women with an intellectual disability
A joint project with Cancer Council Victoria aims to increase participation in breast, cervical and bowel screening programs by women with an intellectual disability. The project includes a statewide direct mail invitation to over 8,000 Victorian women with intellectual disabilities.

Improving access to screening for women with mobility limitations
Many women in the target age group of 50–69 years have mobility limitations due to musculoskeletal impairments such as osteoporosis, arthritis and ankylosing spondylitis. Women with mobility limitations have reported difficulties with breast screening including discomfort or pain during screening, difficulty in achieving the required positioning for a successful screen and compromised physical safety.

BreastScreen Victoria is working with disability groups including Arthritis Victoria, Ankylosing Spondylitis Group of Victoria, and Women with Disabilities Victoria to improve access for women with mobility limitations. Improved scripts are being developed for Call Centre staff, so they can identify women with mobility limitations and book longer appointment times. Disability groups also participated in the review of BreastScreen Victoria’s policy and procedures relating to women with disabilities.
Support from MPs

BreastScreen Victoria is working with Victorian Members of Parliament (MPs) to help spread the message about the importance of breast screening to women in their electorates. In October 2011, BreastScreen Victoria released a report card to each MP in Victoria providing information about participation rates in their electorate.

Since the report cards were released, many MPs have shown their support for BreastScreen Victoria:

- The Member for Bentleigh, Elizabeth Miller, sent out 7000 letters to local women in the target age group. The letters provided information about the risk of breast cancer and encouraged women to call and book a screening appointment. The Member for Oakleigh, Ann Barker also sent out over 8000 letters to eligible local women, and the Member for Brunswick, Jane Garrett sent 6500 letters to women in her electorate.
- The Member for Shepparton, Jeanette Powell, supported a BreastScreen Victoria Multicultural Breast Health Awareness session with appearances in local media.
- The Member for Melton, Don Nardella, sent birthday cards with a message about the importance of breast cancer screening to all women turning 50 in his electorate.

BreastScreen Victoria CEO Vicki Pridmore (front centre) with State MPs on the steps of Parliament House on 27 October 2011 for the release of the electorate reports cards.
BreastScreen Victoria Quality Framework

Quality systems and processes need to be implemented at both the organisational and clinical levels. There must be both a ‘top down’ and a ‘bottom up’ approach to clinical governance. In August 2010 the BreastScreen Victoria Board of Management established a Quality Committee, with the aim of improving performance in key quality indicators for all Services and implementing a Quality Framework for the State. The BreastScreen Victoria Quality Framework was introduced in July 2011. The Framework, and the systems and processes supporting it, provide the means by which effective clinical governance is to be achieved in BreastScreen Victoria services. This approach has seen significant and quantifiable improvements in both performance and accreditation status across the State. The framework provides guidance for those working in, and those being served by, BreastScreen Victoria on how to ensure the highest quality in all facets of its service.

The key components of the Quality Framework are:

- **Strategic vision** – based on the BreastScreen Victoria Strategic Plan.
- **Accreditation** – including standards attainment and external review.
- **Risk management** – proactively identifying potential risks and identifying and understanding the gap between current performance and that required to achieve four years accreditation.
- **Learning and improvement** – including a strategic approach to quality and improvement, Plan-Do-Study-Act, opportunities for shared learning and training and development.
- **Culture** – emphasis on learning and improvement, focus on solutions, not blame and sharing of best practice.
- **Systems and processes** – including performance monitoring and reporting, policy and effective information systems.
- **Organisational structure** – including structure, accountability and resources.

This Quality Framework establishes the Quality strategy for BreastScreen Victoria in 2012 and for the next three years. It will be reviewed and revised as developments occur in quality and clinical governance.

Population based screening programs such as BreastScreen Victoria must ensure that the benefits significantly outweigh any risks. Effective clinical governance requires the establishment of systems and processes that will provide an assurance to the Board and consumers that the services we deliver are of the highest possible quality.

Improving our clinical governance

Key components of the BSV Quality Framework
Effective consumer engagement can improve service quality and therefore improve women’s screening experience. In 2011–2012 BreastScreen Victoria replaced the state Consumer Advisory Committee with a range of consumer consultation activities. These new activities allow women to engage with the Program in ways that suit their skills and interests, and better represent the views of women from diverse backgrounds.

Consumer activities include:

- an Ambassador Program
- state and regional consumer and stakeholder forums
- a consumer register for policy and planning projects

**Ambassador Program**

BreastScreen Victoria has developed an Ambassador Program for women who want to represent BreastScreen Victoria in the media or at events. These women have screened with BreastScreen Victoria, and in some cases have been diagnosed with breast cancer. They wish to share their story and promote the importance of the breast screening to other women.

**Marlene O’Brien’s story**

Warrnambool’s Marlene O’Brien was diagnosed with breast cancer in April, 2010. She says telling her children Jye and Shona about her diagnosis was one of the hardest things she’s ever had to do. Mrs O’Brien’s grandmother had breast cancer, so she decided to have her first breast screen when she turned 40. Her third screen, six years later, detected the cancer. Mrs O’Brien is keen to raise awareness about the importance of women having regular breast screens.

**Shelley Pascoe’s story**

A breast screen organised by law firm Baker & McKenzie during work hours may have saved the life of employee Shelley Pascoe. In May 2008 the firm made a group booking during work time and provided the women with taxi vouchers to attend. Shelley was called back for further assessment after her breast screen, and diagnosed with breast cancer.

‘I do recall walking out on the street in complete shock, as there is no history of breast cancer in my family,’ Ms Pascoe said. ‘It shows it can happen to anyone, even if you think you’ve got no risk factors. The simple fact is that if you are a woman over the age of 50, you should be screened.’ The single parent of three boys, Ms Pascoe was grateful for the ongoing support of her employer through her treatment. She returned to work in February 2009, initially on a part time basis before returning full time.
Stakeholder forum

Currently only half of the women who attend BreastScreen Victoria for their first screening mammogram return for screening two years later. The first BreastScreen Victoria Stakeholder Forum on 21 March 2012 set a clear direction to improve rescreening rates for first round women.

Attending the forum were 33 representatives of a wide range of stakeholder organisations including advocacy groups for women with disabilities, rural, CALD and ATSI women, health service providers, Cancer Council Victoria, Department of Health and BreastScreen Victoria consumers. Key-note speakers at the forum were Beth Wilson, Victoria’s Health Services Commissioner, Michelle Tournabene from BreastScreen Queensland and CEO Vicki Pridmore.

The participants were asked to identify key barriers and motivators to screening for first round women (those who have screened for the first time), and then agree on key actions to encourage these women to return for rescreening.

Recommendations included:

- Diversifying communication channels to reach more women.
- A focus on the experience of women screening for the first time.
- Improving communication with GPs and Medicare Locals.
- Customer service training for frontline staff.
- Developing an inclusive services audit.
BreastScreen Coordination Unit

State Radiologist

Dr Jill Evans was appointed to the new position of State Radiologist in July 2011. The position works with Chief Radiologists at BreastScreen Victoria Services to improve clinical quality, support radiologist professional development, provide strategic direction into the research agenda of BreastScreen Victoria, and provide expert advice on the implementation of digital mammography in the Program. Dr Evans joined Monash BreastScreen as the designated radiologist when the Service first opened in January 1993. In August 2011 she was appointed as Monash’s Clinical Director. Jill has also worked as a radiologist in the St Vincent’s, Maroondah and Gippsland services.

Staff

There were several changes to the staffing profile this year. The senior management team farewelled Sharon Hearns, Director Operations in April 2012 after three years of service. Peter Buzza, Director of Information Communication Technology left in June 2012. BreastScreen Victoria thanks both Peter and Sharon for their significant contributions to the Program.

Anne Learmonth was appointed as Director, Communications and Recruitment in July 2011 and Barbara Irwin was appointed as Senior Operations Manager in February 2012. Congratulations to Joy Pittaway, Leo Palumbo for reaching a milestone of 10 years service during the year and Suzen Maljevic for reaching a milestone of 15 years. We thank Joy, Leo and Suzen for their commitment and contribution.

State Radiographer

Melissa Chabluk was appointed to the role of BreastScreen Victoria State Radiographer in February 2012. The position oversees, advises on, and implements key statewide radiography projects. In particular, Melissa works closely with the Digital Mammography Project team and staff at the BreastScreen Victoria Radiographer Training Centre. Melissa has specialised in the field of mammography for many years, having worked as a senior radiographer for BreastScreen Queensland and for Siemens as a Mammography Specialist.
Screening and Assessment Services

BreastScreen Victoria Screening and Assessment Service, Bendigo

Established: 1995
Number of breast screens performed in 2011–2012: 12,811
Proudly brought to women by: St John of God Health Care, Bendigo
Radiology provider: Bendigo Radiology
Coverage: The Screening and Assessment Service, Bendigo has screening centres in Bendigo, Echuca (from December 2012) and Mildura. The Service hosts the Mobile Screening Service every two years at Echuca, Kerang, Murray Valley, Robinvale and Swan Hill.
Accreditation status: 2 years with high priority recommendations valid until Feb 2013.
Clinical Director: Dr Jill Wilkie BSc (Hons), MBBS, MRCP, FRCR
Program Manager: Carol Gibbins GAICD, Adv Dip Bus Man, Dip App Sci (Radiography)

Highlights
An interim accreditation site visit was held in November 2011. The Mobile Screening Service was accredited while on site in Kerang. Bendigo is preparing for a full site visit in November 2012. Healthscope Pathology Bendigo has been appointed as the Service’s new pathology provider.

A combined (breast and cervical) screening clinic commenced in October 2011 and continues through 2012. The new service screened 134 women in 2011–12.

Planning commenced for Echuca (previously a Mobile Screening Service site) to become a fixed digital screening site in December 2012. Funded by the Digital Mammography Project, planning also began for the installation of two new digital mammography machines plus a stereotactic unit at Bendigo in October 2012.

Consumer Advisory Committee (CAC) meetings were held every 6 weeks. The CAC participated in planning for the service remodelling associated with the new Bendigo digital installations. They provided advice on the acceptability of the proposed clinic environment to women.

New staff appointments included: Designated Radiographer Kathryn Kruger, radiographers Emma Flocareno and Lisa Stevenson, Data Manager-Assessment Leanne Blundell, receptionist/data clerks Kelly Anne Burman and Karen Taylor. Fiona Tranter retired as Senior Data Clerk. Training attended by staff included: Lean Thinking Workshop, BreastScreen National Conference, Cancer Council Victoria’s Introduction to Counselling Course, BreastCare Nurse conference and Pap Test Nurse in-service.

BreastScreen Victoria Screening and Assessment Service, Geelong and South West

Established: 1993
Number of breast screens performed in 2011–2012: 17,254
Proudly brought to women by: Lake Imaging
Radiology providers: Lake Imaging, Western District Radiology, Portland District Health, Bendigo Radiology
Coverage: The Screening and Assessment Service, Geelong and South West has screening centres in Geelong, Portland and Warrnambool.
Accreditation status: 4 year accreditation valid until November 2013.
Clinical Director: Dr Linda West MBBS (Hons), FRACR Member Breast Interest Group RANZCR
Program Manager: Brenda Golding National Dip Radiography, National Higher Dip Radiography, Accredited in MRI, Member of Australian Institute of Radiography

Highlights
Geelong and South West BreastScreen continues to enjoy the rewarding and exciting challenges of being co-located with the Geelong Breast Clinic and providing screening and assessment services to the community. Preparations are being made for the full digital installation in Geelong. This will include some significant renovations to the heritage building.

Once again staff were guests at the annual Karingal Pink Ribbon Breakfast. This year featured a panel including BreastScreen Victoria CEO Vicki Pridmore, local oncologist Karen White, and a local athlete diagnosed through the Geelong Service. The panel members provided positive and interesting information about breast screening, and were very well received by the audience.

A surprise highlight was the arrival of the AFL Premiership Cup, recently won by the Geelong Football Club.

Staff farewelled Information Officer Marg Lannen who had worked at the service for eight years. We would like to thank Marg for her contribution over this time.

The Service continues to provide successful ‘Working Women’ clinics every Thursday evening and one Saturday per month. These clinics are well supported and appreciated by local women.

Radiographer Dewi Parto has completed her CCPM and Leanne Tremul is working towards completing her CCPM.
BreastScreen Victoria Screening and Assessment Service, Gippsland

Established: 1993
Number of breast screens performed in 2011–2012: 13,422
Proudly brought to women by: Latrobe Regional Hospital
Radiology provider: Regional Imaging Limited (a member of the I-Med network, Central Gippsland Health Service, Bairnsdale Regional Health Service and Wonthaggi Specialist Imaging.
Coverage: Screening centres are located at Bairnsdale, Sale, Traralgon, Warragul, Warragul and Wonthaggi. The Service hosts the Mobile Screening Service every two years at Foster, Leongatha, Mallacoota, Omeo, Orbost and Yarram.
Accreditation status: Two year accreditation with high priority recommendations valid until February 2013.
Clinical Director: Mr David Chan MBBS, FRACS
Program Manager: Miss Kelli Mitchener RNDiv1, BSc (Nursing), GradDipCritical Care Nursing, CertIVTraining and Assessment.

Highlights
Gippsland BreastScreen has been reading both analogue and digital images since October 2011. In September 2011, Sale converted to a fully digital environment. In October 2011 the Screening and Assessment Centre in Traralgon was converted from a read-only digital site to a fully digital DR environment with stereo biopsy capabilities. Both Bairnsdale and Wonthaggi will upgrade to digital screening in 2012–2013.
‘Top and Tail’ clinics (offering breast and cervical screening) continued to be held at Traralgon with great success. These combined clinics encourage lapsed attenders and women who have never had a breast screen before. The clinics are booked several months in advance.
The Mobile Screening Service (MSS) visited Foster, Leongatha, Mallacoota, Omeo, Orbost and Yarram in the second half of 2011. The MSS screened 2,744 women from these rural areas.

Staff
Designated Radiologist Dr Darren Lockie resigned after seven years service. Program Manager Cheryl Cooksey resigned after three years service. We thank Darren and Cheryl for their outstanding service and wish them well with their new endeavours. Dr Meenakshi Padmanaban commenced as the new Designated Radiologist in November 2011. Meenakshi has been a BreastScreen Radiologist since 1996, and has a special interest in breast cancer imaging. Kelli Mitchener was appointed as the new Program Manager in June 2012. Kelli is a critical care nurse with experience in project management, service establishment and process improvement.

BreastScreen Victoria Screening and Assessment Service, Grampians

Established: 1994
Number of breast screens performed in 2011–2012: 11,820
Proudly brought to women by: Ballarat Health Services
Radiology providers: Base Imaging Group (BIG)
Coverage: The Screening and Assessment Service, Grampians, has screening centres at Ballarat and Horsham. The Service hosts the Mobile Screening Service every two years at Birchip and Hamilton.
Accreditation Status: Four year accreditation until November 2015
Clinical Director: Dr Richard Ussher, MB ChB, FRANZCR
Program Manager: Ms Kim Kyatt, BAppSc(Med Rad), DipBreast Imaging

Highlights
Grampians BreastScreen underwent a full accreditation site visit in August 2011. We are fortunate to have a dedicated and committed group of staff who worked hard to get the Service ready for accreditation. In November 2011 Grampians was awarded four year accreditation.

Another focus for the Service for 2011–2012 was to reach our screening target. Our recruitment team worked particularly hard to ensure the BreastScreen message reached as many people as possible. Not only did we reach our target but we exceeded it, screening 11,820 women across the Grampians region.

We farewelled two members of our recruitment team in April 2012: Eunice Reynolds and Greer Murphy. Eunice was well known locally, having delivered the BreastScreen message for many years. Her infectious laugh is noticeably missing from the office!

Early in 2012 Nola Phelan joined our team as a Consumer Representative. Nola was a Nurse Counsellor with the Service for many years before she retired. It is very exciting to have Nola back with us in a consumer role. In March 2012 Nola, Anne Campbell (Consumer Representative), Ana Lendrec and Kim Kyatt attended the first Stakeholder Forum at the BreastScreen Coordination Unit. It was a great day, with several new initiatives for Grampians BreastScreen being developed in post-forum discussions. One of the initiatives has been the appointment of Anne and Nola as volunteers at our Assessment clinics, to care for women and their family and friends. Excellent positive feedback already has shown this to be a very successful customer service initiative.
BreastScreen Victoria Screening and Assessment Service, Maroondah

**Highlights**

Maroondah BreastScreen is very proud to announce that, after much hard work by staff, the Service was granted four year accreditation until May 2016. This achievement is a result of the excellent performance of all the staff at the Service.

The Maroondah Screening and Assessment Service underwent substantial renovations to improve the layout of both the screening and assessment clinics. The new design is more suitable for our clients and has improved our workflow. Two new digital machines have been installed, allowing our clients to have their stereotactic core biopsies on site. Both machines are used for screening and assessment work.

The Mobile Screening Service (MSS) visited Mansfield and Alexandra during the year. MSS visit involves considerable coordination and the input of many clinical and non-clinical staff to manage the large increase in workload.

In November 2011, Maroondah BreastScreen staff participated in our second ‘Relay for Life’ 18 hour challenge to raise money for the Cancer Council Victoria.

**Staff**

- Ramola Schwartz
- Shanti Sundram
- Ann Craig

- Virginia Preston
- Jane Cleverly (part of this time was at Geelong BreastScreen)

BreastScreen Victoria Screening and Assessment Service, Monash

**Highlights**

In October 2011, the new Moorabbin screening centre, which houses the BreastScreen Victoria Radiographer Training Centre (RTC), was commissioned. The centre provides state-of-the-art digital mammography and training activities using two different units. The RTC has been well received by staff, trainees and clients.

In April 2012 Monash also commissioned a new screening site in Waverley, to replace the previous site which had been closed by the private provider. Both new sites are now publically run by Monash BreastScreen.

Since 2010, Monash has operated in a hybrid analogue and digital environment. Digital conversion of the Moorabbin assessment service occurred in 2012. This required extensive building works, training and substantial changes in processes and workflow. Assessment clinics were run at the Casey assessment centre during renovations. The Casey assessment clinic has since been closed.
BreastScreen Victoria Screening and Assessment Service, North Western

**Established:** 1991. This Service carries the historical beginnings of the Program, with the Essendon screening centre opened in 1987 as one of 10 pilot sites for the national evaluation of mammography screening.

**Number of breast screens performed in 2011–2012:** 31,669

**Proudly brought to women by:** Melbourne Health

**Radiology providers:** MDI Radiology, Lake Imaging, Victorian Medical Imaging

**Coverage:** The Screening and Assessment Service, North Western has screening centres at Broadmeadows, Essendon, Footscray, Melton, Parkville, Sunshine and Werribee. The Service hosts the Mobile Screening Service every two years at Broadford, Gisborne, Kyneton, Seymour and Sunbury.

**Accreditation status:** 4 year accreditation until August 2015.

**Clinical Director:** Dr Allison Rose MBBS, MMed (Radiology), FRANZCR

**Program Manager:** Ms Victoria Cuevas MBA, BA, BSW, GradDipLegalStudies, GradDipIT

**Highlights**

North Western BreastScreen was successful in achieving four year accreditation. We would like to acknowledge the contribution and hard work of staff in this achievement.

In October 2011, the Screening and Assessment Centre at Parkville underwent digital conversion. The digital upgrade included the installation of two new digital machines, some building works, extensive staff training and substantial changes in work processes. The Service has now established a new and more efficient digital workflow. We thank the staff for their many hours of extra work in implementing these changes.

We acknowledge the contribution of our consumers and volunteers in the assessment clinic.

Our Community Information Officers Robin Curwen-Walker and Jillian Lee departed during the year.

Staff participated in-house training on: Melbourne Health values (respect, caring, integrity, unity and discovery), working with non-English communities, support services and personal wellbeing.

**Staff**

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BreastScreen Victoria Screening and Assessment Service, St. Vincent’s

**Established:** 1993

**Number of breast screens performed in 2011–2012:** 45,458

**Proudly brought to women by:** St. Vincent’s Hospital Melbourne

**Radiology provider:** Symbion, MIA, Goulburn Valley Imaging, Radar Medical Imaging, Austin Health Radiology, Healthcare Imaging

**Coverage:** Screening centres are located at Rose Clinic David Jones Melbourne, Camberwell, Elsternwick, Epping, Fitzroy, Greensborough, Heidelberg and Shepparton.

**Accreditation status:** 2 year accreditation with high priority recommendations until Nov 2012.

**Clinical Director:** Associate Professor Jennifer Cawson MBBS, FRACR, MPH, MD until 30 April 2012. Dr Helen Frazier, MBBS, FRACR, acting from 1 May 2012.

**Program Manager:** Erin Cosgriff, long service leave commencing June 2012. Lesa Stewart, acting from June 2012.

**Highlights**

Screening clinics in Fitzroy, Heidelberg, Elsternwick and the Rose Clinic, underwent the transition to digital mammography. These sites join Goulburn Valley and Greensborough as our screening sites providing digital mammography. Digital site conversions for Camberwell and Epping screening clinics are planned for early 2013.

The continuing challenge of 2011–2012 was the provision of a high volume screening and assessment service while working in dual modalities: analogue and digital image acquisition. This required extensive staff training and also substantial changes in processes and workflow models. Staff rose to the challenge and continued to provide an excellent service while adapting to continuing change.

St. Vincent’s Screening and Assessment Service has made significant improvements in meeting several of the National Accreditation Standards (NAS), in particular timeliness NAS. This has been achieved by the Service developing sophisticated monitoring, modelling and evaluation tools to better manage reading and assessment rostering workloads. In addition a detailed radiology workforce review was undertaken.

Associate Professor Jennifer Cawson stepped down from the Clinical Director role after 19 years of service. She remains a valuable member of our screening and assessment team.
Our Mobile Screening Service

Nina and Marjorie

BreastScreen Victoria’s Mobile Screening Service (MSS) brings screening services to rural and regional Victoria. MSS radiographers provide the same first-class screening service on the two MSS vans as that offered at our ‘bricks and mortar’ screening clinics.

Upgrading to new digital technology

As part of the three-year Digital Mammography Project funded by the state and federal governments, both MSS vans were rebranded and received digital upgrades. Having digital technology on both MSS vans allows greater flexibility with scheduling and faster transmission of screening images to the Screening and Assessment services across Victoria.

In September 2011, the Victorian Health Minister David Davis launched the first van which has been converted from analogue to digital screening technology. In May 2012, the second van, which had been digitally upgraded to newer technology, was launched on the steps of Parliament House. The vans were both named in honour of two pioneering radiologists, the late Dr Marjorie Dalgarno and Associate Professor Nina Sacharias.

Associate Professor Nina Sacharias is the former director and visiting radiologist at the Alfred Hospital Radiology Department and an adjunct clinical professor at Monash University. Dr Marjorie Dalgarno performed the first mammogram in Australia in the early 1950s.

Our MSS team

The MSS is managed by the BreastScreen Coordination Unit. Debbie Macleod, is the MSS Coordinator. The MSS radiographers have an unusual work environment as they travel with the vans for 11 months of the year, covering all corners of the state as they visit each site on a two-yearly cycle. We welcomed radiographers Pauline Chalmers, Sue Millane, Sue Morehu and Jennie Polkinghorne to the MSS and farewelled Bernadette Dobeli and Jackie Williams. The MSS Chief Radiographer, Carol Gibbins, provides technical support to the radiographers, and a link with the Screening and Assessment Services.

(L-R) Marjorie Dalgarno’s granddaughter Gina McCredie, BreastScreen Victoria CEO Vicki Pridmore, Minister for Health David Davis, Dr Nina Sacharias and Marjorie Dalgarno’s granddaughter Carolyn Bushby.
Promoting the MSS

Health Promotion Officer Carolyn Wall is responsible for promoting the service before it arrives in each town. She meets with local GPs, Community Health Services and Medicare Locals, and visits local businesses to distribute posters and postcards. Statewide Media Liaison Officer Sharny McLean organises media coverage for MSS visits throughout Victoria with assistance from local consumers and Members of Parliament.

Communities visited

Collectively, the two MSS vans travelled 3,441 km throughout regional Victoria in 2011–2012.

<table>
<thead>
<tr>
<th>Community</th>
<th>Women screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leongatha</td>
<td>933</td>
</tr>
<tr>
<td>Cranbourne</td>
<td>425</td>
</tr>
<tr>
<td>Sunbury</td>
<td>2,518</td>
</tr>
<tr>
<td>Echuca</td>
<td>2,455</td>
</tr>
<tr>
<td>Kerang</td>
<td>938</td>
</tr>
<tr>
<td>Foster</td>
<td>576</td>
</tr>
<tr>
<td>Yarram</td>
<td>505</td>
</tr>
<tr>
<td>Omeo</td>
<td>107</td>
</tr>
<tr>
<td>Mallacoota</td>
<td>186</td>
</tr>
<tr>
<td>Orbost</td>
<td>437</td>
</tr>
<tr>
<td>Mansfield</td>
<td>997</td>
</tr>
<tr>
<td>Alexandra</td>
<td>765</td>
</tr>
<tr>
<td>Hamilton</td>
<td>1,998</td>
</tr>
<tr>
<td>Total</td>
<td>12,840</td>
</tr>
</tbody>
</table>

Support from local Members of Parliament

The vans received roadside support from State Members of Parliament as they travelled throughout Victoria. Member for Rodney, Paul Weller, helped to promote the van as it visited Echuca in December 2011. Mr Weller launched a tally board to keep track of screening figures in each town. Member for Benalla, Dr Bill Sykes helped boost attendance in Mansfield in February 2012. The Victorian Minister for Sport, Recreation and Veterans Affairs and Member for Lowan, Hugh Delahunty, turned out in support of the van in Hamilton in April, 2012 and the Victorian Agriculture Minister and Member for Swan Hill Peter Walsh also promoted the Service during the van’s visit to Swan Hill in May 2012.
We acknowledge and thank the following members of the Board:

Mr Bob Fabiny who resigned in October 2011.

Dr Pamela Williams who resigned in February 2012.

1. Professor Katherine McGrath
MBBS, FRCPA, FACD
Chair
Meetings attended: 5/7
Katherine is a widely respected health care executive with over 30 years experience in government, public, private, clinical and academic posts. Her roles have included Deputy Director General of NSW Health, Chief Executive Officer of Hunter Area Health Service, Professor of Pathology at the University of Newcastle and Group Manager of Strategy and Corporate Affairs at Medibank Private. Katherine trained as a haematologist and is a fellow of the Royal College of Pathology of Australasia and of the Australian Institute of Company Directors and a Board Member of Little Company of Mary Healthcare.

2. Ms Anne Cronin
BSc, BBus (Acc), MAICD, FAIM, FCPA
Treasurer
Meetings attended: 6/7
Anne Cronin is a consultant in Health and Medical Research Management. She was formerly the Chief Operating Officer at the Murdoch Childrens Research Institute. Trained as a medical scientist, Anne moved into management at the time of the establishment of the Murdoch Institute 25 years ago. She is a Fellow of the Society of CPAs and the Australian Institute of Management, and is a member of a number of boards in the not-for-profit sector including University College at the University of Melbourne where she is Chair, and the Australasian Research Management Society.

3. Associate Professor John Collins
MBBS, FRACS, FACS
Meetings attended: 7/7
John Collins is Associate Professor at the University of Melbourne Department of Surgery. He is a breast surgeon and former head of the joint Royal Melbourne and Royal Women’s Hospital Breast Unit. John has been involved in breast screening as a surgical specialist since the Breast Unit’s establishment in 1987. He is the past Chair of the Breast Committee of the Victorian Cooperative Oncology Group (VCOG) and past President of the International Breast Cancer Study Group (IBCSG). He has a strong research interest in breast infection, breast cancer and medical education.

4. Professor Dallas English
Ph.D, MSc
Meetings attended: 5/7
Professor English is Director of the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology in the School of Population Health, University of Melbourne and Senior Principal Research Fellow at the Cancer Epidemiology Centre at the Cancer Council, Victoria. He has substantial experience as a cancer epidemiologist, having worked in this field since 1982. He has also served on many state and national policy committees and is active within the National Health and Medical Research Council. Professor English is a nominated representative of the Cancer Council, Victoria.

5. Ms Mary Hawkins
MBA, BSc, BAppSc, Grad Dip. (Computing), Grad Dip (Ed)
Meetings attended: 7/7
Mary Hawkins has 20 years experience in managing technology across local government and the corporate sector and is currently the Principal of Green IT Solutions, an IT consulting services company. She is the President of the International Women’s Development Agency, on the Board of Australian Women Donors Network, SISHA and Star of the Sea College and is on an advisory panel for the Centre for Organisational and Social Informatics at Monash University.
6. Ms Jane Poletti

MM (Strategic Foresight), LLB, BSc, MAICD
Meetings attended: 6/7

Jane Poletti operates a General Counsel and Commercial consulting practice for high growth and start-up businesses to which she brings 14 years experience with prominent Melbourne law firms and 3 years of management experience with a venture capital funded technology company. Jane is also commercial director/co-owner of a business that provides unique SMS and mobile technology services for communities. Jane chairs the BSV Governance Committee, is a member of the Australian Institute of Company Directors and has completed the foundation Victorian Health Boards Governance Program.

7. Ms Sue Viney

M Soc Sc (Int. Development), Grad Conv. Accounting, BA (Hons), CAHRI, MAICD
Representative of the Consumer Advisory Committee
Meetings attended: 7/7

Sue Viney operates a practice specialising in policy and service improvement in the public and not-for-profit sectors. She has extensive experience in the human services sector and at the executive level in the Victorian Public Service. She chairs the Southern Health Community Advisory Committee and is a Member of Australian Institute of Company Directors. She brings expertise in consumer engagement to the Board. Sue is a member of the National Accreditation Standards and Data sub-committee of the BreastScreen Australia Accreditation Review Committee, and is a consumer proxy member on the National Quality Management Committee.

8. Associate Professor Michael Jefferd

MBBS, MPH, MHealthServMI, Ph.D, GAICD, FRACP
Meetings attended: 5/7

Associate Professor Michael Jefferd is Deputy Head of the Department of Medical Oncology at Peter MacCallum Cancer Centre, Senior Clinical Consultant with Cancer Council Victoria and a Principal Fellow with the University of Melbourne. Michael is Director of the Australian Cancer Survivorship Centre, a Richard Pratt legacy, based at Peter Mac. Much of his research focuses on interventions to improve psychosocial wellbeing and reduce patient unmet needs. He has previously been a member of BreastScreen Victoria’s State Accreditation Committee.

9. Ms Meron Pitcher

MBBS, FRACS
Meetings attended: 6/7 (From June 2011)

Meron Pitcher graduated from the University of Melbourne, then trained in general surgery through the Heidelberg Repatriation Hospital. She did post fellowship training in the UK in Canterbury, then London at the Royal Marsden Hospital, where she developed her interest in breast cancer.

She commenced at Western Hospital in 1993 as Senior Lecturer in the Department of Surgery, and set up breast services at Western Hospital at that time.

She is head of the Breast Unit at Western Hospital and is immediate past chair of the VCOG Breast Cancer Committee.

10. Ms Vicki Pridmore

Grad Dip (Org Psych), BA (Comms & Org Psych), Dip Teaching (Sec)
Ex Officio
Meetings attended: 6/7

Vicki Pridmore joined BreastScreen Victoria as the Chief Executive Officer in April 2008. Prior to this she was CEO of the Cheltenham and Regional Cemeteries Trust. She has extensive experience in the human services sector, most recently serving as Director Portfolio Services, Department of Human Services. In this role she managed corporate services – including legal, media, complaints, parliamentary correspondence and briefings – and was responsible for key governance operations. Her career path spans secondary teaching, organisational and counselling psychology, project review and more than a decade in senior and executive management roles within the public service and not-for-profit sectors.
A number of sub-committees exist to advise the Board of Management on specific areas relevant to the Program. An Executive Committee deals with urgent matters in between Board of Management meetings.

**Partnership Committee**
Colin Syndal DH Chair (from August 2011)  
Jim Hyde DH Chair (to July 2011)  
Lynton Norris DH (to August 2012)  
Alison Robson DH (from October 2011)  
Louise Galloway DH  
Prof Katherine McGrath  
Mary Hawkins (from February 2012)  
Vicki Pridmore ex officio

**Finance and Audit Committee**
Anne Cronin Chair  
Mary Hawkins  
Sue Madden  
Prof Katherine McGrath  
Vicki Pridmore ex officio  
Doris Camilleri ex officio

**Governance Committee**
Jane Poletti Chair  
Prof Katherine McGrath  
Anne Cronin  
Mary Hawkins  
Vicki Pridmore ex officio

**Quality Committee**
Sue Viney Chair  
Prof Dallas English  
Dr Bob Fabiny (to October 2011)  
Ms Meron Pitcher  
Assoc Prof Michael Jefford  
Vicki Pridmore ex officio  
Jules Wilkinson ex officio

**Participation Committee**
Sue Viney Chair  
Dr Pam Williams (to February 2012)  
Assoc Prof John Collins  
Dr Bob Fabiny (to October 2011)  
Jane Poletti  
Philippa Hetzel (from February 2012)  
Vicki Pridmore ex officio  
Anne Learmonth ex officio  
Barbara Irwin ex officio

**Consumer Advisory Committee**
(to November 2011)
Sue Viney Co-Chair  
Dr Pam Williams Co-Chair  
Anne Campbell  
Deborah Fields  
Pam Garton  
Tricia Malowney  
Janice Nation  
Margaret Nicholls  
Elisabeth Newman  
Jackie O’Donnell  
Julie Ranieri  
Maria Reynolds  
Raelene Schmidt

**Research Committee**
(formed March 2012)
Assoc Prof Michael Jefford Chair  
Dr Jill Evans  
Assoc Prof John Collins  
Vicki Pridmore ex officio  
Ms Meron Pitcher  
Vicki Pridmore ex officio  
Jules Wilkinson ex officio

**State Accreditation Committee**
Sue Viney Chair  
Prof Dallas English  
Dr Jill Evans  
Jayne Mullen  
Ms Cathie Poliness  
Dr Alison Rose  
Vicki Pridmore ex officio  
Jules Wilkinson ex officio
Organisational Information

Service quality
All BreastScreen Victoria services are required to undergo regular reviews to ensure they continue to meet BreastScreen Australia’s National Accreditation Standards (NAS). The NAS, developed by an expert BreastScreen Australia committee, describe the minimum standards and requirements for Services. They are based on national and international research evidence and experience in breast cancer screening.

The NAS help to ensure that the goals of reduced morbidity and mortality are achieved, services are provided in a way that is acceptable to women, and the national program remains cost-effective. Accreditation standards have been developed for each of the following service objectives: participation and access; screening and assessment; acceptable and appropriate services and effective management.

Assessment is conducted through site visits, internal quality programs and by continual reporting to the accrediting body – the National Quality Management Committee. Accreditation is only achieved if a Service demonstrates an acceptable quality of Service delivery.

Although the NAS set minimum standards, these are seen as a starting point and it is expected that most Services will perform considerably above the requirements. Four in Four is the BreastScreen mission to ensure that by 2015 (ie in four years) all BreastScreen Services hold four years accreditation status.

Complaints
Consumer complaints provide valuable information that can be used to improve the safety and quality of our services. BreastScreen Victoria seeks to ensure that all complaints are managed in an effective, independent manner, and will at all times seek an outcome to a complaint that is satisfactory to all parties. The complaints management policy was developed in accordance with AS 10002-2006: Customer satisfaction – guidelines for complaints handling in organisations. All complaints are recorded according to category and severity.

A summary report of complaints and recommendations for quality improvement is presented quarterly to the Quality Committee. A total of 100 complaints were received for the year 2011–2012. As a result of these complaints, the following service improvements were made:

- NSW women phoning to make an appointment with our mobile service in border areas are now connected to the BreastScreen Victoria Call Centre.
- Additional staff are now rostered in the Call Centre.
- A new online booking service allows women the flexibility to make screening appointments using their computer or mobile phone.
- The Is BreastScreen for You brochure was translated into 12 community languages.

Freedom of information (FOI)
The Freedom of Information Act 1982 gives consumers the right to access information held by government organisations. All BreastScreen Victoria sites comply with the FOI Act. For further details contact the Director Operations, BreastScreen Victoria: Ph: (03) 9660 6896.

Privacy
BreastScreen Victoria is committed to protecting client privacy and confidentiality at all times and to ensuring that information collected, stored, disclosed and destroyed by the Program complies with relevant Victorian state legislation including the Cancer Act 1958, the Health Services Act 1988, the Health Records Act 2001, the Public Records Act 1973 and the Freedom of Information Act 1982. Every woman who attends BreastScreen Victoria is asked to sign a consent form that authorises the use of her data for the purpose of monitoring the Program’s performance. This information is only reported numerically and does not allow the identification of details from an individual woman. Information that identifies a woman, such as her screening mammogram results, can only be made available to a third party (including her local doctor) with her prior written consent. Further information about BreastScreen Victoria’s privacy statement can be found at www.breastscreen.org.au

Sustainability
BreastScreen Victoria’s approach to environmental and corporate sustainability encompasses strategies and practices that are designed to meet the needs of our clients and stakeholders today, and to protect, support and enhance the human and natural resources that will be needed in the future. In 2011–2012 the continued rollout of digital mammography equipment lead to a further reduction in the volume of physical film and photographic chemical waste generated by the Program. BreastScreen Victoria continued the practice of producing all new information resources on 100% recycled paper and producing electronic versions of all resources for download from our website.

An Environment Sustainability Action group was formed in 2011–2012 with the aim of reducing our carbon footprint and decreasing costs relating to resource consumption. An audit of energy usage indicated that savings could be achieved through the monitoring of energy consumption and a campaign was launched to ensure lights and equipment are switched off at the end of the working day. The other major initiative was to set photocopiers to a default of black and white and double sided printing.

BreastScreen Victoria: PH: (03) 9660 6896.
The BreastScreen Victoria Inc. Treasurer’s Report and Financial Report for the Year ended 30 June 2012 have been produced as a separate document. Copies are available online at www.breastscreen.org.au or by contacting BreastScreen Victoria PH 03 9660 6888.