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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 50–74 to have free breast screens every two years. BreastScreen Victoria aims to reduce deaths from breast cancer through early detection of the disease.

More than three thousand women are diagnosed with breast cancer each year, making it the most common cancer affecting women in Victoria. 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.

From July 1 2013, the Australian Government expanded BreastScreen Australia’s target age range by five years, from women 50-69 years of age to women 50-74 years of age.

WHO WE ARE

The Program is made up of three service components:

• Nineteen Screening Service Providers which oversee 39 permanent screening clinics.

• Eight regional Screening, Reading and Assessment Services. These services read images from multiple sites in their catchment area, including the 29 sites visited every two years by two Mobile Screening Services.

• The BreastScreen Victoria Coordination Unit is an independently incorporated association which administers funding for the Screening, Reading and Assessment Services, manages the centralised information and appointment service, coordinates the Mobile Screening Service, manages client information, coordinates statewide communications and recruitment, monitors service provision and coordinates special projects.

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%.

BREASTSCREEN VICTORIA TIMELINE

1987
A small breast cancer screening service begins at Essendon Hospital, one of 10 pilot sites for the national evaluation of mammography screening.

1990
The Australian Health Ministers’ Conference endorses the establishment of a national screening program for the early detection of breast cancer.

1991
First meeting of the Board of Management.

1992
Coordination Unit established. North Western BreastScreen joins the Program.

1993
Screening begins in February. Monash, Maroondah, Geelong and St Vincent’s Services open.

1994
Grampians, Gippsland and Mobile Screening Services open.

1995
Bendigo Service opens.

1997
All services fully accredited.

1998
Awarded inaugural Victorian Public Health Award for Excellence in Service Delivery.

2001
Radiographer Training Centre opens.

2004
Second Mobile Screening Service added.

2005
$3.9 million funding for pilot Digital Mammography Project (DMP). New client information management system ‘Gecko’.

2009
State and Commonwealth Government provide $42m in funding for a 3-year DMP.

2010
Rose Clinic at David Jones opens.

2011
Appointments available online.
Service Model Renewal project begins.

2012
$1.5 million media campaign commences.
New BreastScreen Victoria website launched.

2013
Completion of DMP and Service Model Renewal projects.
Electronic Records Management project begins.
The maps show the location of BreastScreen Victoria services throughout metropolitan Melbourne and regional Victoria.

- SCREENING CLINIC
- SCREENING, READING AND ASSESSMENT SERVICE
- MOBILE SCREENING SERVICE
- BreastScreen Coordination Unit (Carlton)
FROM STRENGTH TO STRENGTH

As we reflect on our achievements over 20 years of screening we can identify many things that have contributed to the quality of our program. These include accreditation and performance review, staff training, service planning, and multidisciplinary care. Most important of all has been the continual reflection and review of service delivery.

Some of the ways we have reviewed our processes this year included our first consumer satisfaction survey to set benchmarks for our performance in the eyes of our clients. As a Board of Management, we have undertaken a self-evaluation to understand our strengths and identified areas for improvement. As an organisation, we developed a new service model and then sought to review it post-implementation to understand where we did well, and where we can continue to learn.

The following highlight our achievements in 2012–13.

We officially celebrated 20 years of screening in Victoria with a morning tea at Parliament House. More than 200 women attended; many of whom have had 10 breast screens with the program since 1993. Staff with 20 years’ service also attended, together with past Board members.

Two key change projects were successfully completed in 2012–13. Thanks to the Digital Mammography Project, BreastScreen Victoria is now fully digital. This is one of the most significant developments in breast cancer screening during the last two decades. Fifty one state-of-the-art digital machines have been installed or upgraded across Victoria over the past three years. The introduction of this new technology required extensive staff training, building works, and substantial changes in work practices. The Service Model Renewal project has created a new, sustainable business model, with simplified contracts for all service providers and activity-based funding arrangements. To reach more women, a centralised recruitment and communications team has been established, and online booking capability introduced. The new centralised service delivery team works closely with services to monitor screening capacity.

An integrated approach to recruitment and marketing included a mass media campaign featuring Jo Hall and Evonne Goolagong Cawley. The campaign generated an additional 26,333 bookings in 2012–13, compared with the previous two years. The campaign contributed to BreastScreen Victoria screening 221,375 women; 98.4% of the agreed Department of Health performance target; and the highest number of screens in the history of the Program.

Inspirational well-known women continued to encourage women to screen. This year Gina Riley shared the story of her diagnosis, and Angelina Jolie talked about her decision to undergo a double mastectomy to reduce her risk of developing hereditary breast cancer. We saw our call centre light up with women who had been putting off their regular screen, inspired to make an appointment.

BreastScreen Victoria has developed an ambassador program for Victorian women who wish to represent the Program in the media or at events. These women have generally been diagnosed...
with breast cancer. We thank women like Gina, Angelina, and our ambassadors who have bravely shared their stories and potentially saved the lives of other women.

The extraordinary success achieved this year was a result of the combined efforts of everyone at BreastScreen Victoria. This included the project teams working on change initiatives, the Recruitment and Communication team who generated the demand, the Operations team who managed bookings and appointments, and the ICT and Corporate Services teams who provided the quality support to keep the organisation running smoothly and efficiently.

Implementation of the Service Model Renewal and Digital Mammography projects required service providers to adapt to major changes in their connectivity, equipment, and workflow, as well as staff training and building works. We particularly thank our service providers for their continued commitment to meeting service targets and providing high quality ‘frontline’ services to our clients during this period of change. We also thank the Department of Health and the Board of Management for their ongoing dedication to providing the best level of service for Victorian women.

We must now turn our attention to the new challenges of 2013–14 and beyond.

Maximising the benefits gained from the introduction of digital technology will continue to be an important focus. From March 2013 the Electronic Records Management project will move BreastScreen Victoria towards a fully digital environment. During the next 18 months the project will eliminate many of the paper data forms now completed by women and service staff, and develop streamlined processes that improve the efficiency and quality of data management.

In the 2013–2014 Federal Budget, additional funding was allocated to the BreastScreen Australia program to expand its target age range from 50–69 to 50–74 years. The funding has been allocated over four years, with the aim of achieving an additional 145,000 women accessing the Program nationally by 2016–17. We have commenced the implementation of system changes required for the expansion of the target age range and reminder letters will go out from mid-2014.

BreastScreen Victoria will continue to reflect on performance to make changes and improvements to ensure we maintain the highest standards while focusing on the individual women being screened.

Professor Katherine McGrath
Chair, BreastScreen Victoria

Vicki Pridmore
Chief Executive Officer
2012–2013 AT A GLANCE

REACHING WOMEN

690,162
Letters sent
These letters include advisory letters about new clinics, invitations to screening, appointment confirmations and results. This number is 15% lower than the previous year, due to the introduction of electronic results letters to GPs.

302,243
Calls to the Call Centre
This result is up 6% from previous year. The Call Centre now answers 98% of all calls received (up 3% from 2011–2012).

277,214
Bookings made
Result is up 32% from the previous year. This number includes 254,548 phone and 22,666 online bookings.

SCREENING

221,375
Breast screens performed
This number includes 1,908 Victorian women screened by BreastScreen New South Wales. Result is up 7% from previous year (206,178 screens). Of these women, 19% attended for their first screen and 81% attended for their subsequent screen.

CANCER DETECTION

1,304
Breast cancers diagnosed
Breast cancers diagnosed by BreastScreen Victoria in 2011–2012. Of these 995 (76.3%) were invasive breast cancers and 309 (23.7%) were DCIS.

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<td>North Western</td>
<td>80.6%</td>
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<td>Monash</td>
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20 YEAR HIGHLIGHTS

BreastScreen Victoria maintained expenditure on direct client services, while increasing its commitment to improved central coordination, and investment in initiatives that improve productivity and long-term sustainability. This has enabled BreastScreen Victoria to deliver services to a record number of women in 2012–2013.

FINANCIAL HIGHLIGHTS

2012–2013 was a year of consolidation with the finalisation of several large projects. BreastScreen Victoria to deliver services to a record number of women in 2012–2013.

Breast screens performed
Screens performed since February 1993.

Breast cancers diagnosed
Breast cancers diagnosed by BreastScreen Victoria from February 1993 to 30 June 2012.

1. Figures do not include Victorian women screened by NSW.
2. Cancers including invasive and ductal carcinoma in situ (DCIS).
BREASTSCREEN VICTORIA
STRATEGIC PLAN 2010–2013

BreastScreen Victoria's Strategic Plan 2010–2013 identified four key result areas (KRAs) necessary to achieve our mission. The three-year Strategic Plan was developed by the Board of Management in consultation with senior staff, stakeholders and consumers. This summary identifies achievements over the three years of the plan.

<table>
<thead>
<tr>
<th>Key Result Area</th>
<th>Achievements in 2010–2013</th>
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| **KRA 1: BUSINESS SUSTAINABILITY** | • Developed and implemented a sustainable business and funding model  
• Underpinned sustainability by building effective relationships with the Minister and Department  
• Completed Service Model Renewal project including: contractual redesign, centralisation of critical functions, activity based funding, development of demand framework  
• Developed business and accreditation systems  
• Reviewed governance and performance  
• Developed State Communication and Recruitment plan and ran media campaign and public relations activity  
• Reached 98.4% of throughput target of 230,000 in 2012–2013 |
| **KRA 2: PRODUCTIVITY** | • Ensured the most productive use of current resources  
• Completed Digital Mammography Project  
• Implemented workflow review findings to support digital deployment |
| **KRA 3: QUALITY & PARTICIPATION** | • Increase participation by improving access and reducing barriers  
• Improved the consumer experience  
• Increased service quality to achieve four year accreditation for all services by 2015 and support research and technology to improve cancer detection  
• Improved policy and administrative processes  
• Reviewed the role of clinical research in BreastScreen Victoria  
• Reviewed role of clinical research in core BreastScreen Victoria business to focus on program improvement  
• Established BreastScreen Victoria risk management framework  
• Identified barriers to, and drivers of, participation from consumer perspective  
• Used new media to reach women including SMS appointment reminders and online bookings  
• Strengthened consumer voice by establishing of state consumer forums, an ambassador program and consumer survey  
• Partnered with DOH to increase participation: CALD, ATSI low SES and women with disabilities  
• Piloted collaborative initiatives targeting underscreened groups across breast, pap and bowel cancer screening  
• Broadened call centre approach to initiate contact with women  
• Implemented clinical governance framework  
• Established statewide benchmarks for program performance  
• Piloted new accreditation system in Geelong  
• Reviewed State Policy and Procedure Manual |
| **KRA 4: WORKFORCE DEVELOPMENT** | • Built and sustained a workforce that delivers service excellence by: attracting and retaining staff, maximising utilisation of staff, developing career paths through role redesign and enhancement and ensuring skills are maintained through professional development  
• Established statewide radiologist and radiographer positions  
• Supported radiology fellowship and radiology registrar initiatives  
• Implemented standardised reader assessment strategy  
• Reviewed the Radiographer Training Centre  
• Supported training for senior radiographers in breast imaging, leadership and training  
• Implemented climate survey |
RENEWING OUR SERVICE MODEL

In 2010, the BreastScreen Victoria Board undertook a major review of its service model. After 20 years of building a quality service for women, we realised we needed to renew and refocus our service model to meet the challenges of future growth.

Extensive consultation with all stakeholders identified recommendations for change, and led to the establishment of the Service Model Renewal project in 2011.

Significant outcomes from the project included consistency of contracts with service providers, simplified funding arrangements and support for an increasing volume of screening appointments. BreastScreen established direct contracts with all Screening Service Providers (SSPs) supported by simplified pricing and direct support through the establishment of a Contract Coordinator role.

The appointment of a Service Delivery Manager enabled stronger coordination of screening capacity across the state, to support a growing number of women. The eight Reading and Assessment Services (RASs) were also engaged under new, standardised contracts and a new activity-based funding model was introduced. The funding changes are being phased in over two years to give services time to apply efficiency improvements, including those that will arise from the introduction of electronic records management.

Throughout the project there was extensive consultation with senior managers and staff from all of the services. BreastScreen Victoria greatly appreciates their significant time commitment and valuable insights as it has ensured the success of this significant change program.

SERVICE MODEL RENEWAL PROJECT OUTCOMES

Reaching women
- Central client recruitment team provides professional support
- Screening services enter their own appointment schedules
- Gecko IT enhancements enable better planning and monitoring against targets
- Service Delivery team monitors screening appointment capacity
- Streamlined data management processes: data entered at screening sites, with consistent process for checking data quality

Simplified contracts and funding arrangements
- Direct contracts and stronger relationships with SSPs
- Standard contracts for all service providers
- Simplified pricing for screening
- Consistent and sustainable funding model for reading and assessment
- Clear key performance indicators with regular performance reports
- Contract Coordinator provides single point of contact for service providers
UPGRADING OUR TECHNOLOGY

The introduction of digital technology has provided the opportunity for more streamlined workflows, efficiency gains and an improved client experience.

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.

A Digital Mammography Project (DMP) team was established to manage the statewide implementation of digital technology. The Project’s objective was to convert remaining analogue services to digital over four years. The statewide rollout of digital technology across BreastScreen Victoria commenced in January 2010 and was completed by June 2013.

The scope of the project was widened to include a range of ICT, workflow and evaluation projects:

- Implementation of infrastructure to facilitate future distributed reading. This provided capability for online reading of digital images across all RAS.
- Upgraded multidisciplinary team meeting environments at each RAS.
- Upgraded 3MP monitors and Livingston Bridge Protocol for 14 private clinics.
- Retro-fitting all clinics that were converted to digital during the pilot DMP project, or early on in the project to the same standard as later conversions.
- Analysis for the Electronic Records Management project.

In March 2013 the Electronic Records Management project commenced. This Project aims to move BreastScreen Victoria into a fully digital environment, with streamlined processes that improve the efficiency and quality of data management.
ACHIEVEMENTS

41 Screening Clinics successfully converted to a fully digital environment.

8 Screening, Reading & Assessment Services (RAS) upgraded with the latest ICT infrastructure and extensive building works. All RAS now operate with two digital modalities (machines).

2 newly-branded Mobile Screening Service vans converted to a fully digital environment.

14 public clinics upgraded with digital modalities as well as infrastructure to provide connectivity to their RAS.

16 private clinics upgraded with connectivity and equipment to support a digital environment.

24 MX reading stations provided as an alternative to old light boxes for radiologists.

1 state-of-the-art Radiographer Training Centre established at Holmesglen TAFE in Moorabbin.

1 disaster recovery centre located at Monash RAS.
In 2012–2013, BreastScreen Victoria developed strategic partnerships with peak cancer groups, GPs and other health professionals, and Members of Parliament.

SUPPORT FROM MPS
BreastScreen Victoria worked with Victorian Members of Parliament (MPs) to promote breast screening in their electorates. BreastScreen Victoria released individual report cards to MPs, providing information about participation rates in their electorate.

More than 50 MPs attended the release of the report cards by the Minister for Health David Davis at Parliament House on October 24, 2012. Since the report cards were released many MPs have shown their support for BreastScreen Victoria by writing to women in their electorate about breast cancer screening, making appearances in the local media, or holding a breast health awareness event.

PARTNERSHIPS WITH PEAK GROUPS
BreastScreen Victoria partnered with peak cancer organisations on a range of projects to increase participation in screening. In 2012–2013 activities included:

• The Melbourne and Geelong Mother’s Day Classic runs and Lifepool project with the National Breast Cancer Foundation.

• Distribution trial of Breast Cancer Network Australia’s My Journey kit to women diagnosed by BreastScreen Victoria.

• With Cancer Council Victoria, delivered Bilingual Educator training, a grants program to support newly arrived and immigrant women to access screening, and an intellectual disability project.

• Provided tailored participation data, promotional tools and advice to key stakeholders such as local councils, Medicare Locals and Primary Care Partnerships.
Forum for health professionals

BreastScreen Victoria held its first stakeholder forum for health professionals in June 2013. The forum, attended by over 30 representatives from Primary Care Partnerships, Medicare Locals and local government discussed how BreastScreen Victoria could further support them to promote cancer screening. Participants received a toolkit of local participation maps, graphs, a profile of underscreening groups and health promotion activities. The forum recommended improved communication between BreastScreen Victoria and health professional stakeholders. BreastScreen Victoria has since developed a quarterly e-newsletter for stakeholders which includes updates on activities, policy changes, and ways to help promote breast screening.

SUPPORTING HEALTH PROFESSIONALS

Health professionals, including GPs and practice nurses, play an important role in encouraging women to screen regularly. Wendy Scott was diagnosed with breast cancer following a breast screen at the Maroondah service in 2012. The 55 year old had no breast symptoms and was encouraged to have a screen by her GP, Anne Cousens. ‘I prompt all of my female patients to have regular pap and breast screens,’ Dr Cousens said. It was sound advice for Wendy who had put off several reminders to have a breast screen. ‘I thought I’m healthy so what’s the point, no lump, no need,’ Ms Scott said.

I want to share my experience in the hope of raising awareness of how important early detection of breast cancer is.

Wendy Scott, BreastScreen Victoria Ambassador
SPREADING THE WORD

MEDIA CAMPAIGN

As part of its 2012–2013 recruitment communication strategy, BreastScreen Victoria launched an integrated media campaign targeting women aged between 50 and 69. The campaign aimed to increase participation and awareness of the importance of screening, particularly among women who had never screened or were lapsed screeners.

The campaign was launched in September 2012 with a television advertisement featuring two celebrity ambassadors: Channel 9 television news presenter Jo Hall and former Australian tennis champion Evonne Goolagong-Cawley. BreastScreen Victoria Ambassadors Shelley Pascoe and Kathy Doerre shared their personal stories in a behind-the-scenes special. The campaign was delivered across television, radio, print and online media, and included a comprehensive public relations and stakeholder engagement component.

The campaign ran in three tranches (stages): from 2 September to 1 November 2012; from 12 February to 8 March 2013; and from 12 to 31 May 2013. The campaign resulted in a significant increase in both calls made to the BreastScreen Victoria call centre, and bookings. By the end of the third tranche, the campaign had generated an additional 26,333 bookings above normal business. In addition, the campaign resulted in an increased awareness of BreastScreen Victoria’s key messages and an improved likelihood that underscreeners will participate in screening.

BreastScreen Victoria screened 221,375 women in 2012–2013. This result is 98.4% of our performance target for the year, and the highest number of women ever screened in the Program. An independent evaluation is now underway to understand all the factors in the campaign's success.
**REACHING WOMEN ONLINE**

**New BreastScreen Victoria website**

A new user-friendly and accessible BreastScreen Victoria website was launched in December 2012.

There were 180,943 visits to the website in 2012–2013, up from 60,992 the previous year.

The most frequently visited pages of the new website were:

1. booking an appointment online
2. video clip of a woman having a breast screen
3. ‘Find a Clinic’ function which enables a woman to locate a clinic close to where she lives via her postcode.

The new BreastScreen Victoria website is optimised for use on mobile devices and the iPad. Over 30% of women who accessed the website in 2012-2013 used a mobile device or iPad.

**Online bookings**

Victorian women have embraced the flexibility and convenience of the BreastScreen Victoria online booking system since its introduction in December 2011. The system was initially restricted to women who had received an invitation letter. In November 2012, the system was expanded to allow all women over 40 years of age to book an appointment, or update her details online.

In 2012–2013, 21,454 online appointments were booked, up from 7,476 in the previous year. The proportion of bookings made online increased from 4% in 2011–12 to 8% in 2012–13.

Additional changes are planned as part of the Electronic Records Management project to ensure the online booking system continues to improve and grow with our clients.

**Online bookings have increased in popularity**

![Graph showing online bookings increase](image)
COLLABORATING WITH THE COMMUNITY

PINK BLITZING
The BreastScreen Coordination Unit closely monitors screening capacity throughout the state to identify clinics that require further media and promotional activity to fill appointments.

In 2012–2013, 40 Victorian suburbs and towns were ‘pink blitzed’ – with posters, bookmarks and brochures distributed to local libraries, GP and health services, shops and local community hubs.

More than 50 community breast health awareness sessions were held. Women were able to book an appointment directly with health promotion staff at these events.

WORKPLACE ENGAGEMENT
During 2012–2013 BreastScreen Victoria partnered with national organisations: NAB, ANZ and Lendlease to promote breast screening. Key messages were included on payslips, intranets and programs targeting staff over 50. BreastScreen Victoria ran breast health information sessions and information stands at head offices and local branches. A breast health session at NAB was streamed live, via a national video conference, to enable staff to ask questions.

In celebration of International Women’s Day on March 8 2013, BreastScreen Victoria received a special mention at the Australian Institute of Management’s Outstanding Women Series breakfast.

SUPPORT FOR CULTURALLY AND LINGUISTICALLY DIVERSE HEALTH WORKERS
BreastScreen Victoria partnered with Cancer Council Victoria to provide grants to nine organisations working with newly arrived and immigrant women. The grants were used to provide local breast and pap screening programs.

BreastScreen Victoria and Cancer Council Victoria trained 28 bilingual educators from the Multicultural Women’s Health Centre and Cancer Council Victoria to promote Breast Health sessions to Arabic, Greek, Italian, Vietnamese and Chinese communities.

More than 60 women donned a pink hijab to celebrate International Women’s Day at Flemington Community Centre. During Cultural Diversity Week in March, a CALD Well Women’s Day attracted 70 women to hear from experts in cancer screening, nutrition and physical activity.
WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Participation rates for Aboriginal and Torres Strait Islander women have historically fallen below the state average. In 2012–2013, BreastScreen Victoria worked in partnership with Aboriginal Community Controlled Health Organisations and Cancer Council Victoria to promote cancer screening.

Small grants were issued to three regional Aboriginal Health Cooperatives to increase screening participation by local Aboriginal women. The grants were used to fund the following events:

- Breast health presentation at Divine Breast Day at Rumbalara Aboriginal Co-operative in Shepparton. Approximately 50 women attended, and two group bookings were made for 19 Aboriginal women.

- BreastScreen Victoria Ambassador Kim Krasa spoke about her diagnosis at the Ballarat District Aboriginal Co-operative (BDAC) Koorie Women’s Health Day.

- Breast health presentation at the Wathaurong Aboriginal Cooperative’s Women’s Health Day in Geelong. Five bookings were made.

IMPROVING ACCESS FOR WOMEN WITH DISABILITIES

BreastScreen Victoria partnered with Cancer Council Victoria, PapScreen Victoria and the Department of Human Services to increase appropriate cancer screening for women with an intellectual disability (ID). Around 2,000 women aged 50–69 years with an ID were sent promotional material on the three cancer screening tests – breast, pap and bowel. The promotional material was aimed at women, residential services and carers, with key messages prompting women to discuss appropriate screening tests with their doctor. The project also included cancer screening education for both carers and disability workers.

The 2012 Stakeholder Forum recommended the development of an Inclusive Service Audit Tool for all screening services. The disability access module of the audit tool, developed in consultation with disability stakeholder groups, was piloted in 2013. All screening clinics were surveyed on ease of access for women with a disability. This information will be used for the call centre and women to identify most appropriate clinics for women with a disability.
BreastScreen Victoria celebrated 20 years of screening with a morning tea at Parliament House in May 2013. To thank the women who have supported the Program during its 20 year history, we invited all women who had completed 10 or more breast screens to attend the morning tea with a friend. The Victorian Minister for Health, David Davis, current and previous board members, and staff with 20 years service also attended.

Breast Cancer Network Australia CEO and breast cancer survivor Maxine Morand shared her story with the audience and encouraged all women to have regular breast screens.

BreastScreen Victoria CEO Vicki Pridmore thanked breast cancer survivors such as Maxine for the courage to speak out about their experiences with diagnosis and treatment and their willingness to highlight the importance of screening.
AMBASSADOR PROGRAM
BreastScreen Victoria has developed an Ambassador program for women who wish to share their personal story about screening or breast cancer and represent the organisation in the media or at events. These women play an important role in the promotion of the Program as a human face and firsthand experience are powerful ways to inspire action and encourage women to screen regularly.

Robyn Stepnell was diagnosed with breast cancer in August 2012, after her first breast screen at the Mobile Screening Service in Swan Hill. To raise awareness about the importance of early detection, the 50 year old agreed to be interviewed by The Guardian newspaper and share her experience.

‘The surgeon said it (the cancer) was so tiny that it couldn’t be felt, and that women like me are the reason for breast screens,’ said Ms Stepnell. ‘I’m thankful for going in and having a mammogram. If it had have happened a couple of years down the track it could have been a very different story,’ she said.

CONSUMER FORUMS
In November 2012, consumers from around the state attended the inaugural Consumer Feedback Forum. Facilitated by the Health Issues Centre, attendees reviewed a summary of feedback from women who had used the Program over the previous year, and recommended service improvements.

In early 2013, consumer roundtable discussions were held at Ballarat, Maroondah and Carlton. Consumers attending the discussions were provided with a progress report on the implementation of recommendations from previous consumer events. Consumers were also invited to raise issues of concern to local women.


Robyn Stepnell (left) with Mobile Screening Service radiographer Teresa Warren at the van in Swan Hill.
IMPROVING OUR QUALITY

RADIOLOGY QUALITY

Radiology Quality Group
The Radiology Quality Group consists of a group of senior radiologists from the Program including the Designated Radiologist from each Screening, Reading and Assessment Service (RAS). The group has met regularly since the start of the Program in 1993 to review and discuss current issues particularly relating to image quality, screen reading and assessment. This year the group has met more frequently to provide input into the Electronic Records Management project.

Workforce development and training
In 2012–2013 BreastScreen Victoria provided funding for three Breast Fellowship positions. These are advanced training positions for recently qualified radiologists to extend their training in breast imaging. These young radiologists frequently continue to work in the Program. The third year radiology registrar rotation program has also continued this year. Third year registrars spend four weeks at a RAS for intensive training in breast imaging.
Digital breast tomosynthesis study

Maroondah BreastScreen is conducting a standalone research trial to evaluate the role of tomosynthesis in BreastScreen assessment, to determine if it can replace traditional mammographic views and reduce the number of benign biopsies. Tomosynthesis is performed on an Hologic mammography machine which produces a combination of 2D and 3D images for interpretation (Hologic have provided in-kind support for this trial). Designated radiologist Dr Lockie reports that ‘Over 500 women have been recruited into the trial. Approximately 90% of women who come to the clinic are opting into the trial. We have so far seen about six clients for whom 3D mammography has detected malignant change that was not the primary reason for assessment. A tumour was detected coincidently. This has been the case for both single focus lesions and those with multiple foci.

‘Part of the research will be to conduct client questionnaires regarding their experience with tomosynthesis,’ Dr Lockie adds. ‘We eagerly await the final outcomes at the end of the trial in order to evaluate client feedback. Comfort level, length of compression time, overall experience and satisfaction with the outcome are all components of the feedback questionnaire.’

STREAMLINING ASSESSMENT SERVICES

In May 2013, Maroondah BreastScreen trialled the inclusion of a sonographer in their assessment team. Prior to the trial Maroondah BreastScreen’s assessment model involved two radiographers doing work-ups in the two mammography rooms and these images were read by one radiologist. This radiologist was also responsible for performing the ultrasound study. To improve the workflow, the Service employed an experienced sonographer to coordinate the ultrasound room, the same way the radiographers coordinate mammography work-ups. As a result the radiologist spent less time in the ultrasound room, and had more time to read images.

Maroondah Program Manager Michelle Clemson reports that ‘The results of the trial showed that the new assessment model reduced delays in the ultrasound room and improved clinic work flow. Women spent less time at the clinic for their appointment and received their results more quickly. From the Service’s perspective, more women could be booked per clinic, enabling the Service to meet National Accreditation Standards for timeliness. The Service has now appointed an experienced sonographer, Jenny Parkes, to join our team and one of our radiographers, Fiona Wade, is completing the UniSA Graduate Certificate in Breast Imaging, funded by BreastScreen Victoria.’
IMPROVING OUR QUALITY (Continued)

DEVELOPING OUR RADIOGRAPHER WORKFORCE

A Radiography Workforce project, funded by the Commonwealth Department of Health and Ageing, began in 2011 with the aim of increasing the capacity of our radiography workforce by developing training, professional development competencies and employment opportunities for experienced radiographers and trainees reading breast images within the Program. The project scope was revised this year to fund radiographer professional development. BreastScreen Victoria has provided opportunities for radiographers to undertake the following training courses: Graduate Certificate in Breast Imaging (University of South Australia), 9 participants; Leadership Training, 5 participants; Certificate IV in Training and Assessment, 11 participants; and the Double Diploma of Vocational Education and Training / Training Design and Development, 3 senior tutor radiographers are participating.

Implementation of the recommendations of an external review of the BreastScreen Victoria Radiographer Training Centre began this year. Academic course material for the Certificate of Clinical Proficiency in Mammography (CCPM) is being rewritten for use in an e-learning environment. A BreastScreen Victoria RTC Advisory Committee has been established to advise on the ongoing development of the CCPM. The Group includes representation from the BreastScreen Victoria Coordination Unit and Radiography and Radiology Quality Groups, Holmesglen Institute of TAFE, the Australian Institute of Radiographers and Screening Service Providers.

INCREASING SCREENING CAPACITY

As part of the Service Model Renewal project a new centralised Service Delivery team has been created to manage appointment schedules for the Program. Each screening clinic now creates and monitors their appointment schedule for the year in the Program’s central client management system (Gecko) to ensure they have enough appointments to meet their annual performance targets. Service Delivery staff work with the services to ensure enough screening appointments are available. Screening, Reading and Assessment Services also use the system to plan and monitor the demand for reading and assessment services.

Each week the Service Delivery and Communication and Recruitment teams meet to review the availability of appointments at each of the screening clinics, monitor how BreastScreen Victoria is tracking against target and discuss recruitment initiatives. The meetings identify clinics where the uptake of appointments is slow. Recruitment activities then focus on the clinic catchment areas, and may include promotional and media opportunities, phoning women who have missed previous appointments, and working with local health professionals.

The introduction of the centralised booking system has provided Grampians BreastScreen with an accurate and up-to-date tool to manage our appointments. Previously I kept manual data on appointments open and filled each month which was quite time consuming and tedious to do. The new system enables me to look at appointment data including target and utilisation margin, total slots open and total slots booked all in one central screen which is updated daily.

Kim Kyatt, Program Manager Grampians BreastScreen
LISA SCOTT

Lisa Scott was a dedicated advocate for women’s health throughout her career. She commenced in nursing; studied midwifery; then moved into the field of community health.

Lisa made a wonderful contribution to Monash BreastScreen over 20 years. When the Service opened in 1993, Lisa became the first community information manager. She was later appointed as Manager of the BreastScreen Victoria Radiographer Training Centre. In 2009 she was appointed as the Program Manager for Monash BreastScreen and Monash Breast Services Operations Manager.

Everyone describes Lisa as one of the most positive, vibrant, dedicated people they have met. Her compassion and commitment to BreastScreen, her colleagues and friends was second to none. Lisa’s greatest loves were her beautiful daughter Maggie Rose, her husband Chris, Collingwood, gardening and shoes! She was also a passionate environmentalist.

Lisa Scott passed away unexpectedly in 2013. She will be greatly missed by all who knew her at BreastScreen Victoria, but her passion and positivity will live on through those who knew her. We extend our condolences to her family and friends.

MICHELLE MULDOWNEY

Michelle Muldowney was Program Manager at Maroondah BreastScreen from 2000 to her recent retirement in 2012. Her personal contribution to the Program was considerable; she met the challenges of running a service with enthusiasm, she provided compassionate care to women, she was a loyal and supportive manager to the staff at the Service and galvanised them into a truly multidisciplinary team.

In 2005, Ringwood volunteered to became the first pilot site in Victoria for the Digital Mammography project, and the first service in Australia to read images from a digital mobile service. Michelle spent considerable time and energy, and travelled many kilometres to ensure the pilot was a success.

With the formation of the Maroondah Service Quality Committee in August 2011, Michelle took a lead role in quality improvement initiatives that resulted in the service being awarded full accreditation in 2012.

Unfortunately, Michelle has suffered an extended period of ill-health, and is currently undergoing intensive rehabilitation. We hope that she will be able to spend time with her husband Bernie, her parents and extended family.
ORGANISATIONAL STRUCTURE

OFFICE OF THE CHIEF EXECUTIVE
- Strategy & planning
- Governance
- Finance
- Human resources
- Research
- Corporate communications

CHIEF EXECUTIVE
Vicki Pridmore

BOARD OF MANAGEMENT

BOARD COMMITTEES
(see page 34)

QUALITY GROUPS

READING AND ASSESSMENT SERVICES
STATE RADIOLOGIST
STATE RADIOGRAPHER
OPERATIONS
COMMUNICATIONS & CLIENT RECRUITMENT
CORPORATE SERVICES
INFORMATION & COMMUNICATION TECHNOLOGY

SCREENING SERVICES

MOBILE SCREENING SERVICE
BREASTSCREEN COORDINATION UNIT

The senior management team farewelled Anne Learmonth, Director Communications and Recruitment in August 2012. BreastScreen Victoria thanks Anne for her significant contribution to the program.

Cathy McDonald was appointed Director, Operations in July 2012, Jeremy Du Ve was appointed as Director of Information Communication Technology in October 2012, and Natasha Levy was appointed as Director Communications and Recruitment in December 2012.

Congratulations to Esther Cukier and Cathy Cannon for reaching a milestone of 20 years service during the year. We thank Esther and Cathy for their commitment and contribution.
OUR MOBILE SCREENING SERVICE

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. The MSS is managed by the BreastScreen Coordination Unit. The MSS Coordinator Debbie Macleod, works with the Health Promotion Officer Carolyn McNamara and Statewide Media Liaison Officer Sharny McLean to promote the MSS before it arrives in each town.

Country women usually have to travel for everything, so for services to come to us we really appreciate it, it’s like gold.
Trish Dixon, Upper Kiewa Cancer Support Group coordinator

The MSS radiographers 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 Jane Haynes and farewelled Jennie Polkinghorne and Jane Haynes (after a short time). The MSS Chief Radiographer provides technical support to the radiographers, and a link with the Screening, Reading and Assessment Services. Nicole Puttyfoot replaced Carol Gibbins as Chief Radiographer.

COMMUNITIES VISITED
Collectively, the two MSS vans travelled 3,335 km through regional Victoria in 2012–2013. The Mobile Screening Service added three new Victorian towns to its schedule: Beechworth, Mount Beauty and Warracknabeal.

<table>
<thead>
<tr>
<th>Community</th>
<th>Women screened</th>
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<tbody>
<tr>
<td>Swan Hill</td>
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<tr>
<td>Robinvale</td>
<td>281</td>
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<tr>
<td>Murray Valley Aboriginal Cooperative</td>
<td>59</td>
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<tr>
<td>Broadford</td>
<td>959</td>
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<tr>
<td>Seymour</td>
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<td>Gisborne</td>
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<td>Yarrawonga</td>
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<td>Tallangatta</td>
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<td>Wangaratta</td>
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<tr>
<td>Warracknabeal</td>
<td>258</td>
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<tr>
<td><strong>TOTAL</strong></td>
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</tr>
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</table>
BreastScreen Victoria CEO Vicki Pridmore launched the Beechworth service alongside Indigo Shire Mayor Larry Goldsworthy. Health Promotion Officer Carolyn McNamara, Beechworth Health Service Chief Executive Cameron Butler and radiographer Sue Millane are pictured in the van.

BreastScreen Victoria Director of Operations Cathy McDonald, Rural NorthWest Health CEO Catherine Morley and breast cancer survivor Gayle Jeffrey celebrate the launch of the service in Warracknabeal with a locally made cake.

We’ve had so much positive community feedback. The process is so quick and easy that the next time the van arrives in town there is no excuse not to book an appointment and do it.

Catherine Morley,
Rural NorthWest Health CEO

BreastScreen Victoria Director of Operations Cathy McDonald, Rural Northwest Health Chief Executive Officer Catherine Morley and breast cancer survivor Gayle Jeffrey celebrate the launch of the service in Warracknabeal with a locally made cake.

Benalla MP Bill Sykes and Upper Kiewa Cancer Support Group coordinator Trish Daxon cut a ribbon to launch Marjorie’s first visit to Mount Beauty.
SCREENING, READING AND ASSESSMENT SERVICES

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, BENDIGO

Established: 1995
Number of breast screens performed in 2012–2013: 12,587
Proudly brought to women by: St John of God Health Care, Bendigo Radiology provider: Bendigo Radiology, Goulburn Valley Imaging, Sunraysia Medical Imaging
Coverage: Screening Services are located at Bendigo, Echuca and Mildura. The Service hosts the Mobile Screening Service every two years at Kerang, Swan Hill, Robinvale and Murray Valley.
Accreditation status: 2 year accreditation until February 2015.
Clinical Director: Dr Jill Wilkie BSc (Hons), MBBS, MRCR, FRCP
Program Manager: Kathryn Kruger BAppSc (Medical Rad), Member AIR.

Highlights
The Service was awarded two years accreditation in February 2013.
Two new Siemens mammography machines were installed in late 2012, one with a stereotactic biopsy attachment. This allows stereotactic biopsies to be performed onsite during assessment clinics, reducing waiting times.
Echuca became a fixed digital screening site in December 2012. Goulburn Valley Imaging became the new radiology provider for Echuca in April 2013.
The Consumer Advisory Committee (CAC) met every six weeks. The CAC visited the OTIS Foundation and attended a Mothers’ Day walk in Kennington. Two CAC representatives attended the BreastScreen Victoria Consumer Discussion in Melbourne in April 2013.
A ‘Women-ISE Breast Intentions’ information night was held in August 2012. Dr Jill Wilkie attended the RANZCR Breast Interest Group conference in June 2013. Carol Gibbins presented to staff on consumer rights and Kath Sheridan presented on interpreter services and Aboriginal and CALD women.

Staff
Carol Gibbins resigned as Program Manager in December 2012. Kath Kruger will be appointed as Program Manager from 1 July 2013. Kath was previously the designated radiographer at Bendigo. Nurse Counsellors Kath Sheridan and Belinda Morrall resigned in June 2013. Kay Kenthorn began working in data and reception. Leanne Blundell returned to assist with data management and QA. Kylie Kent is acting in the role of Designated Radiographer.

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, GEELONG AND SOUTH WEST

Established: 1993
Number of breast screens performed in 2012–2013: 17,006
Proudly brought to women by: Lake Imaging
Radiology providers: Lake Imaging, Western District Radiology, Portland District Health, Bendigo Radiology
Coverage: Screening centres are located at Geelong, Portland and Warrnambool.
Accreditation status: 2 year accreditation until November 2015.
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 was a pilot site for the BreastScreen Australia new accreditation system.
Staff pulled together, working extended hours and weekends, to help the service reach its screening target for 2012–2013.
Geelong upgraded from CR units to two new Siemens digital machines.
Portland upgraded to a Hologic DR unit bringing state-of-the-art technology to women in the region.

Staff
Abigail Harress-Blaas joined the service in November 2012 as designated radiographer. In March 2013 she was appointed as Program Manager. Abigail left the service to take up the position of BreastScreen Victoria State Radiographer.

20 Years: Dr Linda West and Frankie Linke
BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE GIPPSLAND

Established: 1993
Number of breast screens performed in 2012–2013: 11,434
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 and Wonthaggi. The Service hosts the Mobile Screening Service every two years at Foster, Leongatha, Mallacoota, Omeo, Orbost and Yarram.
Accreditation status: 2 year accreditation until February 2015.
Clinical Director: Mr David Chan MBBS, FRACS
Program Manager: Miss Kelli Mitchener RNDiv1, BSc (Nursing), GradDiplCritical Care Nursing, CertIVTraining and Assessment.

Highlights

Gippsland BreastScreen is now fully digital, with Wonthaggi and Bairnsdale upgrading to DR during the year. A second digital DR machine with stereo biopsy capabilities was installed at the Screening, Reading and Assessment Service in Traralgon.

The Service successfully met its 2012–2013 screening target, due to the combined effort of all of the Gippsland screening sites, and a close working relationship with the newly-appointed, centrally-based Health Promotion Officer.

Another focus for the Service in 2012–2013 was to improve its performance against several of the National Accreditation Standards (NAS), in particular timeliness standards. The development of a structured, cohesive approach to monitoring, modelling and evaluating the reading and assessment workloads has resulted in a significant performance improvement by the Service.

The ‘Top and Tail’ clinics (offering breast and cervical screening) held at Traralgon continued to be popular, with 112 women screened.

Staff

20 years: Wendy Nieuwerth

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE GRAMPIANS

Established: 1994
Number of breast screens performed in 2012–2013: 9,651
Proudly brought to women by: Ballarat Health Services
Radiology providers: Base Imaging Group (BIG)
Coverage: Screening centres are located at Ballarat and Horsham. The Service hosts the Mobile Screening Service every two years at Birchip, Hamilton, Warracknabeal and Maryborough (from October 2013).
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

Our consumer representatives, Nola Phelan and Ann Campbell, have become an integral part of our assessment clinic team over the past 12 months. Either Nola or Ann work in a volunteer capacity each week at our assessment clinic making sure the ladies, their families and our staff are all looked after during the clinic. We receive excellent feedback about their work and how much of a difference they make. In 2013 they were honoured to be nominated for state and local volunteer awards, receiving runner-up status locally.

At the end of 2012 our fixed site at Horsham went live as a fully digital facility. This was very exciting for all concerned, and resulted in imaging and workflow efficiency improvements.

At our Ballarat Screening, Reading and Assessment Service, staff were also excited to have our CR mammography unit replaced with a new Fuji digital mammography unit. The digital project also enabled us to make IT, signage and workflow efficiency improvements.

In March 2013, we hosted a small local consumer forum organised by Maura Conneely from the BreastScreen Coordination Unit. We had some fantastic consumer engagement including redesigning the location map we send to women.

Local joint pap and breast clinics continue to be extremely popular, with appointments offered in 2013 increasing by more than 50% to 348.

Staff

15 years: Helen McKenzie
Maroondah BreastScreen has focused on improving its service capacity. It is pleasing to have achieved 98% of our screening target for 2012–2013. ‘Marjorie’, one of the mobile vans, was in the Maroondah catchment for almost the entire 12 months and regularly exceeded recruitment targets – demonstrating a strong interest from women in country Victoria. Marjorie was in Wangaratta for 5 months and exceeded the recruitment target by 20% – a great result.

The Service has also been focusing on achieving several of the National Accreditation Standards (NAS), in particular timeliness standards. Maintaining the timeliness standard for assessment has been achieved by developing tools to track clients waiting for assessment, monitoring reading activity and modelling assessment workflow, appointing a sonographer to the assessment team, and remodelling the scheduling of clinics. These changes mean clients are being recalled for their assessment appointment in a timely manner. The challenge for the Service will be to continue to meet this standard when Marjorie returns to our catchment area in 2014.

The implementation of the Service Renewal Model and the final rollout of the Digital Project have meant a number of changes for the Service. Our staff have adapted well to these challenges while continuing to provide an excellent service to our clients. Additionally, staff have been involved in our tomosynthesis research trial which is an exciting project evaluating the use of tomosynthesis in our assessment model.

In March 2013, Michelle Clemson was appointed as Program Manager. Michelle joins the Service with an extensive background in research management.

Monash BreastScreen was successful in gaining four year accreditation in February 2013. We would like to acknowledge the contribution and hard work of our staff in this achievement. The Berwick, Dandenong and Frankston screening clinics all received digital connectivity to enable these clinics to send digital images to the Monash Screening, Reading and Assessment Service. Monash BreastScreen is now operating in a fully digital environment.

Frankston BreastScreen radiographer Helen Krympotic gave a breast cancer awareness presentation at a gym in Mentone that resulted in several bookings. Waverley BreastScreen celebrated its first anniversary.

Sadly, our much-loved Program Manager Lisa Scott passed away this year. Lisa made a wonderful contribution over 20 years as a staff member of Monash BreastScreen, and will be greatly missed. See page 23 for a tribute to Lisa.

Radiographers Jayne Mullen, Elizabeth Stewart, Cheryl Cooksey, Peta Baldry, and Najumah Kimmie commenced their Certificate IV in Training and Assessment.

Other professional development activities run by the Radiographer Training Centre included a Cultural Diversity Seminar, a Mindfulness in the Workplace seminar and supervisor and positioning workshops.

MonashHealth
Established: 1993
Number of breast screens performed in 2012–2013: 46,255
Proudly brought to women by: Monash Health
Radiology provider: Monash BreastScreen, MIA, MDI, GIG
Coverage: Screening centres are located at Moorabbin, Waverley, Berwick, Dandenong, Frankston and Rosebud
Accreditation status: Four year accreditation to February 2017.
Clinical Director: Jill Evans, MBBS, FRANZCR
Program Manager: Janelle Finn (appointed October 2013)

Highlights
Monash BreastScreen was successful in gaining four year accreditation in February 2013. We would like to acknowledge the contribution and hard work of our staff in this achievement.

The Berwick, Dandenong and Frankston screening clinics all received digital connectivity to enable these clinics to send digital images to the Monash Screening, Reading and Assessment Service. Monash BreastScreen is now operating in a fully digital environment.

Frankston BreastScreen radiographer Helen Krympotic gave a breast cancer awareness presentation at a gym in Mentone that resulted in several bookings. Waverley BreastScreen celebrated its first anniversary.

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Other professional development activities run by the Radiographer Training Centre included a Cultural Diversity Seminar, a Mindfulness in the Workplace seminar and supervisor and positioning workshops.

Staff
10 years: Deborah Summerbell
20 years: Bronwyn Chapelle, Cheryl Cooksey, Jayne Mullen, Christine Northope, Dr Jill Evans
25 years: Elizabeth Stewart, Margaret Eddy
BREASTSCREEN VICTORIA
SCREENING, READING 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 2012–2013: 40,653
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, GradDiplLegalStudies, GradDiplIT

Highlights
The Service’s annual data report on performance against the National Accreditation Standards was very positive. North Western BreastScreen has an excellent, stable workforce.
Werribee BreastScreen was the last site to undergo digital conversion to CR in February this year. Essendon BreastScreen received a second digital machine. North Western BreastScreen is now a fully digital service.
All screening sites (except Sunshine) were at full capacity between January and June 2013.
The Mobile Screening Service screened in the catchment for nine months.
Consumers work as volunteers in our assessment clinic, offering tea and coffee to women attending the clinics. Feedback from women is always very positive.

Staff
Professional development activities included: working with interpreters, dealing with challenging situations, stress management, fire training and hand hygiene.

BREASTSCREEN VICTORIA
SCREENING, READING AND
ASSESSMENT SERVICE,
ST. VINCENT’S

Established: 1993
Number of breast screens performed in 2012–2013: 46,302
Proudly brought to women by: St. Vincent’s Hospital Melbourne
Radiology provider: St. Vincent’s BreastScreen, 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: 4 year accreditation with close monitoring until November 2016.
Clinical Director: Dr Helen Frazer, MBBS, FRACR
Program Manager: Lesa Stewart

Highlights
In November 2012, St. Vincent’s Screening, Reading and Assessment Service was awarded four years accreditation. This was achieved by the Service developing sophisticated monitoring, modelling and evaluation tools to better manage reading and assessment rostering workloads.
Screening clinics at Camberwell and Epping underwent the transition to digital mammography in early 2013. The continuing challenge during this period was the provision of a high volume screening, reading and assessment service, while working in the 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.
All St Vincent’s screening sites are now fully digital.
In June 2013, Associate Professor Jennifer Cawson and Dr Helen Frazer convened the RANZCR Breast Interest Group Meeting in Darwin. An international and national faculty delivered excellent state-of-the-art presentations and several of our St Vincent’s BreastScreen radiologists also presented at the meeting.

Staff
10 years: Monique Warrilow
20 years: Sue MacAulay
1. Professor Katherine McGrath  
MBBS, FRCPA, FAICD  
Chair  
Meetings attended: 6/7  
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: 7/7  
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: 5/7  
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  
PhD, MSc  
Meetings attended: 6/7  
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 Christine Fitzherbert  
M Bus (HRM), Company Director’s Diploma in Finance, Grad Dip (Industrial Relations), BA (Politics), FAIM, FAICD  
Meetings attended: 4/7  
Christine Fitzherbert is Executive Director of Human Resources and Organisational Development at Melbourne Health. She has extensive experience working in the areas of human resources, workplace reform, industrial relations, and management in both the public and private sectors, including positions at Southern Health, RMIT University, William Mercer Pty Ltd now Mercer Human Resources Consulting, the Australian Chamber of Manufactures and the Association of Independent Schools of Victoria. Christine has also worked with the World Bank in Washington DC and held academic positions including Senior Lecturer in Politics at Monash University.

6. Ms Mary Hawkins  
MBA, BSc, BAppSc, Grad Dip. (Computing), Grad Dip (Ed)  
Meetings attended: 7/7  
Mary Hawkins has 25 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 a Director on the Boards of the International Women’s Development Agency, Star of the Sea College and on an advisory panel for the Centre for Organisational and Social Informatics at Monash University.
7. Ms Kerrie Milburn-Clark  
AssocDipProfWrtg, BA, GradDiplLang, BA(Hons)(German Studies), FPRIA  
Meetings attended: 7/7

Kerrie Milburn-Clark is a lecturer in Public Relations and Advertising at Swinburne University. She has taught also at RMIT and Deakin Universities, and Swinburne Online. She is a former Director of a corporate affairs consultancy, specialising in issues management, whose clients included major resource and power companies, manufacturers, government departments, hospitals, universities, professional firms, and health and environmental not-for-profit organisations. Prior to entering private consultancy, Kerrie held a number of senior positions in corporate affairs, government relations/lobbying and environmental affairs with multi-national packaging and paper group, Amcor, and was a director on the board of consumer products company, Kimberly-Clark. She is a Fellow of the Public Relations Institute of Australia.

8. Ms Jane Poletti  
MM (Strategic Foresight), LLB, BSc, GAICD  
Meetings attended: 7/7

Jane Poletti specialises in early stage business ventures with a focus on commercialisation of intellectual property and governance/process for sustainable growth and venture funding opportunities. With 14 years experience in prominent Melbourne law firms, general counsel and in-house corporate management experience, Jane provides a strategic, pragmatic and commercial approach to problem solving alongside her legal skills. Jane currently chairs the BreastScreen Victoria Governance Committee and is a member of two emerging technology company Advisory Boards and the City of Port Phillip Marina Reserve Reference Committee.

9. Ms Sue Viney  
M Soc Sc (Int. Development), Grad Conv. Accounting, BA (Hons), CAHRI, MAICD  
Representative of the Consumer Advisory Committee  
Meetings attended: 6/7

Sue Viney operates a consultancy 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 Monash Health Community Advisory Committee and is a Graduate Member of the Australian Institute of Company Directors. She brings expertise in consumer engagement to the Board. Sue chairs the BSV Quality and Participation Committees and is a member of the Australian Health Practitioner Regulation Agency’s Community Reference Group.

10. Associate Professor Michael Jefford  
MBBS, MPH, MHlthServMt, Ph.D, GAICD, FRACP  
Meetings attended: 6/7

Associate Professor Michael Jefford 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.

11. Ms Vicki Pridmore  
Grad Dip (Org Psych), BA (Comms & Org Psych), Dip Teaching (Sec), GAICD  
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.
BOARD OF MANAGEMENT

SUB-COMMITTEES

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*
Lynton Norris *DH*
Alison Robson *DH*
Louise Galloway *DH*
Prof Katherine McGrath
Mary Hawkins
Anne Cronin
Vicki Pridmore *ex officio*

**Participation Committee**
Sue Viney *Chair*
Kerrie Milburn-Clark
Assoc Prof John Collins
Jane Poletti
Philippa Hetzel
Vicki Pridmore *ex officio*
Cathy McDonald *ex officio*
Natasha Levy *ex officio*

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

**Research Committee**
Assoc Prof Michael Jefford *Chair*
Dr Jill Evans
Assoc Prof John Collins
Ms Meron Pitcher *(to March 2013)*
Vicki Pridmore *ex officio*
Jules Wilkinson *ex officio*

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

**Quality Committee**
Sue Viney *Chair*
Prof Dallas English
Christine Fitzherbert
Ms Meron Pitcher *(to March 2013)*
Assoc Prof Michael Jefford
Vicki Pridmore *ex officio*
Cathy McDonald *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.

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 2012–2013 the continued rollout of digital mammography equipment led 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.

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