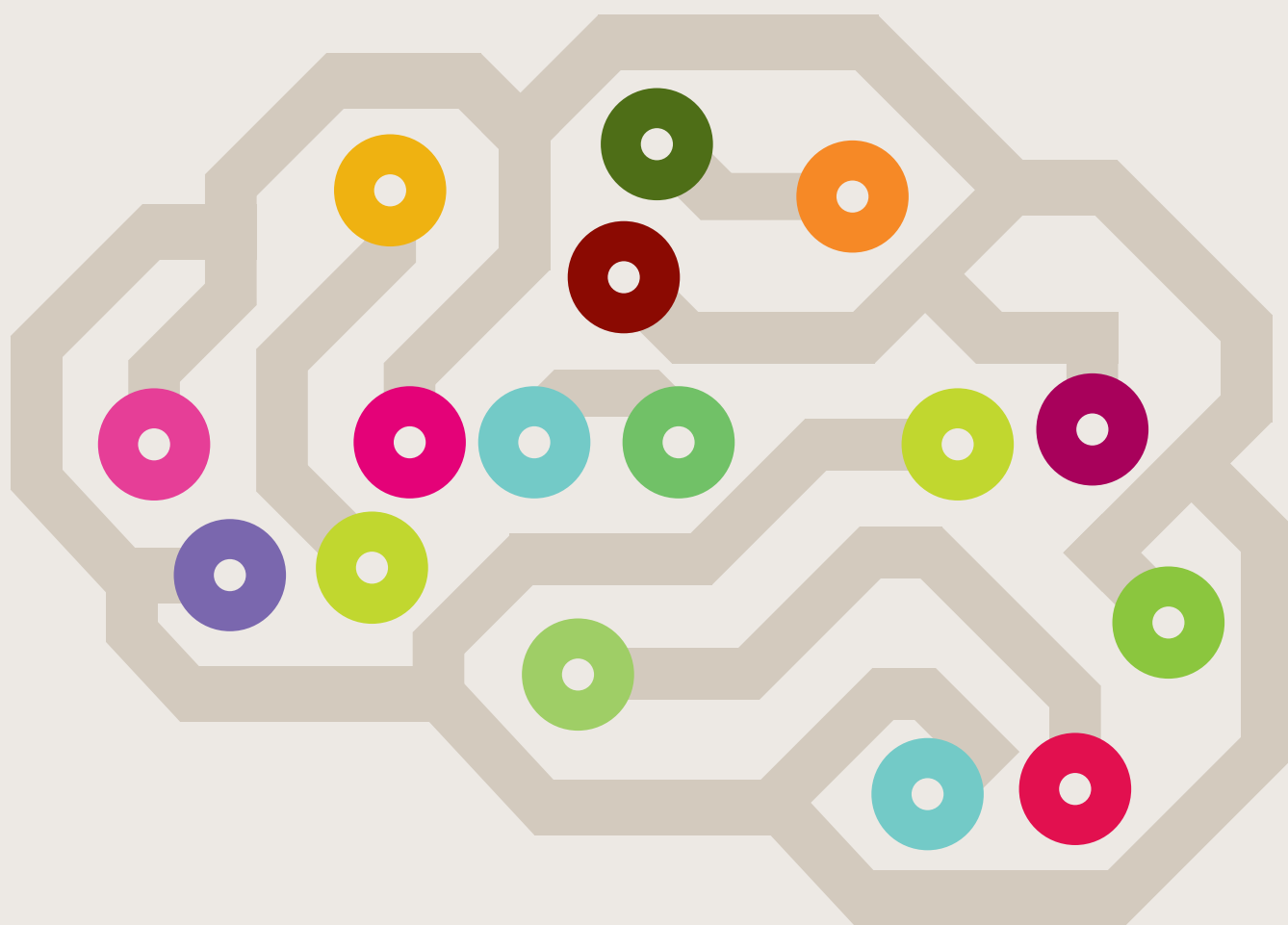




BreastScreen
Victoria

Caring about Women



THOUGHT LEADERSHIP
ANNUAL REPORT 2015-2016

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BreastScreen Victoria gratefully acknowledges the support of:
Australian Government Department of Health and the
Department of Health and Human Services, Victoria



MISSION, VISION, VALUES



OUR MISSION

We will assist women to make informed decisions about their approach to the early detection of breast cancer and target our breast mammography services to Victorian women aged 50–74.

OUR VISION

BreastScreen Victoria will be both a world class cancer screening provider that saves lives and a trusted source of information on breast cancer.

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.

About 3,800 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.

From 1 July 2014, 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.

BREASTSCREEN VICTORIA SAVES LIVES

The *BreastScreen Australia Evaluation Report June 2009* concluded that, at the national participation rate of 56%, the Program has been successful in reducing mortality from breast cancer for women aged 50–69 years by approximately 21–28%.

WHO WE ARE

BreastScreen Victoria is made up screening clinics, regional reading and assessment services and a central coordination unit:



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



41 permanent screening clinics are located across Victoria.



26 sites are visited every two years by the MSS including two Aboriginal Cooperatives.



Eight regional Reading and Assessment Services. These services read images from multiple sites in their catchment area, including the MSS. Screening, Reading and Assessment Services provide all clinical services from the initial breast screen to any further procedures required to the point of diagnosis.

BreastScreen Victoria is proud to have developed strong relationships with both the public and private health service providers who manage the daily operation of the Screening, Reading and Assessment Services.

BREASTSCREEN VICTORIA TIMELINE

1987

A small breast cancer screening service begins at Essendon Hospital, one of ten 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 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

The Rose Clinic at David Jones opens.

2011

Appointments available online.

Service Model Renewal (SMR) project begins.

SMS reminders used for first time.

2012

\$1.5 million media campaign commences.

New BreastScreen Victoria website launched.

2013

Completion of DMP and SMR projects.

Electronic Records Management project begins.

Target age range extended to 50–74.

2014

70–74 age invitations commenced.

Launch of BreastScreen Victoria online newsroom.

2015

Screening target exceeded and a record number of women screened.

SCREENING, READING AND ASSESSMENT LOCATIONS



The maps show the location of BreastScreen Victoria services throughout metropolitan Melbourne and regional Victoria.

CHAIR AND CHIEF EXECUTIVE OFFICER'S REPORT

THOUGHT LEADERSHIP

Exceeding our performance targets and screening a record number of women are certainly proud achievements for BreastScreen Victoria in 2015-16 but of equal importance is our ability to be thought leaders in the field. Saving lives through the early detection of breast cancer is a goal that requires a commitment to continually reflect upon the way we deliver our service. With a screening cohort and an operating environment that continues to change, we need to be open and ready to implement new approaches which are both effective and sustainable. We must engage with new ideas – demonstrating not only a commitment to innovative thought but also to developing a set of best practices which turn these ideas into reality. A strong evidence base must always underpin our thinking.

Throughout the past year we have sought to identify and apply new evidence to improve women's experience and our performance across all areas of the Program. Improved data analysis, forming new alliances with other health service providers, watching and responding to developing research trends, expanding our digital media presence and using digital technology to change our clinical practices for the better have been the results of this approach.

As we continue to work towards increasing the participation of Victorian women, thoughtful innovation remains central to our function. We have trialled the use of behavioural insights to encourage screening, with the aim of understanding the processes behind women's decision-making. During 2015-16, three randomised control behavioural insight trials were undertaken, resulting in an estimated 1,800 additional women booking their first screening appointment. Due to the measurable success of these trials, we will continue to apply and evaluate behavioural insights principles across other areas of the screening pathway in coming months.

Finding innovative ways to increase the participation of traditionally under-screened groups has been a high priority for the Program, as these women are more likely to have later stage cancer diagnosis and therefore poorer outcomes. Opening dialogue directly with under-screened groups and forming partnerships with service providers is the way forward. The *Ophelia Project* run in partnership with BreastScreen Victoria, Deakin University and the Department of Health and Human Services commenced work this year with the intention of increasing the participation of Italian, Arabic and Aboriginal and Torres Strait Islander women in the north-west region. We look forward to the findings of this major project and will use the evidence to customise health promotion interventions for these under-screened women.

Recognising the need for improved access to screening for women with disabilities, we participated in the development of the *Overcoming the Barriers* training program, an online training module designed to assist disability support workers and carers facilitate supportive screening. Launched in February 2016, the program was funded by the Department of Health and Human Services and was developed by PapScreen Victoria and BreastScreen Victoria in partnership with Cancer Council Victoria and the Centre for Developmental Disability Health Victoria.

Direct connections with stakeholders and providers have continued to drive our health promotion work with LGBTIQ communities. BreastScreen Victoria in conjunction with PapScreen Victoria, was a sponsor of the Queer Film Festival and held a presentation about the importance of screening with printed information distributed to attendees. Work on achieving 'Rainbow Tick' accreditation for all BreastScreen Victoria services continued during 2015-16.

We are constantly reviewing the latest research in the breast cancer field and are evolving our business model to meet the changing clinical environment. In 2015-16 our Research Committee shared their expert knowledge and provided direction on important research projects. We are watching with interest developments in the research areas of Tomosynthesis, breast density and risk-based screening for population screening programs.

As our screening cohort responds to digital technology opportunities, we have experienced an exponential rise in the number of screening appointments booked online since the option was made available in 2011. Commencing at just 4% annually, now more than a third of all bookings are made online. This ongoing shift towards the digital sphere is front and centre of the work being done by our Communications and Recruitment team who are developing recruitment strategies specifically addressing the changing information consumption of our audience. As the way Victorian women consume information changes, so must we change the way we deliver information.



Professor Katherine McGrath
Chair, BreastScreen Victoria

THANK YOU

Our women – of all our stakeholders, it is to the women of Victoria that we send our most grateful thanks. Your trust, your feedback, your engagement in the Program as clients, volunteers, ambassadors and consumer advisors, remind us every day of the importance of the work that we do. We particularly acknowledge Sally Crisp, a long-standing ambassador and breast cancer survivor, who passed away in 2015.

Our people – the backbone of BreastScreen Victoria – deserve the highest praise for enabling the Program to reach its state-wide screening target whilst maintaining an exceptional level of client service. The expansion of the target age group to 74 years, the changed workflow resulting from the ERM project, the work that has gone into addressing under-screened groups along with many other demands throughout the year have been delivered with professionalism, commitment and teamwork by our staff at the Coordination Unit, the Mobile Screening Service and at the Reading, Screening and Assessment Services. Particular thanks to those who provide the important 'human face' of a woman's screening experience. We thank all our service partner organisations including our Rose Clinic hosts David Jones and Homes Glen TAFE. Special acknowledgement to our former Information Services Manager Jenny Brosi, who passed away during the year.

We extend our gratitude to the Board of Management and its Sub Committees for their knowledge and commitment to steering the organisation in a measured but forward-thinking manner. Our sincere thanks to the members of the Board who completed their terms during the year: Sue Viney, John Collins, Kerrie Milburn and Anne Cronin, who was the Treasurer of BreastScreen Victoria for many years. We also thank the volunteers who provided their expertise to Board Sub Committees: Sue Madden on the Finance and Audit Committee; Pip Hetzel on the Participation Committee and Caz Nickson, Dallas English, Ian Campbell, Darren Lockie, Helen Frazer and Bruce Mann on the Research Committee.

Our partners – thank you to the many individuals who have represented our peak cancer group partners (Breast Cancer Network Australia, Cancer Council Victoria, National Breast Cancer Foundation) and our service delivery partners at the Department of Health and Human Services (Screening & Cancer Prevention; Prevention, Population Primary and Community Health). Your ongoing support of BreastScreen Victoria has been invaluable and we look forward to working with you again in the coming year.

LOOKING AHEAD

As we head into 2016-17, we will continue to engage with new ideas – seeking innovations that deliver measurable improvements to both our service, and to women's experience of that service. We will increase online engagement with all stakeholders and will apply learnings from community engagement and behavioural insights principles more broadly to improve our understanding of the behaviour of under-screened women. Finally, we look forward to the completion of the large projects currently underway including *Ophelia* and ERM, which will help to shape our future direction and will enhance clinical practice.



Professor Katherine McGrath
Chair, BreastScreen Victoria



Vicki Pridmore
Chief Executive Officer



Vicki Pridmore
Chief Executive Officer

2015–2016 AT A GLANCE

BreastScreen Victoria screens women at **41 screening clinics** and in **24 towns and two Aboriginal Cooperatives** visited by the Mobile Screening service every two years.

REACHING WOMEN



2,313,485
website page views

September 2015 generated the most views with 225,012 alone. There were 216,309 website users.



44
community breast health awareness sessions held

Including 10 health expos and festivals.



1,281,445
letters, emails and SMS sent to women

These letters, emails and SMS include those sent to invite women to screen for the first time, remind women to rescreen, to confirm bookings and to provide results.



238,026
calls to the Contact Centre

This result is down 9.7% from the previous year due to the increasing uptake of online bookings. The average wait time for a woman to be connected was 0:00:09 seconds, down from 0:00:11 seconds in the previous year.

BOOKING APPOINTMENT



302,245
bookings made

Total bookings include both telephone and online bookings. Web bookings increased by 44.0% from the previous year. 33.5% of bookings (106,658) were made online, up from 24.3% in 2014–2015.

SCREENING



246,359
breast screens performed

Result is up 2.2% from the previous year and exceeded the target of 246,006 by 353. This number includes 2,419 Victorian women screened by BreastScreen NSW. 13.7% attended for their first screen and 86.3% attended for a subsequent screen.

ASSESSMENT¹



12,448
women were recalled to assessment

Of the 12,448 women recalled for further tests (assessment), 32.2% of women were attending for their first screen and 67.8% of women were attending for their subsequent screens.

CANCER DETECTION¹



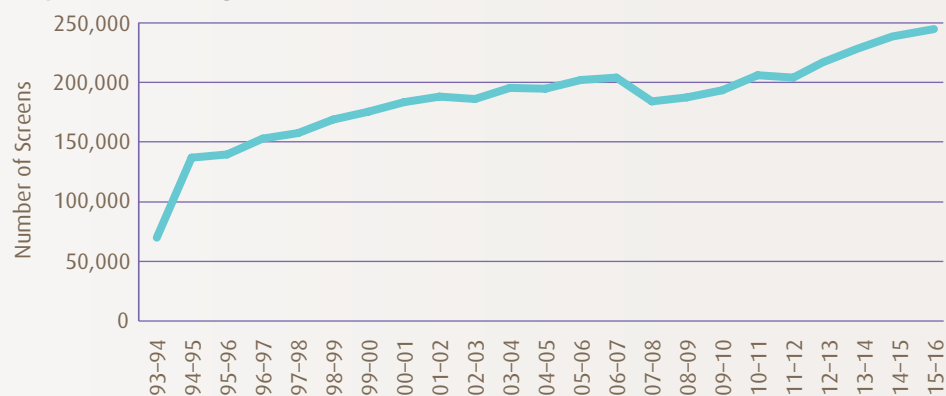
1,769
breast cancers diagnosed in 2014–15

Women diagnosed with breast cancer by BreastScreen Victoria are referred to their doctor or a breast clinic for treatment. BreastScreen Victoria collects information about a woman's diagnosis and treatment from her treating doctor. The most recent cancer detection data available is for women screened in 2014–2015. 79.5% (1,407) were invasive breast cancer and 20.5% (362) were DCIS.

¹ Excludes Victorian women screened in NSW.

23 YEAR HIGHLIGHTS

23 years of screening¹



4,272,068
Breast screens performed

Screens performed since February 1993.

32,861²
Breast cancers diagnosed

Cancers diagnosed from February 1993 to 30 June 2015.³

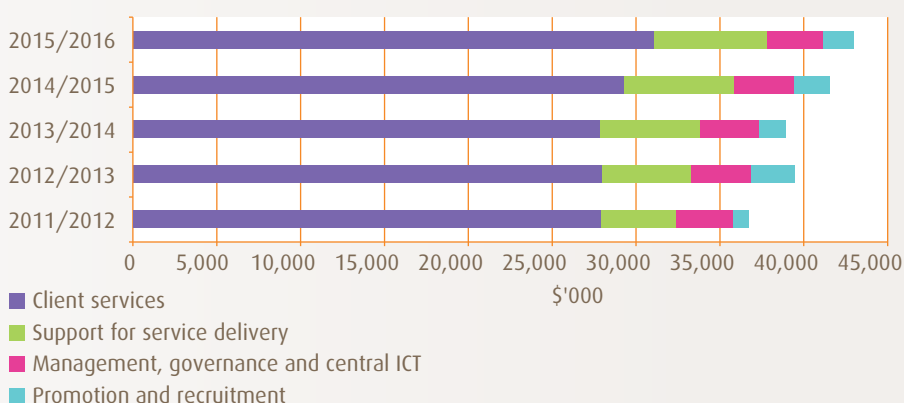
1. Excludes Victorian women screened in NSW.

2. Cancers include invasive and ductal carcinoma in situ.

3. The most recent cancer detection data is available for women screened in 2014-15.

FINANCIAL HIGHLIGHTS

	2015/2016	2014/2015	2013/2014	2012/2013	2011/2012
Breast screens	246,358	241,122	230,157	221,375	206,178
	\$	\$	\$	\$	\$
Client services					
Screening, reading and assessment services ¹	31,101,475	29,303,440	27,863,921	27,941,168	27,956,947
Support for service delivery					
Operational support ²	2,993,379	2,805,435	2,393,063	2,268,147	2,096,398
Registration and bookings	1,964,392	1,959,820	1,798,726	1,617,867	1,579,117
WAN ²	715,142	722,638	622,241	577,165	315,407
Depreciation-medical, digital ²	1,130,133	1,079,283	1,120,443	904,415	431,977
Management, governance, central ICT	3,266,909	3,549,683	3,566,839	3,555,542	3,388,442
Promotion and recruitment³	1,764,721	2,099,299	1,559,706	2,577,491	916,154



1. In 2013 BSV centralised contract, appointment and recruitment activities.

2. Increases reflective of digital environment.

3. Includes mass media campaign.

BreastScreen Victoria has continued its commitment to improved central coordination and investment in initiatives that support the improvement of quality and innovation. This has enabled BreastScreen Victoria to reach and deliver high quality services to a record number of women again in 2015/16.

BREASTSCREEN VICTORIA STRATEGIC PLAN 2014–2018



INCREASING PARTICIPATION

Increasing the proportion of women in the target population who are screened every two years is an important aim of the BreastScreen Victoria program. To do this we must provide high quality services that are inclusive and accessible to all women in the target age group.

RECRUITING WOMEN

Communications and recruitment strategy

The Communications and Client Recruitment strategy played an important role in raising awareness of the Program and encouraging participation by women in the target age group. Priorities for 2015–2016 were:

- the 70–74 campaign
- managing screening capacity
- the 9th and 10th phases of the mass media campaign
- increasing participation by underscreened groups

70–74 campaign

To help meet increased targets for screening women aged 70–74, the health promotion team is encouraging older women to screen. Activities included the distribution of BreastScreen Victoria's information resources to retirement villages, local council seniors groups, articles in relevant magazines and newsletters including: Seniors magazine, Country Women's Association, RSL, U3A and Centre for Adult Education.

Managing screening capacity

BreastScreen Victoria aims to maximise access to services for women in the 50–74 target age group across the state. To do this we negotiate and allocate screening targets across Screening Service Providers, Reading and Assessment Services and the Mobile Screening Service. Targets are informed by demographics

and population, demand, previous achievement and participation, screening capacity (previous and current), and planned service growth and development.

The BreastScreen Coordination Unit oversees the capacity of Screening Service Providers, Reading and Assessment Services and the Mobile Screening Service and works in partnership to support the achievement of agreed monthly and annual targets.

Each Screening Service Provider creates and monitors their appointment schedule for the year in the Program's central client management system (*Gecko*) to ensure they have sufficient appointments to meet their annual performance targets. Screening and Reading and Assessment Services also use the system to plan and monitor clinical demand.

Service Delivery staff work with the services to ensure sufficient screening appointments are available to achieve targets and to minimise wait times.

The Operations and Communications and Recruitment teams meet weekly to monitor achievement against targets by screening site, review the availability of screening appointments and discuss recruitment activities. The meetings identify sites where the uptake of appointments is slow. Recruitment activities then focus on the clinic's catchment areas, and may include promotional and media opportunities, outbound phone calls, letters, SMS and emails, as well as working with local health professionals to engage women to screen.

Mass media campaign

The mass media campaign continued with two advertising tranches in October 2015 and May 2016. TV, radio and online advertising targeted women aged 50–74 with ads also placed in local newspapers in areas with struggling demand. Marked increases in web bookings during the campaign indicate that online technology is increasingly being used by the target group. In 2015–16 there were 6,192 additional screens above the normal baseline as a result of the campaign.

Behavioural insights to encourage screening

Behavioural insights draw on research into behavioural economics and psychology to better understand processes behind decision-making. Following a comprehensive literature review of evidence

HIGHLIGHTS

246,359

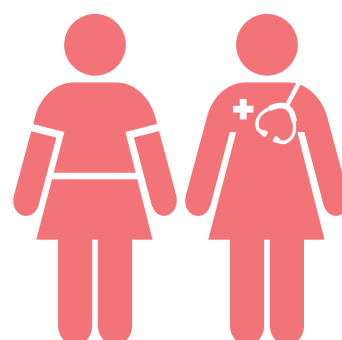
women were screened, an increase of 5,237 on the previous year. This result represented 101.1% of our performance target of 246,006 screens.

106,658
online bookings



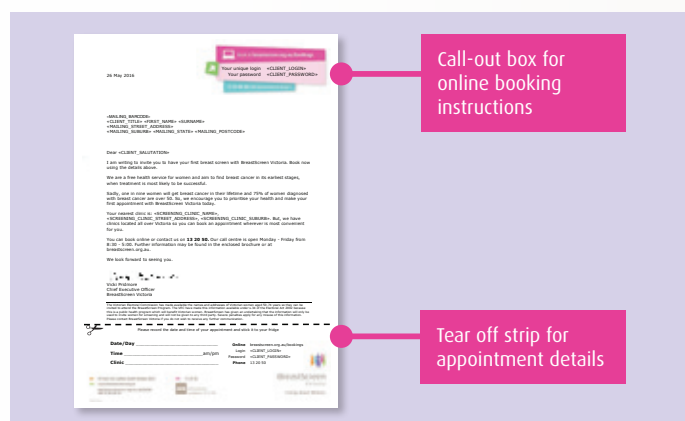
472

women aged 70–74 joined the Program. A total of 27,566 women aged 70–74 screened in 2015–2016. These numbers include Victorian women screened in NSW.



in the field of behavioural economics and breast screening, BreastScreen Victoria trialled the use of behavioural insights to:

- **Encourage first-time screeners** – improving the response rate of women invited for the first time through the electoral roll. A series of three randomised control trials tested women's responses to different screening invitation letters. The trials found that a 'planning' first invitation letter significantly outperformed other approaches, increasing screening by 17%. As a result of the combined efforts of the three trials, it is estimated that an additional 1,800 women booked first screening appointments.
- **Improve rescreen rates** – improve the response rate of women being reinvited for their second screen. A randomised control trial tested response rates to differing styles of letters, emails and text message invitations. This trial, undertaken in partnership with BreastScreen Tasmania, found there was no evidence that varying the form of the email, SMS or letter increased women's propensity to book.
- **Data analysis model** – estimates the probability of a first-time screener returning for her second screen, by the clinic she attended and by the mammographer who completed her screen.



Revised 'planning' first invitation letter

The 'planning' letter and a behaviourally-informed third reminder letter have been introduced as standard practice for inviting electoral roll women for their first screen.

We plan to continue trialling changes to letter design, messaging and incentivisation, and apply behavioural insights principles to other aspects of the BreastScreen Victoria program to increase the number of women attending for screening.

The results of the ER1 and ER3 trials were presented at *Symposium Mammographicum* in the UK in July 2016 by CEO Vicki Pridmore.

IMPROVING ACCESS FOR UNDERSCREENED GROUPS

Aboriginal women, women from culturally and linguistically diverse (CALD) backgrounds, women with disabilities and LGBTIQ women have lower participation rates in screening. Women from underscreened groups are more likely to be diagnosed with cancer at a later stage and have poorer outcomes. BreastScreen Victoria is committed to improving participation rates for these underscreened population groups.

Supporting CALD health workers

BreastScreen Victoria continued its successful partnership with Cancer Council Victoria and PapScreen Victoria to deliver cancer screening education to CALD communities. Forty seven participants attended a two-day training workshop, and 16 organisations received a small grant. The grants enabled these organisations to promote cancer screening to their clients through a variety of initiatives including:

- CALD media
- Familiarisation visits and group bookings to BreastScreen clinics
- Women's health information sessions. Around 400 women attended these cancer screening promotional activities, representing over 20 different CALD communities. Participants were provided with culturally-appropriate information and an opportunity to book an appointment.

Networking with local councils and CALD agencies provided an effective channel for promoting key messages, particularly during Cultural Diversity Week and International Women's Day.

Throughout the year, 18 breast health information sessions were held for CALD women, six CALD events were attended featuring BreastScreen information, and two group bookings were made.

Around 20 translators and interpreter staff were provided with training on the BreastScreen program and how best to assist women at screening and assessment appointments.

Chinese speaking GPs were trained in providing culturally appropriate breast screening information to patients.

The *Ophelia Project*, a partnership between BreastScreen Victoria, Deakin University and the Department of Health and Human Services, commenced this year with the aim of increasing breast screening participation and improving the breast screening experience for Italian, Arabic and Aboriginal and Torres Strait Islander (ATSI) women in the north-west of Melbourne. The project will: identify barriers to breast screening with these groups of women, develop strategies to address these barriers, and trial and evaluate these strategies to identify which are the most effective in increasing participation.

The first stage of the project's needs-assessment involved meeting with members of the Italian and Arabic communities. These groups provided advice on appropriate strategies to recruit women to the project. Similar consultation will occur with Aboriginal communities. The next stage of the project will survey Italian, Arabic and ATSI women to identify their barriers to screening.

Working with Aboriginal and Torres Strait Islander communities

BreastScreen Victoria's Aboriginal Health Promotion Officer worked in partnership with the Aboriginal Community Controlled Health Organisation and Cancer Council Victoria to improve participation in screening by Aboriginal women.

In 2015–2016, activities included:

- Providing resources and taking bookings at four *Sisters Day Out* programs.
- Attending Aboriginal and Torres Strait Islander Health days at Sunbury, Ballarat and Croydon.



Nan, Auntie, Mum project community members Auntie Faye Van Ereken (front) with (back L-R) Kellie Tranter, Crystal Harris, Terori Hareko-Samios and Lexine Solomon.

- Breast health and screening presentations to Bendigo Aboriginal Cooperative health workers, Victorian Aboriginal Health Service Health workers, Deakin Institute of Koorie of Education nursing students, VACCHO Certificate IV in Primary Care students.
- Coordinating regular group bookings with the Mobile Screening Service in Orbost (Moojgi Aboriginal Health Service), Sunbury (Sunbury Community Health) and Swan Hill (Mallee District Aboriginal Service) and Murray Valley, Bendigo (Bendigo District Aboriginal Cooperative) and St. Vincent's (Victorian Aboriginal Health service).
- The Mobile Screening Service (MSS) returned to Rumbalara in December 2015, with a similar model to the pilot in 2013. A Rumbalara Healthy Women's Day was organised at same time as the MSS visit. During the MSS visit, 34 women screened; 13 first-time screeners and 21 women returning for a subsequent screen.
- Partnering with Cancer Council Victoria to provide training on cancer screening to Aboriginal Health workers in Melbourne, Sunraysia and Bairnsdale. Following the Sunraysia training, the Murray Primary Health Network worked with BreastScreen Victoria and local health agencies to run women's health days to promote cancer screening. These days were very successful at Swan Hill, Mildura and the Murray Valley Aboriginal Cooperative.
- Two presentations were given at the World Indigenous Cancer Conference in Brisbane; Health Promotion Manager Nikki McGrath, *It's time for your next breast screen: transitioning from pilot to sustainable screening model – mobile van at Rumbalara, Shepparton* and Aboriginal Health Promotion Officer Anne O'Callaghan, *Applying an integrated strategy to increase breast screening for Aboriginal and Torres Strait Islander women in Victoria*. Nikki McGrath also presented at the Australia Health Promotion Association conference, *Agile approach to BreastScreening Aboriginal women: from pilot to sustainable screening mode*.



BreastScreen Victoria Aboriginal Health Promotion Officer, Anne O'Callaghan and Ngahina Waretini, Health Promotion Worker, Women's Health West at Naidoc Week celebrations in Wyndham Vale.

- *The Nan, Auntie, Mum: you are a treasure to our family* project is a collaboration with Women's Health West and Aboriginal community members in Melbourne's west. The project aims to respect the principles of cultural safety and advocate for quality services, while helping to identify barriers facing Aboriginal women in accessing screening services and raising awareness of breast screening. Information sessions and familiarisation visits to BreastScreen clinics were held during the year, followed by group bookings to help reduce cultural barriers for Aboriginal and Torres Strait Islander women.

Improving access for women with disabilities



L-R Front: Rachel McDonald, Rachel Mulqueeney, Hiranthi Perera, Nikki McGrath, Dr Beata Leuner, Lucy Forwood, Jenny Cassidy and Dr Jane Tracy at the launch of the *Overcoming the Barriers* online training program in February 2016.

Women with disabilities have the same need for, and right to, cancer screening as other women however, they face additional barriers to accessing services. Disability support workers and family members can play a crucial role in supporting screening.

Funded by the Victorian Department of Health and Human Services, the *Overcoming the Barriers* online training modules were developed by PapScreen Victoria and BreastScreen Victoria, in partnership with Centre for Developmental Disability Health Victoria and Cancer Council Victoria. BreastScreen Victoria and Cancer Council Victoria facilitated an *Overcoming the Barriers* workshop for representatives of disability service agencies at Epping in July 2016.

BreastScreen Victoria worked with Merri Health to promote screening to female residents in Supported Residential Services. Many of these residents have long-term disabilities, particularly affecting cognitive function. Promotion activities included breast health information sessions for residents and facilitation of group bookings.

Rainbow tick

BreastScreen Victoria is committed to achieving Gay and Lesbian Health Victoria's Rainbow Tick accreditation for its services. The Rainbow Tick documents a clear accreditation pathway that organisations can follow to demonstrate LGBTIQ inclusive practice and service delivery. Lesbian and bisexual women in the target age group are significantly less likely to have regular breast screens

than other women. For the fifth consecutive year, BreastScreen Victoria sponsored a session at the Melbourne Queer Film Festival together with Pap Screen Victoria, which was attended by approximately 350 women. A flyer, promoting bowel, breast and cervical screening was distributed to attendees, and CEO Vicki Pridmore gave a brief presentation.

KEY INDICATORS

Screening 2015–2016¹

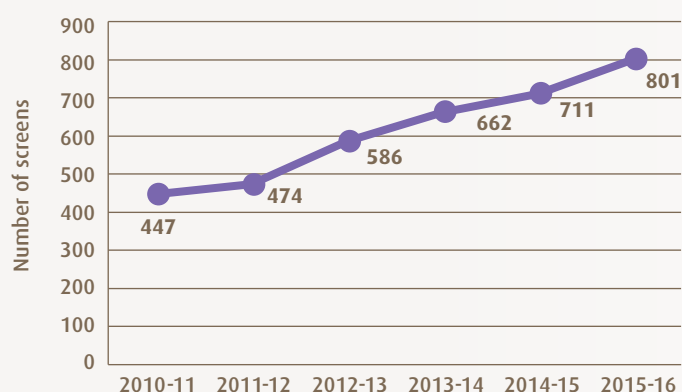
Service	All women	50–69yrs	70–74yrs	Aboriginal women ²	Culturally and linguistically diverse women ³
North Western	42,119	33,050	3,944	100	15,441
Monash	52,572	40,955	6,009	89	12,536
Geelong	18,492	14,182	2,462	77	973
St. Vincent's	53,328	42,354	5,441	181	11,384
Maroondah	33,507	26,274	3,749	52	6,025
Grampians	12,830	9,600	1,584	74	228
Gippsland	15,337	11,894	1,966	82	472
Bendigo	15,755	11,879	2,044	146	436
TOTAL	243,940	190,188	27,199	801	47,495

1. Table excludes Victorian women screened in NSW

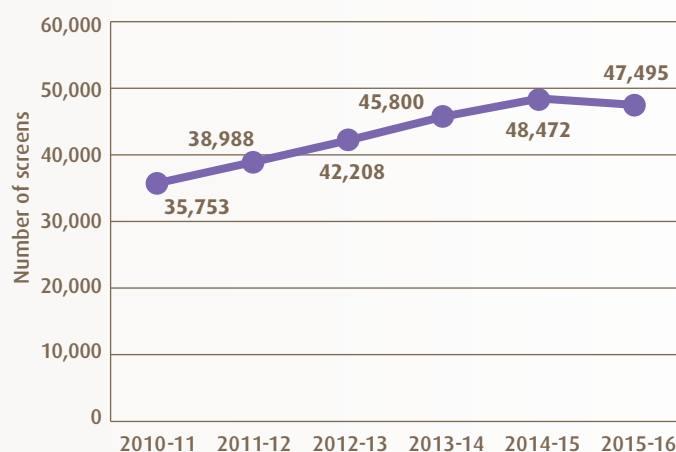
2. Women who self-identify as Aboriginal and/or Torres Strait Islander.

3. Women who self-identify as speaking a language other than English at home.

Aboriginal and Torres Strait Islander women screened by year



CALD women screened by year



RESEARCH

With a growing awareness in the community about the risk factors associated with breast cancer, BreastScreen Victoria is constantly reviewing the latest research and evolving its business model to meet the expectations of well-informed women.

BreastScreen Victoria's Research Committee, which includes Board members and external experts in breast cancer research, brings the latest knowledge and provides direction regarding our involvement in research projects. The following are important examples of current research projects.

HIGHLIGHTS

Tomosynthesis

Tomosynthesis is a form of mammography that takes multiple X-ray pictures of each breast from many angles, which it then uses to create a 3D image of the breast. It is becoming the standard breast imaging technique in the diagnostic setting.

BreastScreen Victoria has been working since 2013 to evaluate the efficacy of tomosynthesis in assessment within the B Program and the impact on the statewide infrastructure necessary to support

routine use of tomosynthesis images. While tomosynthesis is currently only approved by BreastScreen Australia for deployment at the assessment stage, BreastScreen Victoria is also pursuing funding to undertake a trial of the technology at the screening stage.

Tailored screening

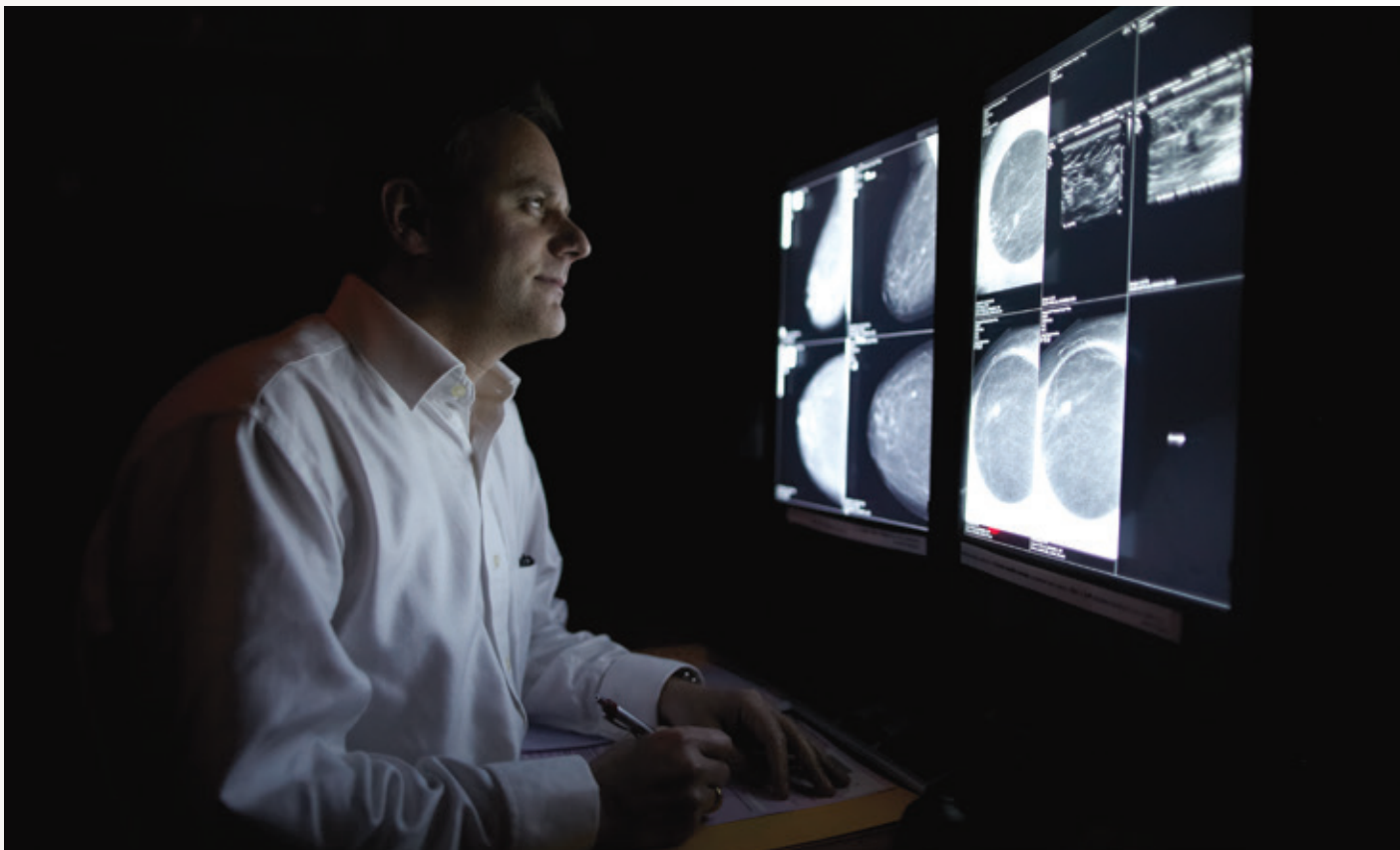
Tailored screening is a potential approach to population screening that could replace the default two-yearly screening with a model that offers the most appropriate screening regime for a woman depending on her level of risk for breast cancer.

The major factors that a tailored screening program might incorporate include personal genetic factors, family history and breast density.

BreastScreen Victoria has engaged a part-time project officer for 12 months to develop a research methodology and apply for funding to enable a trial of this tailored approach. This will help BreastScreen Victoria to decide how it could incorporate the approach into the screening program.

Breast density

Breast density is an important risk factor for breast cancer, however, there would need to be an automated system for measuring and reporting breast density if it were to be used effectively in the BreastScreen Victoria program. We are currently involved in a number of trials to validate available software packages and explore how they might be integrated into the normal screening experience.



Dr Mark Holland, Radiologist, Monash BreastScreen.

CLIENT-CENTRIC CARE

Client-centric care means developing a collaborative, respectful and authentic partnership with the women who use our program.

CLIENT-CENTRIC CARE PROJECT

Ensuring that each woman receives the best possible care when she visits or connects with BreastScreen Victoria is a core element of our values and a focus of the strategic plan. A Client-Centric Care project was undertaken during 2015–16 to help achieve this. As part of the project, a consultant spoke with clients and took BreastScreen Coordination Unit teams through a thought-provoking workshop to consider what constitutes ‘best care’ at BreastScreen Victoria and to develop goals. To achieve these best care goals, BreastScreen Victoria will work on several pillars for change:

- **partnering** with women
- **leadership** and **culture**
- **supporting** positive people
- **pursuing high performance** and **innovation**.

MEASURING CONSUMER SATISFACTION

The fourth annual Consumer Satisfaction Screening Survey was conducted in May 2016. This survey included additional qualitative information that identified the service attended. The program maintained an exceptional level of service during 2015–16.

Key findings included:

- Overall, BreastScreen Victoria continues to provide a consistent and high standard of service to Victorian women, with 98% of women highly or somewhat satisfied, 99% of women intending to return in two years and 92% extremely likely to recommend a breast screen to female family members and or/friends.
- 82% repeat attendees are prompted to book an appointment when they receive a reminder letter from BreastScreen Victoria.
- 32% of first time visitors are prompted by a letter from BreastScreen Victoria. Instead, for first-time visitors the top three influencers are:
 - Recommendation from doctor (29%)
 - Friend/relative (18%)
 - Self-referral (18%)

BreastScreen Victoria's first Assessment Survey was distributed to 2,327 women who attended an Assessment Clinic between January and April 2016, with a response rate of 38%. Results will be available later in 2016.



PARTNERING WITH WOMEN TO IMPROVE QUALITY

A consumer roundtable was held at Maroondah BreastScreen in February 2016. Consumers worked in partnership with service staff to identify factors that would contribute to a good clinic atmosphere, and those that would make women feel more at ease during the screening procedure. From these factors, the participants identified potential service improvements. Their recommendations were discussed with service staff, and the following priority actions were identified:

- Improved information for women about pain on compression and that they could ask the radiographer for the procedure to be stopped and at any time if they experience pain.
- Provide changing facilities within the mammography room.
- Trial playing soft music and providing additional information in the waiting room.

'Screening is an uncomfortable thing. But if the radiographer tells you exactly what's happening, you feel more comfortable. Friends who said they didn't feel comfortable have said they also felt pain.'

BreastScreen Consumer



Consumers and staff attending the Maroondah BreastScreen consumer roundtable held in February 2016. Back (L-R): Fiona Cooper, Denise Brown, Anne Hodgson, Michelle Clemson (Program Manager), Janis Uhe (Radiographer), Gillian Simons, Judy Munro (Data Manager). Front: (L-R) Silvia McRoberts, Elaine Atkins, Lorraine Houten, Clare O'Halloran (Health Promotion Officer, Coordination Unit).

HIGHLIGHTS

33,533

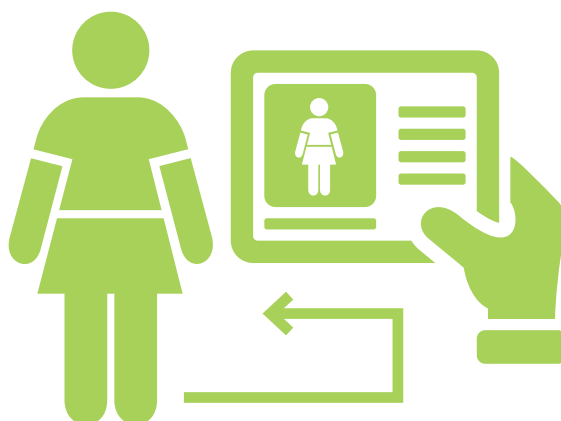
(13.7%)

of first screeners returned for their second screen

210,407

(86.3%)

of subsequent screens returned for their next screen.



Rescreen rates for CALD women were 6,919 (14.6%) first and 40,576 (85.4%) subsequent screens

Rescreen rates for ATSI women were 183 (22.8%) first and 618 (77.2%) subsequent screens

IMPROVING OUR QUALITY

BreastScreen Victoria’s systems and BreastScreen Australia’s National Accreditation Standards are designed to give women confidence that cancer will be diagnosed in a timely fashion, and that well women will not be unnecessarily inconvenienced in the process.

It is important for women to have a good experience at the breast screening stage so that they will return for their next breast screen two years later. For those women recalled for further assessment, the service must be respectful and effective.

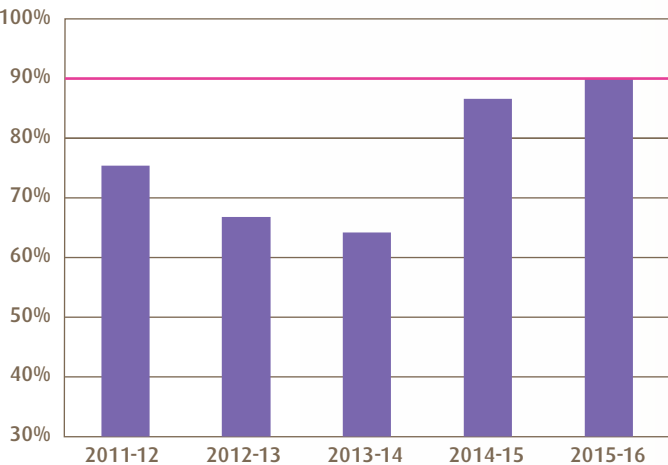
In a year of significant changes in the operational environment and the national accreditation system, BreastScreen Victoria’s services have made substantial advances in delivering quality services and meeting the National Accreditation Standards (NAS).

BreastScreen Victoria’s strong performance in cancer detection means that women can be confident in this core aspect of our service. Based on the latest available figures, each of the eight services met the national benchmarks for detection of invasive cancers and of small cancers, a key objective of the BreastScreen Program.

In 2015–16, for the first time, 90% of women needing assessment were assessed within 28 days of screening (see figure below). Timeliness from screening to assessment is a Level One national standard that is always a challenge to meet due to the high demand for experienced BreastScreen radiologists. This improvement is the result of a significant statewide effort where services have worked hard to ensure they have an engaged reading workforce, sufficient scheduled resources, and continual skills development.

In March 2016, St. Vincent’s BreastScreen was granted full accreditation by the National Quality Management Committee (NQMC), a status upgrade that reflected major advances in meeting the national standards, particularly on timeliness. North Western, Grampians and Maroondah were also recognised for their strong performance and were granted a further four years of full accreditation during the year.

Percentage of women assessed within 28 days of screening, by financial year



Back (L-R): Radiography Quality group: Monique Warrillow, Stephanie Tamblyn, Sue Macaulay, Laticia Schilder, Jane Brooks. Front (L-R): Sue Ross, Lucy Hannay Robertson, Janis Uhe, Jayne Mullen. Absent: Liz Stewart & Kylie Kent.

QUALITY GOVERNANCE

The Quality Unit was further strengthened by the appointment of Monique Warrillow to the position of State Radiographer; she brings many years of experience from St. Vincent’s and other screening services in Victoria. The Radiography Quality group – and all radiographers at Screening Service Providers across the state – have risen to the challenge of tougher national standards. We have seen a reduction in the average number of images taken per women, which means a safer and more comfortable experience for women.

BreastScreen Victoria places great value on its collaborative working relationships with service providers. The Service Quality Committees in each service constantly challenge the status quo and strive for improvement, and the inclusion of senior staff from the BreastScreen Coordination Unit helps to build an appreciation of the challenges in each region. We are grateful for the contribution of numerous individuals to the professional Quality Groups, the Operational Quality Committee and the State Accreditation Committee. The Board’s Quality Improvement Committee also provides strong direction and oversight of our Quality Improvement Program.

‘By focussing carefully on each step of the woman’s journey with us, we’ve built a shared understanding of what it takes to deliver the best possible service for women. We’re also very clear on which team member is accountable at each stage; this has advanced our performance in providing timely assessment and results.’

Dr Helen Frazer, Clinical Director,
St. Vincent’s BreastScreen

‘Strong collaboration between all of the key players has helped Gippsland BreastScreen secure an engaged and committed radiology workforce. With close monitoring and regular meetings between the Gippsland BreastScreen team, senior hospital executives, our radiology partner and the BreastScreen Coordination Unit, we’ve been able to increase reading and assessment capacity and meet critical national timeliness standards.’

Claire Kent, General Manager Acute Services,
Latrobe Regional Hospital

Nationally, BreastScreen Australia has introduced major changes to the accreditation system. BreastScreen Victoria has made an important contribution to this major change that will broaden the national focus from accreditation to quality improvement. The changes affect all services, particularly Gippsland and Monash, which are both due for a survey visit next year. BreastScreen Victoria is grateful for the contribution that all services have made to this major change project.

Also at the national level, the BreastScreen Victoria Director Quality, Genevieve Webb, served as a member of the National Quality Management Committee, gaining a valuable perspective on the national program, while CEO, Vicki Pridmore, has forged strong relationships with BreastScreen partners in other jurisdictions, which helps to inform our quality improvement program.



The Quality Unit: (L-R) Back: Manager Quality, Planning and Research, Jules Wilkinson; Director Quality, Genevieve Webb, Front: State Radiologist, Jill Evans; State Radiographer Monique Warrillow. Absent: Sally Younes, Quality Support.

IMPROVING BUSINESS SUSTAINABILITY

ELECTRONIC RECORDS MANAGEMENT PROJECT

The Electronic Records Management (ERM) project aims to move BreastScreen Victoria into a fully digital environment, with streamlined processes that improve the efficiency and quality of data management.

Project objectives are to:

- capture data online
- remove the need to create, manage and retrieve paper client files
- streamline management processes

The ERM project commenced in March 2013, and is expected to run until mid-2018. The project comprises upgrades to BreastScreen Victoria's client information system, *Gecko*, deployed across all screening sites.

The project completed Stage 3A in November 2015, providing Services with the ability to scan into *Gecko* the files of women attending screening who were recalled to an assessment clinic in the previous eight years.

Key benefits

The key benefits delivered by Stage 3A were:

- The radiologist reading a woman's mammogram can view her previous assessment information electronically;
- Removing the need to send paper client files outside the Reading and Assessment Service (RAS) when remote reading is required;
- Reducing unnecessary recall to assessment;
- Client files that have been scanned will not need to be retrieved in the future;
- Enabling the future transition to fully electronic (paperless) client files.

Other improvements

- Ability to create ad-hoc letters, emails and SMS from the Coordination Unit, with copies stored in *Gecko*;
- New functionality to track client's prior images between the screening service and the RAS;
- Letters to clients confirming screening appointment details automatically generated;
- For a new BreastScreen client, a 'notes' screen presents a consolidated view of all progress and management notes.

Stakeholder Consultation

The success of the ERM project is largely due to the many hours of consultation generously provided by subject matter experts from both the BreastScreen Coordination Unit and the Services. Several stakeholder working groups met regularly to develop assessment form scanning processes.

ERM Stage 3A at Maroondah BreastScreen

Minimising the number of women unnecessarily recalled to assessment is a priority for all BreastScreen Victoria Services. Stage 3A of the ERM project introduced new technology to help lower recall to assessment rates.

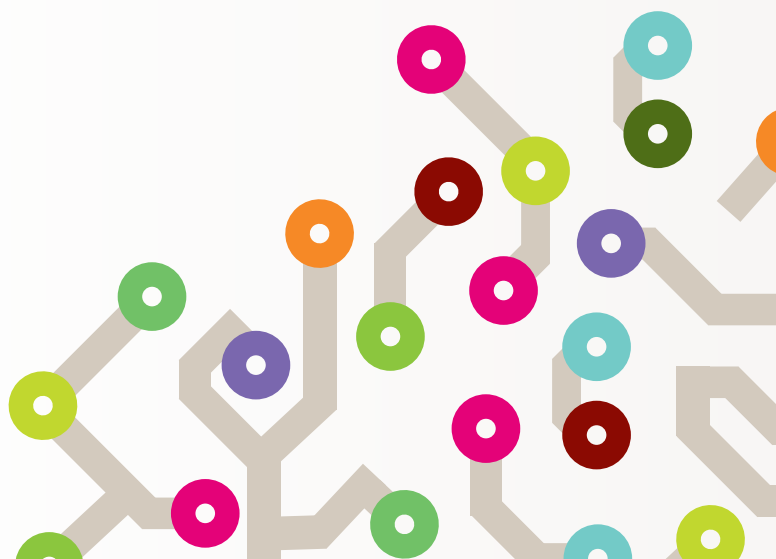
Stage 3A provided Services with the ability to electronically scan the entire file of women booked for a screening appointment who had previously attended an assessment appointment. The scanned documents can then be accessed electronically by radiologists during their reading sessions.

In the initial stages it was challenging for Maroondah BreastScreen data staff to complete the required scanning in a timely manner. However, working closely with the ERM team, it was realised that there were particular times during the week when assessment scanning could be completed by two data staff members working together. The ERM team secured funding for a second scanner and upgraded the software to allow two scanners to operate simultaneously, significantly increasing the scanning throughput at Maroondah.

Maroondah BreastScreen radiologists have indicated that the availability of prior assessment information has helped them to reduce the number of women they have recalled to assessment.

While there are a number of factors involved in reducing unnecessary recall, the implementation of this new technology has provided the Services with the opportunity to reduce client anxiety associated with attending assessment appointments unnecessarily.

Michelle Clemson,
Program Manager,
Maroondah BreastScreen.





(L-R): Electronic Records Management (ERM) Senior Project Manager, Greg Maudsley; Maroonadah BreastScreen Program Manager Michelle Clemson and Data Manager Judy Munro; ERM Learning and Development Trainer Flynn Shulstad.

Project timeline

1A Screening (2014)	1B Reading (2014)	2 Registration & Policy (2015)	3A Assessment Form Scanning (2016)	3B Distributed Reading & Family History (In progress)	4 Online assessment (In progress)
<ul style="list-style-type: none"> • Paper radiographer form replaced by online data entry • Online data entry improvements • 70-74 policy change implemented 	<ul style="list-style-type: none"> • Improved process of allocating readings • Paper reader form replaced by online data entry • Improved reader workflow 	<ul style="list-style-type: none"> • Registration processes improved to allow client information to be captured during online booking and by the Call Centre • Eligibility policy changes implemented 	<ul style="list-style-type: none"> • Paper assessment forms scanned into <i>Gecko</i> 	<ul style="list-style-type: none"> • Capability for radiologists to read images outside their 'home' service • Family history policy changes implemented 	<ul style="list-style-type: none"> • Paper assessment forms replaced by online data entry • Assessment letters to clients and GPs automatically generated

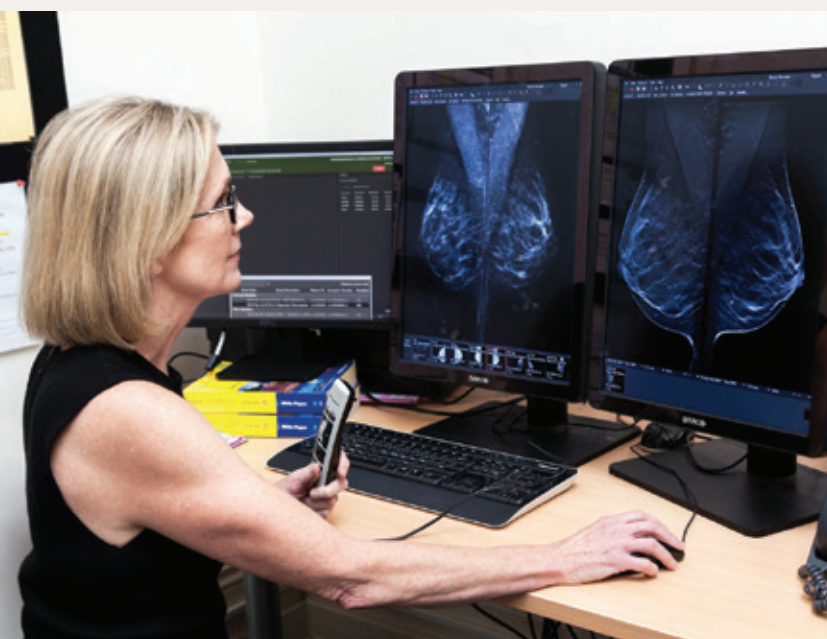
THE YEAR IN PICTURES



Bendigo Program Manager Eliza Alford with staff. (L-R): Front row: Kay Henthorn, Kath Murley, Naomi Sutton. Back row : Jenni Clohesy, Julie Fletcher, Eliza Alford.



St. Vincent's BreastScreen Clinical Director Dr Helen Frazer and Program Manager Victoria Clifforth, Victoria Williams, Helen Frazer, Sue Macaulay. Middle row: Sarah Deed, Louise Danielle Lewis. Back Row: Annie Shaw, Benjamin Camm, Derrelyn Yin, Tracey Purcell,



Clinical Director Geelong BreastScreen, Dr Linda West

Below: Maroondah BreastScreen senior staff (L-R) Dr Darren Lockie, Director and Designated Radiologist, Ms Michelle Clemson, Program Manager and Mr David Stoney, Designated Surgeon.



Health Promotion officers Claire O'Halloran and Annie Cooper and Call Centre staff Lucy Marchesani and Gina Asdagi attended the Go Girls Night Out event which raised funds to assist disadvantaged women in finding employment. BreastScreen hosted an information stall on the night, which attracted many enquiries and bookings.

St. Vincent's radiographers Ellice Cowell and Sarah Dunn. Sarah presented a poster on assessing image quality at Symposium Mammographicum in 2016.





Victoria Williams with service staff. (L-R): Front row: Annie De Leonardis, Fiona Walsh, Judith Kovacs, Sara Dunn, Paz McKeown.



North Western BreastScreen Clinical Director Dr Allison Rose and Program Manager Victoria Cuevas and staff. Front row (L-R): Arlene Mou, Fran Mason, Margaret D'Elia, Karen Brown, Jessica Smalley. Back row (L-R): Jillian Lee, Bryan Mason, Susy Alessandri, Jenny Ellis, Olga Papazoglou, Li Lay, Marleena LoPizzo, Victoria Cuevas, Allison Rose, Bronwyn Chapple, Lucy Hannay Robertson, Brenda McDonald, Jenny O'Connor, Jeffrey Lai.



Health Promotion manager Nikki McGrath and Health Promotion Officer Anne O'Callaghan provided information and booked screening appointments at the National Breast Cancer Foundation's 2016 Mother's Day Classic event in Melbourne.



Mobile Screening Service (MSS) radiographers Rosamund Garvie and Paula Lawrence provided screening services to around 2,000 local women at Swan Hill during March 2016. *Photo courtesy of the Swan Hill Guardian.*

Staff at Horsham BreastScreen. (L-R): Radiographer Helen Bryan, receptionist Leanne Mills, and radiographers Kristy Paine and C M R Sadana. *Photo courtesy of the Wimmera Mail Times.*



Mammographer Natasha Cameron, McGrath Breast Care nurse Louise James and radiologist Dr Michael Shepherd with the new mammography machine at Mildura BreastScreen. *Photo courtesy of the Sunraysia Daily.*



WORKFORCE DEVELOPMENT

Graduate Diploma of Mammography

A Graduate Diploma of Mammography (GDM) has been developed by BreastScreen Australia in collaboration with the Australian Institute of Radiography and the Commonwealth Department of Health and Ageing to help meet a shortage of mammographers in the Program. The one-year postgraduate course offers a new pathway for radiographers, and for people with a health or science background and an interest in radiography. The course is offered by distance education by Charles Sturt University and includes clinical placements where the student must be initially supervised and trained by a BreastScreen Designated Radiographer.

Nurse Alice BurrIDGE applied for the GDM in 2015. Senior staff at St. Vincent's BreastScreen provided Alice with training in all aspects of breast imaging offered by the Service. Alice was also employed as a Nurse Counsellor in the assessment clinic. After successfully completing the GDM course in 2015, Alice was offered employment as a mammographer and Nurse Counsellor by St. Vincent's BreastScreen.

Leadership group

BreastScreen Victoria embarked on a leadership program with the objective of supporting and inspiring the Executive and Managers to motivate and to engage people with BreastScreen Victoria's vision for the future. The first initiative of this program was the establishment of the Leadership Team. The Leadership Team facilitates discussion and informs decision making in the context of the agreed values and culture, with the purpose of delivering BreastScreen Victoria's strategic and operational objectives.

The program includes a development stream which will explore how to create and lead positive workplace cultures. In addition, the Leadership Team will be provided with tools to enhance their leadership skills, knowledge and practice. The program also includes mentoring and other training opportunities.

'I am passionate about women's health and have strived to make this a focus throughout my career as a nurse. It is this, along with my support of the BreastScreen program and desire to expand my knowledge and employment opportunities that inspired me to study the GDM. I am fortunate to have received such outstanding support and mentoring from the staff at St. Vincent's BreastScreen. My aim as a mammographer is to consistently produce technically good images while at the same time treating each woman with care; making them feel respected and confident in the BreastScreen program.'

St. Vincent's BreastScreen Mammographer and Nurse Counsellor Alice BurrIDGE.



Mammography training online

The BreastScreen Victoria Radiography Training Centre (RTC) launched *Mammography Online* in mid 2016. The online program replaced the face-to-face academic program that radiographers completed as part of the training required for the Certificate of Clinical Proficiency in Mammography (CCPM).

Benefits of the online program for learners include:

- the flexibility of studying where and when they chose, with easy access from all locations across Australia;
- the ability to learn at their own pace and be supported throughout the course;
- no additional time required away from work to travel to attend training.

Clinical training continues to be conducted at the RTC in Moorabbin. All participants are now required to register and commence the *Mammography Online* program before they are offered a place in the clinical program.

There are 36 radiographers enrolled in the *Mammography Online* course this year. All should complete the course within a year. Staff at the RTC will continue to improve and expand the training programs offered in *Mammography Online*.

Radiographer Continuing Education

Each Reading and Assessment Service provides quarterly Radiographer Education meetings for all radiographers in their catchment. These meetings offer BreastScreen Victoria radiographers the opportunity to learn about new and emerging technologies and research findings in the areas of breast cancer detection and treatment, program and policy updates, positioning and communication, and the opportunity to network and share skills and experiences with their peers.



Tutor Radiographer Jayne Mullen demonstrates the *Mammography Online* program to State Radiographer Monique Warrillow.

RELATIONSHIPS

BreastScreen Victoria aims to be a trusted source of advice on breast cancer to women and health professionals. We work with the media and other groups including members of parliament, government, and health professional organisations to increase awareness and participation in the Program.

MEDIA

BreastScreen Victoria aims to move to a sophisticated, integrated program of media activities across traditional and digital media platforms. Less emphasis will be placed on costly television and print advertising, with a shift towards an integrated and targeted model of communications and recruitment to remove the 'mass' from its campaign efforts.

In 2015–16, one third of all bookings for appointments with BreastScreen Victoria were made online with the organisation operating a 'passive' social media profile with content going out through Facebook and the Newsroom within the BreastScreen Victoria website. That conversation is now steadily opening up to a two-way dialogue between BreastScreen Victoria and its audience and stakeholders. Content, while still conscious of key messages such as '1 in 8', is focusing on breaking down potential barriers to screening and looking towards the well-being movement.

SUPPORTING HEALTH PROFESSIONALS

A recommendation from a health professional, including a GP and/or a Practice Nurse, is invaluable in ensuring women prioritise breast screening. 86 per cent of Australian women have visited a General Practitioner in the last 12 months, and evidence shows that women are much more likely to take part in screening programs if it is recommended by their GP. Currently 10 per cent of women booking a breast screen reported that their GP or Practice Nurse had prompted their decision.

While online education continues to grow, face-to-face professional development remains an important strategy for supporting health professionals. During 2015–16, education sessions aimed at practice nurses and overseas trained and rural GPs were run in partnership with Family Planning Victoria, University of Melbourne, Jean Hailes for Women's Health and Melbourne Sexual Health Centre. BreastScreen Victoria continues to engage with key partners such as Primary Health Networks, Breast Cancer Network of Australia and Cancer Council Victoria to ensure we are supporting health professionals to encourage cancer screening. A stakeholder e-newsletter continues to be an important channel for providing information and news to health professionals. It is emailed quarterly to about 500 primary care organisations and local councils.



The Hon. Jill Hennessy MP, Minister for Health and Minister for Ambulance Services officially opened BreastScreen Victoria's fortieth permanent screening clinic in Sunbury on 4 April 2016. Sunbury and surrounding towns Kyneton and Gisborne were previously visited by the Mobile Screening Service. (L-R) BreastScreen Victoria CEO Vicki Pridmore, Lake Imaging General Manager, Craig Lightfoot; Minister for Health and Minister for Ambulance Services, the Hon. Jill Hennessy MP and Member for Sunbury, Josh Bull in the mammography room at BreastScreen Victoria's new clinic at Sunbury.

WORKING WITH MEMBERS OF PARLIAMENT



(L-R): Member for Clarinda Hong Lim, Member for Richmond Richard Wynne, Member for Pascoe Vale Lizzie Blandthorn, Parliamentary Secretary for Health Mary-Anne Thomas, Member for Yan Yean Danielle Green, BreastScreen Victoria CEO Vicki Pridmore, Member for Footscray Marsha Thompson and Member for Bendigo West Maree Edwards at the Electorate Report Card event in August 2015. Photo courtesy of SDP Media.

HIGHLIGHTS



8

Media articles – radio
(2 on TV).



14

Media articles –
print.



19

Media articles –
online.



23

Events attended
with GPs and other
health professionals.



550

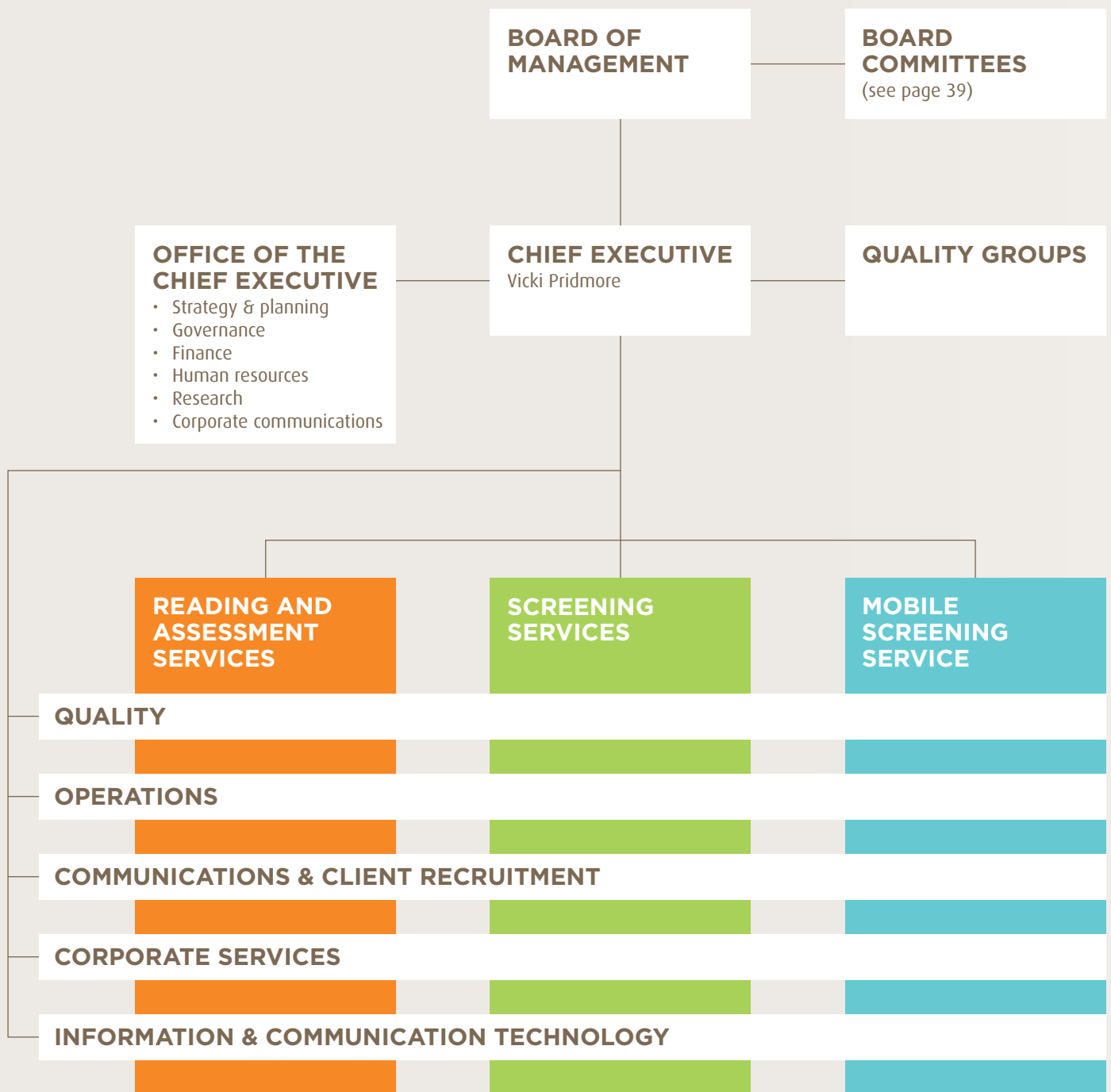
GPs and other
health professionals
watched the
webinar developed
by BSV and CCV on
cancer screening.



247,988

Results letters sent
to GPs. These include
206,288 electronic
and 41,700 physical.

ORGANISATIONAL STRUCTURE



BREASTSCREEN COORDINATION UNIT

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

The senior management team farewelled Natasha Levy, Director Communications and Client Recruitment, in December 2015. BreastScreen Victoria thanks Natasha for her contribution to the Program. Matthew Scanlon was appointed as Director Communications and Client Recruitment in January 2016.

The Coordination Unit Staffing Committee worked on initiatives to increase workplace wellness. Staff received information about the importance of workstation ergonomics and stretching exercises. 'Sit and stand' desks were successfully trialled, and are now on rotation throughout the office.

In May 2016, Coordination Unit staff participated in a 'Step-a-thon' organised by the Staffing Committee. Each unit worked as a team to count their steps on a weekly basis. The Information Services team took out the honours, averaging an amazing 69,683 steps each week. A special mention to Jessica Maslo and Karlene Willcocks who managed to achieve over 1 million steps between them.

Congratulations to the following staff for reaching milestones of service in 2015–2016:

20 years: Karyn McCuskey
15 years: Maura Conneely
15 years: Jules Wilkinson
10 years: Kaye Germaine



In December 2015 the Mobile Screening Service staff farewelled radiographer Teresa Warren after eight years service. Back: Coordinator Debbie McLeod, with radiographers (L-R) Sue Millane, Bonnie Mpinda, Teresa Warren, Sue Morehu and Rossi Jarvie.



Service Desk team: Service Desk Manager, Cinzia Marchesani (centre) with Support Officers Terry Te and Ireen Chand.



The Coordination Unit celebrated 20 years of service for Karyn McCuskey, Team Leader Registry Administration at a morning tea attended by her family and staff in September 2015. (L-R) Karyn holding her granddaughter Jordyn and Contact Centre Manager, Sharon Cole.



Corporate Services Team: Director Doris Whitmore (fourth from left) with (L-R) Hien Tran, Anu Chikarsal, Vicki Bevanis, Melinda Goss, Julia Ayoub, Cerryn Deane, Tori Cresswell and Ellie Valizadeh.

OUR MOBILE SCREENING SERVICE

Nina and Marjorie

BreastScreen Victoria's two Mobile Screening Service (MSS) vans, Nina and Marjorie, bring 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. MSS Coordinator Debbie MacLeod works with the Health Promotion Officer Marg Lannen to promote the MSS in local towns and communities before it arrives in each new screening site.

The MSS now visits two Aboriginal Cooperatives – Rumbalara and Robinvale, to promote screening.

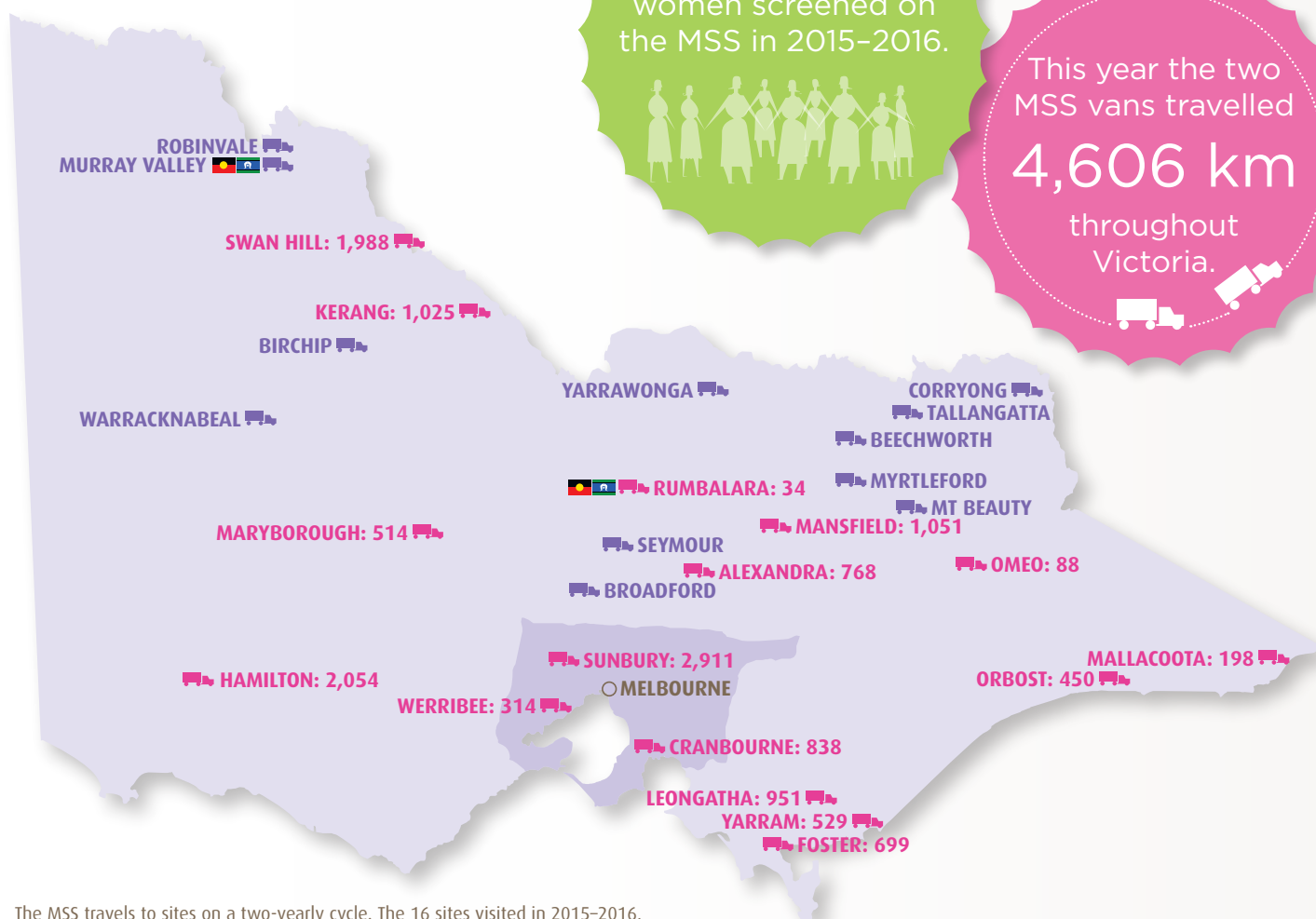
MSS radiographers travel with the vans for 11 months of the year, covering all corners of the state as they visit each site on a two-yearly cycle. This year the Service welcomed two new staff, Rosamund Jarvie and Paula Lawrence. We farewelled radiographer Teresa Warren after eight years service, during which time she screened more than 35,000 women.

State Radiographer Monique Warrillow is also the MSS Chief Radiographer, providing technical support to the radiographers and a link with the Reading and Assessment Services.

14,412
women screened on
the MSS in 2015-2016.



This year the two
MSS vans travelled
4,606 km
throughout
Victoria.



The MSS travels to sites on a two-yearly cycle. The 16 sites visited in 2015-2016, including the number of women screened at each of these sites, are shown in pink.

 ABORIGINAL COOPERATIVE

WOMEN WHO MADE A DIFFERENCE



VALE JENNY BROSI

Jenny Brosi joined the Information Services team at BreastScreen Victoria in 2000. She made a significant contribution across many areas, including information management, research, quality improvement, planning and reporting. Jenny's background was in health information management, having previously worked at the Alfred Hospital, the Australian Council on Healthcare Standards and the William Buckland Radiotherapy Centre, and at various health organisations in the United Kingdom.

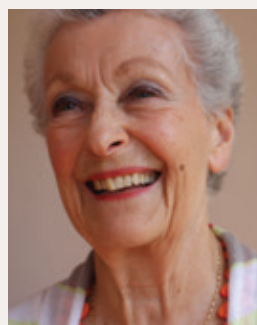
She was committed to using data to provide evidence-based information to improve health outcomes for women and inform Program policy and planning. Jenny contributed to the redevelopment of BreastScreen Victoria's client information management system and worked on the production of reports making data accessible to service staff and researchers. Jenny was convenor of the Data Quality group for many years. Working with Services, she coordinated reviews of data management and information pathways, ensuring the collection of accurate and consistent data to support the management of women in the Program. Jenny was also an accredited BreastScreen Australia Data Auditor. Jenny was responsible for the production of the Annual Screening Participation Report and Annual Statistical Report, both of which are highly valued by Services and government. She participated in a number of major projects, including the BreastCare indicator project and an evaluation of the introduction of digital screening.

In 2008, Jenny was appointed joint Manager Information Services with Lisette Bicknell, providing data and information guidance and leadership for the Program. Supporting BSV Services, she also worked part-time in the data area at Monash BreastScreen.

Jenny made a very personal contribution to the Program. She was generous with her time and expertise, always going the extra mile. She was a mentor for younger staff, willingly providing support and advice. In 2014, Jenny left BreastScreen Victoria to continue her work in cancer screening and prevention.

Anyone who met Jenny was struck by her sense of fun, creativity, hospitality and great sense of occasion. She organised many social activities for staff including Olympic and Commonwealth Games events and at Christmas time, organised fundraising hampers, ran the much-loved trivia quiz at the staff luncheon and went to town with decorations – famously adding Santa hats to the women in the BreastScreen mural.

Jenny passed away in July 2016. She was proud that she was able to work all through her illness and continue to make a contribution to public health programs, right up until the end. She will be greatly missed by all who knew her at BreastScreen Victoria. We extend our sincere condolences to her family.



VALE SALLY CRISP

Sally Crisp's association with BreastScreen Victoria began over 20 years ago when she had her first breast screen at the age of 50.

After being diagnosed with breast cancer in 2013, Sally began working closely with BreastScreen Victoria as an Ambassador, spreading the message about the importance of the Program. She featured in a promotional video, sharing her story as a breast cancer survivor – a powerful way of encouraging other women to have regular breast screens.

Memorable for her vivacious personality and energetic style, Sally represented BreastScreen Victoria at events and as a spokesperson in the media.

Fortunately, Sally survived her initial diagnosis and was able to enjoy several more action-packed years as a loving mother and grandmother, as well as continuing her Ambassador work with BreastScreen Victoria.

A dedicated and intrepid global traveller, skier and past school nurse at Melbourne Grammar School, Sally is well-remembered by all who met her as a kind, generous and fun character who was full of the joy of life.

Sally passed away in September 2016. She will be sadly missed but fondly and gratefully remembered by all at BreastScreen Victoria and by the many Victorian women she helped as an Ambassador of the Program.

Thank you Sally Crisp.



SCREENING, READING AND ASSESSMENT SERVICES

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, BENDIGO



Established: 1995

Number of breast screens performed in 2015–2016: 15,755

Proudly brought to women by: Bendigo Health Care Group

Radiology provider: Bendigo Radiology, Goulburn Valley Imaging, Sunraysia Medical Imaging

Coverage: Screening centres 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: Four year accreditation until March 2019

Clinical Director: Dr Jill Wilkie BSc (Hons), MBBS, MRCP, FRCR

Program Manager: Kathryn Kruger, BAppSc (Medical Rad), Cert IV Training & Assessment, **Acting Program Manager:** Eliza Alford, BRad&MedImaging (Hons), MHSc

Highlights

The Mobile Screening Service (MSS) visited the Bendigo region for five months during the year, and was well received by the local communities. The MSS visit substantially increased the reading and assessment workload. However due to the efforts of all staff, the service continued to meet with the accreditation standard for timeliness of recall to assessment.

Sunraysia Medical Imaging installed a new digital mammography unit in the Mildura service, which was welcomed by staff and has garnered positive feedback from clients.

We continue to receive positive feedback on the welcoming atmosphere in our clinics, and the excellence of staff at both screening and assessment services.

Staff

BreastScreen Bendigo has had a strong focus on radiography training this year. We welcomed several new radiographers and hosted a Graduate Diploma of Mammography student. The Designated Radiographer also worked closely with Echuca, Mildura and MSS staff to improve image quality.

Three staff members attended the first *World Congress on Controversies in Breast Cancer* conference in Australia in October 2015.

All staff received professional development during the year including Aboriginal and Torres Strait Islander cultural awareness training and deaf community access training.

20 years: Karen Stott
15 years: Jenni Clohesy
10 years: Bernadette Lamb

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



Established: 1993

Number of breast screens performed in 2015–2016: 18,492

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, Warrnambool and Portland

Accreditation status: Two year accreditation with high priority recommendations until November 2017

Clinical Director: Dr Linda West, MBBS (Hons), FRACR, Member Breast Interest Group RANZCR

Acting Program Manager: Lynda Shea BAppSc (HIM)

Highlights

Geelong and SouthWest BreastScreen has once again successfully met screening targets at all screening sites. Participation continues to be higher than the state average, with strong demand for breast screening services across the region.

The service continued its focus on quality improvement, and providing the best possible care for women. This has been facilitated by a multidisciplinary leadership group working towards providing a supportive environment for both clients and staff.

The BreastScreen Victoria Electronic Record Management project has led to improved workflow and efficiency in data processes.

The service is working towards delivering sustained improvement in reading and assessment timeliness. The service has trialled the use of short-term, additional reading resources from North Western BreastScreen to increase capacity during periods of reader shortage, and introduced an additional reading station in Ballarat, where some of our readers are located. Consequently, reading and assessment capacity has increased significantly.

All service staff should be congratulated on another year of providing an excellent service to the women of Geelong and the South West Victoria region.

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, GIPPSLAND



Established: 1993

Number of breast screens performed in 2015–2016: 15,337

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: Two year accreditation until February 2017

Clinical Director: Mr David Chan MBBS, FRACS

Program Manager: Mrs Julie Foat, MBA, BSc (Applied Science, Health), GradDip Frontline Management, CertIV Training and Assessment. (Acting) Ms Lee Bell, BSC, MND

Highlights

Gippsland completed an Annual Data Report in January 2016 in preparation for an accreditation visit in October 2016. Feedback was positive and the Service's application for accreditation is strong. The Gippsland team, in conjunction with Regional Imaging, have implemented strategies around the assessment clinic and reading capacity which have seen sustained improvements in timeliness standards.

A new reading station located off-site at Warragul will commence operation in August 2016, increasing the service's reading capacity within the current staffing structure. This project is a partnership between BreastScreen Victoria, Regional Imaging, Gippsland Health Alliance and Latrobe Regional Hospital.

Designated Radiographer Stephanie Tamblyn has led many improvement strategies which have reduced repeat rates (in response to the new NAS), supported radiographer image quality and provided professional development.

The tender process for a new ultrasound has been completed and the successful vendor will be announced soon.

Staff

Designated Radiologist Dr Meenakshi Padmanabhan resigned in December 2015 and Dr Renu Wijeratne was welcomed in January 2016. Designated Radiographer Marijke Wijgers retired in February 2016 and Angela McRae was appointed Acting Designated Radiographer. Kelly Giersch commenced as Data Manager in January 2016. Data Clerk Val Versey is on long service leave and Jan Eastwood and Lisa Fry (Data Clerk/Receptionist) joined the team. Julie Foat commenced maternity leave and Lee Bell was appointed Acting Program Manager in November 2015.

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, GRAMPIANS



Established: 1994

Number of breast screens performed in 2015–2016: 12,830

Proudly brought to women by: Ballarat Health Services

Radiology providers: Keystone Radiology

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

Accreditation Status: Four year accreditation until November 2019

Clinical Director: Dr Alicia Wang, MBBS (Hons) FRANZCR

Program Manager: Ms Kim Kyatt, BAppSc (Med Rad), GradCertMedRad (Breast Imaging)

Highlights

Grampians underwent an accreditation site visit in August 2015 which saw us achieve four year accreditation status. This was an excellent result for the team – rewarding their efforts in providing the best possible service to the women of our region.

We welcomed Dr Alicia Wang as Clinical Director. Alicia has been part of our team of radiologists since 2013 and, with a specific interest in breast imaging, she is a great asset in this role. Working closely with Kim Kyatt and the radiologists over the past year, Alicia has ensured continued performance improvement.

Our Service is constantly striving to meet all accreditation standards, while providing genuine, client-focused care. We are very proud of our efforts for 2015–2016; meeting all timeliness and cancer detection standards, and seeing consistent improvement in recall rates for first screeners.

All members of the Gippsland team are to be thanked for continuing to provide an exceptional service to the women of the region, often going above and beyond the expectations of their role.

Staff

It is of great benefit to have all of our administration staff multi-skilled and able to work across several different roles within the Service. This has ensured staff remain interested and challenged, whilst being able to cover leave in other areas when required.

15 years: Ana Lendrec

10 years: Jann McNish

SCREENING, READING AND ASSESSMENT SERVICES (Continued)

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, MAROONDAH



Established: 1994
Number of breast screens performed in 2015-2016: 33,507
Proudly brought to women by: Eastern Health
Radiology provider: Eastern Health and MIA
Coverage: Screening centres are located at East Ringwood, Mont Albert, Boronia and Yarra Ranges (Lilydale). The Service hosts the Mobile Screening Service every two years at Alexandra, Beechworth, Corryong, Mansfield, Mt Beauty, Myrtleford, Tallangatta, Wangaratta and Yarrawonga
Accreditation status: Four year accreditation until May 2020
Clinical Director: Dr Darren Lockie *FRANZCR, MBBS*
Program Manager: Ms Michelle Clemson *BAppSc*

Highlights

The Maroondah BreastScreen team was delighted to be awarded four years accreditation in recognition of our strong performance against the National Accreditation Standards.

The Service has a keen focus on research and is pleased to be undertaking the *Maroondah 2 Study* in collaboration with The University of Melbourne. This study uses tomosynthesis (3D imaging) as the first imaging step for women recalled to assessment to examine if this protocol: firstly, delivers a net positive return on investment compared to using 2D imaging; secondly, reduces the number of assessment steps required to identify women with a benign outcome at assessment; and thirdly, maintains (or improves) current cancer detection rates and interval cancer rates.

The Service is also collaborating with CSIRO, The University of Melbourne and The University of Sydney on a project which involves the Maroondah radiologists assessing images obtained from a synchrotron using different algorithms, and comparing these images with a reference image for specific image quality parameters. This is a world-first and hopefully will lead to better mammography in the future.

Awards

The Department of Health and Human Services awarded the Maroondah Service a two-year grant for the Return on Investment Study on the use of tomosynthesis in the BreastScreen assessment setting.

Staff

15 years: Carolyn Molk
10 years: Dr Darren Lockie

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, MONASH



Established: 1993
Number of breast screens performed in 2015-2016: 52,572
Proudly brought to women by: Monash Health
Radiology provider: Monash BreastScreen, MIA, GIG, Capital Imaging
Coverage: Screening centres are located at Moorabbin, Waverley, Berwick, Dandenong, Frankston and Rosebud
Accreditation status: Four year accreditation to February 2017
Clinical Director: Dr Jill Evans, *MBBS, FRANZCR*
Program Manager: Janelle Finn, *RNDip, BCNursing – Post Registration, GradDipBus*

Highlights

Thanks to the outstanding efforts of the Monash team, all Level 1 accreditation standards were successfully achieved in 2015. We acknowledge the contribution and hard work of all our staff in this excellent result.

The Assessment Unit introduced an initiative where women waiting for appointments and review were offered knitting to help alleviate anxiety. The knitted woollen squares will be used to make a blanket for patients at the Monash Health Chemotherapy Day Unit.

The Radiographer Training Centre (RTC) launched Mammography OnLine, the academic component of the CCPM course, developed in partnership with BreastScreen Victoria, Monash Health and Holmesglen. Launched in November 2015, the Statewide BreastScreen Victoria Digital Mammography Training Library, produced by Dr John Waugh *FRANZCR* Director of Training, providing learning and up-skilling to medical staff and other trainees in mammographic interpretation. The Peripheral Glandular Zone Project also produced by Dr John Waugh has highlighted to BreastScreen readers an important 'check area' (of the mammogram) for small cancers to improve detection and is already showing promising results. These findings were presented at Symposium Mammographicum 2016 in the UK.

The service, in partnership with BreastScreen Victoria and Volpara Solutions, is trialling automated breast density software at the Moorabbin clinic to measure the breast density of approximately 6,000 women. The results of the Breast Density project will be analysed and reported. Breast Fellow, Dr Melvyn Ang, presented a poster on 'Atypical Ductal Hyperplasia: an 18 year experience' at the International Controversies in Breast Cancer meeting in October 2015.

Staff

Chief Radiographer, Jayne Mullen successfully completed her Double Diploma in Training and Assessment.

20 years: Kay Beattie; John Waugh
15 years: Katrina Wells
10 years: Rose Leong; Miranda Miocevic; Melanie Walker

BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, NORTH WESTERN



MELBOURNE HEALTH

Established: 1992 (Essendon screening centre opened in 1988 as a pilot site for the national evaluation of mammography screening)

Number of breast screens performed in 2015-2016: 42,119

Proudly brought to women by: Melbourne Health

Radiology providers: Capital Radiology, Lake Imaging, MIA

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

Accreditation Status: Four year accreditation until June 2019

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

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

Highlights

A new permanent screening clinic with a full-field digital machine was established in Sunbury, replacing the two yearly visits by the Mobile Screening Service. The Werribee clinic was converted to full-field digital, and a new radiographer, Claire Charalambou, was employed. The Siemens Inspiration unit was installed and applications training completed in June 2016. The *Ophelia Project*, a collaboration between BreastScreen Victoria, the Department of Health and Human Services and Deakin University commenced, exploring barriers to screening within the Aboriginal, Arabic and Italian communities in the north-western region. The service has been involved in the Electronic Records Management Project. Activities included trialling the new client registration and consent form at the Footscray clinic. This year the service introduced scanning of entire client records prior to reading. Volunteer Shirley Cullum was nominated for a Minister's award. With the service for 10 years, we regularly receive positive feedback about Shirley from women attending assessment clinics who describe her as calm and caring. Volunteer Lynne Grant, who joined the service five years ago, also provides invaluable support to women. Professional development included patient-centred care, Melbourne Health values, bullying and harassment, fire training, hand hygiene and basic life support.

Staff

We welcomed Administrative Coordinator Jessica Lee Smalley and Receptionist (maternity leave cover) Tania Snajder-Craze. Anjum Salehmahomed was appointed as a full-time radiographer.

25 years: Susy Alessandri; Jenny O'Connor; Fran Mason; Jenny Owen; Hui Lee Tay

15 years: Dr Wayne Lemish

10 years: Anne Minitti; Li Lay

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



ST VINCENT'S
HOSPITAL
MELBOURNE

Established: 1993

Number of breast screens performed in 2015-2016: 53,328

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: Four year accreditation until August 2020

Clinical Director: Dr Helen Frazer, MBBS, FRACR, M Epi

Program Manager: Ms Tory Williams. Sue Moore (Acting) Sept 2015 – June 2016

Highlights

The Service underwent accreditation in September 2015, and was successful in obtaining four years accreditation.

Radiographer Sarah Dunn received a bursary to present a poster at *Symposium Mammographicum* conference in the UK this year.

St. Vincent's BreastScreen was the first Victorian service to accept a student for the Graduate Diploma of Mammography through Charles Sturt University – Alice Burrridge, who graduated in January 2016, is now employed within the service. This successful collaboration will now be ongoing.

The Service worked with BreastScreen Victoria, Cancer Council and Aboriginal Cooperatives to improve screening rates of Aboriginal women in the catchment. Group bookings for Aboriginal women were introduced.

Staff

Radiographer Monique Warrillow, was appointed as State Radiographer, BreastScreen Victoria.

Chief Radiographer Sue Macaulay, and Clinical Director Dr Helen Frazer were BreastScreen Australia accreditors.

Dr Helen Frazer was appointed to the Royal Australian and New Zealand College of Radiologists (RANZCR) Breast Imaging Reference Group and BreastScreen Victoria Research Committee. She is also scientific convenor of RANZCR's Breast Imaging Conference to be held in Queenstown, New Zealand, in 2017.

SCREENING, READING AND ASSESSMENT SERVICES (Continued)



Program Managers (L-R): Michelle Clemson, Maroondah; Victoria Cuevas, North Western; Janelle Finn, Monash; Lynda Shea, Geelong; Eliza Alford, Bendigo; Lee Bell, Gippsland; Debbie McLeod, Mobile Screening Service; Susan Moore, St. Vincent's. Absent: Kim Kyatt, Grampians.



Data Managers and Coordinators (L-R): Lynda Shea, Geelong, Mirella Catalano, Monash; Marleena LoPizzo, North Western BreastScreen; Susy Alessandri, North Western; Kelly Giersch, Gippsland; Judy Munro, Maroondah; Emily Pyper, St. Vincent's; Joyce Sharp, Maroondah; Christine Kumar, Monash.

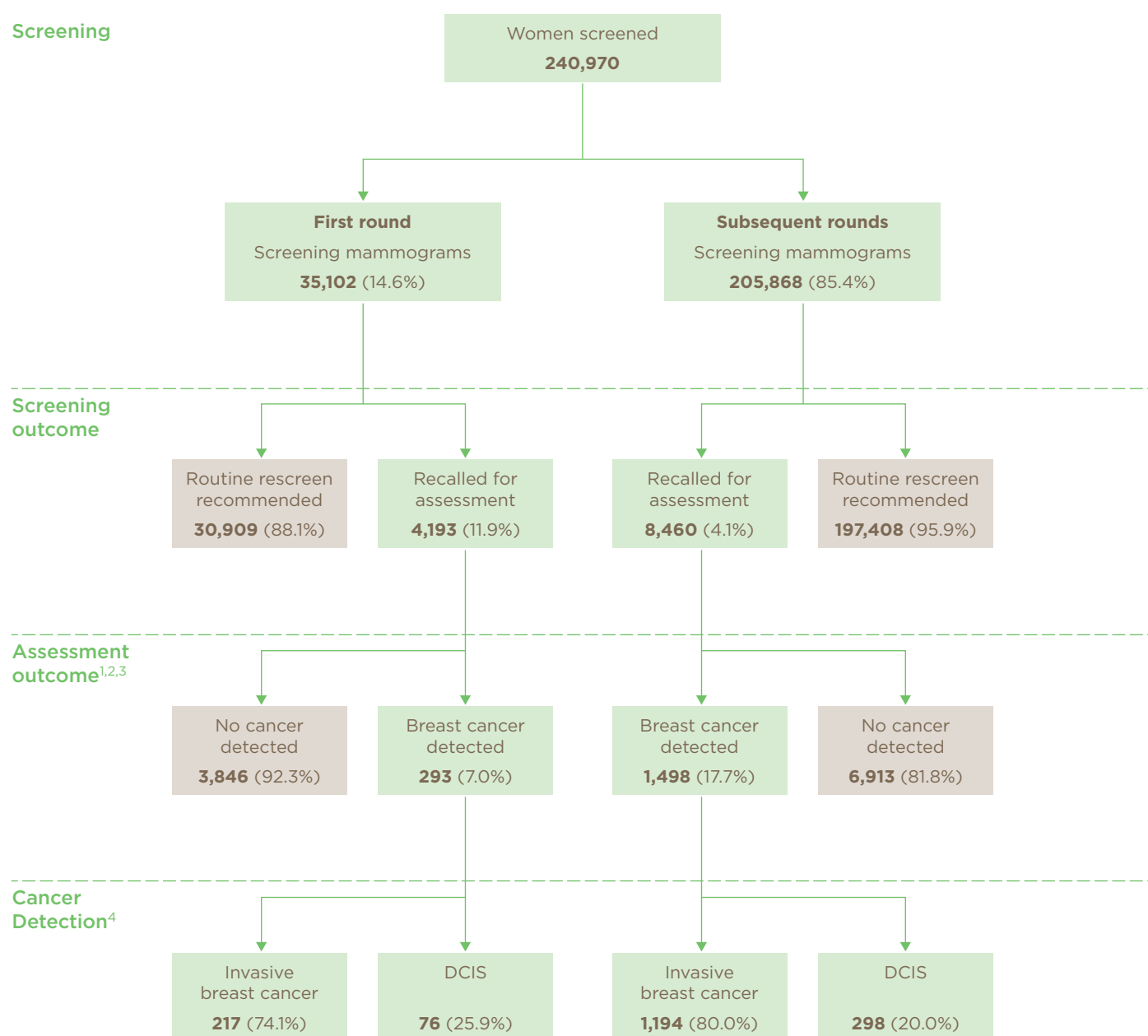


Nurse Counsellors (L-R): Lee Bray, Gippsland; Simone Kingdom Pearce, Grampians; Jillian Lee, North Western; Jeanne Carruthers, Maroondah; Kathy Murley, Bendigo; Anne Clifforth, St. Vincent's; Mary Lynch, Monash; Gay Stevenson, Grampians. Absent: Frankie Linke, Geelong.

SCREENING AND ASSESSMENT PATHWAY 2015

This report presents summary information for women who attended BreastScreen Victoria during the 2015 calendar year.

Screening



1 Excludes women who did not attend assessment.

2 Percentages do not add to 100% due to the exclusion of women who did not complete assessment and women with incomplete assessment/histology data.

3 At the time this report was finalized, 0.5% of women screened in 2015 were yet to complete their assessment experience.

4 Excludes breast cancers diagnosed at early review more than six months after the screening mammogram and cancers diagnosed at early rescreen for women who presented with a breast lump and/or clear or blood stained nipple discharge in the same breast in which the breast cancer was diagnosed.

The data in this report is as it stood on 6 September 2016.

Future requests for data and publications may not exactly correspond to the figures in this report as they will reflect subsequent additions to the dataset.

BOARD OF MANAGEMENT



The BreastScreen Victoria Board of Management is appointed by the Minister for Health. The Board liaises closely with the Department of Health and Human Services and the Victorian Minister for Health regarding funding for the Program and desired outcomes.

We acknowledge and thank the following members of the Board:

Ms Sue Viney who resigned in December 2015

Ms Anne Cronin, Treasurer, and Mr John Collins who resigned in February 2016

Ms Kerrie Milburn who resigned in March 2016

1. Professor Katherine McGrath

MBBS, FRCPA, FAICD

Chair

Meetings attended: 6/8

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. Wayne Tattersall

B Com (Acctg & Mgt. Information Sys), CPA, MAICD

Treasurer

Meetings attended: 3/8 (joined December 2015)

Wayne Tattersall is a qualified CPA who has held numerous CFO and senior finance roles over an extended period of time. These roles have ranged from small to large businesses, including a high profile sporting organisation in Australia. Wayne has significant expertise not only in finance, but also IT and management of Information Systems. Being a strategic thinker, Wayne is well experienced in the development and implementation of strategic business plans.

3. Kerry Bradley

MBA, BBusHAdmin, RN, Cert IV T&A FACN, FAICD, FAAQHC

Meetings attended: 2/8 (joined February 2016)

Kerry Bradley has over 20 years' senior management/executive experience with strong clinical and quality backgrounds working across the health sector in regulation, acute care (both public and private), rehabilitation and aged care. She is highly skilled in leading and managing organisational change at both a strategic and at an operational level. Kerry is currently a member of the Nursing Advisory Board and Elsevier, and has served as a Board Director for Baptcare and Mercy Hospitals Inc. She has held Ministerial Board appointments to the Victorian Quality Council and the Victorian Cytology Service.

4. Ms Christine Fitzherbert

M Bus (HRM), Company Director's Diploma in Finance, Grad Dip (Industrial Relations), BA (Politics), FAIM, FAICD

Meetings attended: 7/8

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 Manufacturers 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.



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5. Ms Mary Hawkins

MBA, BSc, BAppSc, Grad Dip. (Computing),
Grad Dip (Ed)

Meetings attended: 7/8

Mary Hawkins has over 30 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 currently on the advisory panel for the Centre for Organisational and Social Informatics at Monash University and the Presentation Association Board. She has previously held directorships on the Board of the International Women's Development Agency, the Australian Women Donors Network, the IWDA Foundation, Star of the Sea College, Victorian Women in Technology, and Sustainability Victoria's investment fund advisory panel.

6. Dr Wayne Lemish

BSc(Hons), MBBS, FRANZCR

Meetings attended: 7/8

Wayne Lemish is a radiologist with subspecialty interest in breast imaging including mammography, digital breast tomosynthesis (DBT), breast ultrasound and MRI. He was the director of Breast Imaging at Freemasons Day Centre in East Melbourne for 13 years, and is currently Director of Breast Imaging at East Melbourne Radiology. Wayne has more than 20 years' experience in breast screening for the early detection of breast cancer. He is a fellow of the Royal Australian and New Zealand College of Radiologists (RANZCR). He was an examiner for RANZCR and represented the College at Standards Australia for a number of years.



6



7

7. Ms Margaret Peril

M App Fin, MSC, Grad Dip Accounting, BSc
Hons, FAICD

Meetings attended: 8/8

Margaret is a financial consultant providing corporate finance, treasury and financial risk management solutions to the private sector. She has over 25 years of experience gained from senior roles such as Group Treasurer of listed companies. Margaret also has extensive experience as a Director, Treasurer and member of various board committees in the not-for-profit sector. Her current interests include studying law, developing policies for the establishment of smoke-free residential premises and radio broadcasting in French and Mauritian Creole.

8. Ms Jane Poletti

MM (Strategic Foresight), LLB, BSc, GAICD

Meetings attended: 8/8

Jane Poletti operates as a consulting general counsel providing strategic legal and business services in the private and not-for-profit sectors. She is a commercial lawyer with extensive in-house management experience and has worked with, and in, early stage business ventures, high-growth organisations, and not-for-profits focused on business sustainability. Jane's expertise extends to helping organisations manage, protect and commercialise their intellectual property and to embed privacy law compliance and data management/protection into business processes. Jane has worked with directors and executive management teams providing guidance on board and organisational governance, including within BreastScreen Victoria. With a combined 25 years' experience – as a lawyer in prominent Melbourne law firms, general counsel, in-house corporate management and now a consultant, Jane provides a strategic, pragmatic and commercial approach to problem solving and business management, alongside her legal skills.



8



9

9. Ms Vicki Pridmore

Grad Dip (Org Psych), BA (Comms & Org
Psych), Dip Teaching (Sec), GAICD

Ex Officio

Meetings attended: 8/8

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. Prior to this Vicki had extensive experience in the human services sector, culminating in the role of Director Portfolio Services, Department of Human Services. Her career spans secondary teaching, organisational and counselling psychology, senior project review and more than a decade in executive management roles within the public service and not-for-profit sectors.



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10. Mr Tim Staker

Dip Eng (Biomedical), MBA, Grad Dip
Technology Management, GAICD

Meetings attended: 8/8

Tim Staker has over 30 years' experience working with health devices and information technology, having held senior management roles within government and the private sector. For the past 14 years he has held the role of National General Manager for Cabrini Technology Group, a not-for-profit business which has 400 staff operating from offices throughout Australia and New Zealand wholly owned by Cabrini Health. Tim has also consulted on many of the recent new hospital projects as technical advisor to State Health Departments in Australia and to the Ministry of Health in New Zealand. For 12 consecutive years he served on the Queen Elizabeth Centre Board of Management in various roles including Vice President and Chair of the Quality and Risk Committee.

OUR EXECUTIVE TEAM



1. Vicki Pridmore

Chief Executive Officer

Grad Dip (Org Psych), BA (Comms & Org Psych), Dip Teaching (Sec), GAICD

The CEO provides leadership and direction in order to drive strategic change within the organisation, and works with the Board of Management and its committees to realise strategic outcomes. As a manager, the CEO presides over BreastScreen Victoria's day-to-day operations.



2. Doris Whitmore

Director Corporate Services

BBus(Acc), MBA, FCPA, GAICD

The Corporate Services area supports the business units by providing corporate governance, risk, policy, strategy, finance, human resource and business support services. In addition the team manages deliverables under the service and supplier contracts, and works with and supports stakeholders in delivering quality services across the state.



3. Matthew Scanlon

Director Communications and Client Recruitment

BA (Communications), Adv Dip Business (Public Relations)

Communications and Client Recruitment is responsible for raising awareness, educating the community and promoting breast screening in order to achieve the targeted number of women screening each year.



4. Karlene Willcocks

Director Operations

EMBA, PG Cert HSci, PG Cert HSci (Resus), BHSc, DipNurs

The Operations team encompasses the areas of: Service Delivery, Contact Centre, Information Services and the Mobile Screening Service, and works in partnership with our Screening Service Providers and Reading and Assessment Services to ensure the efficient and effective delivery of the BreastScreen program.



5. Jeremy Du Vé

Director Information and Communication Technology

MBA, BA(Hons), GradDipIT, GAICD

ICT provides reliable and responsive ICT services for the daily operations of BSV. BreastScreen is fully digital, so all aspects of screening, reading and assessment depend on ICT services. In addition, the team directs investment in ICT to maintain and improve services that support clinical practice.

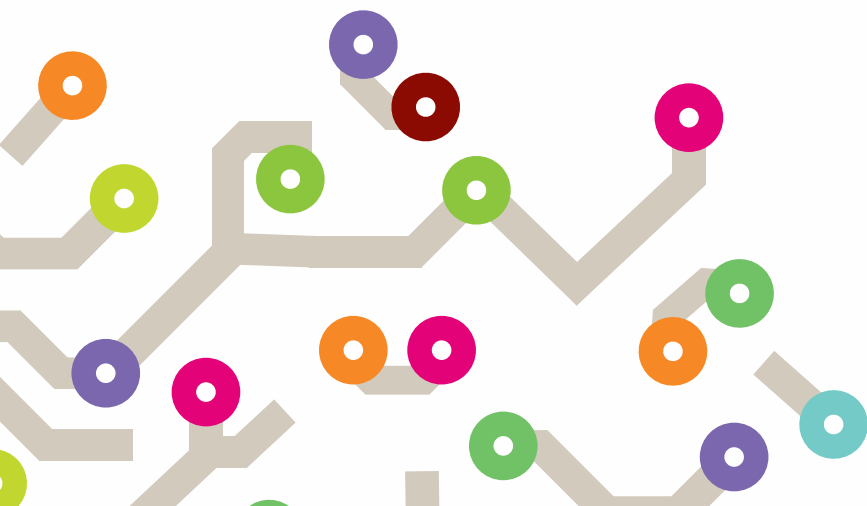


6. Genevieve Webb

Director Quality

BA(Hons) (Psychology), BAppSci. (Computing), FAICD

The Quality Unit is committed to improving all aspects of BreastScreen's service and supports service providers to achieve and maintain accreditation under the national standards.



COMMITTEES AND ORGANISATIONAL INFORMATION

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

Judith Abbott *DHHS Chair*, Rachael Andersen *DHHS*, Louise Galloway *DHHS*, Prof Katherine McGrath *BSV Chair*, Mary Hawkins, Anne Cronin (*until February 2016*), Wayne Tattersall (*from December 2015*), Vicki Pridmore *ex officio*.

Finance and Audit Committee

Anne Cronin (*until February 2016*), Wayne Tattersall (*from December 2015*), Mary Hawkins, Sue Madden, Prof Katherine McGrath, Margaret Peril, Tim Staker, Vicki Pridmore *ex officio*, Doris Whitmore *ex officio*.

Governance Committee

Jane Poletti *Chair*, Prof Katherine McGrath, Anne Cronin (*until February 2016*), Mary Hawkins, Vicki Pridmore *ex officio*.

Quality Committee

Sue Viney *Chair (until December 2015)*, Christine Fitzherbert, Prof. Katherine McGrath (*Chair from January 2016*), Tim Staker, Dr Wayne Lemish, Vicki Pridmore *ex officio*, Karlene Willcocks *ex officio (from March 2015)*, Jules Wilkinson *ex officio*, Genevieve Webb *ex officio (from January 2015)*.

Participation Committee

Kerrie Milburn *Chair (until March 2016)*, Sue Viney (*until December 2015*), Assoc Prof John Collins (*until February 2016*), Jane Poletti, Philippa Hetzel, Margaret Peril, Vicki Pridmore *ex officio*, Natasha Levy *ex officio (until November 2015)*, Matthew Scanlon *ex officio (from January 2016)*, Karlene Willcocks *ex officio (from March 2015)*.

Research Committee

Katherine McGrath *Chair*, Dr Jill Evans, Assoc Prof John Collins, Dr Darren Lockie, Dr Helen Frazer, Dr Wayne Lemish, Prof Dallas English, Prof Bruce Mann, Dr Ian Campbell, Dr Carolyn Nickson, Vicki Pridmore *ex officio*, Jules Wilkinson *ex officio*, Genevieve Webb *ex officio*.

State Accreditation Committee

Dr Jill Evans *Chair*, Jayne Mullen, Kathryn Kruger (*until February 2016*), Michelle Clemson, Prof Bruce Mann (*until February 2016*), Dr Helen Frazer, Vicki Pridmore *ex officio*, Jules Wilkinson *ex officio*, Genevieve Webb *ex officio*, Monique Warrillow (*from February 2016*).

ORGANISATIONAL INFORMATION

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 reviewed according to category and severity. A summary report of complaints and recommendations for quality improvement is presented 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. The Electronic Records Management project, which commenced in 2014, aims to move BreastScreen Victoria into a fully digital environment. Women are now offered the option of receiving their invitation to screen and appointment confirmation by email and SMS appointment reminders are now used. Screening and reading processes are completed online, eliminating the need for paper forms and client registration and consent forms are digitised removing the need to create, manage and retrieve files for most women. By the time the project is completed in 2018, electronic screening results will be sent and our assessment workflows will also be online, completing the transition to a paperless environment. BreastScreen Victoria continues the practice of producing all new information resources on 100% recycled paper and producing electronic versions of resources for download from our website. BreastScreen Victoria will be embarking on a review of all print material in the new year.

Requesting access to clinical records

BreastScreen Victoria supports a women's right to access to her clinical record through the contracted service providers in accordance with Victorian legislation. Records can be accessed under the provisions of the *Health Records Act 2001 (Vic)*. BreastScreen Victoria and contracted service providers are committed to timely response and release of these records to women. For more information on how to request access to clinical records, or to raise a concern about accessing a record, please contact BreastScreen Victoria on (03) 9660 6888.

Privacy

BreastScreen Victoria is committed to protecting the privacy and confidentiality of women participating in the Program at all times.

Only authorised people can access information collected by BreastScreen Victoria. All staff are legally required to ensure that information is collected, accessed and used according to the purpose described in:

- the *BreastScreen Victoria Information* sheet provided to women with their registration and consent form and also at clinics.
- the Privacy fact sheet available at clinics and on our website.

Physical records are stored securely at the Reading and Assessment Service connected to the Screening Service attended by each client. Electronic information is securely stored on a central database and only accessible to authorised staff.

Further information about BreastScreen Victoria's privacy statement can be found at www.breastscreen.org.au.

SCREENING AND ASSESSMENT SUMMARY, 2011-2015

	2011	2012	2013	2014	2015
SCREENING					
First round women	32,292 15.9%	36,582 17.3%	45,608 19.6%	38,652 16.9%	35,102 14.6%
Subsequent round women	170,528 84.1%	175,046 82.7%	186,781 80.4%	190,179 83.1%	205,868 85.4%
Total	202,820 100%	211,628 100%	232,389 100%	228,831 100%	240,970 100%
SCREENING OUTCOME					
First round women					
Routine rescreen recommended	28,193 87.3%	32,292 88.3%	40,149 88.0%	33,743 87.3%	30,909 88.1%
Recalled for assessment	4,099 12.7%	4,290 11.7%	5,459 12.0%	4,909 12.7%	4,193 11.9%
Subsequent round women					
Routine rescreen recommended	162,959 95.6%	168,316 96.2%	179,090 95.9%	181,919 95.7%	197,408 95.9%
Recalled for assessment	7,569 4.4%	6,730 3.8%	7,691 4.1%	8,260 4.3%	8,460 4.1%
ASSESSMENT OUTCOME^{1,2,3}					
First round women					
No cancer detected	3,814 93.8%	3,978 93.7%	5,059 93.5%	4,490 93.2%	3,846 92.3%
Breast cancer detected	246 6.1%	266 6.3%	345 6.4%	345 7.1%	293 7.0%
Subsequent round women					
No cancer detected	6,517 86.3%	5,595 83.5%	6,361 83.1%	6,834 83.0%	6,913 81.8%
Breast cancer detected	1,034 13.7%	1,098 16.4%	1,286 16.8%	1,366 16.6%	1,498 17.7%
CANCER DETECTION⁴					
First round women					
Invasive breast cancer	191 77.6%	215 81.4%	254 74.1%	257 74.5%	217 74.1%
DCIS	55 22.4%	49 18.6%	89 25.9%	88 25.5%	76 25.9%
Subsequent round women					
Invasive breast cancer	820 80.2%	860 79.1%	1,020 79.6%	1,075 79.0%	1,194 80.0%
DCIS	202 19.8%	227 20.9%	261 20.4%	286 21.0%	298 20.0%

1 Excludes women who did not attend assessment.

2 Percentages do not add to 100% due to the exclusion of women who did not complete assessment and women with incomplete assessment/histology data.

3 At the time this report was finalized, 0.5% of women screened in 2015 were yet to complete their assessment experience.

4 Excludes breast cancers diagnosed at early review more than six months after the screening mammogram and cancers diagnosed at early rescreen for women who presented with a breast lump and/or clear or blood stained nipple discharge in the same breast in which the breast cancer was diagnosed."

The data in this report is as it stood on 6 September 2016.

Future requests for data and publications may not exactly correspond to the figures in this report as they will reflect subsequent additions to the dataset.



BreastScreen
Victoria

Caring about Women

BREASTSCREEN VICTORIA ANNUAL REPORT 2015-2016

Produced by:
BreastScreen Victoria Coordination Unit
Level 1, 31 Pelham Street
Carlton South
Victoria 3053

PH 03 9660 6888
FX 03 9662 3881

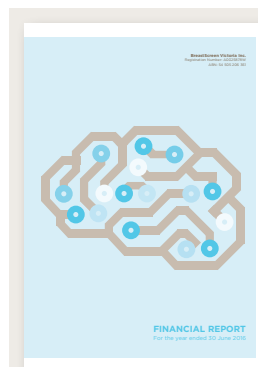
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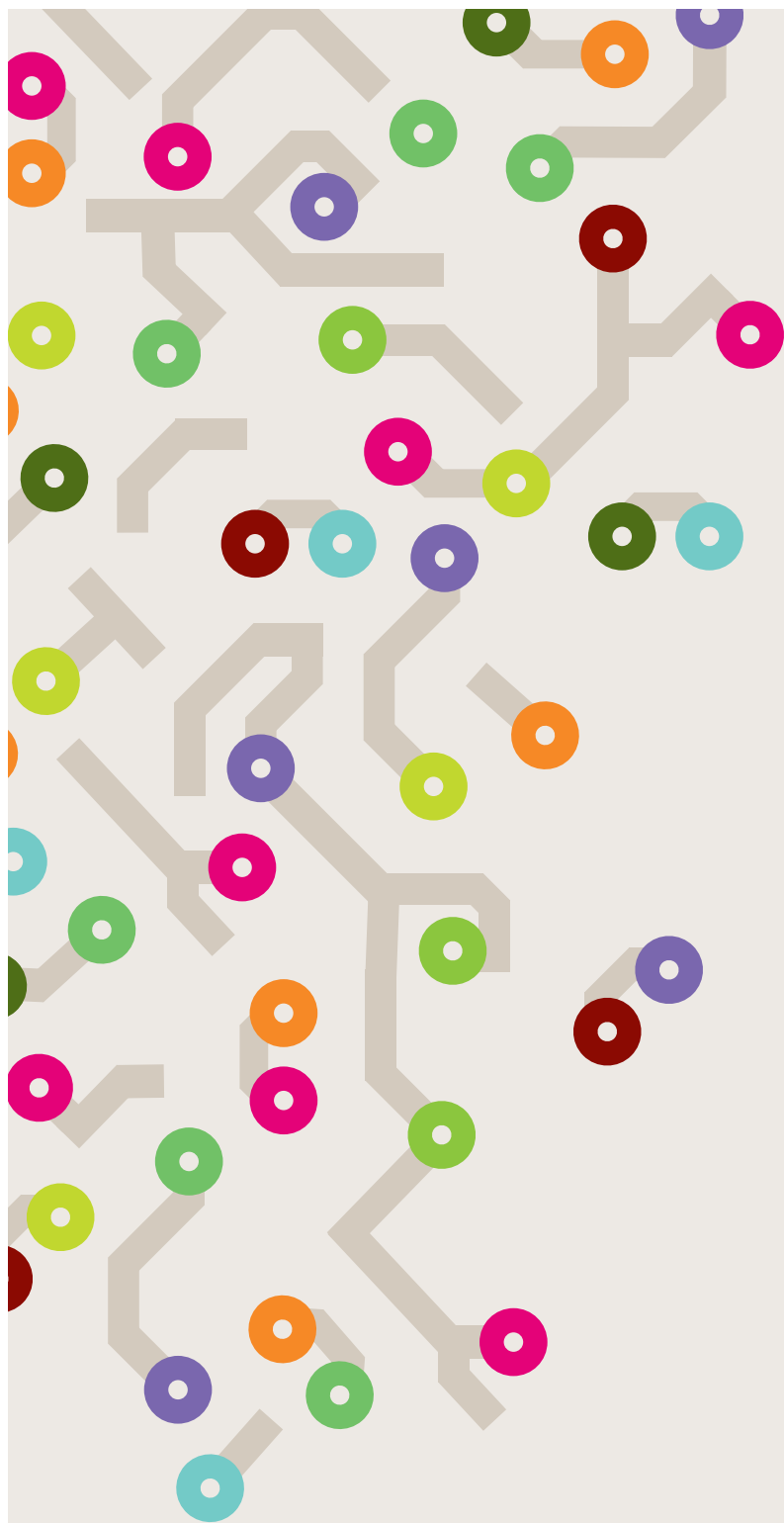
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BreastScreen Victoria Coordination Unit
PH 03 9660 6888
EM info@breastscreen.org.au

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The BreastScreen Victoria Inc. *Treasurer's Report and Financial Report for the Year ended 30 June 2016* have been produced as a separate document.

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