

EOI: BSQ State Quality Committee

Membership

Expression of Interest

The BreastScreen Queensland Program plays a critical role within the broader cancer care continuum by saving lives through early detection and reducing the burden of breast cancer in Queensland. The purpose of the program is to improve health outcomes by reducing morbidity and mortality of breast cancer for women in Queensland.

The BSQ Program's Strategic Plan (BSQ32) sets an ambitious future to achieve this vision and purpose through the delivery of strategic initiatives across four priority areas:

Service delivery: embedding best practice and continuous improvement to consistently deliver service excellence and equitable care to women.

Client experience, access and participation: being accessible and providing a service that empowers women to be active participants in their own health and well-being.

Workforce: having an agile, flexible and engaged workforce that are highly trained and empowered to deliver exceptional person-centred care that meets the needs of Queenslanders. Our workforce will be future ready with confidence to embrace new technologies and lead innovations.

Research, technology and innovation: embracing new technologies and research opportunities that will improve client outcomes and experiences.

Expressions of Interest are invited from interested persons to actively participate on the BSQ State Quality Committee (SQC) for a period of two (2) years. The SQC supports the strategic directions in service delivery for the Program by acting as the peak quality body to manage and monitor the overall performance of the BSQ Program and to drive quality initiatives to achieve good clinical outcomes and positive consumer experiences.

The BSQ SQC will meet bi-monthly with in-person or videoconference/teleconference attendance expected. There will be at least one Induction-Orientation Forum where all members are expected to attend.

The current Terms of Reference accompanies this Expression of Interest.



How to apply and closing date:

Applications are invited from passionate staff across a broad geographical distribution who possess the following skills, knowledge and expertise from the following areas:

- Quality improvement and assurance
- Patient safety / risk management / clinical governance
- Public health intelligence / data trends and analysis
- BreastScreen Australia national accreditation standards and compliance
- Frontline clinicians with experience relevant to breast cancer care
- Consumer with lived experiences, and
- First Nations peoples' health equity in cancer care

Expressions of interest should be sent via email to bsq_reform_project@health.qld.gov.au by close of business **Wednesday 29 January 2025** and include the following:

- Evidence of support /endorsement from line management (Queensland Health staff only).
- A short response (maximum 1 page) on how your experience, abilities, knowledge, and personal qualities would enable you to contribute to the BSQ State Quality Committee in a meaningful manner.
- A current CV or resume.

For further information, contact:

Michelle Tornabene
Strategic Director - BSQ Reform - Governance Implementation
Strategy and Coordination Branch
Queensland Public Health and Scientific Services
E: michelle.tornabene@health.qld.gov.au
M: 0417 272 722

Terms of Reference

BreastScreen Queensland State Quality Committee

1. Purpose

The BreastScreen Queensland (BSQ) State Quality Committee will manage and monitor the overall performance of the BSQ program including the State Coordinated Reading Model (SCRM) using health intelligence systems, data trends and insights, client reported experiences and outcomes and learning from adverse incidents. Specifically, the Committee will drive continuous quality improvement at the state level and systematically address areas of risk at the program level.

The Committee does not replace Hospital and Health Service responsibilities for the management of safety and quality - or oversight of local BSQ breast cancer screening and assessment services generally.

2. Authority

The Committee:

- (a) Is accountable to the BSQ Program Director
- (b) Is advised from the Program level by Network Advisory Groups (see Appendix 1)
- (c) Is advised from the Service level by Quality Communities of Practice and BSQ Services Leadership Teams (see Appendix 1)
- (d) Is advised from and escalates quality and safety matters directly to the BreastScreen Australia National Quality Management Committee (BSA NQMC) (see Appendix 1)
- (e) Has its 'Terms of Reference' approved by the BSQ Executive Steering Committee within Queensland Public Health and Scientific Services (QPHaSS) as the System Leader; and
- (f) Has been authorised by the BSQ Executive Steering Committee within the scope of its responsibilities (refer to Section 3: Functions) to:
 - a. Examine any matter in relation to its functions, as it sees fit, or as requested by the BSQ Program Director or Chair of another BSQ governance committee; and
 - b. Access all levels of management or governance within the health system in order to seek information to assist in carrying out the Committee's responsibilities.

3. Decision Making

The Committee has an oversight role in discharging its responsibilities and has the authority to:

- (a) Make proactive decisions based on current data and evidence, best practice and/or consensus of expert opinion, anticipating and addressing potential problems and direct actions to be taken on any matter relating the performance of the BSQ Program
- (b) Engage directly with the BSQ Network Advisory Groups, as required
- (c) Refer a decision that is outside the scope of the Committee to another committee or the BSQ Program Director; and
- (d) Make recommendations to the Terms of Reference.

All members are individually afforded equal voting rights and are accountable for their delegated responsibility. Decisions of the Committee will be regarded as a collective decision. If consensus cannot be reached, the Chair reserves the right to exercise their authority to decide the matter or refer it to the BSQ Executive Steering Committee.

4. Functions

The Committee has the following functions:

- Act as the peak quality body to manage and monitor the overall performance of the BSQ Program, including BSQ services, BSQ SCU and the SCRM, to achieve service delivery excellence involving good clinical outcomes and positive consumer experiences.
- Drive, scale and spread quality improvement and evidence-based initiatives across the BSQ Program, by identifying and directing actions to address state-wide and local service quality issues and continuously review performance, quality improvement plans and readiness for national accreditation (¹NAH 1.1, 2.4, 2.9).
- Utilise or create new program health intelligence and data insight and analytics functions, quality dashboards, quality scorecards and metrics including patient report outcomes and experiences, to provide real-time robust information and data to identify trends where quality improvement strategies may be required to improve local and state-wide performance (NAH 1.6, 2.5).
- Review the impact of Service and SCU performance failures/unmet measures, near misses and risks, issues and overall performance trends; providing direction to key partners and stakeholders on actions or quality improvement strategies/plans to be taken within agreed timeframes to improve performance and continuous quality improvement (NAH 1.3, 1.5).
- Share successes, learnings and experiences to drive safety and quality outcomes for the BSQ Program and direct actions or provide advice to relevant bodies, partners, key stakeholders, clients or consumers that impact on performance and/or compliance with national standards (NAH 1.7).
- Escalate and report key issues or provide reports for the BSQ Program directly to the BSA NQMC with respect to quality improvement strategies developed and implemented and to minimise further occurrence or recurrence of issues across the national Program (NAH 1.4, 1.8, 1.9, 2.8).

5. Risk Management

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- (a) Identify risks and mitigating strategies associated with all decisions made
- (b) Implement processes to enable the Committee to identify, monitor and manage critical risks and issues as they relate to the functions of the Committee; and
- (c) Foster collaborative input into solution design, controls and treatments in Risk and Issues Registers within QPHaSS, Department of Health.

¹ National Accreditation Handbook

6. Reporting

The Chair will report to the BSQ Program Director and will be an active member of the BSQ State Coordination Unit (SCU) Leadership Team (see Appendix 2), outlining relevant matters that have been considered and approved by the Committee. Following each meeting, the Committee will provide confirmed meeting minutes and a written report to the BSQ Program Director with a copy provided to the BSQ SCU Leadership Team that includes a summary of:

- Meeting schedule
- Declared conflicts of interest and actions taken
- Decisions made
- Performance
- Quality and safety improvements
- Risks and adverse events with supporting information

The Committee will receive the following reports as standing items:

- A written report from the Chair, BSQ Reader Quality Assurance Panel which will be presented by the BSQ State Radiologist.
- A written report from the State Clinical Director on SCRM performance.
- BSQ service and/or SCU annual data reports, quality improvement plans or accreditation applications from the Service and Hospital and Health Service Chief Executive according to the approved National Survey Plan.

The Committee may also receive reports or information on a 'as needs' basis, where the report/information is relevant to the Committee's functions. Reports/information are to be provided to the Secretariat no later than **ten working days** prior to the meeting for inclusion in the meeting pack for members.

7. Membership

Membership is determined by the BSQ Executive Steering Committee. Membership, excluding the Chair, will include a minimum of **seven (7)** and a maximum of **ten (10)** members.

Role of Chair

The Chair will be appointed at the establishment of the Committee through a formal recruitment process open to all staff currently employed in Queensland Health, particularly in the speciality area of cancer care. The Chair will be appointed by the Deputy Director-General, QPHaSS.

The Chair will:

- Provide clinical, strategic, and consensus-based leadership to the Committee to achieve its purpose.
- Chair and preside at all Committee meetings.
- Deliver effective committee functioning, including information flow, conduct and managing conflict.
- Represent the Committee on other relevant committees or at forums.
- Promote and advocate on behalf of the Committee within and outside of Queensland Health and create a direct relationship and regular cadence of communication with BSA NQMC.

- Actively seek opportunities to enhance stakeholder and consumer engagement and partnerships in the functions of the Committee.
- Appoint a Deputy Chair. Where the Chair is unable to attend a meeting or vacates the role, the Deputy Chair will act as the Chair.

Role of Members

Members will be appointed at the establishment of the Committee through a formal recruitment process open to interested persons, particularly in the speciality area of cancer care. Members will be appointed by the Deputy Director-General, QPHaSS.

Members will have relevant skills, knowledge and expertise from the following areas:

- Quality improvement and assurance
- Patient safety / risk management / clinical governance
- Public health intelligence / data trends and analysis
- BreastScreen Australia national accreditation standards and compliance
- Frontline clinicians with experience relevant to breast cancer care
- Consumer with lived experiences
- First Nations peoples' health equity in cancer care

Ex-officio officers

- Director, BSQ Program, BSQ SCU
- State Radiologist, BSQ SCU
- State Clinical Director, BSQ SCU
- State Nurse Counsellor, BSQ SCU
- State Radiographer, BSQ SCU
- Program Manager, Epidemiology, BSQ SCU
- Secretariat, BSQ SCU

Proxies

A proxy will only be able to attend for members when they are on leave and must be notified to the Secretariat prior to the meeting. The Secretariat will ensure the proxy is formally made aware of the confidentiality and privacy obligations that attend the Committee processes.

Other Participants

The Chair may request the Service's health executives, employees or external parties to attend a meeting of the Committee. However, such persons do not assume membership or participate in any decision-making processes of the Committee. All invited participants will be orientated to the confidentiality and privacy requirements incumbent upon Committee functions by the Secretariat. Other expertise and representatives will be requested to attend, as required, to inform decisions and discussion as necessary.

New Members

A new member will be orientated to the operations and proceedings of the Committee, including confidentiality and privacy requirements incumbent upon the Committee functions, by the Chair. As part of the onboarding process, the Secretariat will provide the new member with an Induction Pack.

Term of Appointment

The Committee Chair is appointed for a two-year term with an option to serve two consecutive terms (4 years maximum), unless terminated or early resignation. While it is important to rotate chairs to support new leadership and direction, the Deputy Director-General, QPHaSS may decide to retain leadership at crucial times in the Committee's work.

Committee members are appointed for a period of two years. Any extension to the term of appointment will require written authorisation by the Deputy Director-General, QPHaSS.

Expectation of Committee members:

- Commit to a two-year term
- Attend a minimum of 75% of meetings and forums
- Complete mandatory training in governance and management of conflicts of interest and risk
- Actively participate in the work of the Committee
- Declare any conflicts of interest
- Adhere to confidentiality provisions
- Adhere to the Code of Conduct for the Queensland Public Service
- Adhere to the QPHaSS Values and Culture Framework, demonstrating:
 - Doing What is Right and Being Accountable
 - Pursuing Safe, Equitable, and Quality Outcomes
 - Empowering, Respecting, and Trusting Each Other and the Communities We Serve
 - Listening, Communicating, and Learning Together
- Advocate for and promote the Committee and its activities

Recruitment to the Committee occurs through a bi-annual expression of interest process overseen by the Chair and the Executive Director, Strategy and Coordination Branch, Department of Health. All current members are required to re-submit their interest in continued Committee membership through this process, after each two-year term served. Mid-term vacancies can be filled at the discretion of the Chair in consultation with the Deputy Director-General, QPHaSS. Members can be appointed for a maximum of ten years.

Termination

The Chair will have the authority to terminate membership based on the following reasons, which include, but are not limited to:

- Serious breach of confidentiality
- A member is no longer eligible (e.g. change in position)
- A member conducts themselves improperly or persistently fails to attend meetings (three consecutive meetings without reasonable excuse)
- A member fails to fulfill Queensland Health values and positive leadership behaviours
- An actual and ongoing conflict of interest

When a membership is terminated, the Chair will write to the member on behalf of the Committee to:

- Confirm termination of membership with a date of effect
- Advise that any information obtained in the course of involvement in the Committee will continue to be protected under privacy and confidentiality provisions outlined in the Terms of Reference and applicable by law
- Request that the member destroy or return all document in their possession (hard copy and electronic) that were received in their capacity as a Committee member.

8. Quorum

A quorum will comprise 50% + 1 member including the Chair. If one half of the number of its members is not a whole number, then the next highest whole number.

9. Out of Session Papers

Urgent matters can be progressed out-of-session with the agreement of the Chair.

10. Remuneration

QPHaSS in the Department of Health will provide remuneration for administrative or clinical backfill to allow the Chair to fulfil their commitments: one eight hour session a week through amendment window transfers to the relevant Hospital and Health Service or payment of invoice from the relevant organisation or company.

Members including consumers will be remunerated in accordance with Queensland Health guidelines. Sitting fees are not offered to members. Remuneration for additional expenses will be negotiated between the Committee member and their employer.

11. Performance and Evaluation

The Committee will develop and submit on annual basis to the BSQ Program Director:

- (a) An annual workplan and report on its progress (as part of a continuous improvement process); and
- (b) An annual report following an annual self-assessment and review of performance against expected functions as defined by the Terms of Reference, to ensure that the SQC remains consistent with its authority, purpose, duties and responsibilities.

Periodically, the Chair will discuss professional development and training needs for all members of the Committee. When training or upskilling needs are identified, these will be discussed with the BSQ Program Director and subsequent Deputy Director-General, QPHaSS approval sought. The Secretariat will make the arrangements for registration and payment.

12. Ethical Practices

To meet ethical obligations under the *Public Sector Ethics Act 1994 (Qld)*; members must declare any conflict of interest whether of an actual, perceived or potential nature, and must manage those identified conflicts in consultation with the Chair.

The Chair will ask for *declaration of conflicts of interest* at the start of each meeting.

Members will, at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts or activities that have the potential to discredit the BSQ Program.

Members will refrain from active involvement that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties.

13. Confidentiality and Privacy

Members of the Committee will be in receipt of and have access to information and documents relevant to issues being considered within the Terms of Reference, that is regarded as confidential and of a sensitive nature. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Members will maintain the Committee papers in a confidential manner separate from other business or responsibilities of the member. Where there is doubt as to whether a proposed disclosure of information would be consistent with the Committee's functions, guidance may be sought from the Committee itself or the Chair.

14. Secretariat and Governance Advisory

Secretariat support will be provided by the BSQ SCU within the Department of Health. The Secretariat will be responsible for preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair.

The Secretariat will also be responsible for timely tabling of all correspondence, reports and other information relevant to the Committee's activities and maintenance of information systems to ensure confidentiality for all Committee documents.

A Senior Project Officer from the BSQ Program Team within the BSQ SCU will act in a governance advisory capacity to support the activities of the Committee and Chair.

15. Meetings

Committee meetings will be held at least six times a year, for the duration of at least two hours.

The Chair may call additional meetings as necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue within the Terms of Reference. Meetings may be conducted wholly or partly by videoconference whereby members are not in the same location.

If a member is unable to attend a meeting, the member must advise the Secretariat or Chair prior to the meeting.

Agenda and Papers

An agenda and meeting papers will be circulated to members at least **seven (7) working days** in advance of Committee meetings to enable proper consideration by members.

Standing agenda items will include:

- Acknowledgement of Country
- Conflicts of Interest
- Performance reports and submissions
- Quality improvement / communities of practice
- Risks and adverse events
- Reader QA Panel report
- Consumer experiences and outcomes
- National and state program developments in quality management and accreditation

Minutes will be circulated by the Secretariat to the Committee **seven (7) working days** after the meeting. Minutes will be kept for ten years.

16. Intersections

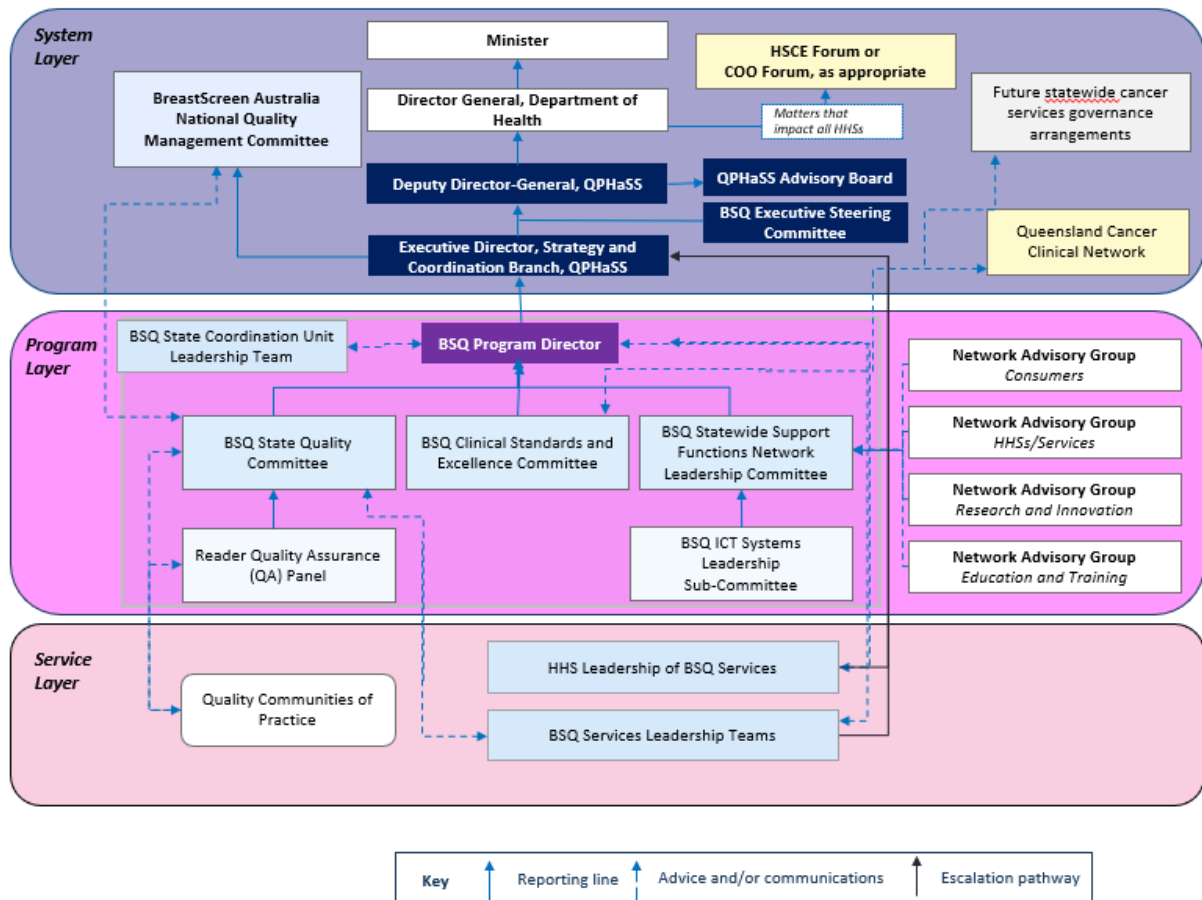
The Chair will consider and actively pursue intersection between other partners and stakeholders and governance committees within and outside of the health system. The Chair will create a direct relationship and regular cadence of communication with the BSA national program for proactive safety and quality management and to share successes, learning and broader experiences in delivering safety and quality outcomes for the BSQ program.

17. Approving Authority

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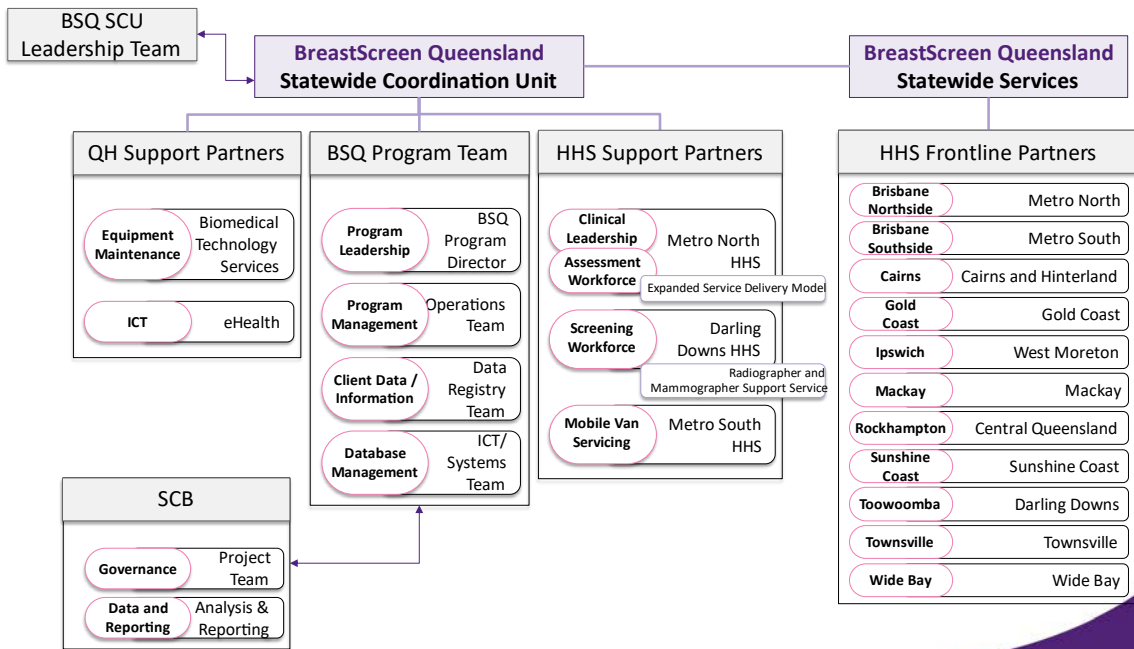
Review date

Appendix 1: BSQ State Governance Framework



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Appendix 2: BSQ State Coordination Unit



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