

EOI: BSQ Statewide Support Functions and Operational Leadership Committee Membership

Expression of Interest

The BreastScreen Queensland (BSQ) 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 Statewide Support Functions and Operational Leadership Committee (SSFOL) for a period of two (2) years. The SSFOL acts as the peak body that oversees and monitors statewide support functions and operational decisions that impact the program. This includes services provided by central teams and leadership roles or by hosted arrangements provided by Hospital and Health service delivery teams.

The BSQ SSFOL 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:

- Clinical governance, quality assurance and risk management
- Health service management
- Patient safety
- Networked service delivery models
- Workforce capability and development
- Contract management
- Digital health
- Consumer with lived experiences
- 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 **14 February 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 SSFOL 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 Statewide Support Functions and Operational Leadership Committee

1. Purpose

The purpose of the BreastScreen Queensland (BSQ) Statewide Support Functions and Operational Leadership Committee is to provide governance and oversight of statewide hosted and centralised functions, teams and leadership roles, that are provided out to Hospital and Health Service delivery teams.

Specially, the Committee will systematically address operational decisions and risks, both clinical and non-clinical, that impact the BSQ program, whilst facilitating timely and effective decision-making regarding recommendations made by the BSQ ICT Systems Leadership Sub-Committee.

The Committee does not replace Hospital and Health Service responsibilities for oversight of local BSQ service delivery or the Department of Health (System Leader) responsibilities for oversight of the BSQ program.

2. Authority

The Committee:

- (a) Is accountable to the BSQ Program Director;
- (b) Is advised from the Program level by Network Advisory Groups and the BSQ ICT Systems Leadership Sub-Committee (see Appendix 1);
- (c) 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
- (d) 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 functions 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;
- (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 body that holds all the operational responsibility for the management and monitoring of statewide supporting systems, functions, processes and services that are provided by central teams and leadership roles or by hosted arrangements or agreements, out to Hospital and Health service delivery teams. These include:
 - a) BSQ mobile van operations and statewide mobile van and equipment maintenance
 - b) Statewide Coordinated Reading Model (SCRM) operations including planning and management of screen readers
 - c) BSQ Registry and help desk
 - d) BSQ Expanded Service Delivery Model including clinical leadership roles, statewide workforce relief pools and workforce capability development (training, upskilling and onboarding).
 - e) BSQ Radiographer and Mammographer Relief Service
 - f) System lifecycle management including development, maintenance and support and vendor management for systems (e.g. Registry, online booking system, PACS and mailhouse).
 - g) Data management including service reporting and analysis and quality assurance processes for data security, accuracy, integrity and organisation in accordance with the BreastScreen Australia Data Dictionary.
 - h) State Coordination Unit functions, including program level management, complaints management, coordination and support of service accreditation and Client and GP facing messaging (e.g. correspondence, SMS, consent forms and information sheets, Program website and statewide health promotion resources).
 - i) Remote radiology assessment
 - j) Service delivery and workforce capacity planning at a program level, including employment and contracting and business operations for future-readiness, continuity and sustainability.
- Manage the coordination of procurement and equipment maintenance support and activities for the BSQ program, in scenarios where it presents clear advantages.
- Manage any operational challenges and decisions that impact the program, providing direction on opportunities to be actioned within agreed timeframes.
- Make decisions on ICT system change requests and recommendations from the BSQ ICT Systems Leadership Sub-Committee to maintain State Coordination Unit compliance against relevant BreastScreen Australia policies and standards.
- Share successes, learnings and experiences in the pursuit of consistent and safe client-centred service delivery across the program and operational achievements that align with future strategic directions of the BSQ program to 2032.

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.

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, 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
- Matters considered and decisions made
- Risks and issues with supporting information

The Committee will receive the following written reports as a standing agenda item:

- BSQ Expanded Service Delivery Model
- BSQ Radiographer and Mammographer Support Service
- eHealth: Biomedical Technology Services
- BSQ Mobile Van Servicing
- BSQ Program Team (Department)

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 across the broader cancer care continuum. The Chair will be appointed by the Deputy Director-General, QPHaSS.

The Chair will:

- Provide strategic and operational 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.
- 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 people, particularly across the cancer care continuum. Members will be appointed by the Deputy Director-General, QPhaSS.

Members will have relevant skills, knowledge and experience and be comprised of:

- Clinical governance, quality assurance and risk management
- Health service management
- Patient safety
- Networked service delivery models
- Workforce capability and development
- Contract management
- Digital Health
- Consumer with lived experiences
- First Nations peoples health equity in cancer care

Ex-officio officers

- A/Program Director, BSQ SCU
- State Radiologist, BSQ SCU
- State Clinical Director, BSQ SCU
- State Nurse Counsellor, BSQ SCU
- State Radiographer, 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 membership 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 8-hour session per week through inter-entity journal transfers to the relevant Hospital and Health Service.

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 Committee 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
- Risk and Issues

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

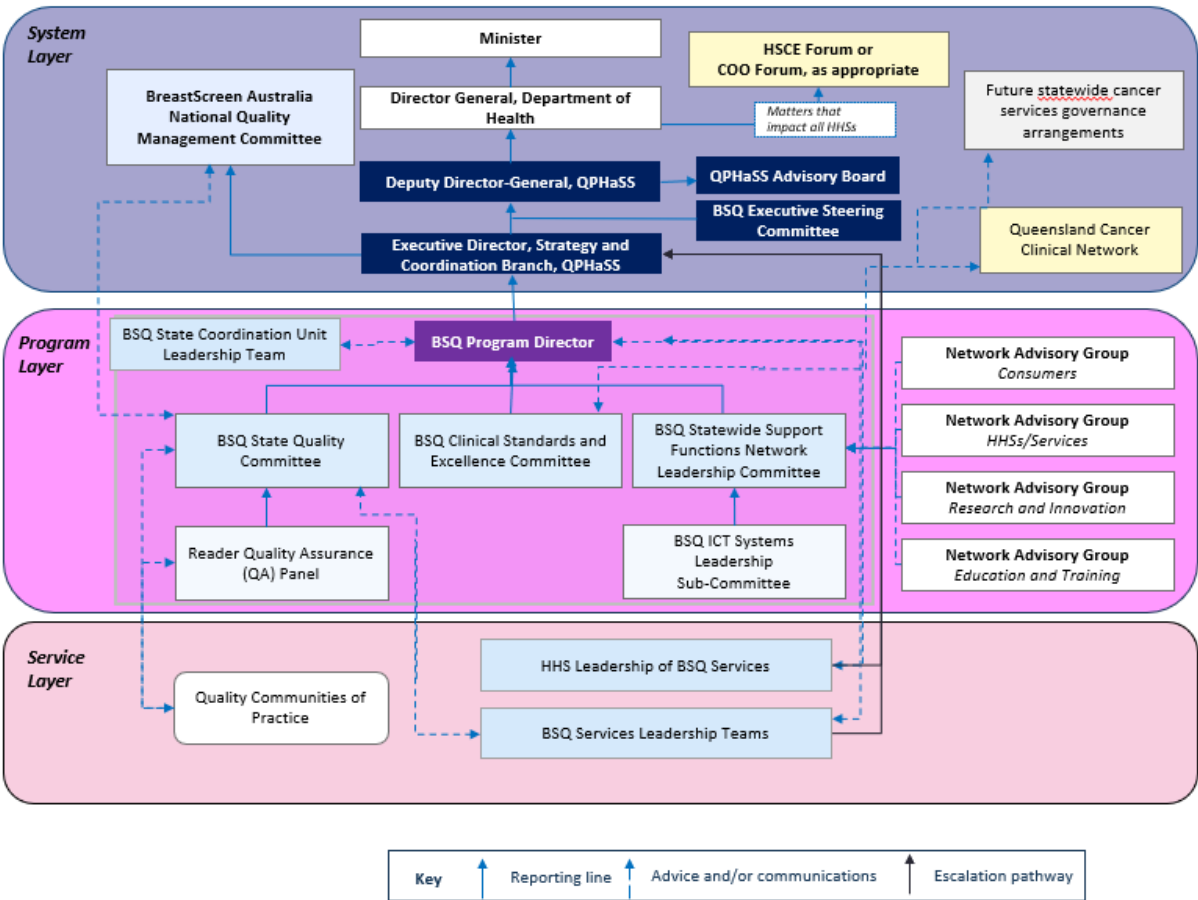
The Chair will actively pursue a level of intersection between other partners and governance committees and will seek advice from other governance structures and decision-making roles, where appropriate. The Chair will create a direct relationship and regular cadence of communication with other BSQ governance committees.

17. Approving Authority

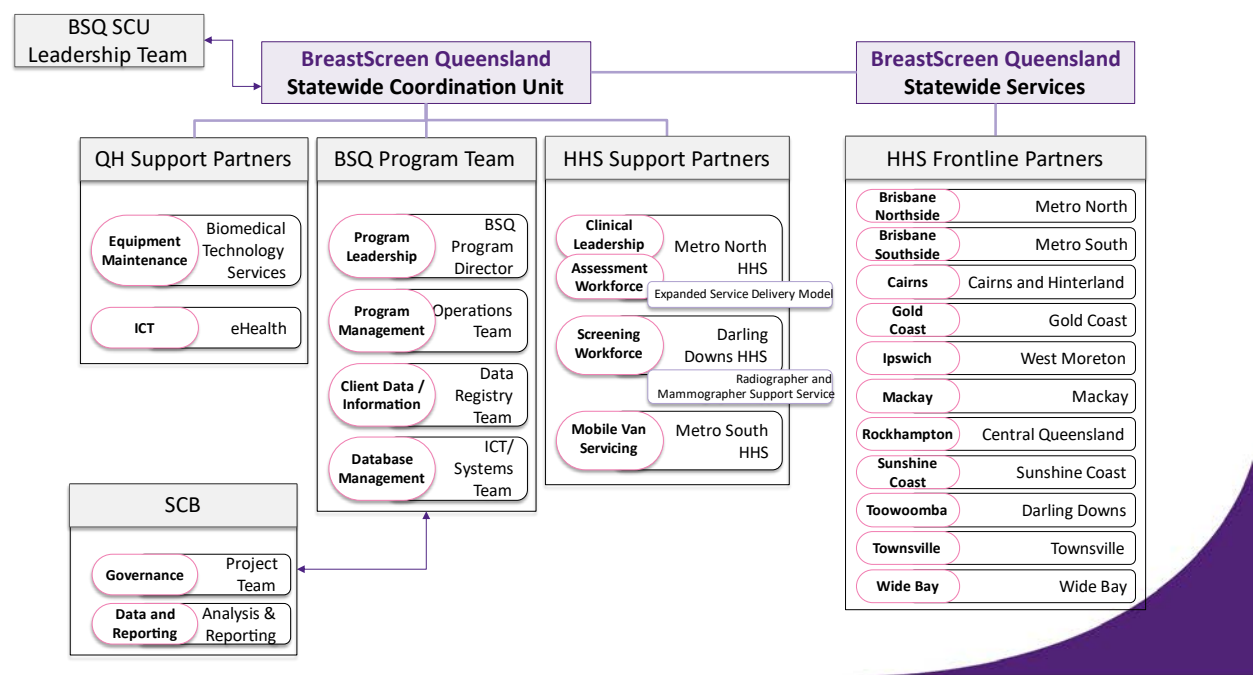
Nick Steele	XXX
DDG, QPHaSS	Chair, BSQ Statewide Support Functions and Operational Leadership Committee
Date	Date

Review date: XXX 2025

Appendix 1: BSQ State Governance Framework



Appendix 2: BSQ State Coordination Unit



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