

BreastScreen Queensland Strategic Participation Committee

Terms of Reference 2020



Introduction

The success of BreastScreen Queensland (BSQ) is dependent upon high uptake and participation by women in the target age group (50 to 74 years). It is estimated that death and illness from breast cancer can be reduced by 30% if 70% of women in the target age group participate in screening every two years.

The Queensland participation rate in 2017-18 was 55.1%, which was slightly higher than the national participation rate of 54.8%. The longer-term Queensland participation rate though, has been gradually declining since 2014-15, with the sharpest decline for the 55-59 year age group.

The Cancer Screening Strategic Framework 2019-2026 provides a prevention and early detection pathway for improved cancer outcomes for Queenslanders. Ambitious participations have been set given current BSQ participation trends, with these targets endorsed by the Department of Health's Strategic Management Committee. BSQ statewide participation target is 60% by the 2026/27 period.

Furthermore, Standard 1 of the BreastScreen Australia National Accreditation Standards for 'access and participation' and includes the following measures:

- ≥ 70% of women aged 50–69 years participate in screening in the most recent 24-month period
- ≥ 75% of women aged 50–67 years who attend for their first screening episode within the Program are rescreened within 27 months.
- >90% of women aged 50–67 years who attend for their second and subsequent screens within the Program are rescreened within 27 months of their previous screening episode.
- The Service and/or SCU monitors and reports participation of women aged 50–69 years from special groups and where rates are below that of the overall population, implements specific strategies to encourage their participation in screening.
- Consideration of equitable participation rates of at least the following groups is made: women from Indigenous, culturally and linguistically diverse, rural/remote and lower socioeconomic backgrounds.

Scope and Purpose

The Strategic Participation Committee (SPC) is responsible for leading, advising and setting strategic directions for program-wide participation initiatives and strategies for BreastScreen Queensland (BSQ).

The SPC will support a strategic approach to embedding a program-wide focus on participation and commitment to innovation, research and collaborative design between the Cancer Screening Unit (CSU), BSQ Services and Hospital and Health Services (HHS), so that it becomes “everyone’s business”.

The SPC will demonstrate a commitment to coordinated and integrated health promotion approaches with the goal of:

- optimising client-focused service delivery
- driving demand for services
- increasing screening activity and two-yearly participation rates (within the target age group), and
- focus on reducing inequities by considering the needs of under and never screened groups, in particular Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, rural and remote, low socio-economic women.

The SPC is responsible for:

- Using evidence to inform practice by reviewing BSQ state and HHS level participation data, research, reports and published literature related to increasing BSQ participation
- Advising and influencing existing program wide (i.e., statewide and HHS level) strategies to increase BSQ participation
- Provide expert advice to CSU, HHS and BSQ Services on the design and implementation of strategies to increase BSQ participation
- Building and maintaining partnership opportunities with internal and external stakeholders, including research institutes, to explore and implement, innovative and collaborative health promotion strategies
- Escalate relevant participation matters to the BSQ Quality Management Committee as necessary.

Membership

Membership

Committee membership and Terms of Reference will be reviewed bi-annually and includes:

- Chair (independent appointment)
- CSU Leadership Team representative
- CSU Advanced Health Promotion/Public Health Officer
- CSU Advanced Epidemiologist

- BSQ Service Manager representative – metro or regional
- BSQ Clinical Director representative – metro or regional
- BSQ Service Health Promotion representative – metro AND regional
- HHS representative – metro or regional
- BSQ Consumer representative
- DoH GP Liaison Officer – representative
- DoH Aboriginal and Torres Strait Islander representative
- Public Health/Health Promotion Researcher (note, ideally with a cancer screening interest)
- CSU Senior Public Health Officer (secretariat, ex-officio)

Guests and subject matter experts may be invited to present and participate in discussions as required.

Term of Appointment

- Membership is determined by the Cancer Screening Unit. The term of the appointment, via an expression of interest, is for two years and may be extended given requirements of the Committee.

Meeting Attendance & Proxies

- It is expected that all members will attend both meetings over a 12-month period
- Where necessary, members may delegate another staff member if unable to attend scheduled meetings. The member must notify the Chair or Secretariat prior to the meeting and ensure the delegate has appropriate information to participate in the meeting
- If a committee member fails to attend two consecutive meetings, without due cause, they will be required to give up their membership in lieu of a member who has greater availability

Quorum

- A quorum for a meeting is half the appointed number of members/proxies or if half is not a whole number then the next highest whole number

Privacy & Confidentiality

- Members of the Committee who are external to Queensland Health may receive information and documents relevant to the Terms of Reference that is regarded as confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. This responsibility includes, but is not limited to, the obligations as those for Board Members outlined in the Hospital and Health Boards Act 2011 in Part 7 Confidentiality.

- Members external to Queensland Health should not speak on behalf of the program in the media without prior permission from the Cancer Screening Unit.
- Members external to Queensland Health will sign a Declaration of Confidentiality prior to becoming a member of the Committee.

Conflict of Interest

- Conflicts of interest will be declared at the commencement of each meeting by members on matters related to the Agenda Items. Members will also inform the chair of any possible conflicts of interest that may arise throughout meeting discussions
- Members will refrain from active involvement on the matter of declared interest

Role of the Chair

Responsible for:

- Overall leadership of the Committee, including oversight of any input to plans, strategies and initiatives
- Ensure the committee functions effectively to achieve the aims, by facilitating contributions and participation of all committee members, the management of conflict, ensuring an appropriate competency base and managing the recruitment of new members and/or proxy members
- Hold accountability and approval for recommendations provided by the Committee
- The chair of the Committee will hold a minimum of 24 months in the position

Frequency of meetings

- The Committee will meet bi-annually, alternating with the BSQ Operational Committee, with additional meetings held where deemed necessary.
- The meeting may be conducted wholly or partly by teleconference or videoconference whereby participants are not necessarily in the same location
- Additional out of session meetings may be scheduled as necessary with the agreement of the Chair

Agenda Papers & Minutes

- Standing Agenda Items will be developed, and additional agenda papers can be submitted by either CSU or BSQ Services to the Secretariat at least 15 working days prior to the meeting for consideration by the Chair for tabling

- The Secretariat will compile and circulate the agenda at least 10 working days prior to the meeting
- Minutes will be recorded and circulated within 15 working days after the meeting, and circulated to members to share with the group they represent on the committee (i.e. Clinical Directors, Health Promotion Officers etc)

Role of Secretariat

- Secretariat support will be provided by the Cancer Screening Unit
- The purpose of the Secretariat will be for recording and preparing minutes, agendas, correspondence and other relevant administrative procedures

Reporting Relationships

- The SPC will report to the BSQ QMC as required, noting it is not bound by the QMC's Quality Assurance Committee conditions
- Advice from the SPC will be provided to CSU, HHS-BSQ Services or relevant Q Groups via distribution of meeting minutes
- BSQ Quality Groups will have communication pathways to the SPC via the secretariat

Amendment/Review History

The Terms of Reference, including membership review, will be reviewed on an annual basis:

Version	Date	Reviewed by	Amendments
1.0	1 June 2020	CSU	First draft based on PMC feedback
1.1	16 June 2020	CSU	Minor
1.2	2 July 2020	CSU & working group	Minor
1.3	14 July 2020	CSU & working group	Consolidation of working group meeting feedback
1.4-1.8	30 July -5 Aug 2020	CSU & working group	Further feedback from working group meeting
1.8	August 2020	PMC	Addition of privacy section, minor editing