

# TERMS OF REFERENCE

National Lung Cancer Working Group

November 2021

Chair: Paul Dawkins

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# 1. Background, purpose, and strategic alignment

## 1.1 Background

In October 2009, the Regional Cancer Networks and the Ministry of Health Cancer Team invited clinicians and other parties with an interest in thoracic malignancy to a meeting to gain agreement on the development of a National Lung Cancer Working Group (NLCWG). The aim of this group would be to achieve national consistency in the care of patients with thoracic malignancy.

The NLCWG was formally established early 2010 once the terms of reference, membership, and a proposed work programme was agreed. The NLCWG has been responsible for developing a number of guidance documents, standards and toolkits. It has maintained relationships with key stakeholders, as well as supported initiatives related to research, clinical education, and lung cancer public awareness campaigns.

### Te Aho o Te Kahu

The Government established Te Aho o Te Kahu, Cancer Control Agency (Te Aho o Te Kahu) as a new departmental agency on 2 December 2019. Te Aho o Te Kahu is independent from the Ministry of Health; the Chief Executive reports directly to the Minister of Health. It was set up to provide national leadership for, and oversight of, cancer control in Aotearoa New Zealand. In late 2019 the management of the NLCWG was transferred to Te Aho o Te Kahu.

Te Aho o Te Kahu has continued the Ministry of Health's cancer quality performance indicator (QPI) programme, which aims to drive quality improvement for cancer detection, diagnosis, and treatment throughout Aotearoa New Zealand.

Te Aho o Te Kahu uses QPIs to inform activity aimed at improving the quality of cancer services, addressing inequities, and delivering better outcomes for people diagnosed with cancer. The QPIs enable district health boards (DHBs) to compare their performance with others and use that comparison to drive their local quality improvement efforts.

The NLCWG's current role, with regard to the work programme of Te Aho o Te Kahu, is to inform (provide expertise to) the QPI programme, specifically the lung cancer QPIs, and any subsequent pieces of work or projects that arise from the lung cancer QPIs.

## 1.2 Purpose

The NLCWG provides advice, expertise, and support to Te Aho o Te Kahu on thoracic malignancy. The group is advisory; it is not a decision-making group as accountability sits with Te Aho o Te Kahu.

Its purpose is to:

1. Support Te Aho o Te Kahu in its efforts to achieve equitable, efficient, and sustainable best practice management of primary thoracic malignancy in the Aotearoa New Zealand health system.
2. Promote a nationally co-ordinated and consistent approach to the prevention, early detection, and delivery of care for primary thoracic malignancy patients, promoting equitable, timely and quality care for all patients and whānau.

3. To support Te Aho o Te Kahu to analyse and report on the lung cancer QPIs, which were initially calculated in 2021 and are scheduled to be recalculated every two years (2021, 2023, etc)
4. Assist Te Aho o Te Kahu to monitor performance and advise on relevant clinical service delivery.

### 1.3 Strategic alignment

Lung cancer is the leading cause of cancer death in Aotearoa New Zealand (Ministry of Health 2019<sup>j</sup>). Lung cancer also contributes to inequities in health outcomes, with mortality rates three to four times higher for Māori compared with non-Māori (Robson et al 2010).

Te Aho o Te Kahu is committed to working to improve equitable lung cancer outcomes.

NLCWG will align their work with the following health strategies and documents in order to achieve Pae Ora. These include:

- The [Cancer Action Plan 2019-2029](#) which outlines a pathway to improve cancer outcomes for all New Zealanders and is guided by four overarching principles: equity-led, knowledge-driven, outcomes-focused, and person and whānau-centred.
- [He Korowai Oranga: Māori Health Strategy](#) which sets the overarching framework to guide the government and health and disability sector to achieve the best health outcomes for Māori.
- [Whakamaua: Māori Health Action Plan 2020-2025](#) which is the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy. This aims to achieve better health outcomes for Māori by setting the government's direction for Māori health advancement over the next five years.
- [Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025](#) which provides direction to improve Pacific health and wellbeing, setting out priority outcomes and accompanying actions.
- The [New Zealand Disability Strategy 2016-2026](#), which sets out the vision for New Zealand to be a non-disabling society and guides the work of government agencies on disability issues.

## 2. Te Tiriti o Waitangi and achieving equity

### 2.1 Te Tiriti o Waitangi

Te Tiriti o Waitangi (the Treaty of Waitangi) provides an imperative for the Crown to protect and promote the health and wellbeing of Māori, including responding to and meeting Māori health needs.

The Wai 2575 Māori Health Trends Report (Ministry of Health 2019c) identifies lung cancer as the leading cause of death for Māori females aged 25 years and over, and the second leading cause of death for Māori males. From the initial hearings related to primary health care, the Waitangi Tribunal made several recommendations in accordance with the principles of tino rangatiratanga, equity, active protection, options, and partnership.

Whakamaua: Māori Health Action Plan sets out the health system intentions for the implementation of Te Tiriti o Waitangi, set out in terms of mana:

- **Mana whakahaere:** effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- **Mana motuhake:** Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.
- **Mana tangata:** Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- **Mana Māori:** Enabling Ritenga Māori (Māori customary rituals) which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy & customary practices) and encapsulated within mātauranga Māori (Māori knowledge)

The NLCWG recognises the central importance of Te Tiriti o Waitangi and seeks to uphold its obligations, including through working in partnership with Māori with a clear focus on achieving equity for Māori in terms of cancer outcomes. Each member has a responsibility to consider how advice may impact Māori cancer outcomes.

The NLCWG also recognises their responsibilities under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Articles 24 of the Declaration states:

- Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.  
Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realisation of this right.

The NLCWG will support Te Aho o Te Kahu to work in partnership with Māori and ensure Māori are actively involved in developing and determining healthcare approaches with respect to Māori people and culture.

Te Aho o Te Kahu will encourage and support Māori membership in the group. Currently this includes two Māori, one Hei Āhuru Mōwai member and one He Ara Tangata member. Additional advice can be sourced from Te Aho o Te Kahu Clinical Assembly Māori members and Equity Team.

## 2.2 Achieving equity

It is a priority for the government to deliver equitable health outcomes for all New Zealanders. In Aotearoa New Zealand, people have differences in health that are not only avoidable, but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Achieving equity is a central goal of Te Aho o Te Kahu and the NLCWG. In order to achieve equity, Te Aho o Te Kahu and the NLCWG recognises the importance of working in partnership with Māori and Pacific people, and other groups most affected by unequal outcomes. The NLCWG will support Te Aho o Te Kahu to take a broad and systematic approach to addressing

systems and processes, including systemic and racial bias, that disadvantage some groups, and to constantly monitor and evaluate our programmes to ensure achieving equity is central.

Te Aho o Te Kahu and the NLCWG will ensure that all work will have an equity focus as a priority.

### 3. Constitution and operation

#### 3.1 Role of Working Groups

Te Aho o Te Kahu co-ordinates working groups to provide advice on specialist areas within the cancer programme. The working groups are multidisciplinary in composition as appropriate. A clinician will chair clinically focused groups and the role of a group should be clear by its terms of reference.

Working groups may be disbanded by Te Aho o Te Kahu to reflect changes in work programme priorities and/or if specific projects have reached completion.

Te Aho o Te Kahu will work with each group to develop/ maintain appropriate terms of reference, membership, annual objectives appropriate to the group's area of expertise and work plan.

The working groups provide advice and expertise to Te Aho o Te Kahu.

The working groups do not represent or speak on behalf of Te Aho o Te Kahu.

#### 3.2 Key tasks

The key tasks for the NLCWG group are to:

- **Provide expert advice to** Te Aho o Te Kahu work programme initiatives that will prevent and/or improve lung cancer diagnosis and treatment outcomes such as:
  - improving lung cancer data
  - earlier detection of lung cancer initiatives
  - follow up and supportive care
  - quality performance indicator work programme
  - molecular testing
  - other key initiatives prioritised by Te Aho o Te Kahu to drive service improvements in care and outcomes and reduce inequities for people diagnosed with lung cancer.
- **Ensure Te Tiriti o Waitangi and meeting the needs of Māori are prioritised** (as described in 2) including ensuring:
  - there is evidence of Māori values influencing the group
  - there is evidence of Māori exercising their citizenship and right to self-determination as Māori within the group.
- **Ensure equity of health outcomes** is identified and addressed as a priority for the work of Te Aho o Te Kahu and that appropriate equity analysis is undertaken in the delivery of the work being undertaken by the group.
- **Assist with sector engagement** by proactively supporting effective relationships across the sector at a local, regional, and national level.
- **Support Te Aho o Te Kahu to be successful** in planning and implementing the national work programme related to improving lung cancer by providing both expert and practical advice and support

- **Act as champions for** improving lung cancer outcomes.

### 3.3 Roles and responsibilities

The NLCWG group has an obligation to conduct its activities in an open and ethical manner.

Members are expected to:

- Work co-operatively, respecting the views of others with a focus on improving health outcomes and overall system performance as well as improving the experience for health care for consumers, whānau and family
- Work strategically to ensure a sustainable system of improvement
- Act as a collective group, in the best interests of quality and safety initiatives locally, regionally, and nationally
- Be a point of liaison with relevant stakeholders, groups, and colleges, and back to their 'home' organisation
- Make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the group and the wider environment within which it operates
- Make every effort to understand the role and mandate of Te Aho o Te Kahu and support it to achieve/ deliver
- Identify and declare any conflicts of interests (via the conflict of interest register) and proactively manage any conflicts
- Maintain appropriate confidentiality
- Refer requests for media comments to the Chair, who will in turn liaise with Te Aho o Te Kahu regarding a response
- Keep their respective organisations/ groups updated on the NLCWG work programme.

In addition to the above, the chair of the group is expected to preside over meetings and make themselves available to work with Te Aho o Te Kahu staff to:

- Determine the agendas for meetings in a timely manner
- Ensure agendas are adhered to and Te Aho o Te Kahu staff get the advice and/ or decisions needed to progress the work between meetings
- Ensure the group functions in an appropriate manner in order to deliver as per the TOR and, where this is not the case, work to resolve issues with individual members, the wider group and with Te Aho o Te Kahu
- Act as spokesperson for the NLCWG as required in consultation with Te Aho o Te Kahu.

## 4. Membership

Membership will ensure that professional disciplines, geographical coverage, and the continuum of representatives are included.

The following disciplines should be included in the membership of the working group:

- Chairs of the regional lung cancer working groups (who can also be one of the specialties listed below)
- Respiratory Physician
- Radiation Oncologist
- Medical Oncologist
- Thoracic Surgeon
- Clinical Nurse Specialist
- Radiologist
- Primary Health representative
- Consumer representatives
- Māori representatives
- Palliative care
- Research
- Public Health
- Pathologist
- Epidemiologist

#### 4.1 Māori membership

The NLCWG will have at least two Māori members in this group and will work with Hei Āhuru Mōwai to achieve this.

#### 4.2 Consumer membership

The NLCWG will have at least two consumer members in this group and will work with He Ara Tangata, the Agency's Consumer Reference Group.

Te Aho o Te Kahu attendees are ex officio and therefore not members of the group; rather they are in attendance to support the group to function and report back on actions and deliverables.

#### 4.3 Appointment Process

- Te Aho o Te Kahu will seek nominations for membership through relevant clinical colleges, cancer centres/hospitals and other key stakeholder groups.
- Members should ensure they have the support of their organisation as a member.
- Depending on the work programme, appropriate experts and stakeholders may be invited to participate by Te Aho o Te Kahu.

#### 4.4 Chair

- The Chair will be appointed by Te Aho o Te Kahu after consultation and with the agreement of the NLCWG.
- The Chair will be appointed for a two-year term and may be reconfirmed for a further two years as agreed by NLCWG and Te Aho o Te Kahu.
- A Chair Elect position will also be appointed to support the Chair and with a view to replace the incumbent Chair at the end of their term.
- Any member wishing to be nominated as chair of the NLCWG should ensure they have support of their organisation and the capacity to undertake the role prior to accepting the chair position.



#### 4.5 Attendance

Continuity of membership is preferable and generally, substitutes will not be nominated to attend in the absence of another member, unless it is considered helpful to co-opt colleagues with expertise to provide advice on specific agenda items. In these circumstances, it is the responsibility of the NLCWG member to ensure the substitute is fully briefed and understands their responsibilities.

Members are expected to attend meetings regularly and notify the Chair and/or Te Aho o Te Kahu if they are unable to attend a meeting. Members will not be absent for three meetings or more in a row unless an exception is granted by the Chair.

Invited guests of the Working Group will attend at the request of the Chair of the NLCWG or Te Aho o Te Kahu.

#### 4.6 Resignation process

Members may resign in writing at any time by advising the Chair and/or Te Aho o Te Kahu.

#### 4.7 Termination process

If a member is absent from three consecutive meetings that member can be removed, and another can be elected/appointed in their place. Breaches of this TOR may result in termination of membership by Te Aho o Te Kahu, which will be done in writing, citing the reason/ rationale. Prior to termination Te Aho o Te Kahu will attempt to resolve the issue(s) with the member in consultation with the chair and wider membership as appropriate.

### 5. Meetings, decision making and quorum

- a. Te Aho o Te Kahu will liaise with the chair to determine the timing of meetings (to align with key deliverables or decisions required)
- b. The group will meet a minimum of two times per annum with subgroup meetings held as required when working on producing key documents.
- c. The majority of meetings will be online (via Teams or Zoom).
- d. One meeting per annum will be in person.
- e. Where substantive decisions or recommendations are required, all members will be encouraged to contribute by email either in advance or after the meeting.
- f. Decisions as to the advice to be provided to Te Aho o Te Kahu by the group will be made by consensus.
- g. Quorum for the meetings will be half the members plus one (excluding Te Aho o Te Kahu ex officio members). If a member is unable to attend, a deputy may be invited for their clinical expertise. Meetings can proceed without quorum, but for information sharing purposes only – decisions cannot be made by the group unless there is quorum.
- h. Members are expected to attend meetings regularly and notify the Chair and/or Te Aho o Te Kahu if they are unable to attend a meeting.

- i. Both Te Aho o Te Kahu and the Chair have the discretion to restrict a part of the meeting to a subset of the full group. Any restricted session will be reflected on the meeting agenda.

## 6. Secretariat and support

Te Aho o Te Kahu will ensure that the group is adequately supported, including by providing secretariat services.

The responsibilities of the secretariat include:

- a. Preparing and distributing the agenda and associated papers at least five working days prior to meetings.
- b. Recording and circulating the minutes no later than three weeks following the meeting date.
- c. Managing the organisational arrangements for meetings, including travel bookings, the provision of rooms and audio-visual equipment and refreshments (for in person meetings).

## 7. Minutes and communication

### 7.1 Minutes

Minutes will be taken at each meeting to record the matters discussed, decisions made, agreed action points and recommendations made.

Minutes will be circulated no later than three weeks following the meeting date and reviewed and approved at a subsequent meeting.

The final, approved version of the minutes will be provided to all relevant sector groups and published on the Te Aho o Te Kahu publications web page: <https://teaho.govt.nz/reports>

In general, all aspects of the NLCWGs meetings will be minuted; however, it may be that by agreement of the group, some discussions are not minuted.

### 7.2 Communications

Key messages from the group will be communicated via Te Aho o Te Kahu communication channels and mechanisms, such as websites, newsletters, and emails to key stakeholders.

All media communication in relation to the work of the NLCWG will be via Te Aho o Te Kahu.

The Chair may play a role in media communications; however, this will be at the direction of Te Aho o Te Kahu.

## 8. Confidentiality

NLCWG members are expected to maintain confidentiality of agenda material, documents and other matters forwarded to members, unless otherwise specified.

Members are not to represent themselves as agents of Te Aho o Te Kahu or speak on behalf of the group or Te Aho o Te Kahu without express written permission from Te Aho o Te Kahu.

The above requirement does not restrict members from making media statements relating to their personal expertise or to other roles they hold.

If a member receives a media request or enquiry relating to the group, they should direct the enquiry to the Chair, who will in turn liaise with Te Aho o Te Kahu.

## 9. Conflicts of interest

To ensure the group can act with integrity and transparency, all members are required to identify and declare any actual, potential, or perceived conflicts of interest that may impact on their role by completing the *'Declaration Form for Candidates on Committees, Boards, Advisory Groups'* (Appendix 1).

When members believe they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity, they must declare a conflict of interest and withdraw themselves from the discussion and/or activity. The group will then decide whether or what part of the subject under discussion the member may take part in.

Conflicts of interest will be documented in minutes.

## 10. Term

Members will be appointed for a period of three years with the option of renewal after that period, for a maximum of six years. This clause does not apply to clinical leaders/directors whose membership is dependent on their leadership role within their hospital. If the leadership role or skills of the member are considered to be of ongoing benefit to the group, then membership can be extended for as long as this applies.

A retiring member may continue to be a member of the group if no replacement is forthcoming.

## 11. Fees

Members who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises or crown entities are not permitted to claim a fee to attend meetings.

Te Aho o Te Kahu has a fees framework that applies to members who are not included in the above groupings. This framework matches the requirements set by the Department of the Prime Minister and Cabinet, which were updated in June 2019, where any reasonable costs incurred in attending face-to-face meetings will be met by Te Aho o Te Kahu, including a nominal fee to cover attendance and time spent in preparation. Stakeholders for whom the fees framework is relevant to should discuss this with Gabrielle Nicholson prior to accepting the offer of membership.

Further information about fee's framework can be found here: <https://dpmc.govt.nz/publications/co-19-1-fees-framework-members-appointed-bodies-which-crown-has-interest-html#section-6>.

For this group, for participants that qualify for fee payment, the fees are as follows:

- Chair = \$450.00 per day

- Member = \$325.00 per day.

For full day meetings, members will also be paid for a half day of preparation time (i.e.: a total of one and a half days or 12 hours).

For meetings that are less than a full day but four hours or more, members will be paid for a full day to cover both attendance and preparation time.

Where meetings are for less than a half day, members will be paid by the hour (i.e.:  $\$325/8 = \$40.60$  per hour or  $\$450/8 = \$56.25$ ). If preparation time was required for meetings lasting less than half a day a minimum fee of half a day may be approved and this will be managed on a case-by-case basis.

Payments for meeting attendance and preparation are considered taxable income by the IRD. Members are responsible for their own tax arrangements.

Te Aho o Te Kahu expects that members that are staff of a New Zealand public sector organisation, including public service departments, state-owned enterprises, or crown entities, will seek their employer's support to attend/ participate in the meetings. This support should include allowing staff the time needed to participate fully, both in preparation for meetings and at meetings, and meeting the costs of participation, such as travel, as specified below.

## 12. Travel

Travel will be kept to a minimum. Members who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises or crown entities are expected to get their employers to arrange and pay for any travel required for this group, using their organisation's usual mechanisms.

When necessary (i.e.: for members that are not included in the above groupings), Te Aho o Te Kahu will arrange any travel required for meetings or activities associated with the group. Travel must be booked through Te Aho o Te Kahu and/ or with the agency's approval.

## 13. Review of Terms of Reference

These terms of reference will be reviewed annually by Te Aho o Te Kahu, with changes and/ or updates made in consultation with the chair and members as required.

## Appendix 1 – Conflict of interest declaration form

### Declaration Form for Candidates on Committees, Boards, Advisory Groups

**Name:**

**Advisory Group:**

**Responsible Manager:**

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To ensure Te Aho o Te Kahu can act with integrity and transparency, all members / candidates for committees, boards or advisory groups are required to identify and declare any actual, potential, or perceived conflicts of interest that may impact on their role.

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#### Declaration

If you are aware of any actual, potential, or perceived conflicts you must discuss this with the relevant Chairperson and / or responsible manager and complete a standard Te Aho o Te Kahu Conflict of Interest Declaration in addition to this declaration.

Any breach of the Conflicts of Interest rules and guidelines as outlined by the Auditor General will be a breach of your obligations to Te Aho o Te Kahu.

These guidelines can be viewed at <https://oag.parliament.nz/2020/conflicts/docs/conflicts-of-interest.pdf/@download/file/conflicts-of-interest.pdf>

1	I have read and understand the Auditor General's Conflicts of Interest rules and guidelines and related material (please circle)	<b>Yes/No</b>
2	I have no interests that would potentially impact on my obligations to Te Aho o Te Kahu in the role applied for (please circle)	<b>Yes/No</b>
3	I will notify the manager of any actual, potential, or perceived conflicts of interest that may arise, or that I become aware of, while I am a member of the working group (please circle)	<b>Yes/No</b>

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Member  
(name)

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(Signature)

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(Date)

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<sup>i</sup> Ministry of Health. 2019. New Zealand Cancer Action Plan 2019–2029 – Te Mahere mō te Mate Pukupuku o Aotearoa 2019–2029. Revised January 2020 Wellington: Ministry of Health.