



TE AHO
O TE KAHU
CANCER
CONTROL
AGENCY

TERMS OF REFERENCE



National Pancreatic Cancer QPI Working
Group

4 November 2021

Chair: Professor John Windsor

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1. Background and strategic alignment

Background

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 CE 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.

Te Aho o Te Kahu has continued the Ministry of Health's cancer quality performance indicator (QPI) programme. This programme aims to improve the quality and reduce variation of cancer detection, diagnosis and treatment across Aotearoa, New Zealand.

Te Aho o Te Kahu, in partnership with the sector and expert-led working groups, develop national cancer specific QPIs. Calculating, reporting and monitoring QPIs that measure clinical process and outcomes is an internationally accepted approach to driving quality improvement in cancer care. District Health Board (DHB) performance against the QPIs is presented to enable DHB to compare their performance with others, and as the programme progresses, themselves, and use this information to drive their local quality improvement efforts.

The National Pancreatic Cancer QPI Working Group (NPCWG) was established in 2020 to lead and advise on the selection and calculation and implementation of pancreatic cancer quality performance indicators to support improvement of clinical process and patient outcomes.

Strategic alignment

The Work Group will align with key strategic documents including the following;

- 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.
- The [Radiation Oncology National Plan 2017-2021](#) builds on the first national plan by taking a broader perspective of the radiation oncology sector and looks beyond linear accelerator and workforce planning to include clinical planning.
- [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

Te Tiriti o Waitangi

[Whakamaua: Māori Health Action Plan 2020-2025](#) 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 NPCWG 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.

The NPCWG also recognises their responsibilities under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Article 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 NPCWG 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 support the NPCWG with achieving the above by providing data that will support the group to consider how advice may impact Māori cancer outcomes and ensuring that the NPCWG includes at least two Māori members.

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 NPCWG. In Aotearoa, Māori and Pacific people experience disproportionately poorer cancer outcomes, including lower overall cancer related survival outcomes. In order to achieve equity, the NPCWG recognises the importance of working in partnership with Māori and Pacific people, and other groups most affected by unequal outcomes.

Te Aho o Te Kahu takes a broad and systematic approach to addressing cancer care systems and processes, including systemic and racial bias, that disadvantage some groups. We also constantly monitor and evaluate our programmes to ensure achieving equity is central. The NPCWG will assist us with this, with regards to pancreatic cancer.

3. Constitution and operation

Role of Working Groups

Te Aho o Te Kahu establishes, and co-ordinates work groups to provide advice on specialist areas within the cancer programme. The work groups are multidisciplinary in composition as appropriate. A clinician will chair clinically focused groups and the role of a group will be made 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 groups area of expertise and work plan.

The groups provide advice and expertise to Te Aho o Te Kahu. Decision making/ accountability sits with Te Aho o Te Kahu for their deliverables. The work groups do not represent or speak on behalf of Te Aho o Te Kahu.

Groups associated with the development of QPIs are set up to inform that project and will be disbanded at the completion of the work, although Te Aho o Te Kahu maintains the right to contact and/ or reform the group for other purposes, as required.

Key tasks

The key tasks for NPCWG are to:

- Develop or select a set of QPIs appropriate for improving the quality of pancreatic cancer care
- Ensure the selected QPIs meet the following criteria, ie: the pancreatic cancer QPIs must:
 - Address an area of clinical importance that could significantly impact on the quality and outcome of care delivered for people diagnosed with cancer
 - Support the goal of achieving Māori health gain and equity
 - Be able to be measured with data from the Ministry of Health's national collections
 - Be evidence based and be appropriate for driving quality improvement.
- Assess in partnership with Te Aho o Te Kahu, the data requirements for the indicators to be measured and identify the areas for national data improvements.
- Support Te Aho o Te Kahu to calculate the indicators.
- In partnership with Te Aho o Te Kahu, interpret the results of the indicator calculations to inform the associated monitoring report and action plans.
- Act as advocates or champions for use of the QPI monitoring and action plans to inform quality improvement within the cancer and health care system
- Consider the goal of achieving equitable health outcomes throughout the QPI selection, calculation and interpretation process.
- Ensure Te Tiriti o Waitangi and meeting the needs of Māori are prioritised.
- Other activities for this group could include:
 - providing advice regarding pancreatic cancer quality improvement initiatives as part of the agency's strategic planning and prioritisation process
 - assist with sector engagement by proactively supporting effective relationships across hospitals/DHBs at a local, regional and national level.

Group conduct

The 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 on behalf of NPCWG 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 NPCWG 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.
- ensure 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 terms of reference 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 NPCWG (refer to sections 7 and 8 for further information), in consultation with Te Aho o Te Kahu.

4. Membership

The NPCWG membership will comprise appointed members to ensure that professional disciplines, geographical coverage, and the continuum of representatives are included.

Membership of the NPCWG will include representation from the following clinical areas/ expertise:

- surgery
- medical oncology
- radiation oncology
- anaesthetics
- cancer nursing
- palliative care
- radiology
- primary care
- allied health, eg: dietetics
- pathology
- ???
- bio-statistics/ epidemiology/ research???
- do any colleges, peak bodies or stakeholder groups need to be represented???

The group will include two Māori and two consumer members, as per the sections below.

Gender and geographic representation will also be considered when appointing members.

The NPCWG currently comprises of the following members:

Chair

Professor John Windsor, Surgeon, Auckland DHB/University of Auckland

Members

Associate Professor Adam Bartlett, Surgeon, Auckland DHB
Dr Andrew McCormick, Surgeon, Counties Manukau DHB
Dr Andrew Miller, Pathologist, Canterbury Health Laboratories
Dr Andrew Wilson, Anaesthetist, Auckland DHB
Dr Anna Wojtacha, Medical Oncologist, Nelson Marlborough DHB
Dr Chris McKee, Radiologist, Waitemata DHB
Dr Colleen Van Der Vyver, Palliative Medicine Specialist, Midcentral DHB
Dr Daniel Cookson, Interventional Radiologist, Counties Manukau DHB
Dr David Orr, Hepato/gastroenterologist, Auckland DHB
Dr David Rowbotham, Hepato/gastroenterologist, Auckland DHB
Dr Dean Harris, Medical Oncologist, Canterbury DHB
Dr Frank Weilert, Gastroenterologist, Waikato DHB
Dr Gabriel Lau, Radiologist, Southland DHB
Grant Middleton, Consumer
Helen Brown, Dietitian, Nurse Maude Canterbury
Dr Hermann Van der Vyver, Radiation Oncologist, Midcentral DHB
Dr Janet Hayward, General Practitioner, Nelson-Marlborough
Dr Jeremy Rossaak, Surgeon, Bay of Plenty DHB
Professor Jonathan Koea, Surgeon, Waitemata DHB
Professor John McCall, Surgeon, Southern DHB/Dunedin School of Medicine
Dr Kate Clarke, Medical Oncologist, Capital and Coast DHB
Dr Matthew Drake, Anatomical Pathologist, Canterbury DHB
Dr Michael Rogers, Surgeon, Waitemata DHB
Nadine Peake, Cancer Nurse Coordinator, Canterbury DHB
Dr Paul Restall, Histopathologist, Auckland DHB
Petro Nel, Clinical Nurse Specialist
Dr Saxon Connor, Surgeon, Canterbury DHB
Dr Simon Bann, Surgeon, Capital & Coast DHB
Sue Lodge, Palliative Care Nurse, Mary Potter Hospice, Kapiti
Dr Sam Wall, Anaesthetist, Auckland DHB.

Māori membership

Te Aho o Te Kahu has a goal that all of its working groups have at least two Māori members, which will be achieved with assistance from Hei Āhuru Mōwai, the Agency's Māori Cancer Leadership Group.

Consumer membership

Te Aho o Te Kahu has a goal of all appropriate groups having two consumer members, which will be achieved with the assistance of He Ara Tangata, the Agency's Consumer Reference Group.

Appointment process

Chair

- Te Aho o Te Kahu will appoint the Chair of NPCWG with the agreement of the NPCWG.
- The Chair will be appointed for a two-year term and may be reconfirmed for a further two years as agreed by the NPCWG and Te Aho o Te Kahu.
- Any member wishing to be nominated as Chair of the NPCWG should ensure they have support of their DHB and the capacity to undertake the role prior to applying for and/ or accepting the position.

Members

- Te Aho o Te Kahu will seek nominations for the clinical and other representatives through DHBs, colleges, peak bodies and key stakeholder groups.
- Members should ensure they have the support of their employer prior to applying for and/ or accepting a membership term.
- The consumer representatives will be appointed by Te Aho o Te Kahu and will be provided with support to ensure they can fully participate in the group.
- Appointments will be criteria based, with expertise, geographical spread, representative spread, and similar, taken into consideration.
- If a member resigns from the group, Te Aho o Te Kahu may appoint a replacement member.
- 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.

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 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 NPCWG or Te Aho o Te Kahu.

Resignation process

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

Termination process

Breaches of this terms of reference 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

Te Aho o Te Kahu will liaise with the Chair to determine the timing of meetings (to align with key deliverables or decisions required).

The group will meet as required to achieve the pancreatic cancer QPI programme of work. It is envisioned that the full working group will meet bimonthly for the duration of the pancreatic cancer QPI project.

Te Aho o Te Kahu may request or the group may decide to delegate the detailed/ intensive work to a sub group. Those who self-nominate to be part of a sub working group will meet more often (eg: approximately every three to four weeks) and maybe contacted directly by Te Aho o Te Kahu to provide advice on specific topics or aspects of work as needed. Where substantive decisions or recommendations are required, all members will be encouraged to contribute, eg: by email either in advance or after the meeting.

Decisions as to the advice to be provided to Te Aho o Te Kahu by the group will be made by consensus.

Quorum will be half the number of members plus one and must include the Chair.

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:

- Preparing and distributing the agenda and associated papers at least five working days prior to meetings
- Recording and circulating the minutes no later than three weeks following the meeting
- 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

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 website

In general, all aspects of the NPCWG's meetings will be minuted; however, it may be that by agreement of the group, some discussions are not minuted. Decisions to not minute can be made in advance or at the time.

Communications

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

All media communication in relation to the work of the NPCWG 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.

Working Group members will be responsible for keeping their respective organisations/ groups updated on NPCWG's work programme.

8. Confidentiality

NPCWG members are expected to maintain confidentiality of agenda material, documents and other matters forwarded to them, unless otherwise specified or where the document is for wider distribution.

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*" Form (see Appendix 1).

In addition to completing the Declaration Form, when members believe that they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistency with the Working Group's functions, they must declare a conflict of interest and withdraw themselves from the discussion and/or activity. The Working Group will then decide what part the member may take in any relevant discussion.

Conflicts of interest will be documented in minutes.

10. Term

Groups associated with the development of QPIs are set up to inform that project and will be disbanded at the completion of the work, although Te Aho o Te Kahu maintains the right to contact and/ or reform the group for other purposes, as required.

The NPCWG will be convened for the duration of the pancreatic cancer QPI project. Once this project is complete the group will be disbanded. The pancreatic cancer QPI project is forecast to be complete by the end of 2022; Te Aho o Te Kahu staff will ensure that the group is involved in developing and agreeing the project timeline and any risk to delivery/ meeting the agreed timeline will be communicated to the group, with new dates mutually agreed.

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 should discuss this with Te Aho o Te Kahu prior to accepting the offer of membership.

Further information about the fees 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 (ie: $\$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 district health boards, 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.

Te Aho o Te Kahu will fund travel for members who are not included in the above groupings.

13. Review of Terms of Reference

These terms of reference will be reviewed as needed and/ or 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:

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.

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)	Yes/No
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)	Yes/No
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)	Yes/No

Member
(name)

(Signature)

(Date)