

25 JUL 2018

Security classification: In-Confidence

Health Report: Independent Assurance Review for the National Bowel Screening Programme

Date:	25 July 2018	Report No:	HR20181454
		File Number:	AD62-14-2018

Action Sought

	Action Sought	Deadline
Minister Clark	Agree	30 July 2018
Minister Genter	N/A	
Minister Salesa	N/A	

Contact for Telephone Discussion (if required)

Name	Position	Telephone	Contact Order
Jill Lane	Director Service Commissioning	s 9(2)(a)	2nd Contact
Astrid Koornneef	Group Manager National Screening Unit		1st Contact

Actions for the Minister's Office Staff

Return the signed report to Ministry of Health

Note any feedback on the quality of the report

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DISPATCHED
25 JUL 2018

Quill record number:
File number: AD62-14-2018
Action required by: 30 July 2018

Independent Assurance Review for the National Bowel Screening Programme Final Report

To: Hon Dr David Clark, Minister of Health

Purpose

This report informs you that the Ministry of Health (the Ministry) has received the report from the Independent Assurance Review for the National Bowel Screening Programme (NBSP) (the Review). The Ministry is providing you with a copy of the draft action plan for the implementation of the Review recommendations.

The Review was commissioned to provide you with assurance that the NBSP was well positioned for successful delivery, identify any changes that might be required and what the Ministry of Health can learn to support the design and roll out of further national initiatives.

Key points

- The key message from the Review is:
 - 'The [review] panel is fully supportive of the National Bowel Screening Programme and endorses its continued roll-out as planned.' (page 7 of the report).
- The Review recommendations can be categorised into five themes where additional effort and resource is advocated to improve the NBSP. The themes are:
 - Governance (clinical and operational)
 - Programme operation
 - Technology
 - Stakeholder relations and consumer engagement
 - Workforce
- The Ministry accepts the Review recommendations, and will be taking them to the Ministry's NBSP Governance Group and National Screening Advisory Committee meetings on 25 July 2018 to prioritise actions and set completion dates against each recommendation.
- The Report has rated each of the recommendations as 'critical' or 'essential':
 - critical recommendations should be completed within six months
 - essential recommendations completed within 12 months.
- There are additional recommendations at the end of each of the Review report's chapters. There are no suggested timeframes to complete these.
- The Ministry of Health will publish the Independent Assurance Review for the National Bowel Screening Programme report on its website. The Director-General of Health will be the Ministry spokesperson for this Review. A progress report on the recommendations will be proactively published at six and twelve months.

Contacts:	Jill Lane, Director, Service Commissioning	s 9(2)(a)
	Astrid Koornneef, Group Manager, National Screening Unit	

Independent Assurance Review for the National Bowel Screening Programme Final Report

Recommendations

The Ministry recommends that you:

- a) **note** that the Ministry of Health (the Ministry) accepts the Review recommendations
- b) **agree** that the Ministry of Health publishes the Independent Assurance Review for the National Bowel Screening Programme report on its website. **Yes/No**
- c) **agree** that after discussion with you the Ministry will publish, on its website, a progress report on the recommendations at six and twelve months. **Yes/No**
- d) **forward** a copy of this Health Report and Independent Assurance Review for the National Bowel Screening Programme to the Minister of Finance for information **Yes/No**
- e) **note** the Ministry has included the action plan for the 19 high level Review recommendations in the National Screening Solution Business Case and the 2018/19 National Bowel Screening Programme Business Case, which will be provided to you in the week ending 27 July 2018 for approval, before you send the business cases to the Minister of Finance for joint approval



Jill Lane
Director, Service Commissioning
Ministry of Health

Minister's signature:

Date:

Independent Assurance Review for the National Bowel Screening Programme Report

Background to the commissioning of the Report

1. Between November 2017 and 12 February 2018, the National Screening Unit (NSU), a business unit in the Ministry of Health (the Ministry) provided you with six reports about system errors identified with the Bowel Screening Pilot (the Pilot) invitation process. The system errors resulted in 15,000 individuals not being invited to participate in the Bowel Screening Pilot (the Pilot).
2. The individuals who missed being invited to participate in bowel screening were sent another invitation and an apology letter. Some of those not invited to participate in the Pilot developed bowel cancer. A clinical review is undertaken for individuals with bowel cancer to determine whether they were potentially impacted by the delayed invitation to screening. The NSU follows a process of open disclosure with individuals (and/or their General Practitioner) where it was possible a delayed invitation impacted on their clinical course.
3. On 13 February 2018, you announced an Independent Assurance Review for the National Bowel Screening Programme (NBSP) to provide you with assurance that the NBSP was well positioned for successful delivery, identify any changes that might be required and what the Ministry of Health can learn to support the design and roll out of further national initiatives.

The headline findings from the Report

4. The Review team of four report that:
 - a. 'by international comparisons the pilot was well conceived, had performed well and in several respects was of higher quality than a number of other internal pilots.
 - b. the panel is fully supportive of the National Bowel Screening Programme and endorses its continued roll-out as planned.'

(quotes from page 7 of the Review report)
5. The Review:
 - a. made 19 high level recommendations and 38 chapter recommendations (these are attached at **Appendix One**)
 - b. suggest that the Ministry respond to recommendations labelled 'critical' within six months and recommendations labelled 'essential' within 12 months.
6. The Ministry accepts all of the Review recommendations, and has grouped them into five themes:
 - a. Governance (clinical and operational)
 - b. Programme operation
 - c. Technology
 - d. Stakeholder relations and consumer engagement
 - e. Workforce

The Ministry's actions to date

Internal activity

7. The Ministry received the Report on 9 July 2018. On receipt, the Report was reviewed by the Director Service Commissioning, Group Manager, NSU and Programme Director, NBSP. The Ministry's Director-General has accepted all Review recommendations.
8. The Ministry has prepared its initial commentary to the high level and chapter recommendations (these are attached at **Appendix One**). This initial commentary will be formally presented to the NBSP Governance Group and National Screening Advisory Committee at their meetings on 25 July 2018. The Ministry will then confirm the action plan with timeframes for the Ministry to address the recommendations.

9. The Ministry will prepare a media statement and potential 'questions and answers', which will be shared with your office, in the usual manner.
10. The Ministry of Health will publish the Independent Assurance Review for the National Bowel Screening Programme report on its website. The Director-General of Health will be the Ministry spokesperson for this Review. After discussion with you, a progress report on the recommendations will be proactively published at six and twelve months on the Ministry website.

External activity

11. The Review report was provided, in confidence, to the National Screening Advisory Committee (NSAC) for discussion at their next quarterly meeting on 25 July 2018. NSAC is positioned to take a key role around a number of recommendations. Clinical governance recommendations are directly related to NSAC's role, as are other recommendations, particularly those in relation to achieving equity.
12. The Ministry shared the Review report, in confidence, with Central Agencies (The Treasury, Ministry of Business, Innovation and Employment (MBIE) and Government Chief Digital Office) ahead of a scheduled Treasury Better Business Case (BBC) clinic held on 12 July 2018 to finalise the National Screening (IT) Solution and 2018/19 Programme Business Cases.
13. The BBC clinic:
 - a. provides assurance to business case development (across all departments and agencies)
 - b. reviews business cases before they are submitted, in this case, to the Minister of Health and to the Minister of Finance (joint Ministers) for approval.
14. The Review's 19 high level recommendations are included in both business cases. Central agencies are happy with the proposed actions to address the Review recommendations.
15. You will receive the National Screening Solution (NSS) Business Case (HR20181131 will refer) and NBSP 2018/19 Business Case (HR20181067 will refer) for your approval in the week ending 27 July 2018. On signing them, you will need to pass them to the Minister of Finance for his approval.
16. Approval of the NSS Business Case will enable the Ministry to draw down the s 9(2)(f)(iv) contingency funding set aside in Budget 2016 for the National Screening (IT) Solution.

The Ministry's next steps to the end of July 2018

17. The Ministry will formally advise the Chair of the Review panel of its acceptance of all of the Review recommendations.
18. The NSU team will fully brief the Ministry's NBSP Governance Group and National Screening Advisory Committee at their meetings on 25 July 2018, which will set the Ministry's action plan to complete the Review recommendations.
19. The Ministry will upload the Review report to the Ministry's website.

Risks

20. Communication with stakeholders was a key recommendation of the Review, and there is a Ministry commitment to make this Report publicly available.
21. A key risk is not making the Report available on the Ministry's website as soon as practicable, as the Report will be requested under the Official Information Act 1982.

END.

Appendix One Independent Assurance Review Recommendations and Proposed Action Plan

Critical: within six months. Essential: within twelve months

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
	GOVERNANCE		
#1	The Ministry should strengthen the population health governance of the NBSP population register to ensure that every effort is made to avoid a repeat of the issues that led to eligible participants missing out on bowel screening during the pilot	Critical	<ul style="list-style-type: none"> ○ A number of activities have been undertaken as a result of the Bowel Screening Pilot register issues these include: <ul style="list-style-type: none"> • Any issues arising from the NBSP population register are reported to the Governance Group, National Screening Advisory Committee and the Clinical Oversight Group, as appropriate • The Ministry and National Coordination Centre (NCC) hold monthly clinical and operational meetings to monitor performance • The NCC is supported by a population health clinician and there is oversight from the NCC Clinical Governance Group • Extensive fail-safe reporting is in place to identify invitation or pathway issues. This is reported and monitored through the NCC operational and clinical governance groups • NBSP has a stringent IQA process in place • The Ministry will continue to act on lessons learnt as the NBSP is rolled-out.
#10	The current governance structure for the NBSP should be refined and more clearly articulated, ensuring appropriate pathways exist for escalation of issues and risks. (Same as Chapter 8 Rec. 2).	Essential	<ul style="list-style-type: none"> ○ The governance structure is currently under review. The recommendations from the Independent Assurance Review will be incorporated into the structure to be discussed at the July 2018 NBSP / HPV Governance Group and NSAC meeting ○ Membership of the Governance Group is likely to be expanded to include a DHB Chief Executive Officer and chair of NSAC or Bowel Screening Advisory Group (BSAG).
#11	Stronger evidence of clinical governance is needed across all aspects of the NBSP and at all levels, including within IT governance arrangements. This includes the programme	Essential	<ul style="list-style-type: none"> ○ The revised governance structure will clearly articulate how and where clinical governance is provided across the Programme, including: <ul style="list-style-type: none"> • Chief Medical Officer membership on the Governance Group will remain, with the NSU Clinical Director and NBSP Clinical Director continuing to attend as ex

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
	<p>Clinical Director formally and regularly reporting to the relevant executive governance groups to ensure clinical sector feedback. (Same as Chapter 9 Rec. 3)</p>		<p>officio attendees The Clinical Directors have a standard agenda item to discuss clinical matters on the Governance agenda</p> <ul style="list-style-type: none"> • Clinical membership of the Bowel Screening Advisory Group (BSAG), National Screening Advisory Committee, National Bowel Cancer Working Group, National Endoscopy Quality Improvement Programme (NEQIP) • National Coordination Centre Clinical Governance Group, plus screening expertise (currently provided by the NSU Clinical Director) on the Homecare Medical Ltd Clinical Leadership Group • Clinical oversight at the NSU operational level through the Clinical Oversight Group (COG) • Clinical oversight and input in to the NSS through clinical membership of the Design Authority and the Clinical Reference Group • Ongoing liaison between the NBSP Clinical Director and the clinical leads for the DHBs to ensure any clinical issues are identified and reported back into the NBSP.
	<p>Chapter 9 Rec. 3: The Ministry of Health and DHBs should ensure that both population health and clinical leadership operate effectively at a senior level.</p>		<ul style="list-style-type: none"> ○ Governance aspect covered under answer to recommendation 11 ○ Operational aspect covered under answer to recommendation 5.
PROGRAMME OPERATION			
<p>#5</p>	<p>The Ministry should continue to strengthen project management during the design, build and implementation of the NSS to ensure deliverables are met within the planned timeframes. It should review IT governance arrangements to ensure they are fit for purpose. (Same as Chapter 7 Rec. 4)</p>	<p>Critical</p>	<ul style="list-style-type: none"> ○ The project and governance structure are currently under review to ensure appropriate support and skillset is available for the delivery of the NSS and NBSP operations. The recommendations from the Independent Assurance Review will be incorporated into the structure to be discussed at the July 2018 NBSP / HPV Governance Group meeting ○ A Programme Manager, to manage all aspects of the NBSP, has been recruited, with a start date of late July ○ Recruitment for a Senior IT Project Manager has been completed with a start date of early August 2018.

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
#7	<p>To achieve equitable outcomes, NBSP should strengthen its approach to, and accountability for, equity at all levels. This includes increasing leadership and engagement of Māori, Pacific people and consumers. Funding to achieve this outcome should be budgeted for and directed.</p> <p>Chapter 9 Rec. 1: The Ministry of Health and DHBs must effectively involve Māori, Pacific peoples and consumers in the programme design, governance, delivery and monitoring.</p>	Critical	<ul style="list-style-type: none"> ○ The NBSPs equity focus will align with the Ministry's wider equity direction ○ This recommendation will be considered as part of the review of the Governance structure ○ The NSU has identified the need to employ a Senior Māori Leadership role ○ The Executive Lead for Māori Leadership is currently a member of the NBSP Governance Group. She is also the Ministry's lead on equity across the health system ○ Bowel Screening Advisory Group membership includes the Ministry Chief Advisor for Pacific Health, a senior clinical external Pacifica representative, the Chair of the Hei Ahuru Mowai, and a Māori academic ○ Key initiatives to improve equity have been identified by the NSU, which were informed by the sector, and supported by BSAG ○ Further areas to strengthen leadership and equitable outcomes continue to be explored in conjunction with stakeholders. A bid for Budget 2019 for funding requirements associated with equity initiatives will be submitted ○ Māori and Pacific networks were established in 2017, as part of the Bowel Screening Regional Centres, to support and inform those working in the NBSP ○ All written materials, and any significant changes to these materials, have been reviewed and informed by, Māori and Pacifica focus groups ○ Māori Hui and Pacifica Fono are ongoing within each DHB area as the programme is being rolled out.
	<p>Chapter 9 Rec. 4: Clear accountability for equity in programme delivery is needed, including intensive monitoring of bowel cancer epidemiology between different ethnic groups.</p>		<ul style="list-style-type: none"> ○ The NSU has ultimate responsibility for achieving equity but equity is the responsibility of all agencies involved in the delivery of NBSP eg, endoscopy nurses, general practice, DHBs, National Coordination Centre, and Regional Centres ○ Accountability for equity across the pathway will be reconsidered to ensure it is clearly articulated ○ The Monitoring and Evaluation plan includes monitoring by ethnicity and this is included as part of our suite of safety and monitoring indicators as well as all reports to both the DHBs and the public ○ In addition the need for equity and measurement of it is clearly articulated in the Benefits Realisation Plan

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#8	<p>The Ministry should note the health and disability sector's concern about the current age-range restrictions, in particular in relation to the equity impact for Māori. The Ministry should continue to closely monitor programme data and review the programme parameters, including age range, as more DHBs join the programme.</p>	Essential	<ul style="list-style-type: none"> ○ The NSU will support any Ministry initiatives to improve quality of ethnicity data. ○ A position paper endorsed by BSAG will shortly be released on the Ministry website which clearly articulates current evidence in relation to the equity impact for Māori. This will be shared with the sector, accompanied by a letter from Dr John Childs, the Chair of BSAG ○ The Ministry will closely monitor international evidence plus programme data and review the programme parameters, including age range, once the programme has been fully implemented from 2021 ○ Any changes to programme parameters would be subject to a future budget bid.
	<p>Chapter 9 Rec. 7: The NSU should begin planning to extend the age-range eligibility to 50–74 years for all population groups, so that the NBSP aligns with the evidence base for effective bowel screening programmes.</p>		
	<p>Chapter 9 Rec. 8: The NBSP should continue to monitor and review the evidence base for lowering the age range for Māori, as additional data becomes available.</p>		
#12	<p>The NBSP must use robust programme management to ensure all aspects of this complex programme, including risk, stakeholder engagement and quality assurance, are closely monitored and well managed. (Same as chapter 5, Rec. 7)</p>	Essential	<ul style="list-style-type: none"> ○ Project structure is currently being reviewed and this recommendation will be incorporated into changes being considered ○ The NBSP is using adapted PRINCE2 and MSP methodologies ○ The key positions of Quality Manager and Senior Quality Advisor are being recruited.
#13	<p>A full set of protocols and policies supporting the readiness and roll-out of the NBSP should be developed as a matter of urgency, to provide greater support and clarity to the sector.</p>	Essential	<ul style="list-style-type: none"> ○ The NBPS deployment team has developed a full set of protocols and policies supporting readiness. These are available on the shared workspace. These are in use and remain accessible by the relevant DHB staff. ○ These has been developed based on feedback from DHBs and the deployment team's knowledge, developed as part of the deployment process ○ Since the first DHBs went live, key documents have been further developed and completed

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			<ul style="list-style-type: none"> ○ Clinical guidelines and standards are regularly reviewed in response to developments and sector needs.
#15	<p>A single set of national quality assurance standards for colonoscopy (including colonoscopy units) should be endorsed, with clear agreement on accountability. This involves bringing together the Endoscopy Governance Group for NZ's (EGGNZ) quality assurance standards and the NBSP interim quality standards.</p> <p>Chapter 9 Rec. 4: A single set of national QA standards for colonoscopists should be endorsed, with a clear statement of agreement on accountability for the standards.</p>	Essential	<ul style="list-style-type: none"> ○ The NBSP Interim Quality Standards are currently being reviewed to ensure that the EGGNZ standards are adopted as a minimum. (In some instances Screening requires a higher standard than that recommended by EGGNZ) ○ NBSP continues to contract with NEQIP which works with endoscopy units to ensure the clinical safety of all colonoscopy procedures undertaken in the public health system.
#16	<p>A comprehensive multi-year funding pathway should be developed to help embed the programme throughout the sector. (Same as Chapter 5 Rec. 8)</p>	Essential	<ul style="list-style-type: none"> ○ Programme funding was sought in 2016 for the full implementation. The Cabinet decision was to fund the NBSP incrementally ○ Approval of the NBSP business case, for DHBs implementing bowel screening in the next financial year, by the joint Ministers of Health and Finance provides operational funding for multiple years.
#18	<p>A strong learning culture at The Ministry and across the NBSP needs to be promoted. This includes an openness to feedback, involvement of external expertise, transparency in decision-making and shared ownership of issues. (Same as Chapter 8 Rec. 1)</p>		<ul style="list-style-type: none"> ○ Opportunities for learning will be reviewed to give effect to this recommendation, including: <ul style="list-style-type: none"> ● Continued engagement with colleagues in other agencies to receive feedback and identify any learning opportunities from other programmes ● Greater use of Bowel Screening Regional Centres to share and disseminate learnings ● Continued use of external expertise to inform the NBSP both national and international. Bowel screening in New Zealand has been supported by a range of international advisors, including the NHS lead and the lead for the Canadian bowel screening programme. In addition, the NSU through its Clinical Director and Group Manager has ongoing engagement with screening in Australia

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			<ul style="list-style-type: none"> • Proactive release, on the Ministry/NSU website, of Health Reports, Cabinet Papers, business cases and research papers on NBSP, as well as the minutes of BSAG • Greater use of the Time to Screen website for sharing with participants • Recruitment of a Stakeholder Relations Manager will enhance the Ministry's engagement with stakeholders ○ Both NSAC and BSAG are external advisory groups.
#19	<p>Innovation and continuous quality improvement should be encouraged to achieve equitable access. This includes the provision of additional resources to develop, test and disseminate this learning. (Same as chapter 9 Rec. 2)</p>	Essential	<ul style="list-style-type: none"> ○ The NBSP continues to consider ways of improving quality and equity of access as outlined in Recommendation 7 ○ The Ministry will continue to work with DHBs, NCC and stakeholders on developing plans to support equity within current resources.
	Chapter 5 Rec. 4: The NSU needs to provide greater support to the DHBs during implementation, ensuring relevant documentation and data are easily accessible, including a full set of protocols and policies to support roll-out.		<ul style="list-style-type: none"> ○ How support is provided to DHBs during implementation will be reviewed, including use of the shared workspace where all documentation is available to the DHBs.
	Chapter 5 Rec. 6: The role of the RCCs both during implementation and in the long term should be clarified.		<ul style="list-style-type: none"> ○ This recommendation will be discussed at the Regional Centre meeting on 31 July 2018 ○ The specification in the Regional Centre contracts will be reconsidered in light of this recommendation and contract variations implemented as required ○ The roles and responsibilities information provided to DHBs will be reviewed and updated as required.
	Chapter 6 Rec. 5: Wait-times for colonoscopy (all indications) must continue to be closely monitored		<ul style="list-style-type: none"> ○ This will continue to be a key focus for the NBSP with support from a number of teams within Service Commissioning.
	Chapter 8 Rec. 7: A research and evaluation plan should be developed for the NBSP to provide independent review of different aspects of the programme.		<ul style="list-style-type: none"> ○ Action to meet this recommendation is still being considered.

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	Chapter 9 Rec. 5: A national approach to addressing cultural concerns about posting samples is needed, including discussions with primary care providers for sample drop-off.		<ul style="list-style-type: none"> ○ The NBSP is currently exploring options for a national solution to provide a physical drop-off point for FIT samples and their subsequent forwarding to the FIT Laboratory. This exploratory work will deliver an action plan for implementation.
TECHNOLOGY			
#2	<p>The Ministry should review the functionality and operation of the population register, to increase its accuracy and completeness. (Same as Chapter 5 Rec 3)</p> <p>Same as Chapter 7 Rec. 6: The Ministry of Health should undertake a review of the functionality and operation of the population register, to increase its accuracy and completeness. This includes a review of the ability of the NES to provide participant contact details.</p> <p>Chapter 9 Rec. 6: The Ministry of Health should undertake a review of the functionality of the population register, to increase its accuracy and completeness, with a focus on improving equity.</p>	Critical	<ul style="list-style-type: none"> ○ The Ministry will undertake a further risk assessment of the interim IT solution, this will be completed by the end of October 2018 ○ To ensure NBSP is using a comprehensive dataset, data for the preceding 36 months is sourced from the following sources: <ul style="list-style-type: none"> • National Health Index database, Mental Health database, National Minimum Dataset for Hospital Events, National Non Admitted Patient Data Collection, Pharmaceutical Claims Datamart, Laboratory Claims Collection, Cancer Registry, National Maternity Collection, PHO Data Warehouse and latest visit date in General Medical Services • The NCC Standard Operating Procedures document the use of any manual overrides and failsafe reporting • Any learning points from issues arising with the NBSP population register are formally notified to and actioned by the other screening programmes within the NSU, which may be affected by the same issue ○ Failsafe processes implemented by the NSU and NCC will be reviewed to ensure that any anomalies identified are investigated immediately and remedial action is taken to resolve the issues and prevent its recurrence. ○ Work is underway with the developer of the interim population register to provide some enhanced functionality to support active follow up for priority populations to improve equity of participation ○ An equity focus for the National Screening Solution (NSS) has been clearly articulated through the RFP and the subsequent design of the NSS ○ In the event of another invitation incident, the Ministry will manage this to keep confidence in the programme and assess that the benefits continue to out-way any harms.

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
#3	<p>Urgent consideration of ‘real-time’ integration with primary care IT systems should be given in order to increase participation in the programme through primary care’s access to a participant’s full screening process (Same as Chapter 7 Rec. 1).</p>	Critical	<ul style="list-style-type: none"> ○ The requirement to integrate with primary health was identified in the RFP, and is included as part of the current NSS Universal design ○ Integration between the systems is included in the design of the NSS however it is not real-time. The real-time integration with primary care IT systems has been explored as part of the process for the NSS for bowel screening but is not considered value for money. It could potentially become available if cervical screening is implemented on the NSS ○ Current processes provide full transparency of screening progress for participants for Primary Health, other than notification of registration (prior to the completion of the first screening round) ○ This requirement will be revisited through the design phase, where any requirement will be tested against feasibility, quality, time and cost. The NBSP’s Primary Care Lead will support this process to ensure there is input and advice from Primary Care into this process ○ Direct real time access is currently out of scope for the NSS, is not funded and would therefore be subject to a further budget bid.
#4	<p>The Ministry needs to continue to monitor and manage carefully the ongoing risk that limited functionality of the BSP+ presents. (Same as Chapter 7 Rec. 2)</p>	Critical	<ul style="list-style-type: none"> ○ Monitoring is in place and ongoing, across both the NSU and NCC, in particular post DHB implementation ○ The eight DHBs using the interim IT solution (BSP+) are expected to migrate to the NSS in 2019/20. The timing of the transition will be finalised once there is greater certainty on the development timeline for the NSS ○ DHBs implementing screening from March 2019 onwards will utilise the NSS.
#6	<p>DHBs, the primary care sector and NCC should be appropriately involved during the design, build and subsequent phases of the NSS (Same as chapter 7 Rec. 3).</p>	Critical	<ul style="list-style-type: none"> ○ The Ministry is actively engaging with DHBs, NCC and other stakeholders as part of NSS design ○ The Change Management plan developed in support of the NSS business case sets out the stakeholder engagement strategy and approach. This will guide the sector and other stakeholder consultation during the build phase of the NSS and will ensure appropriate engagement during the validation (business acceptance testing) phase ○ The NSS Clinical Reference Group (CRG) and Design Authority (DA) are now operational. Terms of reference for the DA are defined and CRG terms of reference is in draft

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
			<ul style="list-style-type: none"> ○ A Technical Reference Group is being established to oversee technical governance across the sector ○ NCC have been engaged and will continue to be engaged through the design phase of the NSS: <ul style="list-style-type: none"> ● Budget has been identified within the business specifically to support this engagement ● A terms of reference that defined their engagement requirement throughout the whole NSS delivery life cycle has been defined ○ Engagement with stakeholders is led by the NBSP Sector Deployment Team to ensure consistent and robust messaging across screening programme and technology rollout ○ It is proposed that a DHB CEO is invited to be a member of the NBSP Governance Group.
	<p>Chapter 7 Rec. 5: Contingency plans for potential delays in the NSS roll-out should be strengthened and more clearly articulated.</p>		<p>A formal contingency plan will be developed at the end of the NSS design phase which outlines in more detail the following contingency opportunities, none of which are mutually exclusive:</p> <ul style="list-style-type: none"> ○ Should any issues arise requiring additional effort to keep NSS development to the timeline, then the Implementation Partner is able to draw upon a considerable pool of talent on-shore as well as off-shore ○ If despite additional resourcing, slippage still occurs, a limited amount can be accommodated in the 4-6 week technical contingency period prior to the first DHB implementation (delivery of NSS by end of March with Whanganui DHB not due to on-board until May) ○ Should the timeline slip further, then there is some ability to minimise the impact on DHBs by reprioritisation so that on-boarding new DHBs to the NBSP is given priority, allowing more time to develop the functionality to support DHB transitions. The downside of this fall-back is that the BSP+ will be required for longer including the manual processes (and additional staffing) in the National Coordination Centre ○ The final option is to pause the rollout of the NBSP as the option to on-board more than the planned eight DHBs on the interim IT solution has been discounted based on the current level of functionality (including the enhancements already underway)

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
			<ul style="list-style-type: none"> ○ The decision not to extend the interim IT solution to more than eight DHBs could be reviewed but would require additional unbudgeted funding as substantial regretful spend on the interim IT solution would be required to extend its use.
STAKEHOLDER RELATIONS AND CONSUMER ENGAGEMENT			
#14	<p>The Ministry and NSU should strengthen partnerships with external agencies and organisations, to ensure effective knowledge sharing. This includes partnerships with the Corporate Centre (State Services Commission, Treasury, and Department of Prime Minister and Cabinet), Waitemata DHB (WDHB), Bowel Cancer New Zealand and Hei Āhuru Mowai (Māori Cancer Leadership Group).</p>	Essential	<ul style="list-style-type: none"> ○ High profile nature of the NBSP requires careful risk management across the Corporate Centre as well as its regular reviews ○ Ongoing engagement is underway with the Corporate Centre. Engagement with Treasury is through the Vote Health team, the Better Business Case process, Gateway Reviews and the Major Projects Team. The NBSP is in regular contact with MBIE regarding procurement ○ Engagement with GCDO provides assurance on the IT elements of the NBSP. Monthly meetings are held with central agencies, the SRO and the NBSP team to share information and seek advice. The Ministry will explore with central agencies how this could be further enhanced
	Chapter 5 Rec. 1: The NSU needs to strengthen partnerships with external organisations to share knowledge and experience to support the NBSP roll-out.		<ul style="list-style-type: none"> ○ The need to strengthen relationships with key stakeholders will be incorporated into the NBSP structure review as well as through the Sector Deployment team including the Stakeholder Engagement role currently being recruited
	Chapter 5 Rec. 2: Efforts should be made to rebuild relationships between the NSU and Waitemata DHB to ensure lessons learned from the pilot are not lost and to reach agreement on policies and protocols for handling invitation issues.		<ul style="list-style-type: none"> ○ The Ministry and the NSU are working with the Ministry of Education and the Ministry of Social Development on social licence issues. These discussions are within the framework set by GCDO ○ The Deputy Chair of the NSUs Māori Monitoring and Equity Group is also a member of Hei Āhuru Mowai and opportunities are being explored for these groups to be closer connected
	Chapter 5 Rec. 5: The role of primary care in the NBSP should be reviewed and strengthened, to maximise opportunities to increase participation rates.		<ul style="list-style-type: none"> ○ Membership of the Governance Group is likely to be expanded to include a DHB Chief Executive Officer ○ The stakeholder engagement plan will be re-considered in light of the recommendations and updated

	Independent Assurance Review for the National Bowel Screening Programme Recommendations	Priority (for high level only)	Action Plan / Comment
	Chapter 8 Rec. 6: Partnerships with the Corporate Centre need to be strengthened to ensure adequate support and oversight of this high-risk programme.		<ul style="list-style-type: none"> ○ Stakeholder engagement is also included as part of the NSS change management plan.
	Chapter 10 Rec. 1: A consumer engagement plan should be developed for the NBSP, covering all levels of the programme and maximising opportunities for co-design.		
	Chapter 10 Rec. 2: A reference group of consumers, family and whānau should be established to provide oversight and influence at the governance level of the NBSP.		
	Chapter 10 Rec. 3: DHBs should liaise with existing regional cancer consumer groups and cancer non-governmental organisations to source consumer input, particularly at service delivery level, as a way of taking account of local issues and needs.		
#17	The Ministry should provide regular written communication to all parties involved in the roll-out. This would include a technical section updating issues related to the IT systems (BSP+ and NSS), as well as reports on clinical standards development, performance measures and learnings from other DHBs during the roll-out.	Essential	<ul style="list-style-type: none"> ○ NBSP will review its bi-monthly stakeholder update to implement this recommendation ○ The NBSP newsletter is produced as an e-letter, available to all DHBs, including those who have not yet implemented NBSP. It is publically available on the Ministry website and subscribers are automatically notified of each new issue ○ The NBSP will work with stakeholders on opportunities for sharing of information across DHBs and the NBSP Regional Networks.
WORKFORCE			
#9	A workforce development plan needs to be developed to ensure availability (and funding) of a sufficiently skilled workforce into the future (Same as Chapter 6 Rec. 2).	Essential	<ul style="list-style-type: none"> ○ The NSU have actively engaged with professional bodies to identify increased training opportunities

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	Chapter 6 Rec. 1: Further modelling of colonoscopy requirements should be undertaken with urgency, including giving greater consideration to which professional groups will be involved in any training undertaken with the purpose of increasing workforce capacity.		<ul style="list-style-type: none"> ○ The NBSP will work with Health Workforce NZ, who are leading a review of the workforce development plan in collaboration with stakeholders to support a sufficiently skilled workforce ○ Assumptions in the 2017 Health Workforce Model (created by Health Workforce New Zealand to plan for the required capacity for full rollout of the NBSP) will be tested to ensure they remain valid ○ Funding of workforce development for Nurse Endoscopist training is ongoing.
	Chapter 6 Rec. 3: Policies and processes need to be clarified and formalised regarding the credentialing, accreditation and recertification of colonoscopists.		<ul style="list-style-type: none"> ○ Action to meet this recommendation is still being considered, noting that the key responsibly for this area sites with the professional bodies and the Medical Council.
	Chapter 6 Rec. 4: It is necessary to conduct a review of colonoscopy prioritisation processes, for screening and other indications, and to better align colonoscopy timeliness with severity of risk.		<ul style="list-style-type: none"> ○ To be discussed with the National Bowel Cancer Working Group, who are currently reviewing direct access referral criteria, and action agreed. ○ The possibility of putting this on the next NBCWG agenda will be explored.
	Chapter 6 Rec. 6: Relevant professional groups (including physicians, surgeons and nurses) should be encouraged to maximise their use of colonoscopy lists for training.		<ul style="list-style-type: none"> ○ Action to meet this recommendation is still being considered, noting that the key responsibly for this area sites with the professional bodies and the DHBs.
	Chapter 8 Rec. 5: A more formalised national approach is needed to overseeing the credentialing of colonoscopists and the accreditation of colonoscopy units.		<ul style="list-style-type: none"> ○ The Ministry has received advice from the Endoscopy Guidance Group of NZ (EGGNZ) on accreditation of endoscopy facilities. Based on this advice the Ministry is currently undertaking a procurement process to engage a third party contractor to accredit those endoscopy facilities used to deliver services for the NBSP.