

Guide to Managing Colonoscopy Wait Time Indicator Performance

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Contents

1	Purpose	1
2	Introduction	1
3	New reporting requirements	2
4	Managing symptomatic and bowel screening colonoscopy wait times	4
5	New amber category in the CWTI monitoring process	6
6	Understanding performance ratings	7
6.1	Individual indicator performance	7
6.2	Overall indicator performance	7
7	Temporary dispensation for urgent colonoscopy wait-time indicator compliance	8
8	Declined colonoscopy referrals	8
9	Readiness requirements for bowel screening in terms of colonoscopy wait-time indicator compliance	9
10	Recovery plans	10
11	Escalation process	10
12	New RShiny colonoscopy wait-time indicator performance report	11
	Appendix 1: 2019/20 diagnostic reporting template example	12
	Appendix 2: Guide to District Health Boards to determine impact for a patient diagnosed with bowel cancer from delayed access to a colonoscopy	14
	Guidance criteria used to determine impact	14
	Appendix 3: Recovery plan example	18
	Recovery plan implementation	18
	Projected waiting list position	19
	Appendix 4: Escalation framework	20

List of Tables

Table 1: Colonoscopy wait-time indicator targets	5
Table 2: Recommended performance ratings	6

1 Purpose

This document supports endoscopy teams within district health boards (DHBs) to monitor and manage colonoscopy wait-time indicators (CWTIs) within clinically recommended timeframes.

2 Introduction

New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer is the second most common cause of cancer death in New Zealand, after lung cancer. New Zealand has the third-highest bowel cancer death rate in the OECD for women and the sixth highest for men.

The National Bowel Screening Programme (NBSP) aims to reduce the mortality rate from bowel cancer by diagnosing and treating cancers at an earlier, more treatable stage. Early identification and removal of precancerous advanced bowel adenomas aim to reduce bowel cancer incidence over time.

This can occur through ensuring symptomatic patients have timely access to diagnostics and through the introduction of the NBSP.

3 New reporting requirements

In 2012, the Ministry of Health introduced a reporting framework focusing on improving waiting times for four key diagnostic modalities (computed tomography, magnetic resonance imaging, coronary angiography and colonoscopy); this continues to be in place today. These measures are:

- 95 percent of accepted referrals for elective coronary angiography will receive their procedure within three months (90 days)
- 95 percent of accepted referrals for CT scans, and 90 percent of accepted referrals for MRI scans will receive their scan within six weeks (42 days)
- 90 percent of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100 percent within 30 days
- 70 percent of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 42 days, 100 percent within 90 days
- 70 percent of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date, 100 percent will receive it within 120 days.

For further detail on the accountability measurement details and data collection, refer to the Diagnostic Waiting Time Indicator Colonoscopy Document on the Electives Quickr website <https://collab.moh.govt.nz>.

We need to ensure that DHBs' implementation of the NBSP does not negatively impact patients on the symptomatic pathway. To ensure that all patients requiring diagnostic procedures are treated fairly and seen within maximum clinical wait times, the Ministry has developed a dedicated framework for monitoring symptomatic colonoscopy and bowel screening performance. These indicators will be measured and managed separately in 2019/20 <https://nsfl.health.govt.nz/dhb-planning-package/201920-planning-package/supplementary-information-201920-planning-guidelines-1>.

From 1 July 2019, DHBs' annual plans will include initiatives that improve diagnostic CWTI performance *and* support the achievement of national targets for the NBSP. Activities will focus on increasing health gains for priority groups and improving equitable participation and timely access to services. Activities must be measurable.¹

¹ See the Minister's 2019/20 Letter of Expectations: <https://nsfl.health.govt.nz/dhb-planning-package/201920-planning-package/supplementary-information-201920-planning-guidelines-1> (accessed 19 August 2019).

New reporting requirements² will measure the diagnostic recommended and maximum CWTIs for urgent colonoscopy, non-urgent colonoscopy and surveillance colonoscopy, and NBSP indicator 306 (if the DHB is providing the NBSP), to enable reporting alongside the three diagnostic CWTIs.

NBSP Indicator 306 states that '95 percent of people who returned a positive FIT³ have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT [information technology] system'.

The Ministry of Health's Planned Care Team produces final monthly CWTI results on the Wednesday following the National Booking Reporting System (NBRS) warehouse refresh that occurs on the first Monday of each month.

The NBSP Sector Deployment Team receives the CWTI 12-month trend report in the first week of the second month following a reporting period (eg, if the reporting period ends on 30 October, it will receive the report in early December).

² The new name of this measure is SS15: Improving waiting times for colonoscopy.

³ Faecal immunochemical test (FIT) Kit.

4 Managing symptomatic and bowel screening colonoscopy wait times

Colonoscopy wait-time indicators provide a means of collecting information on how well DHBs are managing patient flow. Provision of timely access to diagnostic assessment services for symptomatic patients and screening participants who require colonoscopies depends on many factors, including demand, scheduling and capacity.

These new reporting requirements sit alongside a new escalation process that ensures both the recommended colonoscopy wait times and the numbers of people waiting longer than maximum wait times receive equal focus. Achieving recommended wait times encourages timeliness, while providing colonoscopy procedures within maximum wait times manages clinical risk.

The Ministry recognises that there are circumstances when people wait longer than maximum wait times. Appendix 2 sets out a process that providers can use to determine whether, if a person develops cancer while waiting beyond maximum wait times, that person was potentially adversely impacted by the wait.

There are two clinically determined performance targets for urgent, non-urgent and surveillance CWTIs. Table 1 outlines the clinically appropriate length of time a procedure should be completed by and the maximum timeframe in which the procedure must be completed.

The NBSP does not have a performance target for monitoring the *actual* date a bowel screening colonoscopy is performed by. Bowel screening colonoscopy performance will be measured from the time a positive FIT Kit result is recorded in the NBSP information system and their first offered procedure date.

Table 1: Colonoscopy wait-time indicator targets

Category	Recommended wait time targets	Maximum wait times
Urgent	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for*) their procedure in 14 calendar days or less	100% ⁴ within 30 days or less
Non-urgent	70% of people accepted for non-urgent diagnostic colonoscopy receive (or are waiting for*) their procedure in 42 calendar days or less	100% within 90 days or less
Surveillance	70% of people accepted for surveillance colonoscopy receive (or are waiting for*) their procedure in 84 calendar days or less	100% within 120 days or less
Bowel screening	95% of people who returned a positive FIT have a first-offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system	

* or are waiting for refers to patients who have not yet received their procedure but are not breaching the recommended timeframe at month end.

⁴ Please note this will be calculated as 99.9 percent to allow for exceptions, and discretion will be applied.

5 New amber category in the CWTI monitoring process

Under the current reporting process, urgent, non-urgent and surveillance CWTIs are reported as green when target expectations are met and red when they are not.

The NBSP has introduced an amber category to this process. Amber provides a buffer zone allowing DHBs to react to fluctuating performance, which may be due, for example, to decreased capacity due to planned/unplanned leave or monthly variation in surveillance referrals.

The tolerance range for urgent and non-urgent colonoscopy wait times is 5 percent⁵ within the recommended target, while the surveillance measure has a 10 percent tolerance range (see Table 2). Amber results indicate that a target has not been met but the DHB's result is within the buffer zone.

The NBSP Interim Quality Standards⁶ state that a DHB endoscopy unit must ensure that a person's first offered colonoscopy appointment is within 45 days of the positive FIT Kit result being recorded in the NBSP Information System. The NBSP will trial an amber tolerance range for NBSP Indicator 306 performance for the purposes of calculating overall performance against all four recommended CWTIs.

Table 2: Recommended performance ratings

Performance rating (target)	Urgent (90%)	Non-urgent (70%)	Surveillance (70%)	Screening (95%)
Green	90–100%	70–100%	70–100%	95–100%
Amber	85–90%	65–70%	60–70%	90–95%
Red	0–85%	0–65%	0–60%	0–90%

⁵ For clarity, amber applies to the following ranges: 85.0–89.9 percent for urgent; 65.0–69.9 percent for non-urgent; 60–69.9 percent for surveillance; and 90–94.9 percent for screening. Red applies to the following ranges: 0–84.9 percent for urgent; 0–64.9 percent for non-urgent; 0–59.9 percent for surveillance; and 0–89.9 percent for screening.

⁶ National Screening Unit. 2017. *National Bowel Screening Programme Interim Quality Standards*. Wellington: Ministry of Health.

6 Understanding performance ratings

6.1 Individual indicator performance

In 2019/20, an individual indicator result will be green if:

1. it is at or above the recommended wait-time levels in Table 1, and
2. no people are waiting longer than maximum wait times.

An individual indicator result will be amber if it is within its tolerance range (refer to Table 1 and footnote 4).

An individual indicator result will be red if it is:

1. below the recommended levels, and/or
2. has anyone waiting longer than the maximum timeframe identified in Table 1, or
3. the DHB has not supplied data, or
4. the data provided is incomplete.

6.2 Overall indicator performance

A DHB will be green overall if it:

1. is meeting recommended colonoscopy wait times for urgent, non-urgent and surveillance colonoscopy, and
2. is meeting Indicator 306, and
3. does not have anyone waiting longer than maximum wait times.

A DHB will be amber overall if it:

1. is within the amber tolerance range for any indicator, and
2. does not have anyone waiting longer than maximum wait times.

A DHB will be red overall if it:

1. has not met one or more of the recommended wait times, or
2. has exceeded the maximum length of time an indicator can be in the tolerance range, or
3. has anyone waiting longer than maximum wait times.

Note: participants who self-defer colonoscopy procedures are excluded if the rescheduled procedure date will be completed within its recommended wait time; if the deferred procedure date will not be completed within the recommended wait time it is **not** excluded (see Appendix 1).

7 Temporary dispensation for urgent colonoscopy wait-time indicator compliance

District health boards largely meet urgent CWTIs, and the number of people waiting longer than recommended tends to be low. However, certain circumstances can result in DHBs exceeding recommended wait times; for example, in the case of patients who choose to defer their appointment.⁷

To address this issue, performance against the urgent CWTI will continue to be reported and escalated but will not determine a DHB's overall performance. Urgent indicator performance will be part of a DHB's overall performance rating from 1 July 2020.

8 Declined colonoscopy referrals

All DHBs are required to monitor and report on referrals that were declined because they did not meet the direct access criteria or the procedure was no longer required, through their normal reporting mechanisms (see key performance indicators in Appendix 1).

⁷ Diagnostic Waiting Time Indicator Colonoscopy: Accountability Measures, V8. <https://collab.moh.govt.nz>.

9 Readiness requirements for bowel screening in terms of colonoscopy wait-time indicator compliance

Previously, DHBs went live with the NBSP despite a history of inconsistent diagnostic CWTI performance. This decision was based on individual DHBs' assurance that this performance would improve in the near future. As this did not always happen (and indeed performance often deteriorated), the NBSP has revised its approach.

As a DHB prepares to implement the NBSP, it must now be consistently meeting all diagnostic CWTIs, and have no patients waiting longer than maximum wait times in the months prior to the readiness assessment. If a DHB does not meet these two requirements, it will not meet the NBSP's readiness criteria, and its go-live date may be delayed.

10 Recovery plans

If a DHB has reached Stage 3 on the Ministry's national escalation process (see Appendix 4), the NBSP will ask it to provide a detailed recovery plan outlining its trajectory for achieving performance within a mutually agreed timeframe. The NBSP will request regular written updates and teleconferences to discuss the DHB's progress against this recovery plan (Appendix 3 provides a sample recovery plan).

11 Escalation process

The escalation process aligns with the assessment/criteria ratings in the DHB non-financial monitoring framework and performance measures and the Monitoring and Intervention Framework (MIF).⁸ The purpose of the MIF is to encourage DHB performance. It is based on the principle that DHBs performing satisfactorily should be relatively free from intervention in their business and should be given full opportunity to achieve their objectives as set out in their approved accountability documents. The MIF provides increasingly intensive levels of monitoring and intervention in a consistent and transparent manner.

Appendix 4 outlines the escalation process.

⁸ <https://nsfl.health.govt.nz/accountability/operational-policy-framework-0/operational-policy-framework-201920>

12 New RShiny colonoscopy wait-time indicator performance report

The Ministry of Health developed the RShiny CWTI performance report to replace the Colonoscopy Diagnostic Waiting Time Indicator 12 Month Trend Report. District health boards can access this report on the RShiny website:

<https://minhealthnz.shinyapps.io/nsu-bsp-colonoscopyamberexplorer/>. The tool measures individual, regional and national CWTI performance, including for bowel screening. District health boards can select up to 12 months of data and view their performance against recommended and maximum colonoscopy wait times. Performance against maximum wait times is expressed in terms of both percentages and numbers of people.

Appendix 1:

2019/20 diagnostic reporting template example

Monthly return for:	
DHB:	
Month:	

KPI	Diagnostic colonoscopy waiting time indicators (including patients deferring their appointment beyond the maximum waiting time)	
101	Total number of accepted urgent referrals for diagnostic colonoscopy waiting at the end of the month	
102	Number of accepted urgent diagnostic referrals waiting 14 days or less at the end of the month	
103	Number of accepted urgent diagnostic referrals waiting 30 days or less at the end of the month	
121	Number of urgent diagnostic procedures carried out during the month	
122	Number of accepted urgent diagnostic referrals that had a procedure during the month who waited 14 days or less	
123	Number of accepted urgent diagnostic referrals that had a procedure during the month who waited 30 days or less	
201	Total number of accepted non-urgent referrals for diagnostic colonoscopy waiting at the end of the month	
202	Number of accepted non-urgent diagnostic referrals waiting 42 days or less at the end of the month	
203	Number of accepted non-urgent diagnostic referrals waiting 90 days or less at the end of the month	
204	Number of accepted non-urgent diagnostic referrals waiting 120 days or less at the end of the month	
205	Number of accepted non-urgent diagnostic referrals waiting 180 days or less at the end of the month	
221	Number of non-urgent diagnostic procedures carried out during the month	
222	Number of accepted non-urgent diagnostic referrals that had a procedure during the month and waited 42 days or less	
224	Number of accepted non-urgent diagnostic referrals that had a procedure during the month and waited 90 days or less	
223	Number of accepted non-urgent diagnostic referrals that had a procedure during the month and waited 120 days or less	

KPI Surveillance colonoscopy waiting time indicator (including patients deferring their appointment beyond the recommended waiting time)	
301	Number of accepted referrals waiting for surveillance colonoscopy at the end of month, whose procedure was due prior to the end of the month
302	Number of accepted surveillance referrals waiting 84 days or less past the planned procedure date at the end of the month, whose procedure was due prior to the end of the month
305	Number of accepted surveillance referrals waiting 120 days or less past the planned procedure date at the end of the month, whose procedure was due prior to the end of the month
306	Number of accepted surveillance referrals waiting 180 days or less past the planned procedure date at the end of the month, whose procedure was due prior to the end of the month
321	Number of surveillance colonoscopy procedures carried out during the month
322	Number of accepted surveillance referrals that had a procedure during the month and waited 84 days or less past the planned procedure date
323	Number of accepted surveillance referrals that had a procedure during the month and waited 120 days or less past the planned procedure date

KPI Patients deferring their appointment beyond the recommended waiting time	
145	Number of accepted urgent referrals for diagnostic colonoscopy deferred by the patient beyond 14 calendar days waiting at the end of the month
146	Number of urgent diagnostic procedures carried out during the month that had been deferred by the patient beyond 14 calendar days
245	Number of accepted non-urgent referrals for diagnostic colonoscopy deferred by the patient beyond 42 calendar days waiting at the end of the month
246	Number of non-urgent diagnostic procedures carried out during the month that had been deferred by the patient beyond 42 calendar days
345	Number of accepted referrals for surveillance colonoscopy deferred by the patient beyond 84 calendar days waiting at the end of the month, whose procedure was due prior to the end of the month
346	Number of surveillance colonoscopy procedures carried out during the month that had been deferred by the patient beyond 84 calendar days, whose procedure was due prior to the end of the month

KPI Number of referrals 'declined below threshold' or 'declined service not required' during the month	
144	Number of urgent referrals for diagnostic colonoscopy declined during the month
244	Number of non-urgent referrals for diagnostic colonoscopy declined during the month
344	Number of referrals for surveillance colonoscopy declined during the month

Appendix 2:

Guide to District Health Boards to determine impact for a patient diagnosed with bowel cancer from delayed access to a colonoscopy

Guidance criteria used to determine impact

If cancer diagnosis date is:

- a. within 30 days following date of certainty for urgent colonoscopy, or
- b. within 90 days following date of certainty for non-urgent colonoscopy, or
- c. within 120 days following date of certainty for surveillance

then impact assessment is not required as within these timeframes any significant clinical impact is considered very unlikely.

If cancer diagnosis date is:

- a. later than 30 days following date of certainty for urgent colonoscopy, or
- b. later than 90 days following date of certainty for non-urgent colonoscopy, or
- c. later than 120 days following date of certainty for surveillance

then clinical stage and clinical judgement is used to determine if there was potential for impact on outcome for the patient.

It is recommended that the clinical review is conducted by a specialist panel to reach a consensus conclusion; at least one member is independent of the patient clinical journey.

Assessment of cancer patient journey	Patient specific detail	Identify any issue related to a DHB process or system that caused a delay in the patient journey
Patient NHI: xxxx123		
1. Referral source by which cancer patient was referred for colonoscopy:	<input type="checkbox"/> Existing colonoscopy wait list patient <input type="checkbox"/> Emergency department <input type="checkbox"/> Outpatient appointment <input type="checkbox"/> Primary care referral <input type="checkbox"/> Other specialty referral	
2. Accepted for publicly funded colonoscopy and categorised as:	<input type="checkbox"/> Urgent <input type="checkbox"/> Non-urgent <input type="checkbox"/> Surveillance – non-screening <input type="checkbox"/> Surveillance – referred from screening <input type="checkbox"/> Diagnostic following positive screen	
3. Patient journey dates: a. Positive screen result – NBSP FIT (if relevant) b. Date of certainty for colonoscopy c. Cancer diagnosis date	Date: Date: Date:	
4. Total time to primary bowel cancer diagnosis from date of certainty or positive screen result: days	
5. Cancer diagnosis: a. Primary bowel cancer or secondary cancer in the bowel b. Cancer stage	a. b.	
6. Clinical assessment (including clinical factors and stage) to determine potential for impact on outcome for the patient based on wait time from date of certainty for colonoscopy and date of CRC diagnosis		
7. Clinical assessment (including clinical factors and stage) to determine potential for impact on outcome for the patient based on total WT times across the patient cancer journey <u>and</u> staging progression of disease		

Assessment of cancer patient journey

Patient specific detail

Identify any issue related to a DHB process or system that caused a delay in the patient journey

- Recommended conclusion:**
- Delay greater than maximum wait time with no impact on outcome for the patient = DHB open communication process
 - Delay greater than maximum wait time with a potential impact on outcome for the patient = DHB open disclosure process
 - No maximum wait time delay and no impact on patient outcome = DHB notification to selected audience/s
 - Recommend external second opinion review
 - Other

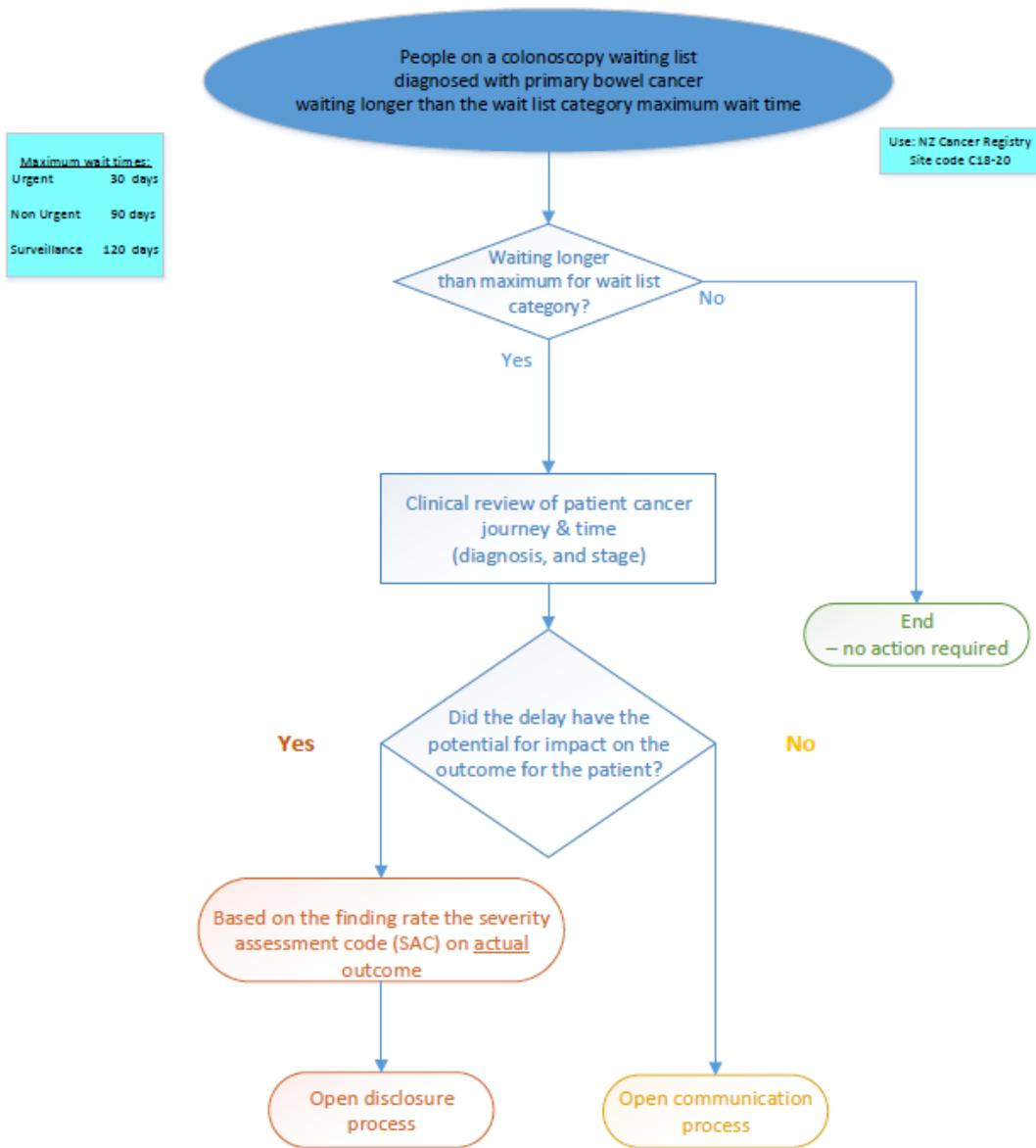
Separate DHB wait time indicators to assess other possible time delay impacts on outcome for the patient:

- time to FSA outpatient appointment
- 31 day indicator – patient with a confirmed cancer diagnosis received their first cancer treatment (or other management) within 31 days of a decision to treat
- 62 day indicator – patient referred urgently with a high suspicion of cancer received their first treatment (or other management) within 62 days of the referral being received by the hospital

Review completed by:

Date:

Decision aid to District Health Boards –
Guide to determine potential impact on clinical outcome



Appendix 3:

Recovery plan example

Purpose	In a sentence or two, briefly outline why the recovery plan is being developed. Please directly link to the performance expectation/s the plan seeks to drive improvement against. For example: <i>"To outline <XX DHB's> plan to recover <XX performance issue> in <XX service> by <xx date/timeframe>".</i>
Context and constraints	You might like to highlight any relevant dependencies and constraints to the achievement of your plan. Some examples might include finalising recruitment of a specific role/s, completion of capital works, etc. These should be factors outside your control and/or deliverables that you identified as being at risk. Factors or deliverables within your control should be addressed in the plan itself.
Recovery plan and strategies	Please provide an overview of the strategies you will be adopting to recover performance. For example, demand management, capacity management, increasing capacity, outsourcing, etc.
Strategies to manage clinical risk and patient experience	Please briefly outline your strategies and assurance mechanisms to manage clinical risk and patient experience while you implement your recovery plans. For example, ensuring that all patients waiting over XX period are clinically reviewed, writing to all patients advising them of anticipated waiting times and how/when to communicate any concerns or changes in their condition, etc.

Recovery plan implementation

You can use this table to outline your plans in detail, as well as provide updates to your management team and/or the Ministry of Health at an agreed frequency.

Planned action	Person responsible	Timeframe	Progress/outcome (as at xx date)

Projected waiting list position

Please use this table to outline your expected trajectory to regain CWTI compliance. Please copy and paste the table for each CWTI and service experiencing waiting time issues. The first line of data is an example.

Overall summary (example)

Month	Expected referrals received	Usual number of patients seen / treated	Extra patients seen / treated	Month end numbers waiting over recommended timeframe	Month end numbers waiting over maximum timeframe	Comment
August	51	34	0	20	2	Starting month
September	50	40	5	25	2	
October						
November						
December						
January						
February						
March						
April						
May						
June						

Also provide a breakdown for each speciality.

Appendix 4: Escalation framework

National escalation process for urgent, non-urgent and surveillance colonoscopy wait time indicators (CWTIs) and bowel screening indicator 306 (if providing the NBSP)
Performance monitoring process: starts 1 October 2019 using July–September data

GREEN	<p>A DHB will be GREEN overall if it is:</p> <ol style="list-style-type: none">1. meeting recommended colonoscopy wait times for urgent, non-urgent and surveillance, and2. meeting NBSP Indicator 306, and3. does not have people waiting longer than maximum wait times.
AMBER	<p>A DHB will be AMBER overall if it is:</p> <ol style="list-style-type: none">1. within the Amber tolerance range for any indicator, and2. does not have anyone waiting over maximum wait times.
RED	<p>A DHB will be RED overall if:</p> <ol style="list-style-type: none">1. it has not met one or more of the recommended wait times, or2. it has exceeded the maximum length of time an indicator can be in the tolerance range, or3. it has anyone waiting over maximum wait times.

Escalation stage and rating	Description	Actions	DHB contact (for notification/escalation)	Ministry point of escalation
1 2 consecutive months of amber, or 1 month of red after being green, or performance fluctuating between amber and red	<ul style="list-style-type: none"> Amber results indicate compliance against recommended waiting times has not been met but the DHB's result is within the agreed buffer zone. The length of time a DHB can be rated amber is limited. 	<ul style="list-style-type: none"> The NBSP senior relationship/portfolio manager will contact (through a phone call/email) and document the DHB contact person/s (eg, the endoscopy services manager) to explore the drivers contributing to non-compliance. 	<p>Endoscopy services manager Clinical lead of endoscopy unit</p>	NBSP senior relationship/portfolio manager
2 3 consecutive months of amber	<ul style="list-style-type: none"> This is the maximum time a CWTI result can be in amber. 	<ul style="list-style-type: none"> The NBSP senior relationship/portfolio manager will continue to explore the drivers contributing to non-compliance. The NBSP implementation manager will notify the business owner of the deterioration in CWTI performance. 	<p>Business owner Endoscopy services manager Clinical lead of endoscopy unit copied in</p>	NBSP director DHB relationship manager informed
3 1 month of red	<ul style="list-style-type: none"> Amber for more than three months and/or The DHB has people waiting longer than maximum wait times. 	<ul style="list-style-type: none"> The NBSP will ask the DHB to provide a detailed recovery plan, within a specified timeframe, outlining its trajectory to regain compliance; the NBSP Director will formally request that this is provided in their correspondence to the chief operating officer (COO). The NBSP director may escalate their concerns to the National Screening Unit (NSU) group manager. The NBSP director will notify the COO and chief medical officer (CMO) of the deterioration in CWTI performance. 	<p>COO CMO</p>	NBSP director NBSP director and clinical lead gastroenterology Bowel Screening Governance Group and DHB relationship manager
4 2-3 consecutive months of red	<ul style="list-style-type: none"> Red results indicate that a DHB's performance is outside the acceptable range and/or The DHB has people waiting longer than maximum wait times. 	<ul style="list-style-type: none"> The Ministry and DHB will agree a frequency at which the Ministry will receive updates and discuss the DHB's progress towards implementing the recovery plan. The NBSP Sector Deployment Team will request that CWTI performance be added to the next available MIF agenda for discussion. The NBSP will notify the Deputy Director-General DHB Performance, Support and Infrastructure within the Ministry of Health. 	Chief executive	NSU group manager MIF – DHB relationship manager Bowel Screening Governance Group

Escalation stage and rating	Description	Actions	DHB contact (for notification/escalation)	Ministry point of escalation
5 4+ consecutive months of red	<ul style="list-style-type: none"> Red results indicate that a DHB's performance is outside the acceptable range and/or The DHB has people waiting longer than maximum wait times. 	<ul style="list-style-type: none"> The Deputy Director-General DHB Performance, Support and Infrastructure will escalate the CWTI performance issues to the DHB's board chair. The Deputy Director-General DHB Performance, Support and Infrastructure may communicate concerns to the Director-General of Health. 	Board chair	Deputy Director-General Population Health and Prevention Deputy Director-General DHB Performance, Support and Infrastructure or Director General of Health