Belfast Health and Social Care Trust
caring supporting improving together

FOI/33571

19 August 2025

BHSCT Regional Cervical Cytology

What parts of the BHSCT regional cervical cytology currently hold full UKAS accreditation and are included on their scope of practice with UKAS?
The full service is now on the scope of practice.

How many of the current BHSCT screening personnel were part of the previously reported underperformance [by the BBC in December 2024]?

Individual screeners may have episodes where their performance statistics fall below the expected threshold. This is not unexpected and the laboratory has quality control measures in place to detect and address this. The performance of all screeners is actively monitored and managed by the trust. The PHA reviews these actions and is satisfied that there is no persistent underperformance of screeners in the Belfast Trust. In addition, following the UKAS visit to Belfast Trust in October 2023, detailed evidence on individual screener performance from 2013 onwards was provided by Belfast Trust to UKAS, alongside evidence of actions taken on the occasions when performance dropped below standards (as occurs in all screening laboratories). UKAS were content that all appropriate actions had been taken and recommended reinstatement of accreditation. A further UKAS visit in October 2024 confirmed continuation of accreditation.

Following that report, what preventive actions were put in place by the BHSCT? When were they put in place or to be put in place?
As above, the performance of all screeners is actively monitored and managed by the trust on an ongoing basis as per NHSCSP guidelines.

How many BHSCT screening personnel are currently subject to performance monitoring i.e. re-screening of work or have they been since the contract was awarded?
Currently there are no BHSCT screening personnel subject to performance monitoring. There was one member of staff who was subject to performance monitoring since the contact was awarded.

How many underperformance instances were reported to the BHSCT by QARC? For each of these can a description of the issue, the date it was reported and details on what follow up action (s) were undertaken?
None.

Can we be provided with a breakdown of all work outsourced? How long is it planned for this to continue to be outsourced?
None currently.

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What plans or processes have been agreed by the BHSCT (and PHA/ DOH) to ensure work no longer requires to be out-sourced including succession planning for personnel?
Workforce planning has been undertaken in line with normal HSC practices.

Can a breakdown of the backlog of screening and HPV testing in the BHSCT be provided – both current date and at commencement of sole service provider status on November 1st 2024?
W/C 16th Dec 2024 – Total cases unauthorised 12,516

W/C 11th Aug 2025 – Total cases unauthorised 3,645

Why did the BHSCT (and the PHA) send work to another provider so soon into the new regional screening programme.
Due to early close of services of WHSCT and NHSCT, 6000 samples were delivered to the regional site at the beginning of the service.
Was the likelihood of this considered before any decision to adopt a sole regional provider model?
BHSCT did not make this decision.

Were any other service delivery models considered e.g. a two-site model? If not, were they screened out and on what basis? If they were considered why were they not preferred?
BHSCT did not make this decision.

Was there any consideration of the costs relative to alternatives e.g. two-site delivery model?
BHSCT did not make this decision.

What is the forecast cost of the outsourcing to date, for the current fiscal year and for future years? From what source is this being funded?
None outsourced or forecasted to be out-sourced outside the 6000 at the outset.

What body or individual authorised the decision to proceed with outsourcing and its funding? When was this decision taken?
Both PHA and BHSCT collaborated on decision to outsource as other NI Trusts had stood down services.

Were PHA, DOH and the Health Minister notified of the decision to outsource this work? When did this happen?
BHSCT not involved in this escalation beyond PHA.

What additional funding was the BHSCT given when the PHA first awarded them the contract to provide the regional screening service?
None.

How has the BHSCT ensured compliance with applicable UKAS ISO 15189 2012/2022 accreditation requirements in outsourcing this work?
Outsourced to UKAS accredited lab within NHS.

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When and how did the BHSCT notify regional Trusts, service users and clinicians that screening work was outsourced? Has this been reflected in the applicable electronic and paper reports issued to users from the BHSCT from the date of outsourcing?
As part of ISO accreditation, the report must state the name of the laboratory doing the test.

When did the BHSCT notify WHSCT services users of the changes to cervical cytology services? What user engagement have they undertaken over the decision?
PHA led transition meeting included all Trusts.