Haematology and Transfusion Scotland Network

ANNUAL REPORT 2019/20

Lead Clinician: Dr Alistair Hart

Scientific Managers: Mrs Sonja Wright & Ms Robyn Gunn

Programme Manager: Ms Nada Walker

Programme Support Officer: Dr Karl Hope

Haematology and Transfusion Scotland (HaTS): Annual Report 2019/20

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1. Executive Summary

HaTS was formally launched on 1st April 2019 as the fifth National Managed Diagnostic Network. This report presents an overview of the first full year's activity. HaTS has developed and progressed an exciting and challenging workplan over the course of the last year. The 2019-20 workplan was driven forward effectively through a collaboration of the Core Team, the Steering Group and members of the network subgroups.

Successes of 2019-20 include:

Network Governance

- The network first annual and five-year work plans was approved, bringing together a planned and meaningful work programme for each group.
- Clear and detailed Terms of References (ToRs) were created and ratified in the relevant subgroup meetings and subsequently ratified by the Steering Group.
- The network Service Level Agreement has been written and signed.
- Communication and Engagement, Quality Improvement, and Education Strategies were ratified by the Steering Group, further evidencing the very clear plans for HaTS, in keeping with the overarching strategic direction of NHS Scotland.

Engagement and Education

- HaTS has been successful in fostering good linkages with the digital pathology programme, genetics and other disciplines to ensure network efforts are not duplicated. HaTS has also established communication and training links with the Institute of Biomedical Science (IBMS) and the blood transfusion community.
- Education is another area of particular success for HaTS with the first annual Education Day held on 26th February 2020, which has garnered very positive feedback.
- Another HaTS success is the establishment of a new Coagulation subgroup with enthusiastic members that have displayed positive engagement.
- HaTS has been instrumental in the liaison between clinical and laboratory transfusion medicine by ensuring robust links with Scottish Clinical Transfusion Advisory Committee (SCTAC).
- HaTS is also supporting the development of staff profiles, ensuring consistency in definition between staff bands and roles across NHS Boards. HaTS is also investigating the extent of training accreditation among laboratories. HaTS continues to engage with the three regional laboratory boards (North, East and West), and two of the boards have supported network representation at the regional level.
- HaTS Newsletters were issued in April and November 2019 outlining work performed by the network during its first year of operation. Initial meetings of network members were highlighted, with future events also advertised. The group structure and subgroup workstreams were also outlined, and all members encouraged through these newsletters to get involved in network business. A new template has since been developed to allow for easier production of newsletters. Many new subscribers to the HaTS newsletter were collected as part of the Education Day in February 2020, and during the network roadshows held throughout 2019-20.

Data and Demand Optimisation

- Collecting accurate data has played a large part in progressing the HaTS workplan; making HaTS the first network to establish benchmarking activity from outset. Members of the HaTS network have contributed data returns for the Scottish Atlas of Variation (AoV) in diagnostic testing, which shows the variation in testing across NHS boards, laboratories, and GP practices. This data has allowed

the AoV dashboard for GP practices to go live in March 2020, with a laboratory dashboard soon to follow. HaTS members are also consulting with the Demand Optimisation team on the use of specific tests for flash reports, to be auto-generated and delivered to GPs highlighting variance in their practice.

- HaTS has established a Myeloma Short Life Working Group (SLWG). It's a multi-disciplinary sub group involving the Scottish Clinical Biochemistry Network (SCBN) and the Scottish Immunology group (SIG), to ensure all aspects of the serum free light chain testing pathway are explored when evaluating different methods. This will support standardisation of SAFLC testing and this will support myeloma diagnosis and care.
- Development of Demand Optimisation guidelines has resulted in the production of guidance documents for B12 and Serum folate testing, for both clinical and laboratory settings. Once these have been ratified they will be circulated and uploaded to the network website
- Benchmarking data was successfully collected for the 2018-19 year. This is instrumental in mapping who does what tests, where, and how they are done. This helps inform services in delivering the right test to the right patient, in the right location, at the right time.

The Network acknowledges the contribution of Dr Alistair Hart as Lead Clinician, along with Mrs Sonja Wright and Mrs Robyn Gunn as Network Scientific Managers, for their leadership and forward thinking in achieving the network aims and delivery of the network workplan.

The priorities for the HaTS Network for the coming year are:

- To engage with the new, emerging strategic governance structure for diagnostic services in Scotland.
- To continue to develop and update the strategic vision for service improvement, as articulated in the five-year workplan and the QI Strategy.
- To develop a new Haemoglobinopathy Subgroup.
- Continue to support the collection of accurate workforce data, including training profiles/roles in different Boards.
- To improve Haematinics Testing across NHS Scotland through updating and guidelines.
- To develop a standard Pre-Operative Anaemia Pathways.
- To develop a standard D-Dimer requesting guidelines.
- To encourage the support ADAMTS13 testing in Scotland.
- To assess the cost and benefit of re-patriating Serum Free Light Chain testing.
- To continue with the annual data collection exercise to match workforce capacity and demand, with the production of a 2020-21 Data Benchmarking report.
- Continue to contribute to the Atlas of Variation.

Since February 2020, the priority of NHS Scotland has understandably been to prepare for and deal with the COVID-19 pandemic. This has seen many resources diverted from network activity. The network has undertaken an exercise to not only capture the impact of this unprecedented situation on the current reporting period but also to assess the likely impact on delivery of the 2020/21 workplan. All network activity requiring clinician input has been suspended due to re-deployment of clinical staff to other roles. The network's communications channels are being used extensively to support laboratory diagnostic services in their response to the pandemic.

2. Introduction

The Haematology and Transfusion Scotland (HaTS) network was established in 2019. It brings together professionals from across Scotland to work in a co-ordinated manner to ensure the provision of high quality, clinically effective haematology and transfusion services. By facilitating and fostering co-operation between haematology and transfusion departments, HaTS aims to enable sharing of best practice; to improve the evidence base for diagnostic tests; to achieve harmonisation where possible; to provide a forum for the introduction and evaluation of new concepts and technologies; as well as to facilitate clinical and other improvements in the care for Diagnostic Haematology and Transfusion through delivery of objectives set by the National Specialist Services Committee (NSSC) for NHS Boards and SGHSCD within the national commissioning process.

3. Report on Progress against Network Objectives in 2019/20

National networks have agreed core objectives that reflect the Scottish Government's expectations for managed networks, as described in CEL (2012) 29[1]. The network's core objectives are:

- Design and ongoing development of an effective Network structure that is organised, resourced and governed to meet requirements in relation to SGHSCD Guidance on MCNs (currently CEL (2012) 29) and national commissioning performance management and reporting arrangements;

- To support the design and delivery of services that are evidence based and aligned with current strategic and local and regional NHS planning and service priorities.

- Effective Stakeholder Communication and Engagement through design and delivery of a written strategy that ensures stakeholders from Health, Social Care, Education, the Third Sector and Service User are involved in the Network and explicitly in the design and delivery of service models and improvements.

- Improved capability and capacity in imaging services care through design and delivery of a written education strategy that reflects and meets stakeholder needs.

- Effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care, including the development of a written quality improvement strategy.

- Generate better value for money in how services are delivered.

This report gives an overview of progress against these objectives in its first year of operation, 2019/20.

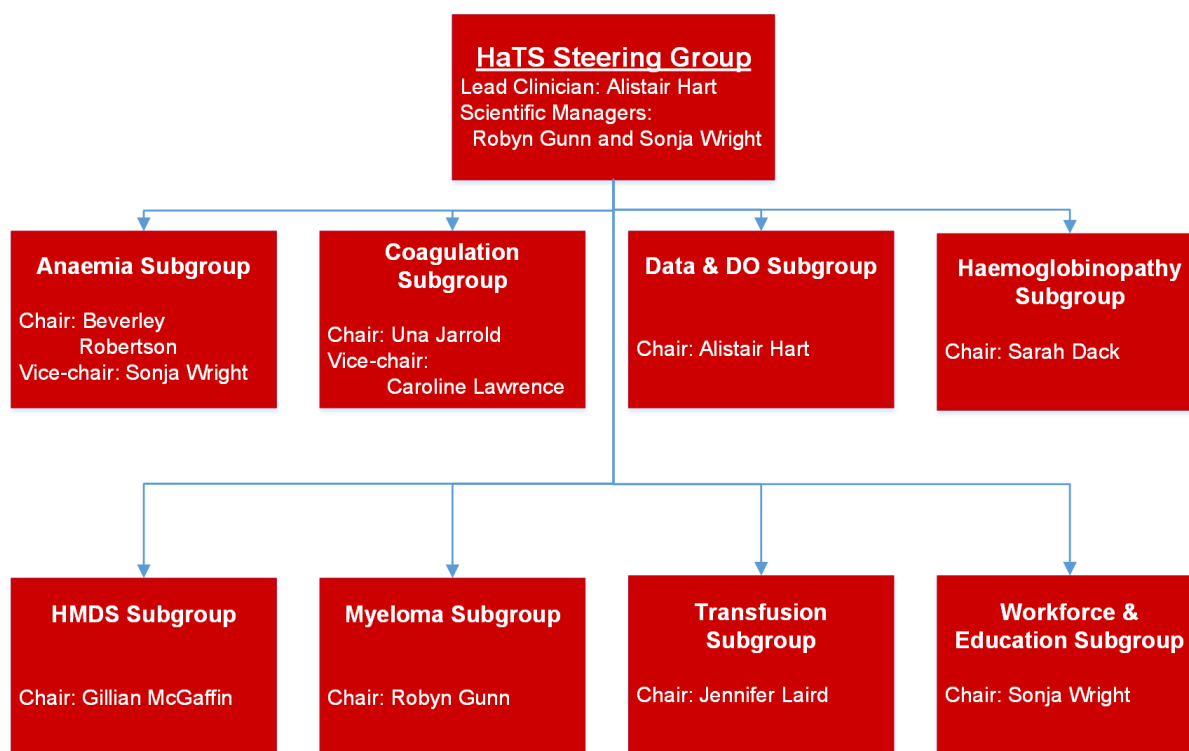### 3.1. Effective Network Structure and Governance

The core HaTS network team is comprised of a Lead Clinician (1PA) and two Network Scientific Manager (1 PA each), Programme Manager (0.5 WTE) and Programme Support Officer (0.3 WTE). Dr Alistair Hart is the current Lead Clinician. His tenure started in April 2019 and lasts until March 2022.The two Network Scientific Managers' tenures began in April 2019 and are also due to conclude in March 2022.

The Scottish Government's guidance (as laid out in CEL 29) highlight the importance of the managed diagnostic networks in developing and delivering the healthcare strategy through re-designing the service, promoting integration and developing good practise to enable improvement to the services provided.

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[1] Please see: https://www.sehd.scot.nhs.uk/mels/CEL2012_29.pdf

The HaTS Steering Group is accountable for delivery of the workplan, through the establishment of appropriate subgroups and short life working groups. The governance structure as at 31st March 2020 is as follows:

HaTS Steering Group
Lead Clinician: Alistair Hart
Scientific Managers:
 Robyn Gunn and Sonja Wright

Anaemia Subgroup

Chair: Beverley
 Robertson
Vice-chair: Sonja Wright

Coagulation Subgroup

Chair: Una Jarrold
Vice-chair:
 Caroline Lawrence

Data & DO Subgroup

Chair: Alistair Hart

Haemoglobinopathy Subgroup

Chair: Sarah Dack

HMDS Subgroup

Chair: Gillian McGaffin

Myeloma Subgroup

Chair: Robyn Gunn

Transfusion Subgroup

Chair: Jennifer Laird

Workforce & Education Subgroup

Chair: Sonja Wright

The Service Agreement is between the National Services Division (NSD), as commissioner, for and on behalf of the Scottish Government Health and Social Care Directorates (SGHSCD) and the National Managed Diagnostic Network (NMDN) for Haematology and Transfusion Scotland (HaTS). This agreement covers the period from 1 April 2019 to 31 March 2022.

The Steering Group members represent the NMDN constituent stakeholder groups, including patient groups where necessary. The Steering Group members act as a conduit for communication and decision-making between the NMDN and the professional groups/geographical area/NHS Board and/or other structure/body they represent. Collectively, they are accountable for its performance. Steering Group Membership can be seen in Appendix one.

The network regularly reviews current processes and protocols, and aims to streamline these through the production of national guidance. The network aims to engage a wider range of stakeholders and raise the profile of the network at all available opportunities.

The HaTS Terms of Reference (ToR) was developed and ratified in 2019, and will be reviewed again within 12 months or sooner if major revision is required.

3.2. Service Development and Delivery

Mass casualty/major incident policies
Significant investment by Scottish Government in major trauma services has already seen the opening of Major Trauma Centres in Aberdeen and Tayside with two more due to open in approximately 18 months' time in Glasgow and Edinburgh. There is funding available and business cases are currently being submitted by NHS Boards to meet the increased requirement for laboratory staff. The impact on lab staff will depend on where patients are diverted to after major traumas; labs in these hospitals need to be aware of the changes so adjustments can be made accordingly. It is important to recognise lab needs in this area to ensure the right staff and right resources.

A talk was given on this topic at the HaTS Education Day in February 2020, as this subject is not often covered, and correlated with new policies from the Scottish Government.

Atlas of Variation

Members of the HaTS network have contributed data returns for the Scottish Atlas of Variation (AoV) in Diagnostic Testing, which shows the variation in testing across NHS boards, laboratories, and GP practices. This data has allowed the AoV dashboard for GP practices to go live in March 2020, with a laboratory dashboard soon to follow. HaTS members are also consulting with the Demand Optimisation team on the use of specific tests for flash reports, to be auto-generated and delivered to GPs highlighting variance in their practice.

Training Programmes - Network BMS Equivalence / Extended Role Support

At the HaTS Workforce & Education sub-group meeting on January 2020, an outline of career progression routes available to biomedical scientists was highlighted.

These programmes allow biomedical scientists to take on more advanced roles and to work as clinical scientists. There are two routes available: a portfolio-based assessment through the Association of Clinical Scientists; the training programme offered by the Academy for Healthcare Science; and the Certificate of Attainment offered by the Institute of Biomedical Science (IBMS). The Health & Care Professions Council (HCPC) have designated these routes as equivalent to each other. It was agreed that the first step in starting this process in the haematology community is to encourage development of links between HaTS and the IBMS.

3.3. Stakeholder Communication and Engagement

Communication and Engagement Strategy

HaTS has developed a Communications and Engagement strategy (published in 2019) to guide its communication with stakeholders. These communications have included newsletters, updates from meetings and an active new website. HaTS has also engaged with the community through NMDN roadshows.

Newsletters

HaTS issued its first quarterly newsletter to all relevant stakeholders on the HaTS website (https://www.hats.scot.nhs.uk/newsletters/) in April 2019. This edition focussed on being an introduction to the network. The next issues were distributed on the website in June and November 2019 which outlined work performed by the network during its first year of operation, future events advertised, group structure and subgroup workstreams (see below Figure 1). A new template has since been developed to allow for easier production of newsletters, and the programme support officer is investigating the use of alternative delivery methods to streamline digital distribution. Many new subscribers to the HaTS newsletter were collected as part of the Education Day in February 2020, and during the network roadshows held throughout 2019-20. Newsletters will be key information resources, keeping stakeholders up to date with the latest network information.

Figure 1. HaTS Newsletters

Website

HaTS early priority was to set up a network website (http://www.hats.scot.nhs.uk/). This was quickly established to provide an overview of the network, with information on each subgroup being added as they became established. The website is currently undergoing a thorough review process to ensure all information in it is accurate, and that information pages exist for new workstream elements where applicable. A temporary graphic designer has contributed to new design elements for the website, which will be incorporated into the theme of the site (see Figure 2 below). The website will be a resource to communicate with stakeholders to keep them up to date with the latest network information.

Figure 2. HaTS Website Homepage
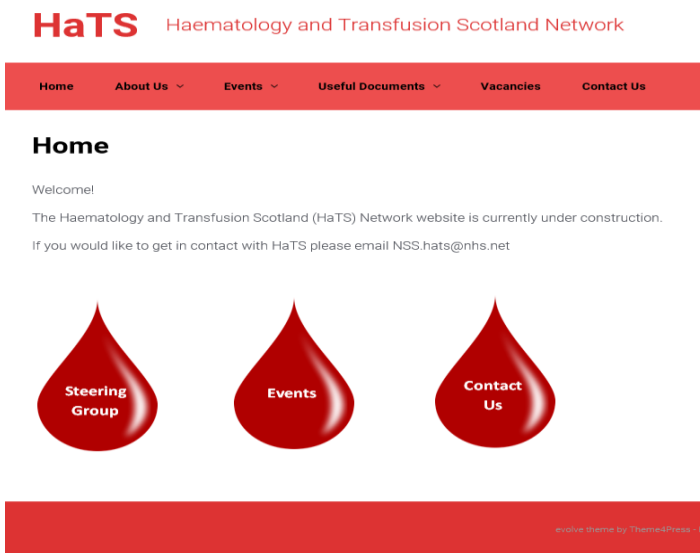
Twitter

The NMDN Twitter account has grown from 579 followers to 714 in the past year. Overall, NMDN tweets have an average 861 impressions (the number of times a tweet shows up in somebody's timeline) and 23 engagements (people who have seen/clicked on/ retweeted or liked) per tweet. HaTS has been very active on twitter and uses two hashtags - #haematologycommunity and #transfusioncommunity.

The tweet with the highest impressions for HaTS was about the annual event:

NMDN Scotland @NMDNScot	
Calling all haematology and transfusion staff! The HaTS Education Day on the 26th of February is still open for registration!	**Impressions** 1,072
	Total engagements 24
The programme for the day, and the sign-up link, can be found here.	Retweets 6
	Detail expands 6
https://hats.scot.nhs.uk/hats-education-day-2020/ …	Likes 5
	Link clicks 4
#haematologycommunity #transfusioncommunity	Hashtag clicks 3

Strategic Input

The HaTS workplans were presented to the DSG meeting on 18th July 2019 and the rapid progress of the network noted. HaTS also continues to engage with the three regional laboratory boards, North, East and West.

3.4. Education

Education Strategy

HaTS new Education Strategy was developed to support the work of the network. The requirements are as follows:

- To address the specific educational needs out with the remit of other bodies and as required to modernise the haematology and transfusion diagnostic workforce
- Improve the knowledge and skills of the haematology and transfusion diagnostic community where knowledge gaps have been identified
- To inform best practice
- Provide the haematology and transfusion community and service users with the opportunity to learn, contribute and understand existing and new polices
- Provide service users with the opportunity to develop the skills and knowledge to utilise the diagnostic haematology and transfusion service effectively

The HaTS Education Strategy takes into account the role of other bodies such as the Institute of Biomedical Science(IBMS) and the Royal College of Pathologists (RCPath), and NHS Education for Scotland (NES) and encompasses all staffing levels encompassing support staff, Biomedical Scientists, Clinical Scientists and Medical staff.
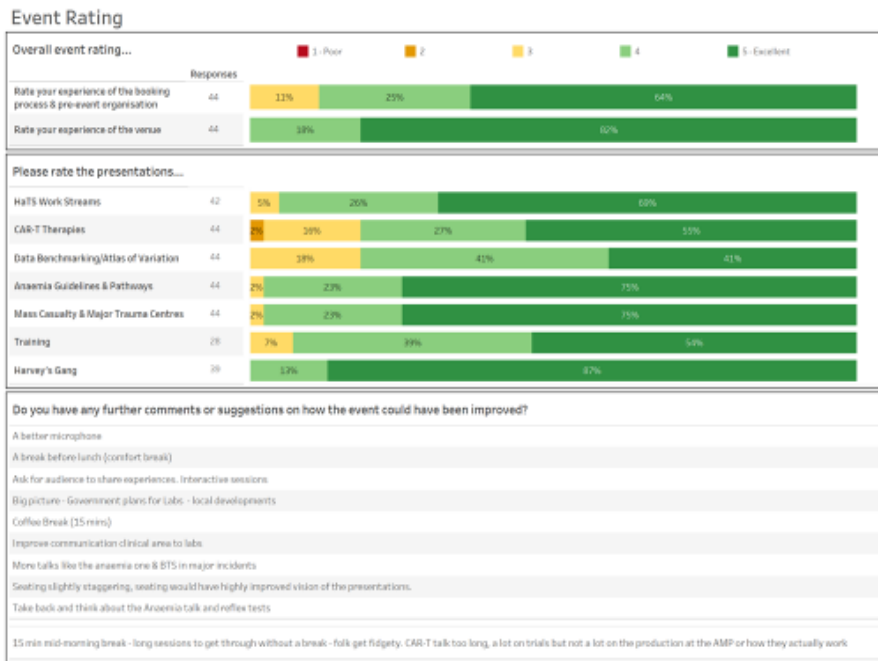
Annual Education Day

The HaTS Network Education Day on February 2020 was the first such event for the network. Overall the event proved to be very well received, with 100% of evaluation respondents noting they were "Very Satisfied" or "Satisfied". There were a total of 69 attendees (29 Biomedical/Clinical Scientists, 16 Managers and 8 Medics), with 44 of these attendees submitting evaluations. The most popular presentation was the talk by Malcolm Robinson of Harvey's Gang – a charity providing laboratory tours to paediatric patients - with a rating of 87% "Excellent" responses. The talks on Anaemia Guidelines and Pathways; and Mass

Casualty and Major Trauma Centres; also jointly received 75% "Excellent" responses. Further improvements will be made to the next event by studying in greater detail the responses received from these evaluations.

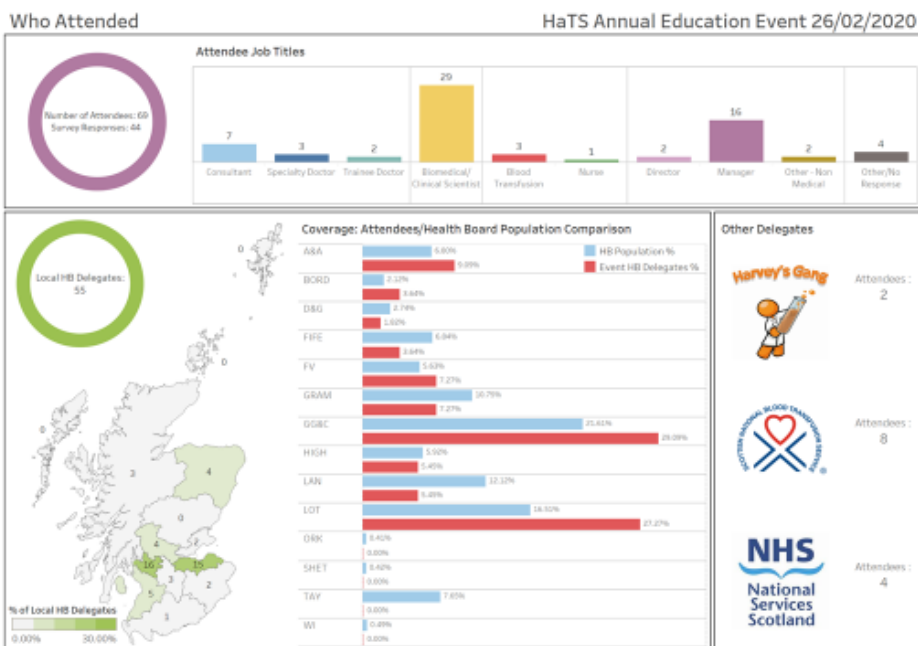An overview of the event evaluations can be seen in Figure 3 below.

Figure 3. HaTS Education day evaluation analysis

Expectations, Impact and Future Events

Did the event fulfil your expectations?

44
(100.0%)

■ Yes

What might you do differently as a result of attending the event?

Already add on reflex tests e.g. for CRP in situations, I'd like to ensure others within lab do the same

Approach to developing MHP for remote & rural sites

Chase up the implementation of Harvey's Gang

Coag screen requests

Consider introducing Harvey's Gang

Consider the role of other staff groups

Discuss the Anaemia model locally

Donate to Harvey's Gang

Enquire about Harvey's Gang (love this)

Incorporation of anaemia pathway into local practice. Aim to provide benchmark data for our trust.

Keeping more up to date with HaTS

Look at samples being pls and not reflex

None, good topics & good food

Review major incident policy, introduce Harvey's Gang, more training

Share learning, consider patients

Well thought out and enjoyable

Would you attend a HaTs event again?

1 (2.3%)

■ No Response/Comment
■ Yes

43 (97.7%)

What topics would you like the network to address at future events?

Case studies & clinical guest speakers

Case studies/significant changes in guidelines (BSH)

Coagulation based topics

Coagulation topics/how labs are ensuring MHRA compliance in BTS labs

Future of blood science labs - Future roles

Interesting case studies, difficulties with analysis

More information

More lab specific topics and case studies

More on Haematological malignancies and their treatment

Morphology

White cell malignancies, abnormal Haemoglobins, morphology

Future proofing labs for how to cope with reduced funding & staffing restrictions. Future proofing BMS roles so we will have a job as Tech progresses? Roles of Transfusion Practitioner

> **100%** event fulfilled expectation
>
> 100% would attend again

3.5. Audit and Continuous Quality Improvement

Quality Improvement (QI) Strategy

HaTS new Quality Improvement Strategy was developed to outline the approach the Haematology and Transfusion Scotland (HaTS) Network will take to improving quality in haematology and transfusion diagnostic services, and complements the strategic vision for the network. HaTS recognises that improving the quality and efficiency of services across complex whole systems has become even more important in the current financial climate. HaTS understands that excellence can be achieved through consensus and collaboration, by enabling clinicians, patients and service managers to work together across boundaries to deliver safe, effective and person-centred care.

Myeloma Pathways - Serum Free Light Chains Short-Life Working Group (SFLC SLWG)

The primary aim of the group is to ultimately agree a laboratory testing pathway for the diagnosis of Myeloma, as there are current discrepancies in practice across NHS Boards. Additionally, the annual HaTS and Scottish Clinical Biochemistry Network (SCBN) benchmarking reports have highlighted that some NHS Boards are referring their SFLC workload to either NHS Greater Glasgow and Clyde or to England (the latter at an increased cost). The group will look to explore the possibility of repatriating SFLC tests back to Scotland. An additional aim was noted as investigating clinical guidance, such as National Institute for Clinical Excellence (NICE) guidelines around myeloma, to determine whether appropriate testing is being performed.

Demand optimisation guidelines development

HaTS continue to engage with the National Demand Optimisation Group, and have not only effectively completed the second round of data collection but have exceeded set objectives by also contributing to data collection for 2019. This data has provided the basis for identifying variation in test requesting across Scotland.

HaTS representatives have also been actively engaged in developing guidelines to facilitate quality improvement initiatives. Previous work by the Short-Life Haematology Working Group (SLHWG) had identified a wide variance in the testing of B12, Serum Folate and Ferritin across Scotland. This led to the SLHWG collecting data from across Scotland on the availability of anaemia testing, minimal retesting intervals, reportable units and further reflex tests that are available. Through a consensus approach, the

SLHWG then analysed the data and developed guidelines for users with recommended reporting unit and minimal retesting intervals.

The analysis of D-Dimer testing and the work on reducing inappropriate coagulation screening both require further development. These projects are still under discussion within the Coagulation subgroup as to how they can be taken forward and guidance produced.

Link with the National Laboratories Programme Standardisation project
The HaTS Steering Group is keen to progress the potential opportunities available to HaTS in collaboration with this programme, including the optimisation of skills, capacity and workforce were specifically cited. HaTS will support the work of the NLP through its membership of the blood sciences short-life working group (SLWG) meetings.

Inflammatory Markers
Inflammatory biomarkers Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein (CRP) both methods detect the inflammation and pain in the body. ESR measures the sedimentation rate of red blood cells per hour and CRP measures the level of C-reactive proteins in the blood plasma. A review of recent national guidance and laboratory costs, demonstrates that the CRP test carries clinical benefits and is significantly more cost effective than ESR. It also avoids the problems of spoiled samples due to labelling issues or under-filling and just requires a 'biochemistry' serum tube. Plan to attain and analyse data for CRP and ESR tests.

3.6. Value

Data benchmarking report 2019-2020
HaTS completed the second round of data collection. This data has provided the basis for identifying variation in test requesting across Scotland. The 2019-20 data collection has been delayed due to COVID 19 and will resume when the HaTS core team have approved to resume.

Contributing to the Atlas of Variation (AoV)
Members of the HaTS network have contributed data returns for the Scottish Atlas of Variation in Diagnostic Testing, which shows the variation in testing across NHS boards, laboratories, and GP practices. This data has allowed the AoV dashboard for GP practices to go live in March 2020, with a laboratory dashboard soon to follow. HaTS members are also consulting with the National Demand Optimisation Group on the use of specific tests for flash reports, to be auto-generated and delivered to GPs highlighting variance in their practice.

4. Plans for the Year Ahead

HaTS has been heavily involved in the Scottish response to the COVID-19 crisis. They have reacted rapidly and the Transfusion subgroup has been instrumental in implementing a regular support and shared best practice team gathering via periodic team calls. This action has shown a high standard of leadership among the network in serving their community. Due to the scale and severity of the crisis, all non-COVID tasks were put on hold from early March 2020. Next year's network outputs will be dictated by how long this crisis is in effect in the country. The majority of the workplan tasks have been deliberately scheduled to end on 31st March 2021, but there is a risk of some exceeding this deadline, either due to key staff unavailability, or the rate at which normal duties are resumed. The current plan is to regularly review the progress of workplans and highlight any risks therein.

The original workplan for the year ahead included the following:

Effective Network Structure and Governance

- To ensure appropriate governance through developing a Terms of Reference to focus the activities of the HMDS and Haemoglobinopathy subgroups.
- To continue to develop and update the strategic vision for service improvement, as articulated in the five-year workplan and the QI Strategy.
- To engage with the new, emerging strategic governance structure for diagnostic services in Scotland.

Service Development and Delivery

- To support the haematology and transfusion communities in the response to COVID-19 through the provision of regular communications, acting as a conduit of information between services and planners.
- To develop the Haematology Malignancy Diagnostic Service (HMDS) Subgroup to scope provision of HMDS in Scotland, including a survey of current service providers and an assessment of current pathways of care.
- To develop the Haemoglobinopathy subgroup, to investigate potential training opportunities in this field and improve understanding in Scotland around haemoglobinopathies.
- To progress a standardised electronic patient record, through a review of e-traceline and connectivity between SNBTS and board LIMS/patient electronic record.
- To continue to support the collection of accurate workforce data, including training profiles/roles in different Boards, in order to inform workforce development and transformational roles.

Communication and Education

- To continue development of communication strategy by:
  - Investigate methods for streamlining newsletter
  - Update the HaTS website to provide a more useful resource of relevant documentation to the Steering Group, subgroups and members, by improving its layout and accessibility
  - Roll out the use of Microsoft Teams to subgroups and encourage its use for relevant workgroup collaborative activities
  - Make greater use of Twitter to engage with the haematology and transfusion communities
  - Continue engagement with laboratory staff via roadshows and other external events where permissible in the current environment, and investigate alternative engagement methods (such as webinars) as suitable replacements in the event of ongoing social distancing

- To develop appropriate education packages to provide an opportunity for the Haematology community to maintain and update their skills.
- To develop the future workforce through engaging with training providers to investigate equivalence routes available to biomedical scientists for further progression.
- To develop and support staff workers through the current use and further expansion of modern apprenticeship programmes.
- To determine which laboratories possess IBMS training accreditation.

Audits, Continuous Quality Improvement and Value

- To improve Haematinics Testing across NHS Scotland through updating and guidelines.
- To develop the standard for Pre-Operative Anaemia Pathways to enable a Once for Scotland approach.
- To scope coagulation screening across Scotland to establish variation in current practice; establish an optimised pathway and promote its use.
- To develop the standard for D-Dimer requesting guidelines and review of reference ranges.
- To establish ADAMTS13 testing in Scotland.
- To assess the cost and benefit of re-patriating Serum Free Light Chain testing to Scotland.
- To prevent testing of multiple inflammatory markers (e.g. ESR and CRP) at the same time.
- To continue to support optimisation of O+ blood usage, and appropriate usage of both O+ and O- blood, in Scotland.
- To develop the intelligent function testing in haematology to support the national LIMS and patient pathway programmes.
- Continue contributions to Atlas of Variation.

5. Detailed Description of Progress in 2019/20

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance [linked to Quality Dimensions 3,4,5,6]						
2019-01	Recruit Network Lead Clinician and Network Scientific Manager	March 19-April 19	Catherine Colquhoun, Shelley Heatlie	Complete	To have a Network Lead Clinician and Network Scientific Manager in post for the network	**B**
2019-02	Establish network steering group composition	March 19- April 19	Catherine Colquhoun, Shelley Heatlie	Complete	To have a focussed and engaged steering group with membership from each board for HaTS	**B**
2019-03	Establish network sub group structure and membership	March 19- April 19	Core Team	Complete	To have a clear network subgroup structure	**B**
2019-04	Ratify Network Terms of Reference	March 19- August 19	Catherine Colquhoun, Shelley Heatlie	The steering group ToR were discussed at the meeting on the 21st Aug, the only changes to be made prior to the next steering group are to ensure transfusion is correctly represented.	To have a detailed and clear ToR for the network.	**B**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
2019-05	Form network annual and 5 year work plans	March 19- August 19	Catherine Colquhoun, Shelley Heatlie	The annual and five-year work plans have been drafted and approved by DSG AG. It has been noted the five year work plan required editing, to ensure it is more strategic.	To have a detailed and clear work plan for the network.	B
2019-06	Create and ratify the service level agreement for the network	March 19- August 19	Catherine Colquhoun, Shelley Heatlie	The service level agreement has been written, and signed and is filed on the system.	To have a finalised SLA for the network	B
2019-07	Develop the quality improvement strategy for the network	March 19- August 19	Core Team /Network Stakeholders	The quality improvement strategy has been ratified at the steering group meeting and will be reviewed again within 12 months or sooner if major revision is required.	To have a detailed and clear Quality Improvement strategy for the network.	B
2019-08	Develop Education strategy for the network	March 19- August 19	Core Team /Network Stakeholders	The Education strategy has been ratified at the steering group meeting and will be reviewed again within 12 months or sooner if major revision is required.	To have a detailed and clear Education strategy for the network.	B
2019-09	Develop communication and engagement strategy for the network	March 19- August 19	Core Team /Network Stakeholders	The Communication strategy has been ratified at the steering group meeting and will be reviewed again within 12 months or sooner if major revision is required.	To have a detailed and clear communication and engagement strategy for the network.	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
2019-10	Create and agree Terms of Reference for the network sub groups	March 19-September 19	Catherine Colquhoun, Shelley Heatlie	The sub group ToR have ratified at their meetings. Sub groups that have not yet had a first meeting require a ToR to be created.	To have a detailed and clear ToR for each network sub group after the first meeting.	G
2019-11	Ensure relevant good linkages e.g. digital path programme, genetics, data group and other disciplines e.g. pathology	1st April 2019-March 2020	All of network	Contact has been made already with genetics to discuss potential cross over in working.	To have a well-connected network ensuring efforts are not duplicated	B
2019-12	Establish coagulation subgroup with enthusiastic/engaged individuals	April 19-September 19	Core Team, Steering Group	Subgroup membership has been agreed and meeting established.	To establish an enthusiastic and engaged Coagulation subgroup	B
2019-13	Improve liaison between clinical and laboratory transfusion medicine by ensuring robust links with SCTAC	Ongoing	Core Team, Steering Group, Blood Transfusion Subgroup/	This has been further developed. The blood transfusion sub group has met already. Further links and closer relationships can be forced to ensure correct representation.	Forging links, and developing contacts enables sharing of projects and on-going work. It ensures no duplication of effort and enables input from out with the group which can be valuable.	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
2. Service Development and Delivery [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-14	Feedback on e-traceline update and connectivity between SNBTS and board LIMS/patient electronic record	1st April 2019-March 2020	Blood Transfusion Subgroup	The development of the e-traceline was discussed at the Blood Transfusion sub group meeting. This will be explored further at the next sub group meeting, once the update has taken place and been rolled out.	To establish a new standard and have all boards routinely use it to harmonise the service and care	G
2019-15	Managed convergence of mass casualty/major incident policies	1st April 2019-March 2020	Blood Transfusion Subgroup	This has been identified and was added to the first annual education event.	To establish a standard and have all boards routinely use it to harmonise the service and care	B
2019-16	Support development of a national policy on management of red cell antibodies in pregnancy	1st April 2019-March 2020	Blood Transfusion Subgroup	The guidance document available for the National Midwifery Conference in Edinburgh in November and a summary presented at the SCTAC Annual meeting on 22nd November at COSLA	To establish a national policy to have all boards in Scotland follow the management of red cell antibodies in pregnancy thus harmonise the service and care	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
2019-17	Establish communication link between government training for IBMS and assess remote and rural training needs	1st April 2019- March 2020	WF & Education Subgroup	Discussed at last WFE meeting but further discussion required. This should be included on the agenda for the next work force and education sub group meeting.	It is hoped network members links would improve quality, raise standards and ultimately benefit patient service	A
2019-18	Collect accurate data on WF and training programmes in Boards	1st April 2019- March 2020	WF & Education Subgroup	The data group has issued a benchmarking template and several returns have now been received. The network has organised a data work shop for the 11th March, to ensure any further data required can be included in next year's benchmarking template. The data will be assessment when the draft report is presented at the steering group meeting at the end of November.	Issues in WF training are understood and integrated into HaTS training programmes to raise the quality and standards and ultimately improve patient service and care also to ensure WF are sufficiently trained to meet the future demands of health care needs and workforce sustainability	B
2019-19	Engage with training programme directors e.g. collect examples of practice in each board for different registrar training programmes	1st April 2019- March 2020	WF & Education Subgroup	This was touched on at the first sub group meeting, it will be explored in more detail at the next workforce and	Ensure WF are sufficiently trained to meet the future	A

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
				education sub group meeting.	demands of health care needs and workforce sustainability	
2019-20	Create staff profiles to ensure all NHS Boards define bands and roles the same. E.g. look at role of Clinical Scientists – bone marrow reporting by BMS's	1st April 2019- March 2020	WF & Education Subgroup	Discussed at last WFE meeting but further discussion required. This should go on the agenda for the next work force and subgroup meeting.	Standardisation of jobs and specific roles and grade leading to improved patient outcomes.	A
2019-21	Investigate how many labs have accreditation for training	1st April 2019- March 2020	WF & Education Subgroup	Discussed at last WFE meeting but further discussion required. This should go on the agenda for the next work force and subgroup meeting.	Understanding of gaps to have a clear way to address planning requirement	A
3. Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]						
2019-22	Produce timely newsletters quarterly	1st April 2019 – 31st March 2020	Network Core team	The initial two newsletters have been developed and circulated with the network autumn newsletter currently being drafted and plan to circulate by mid Oct 2019.	Regular timely newsletters will be circulated ensuring stakeholders receive regular communications from the network and keep abreast of the on-going work of the network.	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
2019-23	Website development	Ongoing	Network core team/ sub group leads/ stakeholders	A basic website has been created and populated with available information. The new network programme support officer will be taking forward the development of the website now he has commenced in post.	To have an informative, user friendly website that is well used by stakeholders.	B
2019-24	Create survey of current provision across Scotland for HMDS contributors	1st April 2019- March 2020	HMDS Subgroup	The chair of the sub group has agreed, and doodle polls been circulated to individuals that have expressed an interest in this work stream. First meeting to be scheduled.	Understanding of gaps to have a clear way to address requirement	A
2019-25	Participation in national road shows	1st April 2019- March 2020	All network members	Members of the core team have represented the network at several of the road shows and will be present at the road shows in the future.	The road shows are increasing stakeholders signing up to the mailing list, as well as an increase in engagement on the twitter account.	B
2019-26	Engage with DSG	1st April 2019- March 2020	Lead Clinician/ All network members	The network was one of the topics of the day at the DSG meeting on the 18th July 2019. The work plans of the network were presented and	Any required decisions/ proposals/ changes can be	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
				positive comments were made on the significant progress of the network.	suggested/ agreed via DSG.	
2019-27	Engage with the three regional laboratory boards, North, East and West	1st April 2019- March 2020	Lead Clinician/ All network members	The core network team have been in contact with the three regional boards, and two of the boards have supported network representation at the regional level. The team will continue to engage with the regional boards.	Engaging and developing contacts enables sharing of projects and on-going work. It ensures no duplication of effort and enables input from out with the group which can be valuable.	**B**
4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-28	Annual education day event	April 2019- Feb 2020	Core team and Network members	The first annual education day was a major success and gained very positive feedback.	To host an interesting event that shares best practice and informs on hot topics in haematology and transfusion	**B**
2019-29	NHS Scotland Event poster	Poster submission April 17th, Event 31st May.	Dr Catherine Colquhoun, Dr Alistair Hart & Miss Shelley Heatlie	The abstract has been accepted for the event. The poster is in process of being drafted. This will be circulated to the demand optimisation group by the	The poster will increase the profile of the network.	**B**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
				end of March and the poster submitted and printed mid-April.		
2019-30	Review NHS guidelines for sense checking in terms of accreditation standards and support the development of year 2-5 work.	1st April 2019-March 2020	WF & Education Subgroup	This should go on the agenda for the next work force and education sub group meeting.	Standardisation of jobs and specific roles and grade leading to improved patient outcomes.	**B**
2019-31	Explore development of a shared education day with SCTAC	1st April 2019-March 2020	WF & Education Subgroup	The first HaTS Annual Education has been booked for 26th Feb 2020 at COSLA. The draft programme has ensured a balance between transfusion and haematology topics.	Relevant and interesting education day can be facilitated by HaTS. Incorporating both haematology and transfusion	**B**
5. Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-32	Establish evidence base for Myeloma SLWG	1st April 2019-March 2020	Myeloma Subgroup & Data Subgroup	The new assistant programme manager has taken forward the organisation of the multi-disciplinary sub group, which will be led by HaTS but involve the Scottish Clinical Biochemistry Network and members from the Immunology informal network.	Establish a standard laboratory testing pathway for the diagnosis of Myeloma	**A**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
2019-33	Demand optimisation guidelines development	June 2019	Demand Optimisation/Data sub group members	Six guidance documents for B12, Ferritin and Serum folate has been developed for clinical and laboratory guidance. These require final ratification and then they can be circulated and put on the network website.	The development of the guidance will enable a once for Scotland approach, a standardisation document to enable all NHS Boards to adopt the same practise.	B
2019-34	Link in the Standardisation project	1st April 2019-March 2020	Interested members to volunteer	Shared Services has approached the network regarding the development of a standardisation group. The network has been responsive and has already attended the first meeting.	The network will fully engage with the standardisation initiative.	B
2019-35	Continue to support optimisation of O- blood usage in Scotland	1st April 2019-March 2020	Blood Transfusion Subgroup	This was discussed at the first Blood transfusion sub group meeting and will remain on the agenda for the next meeting	To establish a standard and have all boards in Scotland routinely use it to harmonise the service and care	B
2019-36	Scope send away testing internally and externally	1st April 2019-March 2020	Data/DO Subgroup	This should go on the agenda for the next sub group meeting.	To be better informed to decide future send a way testing set-up and structure to	B

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
					improve demand, care and cost	B
2019-37	Address labelling of tests e.g. not just Haem send away	1st April 2019- March 2020	Data/DO Subgroup	This should go on the agenda for the next sub group meeting.	To improve quality of labelling practice to avoid mistakes	B
2019-38	Mapping who does what tests, where and how they are done and include in benchmarking report for 2019-20	1st April 2019- March 2020	Data/DO Subgroup	The benchmarking template has been established and circulated to all NHS Boards. Returns have begun being returned and a draft report will be produced for November 2019.	To better understanding current testing practice to obtain a benchmark	B
2019-39	Obtain data on Inflammatory markers ESR vs. CRP block dual requests from GP's to reduce numbers or further tests by reducing one	1st April 2019- March 2020	Data/DO Subgroup	This data has been included in the annual benchmarking template. Data will be evaluated and next steps identified once the data has been returned from all NHS Boards. CRP - rather than ESR - is now recommended for baseline measurement of inflammation for primary care clinicians in NHS Lothian. This follows review of recent national guidance and laboratory costs, now demonstrating that the CRP test carries clinical benefits and is significantly more cost effective than the ESR.	To establish a standard and have all boards in Scotland routinely use it to harmonise the service and care	A

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
6. Value [linked to Quality Dimensions 1,2,3,4,5,6]						
2019-40	Data benchmarking report 2019-2020	29th May 19 – Dec 19	Data/DO Subgroup and a member from each NHS Board to submit the data.	The data sub group held a data workshop on 24th July 2019. This set out the data to be requested from HaTS for the first benchmarking report. It is hoped we will then receive all data returns by Oct 19, to enable a report to be written and concluded prior to the final steering group meeting of the year.	The network will continue to develop its data collection and benchmarking. The data sub group will continue to refine and develop the questions asked to enable meaningful data to be collected.	**B**
2019-41	Contribute to Atlas of Variation	1st April 2019- March 2020	Data/DO Subgroup and member from each board to return data	The data has been requested in the same template as the benchmarking request. This will be added into the national atlas of variation once the requests have been received.	The development of a robust data bank which informs change in practise to streamline processes and enable the network to identify key areas to target and develop.	**B**
2019-42	Engage with NLIIP dashboard	1st April 2019- March 2020	Data/DO Subgroup and member from	This can be added onto the sub group agenda for the next meeting.	To have a well-connected network ensuring	**B**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2020	Anticipated Outcome	RAGB status
			each board to return data		efforts are not duplicated	
2019-43	Gather data to aid standardisation e.g. coag testing. From standard approach to basic tests and distribution of specialist tests	1st April 2019- March 2020	Data/DO Subgroup and member from each board to return data	Data has been requested as part of the first annual benchmarking template. This will support standardisation and evaluation to occur once data returns have been received from all NHS Boards.	HaTS will ensure standardised guidelines are available that are clear and concise	B
2019-44	Assess if there are tests that can be done earlier in clinical pathway and affect patient pathway to affect care e.g. platelet / immature platelet fractions (Immature platelet fraction pilot)	1st April 2019- March 2020	Data/DO Subgroup and member from each board to return data	To be discussed at the next sub group meeting.	Standardise time frame of clinical testing pathways to improve service and patient care	A

RAG status key

RAG status	Description
RED (R)	The network is unlikely to achieve the objective/standard within the agreed timescale
AMBER (A)	There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made
GREEN (G)	The network is on track to achieve the objective/standard within the agreed timescale
BLUE (B)	The network has been successful in achieving the network objective/standard to plan

The Institute of Medicine's six dimensions of quality are central to NHS Scotland's approach to systems-based healthcare quality improvement, therefore objectives should be linked to these dimensions:

1. **Person-centred**: providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;
2. **Safe**: avoiding injuries to patients from healthcare that is intended to help them;
3. **Effective**: providing services based on scientific knowledge;
4. **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy;
5. **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
6. *Timely*: reducing waits and sometimes harmful delays for both those who receive care and those who give care.

6. Proposed Work Plan for 2020/21

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance [linked to Quality Dimensions 3,4,5,6]						
2020-01	Ensure appropriate governance through developing a Terms of Reference to focus the activities of the HMDS and Haemoglobinopathy subgroups	1st April 2020 – 31st March 2021	PM / Core Team	Outstanding ToRs identified and added to next agendas.	An effective network structure is enabled, with an agreed purpose and direction.	**G**
2020-02	Continue to develop and update the strategic vision for service improvement, as articulated in the five-year workplan and the QI Strategy	11st April 2020 – 31st March 2021	PM / Core Team		HaTS has an up to date and agreed strategic approach to service improvement, against which network activity can be monitored to ensure required service improvements are delivered, setting out the strategic vision for the network	**G**
2020-03	HaTS will engage with the new, emerging strategic governance structure for diagnostic services in Scotland.	1st April 2020 – 31st March 2021	Network Stakeholders	HaTS were represented at the development session for the new structure	HaTS is able to contribute to and be guided by the strategic vision for diagnostic services in Scotland	**G**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
2. Service Development and Delivery [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-04	Supporting the haematology and transfusion communities in the response to COVID-19 through the provision of regular communications, acting as a conduit of information between services and planners	1st April 2020 – 31st March 2021	Core Team, Steering Group, Subgroups as appropriate	The network has acted as a communication conduit for centres around the country. Laboratories have shared sample-handling procedures between boards, in a manner co-ordinated via the network. SNBTS have also made extensive use of the Transfusion subgroup as a means of co-ordinating resilience activities and preparations between transfusion labs.	HaTS is recognised as an effective professional forum, providing a valuable contribution to the efforts of the NHS in tackling the COVID-19 crisis.	G
2020-05	Development of Haematology Malignancy Diagnostic Service (HMDS) Subgroup to scope provision of HMDS in Scotland, including a survey of current service providers and an assessment of current pathways of care.	1st April 2020 – 31st March 2021	Core Team, Steering Group, HMDS Subgroup	Subgroup membership has been agreed.	HaTS work is enriched from the input of a wider range of stakeholders. Current Malignancy diagnostic services mapped. Pathways and standards established for Scotland, further supporting the development of a distributed services model and the "right test, right time" agenda.	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
2020-06	Development of Haemoglobinopathy subgroup, to investigate potential training opportunities in this field and improve understanding in Scotland around haemoglobinopathies	1st April 2020 – 31st March 2021	Core Team, Steering Group, Haemoglobinopathy subgroup	Subgroup membership has been agreed	Enhancement of the availability and quality of training opportunities, and strengthening of laboratory communication and support.	A
2020-07	Progress a standardised electronic patient record, through a review of e-traceline and connectivity between SNBTS and board LIMS/patient electronic record	1st April 2020 – 31st March 2021	Blood Transfusion Subgroup	The group has discussed the issues around e-traceline and LIMS. It was agreed that it would be useful to review the direction of travel in this area. Establish if SCTAC has already looking at this, but it was acknowledged that the general opinion was that further research needs to be done. The progress of this item is interdependent on the progress of the National LIMS project, and subgroup members may seek to feed into this project.	A standardisation of the electronic record process, with improved connectivity and communication between different software platforms.\n\nThis supports the work of the National LIMS project, and helps with quality checking the work of this group.	A
2020-08	Continue to support the collection of accurate workforce data, including training profiles/roles in different Boards, in order to inform workforce development and transformational roles.	1st April 2020 – 31st March 2021	WF & Education subgroup/ Data and DO subgroup	Data collection template established for issue to service 15th June 2020. Establish a collection plan followed by the analysis of WF training profiles/ roles in different boards.	National programmes around workforce planning are informed by accurate data on the haematology workforce. Training needs are	A

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
					understood and supported as roles are transformed and flexible working introduced.	
3. Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]						
2020-09	In line with its ongoing communications strategy, HaTS will… • Investigate methods for streamlining newsletter production and dissemination. • Update the HaTS website to provide a more useful resource of relevant documentation to the Steering Group, subgroups and members, by improving its layout and accessibility. • Roll out the use of Microsoft Teams to subgroups and encourage its use for relevant workgroup collaborative activities. • Make greater use of Twitter to engage with the haematology and transfusion communities. • Continue engagement with laboratory staff via roadshows and other external events where permissible in the current environment, and investigate alternative engagement methods (such as webinars) as suitable replacements in the event of ongoing social distancing.	1st April 2020 - 31st March 2021	PM / PSO Core Team	Microsoft Teams channels have been created for network business and subgroups. A website review is currently in progress. Updates will be provided to Steering Group meetings at regular intervals regarding progress on the communications strategy. Certain activities, such as in-person roadshows, may be impacted by the COVID-19 crisis.	Stakeholders are updated on the work of HaTS and have opportunity to provide input. HaTS work is enriched from the input of a wider range of stakeholders.	**A**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-10	Develop appropriate education packages to provide an opportunity for the Haematology community to maintain and update their skills. This will be delivered through an annual education day, sharing best practice and hot topics; and the development of a practical/interpretive training day.	31st March 2020 – March 2021	Core Team	Significant planning had taken place however face to face training events are not currently possible and so alternative delivery methods are being investigated,	The Haematology community has an understanding of new developments and best practice, which they are equipped to take back their labs.	**A**
2020-11	Develop the future workforce through engaging with training providers to investigate equivalence routes available to biomedical scientists and support workers for further progression. Collecting examples of practice in each board for different Scientist training programmes.	1st April 2020 – 31st March 2021	Workforce & Education Subgroup	Initial discussions have taken place at the WFE subgroup on this, with further discussions to be had with the IBMS and RCPath on equivalency and potential haematology training modules.	Improved skill and qualification levels among workforce, supporting the long-term development of a more sustainable workforce profile, and the development of new career progression routes for biomedical scientists.	**A**
2020-12	Investigate the current use and further expansion of modern apprenticeship programmes. Collect examples of practice in each board with regard to these programmes and the use of support worker grades.	1st April 2020 – 31st March 2021	Workforce & Education Subgroup	Initial discussions have taken place at the WFE subgroup on this, with further discussions to be had with training providers and NHS boards which are	The development of new career routes into biomedical science, and the potential for existing workers to up-skill in new ways without having to	**A**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
				currently running these programmes	resort to full-time academic education	
2020-13	Determine which laboratories possess IBMS training accreditation	1st April 2020 – 31st March 2021	WF & Education Subgroup	Surveying of laboratories in each health board to determine their IBMS training accreditation status, to take place via the annual data collection exercise.	To understand where gaps in IBMS training accreditation may exist across Scotland, to better inform how the network can support the development of workforce planning in Scotland.	**A**

5. Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-14	Improve Haematinics Testing across NHS Scotland through updating and guidelines, followed by an assessment of the impact of the HaTS guidelines once issued.	1st April 2020 – 31st March 2021	Core Team/ Steering Group/ Anaemia Subgroup	Various edits to the provided guideline documents (both GP- and laboratory-focused) for B12 and serum folate testing have been completed. Plan to provide updated versions of the testing guidelines for re-circulation in place. Add to agenda for the Anaemia Subgroup as a quality improvement (QI) project. Establish final ratification and then they	Standardisation and demand optimisation of haematinics testing across Scotland, with associated quality improvement in terms of pathway optimisation, ensuring more timely and targeted use of these tests.	**A**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
				can be circulated and put on the network website.		
2020-15	Development of standard Pre-Operative Anaemia Pathways to enable a Once for Scotland approach	1st April 2020 – 31st March 2021	Core Team/ Steering Group/ Anaemia Subgroup/ Demand Optimisation/ Data sub group members	Anaemia subgroup will develop a pre-op anaemia laboratory pathway and this will replace the Ferritin guidelines. Already on agenda for the Anaemia Subgroup.	The development of the guidance will enable a once for Scotland approach, a standardisation document to enable all NHS Boards to adopt the same practise. Standardisation of pre-operative anaemia pathways supports patient care by optimising delivery of service.	A
2020-16	Scope coagulation screening across Scotland to establish variation in current practice; establish an optimised pathway and promote its use.	1st April 2020 – 31st March 2021	Core Team, Steering Group, Coagulation Subgroup	The steering group will assess the scope for a demand optimisation project looking at coagulation screening, and pass matters down to the Coagulation Subgroup as necessary	The development of a profile of how coagulation screens are performed across Scotland, with moves to reduce or eliminate unnecessary screening steps where possible	A
2020-17	Development of standard D-Dimer requesting guidelines and review of reference ranges	1st April 2020 – 31st March 2021	Core Team, Coagulation Subgroup, Steering group	Plan was to add to agenda for the Coagulation Subgroup and Steering Group as a possible quality improvement (QI) project	Reduced D-dimer testing and more reliable interpretation, with the potential to	

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
					reduce further radiological investigations	**A**
2020-18	Establishment of ADAMTS13 testing in Scotland	1st April 2020 – 31st March 2021	Core Team, Coagulation Subgroup, Steering group	Plan was to add to agenda of Coagulation subgroup meeting testing validation exercise.	Unified approach to ADAMTS13 testing across NHS Scotland, with support for better testing pathways and improved patient care	**A**
2020-19	Assess the cost and benefit of re-patriating Serum Free Light Chain testing to Scotland	1st April 2020 – 31st March 2021	Myeloma Subgroup & Data Subgroup, Steering group	Plan was to co-ordinate information collection and devising a Lime Survey-type form, to allow for standardisation of information returns.	Support the development of testing hubs in Scotland, enhancing the "right test, right place, right time" strategy to improve benefits for patients.	**A**
2020-20	Demand optimisation to prevent testing of multiple inflammatory markers (e.g. ESR and CRP) at the same time	1st April 2020 – 31st March 2021	Data & DO Subgroup	Data will be evaluated and next steps identified once the data has been returned from all NHS Boards. CRP - rather than ESR - is now recommended for baseline measurement of inflammation for primary care clinicians in NHS Lothian. This follows review of recent national guidance and laboratory costs, now	To review provision of inflammatory marker tests across Scotland and suggest optimal use to support demand optimisation and the distributed service model.	**A**

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
				demonstrating that the CRP test carries clinical benefits and is significantly more cost effective than the ESR.		
2020-21	Continue to support optimisation of O+ blood usage, and appropriate usage of both O+ and O- blood, in Scotland	1st April 2020 – 31st March 2021	Blood Transfusion Subgroup	Plan was to establish which version of O+ guidelines are the most recent and send web link regarding O+ promotion in cases of major haemorrhage. Once guidelines are established, encourage education around O+ blood usage in Scotland. This was discussed at the next Blood transfusion sub group meeting	Supporting the network in standardising and optimising blood product usage in Scotland	A
6. Value [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-22	Data benchmarking report 2018-19	1st April 2020 – 1st June 2020	Data & DO Subgroup, NHS board representatives, IMS	The 2018-19 data Benchmarking Report was distributed on March 2020 for final approval. Comments and feedback on this report are to be used to inform the structure and content of the collection template for 2019-20 data.	Final approval of the 2018-19 benchmarking report, with subsequent distribution to the network. Useful feedback for the future 2019-20 data collection, to allow the issuance of a more relevant	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
				and up to date template.		(green)
2020-23	Data benchmarking collection 2019-20	1st April 2020 – 31st March 2021	Data & DO Subgroup, NHS board representatives, IMS	Preparation of a data collection template by IMS for the 2019-20 benchmarking dataset. This will be informed and edited in line with feedback from relevant network members prior to distribution. Subsequent issuance of the template to relevant data contacts within each NHS board. Approximate timescales have been mooted for distribution and collection.	To have a clearer picture of HaTS activity and an agreed way forward to develop the data and use the information to target variation and improve quality of service and patient care	A
2020-24	Development of intelligent function testing in haematology to support the national LIMS and patient pathway programmes	1st April 2020 – 31st March 2021	Core Team, Steering Group, relevant subgroups	The progress of this item is interdependent on the progress of the National LIMS project. This item will be discussed at the steering group for further development and assigning of work to relevant subgroups.	Improving and standardising the timeframe of clinical testing pathways, leading to improved service and enhanced patient care	A

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 31 March 2021	Anticipated Outcome	RAGB status
2020-25	Continue contributions to Atlas of Variation	1st April 2020 – 31st March 2021	Data & DO Subgroup and member from each board to return data	There is a risk that this activity might be at risk of suspension / delay due to uncertainty around the continuation of the National Demand Optimisation Group; and the reliance on continued IMS support for the Atlas of Variation. A database of HaTS members in possession of Atlas links is being recorded. All feedback relating to the Atlas will be fed back directly to the National Demand Optimisation Group via the relevant survey form, and this feedback should be provided by both new and existing Atlas users. Data collections will take place via a similar digital template to that used for yearly benchmarking data.	The development of a robust data bank which informs change in practise to streamline processes and enable the network to identify key areas to target and develop.	A

RAG status key

RAG status	Description
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2. **Safe**: avoiding injuries to patients from healthcare that is intended to help them;
3. **Effective**: providing services based on scientific knowledge;
4. **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy;
5. **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
6. **Timely**: reducing waits and sometimes harmful delays for both those who receive care and those who give care.

Appendix 1: Steering Group Membership

Board	Name	Job Title
NHS Ayrshire & Arran	David Drysdale	Haematology and Blood Transfusion Laboratory Manager
NHS Borders	Jackie Scott	Lab Manager (Blood Sciences)
NHS Dumfries & Galloway	Martyn McAdam	Blood Sciences Service Manager
NHS Fife	Sarah Dack	BMS Manager, Haematology
NHS Fife	Pam Marks	BMS Manager, Blood Transfusion
NHS Fife (info only)	Ken Campbell	Service Manager
NHS Fife (info only)	Lorna McLintock	Clinical Lead for Haematology and Transfusion
NHS Forth Valley	Katharine Hanlon	Consultant Haematologist
NHS Forth Valley	Gillian Lowe	Haematology Deputy Manager
NHS Golden Jubilee	Elaine Laurie	Technical Lead – Blood Transfusion
NHS Golden Jubilee	Gordon Rankin	Technical Lead – Haematology
NHS Grampian	Beverley Robertson	Consultant Haematologist
NHS Grampian	Sonja Wright	HaTS Scientific Manager / Clinical Scientist
NHS Greater Glasgow & Clyde	Patricia Bradley	Senior Biomedical Scientist
NHS Greater Glasgow & Clyde	Jane Gibb	Assistant General Manager
NHS Greater Glasgow & Clyde	Alistair Hart	HaTS Lead Clinician / Consultant Haematologist
NHS Greater Glasgow & Clyde	Gi San Tang	Specialist Biomedical Scientist
NHS Highland	Caroline Duncan	Consultant Haematologist
NHS Highland	Tina Webster	Laboratory Manager, Belford Hospital
NHS Highland (info only)	Zeshan Mahmood	Laboratory Manager, Raigmore Hospital
NHS Highland (info only)	Mick Milner	Haematology Team Manager
NHS Lanarkshire	Kirsty Taggart	Technical Lead for Haematology and Transfusion
NHS Lothian	Robyn Gunn	HaTS Scientific Manager / Healthcare Science Manager (Blood Sciences)
NHS Lothian	Huw Roddie	Speciality Lead for Haematology

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Board	Name	Job Title
NHS National Services	Liz Blackman	Senior Programme Manager
NHS National Services	Karl Hope	Programme Support Officer
NHS National Services	Claire Lawrie	IMS Programme Manager
NHS National Services	Nada Walker	HaTS Programme Manager
NHS Orkney	David Farrer	Lead for Haematology and Blood Transfusion
NHS Shetland	Kevin Tosetto	Biomedical Scientist
NHS Tayside	Chris Hind	Clinical Laboratory Manager
NHS Western Isles	Joel Briggs	Laboratory Manager
SNBTS	Jennifer Laird	Consultant Haematologist, SNBTS Clinical Lead for Red Cell Immuno-haematology (RCI)
SCTAC	Lynne Anderson	Consultant Anaesthetist

Appendix 2: Finance

High level (i.e. annual totals) overview of network expenditure (and income where applicable) against its budget, not including staffing costs e.g. Lead Clinician backfill. Present finance figures using standardised visualisation developed by IMS. Where possible, group similar cost items together even if reported separately by Finance (e.g. grouping all costs related to hosting events and meetings).