



Haematology and Transfusion Network Scotland

Annual Report 2020/21

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Background

Managed Diagnostic Networks are defined as co-ordinated groups of health professionals that support diagnostic services to continuously improve service delivery in order to ensure equitable provision of high quality, clinically effective services. Diagnostics, whether delivered in primary, community or secondary care, have an important role to play in achieving NHS Scotland quality ambitions by contributing to early, accurate and cost effective diagnosis, monitoring and self-management.

The role of the Haematology and Transfusion Network is to improve laboratory haematology and transfusion service provision and support a cohesive network that connects the diagnostic and clinical professions. The network sets out clear objectives which drives service improvement, which is achieved through:

- Capturing Data which identifies gaps within the service, work force planning and identify future work streams
- Horizon scanning, which enables the network to be responsive to new and emerging challenges within the community
- Ensure optimisation of the resources and skills within Scotland to provide the most efficient and effective service possible
- Support the service to adhere to professional guidelines and standards

Current position

During the last year HaTS has provided a vital means of communication, supporting clinicians and scientists to respond to the Covid pandemic. Due to the restrictions in place and the uncertainty and increase in workload some areas of the work plan have not been achieved. However, it has provided the opportunity to review and revise certain work streams and to engage with a wider range of colleagues. For example, colleagues from remote and rural areas would previously have found attending meetings in person a challenge, but the move to a more virtual way of working has improved access for all colleagues in Scotland. It has also opened up the opportunity for virtual learning platforms; potentially transforming the way training can be supported and standardised across Scotland.

Despite the challenges of 2020-21, HaTS has still progressed key work streams such as the development and repatriation of an ADAMTS13 testing service in Scotland, engaging in and driving the Blood Science Service Review and initial scoping of the Myeloma pathway in Scotland.

Highlights

Connecting a Community Amidst a Pandemic

The network has played a key role in facilitating important communication in relation to issues arising during the Covid pandemic. The Transfusion sub group has convened several short notice meetings enabling professionals to identify challenges and agree changes to practise as the pandemic unfolded. With Covid restrictions impacting on donor collection volumes the group identified the need to adapt the existing alert system for managing blood supply chain shortages to ensure continuity. The enhancements, developed in conjunction with SNBTS, facilitated effective monitoring of blood stocks and amber and pre amber alerts highlighted where levels were low to provide sufficient time for contingency plans to be implemented. This ensured continuity of service, without disruption or harm to patients.

The Transfusion sub group was also a conduit for communications on progress of clinical trials, regarding the use of plasma as a potential treatment for covid and was primed to support the community if the results were positive. While the trials found this was not a beneficial treatment for covid there are ongoing, smaller trials looking at developing this as a treatment for immunocompromised covid patients.

The network developed and circulated information to the community through established communication routes and was a channel for concerns in relation to the AstraZeneca Vaccine. It will continue to be responsive and supportive as required.

Blood Sciences Service Review

HaTS has driven the Blood Sciences Service Review in collaboration with the Scottish Clinical Biochemistry Network (SCBN) and the National Laboratory Programme (NLP), identifying five key areas of focus:

1. Remote and Rural
2. Point of Care Testing (POCT)
3. New and Referral Tests
4. Standardisation and National LIMS
5. Workforce and Training.

The Blood Sciences Service Review SLWG (comprising network core teams), has developed a staff questionnaire and incorporated a lab managers survey into the network's annual benchmarking requests to avoid duplicate data requests. The SLWG has engaged with Remote and Rural and Scottish Government colleagues on POCT, to plan initial workshops that will begin in September 2021.

ADAMTS13 Testing

The coagulation sub group has developed an outline business case to establish an ADAMTS13 service in Scotland instead of sending samples to England for testing. The test can identify patients that have Thrombotic Thrombocytopenic Purpura (TTP), a rare blood clotting condition that requires early intervention and treatment by way of plasmapheresis, which is available in a limited number of centres in Scotland.

If the condition is suspected and the patient is not in close proximity to a plasmapheresis centre, they may need to be transferred there to await the ADAMTS13 test result so that treatment can be initiated immediately if it is positive.

The repatriation of this test will improve turnaround times, which in turn will reduce the costs and clinical risk associated with unnecessary transfers and improve patient outcomes through prompt access to appropriate treatment.

The test will be available in two sites; Glasgow and Edinburgh. The service in Glasgow is now up and running and Edinburgh is completing some final validation work.

Laboratory Information Management System (LIMS)

The network has continued to provide subject matter expertise regarding the data migration requirements for haematology and transfusion. As part of the Blood Sciences Review the benefits of PathNexus have been identified. PathNexus is an application planning interface platform, that is used to create, maintain and access standards based catalogues for laboratory test requests and results. The PathNexus proposal has been taken forward through the National Laboratories Programme and will, if successful, provide a much quicker, easier way to achieve standardisation of coding which will be invaluable in the roll out of national LIMS.

Annual benchmarking data and Demand Optimisation

The network undertakes an annual benchmarking exercise in order to provide an accurate picture of haematology and transfusion activity across NHS Scotland. This replaces the previous Keele Benchmarking scheme, providing more detailed information to Scottish laboratories at a lower cost. Data collected has been utilised to inform business cases, for example the ADAMTS13 business case and at NHS Board level for benchmarking to identify gaps or areas for improvement or successes to celebrate.

The network has been active and engaged in the development of a new annual benchmarking template incorporating data requests to support the National Demand Optimisation remobilisation project REDO. The REDO project will inform remobilisation of the NHS following the Covid-19 pandemic. It will identify key areas where resources are required and where it may be necessary to adapt practise to address demand, as requirements may change post pandemic.

Looking forward

It is hoped, that with easing of restrictions some of the network activities that were put on the back burner during the pandemic can resume. The community is eager and enthusiastic to drive these objectives forward. During the course of 2021/22, the network will continue to engage and drive the Blood Sciences Service Review with SCBN and NLP colleagues to identify and find solutions for challenges the communities are facing.

The recommended test for the diagnosis and monitoring of patients with Myeloma is changing. On the 21st March the British Society of Haematology (BSH), published a paper stating it was changing current guidelines to recommend use of Serum Free Light Chain (SFLC), to replace the current test of Urinary Bence Jones Protein (uBJP). The change has potential to save in-patient time where a rapid diagnosis leads to rapid treatment. Anticipating this development will have resource implications, the Myeloma sub group has begun an exercise to scope requirements to inform a business case for an optimal service for Scottish patients.

The Education and Workforce sub group will reconvene to develop educational materials including online resources. They will continue to drive discussions on career pathways and transformational roles. The network hopes to be able to deliver in person educational events, with a return to the plan for practical training sessions as part of the HaTS education strategy.

The Coagulation sub group will continue to lead the establishment of a national ADAMTS13 service for Scotland, repatriating tests, reducing unnecessary patient transport and improving time to diagnosis and treatment.

The network will support the new sub groups for Haematology Malignancy Diagnostic Services (HMDS) and haemoglobinopathies to identify the questions that would be beneficial to incorporate in the next data capture. This will inform future quality improvement work. HaTS will also establish an inflammatory markers sub group to look at clinically appropriate use of erythrocyte sedimentation rate (ESR) and C reactive protein (CRP).

Finance

The network has not utilised the budget this year, due to the cancellation of the annual education day event and face to face meetings with the restrictions due to the pandemic. Going forward, the network will consider how best to utilise budget to raise the profile of HaTS.

Work plan April 2020 – March 2021

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as of 21 October 2020	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 Terms of Reference to focus the activities of the HMDS, WFE and Haemoglobinopathy subgroups	1 st April 2020 – 31 st Dec 2020	PM / Core Team	The ToR for HMDS, WFP & Education and Haemoglobinopathy ToRs, have been approved by the sub group chair and will be discussed at the next planned sub group meetings for ratification.	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 work plan and the QI Strategy. This will ensure the most appropriate, efficient and effective objectives are being identified within each work stream.	1 st April 2020 – 31 st March 2021	PM / Core Team	The guidelines that were developed by the anaemia sub group have now been ratified and published. The co-ag sub group has identified three DO/QI projects to take forward, this will inform part of the DO/QI strategy for the coming year.	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.	B
2020-03	HaTS will engage with the new, emerging strategic governance structure for diagnostic services in Scotland. This will ensure HATS play a key role in shaping the structure to ensure it is fit for purpose and is a structure the	1 st April 2020 – 31 st March 2021	Network Stakeholders	HaTS have been represented at all meetings and actively engage with NLP (National Laboratories	HaTS is able to contribute to and be guided by the strategic vision for diagnostic services	B

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	community can utilise and engage with in the future to progress pieces of work or challenges as required.			Programme) in relation to the blood sciences review.	in Scotland and sees the benefits that could be realised from the Blood Sciences review.	
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, and acting as a conduit of information between services and planners. The network will also explore solutions for any issues arising during the current challenges.	1 st April 2020 – 31 st March 2021	Core Team, Steering Group, Subgroups as appropriate	<p>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.</p> <p>By utilising the network contacts to problem solve, it is freeing capacity up for the clinicians and scientists on the front line of the pandemic.</p>	HaTS is recognised as an effective professional forum, providing a valuable contribution to the efforts of the NHS in tackling the COVID-19 crisis. The network will continue to be responsive to any support it can provide during the pandemic.	B
2020-05	Development of Haematology Malignancy Diagnostic Service (HMDS) Subgroup to scope provision of HMDS in Scotland, the sub group will identify the data to be collected to obtain an overview of current service providers and an	1 st April 2020 – 31 st March 2021	Core Team, Steering Group,	The sub group has held two successful meetings now. A new chair for the sub group has been identified and will chair meetings going	It was decided, that further exploration of the pathways was required prior to producing a	G

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	assessment of current pathways of care. The sub group will then, through a data based approach, identify key stages within current pathways where improvements can be made, to ensure the best patient care is provided within available resources.		HMDS Subgroup	forward. A deputy chair is being discussed. The sub group will identify relevant data to capture, to provide meaningful information to shape the HMDS service. The data will be included within the next benchmarking template.	<p>selection of questions to include in the benchmarking template. The sub group will begin exploring this in more detail.</p> <p>Utilising the data, pathways and standards will be established for Scotland, further supporting the development of a distributed services model and the "right test, right time" agenda.</p>	
2020-06	Development of a Haemoglobinopathy subgroup, to investigate potential training opportunities in this field and improve understanding in Scotland around processes in primary and secondary haemoglobinopathy testing and HbA1C variants. The sub group will discuss with genetics colleagues, the service as a whole pathway and where service improvements can be targeted.	1 st April 2020 – 31 st March 2021	Core Team, Steering Group, Haemoglobinopathy subgroup	The sub group is now established having held several meetings. A chair is in place and a survey has been created and circulated. The survey is to explore the differences in processes in primary and secondary haemoglobinopathy testing within different NHS Boards in Scotland and HbA1C variants.	<p>With a low response rate of the survey questions have been included into the annual benchmarking template, to ensure a clear picture is obtained across Scotland.</p> <p>Enhancement of the availability and quality of training opportunities, and strengthening of</p>	G

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					laboratory communication and support. Standardisation and streamlining of haemoglobinopathy testing and HbA1C variants.	
2020-07	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.	1 st April 2020 – 31 st March 2021	WF & Education subgroup/ Data & DO subgroup	The WFE sub group is collating profiles from the different boards, to enable a clear picture of variations in staff profiles to be seen. It will enable sharing of the distribution of work or skills that is occurring in some labs that could be adopted by others to make better use of the resources available, and optimise the skills of different staff.	National programmes around workforce planning are informed by accurate profiles on the haematology workforce. It is essential training needs are understood and supported as roles are transformed and flexible working introduced.	G
3. Stakeholder Communication and Engagement <small>[linked to Quality Dimensions 1,3,4,5,6]</small>						
2020-08	In line with its ongoing communications strategy, HaTS will: <ul style="list-style-type: none"> 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, 	1 st April 2020 - 31 st March 2021	PM / PSO Core Team	Methods for streamlining newsletter distribution, Microsoft Sway is now being explored in line with the rollout of Microsoft Teams within NHS Scotland.	The network is utilising several means of electronic communication through newsletters, Microsoft Teams, Twitter and email. With the adoption	G

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	<p>subgroups and members, by improving its layout and accessibility.</p> <ul style="list-style-type: none"> • 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. 			<p>There have been detailed website discussions within the core team. Changes and updates are in progress. Once completed we will take this as an item to the next SG, to see if there are any further suggestions.</p> <p>Microsoft Teams channels have been created for network business and subgroups, and have provided an excellent forum for communication.</p> <p>The network has made great use of the NMDN Twitter account, highlighting the new guidelines and information of interest.</p> <p>The core team have discussed and explored merchandise options. This will be compiled with other network merchandise and be distributed to labs and stakeholders by mail. We will then aim to engage virtually with labs to promote the network.</p>	<p>of more virtual meetings, it has enabled greater engagement of staff from remote and rural sites and even mainland sites to be able to, more readily attend meetings as the time commitment is reduced with no travel time. This format will potentially be more beneficial for sub group meetings going forward.</p>	
2020-09	National Standardisation of coding for the National LIMS project, standardised units and practises to be agreed upon. Guidelines and	Nov 2020 – March 2021	Data/Standardisation sub group/Nation	The sub group has met and discussed the standardisation of codes for	A national standardised list of codes will be	G

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	nationally agreed coding will be developed to enable the roll out of LIMS to be as streamlined as possible and to ensure national standardisation of test coding occurs simultaneously with the new LIMS system. This supports better clinical practise across Scotland, with all stakeholders utilising the same coding and terminology, risk is minimised with standardisation.		al Standardisati on sub group	the LIMS project. However, this has been put on hold until the decision on the roll out of the PathNexus programme is made at the next LEB meeting as this will alter the process. The network has held meetings to discuss data migration requirements and how such data should be accessible once the systems change.	produced for the roll out of the LIMS project. This will enable a streamlined IT system to support communication and working between laboratories to enable a once for Scotland approach.	
4. Education <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
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. The key focus of the educational events, is determined through discussions with stakeholders to identify where the key gaps are, and to prepare and offer training to address the skills gap.	1 st April 2020 – 31 st March 2021	Core Team/ Network members/ WFE Sub group	With face to face training events not currently possible alternative delivery methods are being investigated. The network continues to collate materials and content for an annual education day and practical/interpretive training opportunities. The change in working practise the pandemic has presented, is that the majority of work has changed to be online, so the network is exploring the different opportunities,	The Haematology community is engaged and contributes to the development of greater online resources and training opportunities being held on the network website and teams channels. It is expected the community will have a greater understanding of new developments and best practice,	A

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				where resources and training programmes can be delivered remotely, this would be particularly helpful to support the training needs in remote and rural settings.	which better equips representatives to take back information to their colleagues and local communities.	
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. Ultimately, the goal is to produce, a large diagram pictorially depicting the various career progression routes so it can be a clear reference for all professionals as there is at present a lack of clarity on the options available.	1 st April 2020 – 31 st March 2021	Workforce & Education Subgroup	Discussions have taken place between core team members and the IBMS, discussions are being explored with 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.	G
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. This will feed into the diagram as mentioned in objective 2020-11.	1 st April 2020 – 31 st 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 currently running these programmes	The development of new career routes into biomedical science, and the potential for existing workers to up-skill in new ways without having to resort to full-time	G

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					academic education	
2020-13	Support integrated workforce planning through mapping which laboratories possess IBMS training accreditation. This enables the community to assess what support may be available within larger centres to support those that are unable to support this, and utilise the shifting practise to a more virtual learning environment to further enable a standardised and more open route to training and accreditation.	1 st April 2020 – 31 st March 2021	Workforce & 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.	G
5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2020-14	Improve Haematinics Testing across NHS Scotland through updating guidelines, followed by an assessment of the impact of the HaTS guidelines once issued.	1 st April 2020 – 31 st March 2021	Core Team/ Steering Group/ Anaemia Subgroup	<p>The five guidelines have been updated, ratified, published and promoted. Once there has been significant time for the guidelines to be implemented an audit of this will take place during the next financial year. The data has been requested through the next annual benchmarking request.</p> <p>A survey of the haematinic analysers was created and information from all boards in Scotland has been collected and collated.</p>	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.	B

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2020-15	Development of standard Pre-Operative Anaemia Pathways to enable a Once for Scotland approach	1 st April 2020 – 31 st March 2021	Core Team/ Steering Group/ Anaemia Subgroup/ Data & DO sub group members	The anaemia subgroup are engaging with the national pre operative anaemia group. A network representative is attending all the meetings to ensure collaboration can occur where there is any overlap. The national programme is more focussed on clinical pathways, but where there is overlap with laboratory pathways the network will play a role in feeding into those.	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.	B
2020-16	Scope coagulation screening across Scotland to establish variation in current practice; establish an optimised pathway and promote its use.	1 st April 2020 – 31 st March 2021	Core Team, Steering Group, Coagulation Subgroup	The Coag sub group have discussed and agreed the basic coag screen as PT and APTT, as standard throughout Scotland. They have stated the further tests are varied across Scotland due to the local variation in patient profile. This was highlighted at the latest SG meeting to conclude this work.	The development of a profile of how coagulation screens are performed across Scotland, with moves to reduce or eliminate unnecessary screening steps where possible	B
2020-17	Development of standard D-Dimer requesting guidelines and review of reference ranges to	1 st April 2020 – 31 st March 2021	Core Team, Coagulation Subgroup,	The coag sub group are looking into D Dimer standardisation. Age	Reduced inappropriate D-dimer testing and	

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	ensure a national standardised approach is adopted.		Steering group	related D dimer references ranges have also been discussed, but it is expected they will not be able to standardise at present due to the variation in platforms that are in use. The group are looking to collate the information on the units that are being used in each board a survey was created and circulated but this will be re-visited as only three responses were received.	more reliable interpretation, reduce clinical risk when patient moves between hospitals. Standardisation of D-dimer ranges where possible and appropriate in Scotland.	G
2020-18	Establishment of ADAMTS13 testing in Scotland to improve testing pathways, turnaround times and patient care.	1 st April 2020 – 31 st March 2021	Core Team, Coagulation Subgroup, Steering group	<p>The development of the business case for ADAMTS13 has continued. The challenges in variation in costing models between the boards providing these tests has been taken to the LEB, where it is expected a SLWG will be formed to look into how a standardised testing model could be developed to make the development of national business cases easier going forward.</p> <p>The health economics of the national business case have been explored and</p>	Unified approach to ADAMTS13 testing across NHS Scotland, with support for better testing pathways, improved turnaround time and therefore improved patient care and it will additionally provide an overall cost saving as the transportation costs will be reduced.	G

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				this will continue in discussion with the relevant professionals.		
2020-19	Assess the cost and benefit of re-patriating Serum Free Light Chain testing to Scotland in collaboration with biochemistry and immunology colleagues. Then if required prepare the business case to be presented at LEB.	1 st April 2020 – 31 st March 2021	Myeloma Subgroup & Data Subgroup, Steering group	An SBAR is currently in preparation due to the release of the new guidelines released by the BSH recommend SFLC in place of Bence Jones. At present Scotland does not have the financial, technical or staff resource to support this. The information required and the development of a business case is being discussed.	Support the development of testing hubs in Scotland, enhancing the “right test, right place, right time” strategy to improve benefits for patients.	G
2020-20	Demand optimisation to prevent testing of multiple inflammatory markers (e.g. ESR and CRP) at the same time, this is to optimise testing and resource and to reduce harm through any unnecessary additional tests for the patient.	1 st April 2020 – 31 st March 2021	Data & DO Subgroup	Data has been captured as part of the DO work, and the network benchmarking collection. This will be analysed as part of the networks annual benchmarking report. A blood sciences SLWG will be created to explore this duplication of testing, to agree a national guideline to testing for inflammatory markers.	To review provision of inflammatory marker tests across Scotland and suggest optimal use to support demand optimisation and the distributed service model.	A

6. Value [linked to Quality Dimensions 1,2,3,4,5,6]

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2020-21	Facilitate national data benchmarking through the network as a cost effective means of providing information to drive service improvement. This enables the network to take a data based approach to service improvements and to provide evidence to support business cases.	1 st April 2020 – 1 st June 2020	Data & DO Subgroup, NHS board representatives, IMS	The 2018-19 data Benchmarking Report has been ratified, published and circulated.	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 and up to date template.	B
2020-22	Drive service improvement through national data benchmarking ensure the data is carefully analysed and the data utilised to its full potential.	1 st April 2020 – 31 st March 2021	Data & DO Subgroup, NHS board representatives, IMS	The benchmarking template for report 2019-2020 has been developed to incorporate data requests for the benchmarking, blood sciences review, DO and WFP. This has been circulated and the deadline is 31 st May 2021.	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	B
2020-23	Development of intelligent function testing in haematology to support the national LIMS and patient pathway programmes	1 st April 2020 – 31 st March 2021	Core Team, Steering Group, relevant subgroups	The progress of this item is interdependent on the progress of the National LIMS project and is therefore at an early stage. There has been initial discussions. Additionally the opportunity to use	Improving and standardising the timeframe of clinical testing pathways, leading to improved service and enhanced patient care	G

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				PathNexus to help support this will also be explored.		
2020-24	HATS will promote optimised use of testing through its partnership with the DO optimisation programme by continued contributions to the Atlas of Variation and associated projects.	1 st April 2020 – 31 st March 2021	Data & DO Subgroup; and data return contacts within each board	The DO programme is now towards the end of Phase IV. The primary focus of Phase IV is RE-DO; Re-Engineered Demand Optimisation, looking at the variation in reintroduction of tests across Boards and to help identify important priorities for remobilisation teams. The DO core team presented at an earlier network Steering Group, highlighting the ongoing work and opening up discussion on contributing to work going forward. Network representatives contributed at a blood science DO data workshop in September, whereby a draft data set was identified and later ratified by valuable consultation with the network Core Teams. The network continues to successfully engage with DO, supporting the new data collection. To date, 8 Boards have provided blood science data returns (4 Boards with complete returns, and 4 with partial	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.	G

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				returns). Draft dashboards have been prepared by IMS and will be presented to the network in the near future.		

HATS WORKPLAN – 2021-22

When defining network objectives please consider the Institute of Medicine’s six dimensions of quality, which are central to NHS Scotland’s approach to systems-based healthcare quality improvement:

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.

Key

RAGB status	Description
RED (R)	The network is unlikely to achieve the objective by the agreed end date.
AMBER (A)	There is a risk that the network will not achieve the objective by the agreed end date but progress has been made.
GREEN (G)	The network is on track to achieve the objective by the agreed end date.
BLUE (B)	The network has been successful in achieving the network objective to plan.

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1. Effective Network Structure and Governance <small>[linked to Quality Dimensions 3,4,5,6]</small>						
2021-01	Ensure appropriate governance through developing Terms of Reference to focus the activities of the HMDS, WFE and Haemoglobinopathy subgroups	1 st April 2021 – 30 th July 2021	PM / Core Team	The ToR for HMDS, WFP & Education and Haemoglobinopathy ToRs, have been approved by the	An effective network structure enables, an agreed purpose and direction.	

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				sub group chairs and will be discussed at the next planned sub group meetings for ratification.		
2021-02	HaTS will engage with the new, emerging strategic governance structure for diagnostic services in Scotland. This will ensure HATS play a key role in shaping the structure to ensure it is fit for purpose and is a structure the community can utilise and engage with in the future to progress pieces of work or challenges as required.	1 st April 2021 – 30 th March 2022	SPM/PM/ Core Team	HATS core team members have attended an extra ordinary meeting of the LEB to discuss the structure and will input into the May workshop for the realignment of the DiSSG.	HATS is able to contribute to and be guided by the strategic vision for diagnostic services in Scotland	
2021-03	Continue to develop and update the strategic vision for service improvement, as articulated in the five-year work plan and the QI Strategy. This will ensure the most appropriate, efficient and effective objectives are being identified within each work stream.	1 st June 2021 – 30 th March 2022	SPM/PM/ Core team	The network will continue to support work streams that are developing and improving services for patient care such as the Myeloma pathway and ADAMTS13 service within Scotland. Additionally the Coag sub group have identified 5 key QI projects.	Many work streams within the network are improving services for patients such as the Myeloma pathway and the ADAMTS13 test repatriation to Scotland. The network will continue to be open to QI projects and promote and support work streams to enhance and develop the service to patients such as the projects identified by the co-ag sub group.	
2. Service Development and Delivery <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2021-04	HATS will continue to drive and shape the blood sciences service review in collaboration with the NLP, and SCBN	1 st April 2021 – until Business	NLP/ Core team/ Wider	The core teams have identified the five key areas for the review: Remote and Rural,	The network will continue to play a key role in driving and	

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	colleagues. By ensuring the views of the community are accurately and clearly represented, it ensures the most is made of the opportunity to review and identify improvements which, can be made to the service to provide the best patient care.	case completed	network engagement	POCT, Standardisation and LIMS, Introduction of new tests and referral tests and Workforce and training. The SLWG has developed the questions, included them in the network benchmarking templates, and developed the survey for staff engagement. The SLWG has also had initial discussions with R & R colleagues and Scottish Government on POCT.	shaping the review of the blood sciences services. The network will be engaged and responsive to ensure the most is made of the opportunity to engage with the wider community and NLP to ensure the output of the review is the optimisation of resources, streamlining of services and ultimately the patient service is as effective, efficient and as optimal as possible.	
2021-05	Continue to support and develop the HMDS and Haemoglobinopathies sub groups, and additionally set up, and establish the inflammatory markers sub group. The network will support these sub groups to scope provision in the respective areas in Scotland, through identification of the data required to obtain an overview of current providers and undertake an assessment of current pathways of care. These will enable areas of improvement to be identified and these will feed into future work streams.	1 st April 2021 – 30 th March 2022	Core team		Identify gaps in data that will aid the development of patient pathways. The sub groups will explore the detail of the pathway and ensure data requests include the appropriate and most useful questions to ensure the information provides the most accurate representation of these pathways, and highlights appropriately were	

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					change and developments would be beneficial.	
2021-06	Continue to support the collection of accurate workforce data, including training profiles/roles in different Boards, in order to inform workforce development, training requirements and transformational roles. The network will engage with other bodies to explore equivalence routes, and opportunities/ career paths such as the modern apprenticeship programme. Ultimate aim, is to produce a clear diagram, depicting the variety of career pathways, to ensure clarity is available to enable staff to enter into the discipline and opportunities are supported to enable staff to progress to and fill gaps in staffing.	1 st April 2021 – 30 th March 2022	Workforce and training sub group	As part of the networks annual benchmarking exercise, data on which centres have training accreditation will be collected which will aid discussions and highlights gaps with centres in Scotland and how the community can support career paths across Scotland.	The community will have a robust picture of the current and future gaps in workforce and highlight training gaps that may help support the future work force. Career pathways will be mapped out to provide a clear picture to staff of the options for progression. The role/training profiles will enable sharing of the distribution of work or skills that is occurring in some labs that could be adopted by others to make better use of the resources available, and optimise the skills of different staff. Options such as modern apprenticeships will also be explored and included into the career pathway options.	

3. Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]

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2021-07	Engage with Cancer Managed Clinical Networks (MCNs) to ascertain what variation there is in diagnosis of some cancers and by what means the variation could be addressed, to benefit patients in Scotland.	1 st April 2021 – 30 th March 2022	Multi-disciplinary myeloma sub group	Initial discussions and data gathering exercise has begun to begin to form the foundations of a national business case.	The network is driving the Myeloma Pathway sub group; this is addressing the change in guidelines for SFLC in the diagnosis of Myeloma. This has provided an opportunity to address the variation in practise across Scotland and improve the detection of patients with Myeloma in Scotland employing a standardised approach.	
2021-08	<p>Communication of the network: Continue to raise the awareness of HATS ensuring staff in all roles are engaged with the network and its work through:- Refreshed communications strategy Newsletters (minimum 2 per year) Informative and up to date website, including members area</p> <ul style="list-style-type: none"> Investigate methods for streamlining newsletter production and dissemination such as Microsoft Sway Continue to develop and update HaTS website to provide a more useful resource of relevant documentation to the Steering Group, subgroups and members, by improving its layout and accessibility. The website will also 	1 st April 2021 – 30 th March 2022	HATS Core Team		The network is utilising several means of electronic communication through newsletters, Microsoft Teams, Twitter and email. With the adoption of more virtual meetings, it will continue to enable greater engagement from staff in remote and rural sites and even mainland sites to be able to more readily attend meetings as the time commitment is reduced with no travel time. This	

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	<p>promote the network to the wider community, highlighting the key work streams.</p> <ul style="list-style-type: none"> • 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. 				format will potentially be more beneficial for sub group meetings going forward.	
4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2021-09	<p>Develop a virtual/online repository of electronic resources and support the development of training resources to support virtual training programmes in particular, to support the challenges faced by remote and rural laboratories.</p> <p>Develop the future workforce through engaging with training providers to investigate equivalence routes available to biomedical scientists and support workers for further progression and to fill</p>	1 st April 2021 – 30 th March 2022	Education and Training sub group, working with IBMS and RCPATH		The network will continue to engage in discussions and explore opportunities to develop greater national training resources for the haematology and transfusion community. The pandemic has altered working practises, so this provides an	

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	staffing/skills gaps, to ensure an efficient and able workforce for the future.				opportunity to greater develop and adopt virtual training methods. The network is exploring how best to develop, host and signpost stakeholders to training and educational material. This supports standardisation of training resources, reduces repetition of work across Scotland and provides support to the training and opportunities available to remote and rural colleagues. 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.	
2021-10	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	Sept 21 – March 22	Education and training sub group		The Haematology community engages and contributes to the development of greater online resources and training	

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	development of a practical/interpretive training day. The key focus of the educational events, is determined through discussions with stakeholders to identify where the key gaps are, and to prepare and offer training to address the skills gap.				opportunities being held on the network website and teams channels. It is expected the community will have a greater understanding of new developments and best practice, which better equips representatives to take back information to their colleagues and local communities.	
5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2021-11	The network will examine the data collected from this years benchmarking exercise and look at how this data can be best utilised to drive service improvement. The data sub group will ensure optimised use of the data to highlight opportunity to improve efficiencies in testing and look at where appropriate to repatriate tests to Scotland where beneficial to the patient pathway, retention of skills in Scotland and improve use to financial budgets.	Jun 21 – Nov 21	Data sub group		The sub group will ensure that data is not just collected but carefully examined, and considered. The data will be utilised to identify key gaps where service improvements, training or workforce gaps are so these can be addressed.	
2021-12	Continue to build on the success of the benchmarking work stream and develop the template to ensure useful and valid data capture is achieved within the next data capture. The sub group will reflect on	March 22	Data sub group		The sub group will ensure any data required to drive current work streams is identified and	

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	the template and through horizon scanning any data that is required or data that is no longer required, to add value to the data collected.				incorporated into the benchmarking report and will continue to develop the annual template to ensure all the correct data capture questions are incorporated.	
2021-13	HATS will continue to be responsive and adaptive to requirements and support the community by remaining open to innovative approaches and new methods of support and to promote these through the established communication channels within the network and sub groups.	April 21 – March 22	Core team, SG, all members		The network will continue to be responsive to any external or internal requests of support or assistance. The network will utilise the communication mechanisms and network in place to disseminate any new methodologies, approaches or examples of best practise so these can be utilised through Scotland.	
2021-14	Establishment of ADAMTS13 testing in Scotland to improve testing pathways, turnaround times and patient care.	April 21 – March 22	Coag sub group		Unified approach to ADAMTS13 testing across NHS Scotland, with support for better testing pathways, improved turnaround time and therefore improved patient care and it will additionally provide an overall cost saving as the	

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					transportation costs will be reduced.	
2021-15	A multi disciplinary sub group has been established to look at the change in guidelines for the diagnosis of myeloma, use of SFLC in place of uBJP. The sub group is being driven by HATS, this ensures colleagues from all relevant disciplines are engaged in the discussion, and establishment of a business case to enable Scotland to adhere to the BSH, NICE and Myeloma UK guidelines. The group aims to develop a once for Scotland approach to ensure there is the same access to test and care for this patient group across Scotland.	May 2021 – March 2022	Myeloma sub group		Through use of data and discussions with clinical and diagnostic haematology, immunology and biochemistry, the most efficient, effective and optimal service for a national myeloma diagnostic and monitoring pathway will be designed and developed ensuring a standardised and once for Scotland approach.	
6. Value <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2021-16	The network will continue to be active in the development of the new LIMS programme ensuring it suits the needs of the community. Additionally, the community will engage in the potential use of the PathNexus programme to enable standardisation of coding to occur prior to the roll out of the LIMS. This will streamline the process and improve patient care, as ease of communication across LIMS, and standardisation of test codes minimises risk to patients.	1 st May 2021-30 th Nov 2021	Standardisation sub group		The initial presentation of the PathNexus programme was presented to the LEB, this will be taken to the DiSSG and a SLWG formed to explore this in more detail. The adoption of the PathNexus software would enable a more standardised	

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	Once there is a National LIMS in place, the network will begin work on intelligent function platforms which will greatly improve certain patient pathways, but the roll out is dependent on a new LIMS due to current IT functionality restrictions.					process for the coding of tests, and provide a platform for a much faster route to standardisation of codes in advance of the roll out on the National LIMS.
2021-17	HATS will promote optimised use of testing through its partnership with the DO optimisation programme by continued contributions to the Atlas of Variation and associated projects.	1 st April 2021 – 30 th March 2022	HATS SG	<p>The network will be engaged with the Phase IV, RE-DO project to promote re mobilisation of the NHS. The data group have incorporated data for DO into the annual benchmarking template, which is due back 31st May. This will help inform the RE-DO work.</p> <p>The dashboards that have been developed will be promoted to stakeholders.</p>	<p>The network will play a key role in the RE-DO project, which will support the remobilisation of the services within the NHS. This will help support crucial services to resume to pre covid levels, and to take the opportunity to optimise the delivery of services at this crucial time of change. REDO will drive service improvements and aim to reduce unwarranted variation.</p>	