



Scottish Clinical Biochemistry Network (SCBN)

Annual Report 2020/21

Lead Clinician: Mr Jim Allison

Network Scientific Manager: Mrs Janet Hogg

Programme Manager: Dr Catherine Colquhoun

Programme Support Officer: Dr Karl Hope

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's quality ambitions by contributing to early, accurate and cost-effective diagnosis, monitoring and self-management.

The role of the Scottish Clinical Biochemistry Network is to improve laboratory biochemistry services and foster close and effective links between diagnostic and clinical professionals. This is progressed through setting clear objectives, with delivery monitored through the annual work plan. Driving service improvement efficiently and effectively will be supported through:

- An annual Data capture exercise - the annual benchmarking report. This provides up to date and relevant data to inform service improvements, work force planning and horizon scanning to ensure the network is prepared for future work streams
- Being responsive to emerging challenges which occur within the community
- Actively engaging with demand optimisation and QI projects to ensure optimal use of the resources and skills within Scotland to provide the most efficient and effective service possible
- Upholding professional guidelines and standards and supporting the Scottish community to maintain these high standards

Covid-19 Impact

During the last year the SCBN community has provided a crucial forum for communication and information sharing, in particular at the start of the pandemic, supporting colleagues to navigate the changing landscape. Due to the increased laboratory workload not all network objectives have been achieved. However, changes in ways of working brought about through covid have proved beneficial to SCBN, including:-

- opportunity to explore new ways to deliver training
- the move to virtual meetings has resulted in an increase in numbers and wider representation, in particular it has been easier for remote and rural colleagues to attend

Despite the challenges of 2020-21, SCBN has still progressed key work streams such as driving the Blood Science Service Review, supporting the scoping of a pilot for PLGF testing (placental growth factor testing) and progressing implementation of the diabetes pathway and the CA125 audit of ovarian cancer diagnosis.

Highlights

Connecting a Community Amidst a Pandemic

SCBN has played a key role in facilitating important communication in relation to the Covid pandemic and finding solutions to issues raised through the network. One example occurred during the first wave when, due to Covid restrictions, the NHS Highland courier service was unable to guarantee to meet required sample transport times. Through the network agreement was reached for biochemistry samples to be transported using an existing SNBTS system for transporting blood products, if the issues occurred again.

Blood Sciences Service Review

SCBN has worked collaboratively with the Haematology and Transfusion Scotland Network (HaTS) and the National Laboratory Programme (NLP) to identify five key areas of focus for the Blood Sciences Service Review:

- Remote and Rural
- Point of Care Testing (POCT)
- New and Referral Tests
- Standardisation & National LIMS
- Workforce & Training

The Blood Sciences Service Review SLWG has developed a staff questionnaire and incorporated the laboratory manager survey into the networks' annual benchmarking to avoid duplicate data requests. The SLWG has engaged and initiated discussions with Remote and Rural and Scottish Government colleagues regarding POCT, with initial workshops provisionally planned for September 2021. The SCBN core team has gone further, working with remote and rural colleagues to identify support requirements for IT issues and a tendering/procurement process for new equipment.

Laboratory Information Management System (LIMS)

The network has provided subject matter expertise to the LIMS consortium and informed data migration requirements for clinical biochemistry. SCBN has supported the work in other ways, including use of network channels to support project communications and facilitating an additional NHS Board to join the consortium.

PathNexus

PathNexus is an application planning interface platform, used to create, maintain and access standards-based catalogues for laboratory test requests and results. The potential for PathNexus to provide a much quicker and easier way to achieve standardisation of coding, which in turn creates opportunities for sharing across NHS Boards through system interoperability have been highlighted within the Blood Sciences Review, driven by the SCBN Lead Clinician. This will be invaluable in the roll out of national LIMS as, due to the volume of tests within clinical biochemistry, it would take years to be able to achieve standardisation of test codes. Through PathNexus standardisation could be achieved simultaneously with the roll out of the national LIMS.

Annual benchmarking data and Demand Optimisation

The annual benchmarking report highlights where there is variation across Scotland. This provides an opportunity to identify and target areas for improvement within a pathway or NHS Board. It also provides data to inform and support national and local business cases.

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 the key areas where resources are required and where it may be necessary to adapt practise to address post pandemic changes in requirements.

CA125 Audit

Current Scottish referral guidelines for suspected ovarian cancer advise a CA125 test and simultaneous urgent ultrasound. The CA125 audit has assessed the uptake of these guidelines across Scotland, established the existence of significant regional variation and also highlighted the low percentage of women diagnosed with ovarian cancer who presented through this recommended primary care referral pathway. This work is also looking at the clinical effectiveness of including ultrasound with CA125 testing at initial investigation tests. This is to establish whether or not this positively impacts on time to diagnosis. There is now an engaged clinical group and the audit is progressing well.

Further to the 6 month snapshot audit in 2015, the network has obtained an extension to scope to audit the original research questions in full. Using CHI number as identifier each case will be examined to look at presentation, investigation; follow up; and whether there was a subsequent diagnosis of cancer. This will identify areas for improvement and inform future cancer referral and investigation pathways.

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 and 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 HATS 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 guidelines to recommend use of Serum free light chain (SFLC), in place of the current test of Urinary Bence Jones Protein (uBJP). This will have resource implications. The Myeloma sub group has begun an initial scoping exercise to identify requirements to inform a business case that will be taken to the relevant bodies for approval. This will provide optimal service for Scottish patients and –

whilst investment will be required – it has the potential to save in-patient time where a rapid diagnosis leads to rapid treatment.

The network will continue to develop all work streams as detailed in the annual work plan April 2021-March 2022.

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 best use of the budget to support promotion of the network.

SCBN Report against 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 at 30 th March 2021	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance <small>[linked to Quality Dimensions 3,4,5,6]</small>						
2020-01	Continue to develop the quality improvement strategy	1 st April 2020 – November 2020	Core Team	Quality Strategy reviewed and updated to reflect the purpose and aims of the network. It was presented at November Steering Group and was endorsed.	SCBN to be able to contribute and be guided by the Quality Improvement strategy for diagnostic services in NHS Scotland	B
2020-02	SCBN will engage with the new, emerging strategic governance structure for diagnostic services in Scotland.	1 st April 2020 – 31 st March 2021	Network Stakeholders	SCBN were represented at the development session for the new structure for DiSSG and LEB. SCBN has additionally engaged with the NLP (National Laboratories Programme) Blood Science review progress and are driving and shaping the review alongside colleagues from the HATS network.	SCBN is able to contribute to and be guided by the strategic vision for diagnostic services in Scotland. It is expected the network will gain valuable insight from the blood sciences service review.	B
2020-03	Recruitment of Lead Clinician and Scientific Manager due to end of tenure	1 st April 2020 – November 2020	Dr Catherine Colquhoun	A new LC has been appointed and began in post on 1 st October 2020. The network scientific manager has been extended for	Succession planning will ensure continuity of support, SCBN will be enabled	B

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				a further year so a replacement will be required for April 2022.	to progress its work plan for the benefit of the Biochemistry community.	
2. Service Development and Delivery [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-04	T1DM: National new diagnostic pathway for Type 1 Diabetes. This pathway will be the first of its kind for Diabetes in the world. It enables a robust, clear testing pathway that will provide a standardised once for Scotland approach, that ensures patients are correctly diagnosed with the correct sub set of diabetes.	1 st April 2020 – 31 st March 2021	Diabetes pathway Implementation Group	The finance to roll out this pathway is still a large challenge. The funding for the genetics testing has been confirmed and is in place through the genetics consortium. However, the funding for the C peptide and antibody testing still must be secured. The business case demonstrated overall cost savings when implementing this pathway, however challenges are being faced as the cost of testing is within the laboratories, but the savings are realised in prescribing budgets, so there needs to be a mechanism to move money between siloed budgets. Whilst this is being organised, we will ask for pump priming funding to enable the first year of the pathway to be rolled out. We will be returning to the corporate finance network on the 9 th of June.	Diagnostic pathways implemented will result in a more structured robust and accurate diagnosis of T1DM. Rolling out the national testing pathway is expected to result in more patients being accurately diagnosed each year, preventing patients receiving unnecessary insulin treatment which is invasive and expensive.	R

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				The diabetologists have had weekly meetings with the SCI diabetes team and it is expected this will be rolled out from May 2021.		
2020-05	Innovation dashboard, to showcase examples of innovation processes and examples of good practise throughout Scotland.	1 st April 2020 – 31 st March 2021	Network Data Analyst/Innovation sub group	The innovation sub group has looked at the number of hits on the innovation dashboard over the last year (180 page views from 54 unique IPs within the last year), and decided after discussion that due to the change in working practise, it would be useful to set up a teams channel, to promote discussion and share relevant documentation around best practice and innovative processes . Solutions are currently being investigated to host the documents and to have a new approach to attract more users to the innovation portal.	The dashboard will promote and encourage examples of innovative practice to be replicated and incorporated into different NHS Boards. The outcomes of the dashboard are to be linked with other scientific disciplines.	R

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

2020-06	Supporting the biochemistry community in the response to COVID-19 through the provision of regular communications, acting as a conduit of information between services and planners. The network will also	1 st April 2020-31 st March 2021	Core Team, Steering Group, Subgroups as appropriate	The network has acted as a communication conduit for centres around the country. Laboratories facing challenges occurring due to the pandemic and delay in supplier's deliveries key resources have been discussed at SG and core team	SCBN is recognised as an effective professional forum, providing a valuable contribution to the efforts of the	B
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	explore solutions for any issues arising during the current challenges.			meetings and response and solutions have been co-ordinated by the network. 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.	NHS in tackling the COVID-19 crisis.	
2020-07	Continue quarterly newsletters, to ensure clear and timely communication with all stakeholders, to make all members aware of on going work streams and projects.	1 st April 2020 - 31 st March 2021	Network Core team	Due to staff capacity issues, there has not been a newsletter circulated this year, however, this will be addressed in 2021-22 with a first draft already prepared.	Regular timely newsletters will be circulated which will ensure stakeholders receive regular communications from the network and keep abreast of the on-going work of the network.	R
2020-08	The website development will continue to ensure full use is made of the members area and the website is made even more interactive and engaging to increase engagement with stakeholders	1 st April 2020 - 31 st March 2021	Network core team/ sub group leads/stakeholders	The website has under gone development work, through the skilled programme support officer. The website will be continually reviewed throughout the year. The change of lead clinician is an opportunity for a fresh pair of eyes to review and pass comment on the website. Further review of the website will occur over the course of 2021-22. There is a plan for the	Stakeholders are updated on the work of the network and have the opportunity to provide input which overall will enhance and raise the profile of the network	A

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				core team to have an initial review then send out to the wider steering group.		
2020-09	Participation in national road shows, promotes the role and opportunity the networks provide to the scientific communities	1 st April 2020 - 31 st March 2021	All network members	No merchandise was purchased during this year but options to engage more widely with the SCBN community are being explored for 2021-22.	Stakeholders are updated on the work of SCBN and have opportunity to provide input. SCBN's work is enriched from the input of a wider range of stakeholders.	R
2020-10	Continue to foster links with WoSCAN, SCAN and the North Cancer Alliance, to support closer joint working and greater awareness of on going workstreams.	On-going-31 st March 2021	Members of the Cancer sub group	<p>The three cancer networks have not met during the pandemic; however, meetings are beginning to resume. SCAN has had two sub group meetings attended a by SCBN representative, and WoSCAN and North Cancer Alliance are starting to set up meetings again and will be attended by network representatives.</p> <p>The on-going CA125 audit has also been presented at these meetings. There has been great interest, and as the work continues the further work will be taken and shared to enable full benefit of the work to be realised.</p>	Forging links, and developing contacts through closer joint working and greater awareness of other work, SCBN can enable improvements in cancer services in line with NHS Scotland's strategic direction.	A

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4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2020-11	Annual education day event, provides valuable educational talks and discussions, addressing relevant or hot topics of interest to the biochemistry community.	Sept 2020 – Sep 2020	Core team and Network members	This event could not go ahead due to the restrictions imposed by the SARS-CoV-2 pandemic. The next annual education day event is hoped to be September 2021.	SCBN provides valuable educational talks, facilitates discussion and networking at the education day event. Unfortunately, due to current restrictions this was not possible this year but is planned to resume in September 2021, whether this is in its usual format or virtually.	R
2020-12	The education sub group is looking into On line eLearning resources. This would help collate and sign post to already available resources. The network is also exploring what can be produced within the Scottish clinical biochemistry community, which would provide a national standardised approach to training and support smaller	1 st April 2020 – 31 st March 2021	Dr Bernie Croal/ Core team	Mrs Janet Hogg has been in contact with Kevin Deans and Bernie Croal regarding the network linking in with current online resources. The network will sign post to these opportunities on the website and publicise to the relevant network stakeholders. Kevin Deans is exploring links to virtual resources. It has also been discussed the network can	It is hoped network members will benefit from access to eLearning links that will improve quality, raise standards in the work place and ultimately benefit patient	A

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	centres where there is not sufficient resource to develop these resources locally.			produce materials and share these within the community. This would help standardise materials produce, reduce the workload of doing so and support remote and rural setting that have less time and resource to develop some of these materials locally.	service. This should aid standardisation of training, and open up more opportunities to remote and rural sites.	

5. Audit and Continuous Quality Improvement [\[linked to Quality Dimensions 1,2,3,4,5,6\]](#)

2020-13	The Ca125 audit, is assessing the clinical effectiveness of the Scottish primary care referral guidelines for cancer whereby patient presenting with suspected ovarian cancer should receive both a CA125 test AND an urgent ultrasound. The audit is looking to see if these guidelines have positively impacted on time to diagnosis.	1 st April 2020 – 31 st March 2021	Ms Karen Smith, Ms Janet Hogg, IMS	An extension of scope has been granted on the PBPP and deadline extended until 2023. The sub group will begin collating clinical information to add further data and enable greater interrogation and analysis of the testing guidelines. A DPIA has also been produced and internally approved. Several meetings have occurred with relevant clinicians and it is hoped this audit will continue to progress well.	To establish a more detailed description of presenting, diagnosis and subsequent pathway of investigation and treatment to improve patient service and care. This should also help identify any key delays or hurdles within NHS Boards where time to diagnosis could be improved, therefore hopefully improving prognosis.	R
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2020-14	Demand optimisation guidelines development – LFTs. This ensures a national standardised guideline that supports a once for Scotland approach.	1 st April 2020 – October 2020	Innovation Demand Optimisation sub group members	https://www.clinicalbiochemistry.scot.nhs.uk/wp-content/uploads/2020/04/SCBN-SG-2019-26-LFTs-1.pdf LFT document has been finalised and published on the 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 optimised practise.	B
2020-15	Establishment of a lipid subgroup, with associated demand optimisation guidelines development, to support colleagues working in this area	1 st April 2020 – 31 st March 2021	Lipid subgroup members Mrs Hogg, Dr Hope, Dr Colquhoun	The composition of the lipid sub group and mailing list has been compiled. The first meeting has taken place, it was well attended and stimulated a lot of discussion. A doodle poll has been circulated for the next meeting.	The development of the guidance will enable a once for Scotland approach, a standardisation document to enable all NHS Boards to adopt the same optimised practise.	B
2020-16	National Standardisation of coding for the National LIMS project, standardised units and practises to be agreed upon. Guidelines and nationally agreed coding will be developed to enable the roll out of LIMS to be a streamlined as possible and to	1 st April 2020 - 31 st March 2021	Standardisation Sub-group/ NLP	The sub group has met and discussed the standardisation of codes for 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.	A national standardised list of codes will be produced for the roll out of the LIMS project. This will enable a streamlined IT system to	R

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	ensure national standardisation of test coding occurs simultaneously with the new LIMS system. This supports better clinical practise across Scotland, with all stakeholders using the same coding and terminology, risk is minimised with standardisation.			The network has held meetings to discuss the data, that is necessary to be migrated and how it should be accessible once the systems change.	support communication and working between laboratories to enable a once for Scotland approach.	
2020-17	eGFR - Scope the support in changing the threshold reporting of eGFR from <60ml/min to <90ml/min. This will ensure a national standardised threshold for Scotland.	1 st April 2020 - 31 st March 2021	Innovation Sub-group members, Mrs Hogg	There have been seven responses received regarding eGFR. The network scientific manager has written and issued a report. This has been published on the website.	To establish a new standard threshold and have all boards routinely use it to harmonise the service and care	B
2020-18	AKI – Audit, to collate the information on AKI reporting across Scotland and to evaluate and enable a standardised approach	1 st April 2020 - 31 st March 2021	Innovation Sub-group members, Mrs Hogg	The Acute Kidney Injury (AKI) audit report has been produced and circulated round the innovation sub group and steering group. Additionally, it has been put on the website.	Systematic standardised diagnosis of acute Kidney injury	B

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

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2020-19	Production of a national data benchmarking report to enable comparisons between NHS Boards, highlighting successes and where there may be gaps the network can support or aid in finding solutions.	1 st April 2020 – 31 st March 2021	Data & DO Subgroup, NHS board representatives, IMS	The annual benchmarking report 2019-20 was produced and has been circulated to all the steering group, so this can be disseminated more widely locally.	To have a clearer picture of SCBN 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
2020-20	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 - 31 st March 2021	Data Sub Group and a member from each NHS Board to submit the data.	The data template, was developed by the data sub group, this has now been circulated for data capture of 2020-21. The data template incorporated data requests for not only the benchmarking but also the Workforce planning group, the blood sciences service review and demand optimisation REDO project.	To have a clearer picture of SCBN activity and agreed way forward to develop the data and use the information to target variation and improve quality of service and patient care	B
2020-21	SCBN will promote optimised use of testing through its partnership with the DO programme by continued contributions to the Atlas of Variation and associated projects.	1 st April 2020 - 31 st March 2021	Data Sub-group Group/All SCBN Stakeholders	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,	The development of a robust data bank, which informs change in practise to streamline processes and enable the network to identify key	B

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				<p>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. Dashboards have been prepared by IMS and have been presented to the network.</p>	<p>areas to target and develop.</p>	

SCBN 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	SCBN will engage with the new, emerging strategic governance structure for diagnostic services in Scotland. This will ensure SCBN play a key role in	1 st April 2021 – 30 th March 2022	Core Steering Team, Group members	SCBN core team members have attended an extra ordinary meeting of the LEB to discuss the structure and will input into the	SCBN is able to contribute to and be guided by the strategic vision for	G

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	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.			May workshop for the realignment of the DiSSG.	diagnostic services in Scotland.	
2021-02	Ensure effective leadership of the network by recruitment of Network Scientific Manager (NSM), for the network, due to the completion of tenure by the current NSM in April 2022, to ensure smooth transition of the core team.	1 st November 2021-30 th April 2022	PM, PSO		The network core team will have a continuous team, to enable a smooth transition of the team and continuation of work streams.	G
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 to ensure maximal outputs for benefits to service developments are achieved through the network.	1 ST April 2021- 30 th March 2022	PM, Core Team	The network will continue to support work streams that are developing and improving services for patient care such as the Diabetes testing pathway and CA125 audit service within Scotland.	Many work streams within the network are improving services for patients such as the Diabetes testing pathway and the engagement with the HATS Myeloma sub group. The network will continue to be open to QI projects and promote and support work	G

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					streams to enhance and develop the service to patients.	
2. Service Development and Delivery <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2021-04	Develop NHS Scotland as a world leader in Diabetes Care by enabling a robust, clear testing pathway for Type 1 Diabetes. This will provide a standardised, once for Scotland approach, that ensures patients are correctly diagnosed with the correct subset of diabetes T1DM.	1 st April 2020 – 31 st March 2021	Diabetes pathway Implementation Group	The finance to roll out this pathway is still a large challenge. The funding for the genetics testing has been confirmed and is in place through the genetics consortium. However, the funding for the C peptide and antibody testing still must be secured. The business case demonstrated overall cost savings when implementing this pathway, however challenges are faced as the cost of testing is within the laboratories, but the savings are realised in prescribing budgets, so there needs to be a mechanism to move money between siloed budgets. Whilst this is being organised, we will ask for pump priming funding to enable the first year of the pathway to be rolled out. We will be returning to the corporate finance network on the 9 th of June.	Diagnostic pathways implemented will result in a more structured robust and accurate diagnosis of T1DM. Rolling out the national testing pathway is expected to result in more patients being accurately diagnosed each year, preventing patients receiving unnecessary insulin treatment, which is invasive and expensive.	A

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				The diabetologists have had weekly meetings with the SCI diabetes team and it is expected this will be rolled out from May 2021.		
2021-05	Innovation dashboard developed and expanded into a teams channel, to show case examples of innovation processes and examples of good practise throughout Scotland. Sharing of best practise enables other NHS boards to adopt examples of successful initiatives, and it shares the beneficial practise discussed across the sub groups with the wider community.	1 st April 2020 – 31 st March 2021	Network Data Analyst/Innovation sub group	Due to the change in working practise, it would be useful to set up a teams channel, to allow discussion and sharing best practice and innovative processes. Solutions are currently being investigated to host the documents and to have a new approach to attract more users to the innovation portal. The website will be updated and we will continue to promote the dashboard but hope there will be a greater use of this resource.	The dashboard will promote and encourage examples of innovative practice to be replicated and incorporated into different NHS Boards. The outcomes of the dashboard are to be linked with other scientific disciplines.	G
2021-06	SCBN will continue to drive and shape the blood sciences service review in collaboration with the NLP, and HATS colleagues. By ensuring the views of the community are accurately and clearly represented, it ensures the most is made of the opportunity to review, shape and identify improvements which, can be made to the service to provide the best patient care.	1 st April 2021 – until Business case completed	NLP/ Core team/ Wider network engagement	The core teams have identified the five key areas for the review: Remote and Rural, 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	The network will continue to play a key role in driving and 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	G

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				colleagues and Scottish Government on POCT.	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.	
3. Stakeholder Communication and Engagement <small>[linked to Quality Dimensions 1,3,4,5,6]</small>						
2021-07	Strive to optimise the communication streams that are employed by the network, to best highlight the work streams on going within the network. SCBN will continue to raise the awareness of SCBN ensuring staff in all roles are engaged with the network and its work through:- Newsletters (minimum 2 per year) Informative and up to date website, including members area	1 st April 2020 - 31 st March 2021	Network Core team	The website will be continually reviewed throughout the year. There is a plan for the core team to have an initial review then send out to the wider steering group.	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	G

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 30 th March 2021	Anticipated Outcome	RAGB status
	<ul style="list-style-type: none"> • Investigate methods for streamlining newsletter production and dissemination such as Microsoft Sway • Continue to develop and update SCBN 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 promote the network to the wider community, highlighting the key work streams. • 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 clinical 				<p>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 format will potentially be more beneficial for sub group meetings going forward.</p>	

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	<p>biochemistry community.</p> <ul style="list-style-type: none"> 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. 					
2021-08	<p>Continue to foster links with WoSCAN, SCAN and the North Cancer Alliance, to support closer joint working and greater awareness of on going work streams. Greater communication between the network and cancer groups will enable sharing of on-going projects to maximise the outputs and benefits of projects.</p>	1 st April 21 – 30 th March 22	Members of the Cancer sub group	<p>The extended scope CA125 audit can be taken to the cancer meetings. There has been great interest, it will be shared to enable full benefit of the work to be realised.</p>	<p>Forging links, and developing contacts through closer joint working and greater awareness of other work, SCBN can enable improvements in cancer services in line with NHS Scotland's strategic direction.</p>	G

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4. Education [linked to Quality Dimensions 1,2,3,4,5,6]						
2021-09	Annual education day event, provides valuable educational talks and discussions, addressing relevant or hot topics of interest to the biochemistry community. This adds to the knowledge, skill set scientific discussions and networking within the community.	Sept 2021 – Sep 2021	Education Sub Group, Core team and Network members		The education sub group has a draft agenda for the next annual education day, whether this is carried out in person or virtually will be dependent on the restrictions in place.	G
2020-10	The education sub group is looking into On line eLearning resources. This would help collate and sign post to already available resources. The network is also exploring what can be produced within the Scottish clinical biochemistry community, which would provide a national standardised approach to training and support smaller centres where there is not sufficient resource to develop educational resources locally. This will enhance the learning and development of clinical scientists within Scotland.	1 st April 2021 – 31 st March 2022	Education sub group, Core Team, Wider Clinical Biochemistry Community		It is hoped network members will benefit from access to eLearning links that will improve quality, raise standards in the work place and ultimately benefit patient service. This should aid standardisation of training, and open up more opportunities to	G

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					remote and rural sites.	
5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2021-11	The Ca125 audit, is assessing the clinical effectiveness of the Scottish primary care referral guidelines for cancer whereby, patients presenting with suspected ovarian cancer should receive both a CA125 test AND an urgent ultrasound. The audit is looking to see if these guidelines have positively impacted, on time to diagnosis. This will inform and hopefully improve the patient pathway for patients with suspected Ovarian cancer.	1 st April 2021 – 30 th November 21	CA125 working group, SCIN colleagues, IMS	An extension of scope has been granted on the PBPP and deadline extended until 2023. The sub group will begin collating clinical information to add further data and enable greater interrogation and analysis of the testing guidelines.	To establish a more detailed description of presenting, diagnosis and subsequent pathway of investigation and treatment to improve patient service and care. This should also help identify any key delays or hurdles within NHS Boards where time to diagnosis could be improved, therefore hopefully improving prognosis.	G
2021-12	To support and establish the Placental Growth Factor (PLGF) pilot within one NHS Board in Scotland, this will provide data to demonstrate if this would be beneficial to roll out	1 st April 2021 – 31st January 2022	Core Team, Scottish Government colleagues, Carsten Mandt, PM	A formal request has been submitted to an NHS Board in Scotland to request participation in the pilot. Data is currently being collated so a business case can be drafted to demonstrate	It has been shown in NHS England that over 40,000 women have benefited from	G

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	nationally throughout Scotland to aid identification of pregnant women at risk of pre-eclampsia. This will enable a clear data-based approach to inform the benefits to a national testing pathway to be rolled out.			the cost of the pilot and request funding from Scottish Government for this to be carried out.	this test, so it is hoped if the pilot in NHS Scotland was successful this could be rolled out nationally to prevent women at risk of pre-eclampsia to come to harm.	
2021-13	Continued support for the lipid subgroup, to enable the group to develop demand optimisation guidelines and to identify key work streams that would help support colleagues working in this area to identify key challenges that can be addressed to enable this service to still be offered throughout Scotland.	1 st April 2022 – 31 st March 2022	Lipid subgroup, PM, PSO, NSM		The development of the guidance will enable a once for Scotland approach, a standardisation document to enable all NHS Boards to adopt the same optimised practise.	G
2021-14	Production of a national data benchmarking report to enable comparisons between NHS Boards, highlighting successes and where there may be gaps the network can support or aid in finding solutions. The benchmarking report highlights tests, which may be candidates for repatriation, variation occurring between	1 st April 2021 – 30 th October 2022	Data & DO Subgroup, NHS board representatives, IMS	The data template has been circulated and data returns are due to be submitted by 31 st May 2021	To have a clearer picture of SCBN activity and an agreed way forward to develop the data and use the information to target variation and improve	G

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	NHS Boards, or work force challenges, this enables challenges or opportunities to be identified.				quality of service and patient care	
2021-15	Continued development of the data benchmarking template so this will be ready for circulation 31 st March 2022 for data capture 2021-22. This enables the network to take a data based approach to service improvements and to provide evidence to support business cases. Continued development of the template ensures more useful and relevant data is captured to suit the communities requirements.	Feb 22 - 31 st March 2022	Data Sub Group and a member from each SCBN sub group to update the template.		To have a clearer picture of SCBN activity and agreed way forward to develop the data and use the information to target variation and improve quality of service and patient care	G
2021-16	Continue to support the move to one method for the testing of CA19-9 in Scotland. This reduces clinical risk for those patients that receive tests or treatments between more than one NHS Board where different methods may be employed for CA19-9 testing, which poses a significant clinical risk.	1 st April 21-Feb 22	Cancer sub group, Core Team, Steering Group		The optimal outcome would be if there was one method identified and agreed upon and was employed throughout Scotland, to ensure a standardised once for Scotland approach which will reduce clinical risk to	G

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					this patient group.	
6. Value [linked to Quality Dimensions 1,2,3,4,5,6]						
2021-17	National Standardisation of coding for the National LIMS project, standardised units and practises to be agreed upon. Guidelines and 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.	1 st April 2021 - 31 st March 2022	Standardisation Sub-group, NLP, Lead Clinician	The Lead Clinician for SCBN is driving forward the PathNexus proposal in collaboration with NLP. This software enables a rapid standardised approach to ensure coding is standardised and uniform across Scotland.	A national standardised list of codes will be 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. A national LIMS within Scotland supports many potential advancements within the Scientific communities within Scotland such as intelligent	G

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					testing pathways.	
2021-18	SCBN 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 - 31 st March 2022	Data Sub-group Group/All SCBN Stakeholders	<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 and will be promoted to stakeholders.</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.	G