NHSBT Preparedness for a Mass Casualty Event

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• NHSBT is regarded as “The Blood Service”, but also provides tissues in emergencies (esp. Skin)
• Blood and blood components are provided from stock (we do not normally need emergency donors)
• NHSBT will move stock to ensure that a centre is reprovided
• Assumption that most emergency stock is required within the first 8 hours of an incident.
• NHSBT does recognise ongoing requirements for returns to theatre
Challenges – Major Incidents

• Hospitals over-order
• The public response to give blood
• The tendency to use O Negative blood (even when there is time to provide group compatible) – not just a numbers issue
• Logistics – crowds, lock-downs and cordons disrupt travel routes and access into hospitals (assistance required for blood services please)
Surely that won’t happen...?

- Westminster Bridge - 22 March 2017
- WannaCry ransomware - 12 May 2017
- Manchester Arena - 22 May 2017
- London Bridge - 3 June 2017
- Grenfell Tower - 14 June 2017
- Finsbury Park Mosque - 19 June 2017
- Parson’s Green Underground - 15 September 2017
Our Assumptions

• Government Planning assumptions for casualty numbers and the P1:P2:P3 ratio
• P1 and P2 will require blood support, P3 does not require blood support
• 3-fold over-ordering of red cells by hospitals
• Product use as described by Ramsey in “Blood component transfusions in mass casualty events” (Vox Sang 2017; 112:648–659)
Contingency planning?

- Response to an emergency (mass casualty event) is putting the blood in a van
- The planning is what makes it possible – but what other than stock numbers goes into our thinking?
Supply Chain

• NHSBT has over 3,500 contracts and 18,000 supply items.
• Where does it come from? How does it get here?
• Hurricane Irma – medical devices
• Up to date information, good contacts and working together.
IT Systems and Data

- Healthcare is becoming more IT dependent
- Can break, be attacked or infrastructure can fail
- How much data can you afford to lose?
- Defences, backup systems, recovery
Buildings and Infrastructure

• All of us are reliant on buildings, but take them for granted
• What do we do when we lose a building?
• NHSBT has (for most services) reprovisioning plans.
Contingency

• Some of our resilience is in blood stock, but possibly more important is our planning in business as usual activity
• This helps us to continue our day-to-day service despite floods, supply failure, IT issues and many other events ... as well as supporting your response to major incidents.
Thank You

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