



Manchester University
NHS Foundation Trust

Manchester Bombing Lessons Learned

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Central and Trafford sites

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Context

We are a large University Teaching Hospital in Central Manchester

Amongst our 7 hospitals we have an adult and a paediatric hospital with separate ED's

Operation SOCRATES had occurred end March 2017

The Trust had been affected by the cyber attack on 12th May 2017

The laboratory was/is in the process of significant refurbishment – we had relocated blood transfusion the week before

15 minutes from Manchester Arena

5 minutes from the Manchester Blood Centre



1st on scene 22:42
Major Incident declared 22:46
22 people killed
160 attended hospital
75 admitted to hospital

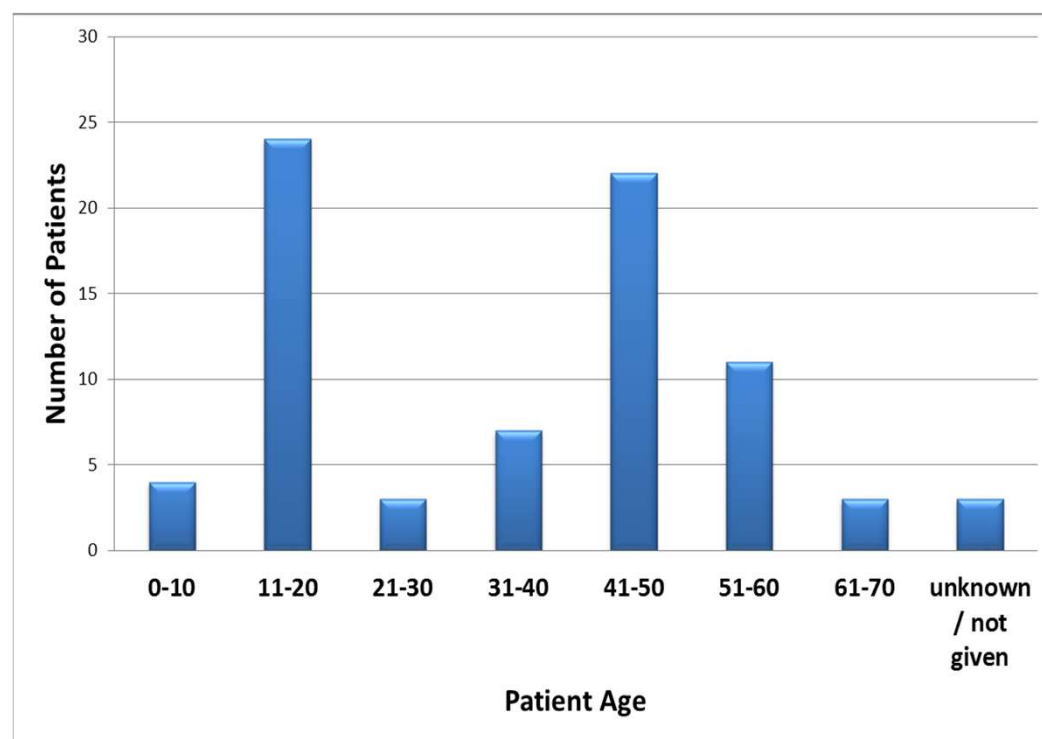


Patient Demographics

52 Female

23 Male

28 (36.4%) patients ≤ 20 yrs



10:46, Monday 22nd May 2017

Central site haematology service is a 24/7 service.

The Trafford site service on 22nd May 2017 was 7am to half past midnight.

At the time of the Major Incident activation there were 3 biomedical scientists and 1 MLA on duty at the Central site and 1 biomedical scientist at the Trafford site

The call came into the blood transfusion department from the hospital switchboard as part of the Trusts Major Incident process

We are number 16 on the call list

Our action card and Major Incident Procedure are located in the blood transfusion section of the department

We escalated to our biochemistry BMS as is the protocol and then followed the haematology call in procedure by contacting one of the haematology senior managers

Our call in process brought in 3 additional biomedical scientists and one of our senior management team in addition to myself and our head of service.

We asked our team member based at the Trafford site to remain in the event that we need to move blood

We called in an additional MLA – not in the plan

Our procedure is to contact NHSBT:

- To inform NHSBT of the Major Incident
- To place our standard order of additional stock

We were asked to attend the Trust Silver Command Centre

What went well

Haematology Call in process went well

Contact information for our laboratory teams is regularly updated (process in place)

Haematology Major Incident Plan worked well (desktop exercises)

Blood Transfusion was part of Silver Command (SOCRATES)

160 units of blood (of which 128 were O Negative), 80 units of plasma and large amounts of albumin were issued

Only 3 units unaccounted for

On the night issues

Unable to contact NHSBT for emergency blood in a timely manner – telephone was unanswered – used OBOS

Our blood tracking system made it difficult to issue O Negative blood (lack of patient details, dob)

It was difficult to keep track of issued blood via our blood tracking system – we used our team to do this

Private Courier Service was not fast enough - this was in our plan

On the night issues

Patient identification:

Patients did not retain their assigned MAJAX number for first 24 hours - Patient Names started appearing instead of the MAJAX number

For some cases NO estimate of patient's age was given and for some, the patient's Sex was not given - both are required to issue the most appropriate blood products

For some patients the MAJAX numbers were not used, samples received as unknown/unknown with a made up Date of Birth

Some informal, false MAJAX numbers were used

On the night issues

Haematology Consultant call in did not work

Unable to contact Haematology SMT whilst they were in Silver Command

Haematology management team did not have access to all areas of the site via swipe card

Areas for improvement

Review Massive Haemorrhage Activation protocol in light of being involved in Major Incident:

- MH does not need to be activated for patients in ED when the laboratory is in the process of issuing Emergency O Negative blood.
- Patients whose status has changed to MH once in another area of the Trust will require activation of MH

Trust lockdown and safety - need to be able to be identified as blood transfusion delivery

MAJAX numbering system needs review, decision and training/escalation

Improvements made to date

Trust

Blood Transfusion laboratory is on the check list for contact by Silver Command

Plasma freezers in blood transfusion have been replaced

Trust has refurbished Silver Command Centre, including installing mobile phone signal boosters

Improvements made to date

Blood Transfusion

Use Blue Light and own courier vehicles

Haematology Consultant on call rota linked to Laboratory plan

Haematology Consultant Major Incident Procedure

Updated initial blood product stock order to reflect adult and paediatric requirements

MLA on call-in list

TP on call-in list

NHSBT

All supplies met

- 334 units red cells (49% O D negative), 58 units FFP (48% AB), 18 packs platelets (67% A), 12 pools MB cryoprecipitate
- >4 days national stock O D neg

Off duty staff came in to help in Hospital Services

Potential new blood donors were supported on arrival by senior team

Look at having a message on OBOS home screen re: MI

Further Actions - Nationally

Improve activation process for NHSBT once Major Incident declared: NHSBT in conversation with NHS England

Standardise patient ID to allow record of estimated DOB, gender, non-sequential numbers, movement of patients between hospitals (Trust identifier): NHSBT / SHOT in conversation with NHS England

Recommendations for hospitals for transfusion support in Mass Casualty Events: Update of NBTC Emergency Planning Recommendations

Clear messaging regarding ongoing need for O Negative red cell donation



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Social Media

This doesn't help....

untrue and misleading
to patients and relatives

URGENT BLOOD DONORS NEEDED

Message from Manchester Royal Infirmary

PLEASE SHARE

Anyone in Manchester with the blood group O
NEGATIVE please donate we have run out we
have none xxx

Go to Upper brook street Manchester facing
the MRI xxx

Key points to remember

You will need staff in tomorrow, and the next day and the next

Consider covering the next shift of your staff who were on duty at the time

Debrief your teams

Offer counselling – look after them

Keep practicing, use your teams experience

Use the whole spectrum of expertise at your disposal, deploy your staff to their strengths



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Acknowledgements:
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