Hospital leadership and management in turmoil of COVID-19
Hosted by the European Association of Hospital Managers

Louise McMahon, BA(Hons), PGCE, DipHSM, MBA (Open)
Director of Integrated Care, Regional Health and Social care Board, Northern Ireland, United Kingdom
Northern Ireland

Region of the United Kingdom

National Health Service (NHS); Health and Social Care (HSC), N. Ireland, universal health care, free at the point of delivery, funded through taxation

Northern Ireland Act 1998: Northern Ireland Assembly: legislative control over ‘transferred matters’ including ‘health and social services’

Population: 1.894m (mid-year estimate 2019, NISRA)

Health and Social Care: Spend: £5.2bn stg (GBP)

5 Health and Social Care Trusts, NI Ambulance Service (£4.0bn); Family Practitioner Service (£0.9bn)
N. Ireland – in UK and Ireland context – timeline

• February – planning begins – 27th February first case
• 19th March – first death; 28th March ‘lockdown’
• April – case numbers rising critical care under pressure
• June – more days without deaths – Easing of lockdown; end June bars and restaurants open
• July – easing of quarantine after international travel; shielding paused
• StopCOVIDNI App (Irl);
• August: rising number of cases; people stop following guidelines?
• September: schools reopen; major outbreak in university, Belfast; hospital transmission;
• October: NI avg. 950 cases per day: Derry City and Strabane highest COVID-19 infection rate UK: 582 cases per 100,000; 1,080 cases 9/10; deaths from hospital outbreaks; ‘circuit breaker’ wfh but schools open
UK including Northern Ireland – what did we do?

- **Whole system** public health, hospitals, primary care, social care, community care, community and voluntary sector.
- February, March: planning, procurement of ventilators, PPE, increase ICU capacity; create in-house testing capacity, parallel UK Government contract with commercial providers; private hospitals
- Curtailment of non-COVID activity – staff redeployed, upskilled to support ICU
- ‘Nightingale’ hospitals/units
- COVID Centres – run by GPs; emergency dental service
- Virtual consultations - particularly General Practice
- Support for nursing and care homes, specialist infection control expertise, PPE
- Alongside: contact tracing; restriction on travel; schools and workplaces closed except for essential workers (school)
- Councils, voluntary, community - food parcels, medicine delivery to ‘shielding’
- Public stayed away from health services
- *We were not overwhelmed*
What’s happening now?

- Cases rising, hospital occupancy increasing, general and ICU beds coming under pressure (late October)
- Nightingale hospital reopened (mid October)
- Cancellation of electives
- Staff exhaustion; difficult working conditions, full PPE; self-isolating
- Return to central control – NHS England and N. Ireland
- Focus on rebuild – waiting lists, ‘transformation’
- EU Exit.
Impact on Leadership & Management, for now and in the future

- Politicians model behaviour; Publish & communicate the evidence
- Prevention is effective
- Inequality
- Whole system response
- Health and social care workforce must be valued
  - BAME including HCW deaths
  - Psychological well-being
- We can change, rapidly and flexibly; innovation – harness this.
CONTACT

Louise McMahon

Director of Integrated Care, Health and Social Care Board, Northern Ireland