

# Northumbria's COVID-19 response

Public and private sector organisations worked together across North East England to maintain the delivery of healthcare to patients and protect local communities throughout the COVID-19 pandemic. Local authorities, Clinical Commissioning Groups (CCGs) and the Northumbria Healthcare NHS Foundation Trust collaborated to discharge patients safely from hospital and procure PPE locally. Working with a local textiles company, they produced 2.2 million gowns for local health and social care providers by October 2020.

## Creating a new discharge pathway to reduce pressure on hospitals and protect care home residents

### Who was involved?

At the beginning of the COVID-19 pandemic, Northumbria Healthcare NHS Foundation Trust developed a new pathway almost overnight to safely discharge patients back into the community. Working with local authorities, CCGs, and providers they worked to move patients to local care homes to reduce the pressure on the hospital which anticipated an increase in the number of COVID-19 admissions.

*“From the outset, there was a general feeling of all hands to the deck. Organisational boundaries really weren't there, weren't apparent. Everyone was very much focused on a common purpose in terms of trying to free up beds and capacity within the hospital.”* – Jacqui Old, Director of Children's and Adults' Services North Tyneside Council

Teams from the hospital worked with officials from local CCGs and North Tyneside Council, including the Director for Public Health, Director of Children's and Adults' Services and the Chief Executive. The team included senior leaders with a background in nursing who recognised that care homes would be vulnerable during the pandemic, particularly if the virus spread from hospitals into care homes. They therefore worked to move patients quickly, when there were fewer cases of COVID-19 within the hospital, with the aim of limiting the spread of the virus in these community settings.

### How were decisions made?

Senior leaders from across organisations came together to develop the new discharge pathway, drawing on strong pre-existing relationships and individual expertise to make fast decisions. Before the pandemic, discussions around infection prevention and discharge would take place over many meetings. This process was streamlined by assessing the risk of not acting quickly and weighing this against the risk of going ahead with a new process that had not been tried before.

*“We were able to almost empty the hospital just by being able to manage risk differently. But also facilitate discharging in a way we had never undertaken before. Some of that was just the way that people came to the problem and thinking more creatively about what they can do.”* – Jacqui Old, Director of Children's and Adults' Services North Tyneside Council

Once a decision was made to implement the new approach, leaders with relevant expertise led on individual elements of the pathway and the wider situation. For example, Paul Hanson, Chief Executive of North Tyneside Council worked with a team of colleagues to deal with commercial “noise” at the time, allowing the wider team to get on with managing discharge safely and protecting staff and residents. His background in commercial issues gave him the skills and credibility to handle these conversations, while

others worked with care homes to put the right infection control and Personal Protective Equipment (PPE) in place through cross-organisational Prevent and Protect teams.

***“We let the people with a clue get on with leading service design to protect vulnerable staff and residents.”*** - Paul Hanson, Chief Executive, North Tyneside Council

On a daily basis, senior leaders from the local authority, CCG and NHS Trust held a meeting each morning to ensure they were all sighted on issues and could take a joined-up approach to decisions.

#### What has been the impact?

Patients were safely discharged from hospital into care homes during the early stages of the pandemic before the virus was widespread in hospital wards. This reduced the spread of COVID-19 among care homes in the region. The work of Prevent and Protect teams in supporting care homes to implement strong infection control processes further protected vulnerable residents and reduced the number of deaths during the first wave of the pandemic.

The discharge pathway was subsequently scaled up and shared across the wider region. Working with commissioning teams, they were able to share learning and enable a regional way of running hospital discharge during the pandemic.

### Collaborating with the private sector to procure PPE

#### Who was involved?

Northumbria Healthcare NHS Foundation Trust worked with businesses in the local textiles industry to procure and produce high volumes of PPE locally, during a time of increased national demand for supplies. The work was led by Sarah Rose, Managing Director of a textiles business in North Shields, who volunteered her business early in the pandemic to help local health services with the provision of hospital scrubs. Following initial discussions with leaders in the Trust, sewing machinists were enrolled to make scrubs working from home drawing on textile workers who had been placed on furlough.

As demand increased for disposable PPE gowns, there was growing pressure on procurement, accentuated by factories not being able to operate at full capacity due to social distancing requirements. To resolve this, Sarah collaborated with other businesses in the industry and established a network through which the Trust's order of 15,500 gowns per day could be met. She also worked with the Health and Safety Executive to ensure gowns were compliant with safety standards, developing a new specification for the product.

#### How were decisions made?

The finance team at the Trust worked closely with industry to procure PPE locally, using their network of contacts to harness all available resources. They divided tasks based on relevant expertise. For example, the Trust assisted in finding suitable premises for a factory, employing staff, and purchasing raw materials, all of which were challenged by the social distancing measures and demand for resources. When the team were seeking sewing machinists to work in the new factories, the Trust sent out a memo to their organisation and subsequently found twenty staff members with relevant experience who offered to help.

***“There is a lot of talent on the local level, and if people are allowed to get on and deliver, they will deliver.”*** - Paul Dunn, Finance Director, Northumbria NHS Foundation Trust

## What has been the impact?

By October 2020, Sarah and her team had produced 2.2 million gowns for local health and social care providers. Throughout the pandemic, local hospitals have had reliable access to PPE supplies, delivered straight from the factory each day therefore avoiding the shortages seen in other parts of the country. Working with the Health and Safety Executive, Sarah has also created a specification for future production in the UK, which can be used by other textile manufacturers. By July 2021 the team had established a local manufacturing site to continue providing PPE for the Trust beyond the pandemic. The factory currently produces scrubs, PPE and pillows with a view to expanding operations to include bed linen in the future. This has enabled the Trust to become self-sufficient in procuring these materials.

A secondary impact has been the creation of jobs in the local economy and the revitalisation of local industries. Hiring sewing machinists and other local staff with relevant skills has allowed many people to return to working in the North East's textiles industry over the last year. So far, the new site has created sixty jobs and ten apprenticeships.

*“For years we’ve been saying as a big employer we want to collaborate and regenerate the local economy in creating jobs and skills. This period has allowed us to say: ‘let’s be specific here’, we’re going to create a PPE factory in this area. That is going to create some jobs for those people.”* – Jim Mackey, Chief Executive, Northumbria Healthcare NHS Foundation Trust

## Challenges for collaboration

The primary challenge facing leaders was the level of demand on services in the region, including significant pressures on health services as well as the need to protect staff. The rapid increase in levels of demand as a result of COVID-19 and the uncertainty brought by the pandemic placed significant pressures on leaders across the region as they worked to support their community.

### Structures

- **New pathways for procurement had to be established quickly** as demand for PPE rose rapidly at the beginning of the pandemic. Previously, national frameworks had limited the extent of local procurement by the Trust. This required teams from both the textiles industry and the Trust to rapidly learn about what was required to both manufacture and procure PPE.
- **Siloed funding streams** and separate commissioning had restricted collaboration between social care and healthcare organisations. Although teams had worked together and developed strong relationships, in the past structures had limited the extent of joining up by creating additional administrative burdens in working together. This included collaborative ways of working to discharge patients out of hospital.

## Enablers of collaboration

### Motivations

- There was a shift in attitude towards collaboration during the pandemic as individuals got behind **a shared, common goal** that was recognised as vital by all. Throughout the region, teams went above and beyond to help each other and respond in a place-based way rather than being motivated by the needs of an individual organisation or area. There were some concerns that competing organisational priorities may become more prominent as the pandemic eases, although leaders were keen to continue to work together as a region.

- In many cases, teams went on a **learning curve together**. For example, the Trust and Sarah Rose succeeded in producing and procuring PPE locally, something neither had done locally before. The involvement of local private sector industries in the procurement of PPE was largely initiated by the industries themselves, who were keen to collaborate with the local health services on developing the new product and ensuring it would be compliant with PPE specifications. In this way, both parties were **bought into the project** from the beginning and worked in partnership to make decisions and develop the work.

### Structures

- Leaders valued the degree of autonomy and **local ownership** they had in responding to the pandemic at a regional level, despite challenges in the communications coming from central government.
- Leaders spoke positively of the fast decision-making and agile ways of working that were made possible by the localised networks of leaders in charge of responding to the challenges in the North East. The small **scale of the region** enabled collaboration as leaders understood each other's local contexts and were motivated in making decisions about a concentrated community.

*“The agility, the ability to create solutions out of nothing and rapidly implement them, and then if they don’t work, change them.”* - Jim Mackey, Chief Executive, Northumbria Healthcare NHS Foundation Trust

### Relationships

- Across the region, public service leaders had **strong, long-standing relationships** built from working together over many years. This was credited with making collaboration easier as individuals knew who to turn to and had already established the trust required to work together quickly and effectively. Not only did this support effective decision-making and rapid responses, but it also provided peer support as leaders could pick up the phone and have an open conversation about the challenges they were facing.
- Responsibility was delegated to those with existing expertise, with **leaders trusting others** to make effective decisions and acknowledging where a different organisation is best placed to take the lead.

*“You make your friends before you need them. We have been making sure we have the right relationships so we can use them when we need them.”* - Paul Hanson, Chief Executive, North Tyneside Council

**Table 1: Summary of challenges and enablers**

	Challenges for collaboration	Enablers of collaboration
Motivations	<ul style="list-style-type: none"> <li>● Competing organisational priorities</li> </ul>	<ul style="list-style-type: none"> <li>● Shared common goal</li> <li>● Buy-in from the beginning</li> </ul>
Structures	<ul style="list-style-type: none"> <li>● Need to establish new pathways</li> <li>● Siloed funding streams</li> </ul>	<ul style="list-style-type: none"> <li>● Local ownership</li> <li>● Scale of the region</li> </ul>
Relationships		<ul style="list-style-type: none"> <li>● Strong pre-existing relationships</li> <li>● Trust to delegate decisions</li> </ul>

## Lessons learned for collaborative leadership

The achievements accomplished during the pandemic have forged stronger relationships between the individuals and the web of organisations involved in delivering public services in the North East. Leaders have built on the value of a collaborative culture and the need to work as a local system rather than as individual organisations.

***“I’d like to think that the footing we are on as a system and with our partners is a different one to that which it was before the pandemic. . . I sense a different era of relationships as we move forward.”*** – Wendy Burke, Director of Public Health, North Tyneside Council

There is continued appetite for place-based goals between organisations that work towards the needs of the local community in a joined up way. This is already being implemented by providers in the region through the Future Care Transformation programme which aims to deliver a patient-centred sustainable health and social care system.<sup>1</sup> The programme will build upon a set of shared goals, including on issues like economic development, environment, housing, health and social care, reaching agreement across the system on how these goals can be met.

Looking forward, the NHS Foundation Trust would like to continue to buy equipment locally, spending more of their budget within the North East to support the regional economy. Similarly, private providers are keen to continue working with local NHS services to deliver PPE, further developing the new manufacturing site and encouraging other areas to learn from the approach in the North East.

***“As manufacturers I would say let’s delve further into what we can do for the NHS and certainly within my industry making PPE gowns out of textiles, there’s a huge range of other textile products that the NHS use. I think it’s something we should be exploring and becoming self-sufficient in the UK.”*** - Sarah Rose, Director of Hobart Rose

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<sup>1</sup> North Tyneside Place Based Transformation Plan August 2020- March 2022

<https://democracy.northtyneside.gov.uk/documents/s4880/Placed%20Based%20Transformation%20Draft%20Final%20Plan.pdf>