COVID-19 Response Public Service Leaders Survey

August 2021

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Executive summary

Background

In the early stages of the COVID-19 pandemic, the National Leadership Centre conducted a twelve-wave survey with the most senior public service leaders throughout the UK. The survey aimed to provide public service leaders with the opportunity to engage with the centre of government and to provide Central Government with information around the issues facing public service organisations. This ran from 20th March to 22nd June 2020 and focused on how situations, attitudes and behaviours evolved during the initial crisis period.

Key findings

At the beginning of the UK lockdown in response to the COVID-19 Pandemic (March 2020), the majority of public service leaders reported positive experiences and opinions of government communications and engagement, and reported confidence in the Government's national guidance. Over the 3 months that followed, the proportion of leaders reporting positive opinions significantly reduced. Leaders felt that they were not engaged in the development process for the policies they were asked to implement. They also reported a lack of forewarning of policy changes, and a lack of timeliness, relevance, and consistency of guidance. Collectively these issues were seen to negatively impact on resources, staff wellbeing and morale, and the ability to implement policy.

The largest decline in sentiment followed the publication of the Recovery Strategy and the announcement of the easing of lockdown measures on 11th May 2020. Although perceptions improved somewhat in the coming weeks, they did not return to the levels seen prior to the announcement. This decline was seen across all sectors, but was particularly evident within Local Government, Education and the Third Sector.

A similar pattern of decline was observed in attitudes regarding government measures put in place to manage COVID-19, but not towards measures instated to support the UK economy.

Public service organisations were seen to face a wide range of issues throughout the early stages of the pandemic. In the first month of lockdown, the main challenges were in responding to COVID-19, ensuring provisions were in place to protect staff and service users and maintaining critical service delivery. In particular, those within Health Care, Emergency Services, and Local Government were predominantly focussed on securing Personal Protective Equipment and other essential supplies, and those in Education and Central Government put greater emphasis on maintaining and adapting delivery of core services.

Over time this shifted towards the longer term implications of the pandemic, including the financial impact and planning for recovery. However other issues, primarily staff wellbeing, remained of critical importance to public service leaders throughout the survey period and was seen to be negatively affected by high levels of pressure, workloads and uncertainty, particularly within Central Government Departments and Arm's Length Bodies.

Despite the challenges posed by the pandemic, most public service leaders reported that their organisations were able to operate effectively and consistently provide a good service for their users. Similarly, most public service leaders reported that collaboration within their organisations, sectors and local areas was consistently better than in usual circumstances.

Introduction

Background

The National Leadership Centre (NLC) was established in October 2018 to help leaders work together to improve public services. The NLC's core audience are the most senior leaders of public services in England, who form the basis of the NLC network.

On 18 March 2020, the Cabinet Secretary redeployed the NLC to support the Government's response to COVID-19 by acting as the conduit between Central Government and the NLC network. The NLC gathered information on the health status of public service leaders, workforce availability in their organisations, and the most pressing challenges they were facing via a regular survey. This information was shared with the Cabinet Secretary, reported to COBR, and circulated to key government personnel including Permanent Secretaries of all Whitehall departments and selected Ministerial Private Offices and Special Advisers.

The COVID-19 Response Public Service Leaders Survey (hereafter 'the survey') ran for 12 waves over 15 weeks, between 20th March and 22nd June 2020. This report details the survey findings including how the situation, attitudes, and behaviour evolved as the crisis unfolded.

Aims and objectives

The overarching aims of this project were to:
- provide public service leaders with the opportunity to engage directly with the centre of government; and
- provide timely insights to the centre of government about the current status of, and issues facing, public service organisations across the UK during COVID-19.

The survey sought to:
- understand workforce availability within public service organisations
- identify current and emerging issues and how this differs across sectors
- identify what support public service leaders required from Central Government
- understand perceptions of government activity and policies related to COVID-19; and
- monitor change in issues, needs, attitudes and behaviour over time.

Research approach

The first 9 surveys ran weekly (20th March to 11th May), and the remaining 3 fortnightly (26th May to 22nd June). In total, 3591 responses were completed, with an average of 299 responses per survey and an average response rate of 27%.

All members of the NLC Network were eligible to participate in the survey, as well as a subset of members of the Public Service Leadership Group (PSLG). The number of individuals invited to take part increased during the first 5 survey waves as the NLC gathered additional contact details for eligible individuals. The distribution of respondents from the various public service sectors remained relatively stable throughout the survey period, although the response rate reduced over time.

Questionnaire design was iterated over the 15 week period to reflect responses from previous waves and changes in the wider context, with questions being added and removed as appropriate. An overview of the broad topic areas covered are listed below:

- Leaders' health and wellbeing
- Staff health and wellbeing
- Pressing issues facing the organisation
- Workforce availability
- Operational effectiveness
- Government communications and engagement activity
- Government measures to manage COVID-19
- Support required from government

The survey mainly consisted of quantitative questions where respondents were invited to share their experiences and opinions through fixed choice and likert scale questions, with some free text questions to give respondents the opportunity to provide more detail or more nuanced responses. Quantitative analysis has primarily aimed to identify differences in responses over time, and between sectors. Qualitative analysis has been conducted to provide further depth to the experiences and opinions reported in the quantitative data.

Limitations

The survey was primarily designed to gather rapid insight regarding the issues facing public service organisations for central government, and to provide public service leaders with a route to report their organisations' needs. The survey was therefore designed and conducted at pace and as a result there are limitations which should be considered when interpreting the findings.

1. Sampling. The sample of public service leaders who took part in the survey was self-selecting, therefore there may be issues with non-response bias, as leaders who chose to take part may have held different opinions to those who did not.

2. Changing of the sampling frame. The makeup of the sampling frame was expanded between survey waves 1-5, to include the Public Service Leadership Group network and as the number of contact details that the NLC held for public service leaders increased, then was maintained between waves 5-12. Comparisons between survey waves with differing sampling frames should be interpreted with caution as the likelihood that differences found are due to the sample makeup rather than in response to external influences is increased.

3. Volumes of responses. The volume of respondents reduced over time, with small numbers of respondents for some sectors and survey waves. Where volumes fall below 20 respondents, findings should be interpreted with particular caution. These instances have been highlighted in brackets within chart base sizes throughout the report.

4. Changing survey question design. The survey design evolved week-on-week to ensure the most useful information was gathered as the pandemic progressed. As a result it is not possible to make comparisons between all survey waves for all questions.

   In particular, in survey wave 1, respondents were asked to report the most pressing issue facing their organisation at the time. From these responses, a list of potential issues was designed, including a free text "other – please specify" option, from which respondents were asked to identify the top three most pressing issues for their organisation in week 2 onwards. The potential issues presented to respondents was updated week-on-week, removing issues that were no longer prevalent, and including newly emerging issues. The issues presented varied between sectors to include only issues relevant to that sector, for example "exams/qualifications" was only presented to respondents from the education sector.

Results from pressing issues questions report the proportion of respondents who answered that said issue was one of the top three pressing issues facing their organisation at the time, as a proportion of the number of respondents that the issue was presented to.

As a result, comparisons of the proportion of respondents reporting that an issue was pressing across survey waves and sectors should be interpreted with caution. For a full breakdown of the questions asked, including the response options presented as part of the pressing issues questions by survey wave and sector, please see 'Technical Annex 1 – Survey Questions'.

Central Government response to COVID-19

At the beginning of lockdown, the majority of public service leaders reported positive opinions about government communications and engagement activity, and confidence in national guidance. Over the 3 months that followed, leaders' opinions became increasingly negative as they felt they were not being engaged with the development of policies that they were being asked to implement. Not being sighted on proposed plans before they were announced to the public was seen to have negative implications for resources, and staff wellbeing and morale. Lack of clarity in public briefings, and a time lag between announcements and sharing guidance, was reported to exacerbate this further. This increase in negative opinion was also reflected in attitudes about government measures put in place to manage COVID-19, though not in perceptions of measures instated to support the UK economy.

There was a sharp decline in attitudes regarding government communications, engagement activity, and measures put in place to manage COVID-19 from 11th May onwards, which coincided with the publication of the Recovery Strategy and the announcement of initial measures to ease lockdown. Sentiment also varied by sector, with leaders in Local Government, Education and the Third Sector exhibiting the least positive opinions and those in Emergency Services and Central Government Departments and Arm's Length Bodies (ALBs) the most.

Central Government communications and engagement

Perceptions of Central Government communication and engagement activity declined over the 3 month period during which the survey took place. In late March, the majority of leaders agreed that they felt well informed by Central Government (81%) and reported confidence in the national guidance that set out how their sector should respond (75%). By late June levels of agreement with both statements had declined significantly to 44% and 46% respectively[1].

A similar trend was observed in the proportion of leaders who felt that Central Government was engaging sufficiently with their sector when developing policy, and that they received information from Central Government in good time to be able to respond effectively to policy changes. These questions were introduced in late April (wave 6) in response to comments which expressed frustration with the way that the government was developing and announcing new initiatives. Public service leaders also expressed frustration about inconsistent messaging provided to them and to the public.[2]
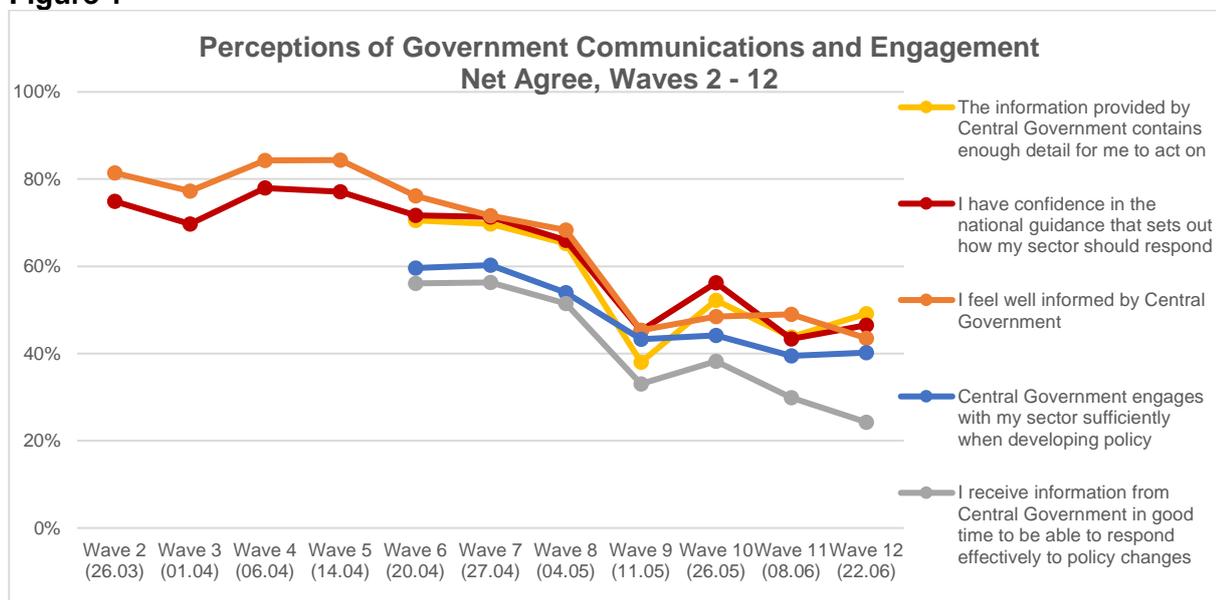
Earlier specific guidance that is generated with involvement of those who have to deliver it on the ground. (Local Government, wave 2)	*I do not anticipate any forward notice [of policy changes / guidance] so spending time on scenario planning, creating additional workloads.* (Emergency Services, wave 8)
Conflicting or confused govt advice really doesn't help. (Housing Association, wave 8)	*Avoid making announcements at end of working day, make them earlier so we can respond.* (Emergency Services, wave 2)

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[1] For measures of feeling well informed and confidence in the national guidance that set out how sectors should respond, comparisons were made between pairs of survey waves. All combinations of wave 2-8 compared to 9-12 were significantly different. See Technical Annex 2.1 and 2.2 for details.

[2] For measures of feeling that Central Government was engaging sufficiently with the sector when developing policy and that leaders received information from Central Government in good time to be able to respond, comparisons were made between pairs of survey waves. All combinations of wave 6-8 compared to 9-12 were significantly different. See Technical Annex 2.3 and 2.4 for details.

The largest decline in sentiment occurred in survey wave 9, following announcements on lockdown easing. Levels of agreement did not subsequently recover to the same as those observed prior to this. By the final survey in late June, 24% of leaders agreed that they received information from Central Government in good time to be able to respond effectively to policy changes, down 32 percentage points (pp) since the question was first asked 2 months earlier[3].

Figure 1

Perceptions of Government Communications and Engagement
Net Agree, Waves 2 - 12

Legend:
- The information provided by Central Government contains enough detail for me to act on
- I have confidence in the national guidance that sets out how my sector should respond
- I feel well informed by Central Government
- Central Government engages with my sector sufficiently when developing policy
- I receive information from Central Government in good time to be able to respond effectively to policy changes

X-axis: Wave 2 (26.03), Wave 3 (01.04), Wave 4 (06.04), Wave 5 (14.04), Wave 6 (20.04), Wave 7 (27.04), Wave 8 (04.05), Wave 9 (11.05), Wave 10 (26.05), Wave 11 (08.06), Wave 12 (22.06)

Negative sentiment continued in the weeks following wave 9, with continued calls for advanced notice and greater involvement in the design of proposed changes. There were repeated references in the free text comments to the quick pace of policy change, ambiguity in national announcements, and delays between policies being announced and detailed guidance being issued. This was seen to have implications for staff morale, and gave rise to concerns about the extent to which the public could comply with restrictions. There were also increasing references the impact on organisations' ability to plan ahead for recovery.

> *We are getting many announcements at the same time as the public which makes planning difficult. We need to be trusted more to help design the future.*
>
> (Local Government, wave 11)

> *Ministers should engage with NHS trust leaders and plan implementation before making simplistic announcements on policy affecting the NHS*
>
> (Health Care, wave 11)

There was repeated reference to the 5pm COVID-19 briefings from Number 10. Amongst some leaders, they were considered ill-timed, unhelpful, or counter-productive. Some also felt that political interests were being put ahead of developing effective policy.

> *Government announcements on visiting, social distancing, face masks etc. are all very haphazard and unexpected; I am sorry to say that it seems the policy is mostly focused on the 5 pm press conference.*
>
> (Health Care, wave 12)

> *Government policy is changing so quickly we generally find out what's changed via the 5pm Gov briefing which means we are always reacting.*
>
> (Emergency Services, wave 11)

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[3] For measures relating to government communications and engagement, comparisons were made between pairs of survey waves. Most combinations of wave 2-8 compared to 9-12 were significantly different. See Technical Annex 2.1 – 2.5 for details.

Perceptions of government communications and engagement by sector

Perceptions of government communication and engagement varied by sector. Leaders in Local Government were least positive, and those in Central Government Departments and ALBs and Emergency Services were the most positive.[4]

Figure 2
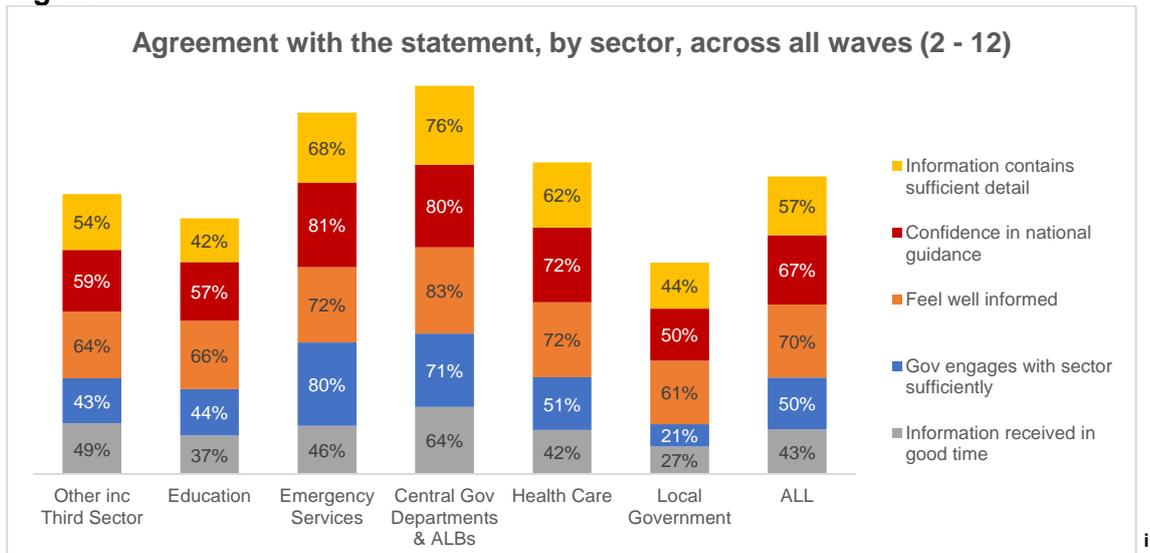
Leaders in Health Care, Local Government, and Education showed the most notable declines in agreement. Within the Education sector, agreement that leaders felt well informed by Central Government fell by 53 percentage points (pp) between late March and late June. Within Local Government, agreement fell by 62 pp between early April and late June. [5]

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[4] Measures of government communication and engagement were significantly different between leaders from Local Government and most other sectors, Central Government Departments and ALBs and most other sectors. See Technical Annex 2.6 – 2.10 for details.
[5] For measures of Education and Local Government leaders feeling well informed, comparisons were made between pairs of survey waves. See Technical Annex 2.11 – 2.12 for details.

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Figure 3

I feel well informed by Central Government - % agree, by sector, waves 2 - 12
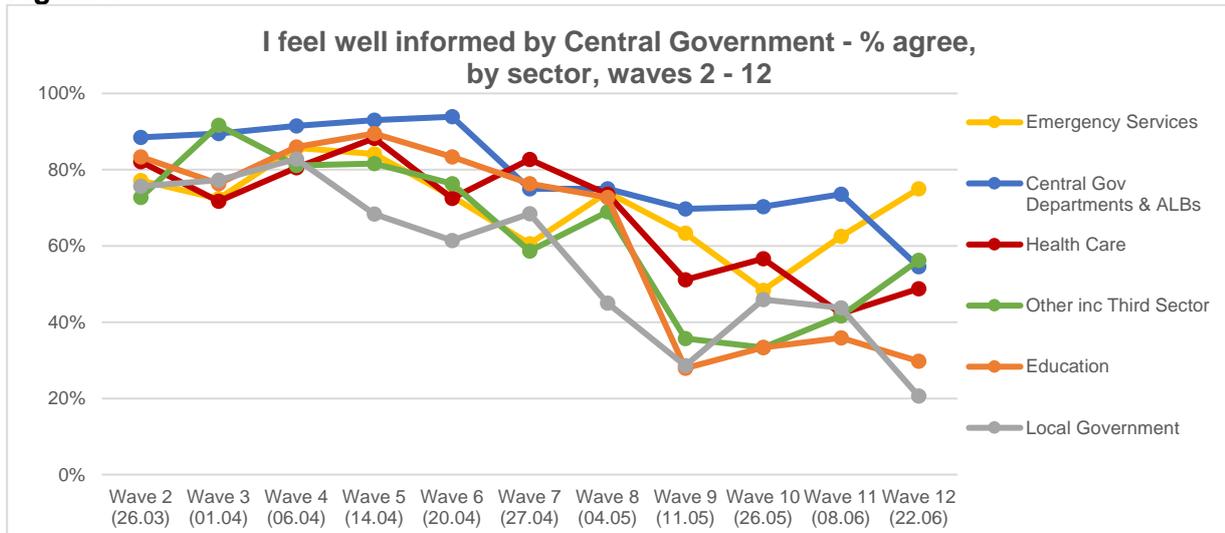
Confidence in the national guidance was also higher in the earlier survey waves and declined over time.[6] Leaders in Local Government and Education were also the least likely to report confidence in national guidance that set out how their sector should respond, with 18% and 16% of respondents agreeing with this statement respectively by the end of June.[7]
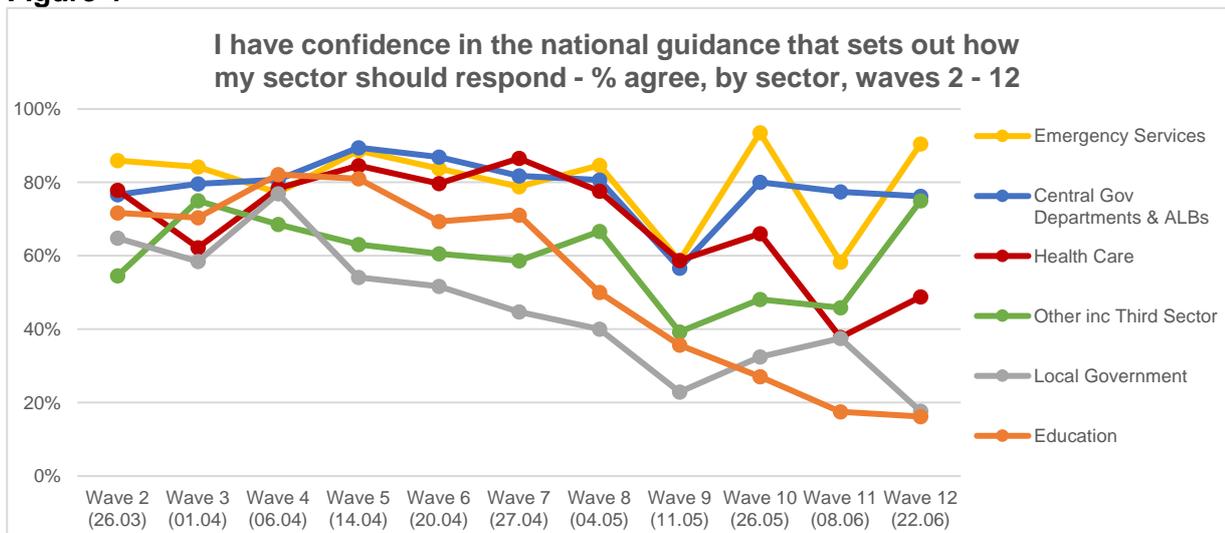
Figure 4

I have confidence in the national guidance that sets out how my sector should respond - % agree, by sector, waves 2 - 12

The area in which there was the greatest disparity between sectors was regarding Central Government engagement during policy development, with the highest proportion of respondents agreeing in Emergency Services and the lowest in Local Government.[8]

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[6] For measures of confidence in the national guidance, comparisons were made between pairs of survey waves. All combinations of wave 2-8 compared to 9-12 were significantly different. See Technical Annex 2.2 for details.
[7] Measures confidence in the national guidance were significantly different between leaders from Local Government and all other sectors, Education and most other sectors. See Technical Annex 2.6 for details.
[8] Measures of feelings that Central Government engaged sufficiently with their sector when developing policy were significantly different between leaders from Local Government and all other sectors, and Emergency Services and all other sectors. See Technical Annex 2.9 for details.

Figure 5

Central Government engages sufficiently with my sector when developing policy - % agree, by sector, waves 6 - 12

Legend: Emergency Services, Central Gov Departments & ALBs, Education, Other inc Third Sector, Health Care, Local Government

X-axis: Wave 6 (20.04), Wave 7 (27.04), Wave 8 (04.05), Wave 9 (11.05), Wave 10 (26.05), Wave 11 (08.06), Wave 12 (22.06)
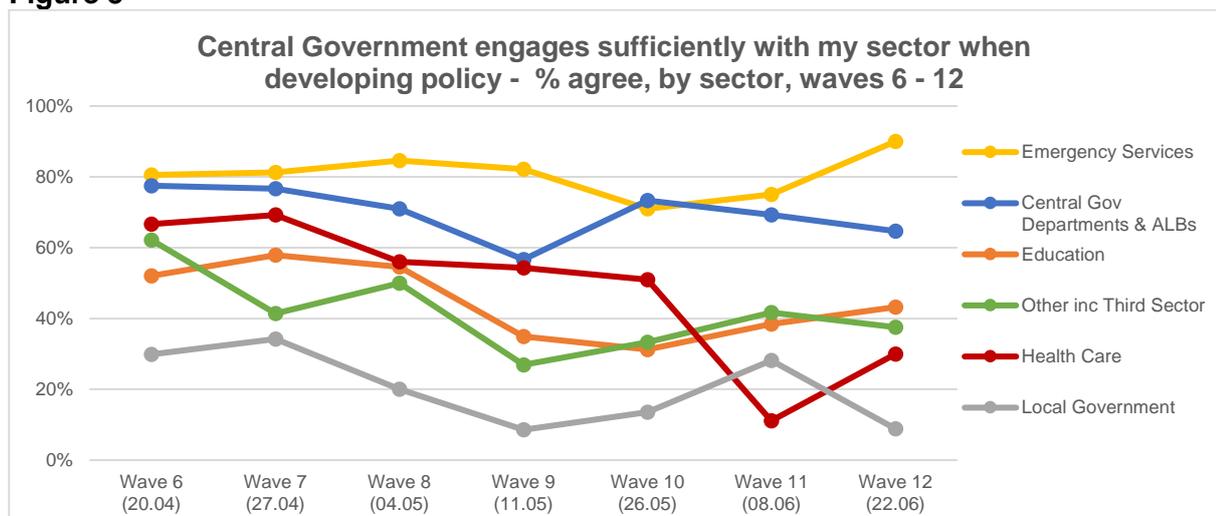
There was a dip that was unique to Health Care leaders in early June[9], when comments expressed frustration at not having advanced warning of announcements that visitors and outpatients in hospitals needed to wear face coverings, hospital staff needed to wear Type 1 or 2 surgical masks and that medical procedures, previously paused due to the pandemic, were to resume. Leaders also raised concerns about the implications of these decisions on staff wellbeing and morale, and the viability of implementing the new policies.

> *The whole sector is upset about the repeated unheralded policy announcements that catch us cold e.g. masks in hospitals, visiting changes, shielding changes etc.*
>
> (Health Care, wave 11)

> *National briefings Friday evening meaning raft of changes required that night and over weekend. Inconsistency of advice unforgiveable. Staff are tired and fearing a 2nd wave due to restart not guided by science/R rating.*
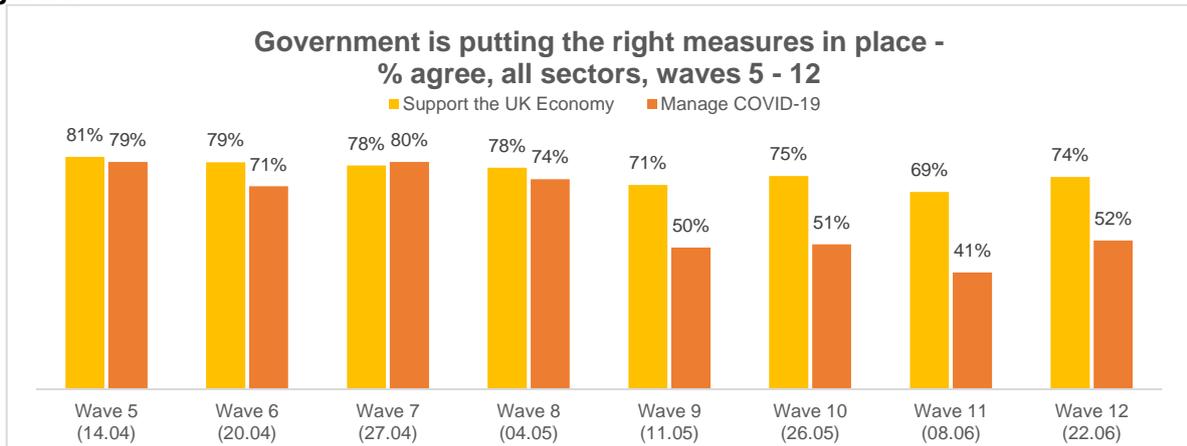>
> (Health Care, wave 11)

Government measures to respond to COVID-19

At wave 5, 2 new questions were included to understand public service leaders' perceptions of the measures the government was putting in place. Overall, 76% of public service leaders felt that government was putting the right measures in place to support the UK economy, with little fluctuation between survey waves. Overall, 64% of leaders agreed that the government was putting the right measures in place to manage COVID-19. Responses were relatively stable until wave 9, when there was then a significant decline, followed again by relative stability until the end of June[10].

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[9] For measures of feelings that central government was engaging sufficiently with their sector amongst health care leaders, comparisons were made between pairs of survey waves. All combinations of wave 6-10 compared to 11-12 were significantly different. See Technical Annex 2.13 for details.

[10] For levels of agreement that government was putting the right measures in place to manage COVID-19, comparisons were made between pairs of survey waves. All combinations of wave 5-8 compared to 9-12 were significantly different. See Technical Annex 2.14 for details.
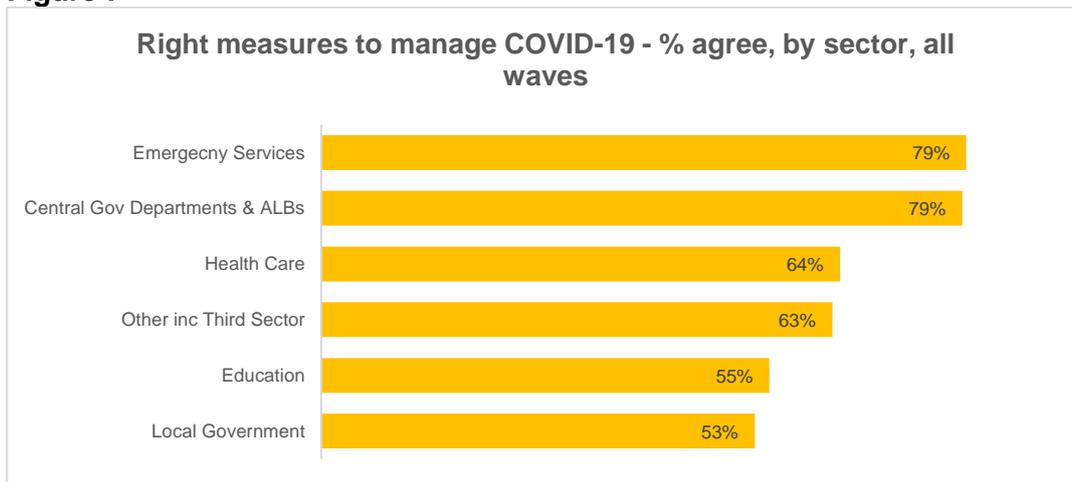
Figure 6

**Government is putting the right measures in place -
% agree, all sectors, waves 5 - 12**

Support the UK Economy   Manage COVID-19

	Wave 5 (14.04)	Wave 6 (20.04)	Wave 7 (27.04)	Wave 8 (04.05)	Wave 9 (11.05)	Wave 10 (26.05)	Wave 11 (08.06)	Wave 12 (22.06)
Support the UK Economy	81%	79%	78%	78%	71%	75%	69%	74%
Manage COVID-19	79%	71%	80%	74%	50%	51%	41%	52%

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There was also greater variation between sectors, with leaders in Central Government Departments and ALBs and in Emergency Services exhibiting higher levels of agreement, and leaders in Local Government and Education exhibiting lower levels.[11]

Figure 7

Right measures to manage COVID-19 - % agree, by sector, all waves

Sector	% agree
Emergecny Services	79%
Central Gov Departments & ALBs	79%
Health Care	64%
Other inc Third Sector	63%
Education	55%
Local Government	53%

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[11] Measures of agreement that Government was putting in the right measures to manage COVID-19 were significantly different between leaders from Central Government Departments and ALBs and all other sectors, and all other sectors, between Emergency Services and most other sectors, between Local Government and most other sectors, and between Education and most other sectors . See Technical Annex 2.15 for details.

Pressing issues facing organisations during COVID-19

One of the key aims of the survey was to understand the pressing issues and challenges facing leaders and their organisations. In the first wave of the survey, this was asked in a free text question. These responses were then used to design a list of potential issues from which leaders could identify the top 3 issues they were facing in subsequent waves. The issues presented were tailored by sector and amended wave on wave to reflect relevant changes.

Initially, the main reported challenges were ensuring provisions were in place to protect staff and service users, and maintaining critical services. Leaders in Health Care, Emergency Services, and Local Government were predominantly focused on securing supplies of Personal Protective Equipment (PPE), medicines, food, and other equipment, and on facilitating adoption of social distancing and shielding measures. Education and Central Government put greater emphasis on maintaining and adapting delivery of core services. Over time focus turned to the longer term implications of lockdown, such as the impact on budgets and planning for recovery including resuming business as usual.

Staff wellbeing and resilience was a pressing issue throughout. Concerns initially included workforce availability due to staff illness or self-isolation and limited availability of COVID-19 testing. Lack of clarity in guidance, shortages of PPE and other equipment, and uncertainty about how the crisis would unfold reportedly impacted staff morale and increased anxiety. The continued demand of the crisis on staff and rapid changes in policy added to concerns.

Early stage issues (mid-March to mid-April)

The most prevalent issue was initially PPE supplies, particularly for leaders in Health Care, Emergency Services and Local Government, but this significantly reduced over time[12]. In the early stages there was also a higher proportion of leaders reporting that clarity on PPE guidance was a pressing issue. At the highest point (survey wave 3) 28% of leaders reported this as a pressing issue, compared to 1% at the lowest point (survey wave 10). In particular, leaders in Health Care reported that contradictory advice from various bodies, such as the World Health Organisation, Public Health England and the Royal Colleges undermined staff confidence in the government guidance and caused confusion and anxiety.

|	
Get join up between Public Health England and royal colleges - we cannot manage conflicting national guidance. Provide more PPE; Sort out more testing (Health Care, wave 3)	*We need PPE across the health and social care system please. Situation now critical* (Health Care, wave 2)

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[12] Proportions of leaders reporting that PPE supplies was a pressing issue reduced significantly throughout the survey period. See Technical Annex 2.16 for details.

Figure 8

Proportion reporting PPE supplies was a pressing issue - by sector, waves 2 - 12

viii13
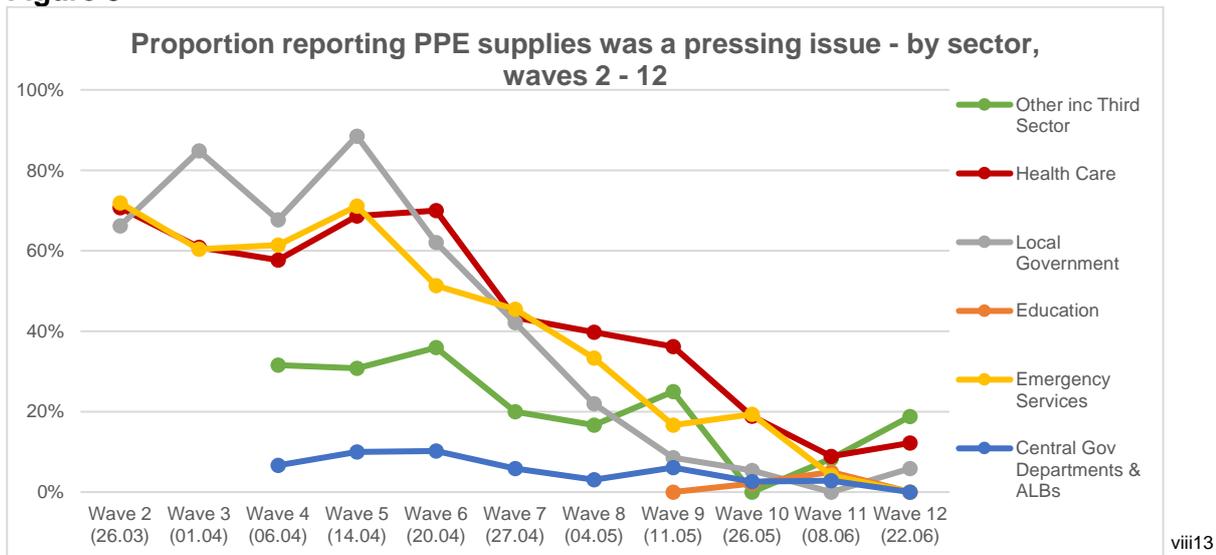
Some leaders, particularly in Health Care and Emergency Services, felt that their staff needed more regular testing for COVID-19, especially while PPE supplies were seen to be insufficient, although this also reduced significantly over time[14].

Figure 9

Proportion reporting PPE supplies and COVID testing for staff were pressing issues - all sectors, waves 2 - 12

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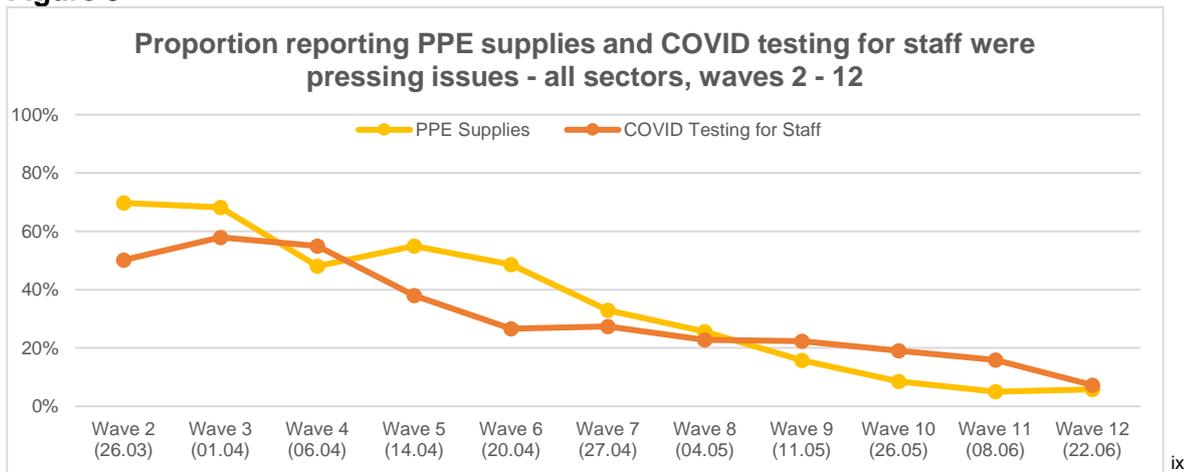
> *The track and trace app must lead to a clinical conversation about trying to keep key workers at work. If the app does not discriminate between key worker and general public and merely says "go home to self-isolate", it is likely that we will have whole teams unavailable.*
>
> (Emergency Services, wave 9)

> *PPE and testing for clinical & front line staff is essential to maintaining workforce resilience*
>
> (Health Care, wave 2)

Issues of workforce availability and maintaining critical services also became significantly less prevalent over time[15]. This was particularly noticeable within Health Care, where many leaders

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[13] 'PPE supplies' was initially presented as a potential pressing issue to leaders in Health Care, Local Government and Emergency Services, but was also included for other sectors in later survey waves either in response to being referred to in free text comments, policy changes, or news reports.

[14] For the proportion of leaders reporting that COVID testing for staff was an issue, comparisons were made between pairs of survey waves. All combinations of wave 2-4 compared to 6-12 were significantly different. See Technical Annex 2.17 for details.

[15] For the proportion of leaders reporting that workforce availability was an issue, comparisons were made between pairs of survey waves. The proportion in wave 2 was significantly higher than all following waves, and the proportion in waves 7 and 11 were

initially reported difficulties maintaining critical services due to the proportion of their staff self-isolating. Concerns amongst leaders in Emergency Services increased in the free text comments in last waves of the survey period, with leaders describing concerns about large proportions of their workforce needing to self-isolate as a result of the Test and Trace app[16].

Figure 10

Proportion reporting workforce availability was a pressing issue- all sectors, waves 2 - 12
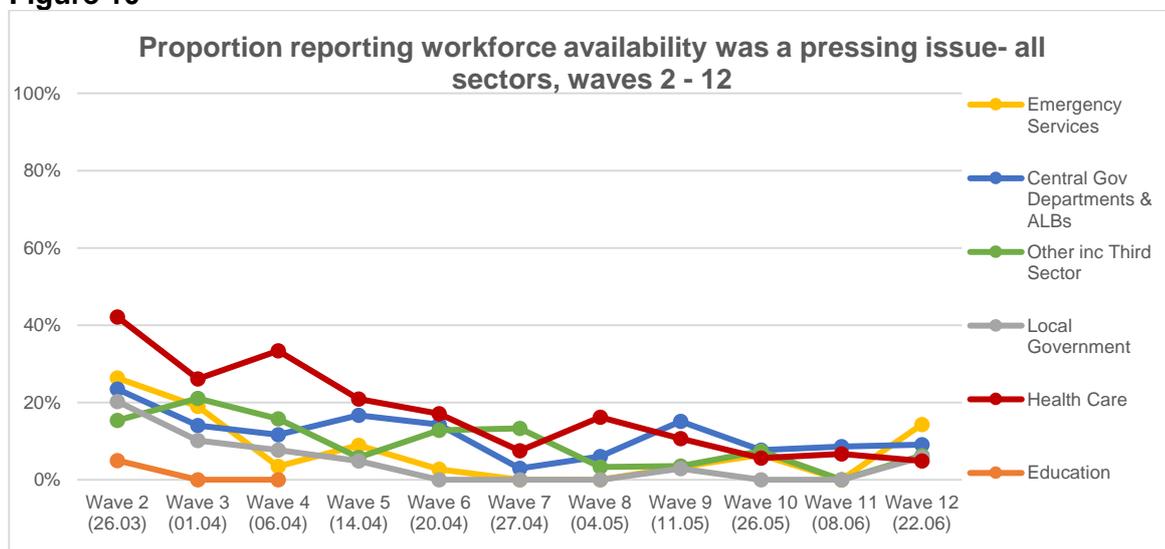
Emerging issues

Other issues increased in prevalence over time. In particular, forward planning emerged as an issue in the free text comments in wave 5, and was included as a potential pressing issue in wave 6. The proportions reporting this as a pressing issue increased significantly in wave 7 and then remained stable until the end of the survey period[18].

Figure 11

Proportion reporting forward planning was a pressing issue- all sectors, waves 6 - 12

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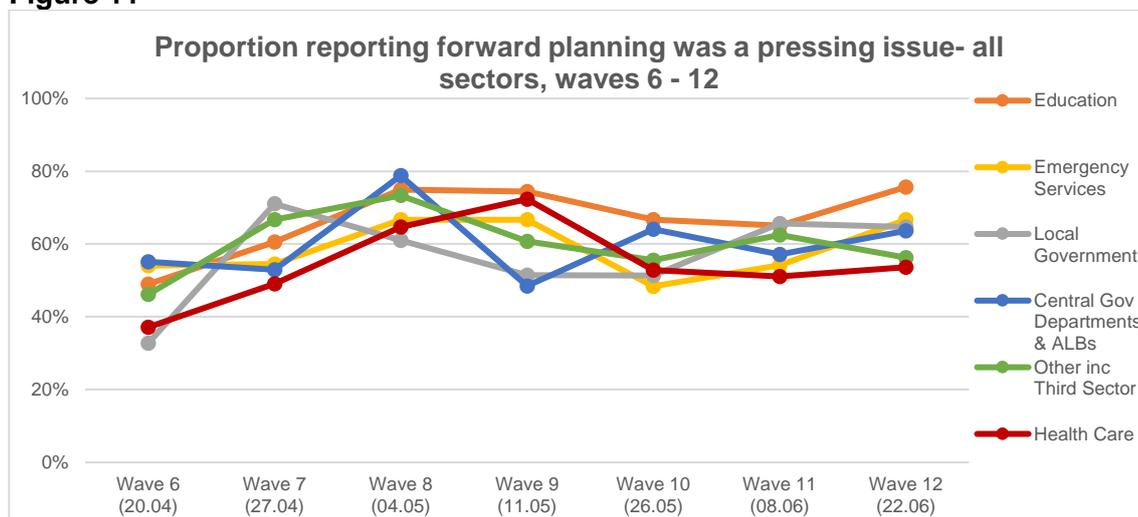
significantly lower than in waves 3-4. For the proportion of leaders reporting that maintaining critical services was an issue, comparisons were made between pairs of survey waves. All combinations of waves 2-4 against 8-12 were significantly different. See Technical Annex 2.18 and 2.19 for details.

[16] Due to relatively low volumes of respondents from the Emergency Services sector in survey waves 11 and 12, this should be interpreted with caution.

[17] 'Workforce availability' was initially presented as a potential pressing issue to all sectors, but was removed as an option for leaders in Education after consistently low volumes of respondents reported this to be a pressing issue in the sector.

[18] The proportion of leaders reporting that forward planning was an issue significantly increased between wave 6 and 7, then remained stable. See Technical Annex 2.20 for details.

The proportions of leaders reporting that implementing national policy announcements was a pressing issue spiked in wave 9 for most sectors[19], and again in wave 11 for Health Care[20]. These spikes coincided with dips in leaders' perceptions of some government communications activity. For example, during weeks when implementing national policy announcements was a more prevalent issue, leaders reported less confidence in national guidance and lower levels of agreement that the information provided to them contained sufficient detail for them to act on.

Figure 12

Proportion reporting implementing national policy announcements was an pressing issue vs. proportion agreeing with statements regarding government communications activity, all sectors, waves 2 -12
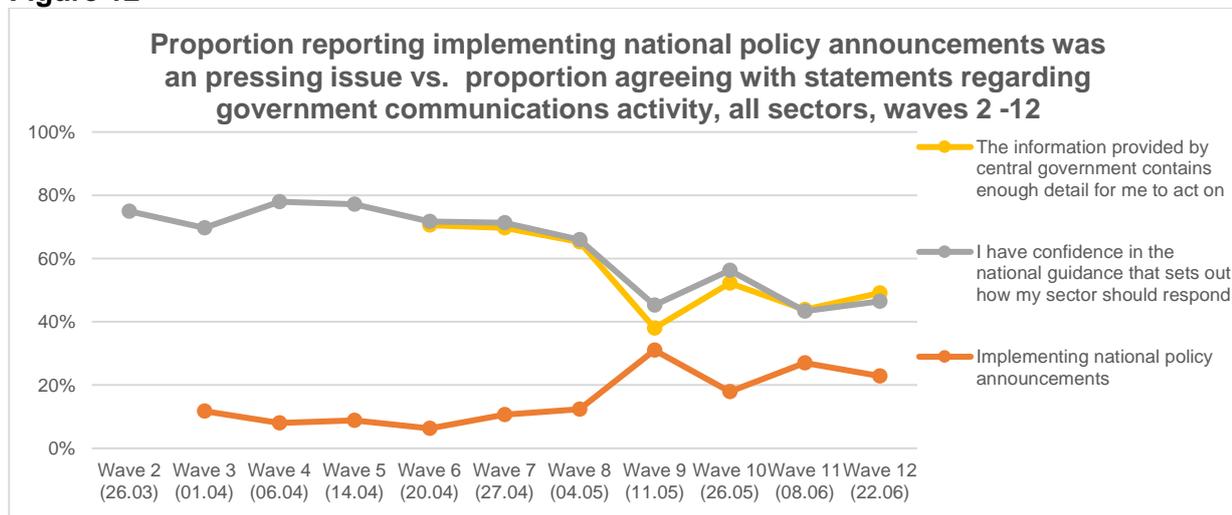
21xii

Resuming business as usual was reported as an emerging issue in wave 9 and included as a response option from wave 10 onwards, and was particularly prevalent as a pressing issue within Health Care.[22] A number of Health Care leaders highlighted the practical challenge of re-introducing standard hospital procedures, including outpatient treatments, whilst continuing to comply with COVID-19 safety requirements, as well as the potential impact on workforce availability and staff wellbeing.

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[19] The proportion of leaders reporting that implementing national policy announcements was a pressing issue significantly different in wave 9 compared to all previous waves. See Technical Annex 2.21 for details.

[20] The proportion of Health Care leaders reporting that implementing national policy announcements was a pressing issue significantly different in wave 11 compared to most previous waves. See Technical Annex 2.22 for details.

[21] Proportion of leaders a) selecting implementing national policy announcements as a pressing issue, b) agreeing or strongly agreeing with the statement "I have confidence in national guidance that sets out how my sector should respond", and c) agreeing or strongly agreeing with the statement "I have confidence in the national guidance that sets out how my sector should respond."

[22] The proportion of health care leaders reporting that resuming business as usual was a pressing issue was significantly different to most other sectors. See Technical Annex 2.23 for details.

Figure 13

Proportion reporting resuming BAU was a top issue - by sector, waves 2 - 12
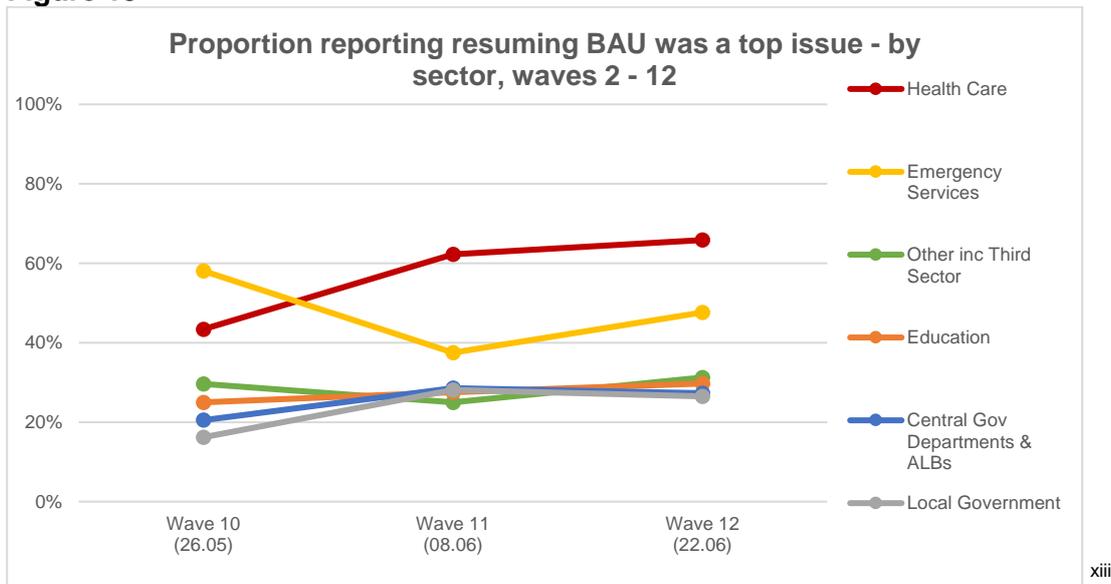
xiii

Consistent issues

A number of issues were consistently reported over time, including staff wellbeing/resilience. A significantly higher proportion of leaders in Central Government Departments and ALBs reported this to be a pressing issue than in all other sectors[23], with leaders reporting high pressure, "relentless" long working hours amongst their staff and an increasing risk of burnout.

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[23] See Technical Annex 2.24 for details.

Figure 14

Proportion reporting staff wellbeing/resilience was a pressing issue - all sectors, waves 2 - 12

Legend: Central Gov Departments & ALBs, Health Care, Other inc Third Sector, Local Government, Emergency Services, Education

X-axis: Wave 2 (26.03), Wave 3 (01.04), Wave 4 (06.04), Wave 5 (14.04), Wave 6 (20.04), Wave 7 (27.04), Wave 8 (04.05), Wave 9 (11.05), Wave 10 (26.05), Wave 11 (08.06), Wave 12 (22.06)
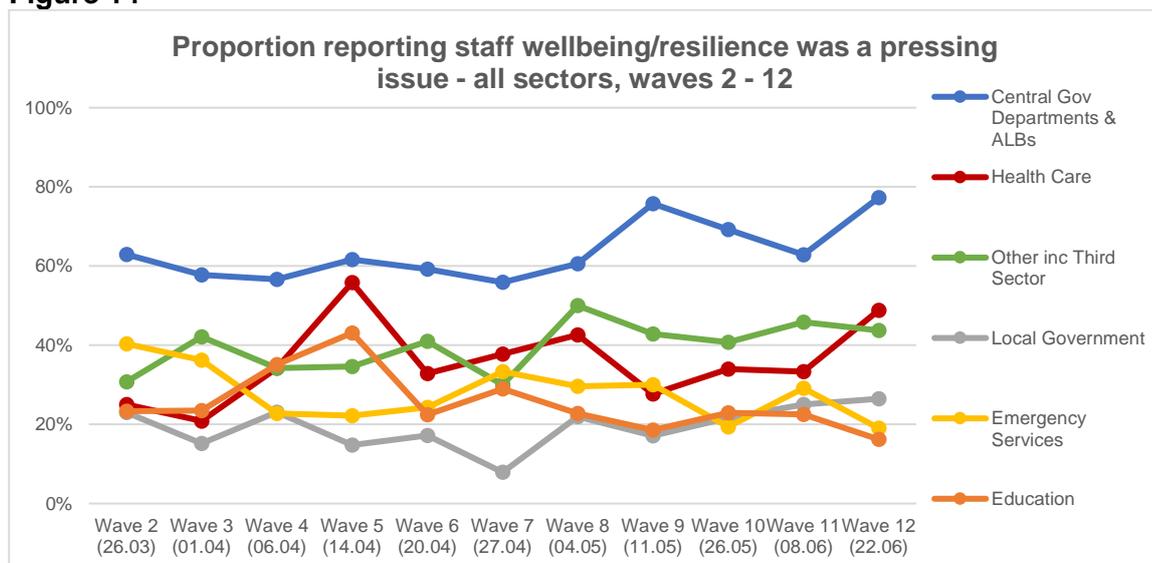
xiv

Bandwidth at senior levels of leadership, and key delivery teams. The demands are relentless and the pace of delivery amazing but this pace can't be kept up indefinitely.

(Central Government Department, wave 8)

Staff resilience is unsustainable. 24/7 working with too few staff is unsustainable. Resources are too limited. In addition to the very substantial COVID-19 work there is no appreciation that other work must be de-prioritised. Colleagues see no end in sight.

(Central Government Department, wave 10)

Similarly, the proportion of leaders reporting that finance/cash flow was an issue remained relatively stable throughout, although the proportion of leaders within Local Government reporting it increased somewhat over time.[24] These leaders emphasised the additional budget pressures due to COVID-19 and requested clarity about future funding and expectations regarding efficiency targets.

Finance/cash flow was also a particular issue for leaders in Higher Education in the free text comments, who were concerned about the lack of funding resulting from a fall in international student admissions, and for leaders of Third Sector organisations who were unable to fundraise as they usually would.

Long-term sustainability in the face of a projected 20% drop in income due to loss of international students next year and additional costs of preparing to deliver teaching on line in the next academic year in the recovery phase.

(Education, wave 7)

Finding new ways of raising money, retraining staff whose roles cannot currently be delivered, avoid redundancy if at all possible. Support for retraining would be good.

(Third Sector, wave 11)

The financial impact on public services is significant and the changing language on local government finance is making the sector nervous. Local Authorities have to balance budgets, without a sustainable 2 year minimum financial settlement 4 being optimum.

(Local Government, wave 10)

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[24] The proportion of Local Government leaders reporting that finance/cash flow was a pressing issue significantly different in wave 5 and wave 10. See Technical Annex 2.25 for details.

Figure 15

Proportion reporting finance/cash flow was a pressing issue - all sectors, waves 2 -12
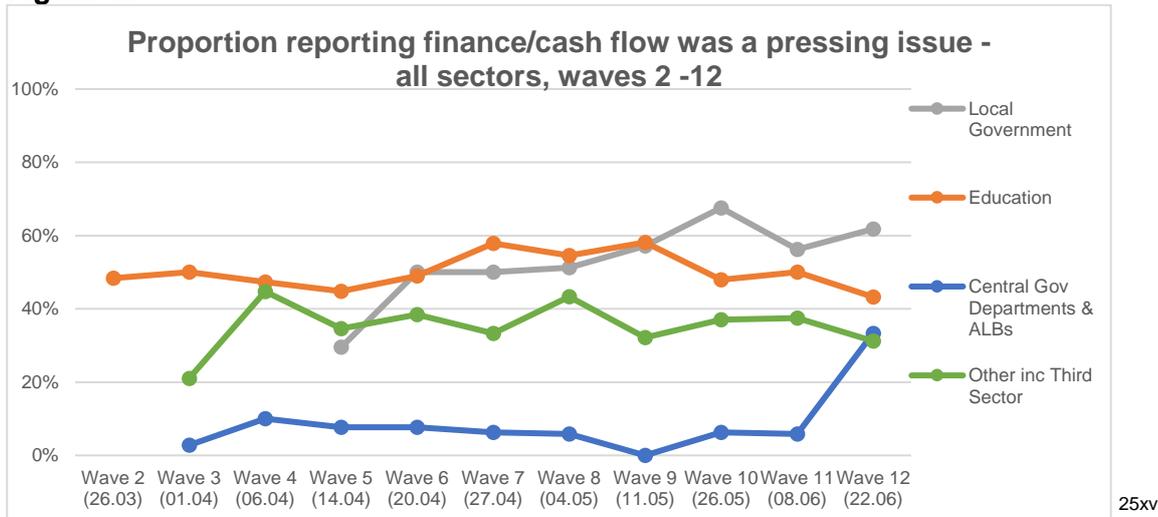
The proportion of leaders citing support for care homes as one of their top pressing issues was significantly higher for leaders in Health Care and Local Government than other sectors[26]. This peaked in wave 9 before declining during the following waves[27]. Concerns regarding care homes and social care more broadly included insufficient PPE supplies, capacity, workforce availability, and the need to extend and expand testing to care home staff and patients, especially as rates of contagion increased.

Social care epidemic needs to be nationally understood and articulated to the public! Local Government, wave 8	*Hospital deaths have peaked, but care homes deaths are escalating. Screening level staff testing for asymptomatic and pre-symptomatic is essential to contain spread* Local Government, wave 8

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[25] 'Finance/cash flow' was initially presented as a potential pressing issue to leaders in Education, but was also included for Local Government, Central Gov Departments & ALBs and Other inc Third Sector in later survey waves either in response to being referred to in free text comments, policy changes, or news reports.

[26] The proportion of leaders reporting that support for care homes was an issue was significantly different in Health Care and Local Government compared to Central Gov Departments & ALBs, Emergency Services and Other inc Third Sector (all other sectors that were presented with this as a potential issue). See Technical Annex 2.26 for details.

[27] The proportion of leaders reporting that support for care homes was an issue was significantly different in wave 12 compared to waves 6, 8 and 9. See Technical Annex 2.27 for details.

Figure 16

Proportion reporting support for carehomes was a pressing issue - by sector, waves 6 - 12
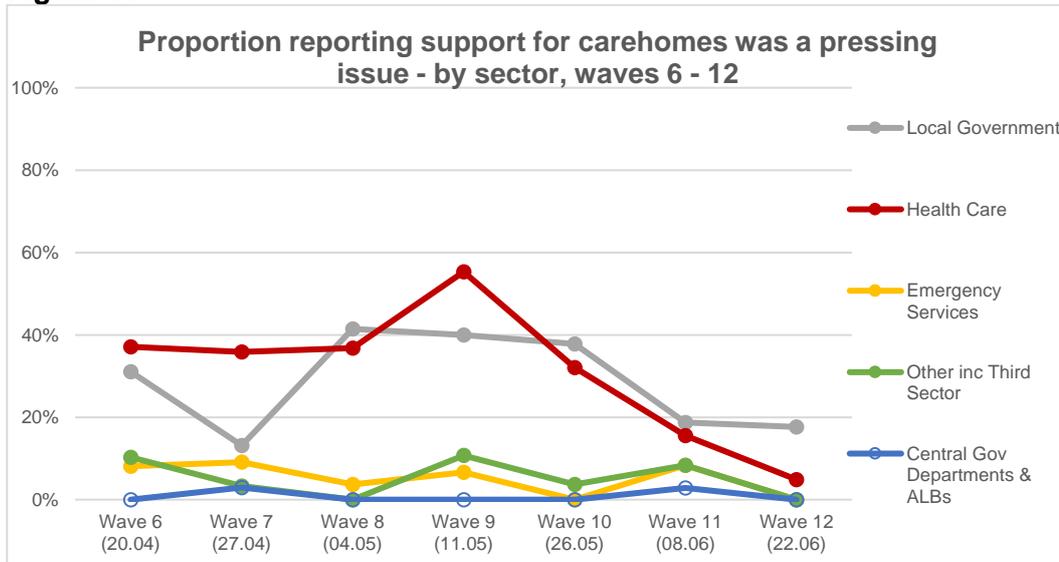
xvi 28

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[28] 'Support for care homes' was included as a potential pressing issue after being identified as an emerging issue in free text comments, and presented to leaders in Local Government, Health Care, Emergency Services, Other inc Third Sector and Central Gov Departments & ALBs.

20

Organisational response to COVID-19

Despite the challenges posed by the pandemic, including an initial shortage of necessary equipment and supplies, and the need to implement social distancing measures, the vast majority of public service leaders consistently reported that their organisations were able to operate effectively and provide a good level of service under the circumstances.

Leaders also reported some positive changes, particularly in relation to collaboration. Most leaders observed improved collaboration in the workplace, and with other organisations in their sector and their local area. Many leaders also reported that morale within the workplace was better than usual, especially during the first 2 months of the survey period.

The NLC established early on that the majority of public service leaders were in good health and not in the 'high risk' group from COVID-19. Overall 83% reported that their own mental health and wellbeing was the same or better compared to usual circumstances, however 33% reported that staff wellbeing was worse or much worse than usual.

Health, wellbeing and morale

In the early waves of the survey leaders were asked to report their current state of health and whether they were in the 'high risk' group from COVID-19 (e.g. aged over 70, or had underlying health issues). Overall, 97% of respondents reported that they were healthy, and 89% reported that they were not considered 'high risk'. These questions were then removed as the results were seen to provide some reassurance concerning the likely resilience of public service leadership regarding COVID-19.

Figure 17
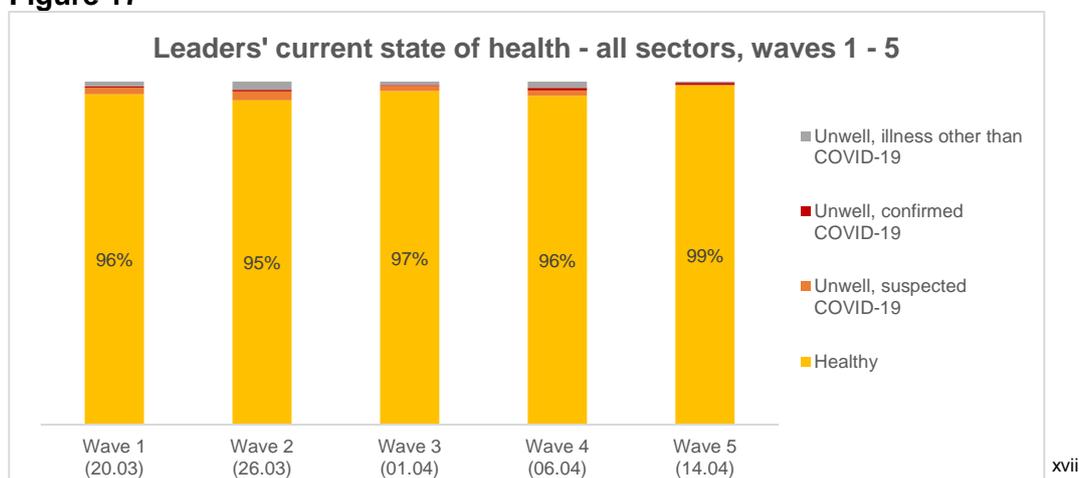
In later waves leaders were asked how their own mental health and wellbeing, and that of their staff, compared to usual circumstances. Most leaders reported that their own mental health and wellbeing was the same as usual. However, this dipped significantly in wave 11[29]. This dip was mainly seen within Central Government Departments and ALBs, where leaders reported long working hours and high levels of stress.

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[29] For measures of leaders' own mental health and wellbeing comparisons were made between pairs of survey waves. Responses in wave 9 and wave 11 were significantly different. See Technical Annex 2.28 for details.

Perception of the health and wellbeing of staff was generally less positive, with 33% of leaders reporting that this was worse than usual. Similarly, 'staff wellbeing/resilience' was one of the top pressing issues reported throughout the survey period.

Figure 18

Health and wellbeing - % same or better than under usual circumstances, all sectors - waves 6 - 12
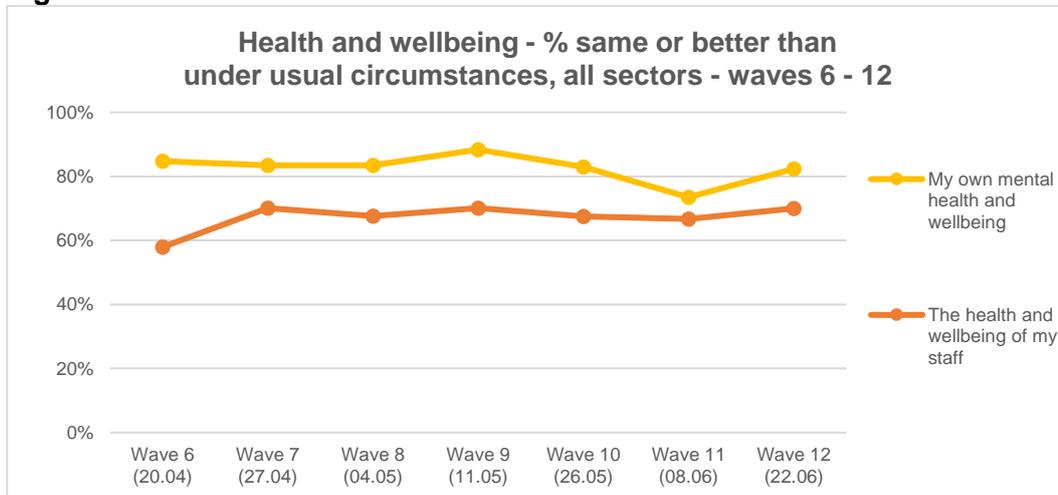
xviii

> *Signs of staff burnout after repeated weekend and late night working. Asks from the Centre are increasing with tighter deadlines. Better prioritisation and recognition of capacity challenges would help.*
>
> (Central Government Department, wave 11)

There were notable differences between sectors. Perceived health and wellbeing of leaders and their staff was significantly better in Emergency Services and worse in Central Government Departments and ALBs[30].

Figure 19

My own mental health and wellbeing - % same as usual or better, by sector, waves 6-12
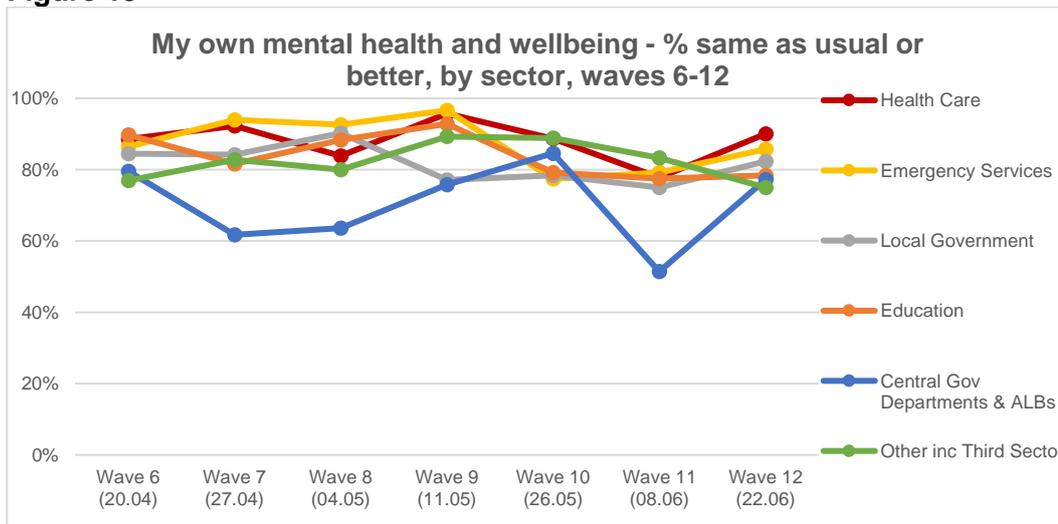
xix

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[30] Measures of staff health and wellbeing were significantly different for leaders in Emergency Services compared to all other sectors, and in Central Government Departments & ALBs compared to Emergency Services, Health Care and Other inc Third Sector. Measures of leaders' health and wellbeing were significantly different for leaders in Central Government Departments & ALBs compared to most other sectors. See Technical Annex 2.29 and 2.30 for details.

Figure 20

Staff health and wellbeing - by sector, waves 6-12 combined

xx
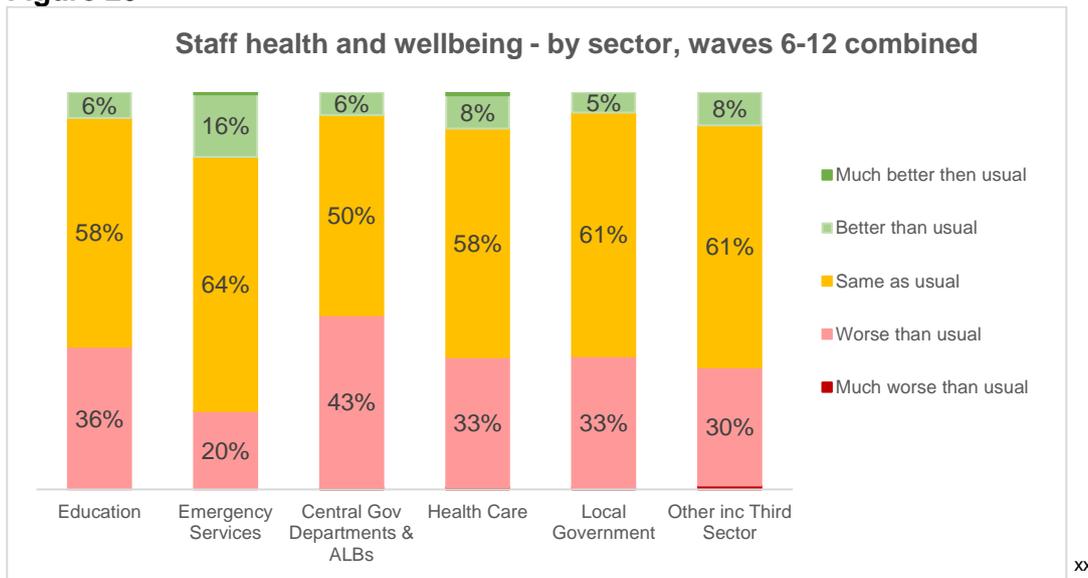
A relatively high proportion of leaders reported that morale within the workplace was better than usual. Where this was referenced in free text comments, leaders referred to a strong focus on wellbeing in their organisations, high levels of resilience amongst their staff, and the positive impact of flexible working. Again, there was a notable difference in sentiment between sectors, with the most positive sentiment amongst leaders of Emergency Services, and the least amongst Central Government Departments and ALBs[31].

Figure 21

Morale in the workplace % better than in usual circumstances, by sector, waves 6 - 12

xxin8
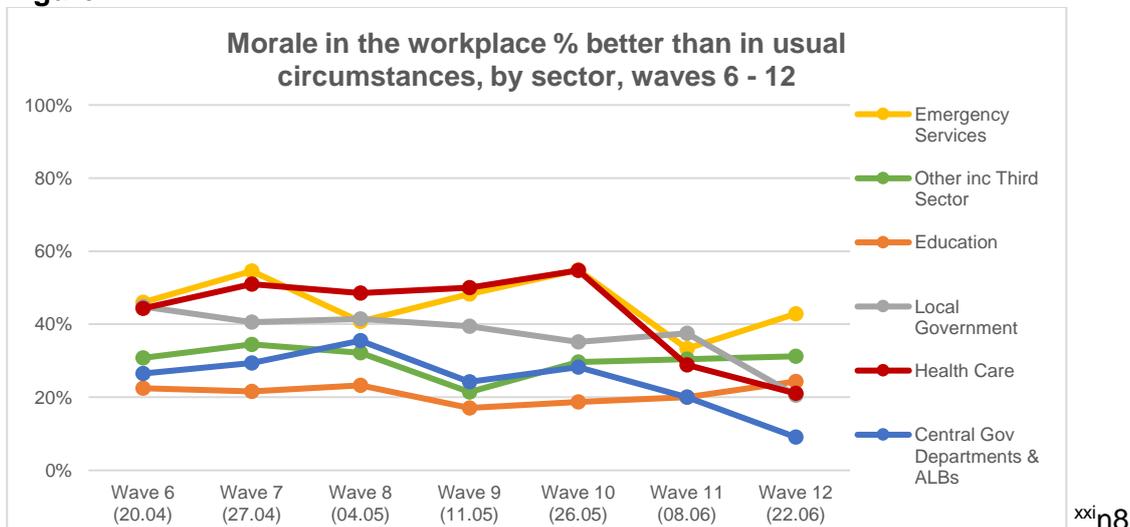
Observed improvements in morale were mostly retained throughout the survey period. However a reduction occurred in wave 11[32], primarily within Health Care, when leaders reported worries that the Test and Trace app could result in staff shortages and place additional pressure on services and staff. A reported lack of forewarning about changes to health care policy was also reported to be a source of frustration and concern as this was seen to result in a lack of preparedness, and the need to quickly respond to and implement change.

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[31] Reported Morale within the workplace was significantly different between Emergency Services and Central Government Departments & ALBs, Education, Local Government and Other inc Third Sector, and between Central Government Departments & ALBs and Emergency Services, Health Care, Local Government and Other inc Third Sector. See Technical Annex 2.31 for details.
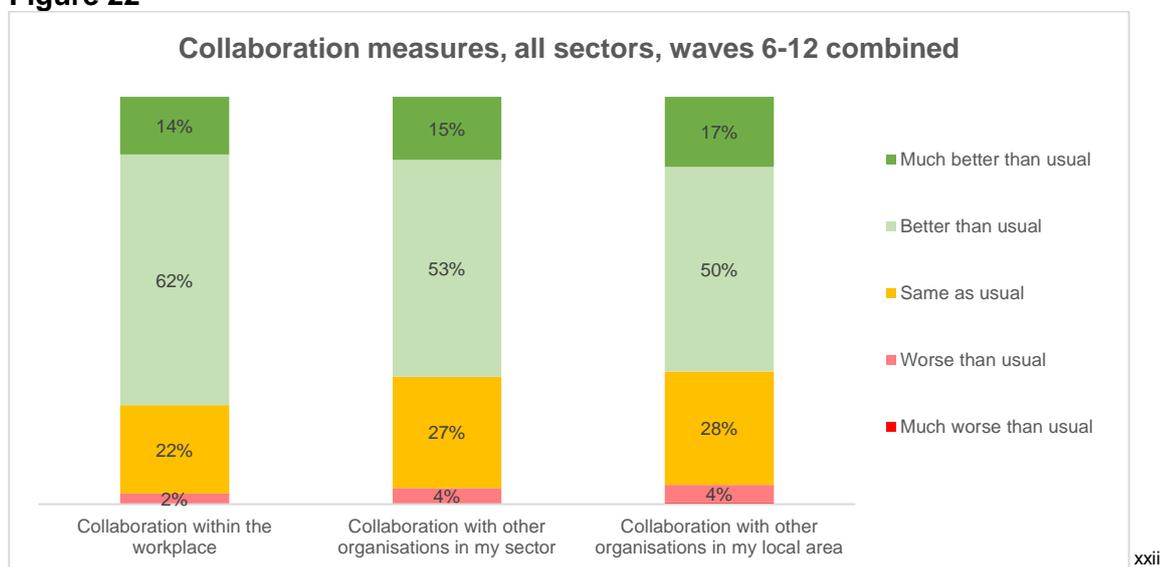[32] For reported morale within the workplace, comparisons were made between pairs of survey waves. Wave 11 was significantly different to waves 7-8. See Technical Annex 2.32 for details.

Collaboration

Collaboration was one of the most positive themes from the survey, with most leaders reporting that collaboration within the workplace, with other organisations in their sector, and in the local area, were consistently better than in usual circumstances. This varied between sectors, with Health Care and Local Government reporting the biggest overall improvements in all 3 areas[33].

Positive views about improvements in collaboration with other organisations within the sector and the local area were mainly stable throughout all, or most, of the survey period[34]. The proportion of leaders reporting improvements in collaboration in the workplace was initially the largest, but reduced significantly over time to the same level as the other measures[35]. This reduction was most prominent within Health Care and Central Government Departments and ALBs.

Figure 22

Collaboration measures, all sectors, waves 6-12 combined

	Collaboration within the workplace	Collaboration with other organisations in my sector	Collaboration with other organisations in my local area
Much better than usual	14%	15%	17%
Better than usual	62%	53%	50%
Same as usual	22%	27%	28%
Worse than usual	2%	4%	4%

xxii

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[33] For reported collaboration with other organisations within the sector, local area and within the organisation, comparisons were made between sectors. Measures were significantly different between leaders in health care and most other sectors, and local government and most other sectors. See Technical Annex 2.33 - 2.35 for details

[34] For reported collaboration with other organisations within the sector, comparisons were made between pairs of survey waves. No combinations were significantly different. For reported collaboration with other organisations within the local area, comparisons were made between pairs of survey waves. Wave 6 was significantly different to wave 7. See Technical Annex 2.36 and 2.37 for details.

[35] For reported collaboration within the workplace, comparisons were made between pairs of survey waves. All combinations of wave 6-8 against 11-12 were significantly different. See Technical Annex 2.38 for details.

Figure 23

Collaboration within the workplace - % better than usual circumstances, by sector, waves 6 - 12

Legend:
- Local Government
- Education
- Emergency Services
- Health Care
- Other inc Third Sector
- Central Gov Departments & ALBs

X-axis: Wave 6 (20.04), Wave 7 (27.04), Wave 8 (04.05), Wave 9 (11.05), Wave 10 (26.05), Wave 11 (08.06), Wave 12 (22.06)
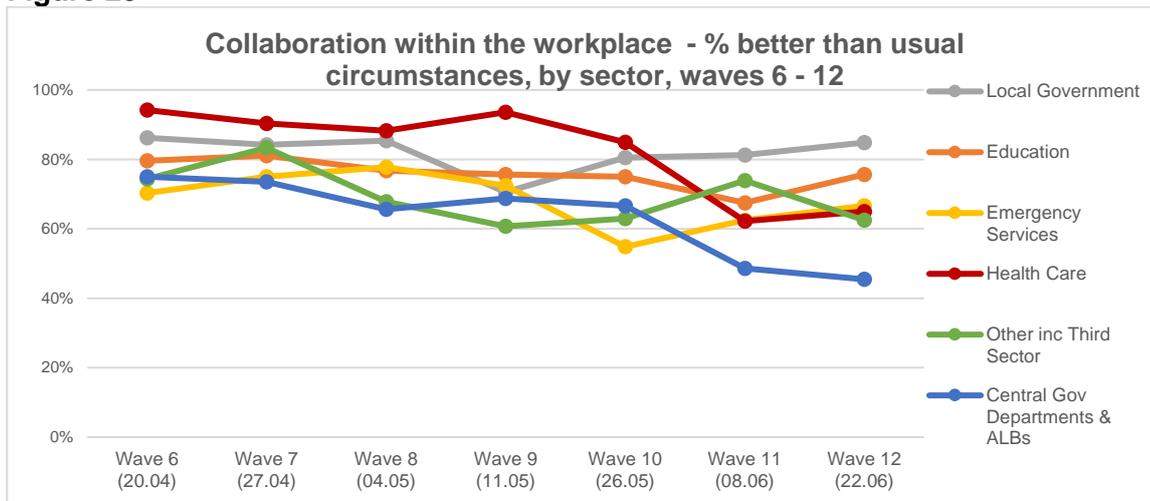
xxiii

Operational response

From wave 2, leaders were asked about the impact of COVID-19 on operational activities. The majority of leaders consistently reported that the sites that they operate on were safe spaces for staff and service users, and that their organisations were able to respond effectively to the situation resulting from COVID-19, and able to provide a good service to citizens/service users under the circumstances.
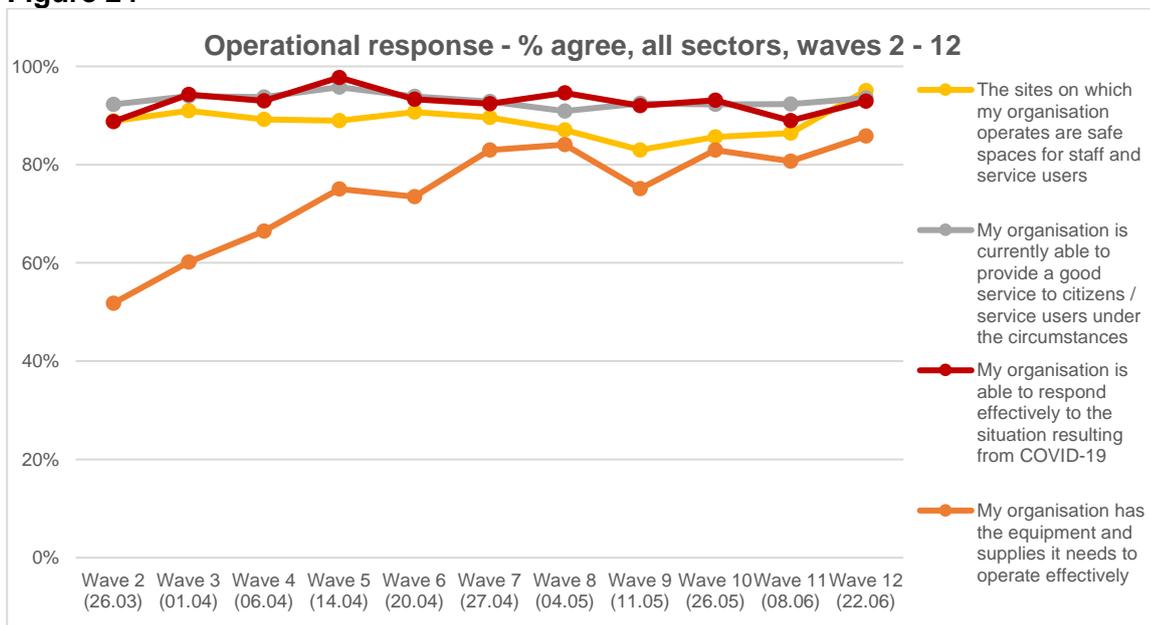
Figure 24

Operational response - % agree, all sectors, waves 2 - 12

Legend:
- The sites on which my organisation operates are safe spaces for staff and service users
- My organisation is currently able to provide a good service to citizens / service users under the circumstances
- My organisation is able to respond effectively to the situation resulting from COVID-19
- My organisation has the equipment and supplies it needs to operate effectively

X-axis: Wave 2 (26.03), Wave 3 (01.04), Wave 4 (06.04), Wave 5 (14.04), Wave 6 (20.04), Wave 7 (27.04), Wave 8 (04.05), Wave 9 (11.05), Wave 10 (26.05), Wave 11 (08.06), Wave 12 (22.06)

xxiv

This occurred despite many leaders reporting that their organisation initially lacked the equipment and supplies they needed to respond effectively. This was particularly reported within Local Government and Health Care, who frequently referred to insufficient supplies of PPE.

> *[We need] much better delivery of PPE and associated items. We never know what we will get and when. It is an awful situation.*
>
> *(Health Care, wave 3)*

> *Key issue is PPE, particularly for social care but also other frontline workers. Problems are exacerbated by repeatedly being advised by government that deliveries are imminent.*
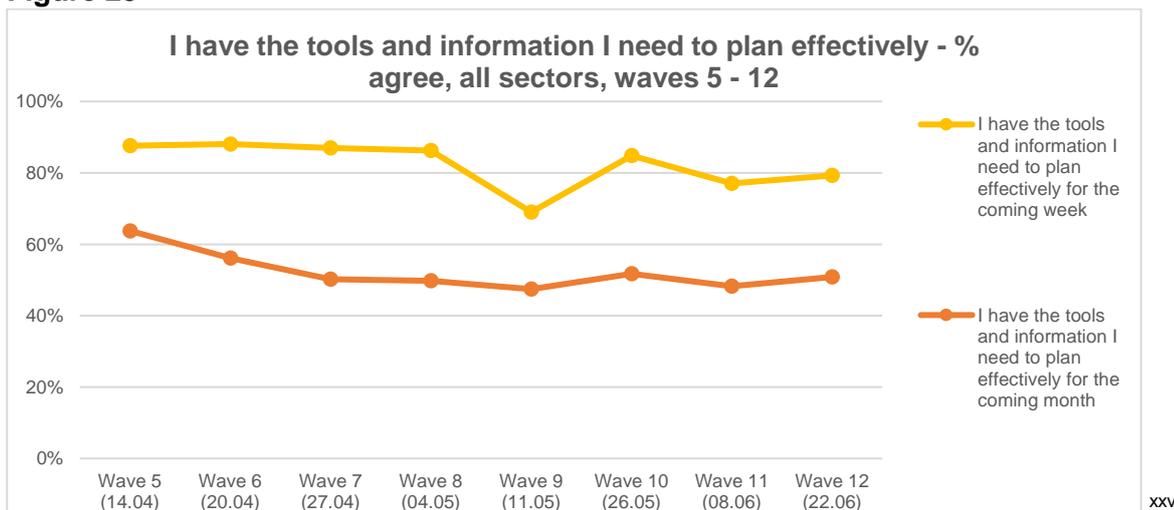>
> *(Local Government, wave 4)*

25

In wave 5, 2 questions were added in response to comments regarding leaders lacking sufficient information to prepare for, and respond to, policy changes, and the need to plan ahead for the easing of lockdown and recovery. From then on, 83% agreed that they had tools and information they need to plan ahead for the coming week, whereas 53% agreed that they had the tools and information needed to plan for the coming month.

There was a significant dip in agreement when asking whether leaders had the tools and information they needed to plan effectively for the coming week at wave 9, following the announcement of the Recovery Strategy, with a downturn of opinion in all sectors. By contrast, agreement that leaders had the tools and information they needed to plan effectively for the coming month reduced significantly over time, but did so gradually and did not follow the same pattern[36].

> *Inconsistent advice and guidance is making short, medium and long term planning very difficult mixed daily messages from different govt. departments is unhelpful*
>
> (Local Government, wave 9)

> *Continued need to get advanced information about changes to the lockdown arrangements so we can plan our workplaces accordingly.*
>
> (Emergency Services, wave 9)

Figure 25

I have the tools and information I need to plan effectively - % agree, all sectors, waves 5 - 12

— I have the tools and information I need to plan effectively for the coming week

— I have the tools and information I need to plan effectively for the coming month

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[36] For measures of perceptions of leaders having the tools and information needed for the coming week and month, comparisons were made between pairs of survey waves. For the coming week, all combinations of wave 9 compared to 5-8, 10 and 12 were significantly different. For the coming month, all combinations of wave 9 and 5-6 were significantly different. For details, see Technical Annex 2.39 and 2.40.

Methodology

Survey design

Questionnaire design was iterated over the 15 week period to reflect responses from previous waves and changes in the wider context, with questions being added and removed as appropriate. The full set of questions asked across the 12 waves can be found in 'Technical Annex 1 – Survey Questions'.

Survey responses were anonymous by default, although there was an optional question where leaders could disclose their organisation, which for some could be identifiable. Additionally in one survey respondents were given the opportunity to identify themselves if they wished to volunteer to take part in further research.

Sample and representativeness

All members of the NLC Network were eligible to participate in the survey. The NLC network is open to leaders of public services in England who meet the following criteria:

- significant funding of the organisation comes from public finances;
- the public has significant ownership of the organisation;
- the organisation's budget or spending is in excess of £10 million per annum; and
- sector specific criteria usually related to role and/or organisation type or size.

For most organisations, network membership is only open to the most senior leader, including Chief Executive Officers in Local Authorities, Further Education Colleges and NHS Clinical Commissioning Groups; Fire Commissioners; Police Chief Constables; and University Vice Chancellors. The main exception is the Civil Service, where membership extends to both Permanent Secretaries and Director Generals of Central Government Departments and Arm's Length Bodies.

When wave 1 of the survey was launched the NLC had contact details for 676 senior public service leaders. There was then a concerted effort to improve the data held about this stakeholder group, and an additional 208 leaders' contact details were collected, with the number of leaders' being invited to participate increasing week-on-week until mid-April. Additionally, from wave 2, the survey was sent to 155 senior leaders of organisations within the Public Service Leadership Group (PSLG) that met similar criteria to those in the NLC network, including:

- Devolved administrations;
- Local Authorities and Emergency Services within the devolved nations;
- Organisations in the Third Sector, Charity Sector or Civil Society that deliver public services in the UK, each with a turnover of over £100 million.

As a result, from mid-April (survey wave 5) onwards, the survey was sent to 1,039 senior public service leaders, 94% of the 1,104 eligible NLC and PSLG network members. The NLC did not hold contact details for the remaining 6% at the time.

Table 2: Response rate by survey wave

Survey Wave	1 (20/03)	2 (26/03)	3 (01/04)	4 (06/04)	5 (14/04)	6 (20/04)	7 (27/04)	8 (04/05)	9 (11/05)	10 (26/05)	11 (08/06)	12 (22/06)
Total number of leaders invited to participate	676	800	971	1018	1039	1039	1039	1039	1039	1039	1039	1039
Total number of responses	413	425	410	388	362	302	226	243	216	235	200	171

Response rate (of leaders invited to take part)	61%	53%	42%	38%	35%	29%	22%	23%	21%	23%	19%	16%
Response rate (of total NLC + PSLG network)	37%	38%	37%	35%	33%	27%	20%	22%	20%	21%	18%	15%

One reminder email was sent to public service leaders who were eligible to participate in the survey per wave with the aim to maximise the response rate while minimising the administrative burden on the leaders.

The distribution of respondents by sector remained relatively stable throughout the survey period. The proportion of respondents from the Health Care sector consistently made up the largest proportion of the survey sample but remained under-represented overall, whereas the Local Government and Education sectors were consistently over-represented. Reported results were not weighted to the sampling frame due to relatively low volumes within some sectors, and with the aim of retaining data accuracy.
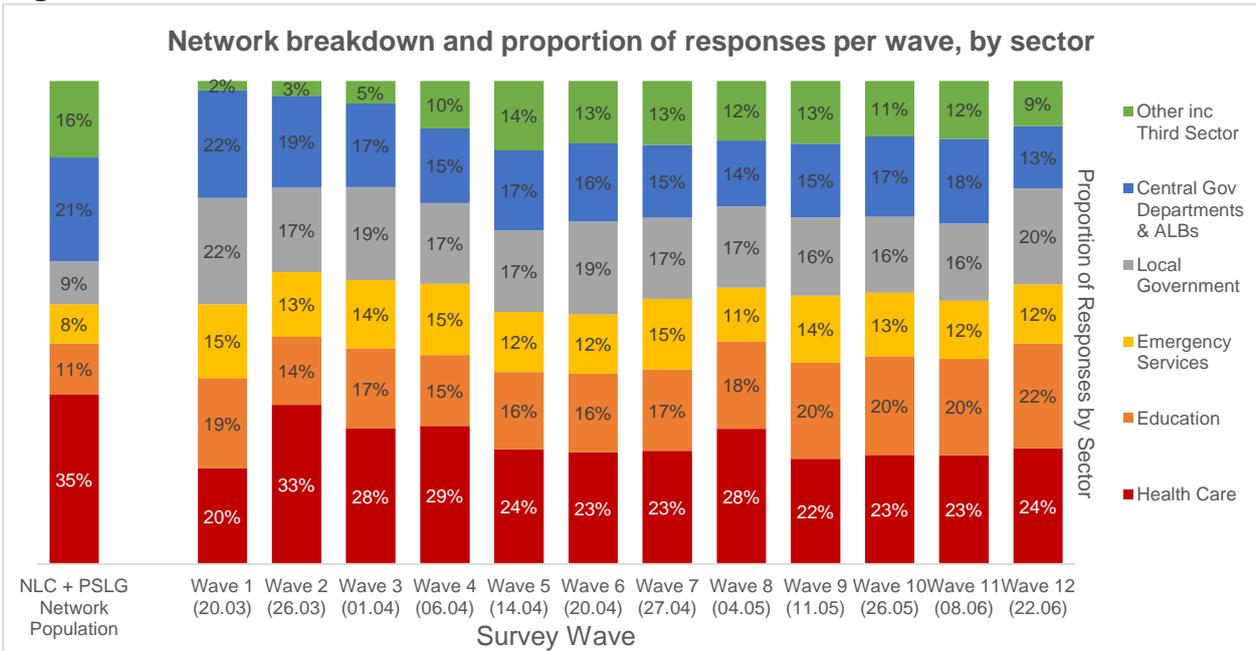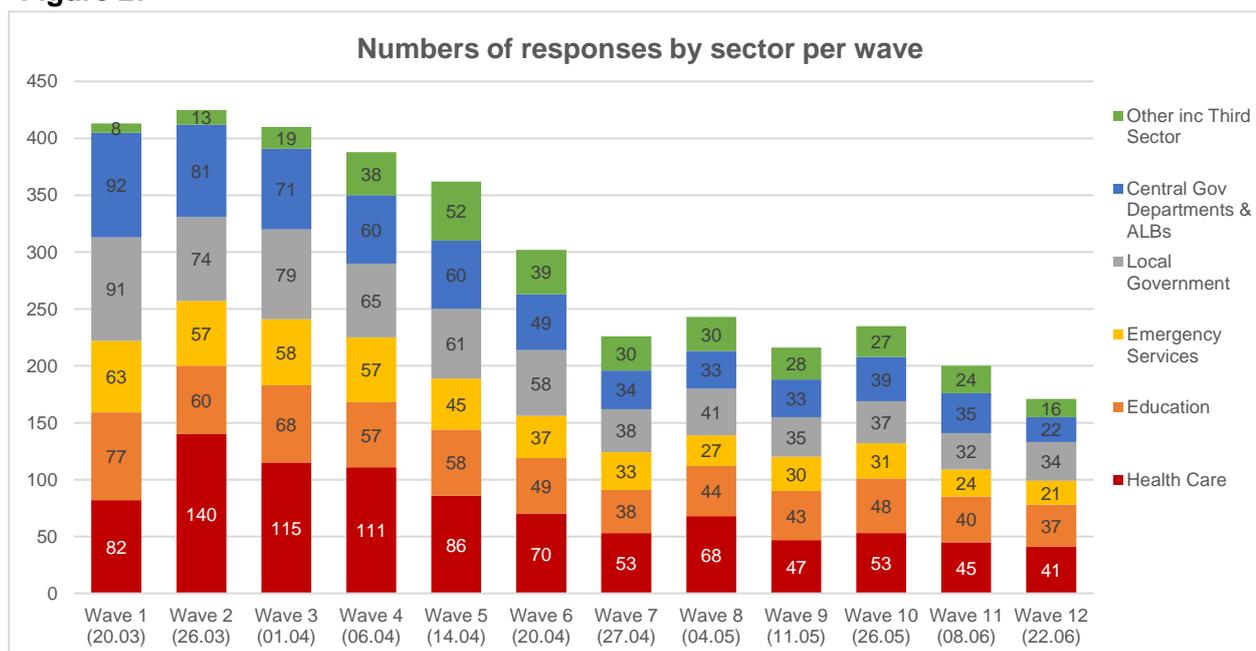
Figure 26

Network breakdown and proportion of responses per wave, by sector

Figure 27

Numbers of responses by sector per wave

Data analysis

Significance testing was conducted to determine where there were statistically significant differences between the responses from different sectors and/or survey waves. Kruskal-Wallis, Z-tests and Dunn's test pairwise comparisons were conducted to identify overall significantly different distributions in responses, and post-hoc pairwise comparisons were conducted to determine specific differences between sectors or survey waves.

Where statistical significance has been referenced throughout the report, this had been taken at an alpha level of 0.05, which indicates that the probability of the outcome that has been found occurring due to chance and chance alone is less than 5%. Where statistical significant has been reported, please see 'Technical Annex 2 – Significance Testing Results' for further details of the test result. Any differences that are not explicitly described as statistically significant should be assumed to be statistically non-significant.

Where questions asked respondents to indicate the extent to which they agreed with a series of statements, 'Not Applicable' responses have typically been removed from the analysis for consistency and to ensure findings were based on valid responses only. The volumes of respondents who selected this category were consistently small.

Free text comments were thematically analysed and have been used to give further depth to the quantitative findings. Multiple researchers conducted a process of data familiarisation and bottom-up coding, and themes were reviewed by respondents' sector and survey wave. Direct quotes have been included to provide detail and insight into the views of individuals, however these views may not be representative of the population.

Analysis was conducted to investigate differences in opinions and experiences between various public service sectors (central government departments & arm's length bodies, local government, health care, emergency services, education, and all other sectors including the third sector). Respondents identified the sector within which they work in a fixed choice question. The sector response options were amended in the first three waves of the survey and then remained constant. To ensure comparisons could be made across survey waves, some sector responses have been recoded into broader categories. For further detail regarding these recodes, please see Table 3.

Table 3: Sector groupings and recodes

Sector grouping:	Wave 1 recodes:	Wave 2 recodes:	Wave 3 onwards recodes:
Emergency Services	Emergency Services - Fire, Police, Ambulance	Emergency Services – Fire, Police, Ambulance	● Fire ● Police ● Other Emergency Services (e.g. ambulance)
Local Government	Local Government	Local Government	Local Government
Health Care	Health and Social Care - e.g. Hospitals, GP surgeries, Care providers	Health and Social Care – e.g. Hospitals, GP Surgeries, Care providers	Health Care
Education	● Education – schools ● Further and Higher Education - Colleges, Universities, Training providers	● Education – schools ● Further and Higher Education – Colleges, Universities, Training providers	● Education – schools ● Further and Higher Education – Colleges, Universities, Training providers
Central Government Departments & ALBs	● Central government Arm's Length Body ● Central government Department	● Central Government Arm's Length Body ● Central Government department	● Central Government Arm's Length Body ● Central Government department
Other inc Third Sector	All other responses including: ● Justice - Courts, Prisons, Legal Aid ● Military and Security Services	All other responses including: ● Justice - Courts, Prisons, Legal Aid ● Military and Security Services	All other responses including: ● Justice - Courts, Prisons, Legal Aid ● Military and Security Services ● Third Sector / Charity Sector / Civil Society

Base Sizes

[i] Figure 1 base sizes:

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Receive information in good time					294	222	241	212	230	194	169
Information contains enough detail					292	221	239	213	226	194	169
Central government engages with my sector sufficiently					287	219	237	208	224	190	164
Confidence in the national guidance	419	340	381	350	297	223	238	210	231	196	170
I feel well informed	420	347	381	352	298	222	240	214	233	198	170

[ii] Figure 2 base sizes:

	Other inc Third Sector	Education	Emergency Services	Central Gov Departments & ALBs	Health Care	Local Government	All sectors
I receive information in good time	191	299	201	222	374	275	1562
Information contains enough detail	193	298	201	218	373	271	1554
Central government engages with my sector sufficiently	189	297	197	204	369	273	1529
Confidence in the national guidance	296	526	416	472	806	539	3055

[iii] Figure 3 base sizes:

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Other inc Third Sector	(11)	(12)	37	49	38	29	29	28	27	24	(16)
Education	60	55	57	57	48	38	44	43	48	39	37
Emergency Services	57	58	56	44	37	33	27	30	31	24	20
Central Gov Departments & ALBs	78	57	59	57	49	32	32	33	37	34	22
Health Care	140	99	108	85	69	52	68	45	53	45	41
Local Govt	74	66	64	60	57	38	40	35	37	32	34

[iv] Figure 4 base sizes:

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Other inc Third Sector	(11)	(12)	35	46	38	29	30	28	27	24	(16)
Education	60	54	56	58	49	38	44	42	48	40	37
Emergency Services	57	57	57	44	37	33	26	29	31	24	21
Central Gov Departments & ALBs	77	54	57	57	46	33	31	30	35	31	21
Health Care	140	98	111	84	69	52	67	46	53	45	41
Local Govt	74	65	65	61	58	38	40	35	37	32	34

[v] Figure 5 base sizes:

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Other inc Third Sector	37	29	30	26	27	24	(16)
Education	48	38	44	43	48	39	37
Emergency Services	36	32	26	28	31	24	20
Central Gov Departments & ALBs	40	30	31	30	30	26	(17)
Health Care	69	52	66	46	51	45	40
Local Govt	57	38	40	35	37	32	34

[vi] Figure 6 base sizes:

	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Measures to support the UK economy	347	297	221	236	210	228	194	167
Measures to manage COVID-19	351	300	220	238	212	229	196	169

[vii] Figure 7 base sizes:

Other inc Third Sector	241
Education	353
Emergency Services	244
Central Gov Departments & ALBs	285

Health Care	459	
Local Government	333	

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	140	115	111	86	70	53	68	47	53	45	41
Education								43	48	40	37
Local Government	74	79	65	61	58	38	41	35	37	32	34
Emergency Services	57	58	57	45	37	33	27	30	31	24	21
Central Gov Departments & ALBs			60	60	49	34	33	33	39	35	22

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
COVID testing for staff	271	252	233	192	165	124	136	112	121	101	96
PPE supplies	271	252	331	304	253	188	199	216	235	200	171

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	140	115	111	86	70	53	68	47	53	45	41
Education	60	68	57								
Local Government	74	79	65	61	58	38	41	35	37	32	34
Emergency Services	57	58	57	45	37	33	27	30	31	24	21
Central Gov Departments & ALBs	81	71	60	60	49	34	33	33	39	35	22
Other inc Third Sector	(13)	(19)	38	52	39	30	30	28	27	24	(16)

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	70	53	68	47	53	45	41
Education	49	38	44	43	48	40	37
Local Government	58	38	41	35	37	32	34
Emergency Services	37	33	27	30	31	24	21
Central Gov Departments & ALBs	49	34	33	33	39	35	22
Other inc Third Sector	39	30	30	28	27	24	(16)

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Implementing policy	419	410	388	362	302	226	243	216	235	200	171
Information contains enough detail					292	221	239	213	226	194	169
Confidence in the national guidance		340	381	350	297	223	238	210	231	196	170

	Wave 10	Wave 11	Wave 12
Health Care	53	45	41
Education	48	40	37
Local Government	37	32	34
Emergency Services	31	24	21
Central Gov Departments & ALBs	39	35	22
Other inc Third Sector	27	24	(16)

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	140	115	111	86	70	53	68	47	53	45	41
Local Government	74	79	65	61	58	38	41	35	37	32	34
Emergency Services	57	58	57	45	37	33	27	30	31	24	21
Central Gov Departments & ALBs	81	71	60	60	49	34	33	33	39	35	22
Other inc Third Sector	(13)	(19)	38	52	39	30	30	28	27	24	(16)
Education	60	68	57	58	49	38	44	43	48	40	37

xv Figure 15 base sizes:

	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Education	60	68	57	58	49	38	44	43	48	40	37
Local Government				61	58	38	41	35	37	32	34
Central Gov Departments & ALBs		71	60	60	49	34	33	33	39	35	22
Other inc Third Sector		(19)	38	52	39	30	30	28	27	24	(16)

xvi Figure 16 base sizes:

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	70	53	68	47	53	45	41
Local Government	58	38	41	35	37	32	34
Emergency Services	37	33	27	30	31	24	21
Central Gov Departments & ALBs	49	34	33	33	39	35	22
Other inc Third Sector	39	30	30	28	27	24	(16)

xvii Figure 17 base sizes:

	Wave 1	Wave 2	Wave 3	Wave 4	Wave 5
Leaders' current state of health	412	423	404	385	358

xviii Figure 18 base sizes:

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
My own mental health and wellbeing	302	224	242	215	235	200	170
The health and wellbeing of my staff	302	224	238	214	234	198	170

xix Figure 19 base sizes:

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	70	52	68	47	53	45	40
Education	49	38	43	42	48	40	37
Local Government	58	38	41	35	37	32	34
Emergency Services	37	33	27	30	31	24	21
Other inc Third Sector	39	29	30	28	27	24	(16)
Central Gov Departments & ALBs	49	34	33	33	39	35	22

xx Figure 20 base sizes:

Health Care	372
Education	295
Local Government	274
Emergency Services	203
Other inc Third Sector	192
Central Gov Departments & ALBs	224

xxi Figure 21 base sizes:

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	70	53	68	46	53	45	38
Education	49	37	43	41	48	40	37
Local Government	58	37	41	33	37	32	34
Emergency Services	37	33	27	29	31	24	21
Central Gov Departments & ALBs	49	34	31	33	39	35	22
Other inc Third Sector	39	29	28	28	27	23	(16)

xxii Figure 22 base sizes:

Collaboration within the workplace	1575
Collaboration with other organisations in my sector	1576
Collaboration with other organisations in my local area	1464

xxiii Figure 23 base sizes:

	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12
Health Care	69	52	68	47	53	45	40
Education	49	37	43	41	48	40	37
Local Government	58	38	41	34	36	32	33
Emergency Services	37	32	27	29	31	24	21
Other inc Third Sector	39	30	28	28	27	23	(16)
Central Gov Departments & ALBs	48	34	32	32	39	35	22