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Leading Public Services Through COVID-19

**Sophie Wilson, Cameron Garrett,
Jamie Douglas and Charlie Peto**

Ipsos MORI



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Executive Summary

The National Leadership Centre (NLC) supported the Government's response to COVID-19 by acting as the conduit between Central Government and the NLC's network of public service leaders. As part of this, the NLC ran a quantitative survey with public service leaders from March to June 2020. The NLC also commissioned Ipsos MORI to conduct qualitative research with their network, which ran from July 2020 to March 2021. This report brings together findings from both strands of research.

Research methods

The COVID-19 Response Public Service Leaders Survey ran for 12 Waves over 15 weeks, between 20 March and 22 June 2020. The questionnaire was iterated over the 15 weeks to reflect responses from previous waves and changes in the wider context, with questions being added and removed as appropriate. For certain questions, not all codes were shown to all sectors, which impacts the ability to compare across waves. These have been highlighted where appropriate.

The first nine survey Waves ran weekly (20 March to 11 May), with the remaining three Waves running fortnightly (26 May to 22 June). All members of the NLC Network were eligible to participate in the survey, along with leaders from the Public Service Leadership Group (PSLG) from Wave 2 onwards. The response rate declined across the waves. This makes it more difficult to complete sector specific analysis in later waves, when the sample sizes for some were much smaller than to begin with.

Ipsos MORI led the programme of online qualitative research with senior public service leaders on behalf of the NLC. This included a programme of depth interviews, focus groups, workshops and six case studies exploring collaboration. Throughout each qualitative strand, leaders were recruited from across the sectors and regions involved in the NLC's network. Leaders were asked if they were interested in participating in qualitative research through voluntary self-selection in the quantitative survey. From the leaders who volunteered, a selection was invited to participate in different strands of the research to achieve a fair balance of sectors, regions and genders. Leaders were able to take part in multiple activities, for example attending both an interview and a focus group.

Service delivery during COVID-19

From the onset of the COVID-19 pandemic, the most significant challenge facing leaders was the need to quickly transform services to continue to meet citizens' needs. Transitioning services online, supporting teams to adjust to remote working and making locations COVID-secure, often had to happen at the same time as maintaining services, without a chance for planning or consultation. These challenges were immediate in March 2020 and tended to ease as organisations adapted to new circumstances. This was reflected in the NLC's survey findings: in Wave 2 in March, one in four (26%) leaders reported "maintaining critical services" as a pressing issue, whereas by Wave 12 in late June this had dropped to just 5%. Examples of adaptations made by organisations included:

- Primary care organisations rolled out digital consultations ("e-consulting") to prevent patients from exposing themselves to COVID-19 unnecessarily;
- The prison service enabled prisoners to conduct "virtual visits" with their friends and relatives using tablets and phones provided to them;

- Organisations within the education sector moved learning resources and teaching online, which had previously been considered too costly. Across sectors more generally, organisations started hosting training and external events online.

Organisations overcame these challenges to service delivery through:

- **Staff resilience and their willingness to work hard and quickly.** Teams pulled together and worked longer hours to ensure services were able to adapt. Individuals, including leaders, often went beyond the traditional remit of their role and at times assumed additional responsibilities.
- **Motivation to ensure services could continue.** Staff recognised that the pandemic posed an existential threat to parts of their service, which created a shared purpose bringing people together. In some sectors, organisations also worked to limit the pressure on the NHS, motivated by playing a part in their region's response to the crisis.
- **Collaboration with public, private and voluntary sectors.** Organisations worked together to support each other in the form of expertise, supplies and resourcing. This was vital to the response given the scale of change required, reduced workforce as a result of COVID-19, and the level of demand for critical provisions such as PPE supplies.
- **Creative thinking and flexible processes.** Adapting service delivery at pace required leaders to think creatively about how to redesign their approach, testing new ideas and accepting that not all policies would work perfectly first time. This required greater flexibility in decision-making, with organisations reducing standard processes to allow for greater innovation.

On the whole, leaders were immensely proud of how their teams adapted to remote working. They acknowledged the benefits of a better work-life balance and reducing their companies carbon footprint. However, they also recognised that capabilities to work from home were not consistent across their work force, with parents, carers and those in shared accommodation experiencing additional pressures. Digital poverty also posed a threat, particularly in the education sector where not everyone had the technology for remote learning. These challenges required tailored support including providing staff and service users with the necessary technology where possible, but this was not always fully overcome.

Collaboration across public services

Increased collaboration between public services was consistently highlighted as one of the most positive experiences of the pandemic. Leaders widely described how previous barriers to collaboration including misaligned structures, competing priorities or ineffective communication, fell away as organisations came together to respond to COVID-19.

In the NLC's survey, the vast majority of leaders consistently reported that collaboration was better than usual within the workplace (ranging from 65%-82% across waves), with other organisations in their sector (64%-73%), and in the local area (63%-74%). This varied between sectors, with health care and local government reporting the biggest overall improvements in all three areas from late April to June 2020. Examples of organisations collaborating during the pandemic included:

- Private sector businesses procuring and producing PPE for health and care workers;
- Local authorities, private landlords and local businesses renting out venues to HM Courts and Tribunals for use as temporary courts;

- Fire services diversifying their remit to support other organisations including delivering food parcels to self-isolating residents, managing the distribution of PPE, supporting local logistics operations and delivering laptops to school children;
- Fire stations offering their premises as sites for blood and plasma donation;
- Local authorities and the army working with NHS organisations to establish and man COVID-19 testing sites;
- Police services assisting NHS organisations with the logistics of increasing bed capacity and the establishment of additional mortuaries.

Increased collaboration was enabled by:

- **Pre-existing emergency response structures.** Pre-existing structures such as Local Resilience Forums (LRFs) and Strategic Coordinating Groups (SCGs) kicked into action at the beginning of the pandemic, meeting on an almost daily basis as opposed to typically a couple of times a year in usual circumstances. These forums created spaces for leaders to communicate more regularly, identify local needs, share resources and build trust without having to establish a new body to coordinate the response.
- **A shared purpose.** The scale, severity and sustained nature of the crisis fostered a sense of a shared purpose as organisations worked together to support their region's response. Many organisations went beyond their traditional remit to support other services in their area, with the pandemic response taking priority over individual, organisational aims. There was greater willingness to provide support, with less concern about the longer-term implications on organisations.
- **A focus on outcomes as opposed to processes.** The need to make fast decisions meant organisations shared resources, expertise and data more freely without always going through the formal processes required in business as usual. This created a spirit of openness and flexibility to achieve the outcomes needed, reducing bureaucratic barriers that can limit collaborative working.
- **Additional funding** enabled collaboration as there was less concern about which partner was financially responsible for decisions. At times, funding was pooled between organisations further reducing competition and enabling joint decisions.
- **Building and maintaining new relationships.** Public services relied on each other throughout the pandemic. This created a greater willingness to build relationships and learn more about what each organisation does and how they can support each other in the future. Increased remote working has also broken-down physical barriers, expanding leaders' networks and enabling individuals to work together across greater distances. Leaders felt that to maintain these relationships they needed to continue open and frequent communication to build mutual understanding and trust.

Decision making at a time of crisis

The significant uncertainty brought by the pandemic was a key challenge to decision-making for leaders. They had to make decisions impacting their organisation and the public, without knowing how the crisis would develop or how long it would last. Added to this, increased collaboration with other organisations meant at times they were working with new people to deliver large scale projects at pace. The uncertainty was borne out in the NLC's survey findings, as only around half of leaders (ranging from 47%

to 64% across eight waves) consistently agreed that they had the tools and information they needed to plan effectively for the coming month.

Uncertainty was reported to be exacerbated by inadequate business continuity plans and poor communication from central government, which at times leaders felt was inconsistent, vague and given without prior consultation. NLC survey results show that at the start of the first national lockdown, the majority of public service leaders were positive about government communications and reported confidence in national guidance. However, over the following three months opinions became increasingly negative.

By the Autumn, there was growing scrutiny of decisions leaders had made during the pandemic. This focused both on looking back on how leaders had handled the first wave of the crisis, and scrutiny of what they planned to do next. There was a fear that leaders could be blamed for what had gone wrong and face an inquiry before they were given time to recover from the crisis.

Despite the challenges, some leaders described embracing the uncertainty of the pandemic and found the challenge invigorating as they were making fast-paced decisions that mattered. When collaborating with other leaders, uncertainty also fostered a sense of camaraderie as they tried to interpret information together. These challenges were overcome by:

- **Establishing formal structures.** Organisations established internal COVID-19 response teams, often operating on a tiered structure with “gold” and “silver” groups. This allowed them to bring together expertise within their organisation and assign groups different areas of oversight beyond the crisis, to ensure their senior team’s attention was not fully consumed by the pandemic response.
- **Delegating decisions to other senior team members.** Leaders realised it was not possible for them to make every decision as they did not have the time to stay fully informed of developments within their wider organisation or region. Delegating decisions allowed leaders to maintain strategic control and focus on relationships with partners, while further building trust with their staff.
- **Organisations increasing their risk appetite.** Leaders acknowledged that the need to find rapid and workable solutions required a relaxation in certain processes and oversight, allowing teams to take greater risks or try different approaches without certainty of success. This resulted in the streamlining of governance processes and promoted collaboration by sharing responsibilities across organisational boundaries.

A focus on wellbeing

Maintaining their own wellbeing has been a challenge for leaders during the pandemic. Especially during the early stages, leaders were working long hours at their computer screens with very few breaks, attending back-to-back virtual meetings and dealing with an increased workload. Many were also affected by the pandemic in their personal lives. At the same time, supporting the wellbeing of their staff has also been an area of increased focus. Leaders felt that after the initial adrenaline waned, work fatigue combined with prolonged periods of lockdown posed the threat of burnout among their teams. Throughout the NLC’s survey around a third of leaders consistently identified staff wellbeing and resilience as a pressing issue. Unlike some of the other challenges reported by leaders, this remained consistent across Waves and sectors.

Leaders acknowledged they have not been able to fully look after their wellbeing, and voiced regret for not doing more for their teams during the early stages of the pandemic. However, as the crisis progressed, they have addressed wellbeing through:

- **Being honest in asking people how they are and prioritising wellbeing in the workplace.** Remote working has blurred the distinction between the personal and professional, which has made it easier for leaders to speak to staff about their own wellbeing. This has also facilitated relationship building with other public service leaders, as they have been able to create private and informal forums to discuss their wellbeing and shared challenges. There has also been a recognition of the importance of wellbeing for service delivery, with leaders seeing this as an area they want to prioritise going forward.
- **Increasing their communication with staff.** Leaders have established regular webinars and newsletters to provide updates to their staff and publicly acknowledge the length their teams have gone to maintain services during the crisis. They explained the balance of remaining calm and collected in front of teams, while also being honest about their own experiences.
- **Taking a facilitative approach.** Leaders have highlighted the need to consult their staff more in finding solutions to problems, rather than imposing policies without discussion. This became particularly evident following discussions around the Black Lives Matter movement and wider health inequalities, as they wanted to strive to promote equality. They described running internal surveys or large-scale consultations within their organisation and setting up the means for staff to provide anonymous feedback and suggestions.
- **Creating a unified message that recognised the contribution of the whole workforce.** Leaders recognised that individuals and teams were experiencing the pandemic differently, particularly where some might have been working remotely and others on the frontline. They stressed the importance of using regular communications to promote a unified message and the idea that everyone was pulling together to support one another.

Going forward

Despite the challenging circumstances of the last year, leaders consistently expressed a desire for learning from the pandemic to be taken forward and applied to how public services are delivered in the future. The pandemic provided an opportunity to rapidly experiment with different ways of working including increased collaboration, digital transformation and greater engagement with their workforce which leaders argued had brought benefits to service delivery. However, they also questioned the feasibility of continuing certain changes without the willingness and shared sense of purpose brought by the pandemic (both of which have already started to diminish) and wanted to strike a new balance when it came to areas such as risk taking. Although leaders were not always sure how changes could be sustained after the pandemic, they were keen to work with others to adapt public services during and beyond the pandemic recovery.

Future service delivery

- The move to digital ways of working showed what was possible in terms of how quickly services can be adapted and the wide-ranging benefits to both service users and organisations that being more digitally focused offers. Leaders wanted to hold onto new ways of working, increasing convenience and choice for citizens as well as providing efficiencies in terms of service delivery.

- A number of leaders described exploring the options for reducing their estate, believing teams are unlikely to return to the office full-time. There was a desire to increase the flexibility of remote working, giving staff the option to decide where and when they work.
- Leaders saw future services taking a blended approach to ensure accessibility to those without internet access or who would prefer to attend services face-to-face. Reflecting discussions around the Black Lives Matter movement and wider health inequalities, leaders wanted to look further at who can access services and do more to put equality at the heart of what they do.

Maintaining collaboration

- Although there was some scepticism about maintaining the level of collaboration seen during the pandemic, leaders aspired to continue working with other public services within their region. This was seen as a vital part of the COVID-19 recovery and critical for improving services.
- Leaders wanted to create or maintain collaborative structures and relationships, both within their organisations and beyond, recognising the importance of having established ways of working to a rapid crisis response. Even though these relationships take time and resources to nurture, leaders saw this as a critical investment in future preparedness.
- Recognising the shared purpose created by COVID-19, leaders wanted to develop a common goal for their local area that could act as a way of unifying organisations behind the needs of the community after the pandemic. This should be specific to their community and have a clear deadline. For example, if they have a particular issue around poverty or working towards an environmental goal. Without a shared set of values or aims, leaders worried that organisational priorities and demands would take preference over collaborative ones.
- To facilitate a shared purpose, leaders suggested that pooled funding could be made available so no one organisation was responsible for financing a project, which can often lead to tensions.

Decision making

- The increase in innovation and risk taking seen during the pandemic was also something leaders wanted to hold on to. Balancing this against the need for accountability and proper scrutiny of decisions, they wanted to find a way of encouraging creativity and giving staff the opportunity to make mistakes without unwarranted fear about the consequences.
- Getting this balance right was seen as a challenge for leaders. They wanted to hold on to a more facilitative style developed during the pandemic, where they practiced greater delegation and involved staff and service users in decision making more frequently. Leaders saw their role as bringing others together to draw on wider expertise rather than making decisions in isolation.
- Alongside this, leaders wanted to promote more transparent decision-making processes where they could be honest and admit mistakes without facing intense scrutiny. They recognised they would still be ultimately responsible but wanted to work with others to find solutions to problems.
- They also wanted to reduce the number of bureaucratic processes that can delay decision making, whether that is reducing the length of forms or number of planning stages within projects. It was suggested that where possible, processes could be standardised across services to enable collaboration. Again, achieving the right balance was seen as important. Leaders acknowledged

some decisions required extensive consultation but felt this could be decided at the start of a project.

- There was a desire for greater collaboration and consultation from central government. Although leaders recognised that it may not be possible to disclose confidential information, they wanted local decision makers to be involved in policy discussions at an earlier stage. This was seen as a way of reducing the frustrations of local leaders, providing more time to plan for emerging policies and improving the approach by ensuring it could work at a local level.
- Similarly, leaders aspired to greater local decision making going forward. The pandemic highlighted how local services could work together to achieve outcomes for their community and the benefits of local knowledge for solving problems.

Wellbeing

- Prioritising wellbeing as part of an organisation's culture was widely recognised as a long-term impact from the pandemic. Both staff and leaders' own wellbeing came to the fore, with leaders recognising the importance of looking after each other to deliver services effectively.
- There was a commitment to continuing more open forms of communication and empathetic leadership styles, involving staff more widely in decisions and creating spaces for conversations about topics affecting different groups. They wanted to build upon conversations around mental health which have been so prominent during the crisis.
- Leaders wanted to maintain the honesty and humanity shared with their teams and continue to embed kindness and positivity into their values. They sought to put their staff's wellbeing at the heart of any decision making around the future of working, conscious that they did not want to force anybody to either return to the office or continue to work from home. It was seen as important that leaders continue a consultative approach and let people decide what is best for themselves.

1 Methodology

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.

Aims of the research

As the COVID-19 pandemic started, the NLC launched a quantitative survey which ran from March to June 2020. The research aimed to:

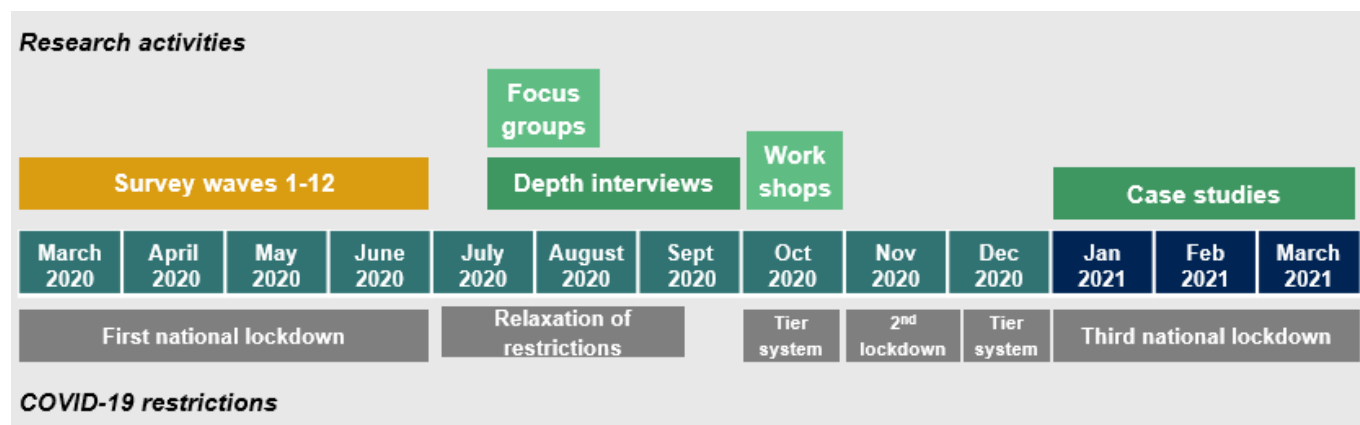
- Provide public service leaders with the opportunity to engage directly with the centre of government.
- Provide timely insights to the centre of government about the current status of, and issues facing, public service organisations across the UK during COVID-19.
- Monitor change in issues, needs, attitudes and behaviour over time, and how these differed across sectors.

The NLC commissioned Ipsos MORI to conduct a separate strand of qualitative research with leaders from their network, which ran from July 2020 to March 2021. The aims of this research were to:

- Deliver in-depth insights into the challenges, opportunities and experiences of public service leaders, their organisation and their workforce
- Provide additional context to the findings from the survey
- Consider both the practical and emotional impact of the pandemic, and the associated implications
- Explore current experiences of leadership and collaboration both within the organisation, the sector and across the system

This report brings together findings from both strands of research.

Timings of each research activity are shown below in Figure 1.1.

Figure 1.1: Timeline of research activities

Alongside this synthesis report, the NLC has published the following reports on Gov.uk:

- Analysis of the quantitative survey findings
- Detailed descriptions of the six case studies exploring collaboration in public services
- A summary of the challenges and enablers to collaboration identified in the case studies

Quantitative research conducted by the NLC

The COVID-19 Response Public Service Leaders Survey ran for 12 Waves over 15 weeks, between 20 March and 22 June 2020. The questionnaire was iterated over the 15 weeks to reflect responses from previous waves and changes in the wider context, with questions being added and removed as appropriate. Annexes including all the questions asked across survey waves, data tables (overall and for each sector) and results from the significance testing are available on Gov.uk.

The first nine survey Waves ran weekly (20 March to 11 May 2020), with the remaining three Waves running fortnightly (26 May to 22 June 2020). 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.

The NLC had contact details for 676 senior public service leaders when Wave 1 was launched in March 2020. There was then a concerted effort to improve the data held about this stakeholder group, and an additional 208 leaders' contact details were collected. Additionally, from Wave 2, the survey was also 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 onwards, the survey was sent to 1,039 senior public service leaders, 94% of the 1,104 eligible NLC and PSLG network members. In total, 3,591 responses were completed, with an average of 299 responses per survey and an average response rate of 27%.

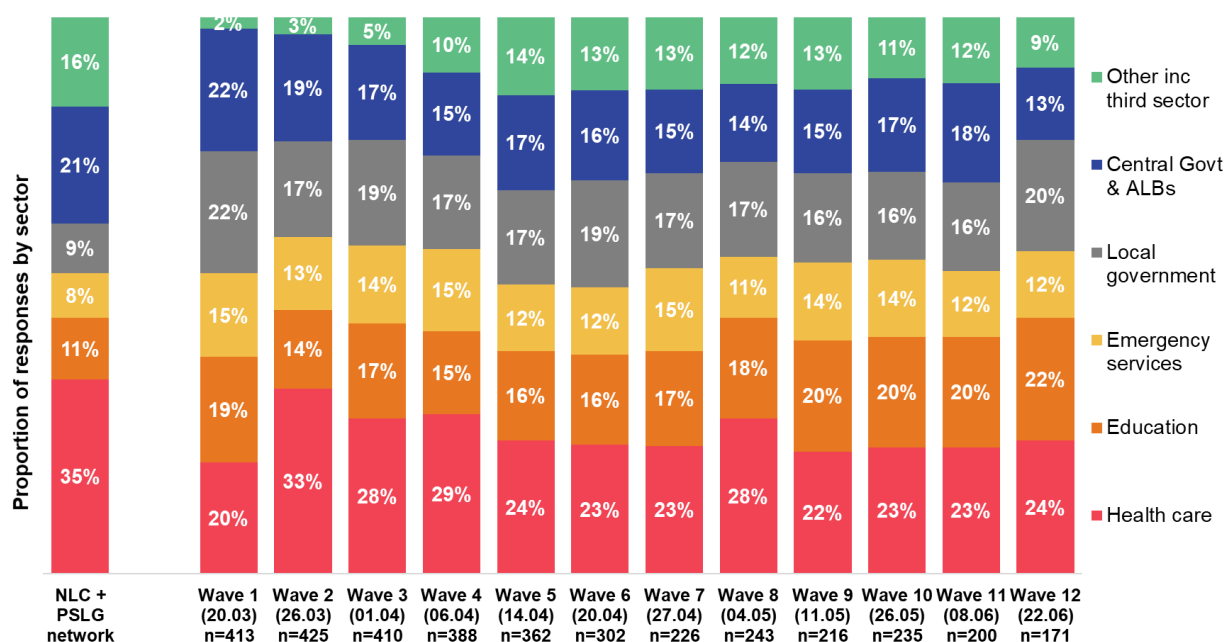
Table 1.1: Response rate by survey wave

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 responses	413	425	410	388	362	302	226	243	216	235	200	171
Response rate	37%	38%	37%	35%	33%	27%	20%	22%	20%	21%	18%	15%

Sample profile

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.

Figure 1.2: Proportion of responses by sector, Waves 1-12



Questionnaire design

Questionnaire design was iterated over the 15-week period to reflect responses from previous waves and changes in the wider context, with questions 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

Quantitative data analysis

The NLC conducted analysis of the quantitative data using significance testing to determine where there were statistically significant differences between the responses from different sectors and/or survey waves. Kruskal-Wallis and Z-tests 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, this has been taken at an alpha level of 0.05, which indicates that the probability of the outcome occurring due to chance and chance alone is less than 5%. For full details of significance test results, please see the accompanying survey report and annex. 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 volume of respondents who selected this category was consistently small.

Limitations of the quantitative survey

- **Sampling:** Only public service leaders who the NLC had an email address for were invited to participate in the survey. As the NLC gathered more details, the sampling frame expanded week-on-week. It was a self-selecting sample, meaning leaders had to engage with the survey invite and choose to participate.
- **Response rate:** As tends to happen with multi-wave surveys, the response rate declined over time. By Wave 12, 171 leaders responded compared to 425 in Wave 2. This makes it more difficult to complete sector specific analysis in later waves, when the sample sizes for some sectors were much smaller than in the earlier waves. It also impacts the extent to which changes over time can be described as significant.
- **Trends:** Questionnaire development was an iterative process. Not all sectors were consistently asked the same questions, which affects the way trends can be presented. This is particularly notable for the question asking about the most pressing issues facing leaders. Each issue was not consistently shown to every sector as leaders were selecting from a list which was amended for each wave as additional issues were raised in the open text box comments or removed if they were consistently not identified as pressing for a sector.

Qualitative research conducted by Ipsos MORI

From July 2020 to March 2021, Ipsos MORI led a programme of online qualitative research with senior public service leaders on behalf of the NLC. This included a programme of depth interviews, focus groups, workshops and six case studies exploring collaboration.

Activity	Total no. of participants	Duration
Depth interviews (27)	27	July - September 2020
Focus groups (3)	11	July - August 2020
Workshops (2)	23	October 2020
Case studies exploring collaboration (6)	37	January - March 2021
TOTAL	98	

Throughout each strand, leaders were recruited from across the sectors and regions involved in the NLC's network. Leaders were asked if they were interested in participating in qualitative research through voluntary self-selection in the quantitative survey. From the leaders who volunteered, a selection was invited to participate in different strands of the research to achieve a fair balance of sectors, regions and genders. Leaders were able to take part in multiple activities, for example attending both an interview and a focus group. Case studies were either identified by the NLC from their network or selected from earlier interviews carried out by Ipsos MORI as part of the wider research project. They involved an initial interview with a leader who connected the research team with wider public service professionals involved in the collaboration. Subsequent interviews explored the example from different perspectives, building a detailed picture of what took place.

Across the different strands of qualitative research, the **98 leaders** split across sectors:

Sector	Number of leaders
Health Care	16
Education	15
Central Government & Arm's Length Bodies (ALBs)	21
Local Government	19
Emergency Services	18
Other incl. third sector	7
Private sector	2
TOTAL	98

The aim for recruitment to the qualitative research was to ensure each sector was well represented, as opposed to representing the profile of the NLC's database. This was important for ensuring the research reflected the range of experiences across sectors. Some sectors are better represented than others due to the selection of case studies, which included two interviews from the private sector.

Depth interviews

The report draws upon findings from **27 depth interviews**. These interviews were designed to explore leaders' experiences during the pandemic, providing a chance to share learning from the crisis. It was intended to capture good practice and understand the challenges leaders faced during this period. The research broadly covered the two themes of leadership and collaboration. Interviews were conducted between July to September 2020 and spread across sectors and regions:

Sector	Number of leaders
Health Care	5
Education	6
Central Government & ALBs	4
Local Government	5
Emergency Services	4
Other incl. third sector	3
Region	Number of leaders
East Midlands	2
East of England	3
London	4
Multiple regions	2

North West	1
North East	1
South East	3
South West	6
West Midlands	2
Yorkshire and the Humber	3

Online focus groups

Ipsos MORI also conducted three online focus groups. Two of the groups explored learning from COVID-19 and one focused on collaboration between public services. The table below includes the dates and attendance for these groups.

Theme	Date	Number of leaders
Learning from COVID-19	Thursday 30 July 2020 6-7:30pm	6
Collaboration	Tuesday 4 August 2020 8-9:30am	2
Learning from COVID-19	Wednesday 5 August 2020 8-9:30am	4

The groups brought together **11 leaders** split across sectors (one leader attended two sessions on the different topics):

Sector	Number of leaders
Health Care	2
Education	2
Central Government & ALBs	2
Local Government	2
Emergency Services	3

Online workshop

Two online workshops attended by 23 public service leaders were held in October 2020. Sessions involved the NLC sharing interim research findings with leaders, followed by small group discussions focused on how the findings might impact any return to business as usual. Conversations revolved around the themes of decision making, people and wellbeing, and collaboration. These themes had been identified from the previous two strands of research as areas where leaders wanted to carry learnings forward. The table below includes the dates and attendance for these workshops.

Date	Number of leaders
Wednesday 14 October 2020, 5:30-7:30pm	10
Friday 16 October 2020, 8:00-10:00am	13

The workshops brought together **23 leaders** split across sectors:

Sector	Number of leaders
Health Care	3
Education	7
Central Government & ALBs	3
Local Government	2

Emergency Services	4
Other incl. third sector	4

Case studies focusing on collaboration in public services

From January-March 2021, Ipsos MORI developed **six case studies** exploring collaboration between public services. These did not solely focus on experiences of the pandemic, so some examples are drawn on more than others in this report. More information on the individual case studies can be found in a separate report published on Gov.uk.

Across the case studies, Ipsos MORI interviewed 37 participants. The NLC identified examples of collaboration from their network and interviews with leaders as part of the wider research project. Following an initial call to explain the research and agree their involvement, leaders took part in an interview with Ipsos MORI to explore the situation in more detail. They also identified others involved in the example, who were subsequently invited to take part in an interview. As such, recruitment took place through a 'snowball' approach, identifying individuals who could help build our understanding of what happened.

Sector	Number of leaders
East Ayrshire Council, Vibrant Communities	6
Her Majesty's Prison and Probation Service, Homelessness Prevention Taskforces	8
Responding to COVID-19 in Northumbria	7
Her Majesty's Courts and Tribunal Service, Nightingale Courts	5
The Stepping Up Leadership Programme, Bristol	6
Kent Fire and Rescue, Responding to COVID-19	5
TOTAL	37

These **37 leaders** split across sectors:

Sector	Number of leaders
Health Care	6
Central Government & ALBs	12
Local Government	10
Emergency Services	7
Private sector	2

Qualitative data analysis

Throughout each strand of research, raw qualitative data was captured in the form of recordings and observational notes taken by researchers. During and following fieldwork, Ipsos MORI and the NLC conducted regular analysis sessions together to identify emerging insights and common themes, helping familiarise the team with the wide-ranging dataset. These sessions formed the starting point of constructing a thematic "code frame" to apply to the data from across fieldwork. This thematic code frame was structured around the discussion guides used during the research. Once the code frame was complete, it was analysed to look for patterns by sector and region. Each strand of research had a separate code frame.

Ipsos MORI delivered an interim report in August 2020 when they had completed the majority of the depth interviews and all of the online focus groups. Findings from this interim report informed the discussion guide for the online workshops which were held in October 2020.

Throughout the report we have used verbatim comments from leaders, attributing these to the relevant sector, research activity and date.

Limitations of the qualitative research

- **Sampling:** Leaders were asked to express interest in participating in qualitative research during later stages of the quantitative survey when the response rate had already fallen. This means that the leaders interviewed during the qualitative research had the time to participate in research and were keen to share their experiences. These experiences might differ compared to someone who was unable to participate.
- **Trends:** Where possible we have explored how attitudes and behaviours have changed over the course of the research from July 2020 to March 2021. However, the project did not follow a longitudinal design as we have not returned to the same leaders interviewed at each stage. This means reflections on developments during the pandemic should be considered indicative.
- **Snowballing:** Recruitment for the case studies adopted a snowballing approach where the leader initially contacted suggested further people to interview. As we were only speaking to individuals suggested by leaders, their views may not necessarily reflect those of everyone who was involved in each case study.

2 Service delivery during COVID-19

The COVID-19 pandemic presented immediate challenges for service delivery across the public sector. Face-to-face delivery was prohibited for all but essential services, and those which remained open had to adapt to make venues COVID-secure. Leaders worked hard both to transition services online and protect citizens and staff who were required to continue delivering in-person services.

This section brings together leaders' experiences of delivering services during the pandemic. It explores how leaders adapted in response to COVID-19 restrictions, including the instruction to stay at home and social distancing measures which led many services to move online.

"[The] most pressing issue I am facing is financial sustainability in the medium and long-term."

Education, Survey Wave 10,
26 May 2020

"You're basically a duck trying to remain calm on top and deliver the service. When under the water you're paddling like crazy."

Emergency Services, Depth
Interview, August 2020

"We moved very quickly from 'we're not doing anything' into 'how do we do it'."

Central Government, Case
Study, March 2021

The challenge to maintain critical services

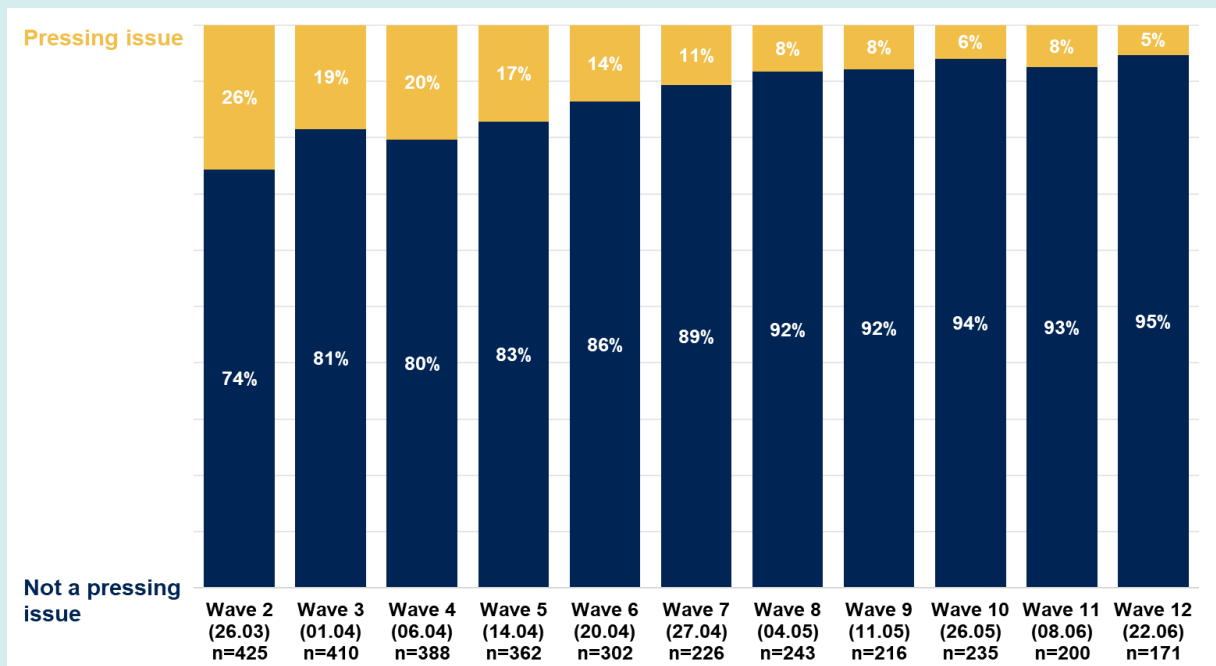
The NLC's quantitative survey tracked the most pressing issues facing leaders and their organisations from the first national lockdown in March 2020 through to June 2020 as restrictions were relaxed.

The initial challenges selected as most pressing by leaders focused on continuing service delivery, including ensuring provisions such as Personal Protective Equipment (PPE) supplies were in place to protect staff and service users (selected by 70% in Wave 2) and maintaining critical services (selected by 26% in Wave 2). Health care, emergency services, and local government were predominantly focused on securing supplies of PPE, medicines, food and other equipment, and on facilitating the adoption of social distancing and shielding measures. Leaders in education and central government put a greater emphasis on maintaining and adapting delivery of their core services.

Over time, as services successfully adapted, these early concerns dissipated and the focus turned to the longer-term implications of lockdown such as the impact on budgets and planning for recovery, including resuming business as usual. As shown in Figure 2.1, "maintaining critical services" was most pressing up to Wave 5, when around one in five leaders consistently referenced it (between 17%-26%). This compares to later waves when it was mentioned by closer to one in twenty (between 5%-8%, Waves 8 to 12), as leaders became accustomed to new ways of working.¹

¹ For the proportion of leaders reporting that maintaining critical services was an issue, comparisons were made between pairs of survey waves. Wave 2 was significantly different to waves 6 and 7. All combinations of Waves 2-4 against 8-12 were significantly different. Wave 5 was significantly different to waves 10 and 12.

Figure 2.1: Percentage reporting “maintaining critical services” as one of their three most pressing issues across all sectors, Waves 2-12.



Delivering public services during COVID-19

Transitioning services online

The most significant challenge faced by leaders was to transition their services online, along with moving all or parts of their workforce to remote working. This included leaders themselves, many of whom have worked from home full or part-time over the last year. Examples include:

- Primary care organisations rolled out digital GP consultations (“e-consulting”) to prevent patients from exposing themselves to COVID-19 unnecessarily, which interviewees reported has also improved efficiency in the NHS. This had “been in discussion for years” but the crisis provided an impetus for change.
- The prison service enabled prisoners to conduct “virtual visits” with their friends and relatives by using tablets and phones provided to them.
- Organisations within the education sector moved learning resources and teaching online, which had previously been considered too costly. Across sectors more generally, organisations started hosting staff training and external events online.

On the whole, leaders spoke positively about how their teams were able to overcome challenges by bringing innovative solutions and adapting to delivering services remotely. They were particularly impressed with the speed their organisation managed to work at, describing how it felt like their teams were running on adrenaline. There was an atmosphere of camaraderie as a shared sense of purpose pulled teams together, focused on solving problems and maintaining a positive attitude despite the uncertain circumstances. Many individuals, both leaders and their staff, went beyond the traditional requirements of their role, working longer hours and taking on additional responsibilities to adapt services so they could continue to meet the needs of users.

“There have been some fantastic learnings in terms of better ways of delivering our services, more efficient ways of delivering our services. And for many of our staff, finding ways of allowing roles to be defined and delivered in more flexible ways.” Central Government, Depth Interview, August 2020

While challenging, this also provided an opportunity for leaders to see how services could be transformed in the future, both in terms of service delivery and the management of their workforce. Many described how they implemented digital transformation programmes which had been talked about for many years within days during the early stages of the pandemic, including those mentioned above. For some initiatives, where they improved efficiencies there was little appetite to return to pre-pandemic approaches, with leaders seeing the benefits for both service users and staff. For example, a leader described how by moving their training courses online, they were able to pool all their development materials onto one webpage and make them accessible to participants, who could interact with each other and share their own resources.

“It is good to see how we can work together and what we can achieve when we do. Seeing things start one evening and having them put in place the next day. It can be very rewarding to see how things can be achieved so quickly with the necessary effort.” Local Government, Focus Group, July 2020

However, this transition was also a source of stress for leaders who saw the pandemic as an existential threat to their organisation due to their reliance on face-to-face interactions and the subsequent end of certain income streams. One leader of an apprenticeship training programme worried they might not be able to engage students remotely. To overcome this, they described reimagining the scope of their organisation, by increasing their social media presence, generating blog material and training videos, and fundamentally changing how the service would operate in the future. Similarly, leaders from the higher education sector described concerns about their ability to attract students to their courses and accommodation as the pandemic continued, with additional anxieties related to the impact of the pandemic on international students. These concerns were also highlighted in the NLC’s quantitative survey, which leaders worried would have long term consequences to university funding.

Remote working and COVID-secure facilities

Shifting teams to remote working was also a challenge for leaders who expressed uncertainty about whether this would work effectively. However, these initial hesitations were widely thought to have been unnecessary with leaders crediting staff for all they achieved and leading some to consider the possibility of reducing their estate in future. In turn, leaders described how staff enjoyed the additional flexibility and felt more trusted. There were also other smaller benefits including reducing an organisation’s carbon footprint by not printing documents, using e-signatures, online payments instead of cheques, and staff not commuting.

However, leaders noted that capabilities to work from home were not uniform across their workforces. This created challenges for managing different needs and expectations, supporting staff with the infrastructure and flexibility required to carry out their roles. This ranged from supporting parents and carers balancing home schooling with work, individuals living in shared accommodation or without suitable workspaces at home, and those who did not have an adequate internet connection for remote working. There was an immediate need for leaders to ensure staff had the equipment they needed. One leader described how their IT team provided remote working kits to all staff within eight days, working 24/7 to deliver equipment across the country. Digital poverty was highlighted as an issue particularly in

the education sector where students, as well as staff, did not always have the digital technology required for remote learning. At times, education leaders relied on charities or local government to source devices, but where this was not possible or sufficient, they were concerned about the long-term impact on students.

"Digital poverty has come up a number of times and access to devices and the internet has been a significant problem." Education, Focus Group, August 2020

At the same time, leaders faced the challenge of rapidly making in-person work environments COVID-secure. This involved sourcing adequate supplies of PPE and managing adjustments to the workplace. In a number of cases, leaders described working with local companies to procure PPE given national shortages. One hospital Foundation Trust worked with a local textiles business to set up a PPE factory to deliver daily supplies, given the extent of their concerns about procuring equipment through existing channels.

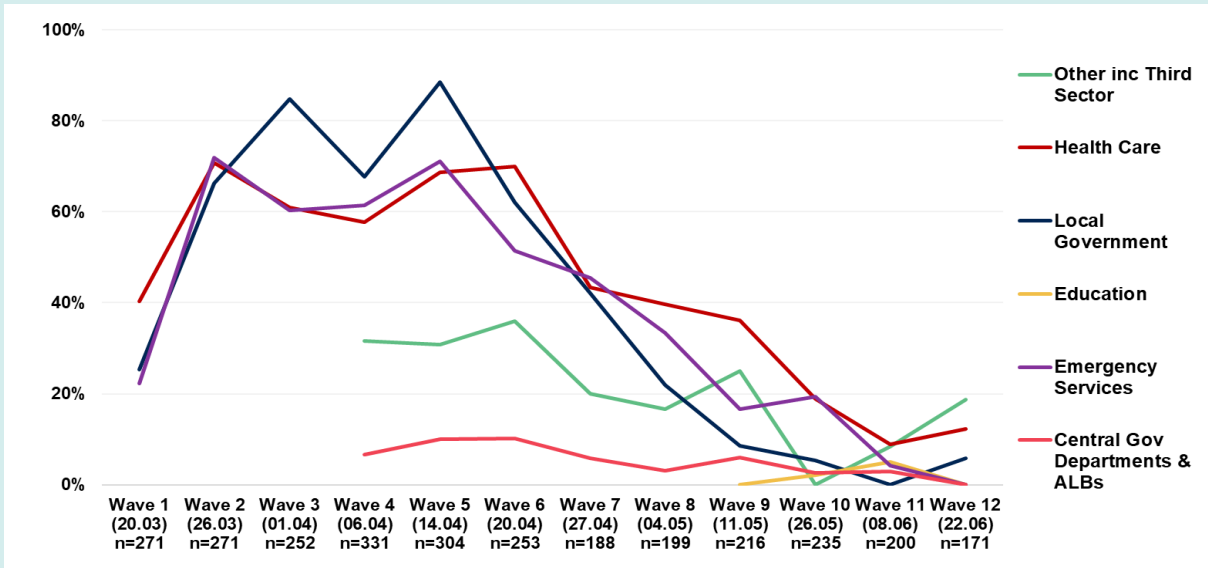
"Some of the anxieties colleagues had we had no control over. For example, very valid anxiety over PPE we had no ability to do anything about it. We felt out of control. We only felt better when we found a local company and arranged with them directly to make us some visors." Health Care, Depth Interview, September 2020

PPE supplies as a pressing issue

PPE supplies and COVID testing for staff were significant issues for leaders in health care and emergency services – both were selected as one of the top most pressing issues in the quantitative survey based on the overall number of responses between March and June 2020. Although across sectors, the numbers identifying PPE supplies as a pressing issue reduced significantly over time.² At the highest point (Wave 3) 28% of leaders reported this as a pressing issue, compared to 1% at the lowest point (Wave 10). The qualitative research suggests this decline may have happened as organisations established supply lines and adapted to new ways of working.

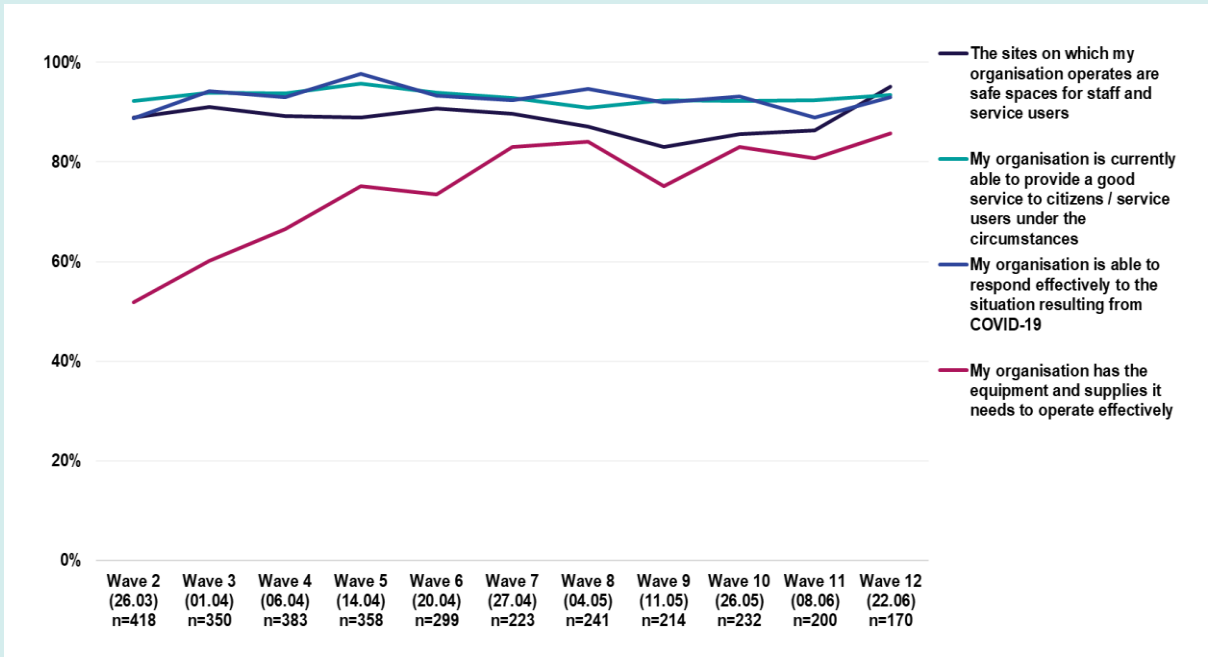
² For the proportion of leaders reporting that PPE supplies was an issue, comparisons were made between pairs of survey waves. All combinations of waves 2-3 against 4-12, 4-6 against 7-12, 7 against 9-12, 8 against 10-12, and 9 against 11-12 were significantly different.

Figure 2.2: Percentage reporting PPE supplies as one of their three most pressing issues by sector, Waves 2-12.



Similarly, at the start of the national lockdown only half (52%) of leaders agreed that their organisation had the equipment and supplies it needed to operate effectively. This steadily rose to 86% in June 2020 as organisations adapted.

Figure 2.3: Percentage agreeing that organisations were equipped to respond to the pandemic, all sectors, Waves 2-12.



Despite this, leaders were near unanimous in agreeing that their organisation was able to respond effectively to the situation, provide a good service to citizens and service users under the circumstances, and that the sites on which their organisation operates were safe spaces from the second wave of the survey (the first wave when these questions were asked). In this way, although there were significant concerns about sourcing equipment and supplies in the early stages of the pandemic, leaders had full confidence in their teams to continue to deliver services and respond effectively as highlighted in the qualitative findings.

Social distancing measures often meant limiting the number of people that could be on-site at any given time, resulting in potential reductions to services as well as implications for the workforce. One leader described having to make their canteen staff redundant as their biggest office could only accommodate 30% capacity to comply with social distancing measures. Similarly, courts were redesigned to enable hearings to continue while complying with social distancing measures with the capacity in some courts reduced from running six to one jury trials at a time. All these adaptations were made at pace while organisations continued to deliver services, putting pressure on teams and requiring extensive project management and logistics support.

“We opened the first jury trial in six weeks from first examination of the building to first use of it. That is phenomenal when you consider sorting the technology, making physical changes to the fabric of the building, getting in security guards, getting it cleaned.” Central Government, Case Study Interview, March 2021

During later stages of the pandemic, leaders and teams were responsible for organising frequent COVID-19 testing of staff and managing incidents of positive tests, including returning people to work after false positives. This required additional infrastructure and logistics to ensure organisations had the equipment needed as well as staff to carry out these additional tasks beyond normal service delivery. These challenges were especially prominent in closed environments like hospitals and prisons where the risk of an outbreak was greatest.

Resourcing the response

While organisations changed how and where they delivered services, the workforce was also being affected by the pandemic at an individual level. This presented further challenges for leaders in supporting their workforce while managing service delivery.

“The crisis began for us once the staffing levels began to fall. There were a few early false alarms of individuals reporting that they had the virus and we had to stop everything each time.” Education, Depth Interview, August 2020

Many of those working face-to-face were exposed to the virus or were required to shield or isolate, with implications for the number of staff available. One ambulance service reported having up to 25% of its workforce absent during the second nationwide lockdown and needing to rely on support from the fire service, who were fully trained to attend emergencies, to help drive ambulances and support paramedics where needed. More generally across organisations, staff were redeployed to the frontline or placed on furlough, with implications for how services could be maintained. The rapid increase in the scale of some services led to both formal recruitment and a greater reliance on volunteers and unpaid carers to try and overcome the resourcing shortage. One leader described how a programme they were setting up rapidly increased in scale by a factor of five, requiring them to hire and train hundreds of new staff while working from home. Often measures relied on public and professional good will to support efforts. For example, some air ambulance services were forced to furlough staff as they were unable to implement social distancing in their helicopters. Instead, air ambulance staff volunteered at hospitals.

“A lot of this wouldn’t have happened if it wasn’t for unpaid carers, and a lot of our response wouldn’t have worked without them.” Health Care, Depth Interview, July 2020

Leaders from some sectors, especially higher education and fire services, explained how negotiating with unions added pressure to resourcing during the crisis. Unions needed to be satisfied that leaders would provide adequate safeguards or compensation for staff such as a COVID-secure working

environment, PPE provision or paid overtime. Providing reassurance that these provisions were in place delayed the response as these issues had to be finalised before staff could return to work or be redeployed. Where there were pre-existing positive relationships with unions, it was easier to coordinate collaboration across sectors. For example, one fire service was able to offer support at no expense to local ambulance services, relying on existing relationships, a relaxation of funding and greater flexibility in terms of service delivery.

Although the predominant focus was on resourcing the emergency response, leaders also highlighted anxieties about their future financial situation as a result of the pandemic. In addition to the cost of the response itself – including additional equipment, staff and technological support – existing transformation programmes had also been paused with implications for the future. One council Chief Executive described how the pandemic interrupted the implementation of programmes designed to make savings, funding the council would not get back.

"Our issue is losing council tax. If people are made unemployed and if the council can't make the money back, we'll need to make up the savings. Frankly we'll be back to having to make some savage cuts." Emergency Services, Depth Interview, August 2020

Workforce availability

Issues of workforce availability also became significantly less prevalent over time in the issues reported by leaders in the quantitative survey.³ This was particularly noticeable within health care (42% mentioning it as a pressing issue in Week 2, compared to 5% in Week 12), where many leaders initially reported difficulties maintaining critical services due to the proportion of their staff self-isolating. However, concerns among leaders in emergency services increased in the last waves of the survey period (although still reaching up to just 14%), with leaders describing concerns about large proportions of their workforce needing to self-isolate as a result of positive contacts through the Test and Trace app.

Summary

From the onset of the COVID-19 pandemic, the most significant challenge facing leaders was the need to quickly transform services to continue to meet citizens' needs. Transitioning services online, supporting teams to adjust to remote working and making locations COVID-secure often had to happen at the same time as maintaining services, without a chance for planning or consultation. These challenges were immediate in March 2020 and tended to ease as organisations adapted to new circumstances. Challenges were overcome by:

- **Staff resilience and their willingness to work hard and quickly.** Teams pulled together and worked longer hours to ensure services were able to adapt. Individuals, including leaders, often went beyond the traditional remit of their role and at times assumed additional responsibilities.
- **Motivation to ensure services could continue.** Staff recognised that the pandemic posed an existential threat to parts of their service, which created a shared purpose bringing people

³ 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 different than all following waves, the proportion in wave 3 was significantly different to waves 7,10,11, and the proportion in wave 4 was significantly different to waves 7 and 11.

together. In some sectors, organisations were also working to limit the pressure on the NHS and were motivated by playing a part in their region's response to the crisis.

- **Collaboration with public, private and voluntary sectors.** Organisations worked together to offer support to each other in the form of expertise, supplies and resourcing. This was vital to the response given the scale of change required, the reduced workforce as a result of COVID-19, and the level of demand for critical provisions such as PPE supplies.
- **Creative thinking and flexible processes.** Adapting service delivery at pace required leaders to think creatively about how to redesign their approach, testing new ideas and accepting that not all policies would work perfectly first time. This required greater flexibility in decision-making, with organisations reducing standard processes to allow for greater innovation.

Both collaboration and decision-making during the pandemic are discussed in more detail in the subsequent chapters.

3 Collaboration across public services

Increased collaboration between public services was consistently highlighted as one of the most positive experiences of the pandemic. Not only did certain services become increasingly reliant on volunteers and unpaid care staff, other providers stepped in to support local communities often going beyond their traditional remit. This was especially notable in public, private and voluntary sector organisations coming together to support the health response. As such, collaboration enabled leaders to overcome challenges associated with transforming service delivery as organisations shared their expertise, supplies and wider resources. Examples included:

- Private sector businesses procuring and producing PPE for health and care workers;
- Local authorities, private landlords and local businesses renting out venues to HM Courts and Tribunals for use as temporary courts;
- Fire services diversifying their remit to support other organisations including delivering food parcels to self-isolating residents, managing the distribution of PPE, supporting local logistics operations and delivering laptops to school children;
- Fire stations offering their premises as sites for blood and plasma donation;
- Local authorities and the army working with NHS organisations to establish and man COVID-19 testing sites;
- Police services assisting NHS organisations with the logistics of increasing bed capacity and the establishment of additional mortuaries.

Activities were often organised through existing relationships between leaders who recognised a need and could provide the resources or capacity required by others in their area. However, organisations including private businesses also approached leaders with offers of support and new relationships built during the pandemic brought public services together for the first time. Leaders spoke positively of the high degree of local ownership involved in the management and running of partnership working, with place-based solutions proving vital to the effective co-ordination of the response in local areas.

This section brings together leaders' reflections on working in collaboration to respond to the pandemic.

“[I want to retain] the strong partnership working and people being less concerned to protect their organisational boundaries.”

Local Government, Survey Wave 12, 22 June 2020

“When you’re [meeting] three times a week it helps relationships and builds trust. And the priorities in the room were clear.”

Health Care, Depth Interview, August 2020

“It has reaffirmed my thoughts that collaboration is vital, not just for projects or pandemics. It’s vital for everything.”

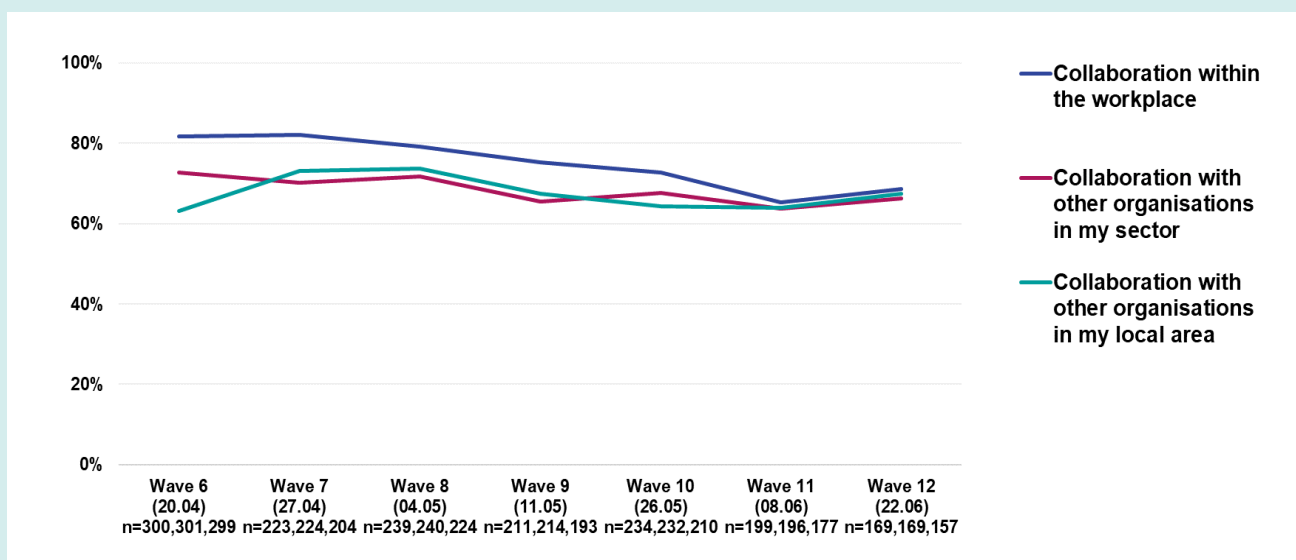
Central Government, Case Study, March 2021

Improved collaboration resulting from the pandemic

Collaboration was one of the most positive themes from the survey. The majority of leaders consistently reported that collaboration was better than in usual circumstances within the workplace (ranging from 65%-82% across waves), with other organisations in their sector (64%-73%), and in the local area (63%-74%). This varied between sectors, with health care and local government reporting the biggest overall improvements in all three areas from late April to June 2020.

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. 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.⁴ This reduction was most prominent within health care (91% to 75%) and central government departments and ALBs (48% to 38%). Across sectors, even in the last wave, around two in three reported that collaboration was better than in business as usual.

Figure 3.1: Percentage reporting collaboration has been better than usual, all sectors, Waves 6-12.



Formal structures for collaboration in local areas

At the beginning of the crisis, many leaders were immediately involved in co-ordinating regional responses, often through formal structures such as chairing Local Resilience Forums (LRFs) or Strategic Coordinating Groups (SCGs). These groups existed before the pandemic but met on an infrequent basis. Early on, LRFs were used to co-ordinate the emergency response in accordance with the Civil Contingencies Act, acting as the focus point for planning local activities and gathering information. SCGs supported decision making by bringing together key leaders from emergency services, local government and health care services. Together, these forums provided a space for leaders to co-ordinate activities locally and share resources. Although the same structures existed across the country, the approach and individuals involved were based on local needs. Through LRFs and SCGs, many leaders rapidly established working groups to focus on elements of the local response. By dividing responsibilities and

⁴ 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. Waves 7 and 11 were also significantly different to waves 9-10.

giving individuals ownership of a theme, leaders were able to share the workload and ensure areas beyond public health, such as the local economy remained a priority.

Some leaders held places on strategic boards and were leading the co-ordinated efforts in their local areas on issues such as health care, policing, and care homes. Leaders involved in these forums rapidly moved from meeting every few months to meeting daily, which entailed a significant time commitment. In certain areas the individual charged with chairing the SCG was rotated between local leaders to spread this burden. In addition to attending meetings, leaders were required to read briefing documents and stay abreast of government advice as well as delivering on various local needs. The leaders appointed as chairs of these groups tended to be from the emergency services or universities as they were considered impartial. Political neutrality was seen to be particularly important, especially in areas with organisational, social or political tensions.

"I've been chairing and rotating with the police, for seven days meeting at one o'clock and you have to gather lots of information before you can attend and chair that meeting. It brought with it an exponential increase in workload." Emergency Services, Depth Interview, August 2020

Shared purpose and motivations across the system

The scale, severity and sustained nature of the pandemic provided a clear and shared purpose for organisations to collaborate towards a common goal. Pre-pandemic priorities dissipated as the emergency response meant organisations across sectors and regions worked together towards the same, small number of outcomes. Organisations were brought together through formal structures as well as the frontline response. For example, the NHS worked with local councils and the armed forces to set up COVID testing sites. These instances allowed the establishment of relationships and trust, which in turn facilitated collaboration.

"There were three priorities: preserving life, supporting the vulnerable, and doing what we can to protect livelihoods. There's been a unity of purpose which brings out the best of the public sector."

Local government, Depth Interview, August 2020

The severity of the pandemic meant organisations were collectively focused on the outcome to preserve lives and protect the NHS. This meant processes, such as completing full risk assessments or extensive forward planning became less important as organisations collaborated to meet a common goal. To achieve this, there was greater flexibility and willingness to share resources, knowledge, expertise and data. This often overcame the traditional challenges associated with incompatible structures and processes between organisations. There was a central belief that outcomes needed to be achieved to ease the burden on the health care sector, which if not met, would have an impact across the local system. Leaders noted this was evident among almost everyone involved, from senior management to volunteers, and from public, private and voluntary sectors.

"I think we have learned to be more focused in what we are trying to achieve, to focus on the outcome rather than spend lots of time thinking about all of the inputs, issues and activities."

Central Government, Depth Interview, August 2020

Additional funding meant organisations could achieve joint goals with less concern about which partner was financially responsible for decisions. In health care, pooled central funding meant organisations were able to help people without needing to decide which organisational budget support came from. This

also reduced competition between partners as they were delivering services in tandem, from the same funding pot.

"[Previously] most areas of disagreement with councils was who is paying for an elderly patient? Are they ours or are they yours? The fact that all the funding was pooled and funded from a central source had a huge impact and that's not going to continue indefinitely." Health Care, Depth Interview, August 2020

However, there was scepticism about whether this level of collaboration would continue. In the autumn, some leaders within the health care sector pointed to signs of financial competition resurfacing as routine services returned. Across sectors, there was a sense that the immediacy of purpose created by the early stages of the pandemic was easing as organisational priorities more broadly rose in prominence. For example, a leader from the education sector described how universities had shared learning during the early stages of the crisis around making campuses COVID-secure and delivering remote learning. However, the same leaders took individual responses to the government's handling of exam grades in the summer, as their priorities shifted towards the organisational need to attract students.

Increased awareness and building relationships

Having shared priorities and a common purpose brought leaders and workforces together out of necessity. Working together through both formal and informal channels strengthened local relationships, with leaders frequently describing the generosity of people across their area. As well as the formal structures described above, leaders quickly established informal communication channels such as WhatsApp groups to share information. Although the local response often involved forming new relationships, leaders emphasised the value of their existing contacts. This enabled them to work faster based on existing bonds of trust, to delegate decisions as well as to offer a form of peer support.

"My experience is that if you've been through crises together you will always go the extra mile if it has been positive. I think it will survive, but what will damage it is the competition stuff which is just part of life." Housing, Depth Interview, September 2020

During this time, leaders also gained a greater understanding of the roles, experiences and expertise of other organisations through open discussions, temporary redeployment of staff to other areas, and resources explaining roles and organisational structures. This facilitated collaboration as it was easier to identify common goals, share resources and avoid overlap or duplication of effort. For example, the probation service shared information sheets with local authorities which detailed the funding they had available and how it could be used to provide prison leavers with housing during the pandemic.

"I met some firefighters this week who work in [the fire service's Education Team] that provides safety education to schools on water, fire and road safety. It's common sense to think that these roles exist in the fire service, but you don't think about them. . . There are so many roles the fire service fulfils so why are we not tapping into it?" Charity sector, Case Study Interview, March 2021

Summary

Increased collaboration between public services was consistently highlighted as one of the most positive experiences of the pandemic. Leaders widely described how previous barriers to collaboration including misaligned structures, competing priorities or ineffective communication, fell away as organisations came together to respond to COVID-19. Increased collaboration was enabled by:

- **Pre-existing emergency response structures.** Structures such as Local Resilience Forums (LRFs) and Strategic Coordinating Groups (SCGs) kicked into action at the beginning of the pandemic, meeting on an almost daily basis. These forums created spaces for leaders to communicate more regularly, identify local needs, share resources and build trust without having to establish a new body to co-ordinate the response.
- **A shared purpose.** The scale, severity and sustained nature of the crisis fostered a sense of a shared purpose as organisations worked together to support their region's response. Many organisations went beyond their traditional remit to support other services in their area, with the pandemic response taking priority over individual, organisational aims. There was greater willingness to provide support, with less concern about the longer-term implications on organisations.
- **A focus on outcomes as opposed to processes.** The need to make fast decisions meant organisations shared resources, expertise and data more freely without always going through the formal processes required in business as usual. This created a spirit of openness and flexibility to achieve the outcomes needed, reducing bureaucratic barriers that had previously limited collaborative working.
- **Additional funding** enabled collaboration as there was less concern about which partner was financially responsible for decisions. At times, funding was pooled between organisations, further reducing competition and enabling joint decisions.
- **Building and maintaining new relationships.** Public services relied on each other throughout the pandemic and this created a greater willingness to build relationships and learn more about what each organisation does and how they can support each other. Increased remote working has also removed physical barriers, expanding leaders' networks and enabling individuals to work together across greater distances. Leaders felt that to maintain these relationships they needed to continue open and frequent communication to build mutual understanding and trust.

Leaders described wanting to maintain these collaborative relationships after the pandemic as they had discovered how much each organisation could offer and recognised the potential to reduce the duplication of work. However, there was some scepticism around whether this level of collaboration would continue, with signs of financial competition and different organisational priorities resurfacing.

4 Decision making at a time of crisis

Throughout the pandemic, leaders had to make decisions in a context of sustained uncertainty often exacerbated by unclear or short-notice communications. This created significant challenges for leaders who adapted decision making processes to reflect the emergency response. They also grappled with balancing risks, delegating decisions and increasing scrutiny as the pandemic developed into the autumn. This section brings together leaders' experiences of making decisions and adapting how they do so as part of the emergency response.

"[The most pressing issue is] dealing with the pace and range of what is going on."

Local Government, Survey Wave 1

"My relationships became less of 'this might be a good idea' to 'I'm telling you, just do it'."

Emergency Services, Focus Group, August 2020

"We kept it light by not 'over-bureaucratising' things. But we had enough structure to get on."

Local Government, Case Study, February 2021

Dealing with uncertainty

Leaders faced significant uncertainty while implementing major changes to service delivery and the wider anxiety brought by the pandemic. Particularly in the early stages, they did not know how the situation would develop, how long it would last or what the impact might be on day-to-day life. Consequently, it was difficult to properly gauge and plan for likely outcomes, creating significant challenges for knowing how to lead during this time. One leader described feeling daunted at the prospect of transforming a conference centre into a hospital within ten days with a team they had never worked with before. They emphasised the challenge in learning to be comfortable with uncertainty and the unprecedented nature of the situation. They were unsure whether the task was even possible and were unable to know what everyone involved was doing, despite being responsible for the project.

That said, having embraced this uncertainty many leaders found it invigorating. They described gaining energy and momentum from being at the heart of fast-paced decisions that really mattered to their community and teams.

"There's something quite exciting about a crisis. As a leader you are trained for drama, when you have to think things through, when something has never happened before. It was really interesting, stimulating, making my brain work. Just feeling free from all the rules." Housing, Depth Interview, September 2020

Some sectors (like the emergency services) had more experience of dealing with uncertainty as their job often requires them to respond to emergency situations based on developing information. However, across the board, leaders agreed that decision making during the pandemic was more complex, faster and had a greater impact on staff and the public than normal. For example, during the early stages of the pandemic leaders had to make quick decisions about remote working, fundamentally changing how their teams operated based on limited knowledge about how long the pandemic would last. The sustained nature of the crisis created a substantial challenge for leaders who struggled to know what timeframe to make decisions for.

This uncertainty was exacerbated by the inadequacy of existing business continuity plans which did not prepare organisations for the scale and sustained nature of the pandemic. One leader from central government explained how the early spread of the virus led them to update their business continuity plan, but this was outdated a fortnight later reflecting the rapid development of the situation. The move to remote working also highlighted issues with the resilience of IT systems. For example, one leader in local government described how their server froze when too many of their employees tried to log onto it from home, so they had to work at pace to find a digital solution. Leaders in the emergency services tended to believe their continuity plans had been more resilient, with many having prepared and practiced for a flu pandemic outbreak.

“Our business continuity plans did not stand first impact. In February we had revised them, by the time we reached March lockdown they weren’t good enough. We just hadn’t thought long and hard enough about the sustained impact.” Local Government, Depth Interview, August 2020

The unprecedented nature of the crisis meant leaders were unsure what more they could have done to prepare but agreed that this period would set the benchmark for future planning. A number mentioned the importance of listening to their inner voice and making space to talk through possible hypothetical scenarios with their senior team. Leaders regretted not discussing what might happen in January when reports about COVID-19 in China started emerging, even if they did not know the likely impact on services at this stage. One Fire and Rescue Chief Executive described the importance of leaders, including Category 1 responders,⁵ becoming familiar with the structures and processes involved in an emergency response and taking ownership of business continuity management. Going forward, leaders recognised they would need to focus more on preparing for threats to service delivery, even if they are seemingly unlikely, and ensuring members of their team are trained for different eventualities.

“In running through that cycle of testing plans and exercises you will be familiar with the structures in place. . . Organisations have had to learn on the fly, you need to be match fit at the start of the match.” Emergency Services, Depth Interview, September 2020

Perceptions of preparedness for the coming weeks and months

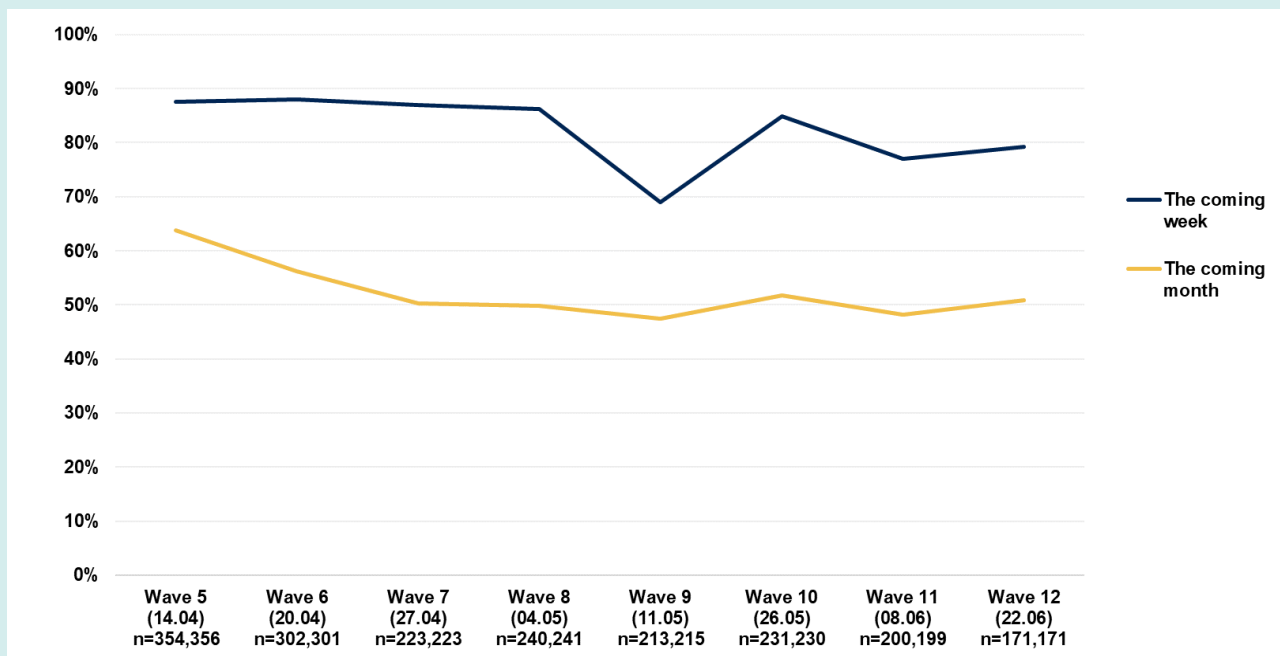
The sense of uncertainty was also borne out in the survey findings. From mid-April (Wave 5), questions were added in response to reports of leaders lacking sufficient information to prepare and respond to policy changes, particularly the need to plan ahead for the easing of lockdown and recovery.

Consistently, around four in five (ranging from 69% to 88% across eight waves) agreed they had the tools and information they needed to plan for the coming week. In contrast, nearer half (47% to 64%) agreed they had the necessary tools and information needed to plan for the coming month. This highlights how leaders felt they could only plan for the short term. Any longer-term plans, even a month in advance, were more uncertain.

⁵ The Civil Contingencies Act establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at a local level. Category 1 responders are those organisations at the core of the emergency response such as emergency services, local authorities and NHS bodies, who are subject to the full set of civil protection duties. <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>

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 in early May, following the announcement of the Recovery Strategy.⁶ Although this remained around seven in ten (69%) agreeing they had the tools and information required.

Figure 4.1: Percentage agreeing “I have the tools and information I need to plan effectively for the coming week/month”, all sectors, Waves 5-12.



Similarly, "forward planning" was mentioned as a pressing issue in open text comments by Wave 5, and so was added onto the list of issues leaders could select from for the next wave. Two in five (42%) reported that this was one of their top three pressing issues in Wave 6, which rose significantly to nearer three in five (58%) by the next wave. It remained at this level across the remaining waves and was the most dominant issue across sectors by the end of June 2020.⁷

Communications from Central Government

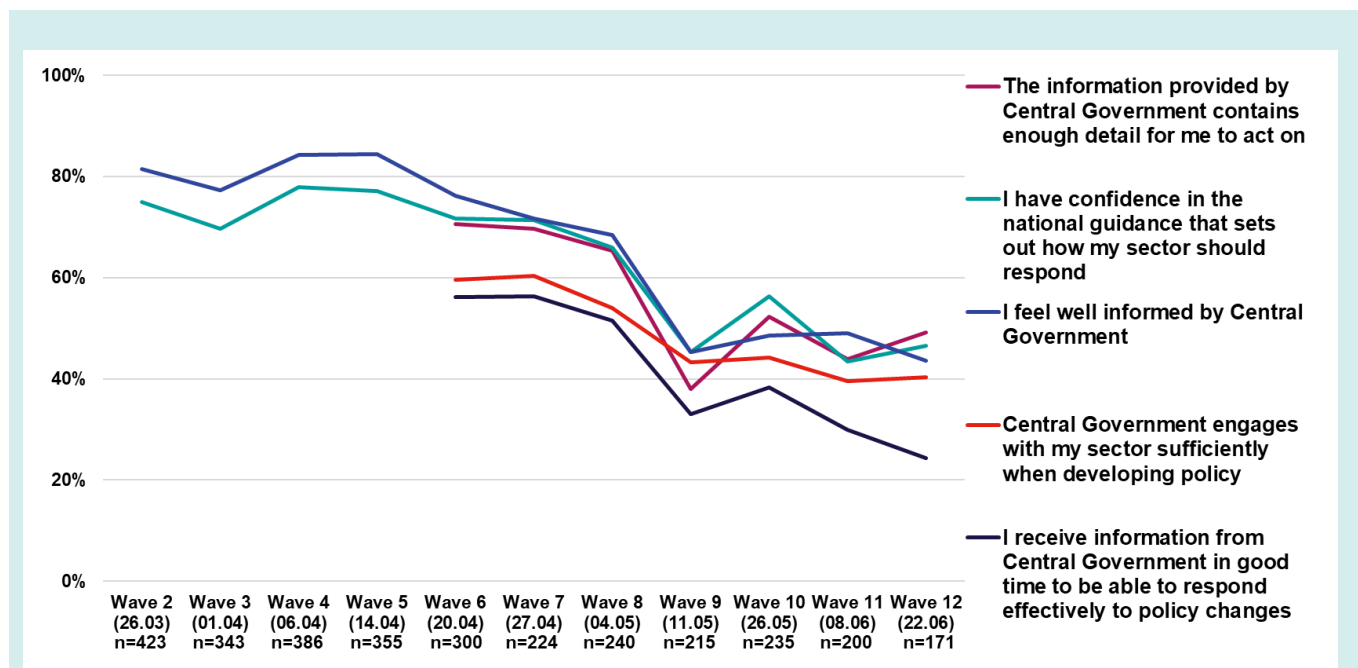
Communications from Central Government

Results from the survey show that at the start of the first national lockdown, the majority of public service leaders were positive about government communications and reported confidence in national guidance. However, over the following three months they became increasingly negative, alongside the backdrop of uncertainty in decision making.

Figure 4.2: Perceptions of government communication and engagement, percentage saying they agree to each statement, all sectors, Waves 2-12.

⁶ For measures of perceptions of leaders having the tools and information needed for the coming week, comparisons were made between pairs of survey waves. Wave 9 was significantly different to waves 5-8, 10 and 12.

⁷ The proportion of leaders reporting that forward planning was an issue significantly increased between wave 6 and 7, then remained stable.



In late March, four in five (81%) leaders agreed they felt well informed by central government, and a similar proportion (75%) reported confidence in the national guidance that outlined how their sector should respond to the pandemic. By late June, the proportion agreeing to each of these statements had declined significantly to fewer than half (44%, 46% respectively).

Sentiment changed significantly over time, with the most notable dip in positive sentiment occurring in early May (Wave 9), following announcements on lockdown easing.⁸ Levels of agreement did not subsequently recover to the same level as those observed prior to this. By the final Wave in late June, just one in four (24%) 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 from 56% when first asked two months earlier.

Leaders felt that poor communication from central government added to the general uncertainty inherent in the pandemic. In particular, leaders reported that the communications and daily televised briefings were often inconsistent, vague and given with little prior consultation or warning. This meant local leaders faced the challenge of having to interpret new government policies or decisions, assess the impact on services, their staff and the public, implement any changes at speed, and manage expectations. In addition, leaders reported similar uncertainty and confusion among the public, as seen by an increase in calls to their services following an announcement. This added to the workload of leaders as they tried to make sense of new policies which now applied to their services.

"You've got the PM doing daily briefings and everyone is announcing something and then whatever was announced would have a ripple effect. . . You'd look at the guidance but when that's pushed out to the whole system there's different interpretations. Every piece of guidance took two weeks for each bit to be clarified and reclarified." Health Care, Depth Interview, August 2020

Although this was challenging, some leaders felt the lack of clarity from central government fostered a degree of camaraderie as they tried to interpret new information and consequences together at short

⁸ 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.

notice. In this way, networks were increasingly important during the early stage of the pandemic, both for providing information and support.

Changes to decision making

New structures

Due to the immediate challenges posed by the crisis, decision making was happening more frequently and at a faster pace. Leaders made difficult, but often clear, decisions to transition their services and adapt to emerging government guidance. Although this was not always comfortable, command and control structures provided a clear pathway for decision making.

Leaders quickly established internal COVID-19 response teams to gather expertise within their organisation and support decision making. This was in recognition that their senior leadership and emergency response teams were sometimes not large enough to coordinate the response, and they wanted to protect individuals from “burning out”. They also started rotating people in management positions more frequently to allow time to recover and ensure responsibility for the crisis was shared. Some organisations split senior teams into “gold” and “silver” groups, where they would either rotate the days they convened or have a different focus, such as dividing responsibility for the overall strategy of the organisation and operational procedures. As new ways of working moved beyond the immediate crisis response and became established, leaders described how it became more challenging to know when and how to move out of these emergency structures.

“As time went on and we remained in a national incident, the continued command and control went on for far too long. That disabled what we’ve normally got which was broad diverse thinking. That was quite hard.” Health Care, Depth Interview, September 2020

Beyond command and control structures, leaders delegated decision making to others in their senior team, wider organisation or region. This allowed them to maintain objectivity in making a final decision and to have the time to maintain relationships with their board, stakeholders and the regional cross-sector response. It also involved an element of trust that individuals would make the right decisions. This could be challenging for leaders at times as they lost control of aspects of the response and in some cases, their staff did not perform under the added pressure. However, on the whole leaders were impressed by how their colleagues stepped up to new responsibilities and emphasised the importance of trusting in the expertise of others.

“I made a conscious decision that I shouldn’t be gold commander. I should sit above the crisis, so delegated to the lead on business continuity. That has had the most positive impact on the team, it sent a message of trust that I trust the people in my team to run this.” Housing, Depth Interview, September 2020

Delegating responsibilities also helped to ease the already significant workload on leaders who frequently saw a rapid increase in the number of meetings they were required to attend. These could be intense as difficult problems tended to be escalated upwards and required leaders to make the final decision. While leaders recognised that a benefit of remote working was being able to attend multiple meetings with different groups online in a short time span, it also meant they were having less breaks away from their computer screen which could be draining.

Balancing risk

There was widespread recognition that the pandemic resulted in an increased risk appetite in decision making. The priority was to find rapid and workable solutions which required doing things in a different way without previous good practice to borrow from. This was also enabled by the streamlining or reduction of governance processes as a result of the emergency response. Given the immediacy of the changes needed at the start of the pandemic, leaders were able to side-step long-term financial impacts, equalities assessments and public consultations they would usually complete. One leader described how a three-stage business case for the construction of additional shower blocks needed for staff was reduced to two-stages and brought project completion forward by six to nine months.

“There was quite a lot around not having to do the financial prioritisation or the governance. Clinical staff could do a clinical risk assessment but didn’t have to do a full quality impact assessment, full equity impact assessment, or take it out to a public panel or get it agreed through scrutiny, so service change happened.” Health Care, Depth Interview, August 2020

During the first wave of the pandemic, this promoted collaboration across the system by reducing concerns around who would provide resources and be responsible for risks, with solutions shared across organisations within a local area. It also reflected the wider focus on outcomes as organisations worked to achieve cross-sector goals such as protecting residents rather than organisational targets. Leaders valued this focus and the freedom it brought to innovate without the pressure for things to work perfectly first time.

“I think we’ve all felt that 80% is fine, don’t worry it doesn’t have to be perfect it just has to work. And there was a sense of perfection before. And I think that ability to take risk is good, and if it doesn’t work it doesn’t matter. And that appetite for risk is something that is really important to hang on to.” Local Government, Depth Interview, August 2020

However, by the autumn questions were raised about the sustainability of a higher appetite for risk. While leaders recognised that processes or lengthy forms could be shortened, they also felt that organisations should complete a thorough assessment of what they might lose. They reflected that processes were in place for a reason and there may be unintended consequences of ignoring them, highlighting increasing concerns about the potential scrutiny of decisions. That said, leaders were not comfortable returning to pre-crisis approaches without reflecting on what had worked during the pandemic, why it had worked and what impact this could have on business as usual.

“We’re tightening up our business and processes as a direct result of our experience of having a greater scope for risk. That’s what I think we really learn from, is making sure we can do that in a way that isn’t onerous to and adding to workload.” Central Government, Workshop, October 2020

There was a desire for developing a more balanced approach to risk and decision making. One leader described a model where decisions could either be allocated as a “fast decision” or “slow decision”. This blended approach would recognise that some decisions could be made quickly, but leaders should not be pressured into making all decisions like this. Slower decision making would involve consulting the wider community and gathering feedback, reflecting how the crisis had emphasised the need to put service users at the centre of decision making. In either case, deadlines were important to hold leaders to account and ensure they reached a final decision.

Similarly, there were discussions about whether a “shared risk appetite” could be developed between organisations, which would enable them to continue making decisions at pace. However, there was

widespread scepticism about whether this would be possible, given organisations would likely have different priorities after the pandemic. More broadly, it was felt that there needed to be a culture change across the public sector. Leaders wanted a more open culture, where they could make mistakes, admit when things go wrong and work with partners to try and find solutions. However, there was concern about the feasibility of this, particularly given the level of scrutiny leaders felt under from outside of their organisation.

Growing scrutiny

Reflecting the shift in attitudes towards risk taking, there was a growing recognition of the likely scrutiny of decisions made during the crisis, particularly towards the end of the summer. This focused both on looking back at how leaders had handled the first wave of the crisis, and scrutiny of what they planned to do next. Some described how they had spent resources as part of the emergency response, which they had assumed would be covered by the government, but this had not transpired. For example, in the education sector it was revealed that only schools in deficit would be reimbursed. There was a fear that leaders could be blamed and face an inquiry before they were given time to recover from the crisis.

“We’ve got to be very mindful trying to make sure we’ve captured the context in which decisions were made. So, ironically, even in a crisis there’s a real importance to make sure there is a good audit trail. Because without it, it just gets really easy in retrospect to blame people for poor decision making. When in fact that was the best information we had at the time.” Central Government, Workshop, October 2020

Changing attitudes in part reflected developments in the education sector during August, as well as greater public scrutiny of individual leaders and decisions. For example, leaders in the judicial service described how decision making about where to establish temporary Nightingale Courts was subject to local media coverage and political scrutiny. In response they were required to clearly evidence the areas of greatest need. At the same time, there was frustration that regulatory activities, such as Ofsted inspections in the education sector, were going ahead before teams had time to recover from the crisis.

“I’m flummoxed why there is no government initiative to relieve some of the regulatory burden. Ofsted are in Sheffield at the moment, saying they want to learn and share good practice, but it’s not seen that way. Our staff are still drained, and they need time to recover.” Education, Workshop, October 2020

Leaders held concerns about how increasing scrutiny could affect the wellbeing of their staff and leaders in other organisations. There were wider concerns about the retention of leaders working under significant pressure and the possibility of attracting new talent to highly scrutinised roles.

Summary

The significant uncertainty brought by the pandemic was a key challenge to decision-making for leaders. They had to make decisions impacting their organisation and the public, without knowing how the crisis would develop or how long it would last. Added to this, increased collaboration with other organisations meant at times they were working with new people to deliver large scale projects at pace.

Uncertainty was exacerbated by inadequate business continuity plans and poor communication from central government, which at times leaders felt was inconsistent, vague and given without prior consultation. Despite the challenges, some leaders described embracing the uncertainty and found the challenge invigorating as they were making fast-paced decisions that mattered. When collaborating with other leaders, this also fostered a sense of camaraderie as they tried to interpret information together.

Alongside, there was growing scrutiny of decisions leaders had made during the pandemic. This focused both on looking back on how leaders had handled the first wave of the crisis, and scrutiny of what they planned to do next. There was a fear that leaders could be blamed for what had gone wrong and face an inquiry before they were given time to recover from the crisis.

These challenges were overcome by:

- **Establishing formal structures.** Organisations established internal COVID-19 response teams, often operating on a tiered structure with “gold” and “silver” groups. This allowed them to bring together expertise within their organisation and assign groups different areas of oversight beyond the crisis, to ensure their senior team’s attention was not fully consumed by the pandemic response.
- **Delegating decisions to other senior team members.** Leaders realised it was not possible for them to make every decision as they did not have the time to stay fully informed with developments within their wider organisation or region. Delegating decisions allowed leaders to maintain strategic control and manage relationships with partners, while further building trust with their staff.
- **Organisations increasing their risk appetite.** Leaders acknowledged the need to find rapid and workable solutions required a relaxation in certain processes and oversight, allowing teams to take greater risks or try different approaches without certainty of success. This resulted in the streamlining of governance processes and promoted collaboration by sharing responsibilities across organisational boundaries.

Going forward, leaders were concerned about what might be missed from overlooking processes and have increasingly found themselves under growing scrutiny for decisions they made early on in the crisis. They wanted to fully review what aspects have worked and create a more open culture where leaders can admit to making mistakes and work with others to find solutions.

5 A focus on wellbeing

The pandemic brought about a widespread focus on mental health in combination with a blurring of the lines between professional and personal lives. This was apparent in the experiences of public service leaders who focused on their own wellbeing as well as supporting their workforce. This section describes how leaders increasingly focused on wellbeing and changed their leadership style in response.

“Long hours, seven day working BUT people are in good spirits and know they are doing valuable work.”

ALB, Survey Wave 1, 20 March 2020

“Communication even if you have little to say is essential and probably the most important thing you need to focus on.”

Education, Survey Wave 12, 22 June 2020

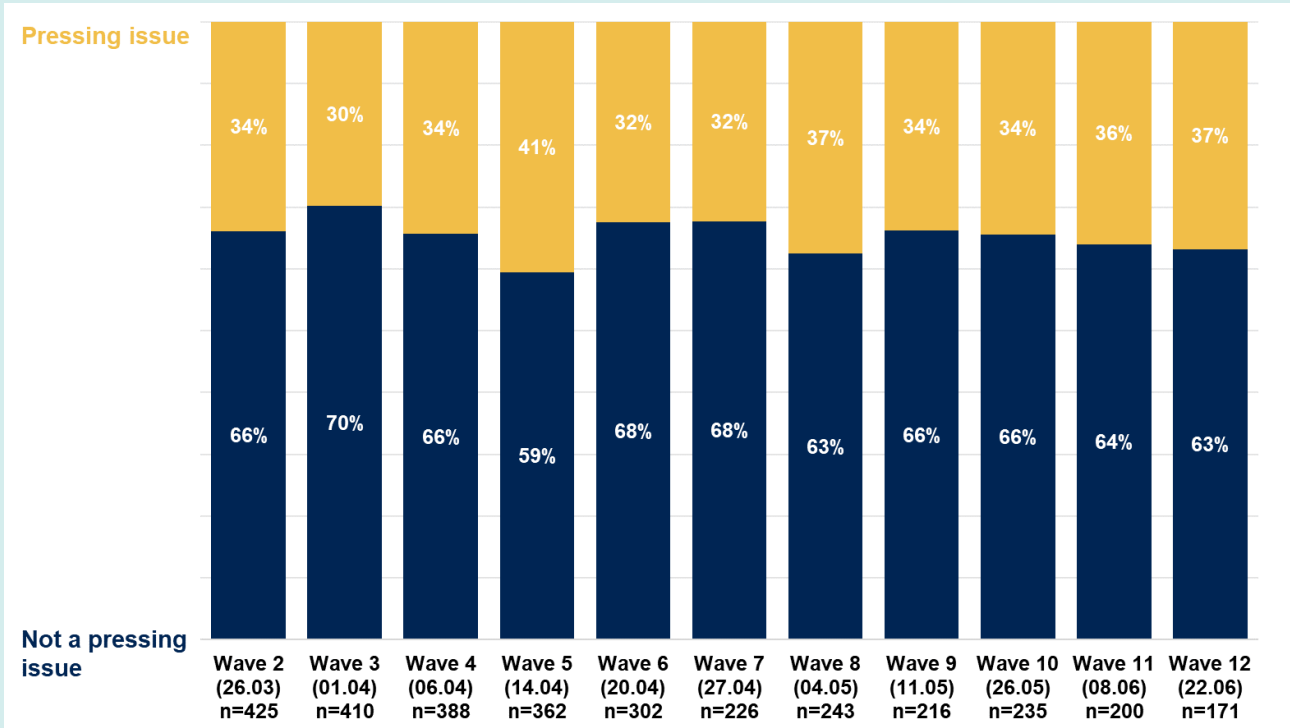
“It’s not just mental health but also physical health. People are exhausted.”

Health Care, Workshop, September 2020

Staff wellbeing and resilience as a pressing issue

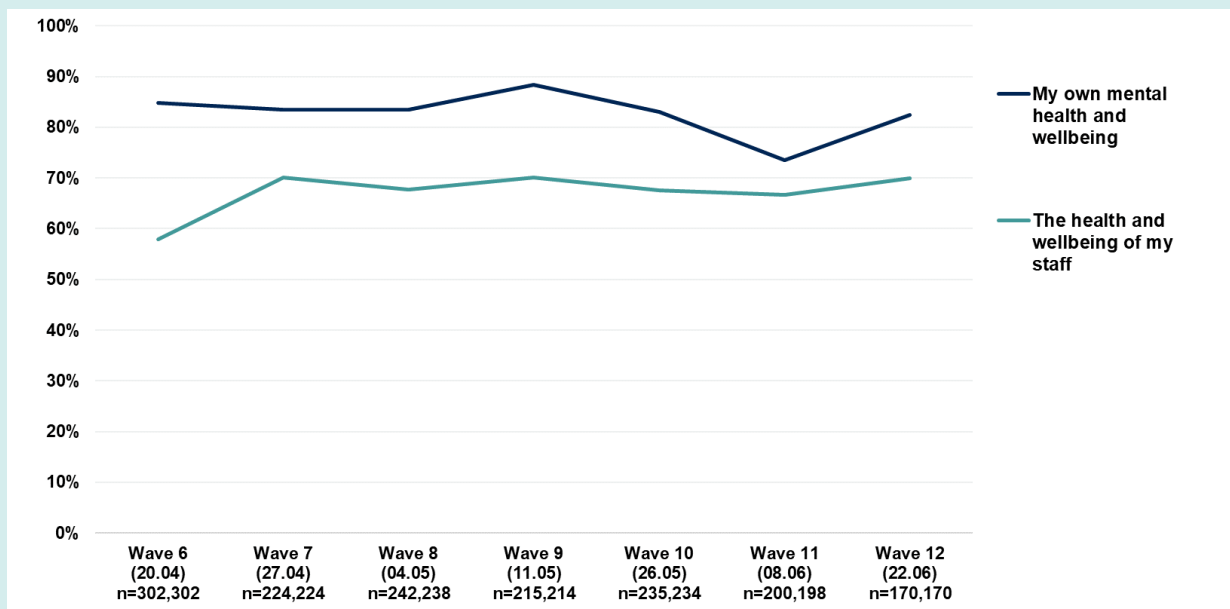
Throughout the survey, around a third of leaders consistently identified staff wellbeing and resilience as a pressing issue. Unlike some of the other challenges reported by leaders, this remained consistent across waves and sectors. The lowest score was reported in Wave 3 with three in ten leaders (30%) selecting staff wellbeing/ resilience as a pressing issue, compared with just over four in ten (41%) at Wave 5.

Figure 5.1: Percentage reporting staff wellbeing/ resilience as one of their three most pressing issues, all sectors, Waves 2-12.



Leaders' perceptions of their staff's health and wellbeing reported in the survey was less positive than their own, with one in three (33%) reporting that their staff's health and wellbeing was worse than usual. A significantly higher proportion of leaders in central government departments and ALBs reported this as a pressing issue compared to other sectors.⁹

Figure 5.2: Perceptions of the health and wellbeing of leaders and their staff, percentage reporting it has been the same or better than usual under the circumstances, all sectors, Waves 6-12.



A relatively high proportion of leaders reported that morale within the workplace was better than usual. This was mostly retained throughout the period of the survey (which ended in late June 2020). However, there was a drop in staff morale in early June (Wave 11), primarily from leaders in health care. They reported concerns about the Test and Trace app potentially resulting in staff shortages and placing additional pressures on services and staff, as well as frustrations at not having advanced warning about changes to new health care related policies.

Leaders' personal wellbeing

The crisis shone a light on the need for leaders to look after their own wellbeing. While the pressures evolved over time, leaders required resilience to overcome challenges throughout the crisis as well as ensuring the resilience of those around them.

"I have been reminded of the importance of the team around you and the resilience of people. We all need to think about who is coming up out of the trench behind us if we get sick." Local Government, Depth Interview, September 2020

There was widespread recognition of the need to role model a healthy work-life balance to teams, who leaders were advising to have fixed routines with breaks to unwind. In reality, especially at the start of the pandemic, very few leaders said they had been doing this. Instead they worked long hours at their computer screen, without the breaks they normally had between face-to-face meetings. Many reported they had consistently worked over weekends and did not take any leave until the autumn. As the

⁹ The proportion of central government and ALB leaders reporting that staff wellbeing and resilience was an issue was significantly higher than all other sectors.

pandemic progressed, leaders realised this could not be sustained. They found it helpful to informally collate wellbeing tips from one another at the start of meetings or calls, as they discussed how they were each doing. For example, they would finish meetings ten minutes early to allow themselves a break before the next call or started blocking out times in their calendar for a “forced” lunchbreak.

“Those little snippets of time to give me the ability to get a quick drink, to take a refreshment break, or what’s needed, are really quite important. It also forces a bit of time in the day where people can just reach out to somebody else and have a conversation.” Central Government, Workshop, October 2020

At times, the extent of the increased workload from the pandemic came at a personal cost, yet rarely did leaders express regret for this. Simultaneously, they were experiencing the pandemic in their personal lives. Some had family and friends who needed shielding, were caring for or home-schooling children or contracted the virus themselves. This added to the emotional toll. As the distinctions between professional and personal lives blurred, there was an increase in transparency into others’ lives and personal circumstances which made it easier for leaders to discuss sensitive topics in a more open and honest way. This built mutual trust with leaders in other organisations, as well as within their own, as senior leaders were able to share their concerns with people going through a similar experience.

While leaders felt it was important to appear collected in front of their organisation, it was useful to have a private forum to discuss their own wellbeing. One leader described establishing a “self-help call” with others in their sector, where no decisions could be made, and it strictly did not involve any agenda or minutes. The universal nature of the crisis made leading the emergency response less isolating and helped foster a positive collective attitude, strengthening relationships with other leaders in their region or sector. This distinguished the COVID-19 pandemic from other crises and increased the value of existing peer support networks and relationships for leaders.

“As a senior leader, on your own at the top of an organisation, finding places where you can deal with and process the pressures you are under is deeply helpful. Two or three occasions where I’ve lent on those collaborative relationships ... I’ve lent on them for moral support and encouragement.” Local government, Case Study Interview, February 2021

Staff wellbeing

At the beginning of the pandemic, leaders recognised the excessive pressures being placed on staff as they had to rapidly adapt to new ways of living and working, while often also dealing with increased workload and stresses. Leaders described how the sustained and all-encompassing nature of the pandemic meant that it was not always clear how individuals would respond or that they might react out of character or in emotional ways, reflecting the anxiety of what was taking place. A major challenge lay in replacing traditional face-to-face check-ins with regular virtual ones, while also safeguarding a work-life balance. On the whole, leaders recognised that they needed to consult their staff in finding solutions to these problems, rather than imposing something on them.

“I’ve missed the chance to walk around the floor and eyeball my staff and pick up those who are struggling, particularly vulnerable people.” Central Government, Focus Group, August 2020

As the pandemic continued, leaders reported that their team’s stamina began to wane. One leader in the emergency services described the situation as being like working under winter pressures without the usual let up in spring and summer. Work fatigue combined with prolonged periods of lockdown and

restrictions created a challenge for leaders whose organisations were simultaneously in response and recovery mode.

There was an acceptance that like them, their staff had been overworking and putting themselves at risk of burnout. Leaders stressed the importance of acknowledging the lengths their staff had gone to and wanted to work with them to find a solution. This included establishing means for their staff to provide anonymous feedback, internal surveys tracking their team's wellbeing and priorities, and large-scale consultations. Organisational restrictions such as freezing recruitment made it more difficult to solve resourcing problems. However, by discussing their teams' workload they were sometimes able to redeploy staff to busier areas, where leaders were impressed with how teams were able to adapt. Leaders also shared lighter touch coping techniques such as setting clear working hours and including this in an email signature to set expectations. Alongside, they encouraged their staff to take annual leave and tried to role-model behaviours to set a standard among the team. Leaders felt these tips were effective in allowing their staff to take control of their own wellbeing and set expectations rather than having them set for them.

“Our staff are still drained, and still in a state of anxious alert.” Education, Workshop, October 2020

The pandemic also highlighted inequalities in health outcomes for different groups, including those from ethnic minority backgrounds. Combined with the Black Lives Matter movement, which gained prominence in public discourse during the pandemic, leaders reflected that there was a greater focus on inequalities both among the general public and within their organisations. They commented on the need to change services and engage staff to counter inequalities both in the workplace and in public service outcomes. This included paying more attention to the data, listening to a wider range of experiences, and a desire to implement changes based on these learnings when developing the 'new normal'.

“Interestingly, I think we stopped talking about [racism] for a while, and spent some time listening.” Central Government, Depth Interview, August 2020

Leaders often relied on open communication channels for passing concerns up through the organisation. In one council, leaders established a dedicated mental health working group to monitor staff wellbeing and to focus on mental health service provision for the public post-pandemic.

“We’ve put an awful lot of effort into trying to engage, engage, engage. That’s how I find out about problems. I was spending more of my time on communication than ever.” Education, Depth Interview, September 2020

Supporting a blended workforce

The diversity in location, role and experiences of the public service workforce was a challenge throughout the pandemic. Those working on the frontline had significant concerns about personal safety, were frequently working very long hours, and could be required to self-isolate and stop working if they had symptoms or a positive test. This created staffing challenges as well as a need to provide specific support to individuals providing the emergency response.

This contrasted with those working from home, who could feel left out or redundant in terms of responding to the crisis. They also faced challenges associated with motivation, work-life balance and isolation, as well as anxieties about returning to work when restrictions eased. One leader from the education sector explained the need to balance their approach between those maintaining buildings during the pandemic, and teaching teams who were told to work from home and avoid coming onto

campus. There was a need for a unifying message or set of values that recognised the contributions of the whole workforce, as well as recognising the diversity of experiences faced by all.

“On the one hand, many of our staff have been carrying on as normal and doing their work on the beat. On the frontline though there is also an enormous level of anxiety about personal safety. It’s been difficult to deal with that from a leadership perspective. The centring on core values and mission has been very important for us.” Health Care, Focus Group, July 2020

Supporting and managing the concerns of those working remotely required a different approach and tone from leaders depending on the circumstances. In some cases, they described the difficulty in encouraging staff to return to face-to-face working which was required to deliver services. This created a tension between the need to support staff wellbeing and meeting the needs of citizens. In central government there was external encouragement over the summer for teams to return to offices. Despite low transmission rates for the virus at the time, leaders realised their staff were anxious about returning and were not necessarily comfortable using public transport or the work environment. As such, they remained flexible and did not pressure their teams as work could be carried out to the same standard from home.

Reflecting these differences, leaders described either going into the office or working full-time from home as a way of role modelling behaviours to their organisation. In some cases, they wanted to show solidarity with those who were required to work in the office, while in other cases they wanted to emphasise the importance of the message to stay at home.

“You have to keep your cool as a leader. Decision-making is about demonstrating to people that when they come to you with a problem, you will communicate with them to find a solution.” Central Government, Depth Interview, August 2020

Maintaining morale and shared purpose

Reflecting the diversity of experiences and the sustained nature of the crisis, leaders focused on maintaining morale and ensuring staff felt valued. For example, when they heard care workers were struggling with low morale during the second lockdown, one council team arranged for care packages to be sent to staff to show their appreciation. These included treats, cards and crafts made by local children, which helped to ensure the community could make frontline workers feel valued.

The increased focus on staff wellbeing and more frequent communication with teams, brought leaders closer to the daily experiences of staff and did so in a more democratic way. Leaders described weekly ‘broadcasts’ with their organisations, newsletters and webinars to provide more frequent, proactive communication. These meetings were better attended than similar sessions before the COVID-19 pandemic, reflecting the ability to bring together large numbers of staff and stakeholders online. During the early stages of the crisis, they described strong engagement in these sessions, with a large number of questions submitted before, during and after meetings. Although there were clear benefits, leaders acknowledged that preparation could be time consuming. They described reducing the number of meetings as the pandemic continued to prevent overwhelming staff and to ease pressure on their time.

“I’ve been setting up webinars and making it very personal and I ask is anyone else lonely? Because I am. I’ve put on weight. I’ve got to seem human.” Emergency services, Depth Interview, August 2020

This contrasted with their approach before the pandemic where leaders were more reliant on bumping into colleagues or being in the office to gain a sense of the overall atmosphere. Leaders described wanting to continue to take a more proactive approach to building solutions together with their teams rather than imposing top-down decision making on staff. They also wanted to maintain a more empathetic style of leadership developed during the pandemic.

“Overworking has been a common theme of everybody’s experiences. But I think what we’ve been trying to do coming out of that has been to try and be more responsive, in terms of co-creating the solutions.” Local Government, Workshop, August 2020

Summary

Maintaining their own wellbeing has been a challenge for leaders during the pandemic. Especially during early stages, leaders were working long hours at their computer screens with very few breaks, attending more meetings and dealing with an increased workload. Many were also affected by the pandemic in their personal lives.

At the same time, supporting the wellbeing of their staff has been a continued area of focus. Leaders felt that after the initial adrenaline waned, work fatigue combined with prolonged periods of lockdown posed the threat of burnout among their teams.

Leaders acknowledged they have not been able to fully look after their wellbeing, and voiced regret for not doing more for their teams during the early stages of the pandemic. However, as the crisis progressed, they have addressed wellbeing through:

- **Being honest in asking people how they are and prioritising wellbeing in the workplace.** Remote working has blurred the distinction between the personal and professional, which has made it easier to speak to staff about their own wellbeing. This has facilitated relationship building with other public service leaders, as they have been able to form private and informal forums to discuss their wellbeing and shared challenges. There has also been a recognition of the importance of wellbeing for service delivery, with leaders seeing this as an area they want to prioritise going forward.
- **Increasing their communication with staff.** Leaders have established regular webinars and newsletters to provide updates to their staff and publicly acknowledge the length their teams have gone to maintain services during the crisis. They explained the balance of remaining calm and collected in front of teams, whilst also being honest about their own experiences.
- **Taking a facilitative approach.** Leaders highlighted the need to consult their staff more in finding solutions to problems, rather than imposing policies without discussion. This became particularly evident following discussions around the Black Lives Matter movement and wider health inequalities. They described running internal surveys or large-scale consultations within their organisation and setting up the means for staff to provide anonymous feedback and suggestions.
- **Creating a unified message that recognised the contribution of the whole workforce.** Leaders recognised that individuals and teams were experiencing the pandemic differently, particularly where some might have been working remotely and others on the frontline. They stressed the importance of using regular communications to promote a unified message and the idea that everyone was pulling together to support one another.

6 Looking forward

Despite the challenging circumstances of the last year, leaders consistently expressed a desire for learning from the pandemic to be taken forward and applied to how public services are delivered in the future. The pandemic provided an opportunity to rapidly experiment with different ways of working including increased collaboration, digital transformation and greater engagement with their workforce which leaders argued had brought benefits to service delivery. However, they also questioned the feasibility of continuing certain changes without the willingness and shared sense of purpose brought by the pandemic (both of which have already started to diminish) and wanted to strike a new balance when it came to areas such as risk taking. Although leaders were not always sure how changes could be sustained after the pandemic, they were keen to work with others to adapt public services during and beyond the pandemic recovery.

Future service delivery

- The move to digital ways of working showed what was possible in terms of how quickly services can be adapted and the wide-ranging benefits to both service users and organisations that being more digitally focused offers. Leaders wanted to hold onto new ways of working, increasing convenience and choice for citizens as well as providing efficiencies in terms of service delivery.
- A number of leaders described exploring the options for reducing their estate, believing teams are unlikely to return to the office full-time. There was a desire to increase the flexibility of remote working, giving staff the option to decide where and when they work.
- Leaders saw future services taking a blended approach to ensure accessibility to those without internet access or who would prefer to attend services face-to-face. Reflecting discussions around the Black Lives Matter movement and wider health inequalities, leaders wanted to look further at who can access services and do more to put equality at the heart of what they do.

Maintaining collaboration

- Although there was some scepticism about maintaining the level of collaboration seen during the pandemic, leaders aspired to continue working with other public services within their region. This was seen as a vital part of the COVID-19 recovery and critical for improving services.
- Leaders wanted to create or maintain collaborative structures and relationships, both within their organisations and beyond, recognising the importance of having established ways of working to a rapid crisis response. Even though these relationships take time and resources to nurture, leaders saw this as a critical investment in future preparedness.
- Recognising the shared purpose created by COVID-19, leaders wanted to develop a common goal for their area that could act as a way of unifying organisations behind the needs of the community after the pandemic. This should be specific to their community and have a deadline. For example, if they have a particular issue around poverty or working towards an environmental goal. Without a shared set of values or aims, leaders worried that organisational priorities and demands would take preference over collaborative ones.
- To facilitate a shared purpose, leaders suggested that pooled funding could be made available so no one organisation was responsible for financing a project, which can often lead to tensions.

Decision making

- The increase in innovation and risk taking seen during the pandemic was also something leaders wanted to hold on to. Balancing this against the need for accountability and proper scrutiny of decisions, they wanted to find a way of encouraging creativity and giving staff the opportunity to make mistakes without unwarranted fear about the consequences.
- Getting this balance right was seen as a challenge for leaders. They wanted to hold on to a more facilitative style developed during the pandemic, where they practiced greater delegation and involved staff and service users in decision making more frequently. Leaders saw their role as bringing others together to draw on wider expertise rather than making decisions in isolation.
- Alongside this, leaders wanted to promote more transparent decision-making processes where they could be honest and admit mistakes without facing intense scrutiny. They recognised they would still be ultimately responsible but wanted to work with others to find solutions to problems.
- They also wanted to reduce the number of bureaucratic processes that can delay decision making, whether that is reducing the length of forms or the number of planning stages within projects. It was suggested that where possible, processes could be standardised across services to enable collaboration. Again, achieving the right balance was seen as important. Leaders acknowledged some decisions required extensive consultation but felt this could be decided at the start of a project.
- There was a desire for greater collaboration and consultation from central government. Although leaders recognised that it may not be possible to disclose confidential information, they wanted local decision makers to be involved in policy discussions at an earlier stage. This was seen as a way of reducing the frustrations of local leaders, providing more time to plan for emerging policies and improving the approach by ensuring it could work at a local level.
- Similarly, leaders aspired to greater local decision making going forward. The pandemic highlighted how local services could work together to achieve outcomes for their community and the benefits of local knowledge for solving problems.

Wellbeing

- Prioritising wellbeing as part of an organisation's culture was widely recognised as a long-term impact from the pandemic. Both staff and leaders' own wellbeing came to the fore, with leaders recognising the importance of looking after each other to deliver services effectively.
- There was a commitment to continuing more open forms of communication and empathetic leadership styles, involving staff more widely in decisions and creating spaces for conversations about topics affecting different groups. They wanted to build upon conversations around mental health which have been so prominent during the crisis.
- Leaders wanted to maintain the honesty and humanity shared with their teams and continue to embed kindness and positivity into their values. They sought to put their staff's wellbeing at the heart of decision making around the future of work, conscious that they did not want to force anybody to either return to the office or continue to work from home. It was seen as important that leaders continued to take a consultative approach and let individuals decide what is best for themselves.

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com
<http://twitter.com/IpsosMORI>

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