Recovery from the COVID-19 pandemic: Strategic decision-making by system leaders

Summary Research Report

The Strategy Unit

Midlands Decision Support Network

This paper summarises experiences of Integrated Care System leaders in making strategic decisions to support recovery of services from the COVID-19 pandemic

This paper is a short version of findings from a research study conducted during Q3 2021/22, drawing on interviews of eight out of the forty-two Integrated Care System (ICS) leaders in England. It summarises their experiences of strategic decision-making prior to and since the pandemic, including the process they followed and constraints they have experienced.

Key findings:

- **Before the pandemic, leaders reported strategic decision-making processes that were fragmented, bureaucratic and slow.** They highlighted key challenges in navigating politics between organisations, limited management capacity and constraints such as lack of financial resources.
- **Since the pandemic, they report more 'collaborative' strategic decision-making processes,** with a greater alignment of priorities between organisations and more freedom to make decisions (particularly in the early pandemic). They also reported improvements in the use of evidence & data to inform decisions.
- **However, there are concerns that decision quality has worsened over the pandemic period**. Increased financial and workforce challenges are also greater constraints than ever, whilst a focus on recovering services may be 'crowding out' other important agendas such as addressing inequalities.
- **Recommendations are aimed at supporting more reflective, well-structured and evidence-informed decision-making within systems** – through development opportunities, changes to decision-making processes and system intelligence functions supporting decision-makers to use evidence more effectively.

ICS leaders are making strategic decisions to support recovery from the pandemic in a complex and highly challenging environment

*'Strategic' decisions – are those which are expected to have **long-term consequences**, are relatively **irreversible** and involve **major commitment of resources**…they are typically focused on addressing **unusual issues** for an organisation, managing concerns that are **vital to its survival** and **set precedents** for subsequent decisions…*

Before the COVID-19 pandemic, strategic decision-makers in health and care systems faced a series of complex challenges. Demand for services has accelerated over the last decade, contributed to by population growth, increased longevity, rising complexity of health needs and advances in medical diagnostics and treatments. This period has also been one of restricted funding, worsening workforce shortages and growing health inequalities.

The pandemic represented an unprecedented shock to all aspects of health and care services, the impact of which is still emerging. Many strategic decisions are now being made to support recovery under conditions of significant uncertainty, limited resource availability and competing agendas.

'Recovery' from the pandemic includes addressing a range of issues. These include new or worsened health needs resulting from the pandemic, managing the impact of interruptions of care and managing the impact of the pandemic on the health and care workforce.

What we did…

- **Our research team collected data during Q3 2021/2,** using a series of one-to-one interviews from a target population of ICS leaders in England to explore their experiences of strategic decision-making before and since the pandemic.
- **Eight out of forty-two ICS leaders were interviewed as part of this research**, leading health and care systems responsible for a total population of approximately 9.05 million people (c.16% of the population of England).
- **The systems covered are diverse in characteristics*** – in terms of total geographical area, level of urban versus rural neighbourhoods, size of population, different ethnic profiles, levels of deprivation and measures of health outcomes (such as average life expectancy at birth).

*Systems are not named to preserve anonymity

The focus of strategic decision-making shifted over the pandemic – from preventing health and care systems becoming overwhelmed by demand, to supporting the process of recovery

- **In the early stages of the pandemic, respondents were focused on taking action to prevent their health and care systems becoming overwhelmed by demand** from large numbers of unwell patients suffering from COVID-19 and taking anticipatory steps to prepare for larger numbers still.

- **Lower hospitalisation rates and successful initial rollout of the vaccination programme led to a change in the focus of strategic decision-making towards the process of 'recovery'.** The primary focus of decision-makers became *reducing the backlog of elective care* caused by interruptions to services during the pandemic.

- **Many respondents described making strategic decisions focused on ensuring services did not 'recover' to their previous state.** They instead saw the pandemic shock as a profound opportunity to do things differently and even a catalyst for valuable change.

> **"You've now got people waiting two years for elective care, we're having to then consider who's being harmed as a result of having to wait that long for treatment… that's like going back twenty years"**

> **"I think locking in the benefits from COVID, not just in terms of service transformation, but in terms of governance, behaviours, process, relationships…there's a huge amount there we need to treasure and nurture and ensure we don't lose it when we get through this"**

Strategic decision-making processes before the pandemic were viewed as bureaucratic, unnecessarily slow and fragmented – it was often unclear where decisions were taking place

- **Strategic decision-making processes prior to the pandemic were reported as highly frustrating.** Respondents described governance and decision-making structures as excessively bureaucratic and cumbersome, which made it difficult for leaders to instigate meaningful change.

- **They described overall decision-making processes as messy and fragmented.** Many of the elements for effective decision-making were typically not in the same place at the same time – such as the right stakeholders empowered to act on behalf of their organisations, or the evidence needed to inform decisions.

- **They found it challenging to pin down when and where strategic decision-making took place in their system.** Several felt there was a mismatch between popular views of 'strategic decision-making' versus the complex reality experienced by those engaged in it.

> **Decisions didn't just happen – did they? They were built up over a long period of time!**

> **[We] didn't have the same information at the same time, so were often making contradictory or out-of-sequence decisions**

> **I think strategic decision-making is often seen as a very logical, transactional, scientific sort of process. Set a goal, look at the evidence, evaluate the options, make a rational decision based on criteria, implement and evaluate and readjust…In reality, it's a cultural, qualitative, partnership-based activity. It's not nearly as technical and scientific and linearly rational, it's a hell of a lot more complicated than that**

Pre-pandemic there were various constraints on decision-making, including inter-organisational politics, management capacity and challenges in applying evidence to decisions

- **Respondents reported a variety of constraints on their strategic decision-making before the pandemic.** They described needing to navigate politics and differing priorities of organisations in their systems, the needs and expectations of their populations and requirements of regulators - all against a backdrop of financial challenges and workforce shortages.

- **Management capacity was also commonly described as a major constraint.** Respondents described having an overwhelming list of competing strategic priorities, limiting the time available to devote to individual strategic decisions. The 'urgent' would often crowd out the important, longstanding issues within their systems.

- **Respondents also highlighted challenges around interpreting 'evidence' and applying it to decisions,** such as findings from quantitative and qualitative analysis, research literature and evaluations of previous decisions. Several reported that they had access to large quantities of evidence – but they often found it challenging to interpret and did not apply it consistently or systematically during decision-making.

> **It kind of brings into question the extent to which you can make any strategic decisions at all actually…I think we're in a position that there's so many problems that need fixing, it's just a question of 'What order do we fix them in?' Rather than, 'How can we strategically add value?**

> **You can definitely see different cognitive preferences coming in… different people will give more prominence to certain types of evidence in decision making**

Respondents described the pandemic as acting as a catalyst for more collaborative decision-making processes, as well as greater alignment of priorities and more freedom to act

- **Since the pandemic, respondents felt strategic decision-making had become more collaborative.** They reported a tendency to gather stakeholders across organisations earlier in the decision-making process than previously and a greater degree of useful challenge across their systems. They felt that while there was already an existing trend towards more collaborative decision-making, COVID had accelerated this.

- **Respondents felt there was a greater alignment of priorities between different organisations in their system.** The COVID-19 pandemic and subsequent recovery process were described as providing an imperative for different organisations to work together – to put aside organisational issues and deliver a set of decisions to respond to a crisis.

- **Particularly in the early stages of the pandemic, they reported significant increases in freedom to make strategic decisions and at a faster pace.** They also reported benefiting from a clearer link between 'data' and 'evidence' and their decision-making than previously and closer relationships with their analysts.

> **We're doing it together rather than in our organisations…with a common goal and a common model that had been developed jointly… it's still not perfect, but it's jumped a million miles from where it was prior to COVID**

> **There's never been an occasion in my career before then when one issue over-rode absolutely everything**

> **When COVID hit, a lot of the transformational changes that we wanted to make that would have taken years, we did overnight…while it's been terrible, it's enabled us to do a lot of the stuff we wanted to do**

But leaders also reported fears about the quality of decisions, the ability to address the backlog against increasing constraints and the impact of de-prioritising other decisions

- **However, many felt the overall quality of decisions had worsened.** They viewed the skills associated with strategic decision-making as being ‘eroded’, due to a prolonged period of making large numbers of operational decisions under time pressure. Decision-makers described colleagues suffering from exhaustion due to an unrelenting time of high intensity work.

- **Many described a significant worsening of their financial and workforce challenges**. They felt highly constrained in their ability to address the backlog, but faced growing regulatory and political pressure to do so rapidly. They described decision-making for recovery as continuing to feel like an ‘emergency response’ and expressed concern that they were not consistently working to the standards that they would like.

- **Respondents highlighted that there was typically limited management capacity to focus on issues outside of the recovery process.** They described efforts to address health inequalities and to transform community services as being de-prioritised and feared that this could have a negative impact on the long-term health of their populations.

> **I worry about the quality of our decision-making and our level of challenge to each other. I think that people simply do not have the capacity to reflect**

> **It’s actually quite difficult to make strategic decisions around clearing a waiting list backlog when all the key factors that you need to plough through that backlog aren’t in place…you haven't got the money, you haven't got the workforce, you haven't got the capacity and you're not going to be able to do it in the time that's been made available to you**

> **As the number…moves towards that that that point on the dial, there's going to be nothing but a load of pressure to get those numbers sorted, isn't there? Essentially that’s all anyone’s going to be interested in!**

Recommendations are aimed at supporting improvements to strategic decision-making processes – including development for leaders and enabling better use of evidence in decisions

- **Investing in supporting health and care leaders to reflect on their strategic decision-making processes could contribute to a response**. When compared to the ongoing continuing professional development expected of clinicians, it is perhaps surprising the limited amount of time, energy and effort that leaders typically spend on developing their skills in relation to this core activity. Development programmes should be provided aimed at those currently in (or aspiring to) roles regularly contributing to strategic decisions, such as health and care organisation board members.
- **Participation in this training could then form the foundation of an ongoing action learning sets, both within and between health and care systems**– with members meeting regularly to reflect on their experiences, to offer feedback and suggestions on one another's efforts to improve strategic decision-making and to encourage accountability for the improvement actions that they commit to. This could be supported by developing frameworks to support reflection on strategic decision-making processes 'in-action' as part of meetings. Systems could also benefit from appointing a strategic decision facilitator whose purpose within decision-making forums is to manage this process, to encourage reflection and to offer insights from their observations.
- **Each health and care system should identify or appoint a strategic team in their system with responsibility for informing the process of strategic decision-making with a range of sources of 'evidence***',* with multidisciplinary staff including experts in data science, qualitative methods, evidence review and evaluation (this aligns with national requirements to establish system intelligence functions). The team would take responsibility for identifying or generating the evidence to inform each strategic decision, collating it on behalf of decision-makers and supporting them to apply it to the decision in question. This would include highlighting potential gaps or limitations with the evidence. It would also include supporting strategic decision-makers to put in place rigorous measures to evaluate the interventions that they approve.

Developing these capabilities within systems is likely to represent a significant resource commitment, at a time of workforce and financial constraint. However, the potential cost of strategic decision-making that is not reflective, well-structured and evidence-informed is potentially far greater.