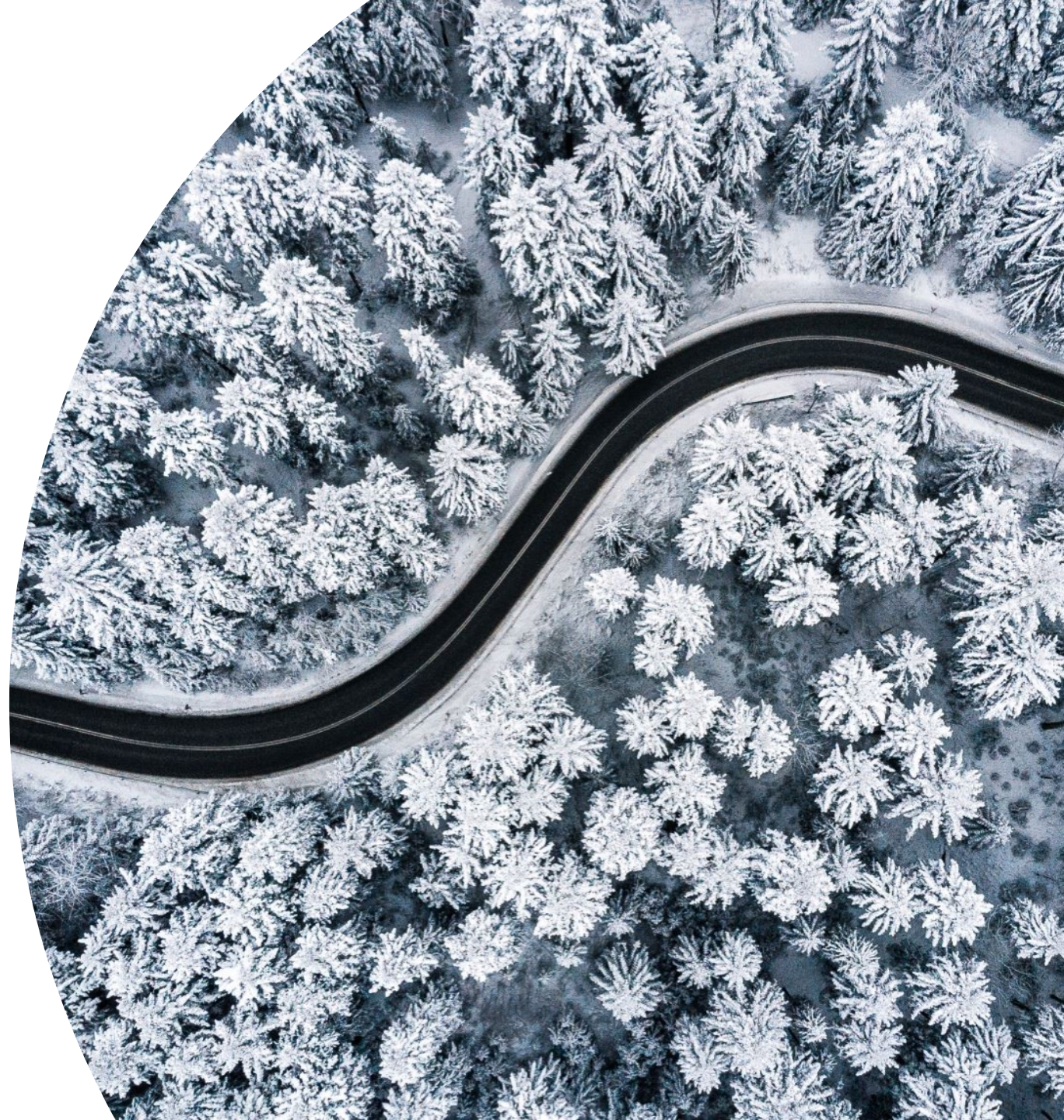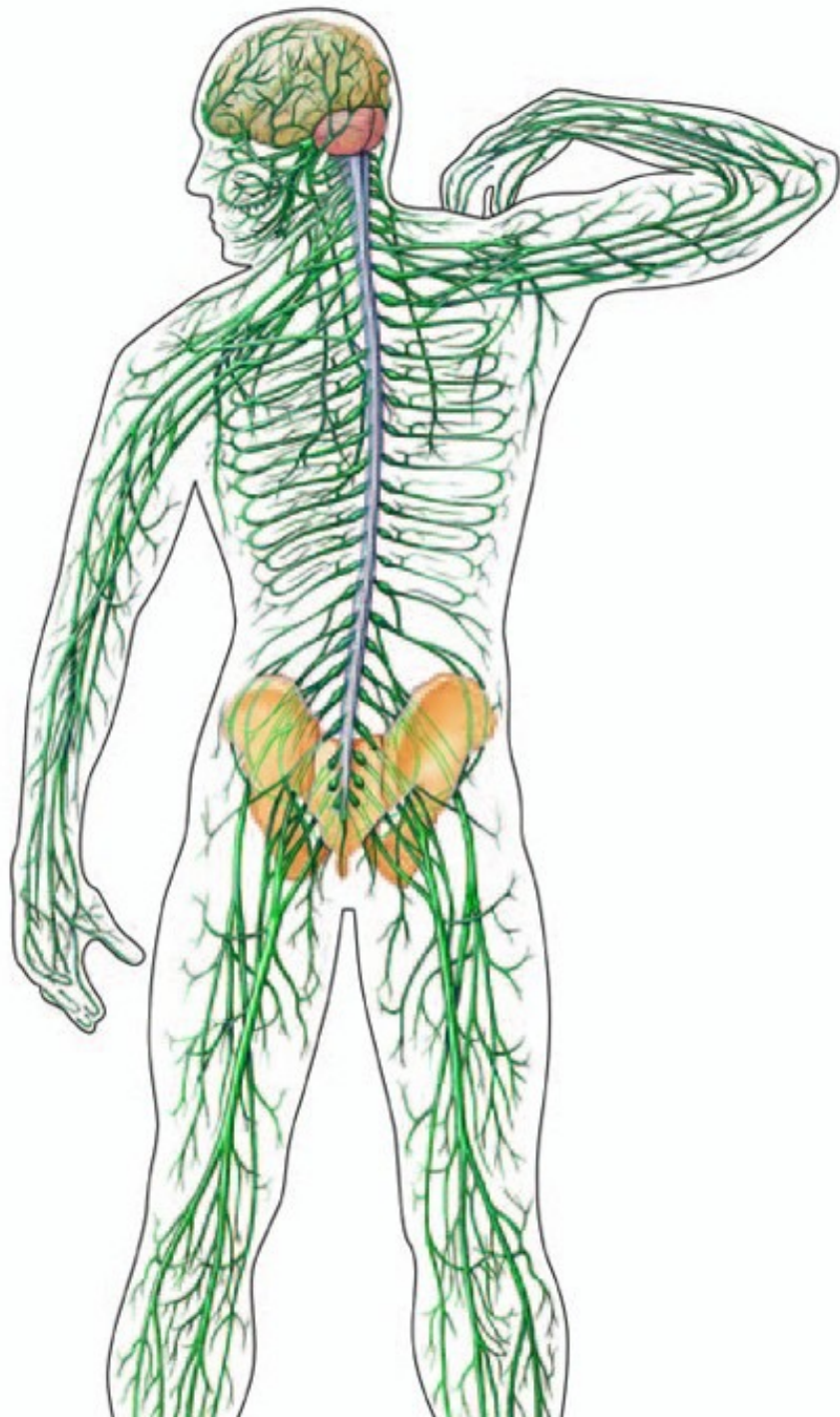# Assessing Organisational Resilience (VSM)

Learning from the Covid 19 pandemics in an English HealthTrust (EHT)

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(In collaboration with G. Midgley, J Walker and M Vachkova.)

How did the project start?

- VSM project - Surgery Unit
- Trust - 'Learning from the Covid 19 pandemics'
  - Organisational adaptations?
  - Emergency command structure?.

How the VSM may support the NHS?

NHS - Hyper complex organization. ->
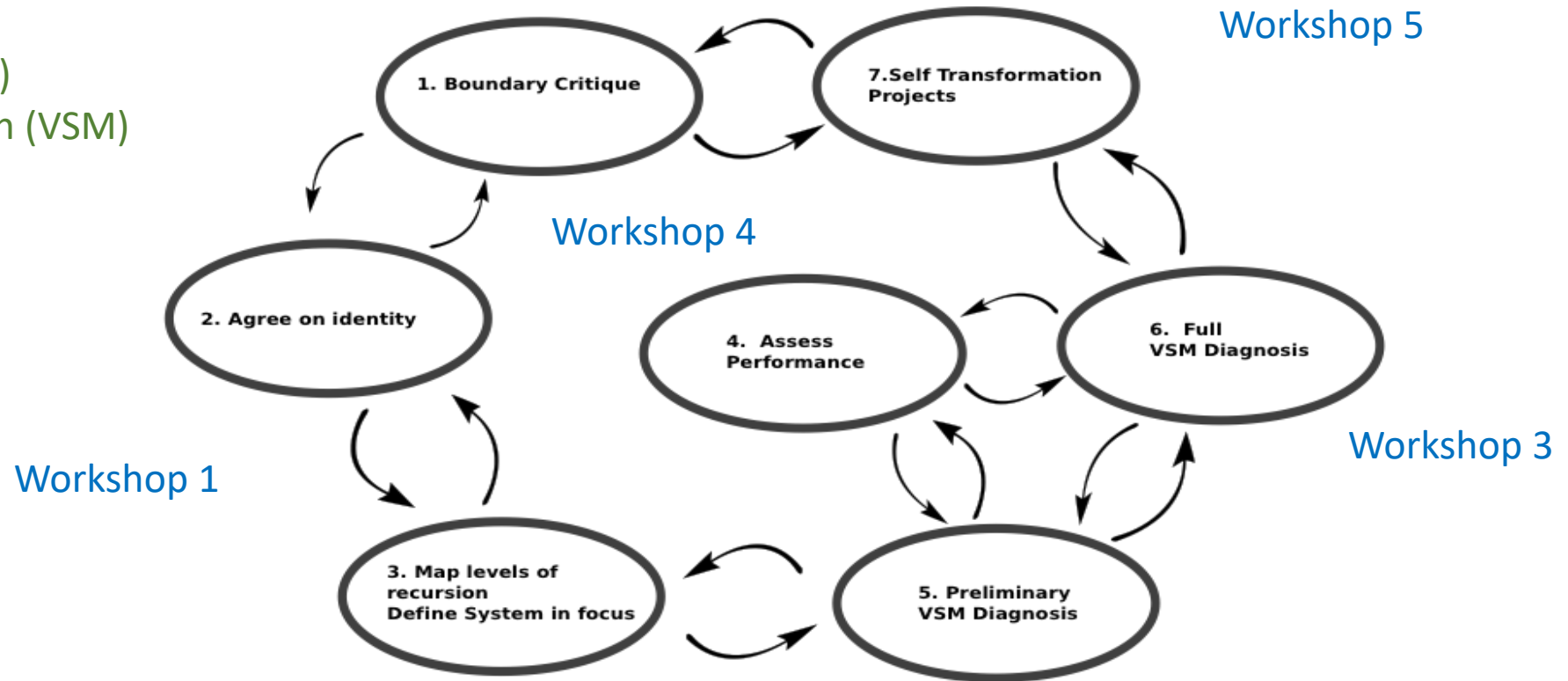
Huge Covid19 challenges!

- Centralisation, *staff shortages,*
- *Online* working,
- Patient *pathways*;
- *Staff redeployment*;
- *Managing* respiratory diseases (*PPE*)

Self-Transformation Methodology
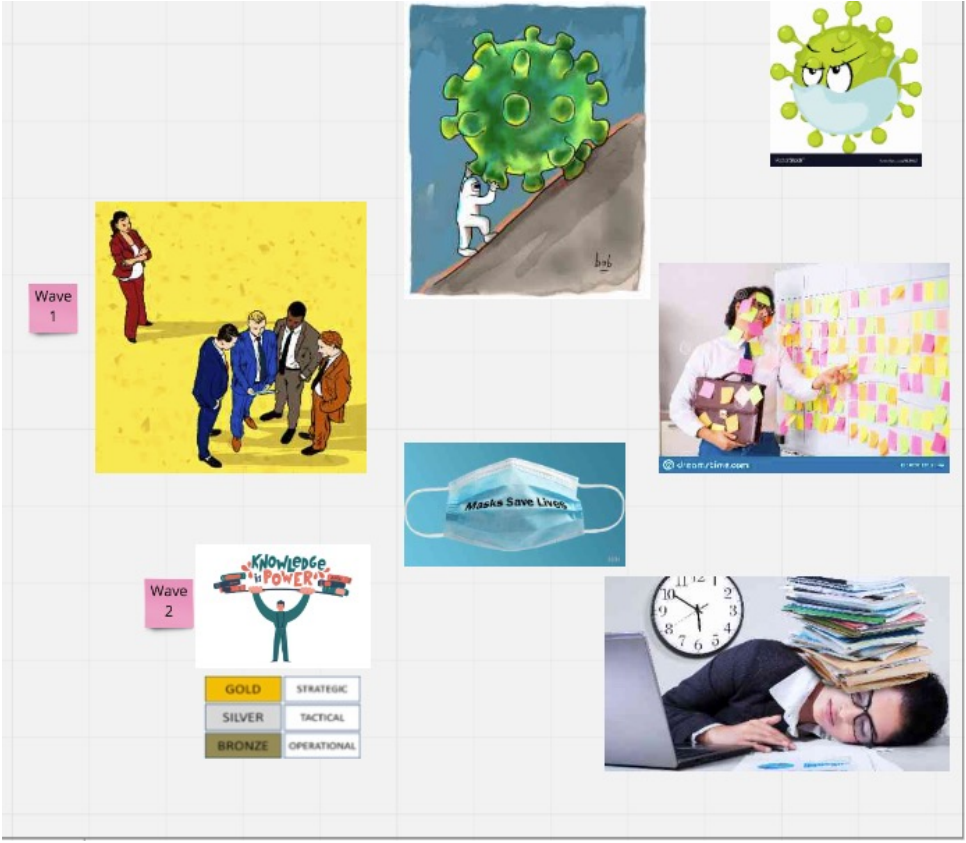
Interviews
- Context (BC)
- Organisation (VSM)

Workshop 5

Workshop 4

Workshop 1

Workshop 3

Workshop 2

VSM Survey (1000)
VSM Interviews (60)

Zoom, Miro

1. Boundary Critique

7. Self Transformation Projects

2. Agree on identity

4. Assess Performance

6. Full VSM Diagnosis

3. Map levels of recursion Define System in focus

5. Preliminary VSM Diagnosis

Identity - Cartoons
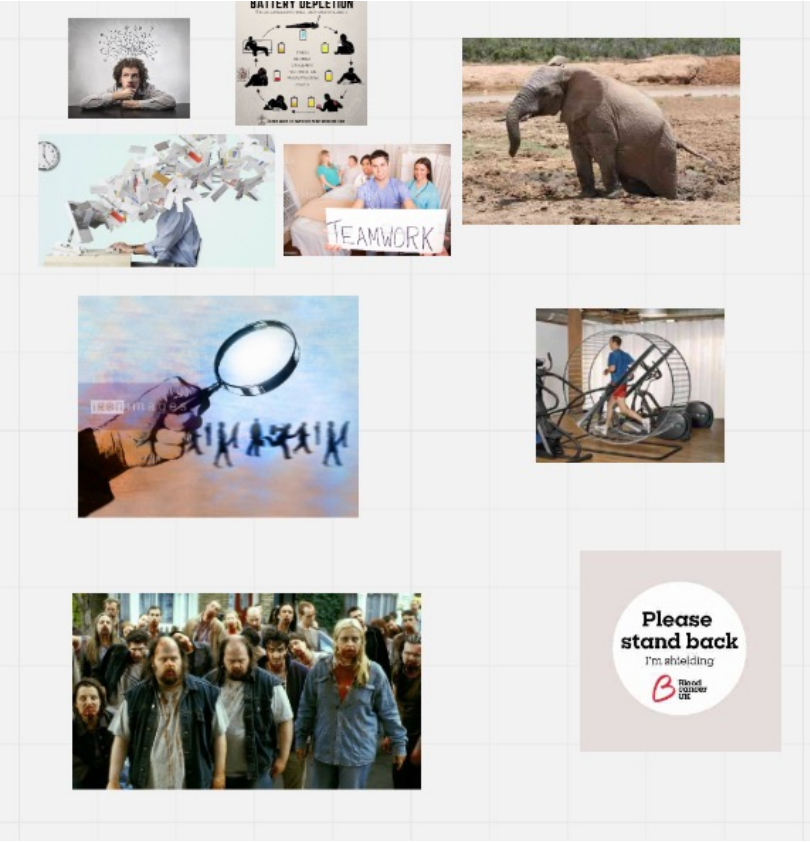
Recursive Analysis
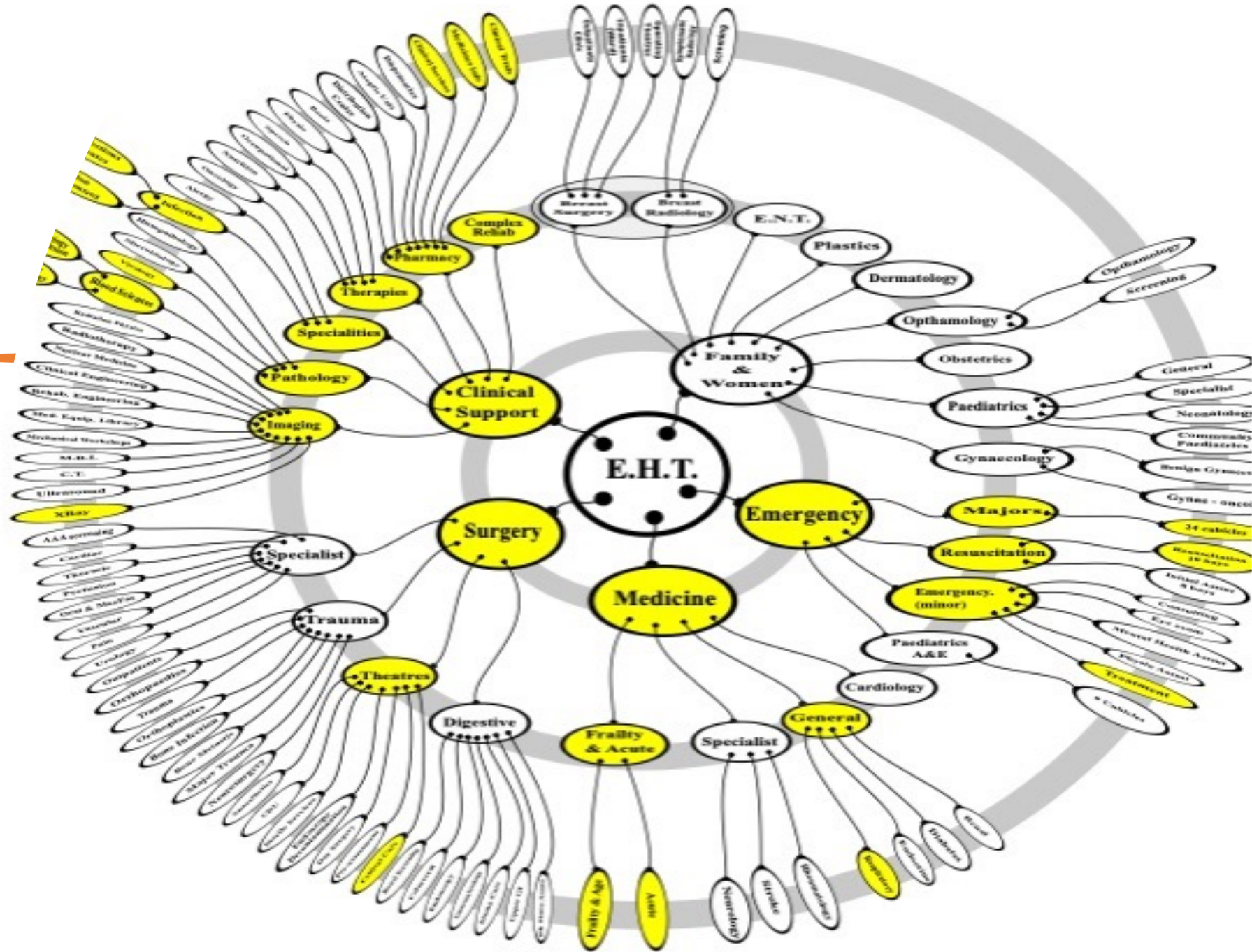
VSM - System in Focus

S5:   Gold Command
COO, Director Strategy. Chief Nurse, Chief Medical Officer, HR, Health Groups Mediacl Directors, Estates, Head Emergency Planning, Rep ICD; Rep Communications

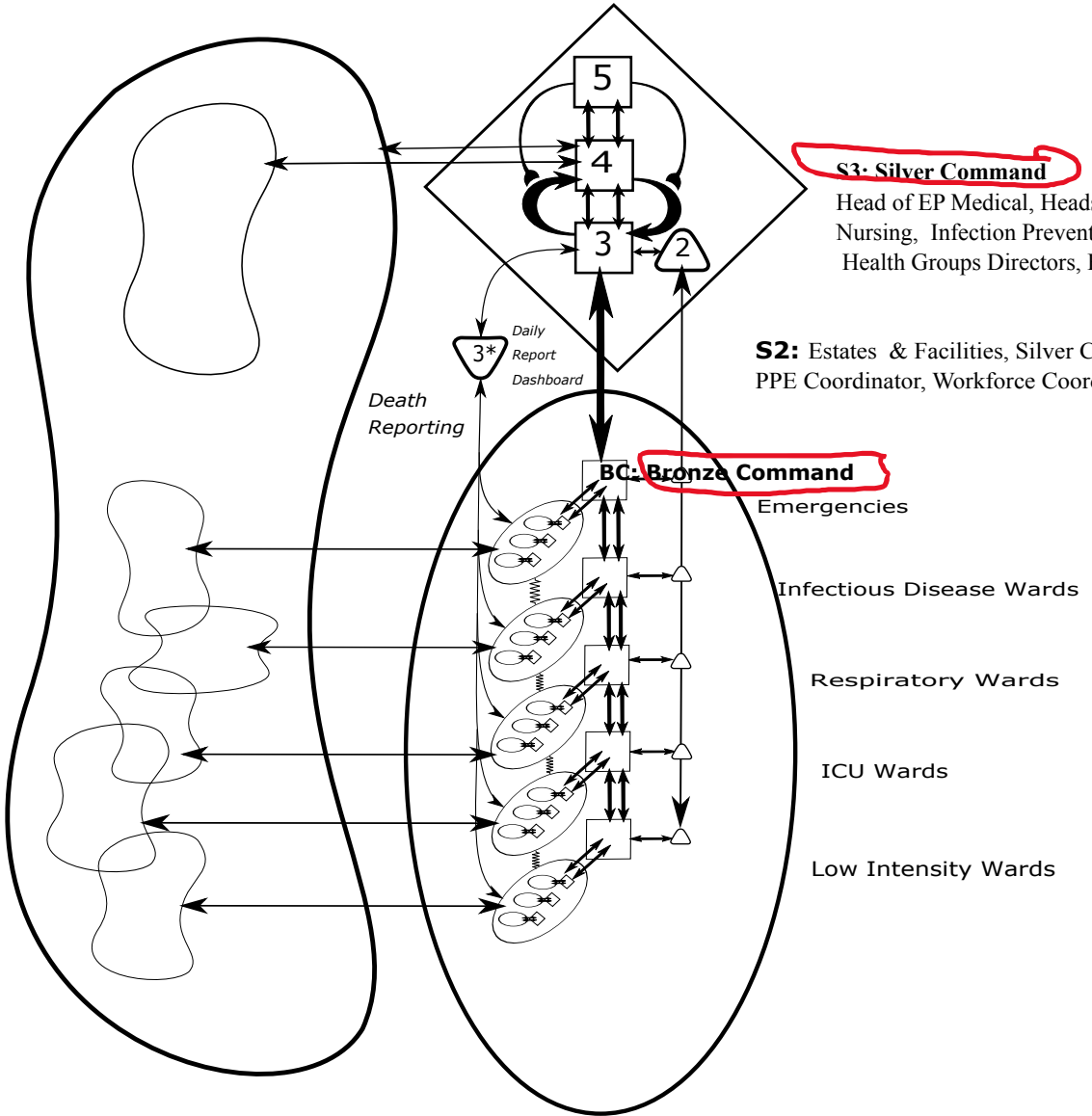**S4 Silver Comm:** Head Emergency and Planning, Deputy COO, Health GroupsOperational Directors, Director Communications, Medical Director Surgery, Ocupational Health, Workforce and ICT Directors

S3: Silver Command
Head of EP Medical, Heads of Operations, Nursing, Infection Prevention and Control, Health Groups Directors, Estates

S2: Estates & Facilities, Silver Coordination, Nursing, PPE Coordinator, Workforce Coordinator

BC: Bronze Command

Emergencies

Infectious Disease Wards

Respiratory Wards

ICU Wards

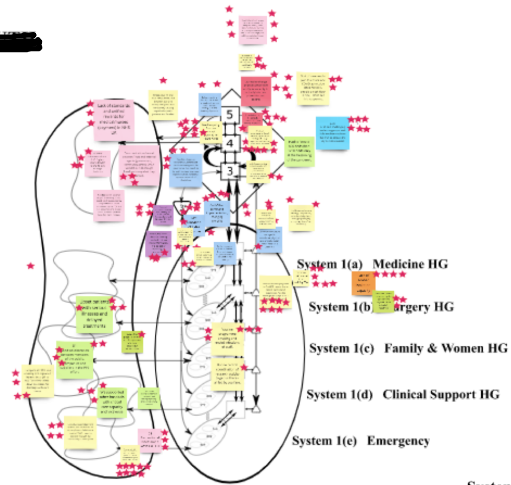Low Intensity Wards

Daily Report Dashboard

Death Reporting

BC= Bronze Command (Operational Management)

Preliminary Diagnosis (Workshops 2-4)

Workshop 2 – Preliminary Diagnosis Trust, MHG, CSHG
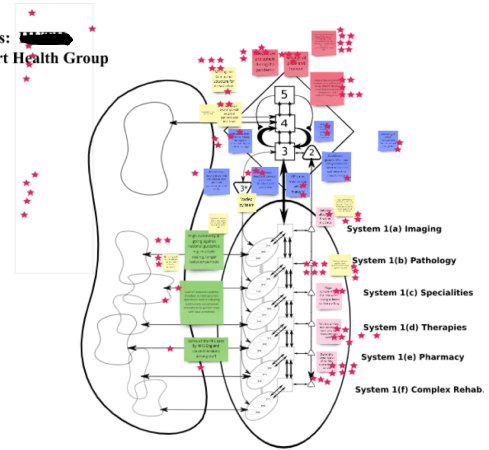
Assessing the Command Structure

- Gold/ Silver Command Structure
  - Heavy metasystem S2/S3/S4/S5

- Bronze Command
  - No 'rapid response' with Wards

- Missing a recursive Command Structure???

Recommendations at Wards' level (S1s)

(the doers)

- Ward's self-governance
  - (dashboard, algedonics, *rep* → Bronze meetings)
- Incentives & moral support
- Innovation / adaptive capabilities

S2 – Recommendations

System in Focus: Command Structure during COVID

S5: Gold Command

S4: Gold / Silver Command

S3: Silver Command

S1 (a) Emergency

S1(b) Infectious Disease Wards

S1(c) Respiratory

S1(d) ICU

S1(e) Low Intensity Wards

BC= Bronze Command
(Operational Management)
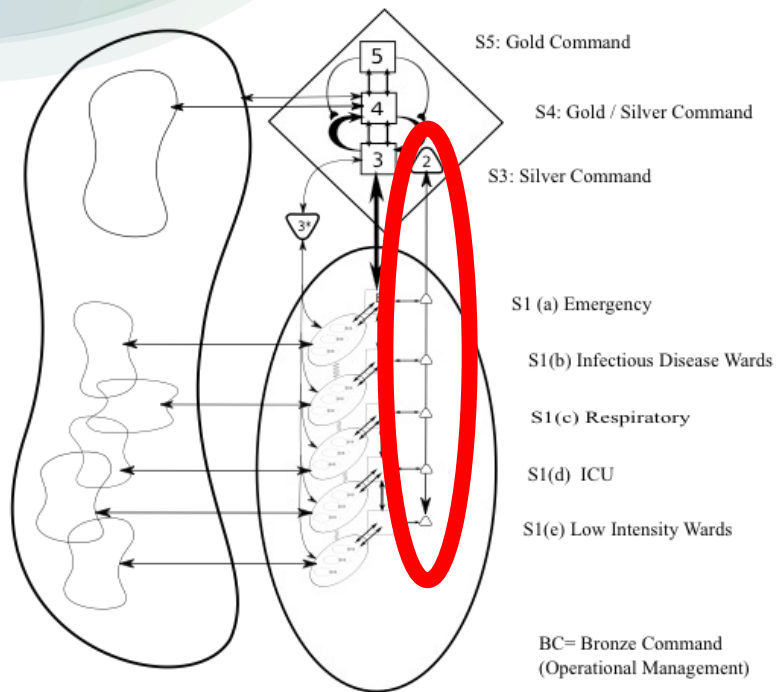
- Revise redeployment strategy (HGs)
- Update Covid19 training (IPC criteria) –
- Culture of '*responsible autonomy*'

Challenging – 'Command Structure'

S3- Recommendations

- More HGs representation (Silver CS)
- More agile communications (Bronze CS vs Wards)
- Distributed decision making
- Agile decisions - Wards

Recommendations – S4

- Proactive emergency planning
- Diamond CS (at all levels):
  - Research team supporting Covid19 response
  - Innovation roles

Recommendations S5

Clinical leadership

Experts led policy & strategy

"Golden Policy Rules" (PPE guidelines..)

MEDICAL ETHICS COMMITTEE

"I'm afraid there's a big difference between Doctors Without Borders and Doctors Without Boundaries."

Improving Governance

System 3/4/5

- Re-balance representation S3 /S4 - Gold, Silver, Bronze

- Distributed governance (HGs, Wards)

- Meaningful KPIs (Wards)

Main constraints to improve the Covid19 response

Exhausted staff / shortages,

Old hospital infrastructure

Authoritarian culture

Changes in national guidelines.

Learning from the Trust

Chief Medical Officer:

'Your (v&s) analysis of staff feedback, comments and suggestions has provided us with a valuable toolkit to improve our response to future pandemics, which will be a positive legacy for our local population.'

VSM – Scalable approach

(Cooper, 2018, Schwaninger & Schoenenberger (2021), Espinosa, Walker, Grover (2021))
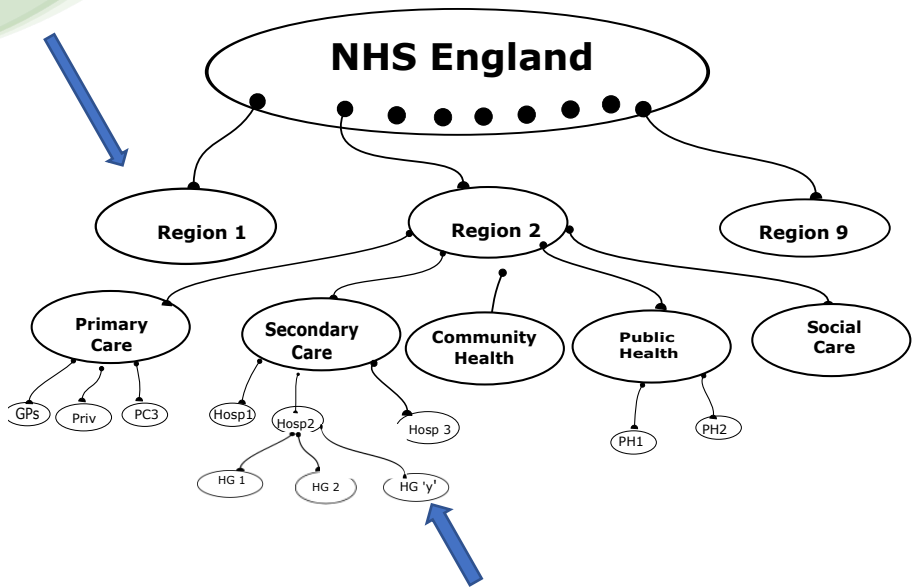
(Recurrent) Health Governance challenges

- Distributing specialised knowledge

- Bottom up innovations

- Self-governance

- Clinical vs. Managerial criteria

VSM: More relevant than ever for managing crises?

- Crises Management ←→ self-governance.
  - sensing and adaptive capabilities
  - requisite variety vs. co-evolving niche
  - performance <-> managing learning loops
  - collective consciousness

What needs to be done to further develop the VSM??

(i.e., to support current global crises

(e.g., health governance; global peace)

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