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in good health

The Norfolk and Waveney Health and Care Partnership

LEARNING FROM COVID ACROSS THE SYSTEM

A thematic evaluation of the Norfolk and Waveney Sustainability and Transformation Partnership 'We Care Together' Campaign

The COVID-19 pandemic has shown how interdependent every aspect of health and social care is by acting as a catalyst for health and social care integrated transformation. It has strengthened the imperative to take a whole systems approach for future sustainability.
(Overarching headline from all data sets)

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1.0 Introduction

Our National Health Service (NHS) has a long history of responding effectively to emergencies and major incidents in which staff are renowned for their ability to respond and 'step-up', showing resourcefulness and resilience in order to continue to deliver care under pressure.

The COVID-19 pandemic outbreak was declared by the World Health Organisation (WHO) on 12th March 2020. This thematic review has been carried out during a time of significant unprecedented change within the NHS and Social Care due to rapid escalation of changes required as a result of COVID 19.

Evidence published to date about front line staff experiences of working through the first wave of the pandemic have been reported by several national campaigns (Humans of Covid-19 project[1], COVID Stories from the Front Line[2]). Additionally, published research papers have presented front line staff experiences from within organisations (Chaudry and Raza 2020; Williamson et al 2020; Sun Wei Shi et al. 2020) as well as reporting the psychological impact on staff mental health and wellbeing (Maben and Bridges 2020, Greenberg and Tracy 2020).

COVID-19 provoked the need for altered working practices and rapidly enforced changes to services and workforce configuration across the strategic partnership of Norfolk and Waveney Sustainable Transformation Partnership (STP). As a result, the 'We Care Together' Campaign[3] was initiated, in order to capture a living history of the pandemic, identifying what has worked and what key challenges have there been, arising from first hand experiences of those working across the health and social care system. The evaluation, therefore, provides both unique and important opportunity to capture information so that lessons can be learnt to further aide transformative practices across the region.

2.0 Evaluation of the Norfolk and Waveney STP's 'We Care Together Campaign'

The ImpACT Research Group at the University of East Anglia were commissioned to undertake an external evaluation of the Norfolk and Waveney STP's 'We Care Together Campaign'.

A thematic review was undertaken as a realist evaluation (Pawson & Tilley, 1997), concerned with identifying what strategies have worked, what can be celebrated, what hasn't worked, in addition to the challenges and implications for system wide transformation, learning, improvement and workforce development.

Data sources were provided from three Acute NHS Trusts, Community, Social Care and Care Home providers, Ambulance Services, Mental Health Services, Pharmacies, Primary Care and Volunteers. In the sample, participants (from different professional disciplines) included front line practitioners,

[1] https://www.opendemocracy.net/en/humans-of-covid/

[2] https://www.kch.nhs.uk/news/public/news/view/31674

[3] https://wecaretogether.org.uk/welcome-to-wecaretogether

managers, specialists, logistics, infection control, engineers, maintenance and ground staff, domestic and cleaning operatives, and kitchen staff. Details of the varied roles and broad settings are presented in Appendix 1.

The thematic review processes began by reviewing 176 interview transcripts conducted by the STP and accompanying voice files and meeting notes. The team had access to meeting notes and a series of Instagram transcripts that provided snapshot portraits of how people had been working across the health and social care system between April and August 2020.

The evaluation's critical intention was to identify and capture:

a) potential lessons to be learned, from the oral living history of staff across the region.
b) a baseline of the transformation agenda across the STP.
c) workforce profiles across the STP for informing future workforce and service sustainability agendas.

The outputs of this report are captured as a set of headlines (Appendix 3) derived from the thematic analysis, this we believe will help the STP in developing next steps in the ongoing STP agenda, including outcome recommendations.

3.0 Methods

The ImpACT team consists of four practitioner-researchers with expertise in realist evaluation methods and systems transformation, who worked collaboratively with a member of the communications team from the STP to independently analyse the transcripts provided.

A realist evaluation (Pawson and Tilley, 1997) guided the approach taken with a focus on addressing the question "*What works for whom and in what contexts and why*?" to help illuminate real-world issues that people face in complex health and social care practice contexts. The context and focus of this report are how the Norfolk and Waverly health and social care system has experienced the covid-19 pandemic through a voluntary sample of staff talking about their personal experiences and recollections. Each interview lasted between 2-10 mins. Interviews were transcribed by volunteers.

Each transcript was assigned a code to provide anonymity to participants. The data set was randomised, divided and apportioned to each member of the team with each transcript subjected to a content analysis using a colour coded system with seven areas for interrogation of the transcript (Table 1). In the first level analysis, each transcript was coded with the analysts initials and read several times before being colour coded to the appropriate theme in the analytical template.

In the second level analysis the themes from each individual analysis were synthesized into a thematic table utilising the same headings of impact (Table 2). The analysis template was populated with the themes arising from the first level inductive analysis of each transcript/dataset. Transcripts were highlighted for quotes that illustrated the theme particularly well, and consideration was given to who within the system it related to. This was to determine impact from system, staff and teams through

to individual level. Themes were also labelled for data that applied to patients, residents, families, citizens and the wider public.

The final third phase of analysis generated overarching themes across all the data sets and this is presented in full in Appendix 2.

At each stage of the process the team met to sense check the processes used to ensure there were no anomalies or outlying data that had not been captured or represented. This also ensured consistency of approach across the team and consideration of the key messages (and emerging themes) that could be gleaned from the data as a set of early headlines for the commissioners who were applying for an HSJ Award in recognition of the work undertaken (Appendix 3).

The evaluation team ensured that all transcripts provided were destroyed once thematic analysis had taken place with the sole responsibility for data control lying with the STP.

QUESTIONS GUIDING ANALYSIS (Use colour code to highlight which question the data is primarily informing)	An Example of theme/summary (you don't need to include every example, just enough to give a flavour of the theme or an excellent quote that could be used in final report)	THEMES (Use a simple descriptor rather than a single word to describe the theme)	For Whom the theme relates? Staff, patients, service users, citizens/residents/ systems
What has worked? These will be specific actions/interventions/initiatives/ideas			
What has not worked? Something tried that did not work or not doing something			
What have been the challenges? New challenges people face in their work because of Pandemic			
Outcome/ celebrations? Positive outcomes or things that can be celebrated			
Learning/ Opportunity? More formal than insights as they guide future actions that need to be implemented			
Insights? These may be new insights at an individual/team/system level			
Impact on roles? Anything that has affected roles and how they are carried out because of pandemic			

Table 1: Template for analysis of transcripts (Colour coding key applied to transcript thematic analysis

QUESTIONS GUIDING ANALYSIS	THEMES	DATA SET REF	For Whom the theme relates?
What has worked?	Maintaining a sense of normality	CJ1	Staff
	Maintaining a good atmosphere (CJT1)	CJ1	Staff, residents and families
	Seeing the Patient as a "person' not just a number in which there was greater 'care' and 'patience'	JWT2	Staff, patients, self
What has not worked?	Panic leading to avoidable admission	CJT14	System. Family, team
	(Logistical) In-country delays (PPE)	CJT21	System
	Everyone being referred to mental health services	CJT22	System
	Caring for others but not always self, including breaks and time away.	JWT1	Team, patients, self
What have been the challenges?	Coming back to work post-covid infection is worrying	CJT6	Staff
	Challenges with holiday and shielding has emotional impact	CJT7	Staff
	Coping with a spectrum of emotions – attitudes and values related to behaviours	JWT6	Team, self
Outcome/ celebrations?	Pride in achievements	CJ21	System, staff, Individual
	Working from home	CJ22	Individual
	The importance of Community Spirit	JW2	Self, society
Learning/ Opportunity?	Strategies for coping	SHT6	System, staff
	Treat everyone the same with respect	SHT18	System, staff, patients, citizens
	The use of IT to support new ways of working and communication	JWT8	Team, patients, self, organisation
Insights?	Looking to the future, the 'new normal'	JWT4	Society
	Positive and negative Impact of lockdown on staff	KM3	Staff, system, society
Impact on roles?	Resilience of self and the team	JWT1	Team, self, patients
	Focusing more on safety and teaching others to be safe	KM1	Staff, patients, residents

Table 2: Second level analysis of transcripts with theming applied

4.0 Results

The total number of transcripts/datasets analysed was 176 of which 168 were transcripts derived from individual contributions (160 written transcripts and 8 voice recordings) and 8 were from groups comprising a grand round; 2 Instagram accounts (plus one further duplicate, therefore analysed twice by two different researchers); plus, four meeting's minutes.

In addition to the 176 datasets analysed, 5 corrupted files (voice recordings) were not analysed, 3 transcripts and 3 audio files were not returned.

1 transcript was not forwarded to the evaluation team as this was withdrawn by the participant.

A total of 31 overarching themes (outlined in Appendix 2) were identified across the seven colour coded questions.

For each question the overarching themes have been presented in terms of the number of responses. Whilst the number of responses can provide a sense of the theme strength in terms of the number of informants who highlighted the point, some caution needs to be applied as some transcripts were from groups of people, so the numbers identified are more likely to be higher than stated in themes identified with an asterisk, indicating one or more groups have contributed to the theme.

In relation to the seven critical questions used to guide the analysis and the 31 overarching themes (T1-T31), these are presented in relation to lessons learned from:

I. things that went well compared with those that didn't (Table 3);
II. challenges compared with the celebrations and outcomes (Table 4);
III. learning and insights gained (Table 5);
IV. impact on role (Table 6);
V. headlines distilled from the analysis informed by the 31 themes (Appendix 4).

I. The things that went well compared with those that didn't

Table 3 (below) illustrates that more things have worked than have not with more than double the responses in the positive domain.

What has worked?	No of data sets with theme	What has not worked?	No of data sets with theme
T1: Collaborative, resilient, flexible teams who mutually support each other, cascade information and have risen to the challenge	72*	T5: The correct use and dehumanising impact of PPE and obtaining consistent supplies within a changing context	33*
T2: Cross-boundary working with, shared priorities, improved relationships, pooled resources, streamlined processes enabled new services	24*	T6: Confusing messages, not knowing what is happening with impact on: mental health assessments, hospital admissions and attendance, university programmes and conspiracy theories	15
Sub-Theme 2.1: Ideas implemented have spanned technical innovations and standard passports for volunteers in acute settings to sharing medications in short supply and adapting new ways of working in the community	5*	T7: System not joined up or resilient impacting negatively on patient flow, social care, use of volunteer potential, track and trace and redeployment	9*
		T8: Unrequired actions in acute care yet social care left high and dry	2
T3: Seeing the person in the patient, and with care and patience working with or for family members across the spectrum of care from recovery to death	24*		
T4: Technology has contributed to normality and innovation through patient consultation/decision making, improved response times, EoL experiences, team communication, remote working, staff wellbeing, and recruitment.	20*		

Table 3: Illustrates the themes of what has worked and not worked across the system (* indicates the number of datasets informing the them comprise one or more from groups)

COVID-19 has acted as a catalyst for green shoots in genuine integration and joint working to enable transformation across health and social care at many levels to start if momentum is maintained (T1, T2, ST2.1,T3).

The greatest strength has been the willingness and resilience of the workforce and teams to be flexible and work together in finding solutions for care that are person centred and safe (T3,T11,T15,T16). The data highlights that individuals and teams were enabled to find innovative solutions to 'problems' without becoming stifled by 'poor' governance (T2, ST2.1, T22). The number of teams (new and existing) who are or have become effective in how they work together and support each other to provide services to patients, residents and communities is humbling (T1,T2,T16).

The use of IT is widely recognised as being beneficial and these benefits need to be retained and further grown specifically in relation to:

a. Supporting virtual visiting and End of life connections.
b. Clinical consultations.
c. Patient, team and stakeholder consultations.
d. Emotional support for staff wellbeing.
e. More efficient and collaborative ways of working with greater productivity.
f. Learning and development and induction.
g. Speeding up recruitment processes.
h. Environmental benefits- reducing the carbon footprint. (T4, T19, T24).

Good broadband infrastructure across communities is a necessity to support the above (T24).

The areas that did not work so well were associated more with national and system factors such as communication of key messages, system integrity in terms of maintaining PPE supplies which impacted on staff in their interaction with patients and residents, the mental health of people and the flow of patients through the system (T5,T6,T7).

ii. The challenges compared with the celebrations and outcomes

Table 4 illustrates the themes that staff identified as the key challenges and celebrations from their experiences of working through the pandemic.

The greatest challenges focused more on the human elements of care, specifically managing emotions (positive and negative) of all, but keeping hopeful, and caring for self and others as the implications of COVID-19 were experienced on the lives of staff, patients, residents (T9,T10). Living with the uncertainty, exposure to many more deaths than usual and the impact on family for all raised anxiety levels (T11,T12,T14)

Another key challenge resulted from experiencing inconsistent messages associated with the pace of change and the implications this had for system functioning – each part had an impact on other parts (T12). An example of this was the lack of consistent approaches by different GP practices across the system, and the impact that GP closure had on pharmacy demand.

In contrast again, the positives outweighed the challenges, with twice as many responses associated with the top celebration than the top challenge. The recognition that staff have been amazing (T15) was unanimous outstripping other celebrations and outcomes and contributing to a sense of pride and joy. In addition, the experience of learning and working together has engendered a community spirit and can-do approach across the system (T16) with many staff feeling notably valued (T17). Other celebrations and outcomes included better relationships personally (T18) and professionally (T16) and better work-life balance as a result. Again, the contribution of Technology has been recognised as a real success (T19).

Challenges?	No of datasets with theme	Celebrations/Outcomes?	No of datasets with theme
T9: Managing emotional impact of the pandemic on people (staff, patients, residents, students) but keeping them hopeful and safe	45*	T15: An amazing workforce – kind caring, supportive, strong teamwork and spirit has created a sense of pride, joy and feeling valued	85*
T10: Caring for self and each other when anxious about passing virus onto others, suffering fatigue and stress, with no end in sight	41*	T16: Everyone worked and learned together with a can-do attitude, supported by community spirit, everyone playing their part and the role of social care highlighted	41*
T11: Supporting residents/patients with the impact of social isolation and their understanding of social distancing whilst also not seeing own families	42*	T17: Feeling valued and appreciated by so many – will it continue?	29*
T12: Inconsistent policy and guidelines, and discontinuity across the system impacting on other parts of system, pace of change and uncertainty about when it will end - the new normal	28*	T18: Strengthened relationships with own neighbours, family and relatives, spending quality time with them and better work-life balance	21*
T13: Not knowing who has the virus, worrying about the risks to others (own families, patients, vulnerable others) and being more vigilant about safety.	19*	T19: Technology a success story for treatment, communication, virtual visiting, connecting and communicating with people, system efficiency, productivity and carbon footprint	13*
T14: Exposure to increased number of people dying and impact of Covid related EoL care	9*		

Table 4: Illustrating themes across Challenges and Celebrations/Outcomes (* indicates where some responses included groups rather than individuals, so the actual number of informants identifying the theme will be higher than the number identified)

iii. The learning and insights gained

Learning and insights have been drawn from across acute, community and care homes that reflect every aspect of health and social care across the STP (Table 5).

Formal Learning?	No of datasets with theme	Insights?	No of datasets with theme
T20: Appreciate learning across the NHS and society to do things better or differently, enabling all parts to feel empowered to make a difference	30*	T26: Developed greater recognition of own strengths, the importance of balancing support for self and others, maintaining wellbeing and appreciating the little things e.g. a job I enjoy.	50*
T21: Increase understanding for vigilance and keeping people safe and funding	14*		
T 22: Continuing new ways of working – system focused integrating health and social care with good business planning to protect key supplies and human resources	15*	T27: Sustaining new ways of working, community spirit and cohesion	20*
Subtheme 22.1: Wider recruitment across health and care economy, with reservists and volunteers and shorter recruitment processes to support permanent staff	7*	T28: Looking to the future, the new normal will be different won't need big offices, more flexible and home working, services will change what they can offer	15
Subtheme 22.2: Ensure the right skills are in the right place at the right time	5*		
Subtheme 22.3: System requirements to support high numbers of people requiring rehabilitation and needs of vulnerable people and those with mental health challenges	3*		
T23: Support for staff wellbeing	14*		
T24: Keep IT enhanced initiatives, recognising the need for good broadband connectivity	13*		
T25: Consistent and clearer messages on role of testing, applying social distancing sooner	4*		

Table 5: Illustrating themes across Learning and Insights (* indicates where some responses included groups rather than individuals, so the actual number of informants identifying the theme will be higher than the number identified).

A greater recognition was apparent of the role and value of learning more generally across the NHS as a pre-requisite to doing things differently with the need for all parts of the system to feel empowered to contribute and make a difference (T20). This was associated with continuing new ways of working (T21) and good business planning across an integrated health and social care system (T22). Key learning was that business planning linked to workforce development needs to 1) embrace both speedier and more comprehensive approaches to recruitment across the system for supporting permanent staff, including better use of reservists and volunteers (T22.1) and 2) ensure that the right skills were in the right place at the right time (T22.2), particularly to address the wellbeing of staff (T23) and the vulnerability of people especially those with mental health needs (T22.3).

A further strong learning theme was recognised as the need for increased vigilance and understanding about how to keep people safe (T21).

In contrast to the key learning themes that were predominately systems focused, insights were more personal for staff, with much greater recognition of own strengths, the importance of balancing support for self and others, maintaining wellbeing and appreciating the little things e.g. a job I enjoy (T26). Other insights focused on the need to sustain new ways of working, community spirit and cohesion (T27) and looking to the future, recognising that the new normal will be different (T28).

Learning at the **systems level** identifies the need for:

a. Consistent approaches across and within sectors.
b. Consistent clear messages about what is expected from staff and the public.
a. Good business relationships and continuity planning to ensure staffing, supply chains, managing the number of deaths, continuing with other health priorities is critical e.g. people with cancer; maintaining adequate stocks and supply of PPE.
b. Embedded (systematic) support systems for staff.
c. Integrated volunteer systems across boundaries- passport for volunteers inclusive of DBS and shielding arrangements.
d. Continued learning and development support with safe working in the workplace quality improvement, infection control.
e. Enabling teams to be empowered to make a difference as interdependent partners across the system. (T5-11, T14, T20, T22, ST; s 22.1-22.3, T23, T25, T27, T28).

Learning for **national policy** includes the needs for:

a. Consistent and clear messages to the public in a timely manner.
b. Whole system planning (business continuity and supply chains and relationship with suppliers which is specifically relevant to PPE).
c. Consideration of and planning for impact on vulnerable people.
d. Introduce one national capacity tracker system for recording Covid tests. (T12, T13, T22, T25, T27, T28).

Learning at the **individual level** has strongly resonated with:

a. Re-igniting individual strengths and recognising those they didn't know they had.

b. The importance of appreciating the 'little' (frequently taken for granted) things.
c. Family and home, hobbies and interests.
d. Having a job, they loved.
e. Appreciating the support of the public and others.
f. Humanitarian values - Valuing every person as a person and their contribution, be that colleague, patient, resident, relative, volunteer, friend, citizen. (T9, T10, T17, T18, T26).

iv. The impact on role

Finally, the data also identified several themes that illustrated the impact of the pandemic on staff roles as illustrated in Table 6.

Impact on Roles	No of datasets with theme
T29: Learning readily to work differently, adapting flexibly, adjusting, supporting others in new roles or taking on new roles whilst coping with increased workload	89*
T30: More prepared for safety, stricter infection control, safeguarding so people feel safe	33*
T31: Communicating more to get the right message across	5*

Table 6: Illustrating themes illustrating impact on roles (* indicates where some responses included groups rather than individuals, so the actual number of informants identifying the theme will be higher than the number identified)

Notably the greatest impact on staff roles were associated with learning readily to work differently, making adjustments, supporting others in new roles or taking on new roles whilst coping with increased workload (T29) combined with a much stricter focus on safety (T30) and to a lesser extent the need to communicate more to get the right messages across (T31).

v. The headlines distilled from the analysis

The 31 overarching themes informed answers to the seven questions as shown in Tables 3-6. These have been used to synthesise the key findings from the evaluation as a set headlines presented in Appendix 2 where they are aligned to the 31 themes.

5.0 Discussion

The evaluation team approached the data from the perspective of what constitutes the functioning of the system across the STP. Undoubtedly, the data highlights the complexity of the system and where it works and does not work from staff perspectives.

The COVID-19 pandemic has shown how interdependent every aspect of health and social care is and has strengthened the imperative to take a whole systems approach to enable this by acting a catalyst for health and social care integrated transformation.

The results have highlighted that it is vitally important to have cohesive and effective teams with positive working relationships in order to flex and adapt to provide continuity of person centered, safe and effective care during a pandemic. Whilst this was very evident from the 31 number of themes that illustrated the importance of team cohesion and support, the support appears to have been driven by the values of caring for each other within teams, rather than the system or organisational support on the whole.

Whilst organisations have been caught in the eye of the COVID-19 storm, it is important that the organisation itself is also enabled and supported to stand back and reflect on aspects of staff wellbeing and how to strengthen relationships with everybody across the system, in order to help prepare for and secure a resilient future. The data has illustrated the impact on the emotional health and wellbeing and resilience of staff. As captured in Headline 5:

> *The greatest strength has been the willingness and resilience of the workforce and its teams to be flexible and work together on finding solutions for care that are person centred and safe.*

Supporting practitioners practically and psychologically is essential to preserving their health in the short and long term, particularly when occupational stress levels are high (Maben and Bridges 2020). Ensuring psychological well-being requires a layered response, with different components at different times, comprising strategies aimed at prevention through to treatment, and strategies/actions at different levels, from system, organisational and team/ward responses to those aimed at individual self-care and peer support (Maben and Bridges 2020).

Evidence based psychological support strategies developed by Maben and Bridges (2020) suggest that staff will need 'resilience', but resilience must never be an individual responsibility, it is a collective, organisational and system wide responsibility. Similarly, Stacey et al (2017) identify the importance of Resilience-based Clinical Supervision as an intervention that encourages practitioners to pay attention and apply reasoning to behaviours and responses to emotive scenarios through a process of stress alleviation and prevention. The need for 'resilience' is frequently identified as a prerequisite when considering workforce transformation, what is less well defined and understood are the elements that enable 'resilience' from a personal, organisational or system perspective.

In responding to the future challenges posed by the COVID-19 virus, it is important to implement and embed systems that will support workforce transformation in relation to how they are prepared and developed to address a different way of framing health and social care that is wrapped around people and person, person- centred practices, relationships, and what matters to people both those giving and receiving care. This requires a radical transformation in patterns of thinking and an integrated system wide approach that builds on collective leadership to grow social capital. (Manley and Jackson 2020).

The themes illustrate that the shifting sites of care delivery across the system has created a discontinuity in patient relationships.

6.0 Limitations

This evaluation has several limitations. First, the evaluation team was not involved in the design of the interviews conducted with staff, therefore those staff who volunteered are not a randomised sample, however the range of roles captured enabled a breadth of representation across the STP. Secondly, the range of data collection methods from interviews, audio files and Instagram accounts were varied in format and some of the files corrupted therefore reducing access to the whole dataset provided. Twenty files were sent separately later to the initial batch received which necessitated another round of thematic analysis. A related issue was the handling of data that was sent to the evaluation team for review which made cataloguing more complex as it was not always clear what role or setting the interviewee was talking about.

7.0 Conclusions

The data was captured during a time of unprecedented changes occurring due to COVID 19. Some staff were exposed to experiences that have never been encountered in their working and personal lives. The intensity of these experiences was evident in the brief transcripts. Therefore, despite the number of participants, the distilled essence of the COVID experience has been captured in this thematic evaluation.

The first wave of the COVID-19 pandemic has led to unprecedented change across NHS and Social Care systems. This thematic review has provided a 'snapshot' at a period when people (encompassing community's, health and care workers), organisations and systems were needing to adapt to a radically 'new' normal. The impact (both positive and negative) cannot be underestimated on individuals and how the pandemic has and will continue to touch people's lives. The ongoing legacy cannot yet be defined although from this thematic review the learning at this early stage cannot be underestimated in its richness and insight into the experiences of those working within both health and social care settings.

7.1 We Care Together Project Evaluation Recommendations

Arising from this evaluation are key strategic transformation priorities identified as:

1. Enabling teams to be empowered to make a difference as interdependent partners across the system. (T5-11, T14, T20, T22, ST's 22.1-22.3, T23, T25, T27, T28).

2. Consistent and clear communication through for example one national capacity tracker system for recording Covid tests. (T12, T13, T22, T25, T27, T28).

3. System wide transformation can be achieved through promoting humanitarian values - Valuing every person as a person and their contribution, be that colleague, patient, resident, relative, volunteer, friend, citizen. (T9, T10, T17, T18, T26).

"Transformation implies radical ways of doing things to reflect the values aspired to; it is not about quick wins or key performance indicators. Taking a whole-systems approach based on person-centred approaches, to many, is radical. It requires a shared understanding and meaning of the term, the underpinning values, and the key concepts at the heart of systems working integration and interdependence. "(Manley and Jackson 2020: 624)

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