NEC DIGITAL STUDIO

A recovery plan for the nation's healthcare

How user-centred systems thinking can create systems which work better for patients, clinicians, and NHS trusts, and deliver on the mission to improve the health of the nation.

Made for Life.

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Introduction

The NHS is under pressure, with stretched resources, lengthy waiting times and record low satisfaction. There is no miracle cure, but there are opportunities to vastly improve healthcare services by looking hard at how they are delivered.

To this end, the **Government** has mandated the creation of more effective digital services.

However, experience shows that digital services can't just be bolted on to existing systems, practices and infrastructure. **Healthcare is complex, and there are deep systemic challenges that won't be fixed by simply creating a new user interface.**

The State of Digital Government Review highlights the fact that digital teams are having to navigate processes which were not designed for the digital age, within organisations with fragmented structures.

This is holding us back from delivering healthcare in the best possible way.

To develop truly effective services, we must start by thinking about how those services can be designed and integrated to work well for the people who use them - in healthcare this includes patients and NHS staff.

With insight from key stakeholders, and real-world case studies, this white paper sets out why user-centred systems thinking must play a fundamental role in the future of healthcare.

A pivotal time for healthcare

In healthcare, nothing stands still.

We have much better health outcomes than our forebears 100 years ago, when the major risks revolved around infectious diseases like polio, tuberculosis, and smallpox along with poor hygiene, nutrition and sanitation.

Today we are more likely to be grappling with the obesity crisis, mental health difficulties and diseases associated with increased life expectancy. Meanwhile, medical science and technology is evolving all the time in the quest to develop cutting edge treatments and personalised interventions.

We are constantly facing new challenges and finding new ways to address those challenges.

It’s a time of challenge and a time of ambition for the nation’s healthcare.

A time of challenge

Long waits and backlogs

- The elective treatment waiting list in England reached 7.6 million with over 3 million patients waiting more than 18 weeks according to **government figures**.
- 10% of patients are experiencing waits of 12 hours or more in A&E departments.

Severe workforce shortages

- There are 16% fewer fully qualified General Practioners in the UK than other high-income countries.
- There is a **vacancy rate of 7.5%** within the registered nursing staff group.
- **41.6% of staff** report feeling unwell as a result of work-related stress.

Low satisfaction rates

- Only **1 in 5 people (21%)** say they are satisfied with the way the NHS runs.
- 6 in 10 people (59%) say they are very or quite dissatisfied with the way the NHS runs.
- Satisfaction with the health service is at the lowest since the survey began in 1983.

> **"People's expectations from the NHS have increased, while the resources available to meet those expectations have decreased, creating a mismatch which is challenging to resolve."**
>
> Thomas Jun, Professor of Sociotechnical System Design, Loughborough University.

Complex health conditions

- There are increasing health inequalities, preventable illness and unmet social care needs.
- **The Health Foundation** reports a rise in the number of people living with multiple health conditions since the early 2000s.

While the context around healthcare remains challenging, there is a commitment from all stakeholders to make fundamental and lasting improvements, backed by the Government's 2025 **mandate for health**.

In his foreword, Secretary of State for Health, Wes Streeting, said, "While the NHS may be broken, it's not beaten." He mentioned the extraordinary depth of clinical talent, and the dedicated and passionate staff across every function.

Our shared ambition should be to give these talented people the tools they need to achieve the strategies outlined in the **10 Year Health Plan**.

A time of ambition

A national mission to improve health

The **10 Year Health Plan** aims to reinvent the NHS through three radical shifts:

- Hospital to community
- Analogue to digital
- Sickness to prevention

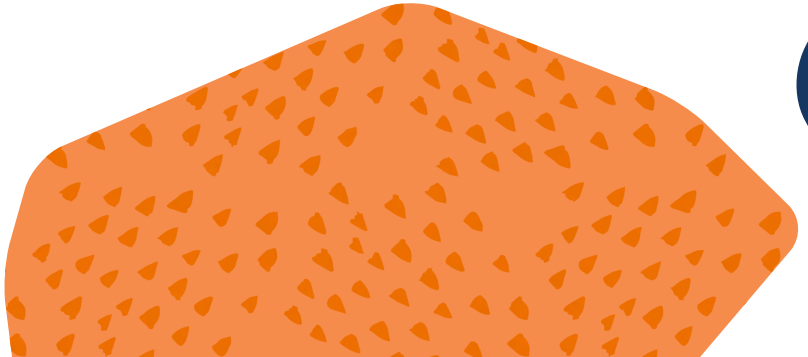
These shifts will enable the NHS to:

- Ensure rapid access for those in generally good health.
- Free up physical access for those with the most complex needs.
- Help ensure the NHS's financial sustainability for future generations.

A digital future for healthcare

- The Government is prioritising digital integration to promote greater efficiency.
- This can only be achieved by untangling the systems which are not working well.
- We have to look at what everyone needs, to make them work better.

The only way to address the challenges and realise the ambitions is to make systems that work better for those who use and provide our health services.



> **"We are operating services at a massive national scale, with systems that are used in critical situations every second of every day. So rock solid technology foundations are really important, but no design is going to succeed if it doesn't work for the people who use it."**
>
> Matt Edgar, Director of Digital Urgent and Emergency Care, NHS England.

Why healthcare is so hard to fix

Digital transformation in healthcare is fraught with misconceptions. All too often, digital is held up to be the holy grail for health, but healthcare services are exceptionally complex which is why so many previous digital initiatives have not lived up to expectations.

> **"There is a misguided assumption that if we deploy more technology, it will improve things. So, we create more patient management systems, more databases, more reporting lines and more products. But if they're all built in isolation, and none of them talk to each other properly it doesn't fix anything. We need to get back to the root causes of the problem."**
>
> Tom White, Head of Service Design, NEC Digital Studio.

> **We have to recognise that there's huge uncertainty, risk and variety in the patient caseload which makes urgent emergency care inherently complex. Understanding that complexity and dealing with it is very important.**
>
> Matt Edgar, Director of Digital Urgent and Emergency Care, NHS England.

There are inherent difficulties involved in digitising services which have existed in some form or another for many years and have evolved somewhat messily over time. This makes healthcare hard to fix:

Whole systems are too fragmented and complex to fix in one go

The healthcare system is not one single entity. There are vast numbers of separate programme areas which connect with each other in different ways. Instead of attempting the impossible task of making everything simpler, good design is about accepting systems are complex and taking a more holistic view.

"Of course, a patient isn't going to be an expert on how to design the intricacies of a digital patient management system – but they are definitely experts on what it's like to be on the receiving end of a broken one."

Tom White, Head of Service Design,
NEC Digital Studio.

A lack of shared understanding gets in the way of designing effective solutions

A healthcare system has many users and stakeholders, and each of these may require slightly different - and sometimes conflicting - outcomes from the system. For instance, a system might need to save time and money while also delivering good quality care to patients. Understanding the needs of all users and stakeholders is critical to the success of a system.

Add-on 'solutions' are often ineffective

It's not enough to try and solve long term challenges by simply adding more technology to a broken system. This can create even more complexity. We need to turn this thinking on its head and start with what makes a system good for everyone who uses it - and then find the most effective interventions for moving towards this.

"There's a tendency to add layer upon layer of innovation on top of a legacy system. But because the new system doesn't have all the features of the old system, people have to log on to multiple systems to carry out a task. A better design approach involves *exnovation* where you 'undo' previous innovations to create something better."

Thomas Jun, Professor of Sociotechnical System Design, Loughborough University.

Tension between improving efficiency while addressing people's differing needs

Healthcare is about helping and supporting people who are unwell and often very afraid. While efficiency in healthcare is important in reducing waiting lists, maximising budgets and matching resources to demand, efficiency alone is not enough.

These hurdles are not easy to overcome, but there is an approach that engages specifically with the challenges of complexity, siloed thinking, and the outcomes a service delivers for people. It's called user-centred systems thinking, and it's perfect for understanding how healthcare services work, what people need from them, and where opportunities lie for their improvement.

> **"If a GP appointment that overruns by seven minutes means an elderly person understands all their medication and feels less scared about their situation, then the patient walks away feeling looked after, able to trust the system and more likely be compliant. If we simply see the appointment as a workflow on a map, we're at risk of forgetting that human care is at the heart of all the projects we work on – and that's a dangerous place to be."**
>
> Tom White, Head of Service Design, NEC Digital Studio.

User-centred systems thinking

> "You don't completely fix a healthcare system. Instead, you create conditions for change, you intervene to improve the system, measure the improvements made and identify opportunities for further change."
>
> Tom White, Head of Service Design, NEC Digital Studio.

User-centred systems thinking is an approach that considers the interconnections in complex healthcare systems, while focusing on the needs, behaviours, and experiences of the people who use and deliver them. Its goal in healthcare is to create better outcomes by making services easier to provide and consume, more effective, and more efficient.

A purely user-centred approach might miss show-stopping blockers in the wider system. A system-heavy approach might not take account of vital factors to do with delivering and using the service. User-centred systems thinking combines these approaches.

It zooms in and out from a view of people's experiences to a view of the whole system which enables (or in some cases compromises) the service delivery.

The next sections look at how user-centred systems thinking can improve healthcare by gaining a deep understanding of services and the systems behind them and using this understanding to identify the most effective interventions. While not every project or initiative may be able to replicate it exactly, adopting this method - even in part - can lead to meaningful service improvements.

There are two main facets to this approach.

1. Gaining understanding of a healthcare service you're working on, and the system in which it sits.
2. Designing the right service improvements.

These should not be viewed as separate steps, since early thinking on potential changes can begin during initial research, and user and stakeholder involvement will continue to increase understanding when design activity is taking place.

> **"Healthcare is like bringing 20 different industries together. Some of those industries are at the far end of complexity, elderly care for example, while others are more linear, such as pathology lab processes. When we try to apply approaches suitable for the linear part of healthcare (e.g. lean thinking) to the complex parts, it can make the system worse rather than better."**
>
> Thomas Jun, Professor of Sociotechnical System Design, Loughborough University.

1. Understanding a service and the system it sits in

For any work on improving a service to be successful, the service and the complete system surrounding it must be understood. Blindness in relation to any aspect, for example people's experiences, the way the service is delivered, and other interdependent services and systems, can lead to failure. So, a user-centred systems thinking approach looks to create more holistic understanding.

Success depends on understanding many things

Each healthcare service has different structures, aims, contexts and challenges. To understand a healthcare service, it's important to consider all the following questions:

Who are the users and stakeholders, and what's their experience of the existing service?

The clinicians, healthcare staff and administrative teams who deliver the service, and the patients who use it. What do they need from the service? What are their challenges with it? What are the priorities and concerns of the service commissioners?

What are the service pathways?

The pathways different kinds of user take through the service – internal (e.g. clinicians and administrators) and external (e.g. patients). How do they navigate the service currently? Rather than focusing just on how a service is *meant* to work, it's important to understand how the service *actually works* - e.g. any workarounds people are using, to circumvent cumbersome or broken systems or processes.

How do the processes and systems work and interconnect?

The organisations, processes, and systems that influence and enable the service and its delivery. Those that 'belong' to a service, and those outside of it. What depends on what? Who depends on whom? This includes understanding IT systems, and the data that flows through them.

How is the organisation structured?

The governance, finance and business models of the organisation or organisations responsible for delivering the service. The people involved, their roles, skills and experience.

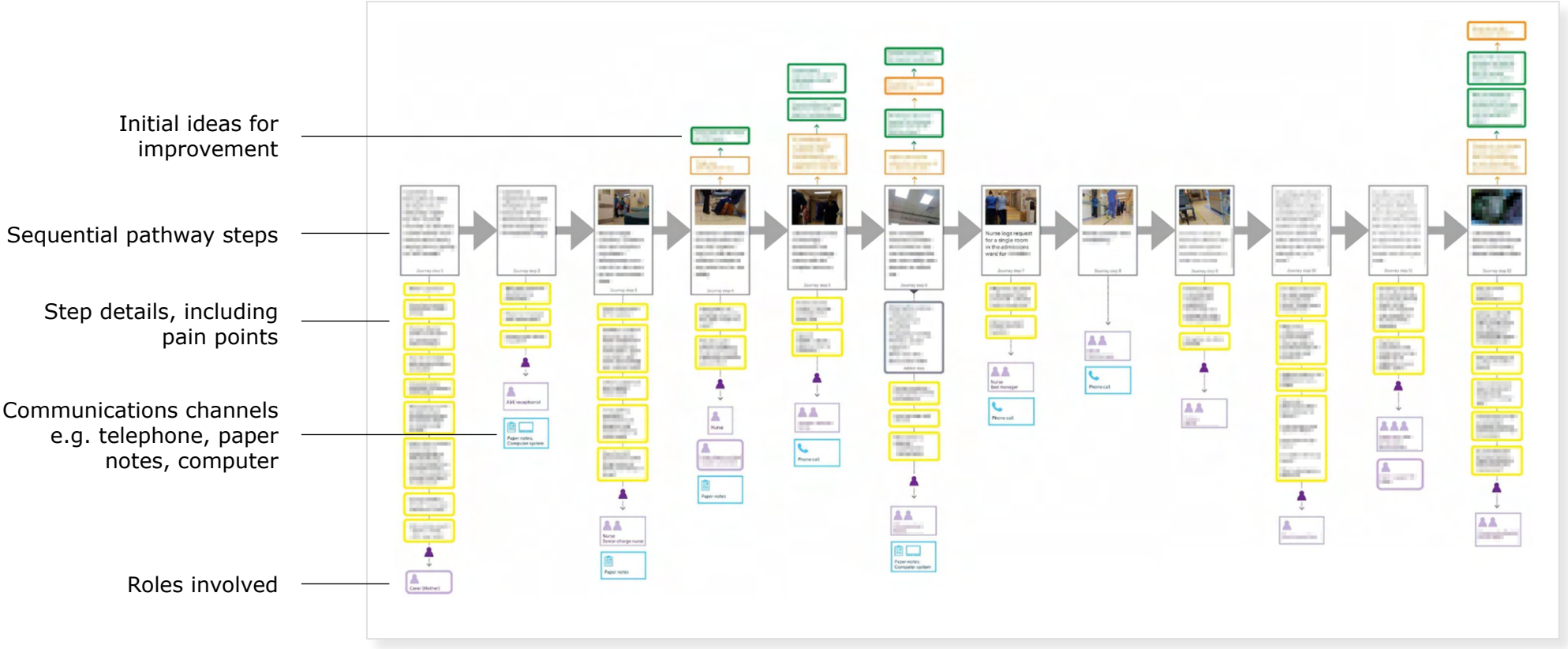
> **"Understanding a service is a bit like playing chess. If we lift this piece up and change it, what are the knock-on effects on the game as a whole? Each part of a system has an effect on all the other parts, so we need a deeper understanding of the systemic needs."**
>
> Tom White, Head of Service Design,
> NEC Digital Studio.

What is the mission and culture?

The overall vision for the service and how it feeds into the culture, value and ethics. The ethos and conditions that affect how the service operates, how leaders make decisions and how outcomes are measured.

To fully understand how a healthcare service works, we need to consider all these layers and how they interact, from the back-end operation to the front-end experience.

An example of a service pathway map for a visit to an emergency department, from a patient's perspective



Data obscured for confidentiality

A collaborative approach for gaining a shared understanding

The key to gaining a complete understanding of a service and the systems it relies on, is to carry out multilayered research by collaborating with users and stakeholders. Several activities can help to achieve this.

Bring users and stakeholders together in the room

Gaining the perspective of all stakeholders helps to ensure that a service, and the system in which it sits, is fully understood. Any conflicts between groups are revealed, for instance, a system which allows patients to interact with their GP might work well for the clinician in the loop, but not for the patient or the administrator. Misconceptions about actions and motivations that one user or stakeholder group might have about another, can be identified. Only from a complete, clear-eyed understanding of the service and system, can the best opportunities for improvement be spotted.

> **"There is value in being able to integrate insights from multiple sources. From big quantitative data on long-term population modelling, right through to the deep ethnographic observation you can only get from sitting in an A&E waiting room and listening to and watching what's going on."**
>
> Matt Edgar, Director of Digital Urgent and Emergency Care, NHS England.

Conduct user and stakeholder research sessions

Qualitative research such as in-depth interviews and focus groups can identify current needs and how well these needs are being met. Activities like this are important for building a picture of service pathways and wider systems from the perspectives of different stakeholders including patients, clinicians, and administrators. They can reveal how things work, and where people face difficulties.

Shadow service users

Following a patient's journey through their care pathway - such as attending a clinic, seeking urgent treatment or being admitted into hospital - will shed light on the patient's experience. Shadowing staff in a busy clinic will identify how staff interact with people and healthcare systems day-to-day.

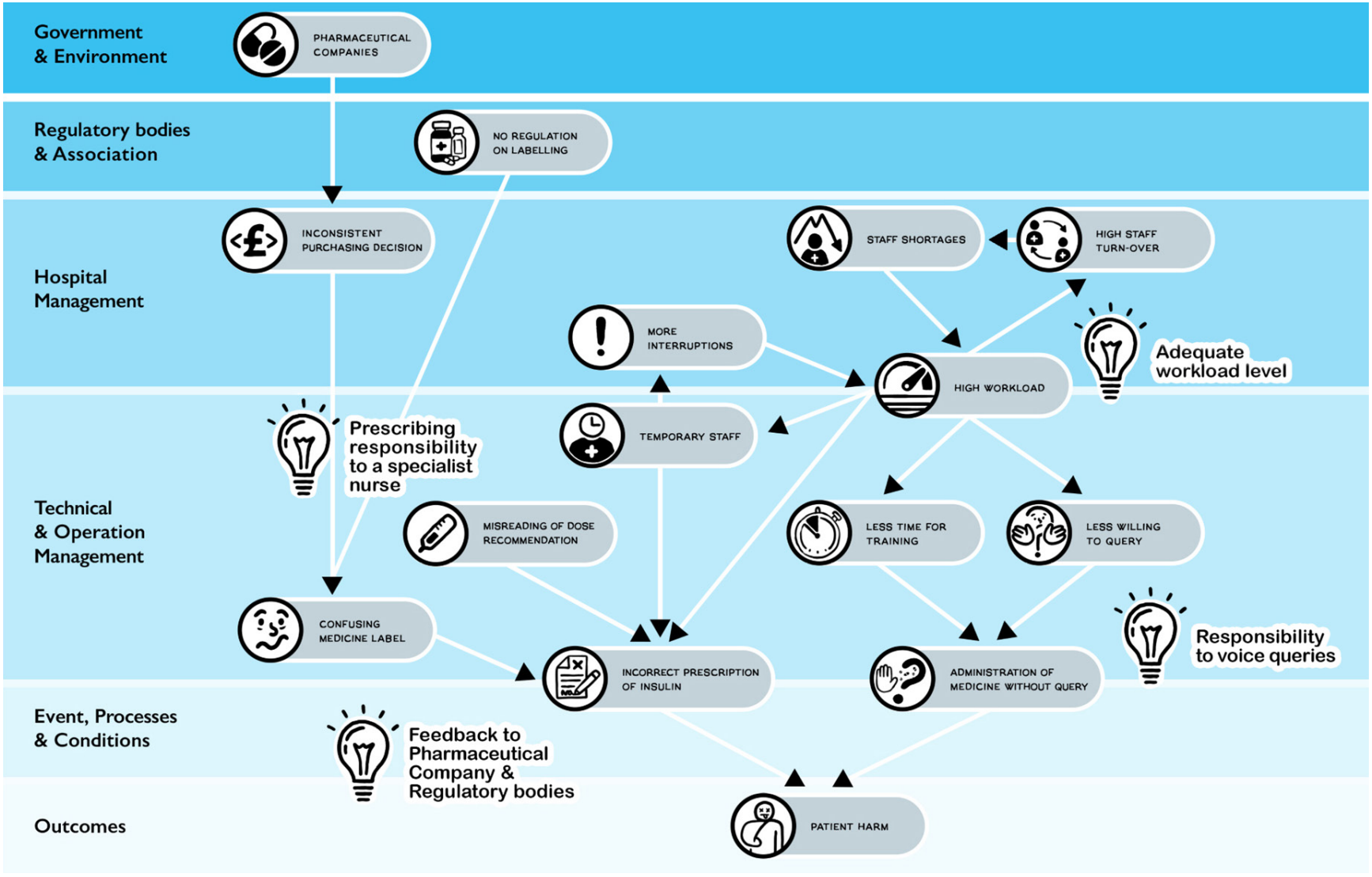
Map pathways and their wider system

Since not everyone can be in every conversation, it's important to create visual maps to foster a shared understanding among stakeholders and establish a common language. Maps of service pathways clearly outline steps taken by users (patients and staff) and highlight where things are not working well for them. System maps show the elements that sit behind and around a service, which affect how – and how well – it can be delivered. A shared understanding of both the user and system views, is needed to identify improvements likely to succeed.

Begin testing ideas

Creating example stories and sharing them with users or stakeholders can help shed light on what people need from a service, using a 'what would happen if…' approach. Stories and anecdotes can also be used to reveal initial responses to different directions being considered.

High-level system map outlining multiple factors contributing to insulin overdoses in hospitals (oval shape icons) and multiple interventions (light bulb icons)*



*Courtesy of Thomas Jun, Professor of Sociotechnical System Design, Loughborough University

How to gain an understanding of a healthcare service: **Urgent and Emergency Care** case study

Challenge

NHS England needed to gain an understanding of how Urgent and Emergency Care (UEC) services are delivered to explore potential improvements to the delivery model.

Project

To start building a picture of how the service is delivered, NEC Digital Studio held a workshop with many different internal stakeholders from UEC so each stakeholder could share their understanding of the system from their perspective.

The workshop insight was used to build a visual map of how the various IT tools, platforms, products and databases interact within the system. The team also created an influence map of the people, teams and organisations in the system, to show how different parts of the system influenced each other.

The team then carried out user research with operational staff and patient representatives to deepen their understanding of UEC.

Using example stories and scenarios drawn from the challenges represented on the UEC system map, the team generated discussions about what the service could look like in the future.

Outcomes

- System maps, influence maps, and associated ‘stories’ to outline a comprehensive overview of UEC services.
- Guidance on how to use these tools as a foundation for system development and innovation.
- A service mapping methodology that could be used in future healthcare projects.

2. Designing and sustaining the right changes

Understanding how things are working and why, informs the design process to answer questions such as:

- how might we improve the experience for patients, clinicians, and administrators?
- how might we improve the system’s efficiency and effectiveness towards achieving intended patient and policy outcomes?
- how might we anticipate and mitigate for unintended consequences for patients, clinicians and the system?
- how might we measure outcomes in relation to short term and long-term policy intent, and continually learn?

User-centred systems thinking helps teams identify the best things to change, and the best ways to change them. The following approaches are key:

Collaborate with users and stakeholders

It's important that users and stakeholders continue to be involved throughout the process of exploring, developing and testing ideas. This not only minimises the likelihood of mistakes being made - including those leading to clinical risk - but also helps users and stakeholders 'buy into' the process of change.

User research often reveals that different sets of users and stakeholders have conflicting needs and priorities. Finding a perfect solution to meet all these needs is not always possible, so designers must be able to navigate through that tension.

> **"We need teams which cover all the bases – user-centred design professionals, product managers, technologists, architects and engineers, and clinicians bringing patient representatives into the room as well. My gold standard would be to have a multidisciplinary team of people who each have a role in making a design successful."**
>
> Matt Edgar, Director of Digital Urgent and Emergency Care, NHS England.

> **"Systems diplomacy is an important skill which healthcare stakeholders and designers use in order to create a solution that factors in multiple, conflicting needs in the best way possible."**
>
> Thomas Jun, Professor of Sociotechnical System Design, Loughborough University.

> **"Designers are really proficient at zooming out to look at the big, system wide picture, then zooming into the details to find the blockers in the system which have to be put right for the system to improve."**
>
> Matt Edgar, Director of Digital Urgent and Emergency Care, NHS England

Zoom in and out to spot opportunities for improvement

Any healthcare service relies on a wider system, including other services. This is clearly too much to change with any project or initiative, so the most useful approach is to find the best opportunities for smaller interventions or changes within the existing service and system, whilst considering the needs of the future system wherever possible.

User-centred systems thinking helps identify the most effective and impactful adjustments. The approach is to repeatedly zoom in to consider things from the service pathway view and then zoom out to the systems view. Potential opportunities identified at the user's level (service pathways) are cross-checked for implications and opportunities at the system level.

And the process works the other way around, looking for opportunities at the system level, and checking for implications for the service pathway. In this way impactful interventions that work well at a system level and user level, can be identified and refined.

When opportunities for positive change are identified, it's important to ensure that ways of measuring the resulting outcomes are designed into the service and system.

Identifying the most effective adjustments:
Systems redesign in eye care services case study

Challenge

NHS eye care services were facing significant challenges meeting patient demand, with a third of people waiting for more than 18 weeks for care, and some at risk of losing their sight.

Different teams were trying to fix individual problems, but no one understood how all elements of the eye care service connected and worked together.

Project

The NEC Digital Studio team started by mapping the entire eye care system and three sub-specialty pathways related to specific diseases, through conversations with stakeholders across England.

The team traced patient journeys and identified pain points and used the system map to understand problems' roots and interconnections.

Working initially with one Integrated Care System (ICS), the team developed a future vision for eye care, tested ideas, then worked with other ICSs to create a national model.

Outcomes

The final deliverable outlined recommendations for the next phase of the project. This will involve testing parts of the model further with patients and eye care professionals, to refine the design and build the evidence base for implementing new ways to deliver eye care services to better meet the needs of patients and staff.

Hypothesise, test and learn

A key tenet of user-centred design is that ideas and the designs that stem from them should be tested early and often.

Even while early research is taking place, it can be useful to present and discuss ideas or prototypes based on hypothesis about how user needs might be solved. As well as serving to clarify needs through discussion, this can save time through early identification of promising (and not so promising) directions.

Prototyping tests out hypotheses at a small scale with real people to see how something works, or what the experience is like. Testing early in a small affordable way, permits learning from the aspects which fail as well as those that succeed. It highlights the ideas and designs that merit more detailed design and larger-scale testing.

Right through the process of designing change, designers test what they're developing using methods like user research and prototyping to validate - or disprove - assumptions and refine the design.

In a 2024 speech, Cabinet Minister, Pat McFadden said public servants needed a greater appetite for risk to deliver services more effectively. He urged Whitehall to follow the "test and learn culture" found in leading tech companies.

> **"Big bang change tends to fail. But if you can start to experiment with change in pockets of a system, you move to a learning mindset and that benefits the system as a whole."**
>
> Tom White, Head of Service Design, NEC Digital Studio.

How to hypothesise, test and learn:
Inclusive design for remote health services case study

Challenge

Respiratory disease affects one in five people in England and is the third biggest cause of death after cancer and heart disease. However, access to lung function tests involved long waiting times, particularly in the most deprived areas.

Project

A healthcare company wanted to explore the possibility of giving patients access to respiratory disease screening in remote settings, outside of a hospital or clinic.

NEC Digital Studio team took a hypothesis-driven approach to the project, by running the screening service on a small scale. The pilot recruited approximately 50 patients to test the entire service infrastructure including patient materials, healthcare professional training, and safety protocols.

The approach centred on user needs, involving direct observation and interviews with both patients and healthcare professionals.

Outcomes

- Successfully identified user needs, preferences, and pain points for remote respiratory disease screening services.
- Gained a comprehensive understanding of both patient and healthcare professional experiences
- Identified the opportunity for the respiratory screening+ service to be scaled up for Phase 2 with 1,000 patients.

Project into the future

Designers of change need to think about now, the near future, and the further future. To help create work which will stand the test of time, tools can be used to test models or imagine outcomes of strategies which haven't yet been tested at scale or implemented.

One example is the **Three Horizons Framework**, a planning tool which helps to consider the interplay between three distinct time frames: the present, near future, and distant future. The first horizon represents the current system, or 'business as usual'. The second represents innovations which, if appropriately developed, can help bring change. Horizon three represents the desired future system.

A Theory of Change model is a methodology for considering the value of an initiative and helping to build frameworks for monitoring and evaluating its success. This type of thinking helps to make connections between what an initiative functionally does, and the ultimate impacts it aims to achieve.

It's also important to try to understand the potential negative effects of action or inaction. **Consequence Scanning** workshops help teams to understand the systemic risks of intervention. The exercise prompts different stakeholders to discuss these risks in the open and mitigate for them in advance.

Plan for the unknown

As well as being complex, healthcare systems are having to work in contexts which are changing rapidly and often unexpectedly. We constantly gain new insight into diseases and new technologies to treat them, but these are too often bolted onto a system designed for a different age.

A key element in user-centred thinking is to view healthcare systems as **Complex Adaptive Systems** (CAS) which are dynamic, evolving entities shaped by the related factors such as innovations, behaviours and relationships.

Viewing systems as complex and adaptive helps designers think about how the system will manage change further down the line, and how to steward that system into the future. For example, standardised drug charts developed with the best evidence, need to be updated and adapted to accommodate continuously changing contexts.

> **"System stewardship is about monitoring a system so you can revise, refine and manage change. This approach creates a learning environment so the system can continuously change and improve, making it sustainable for the long term."**
>
> Thomas Jun, Professor of Sociotechnical System Design, Loughborough University.

Benefits of user centred systems thinking

It is a pivotal time for healthcare, with urgent challenges to address and ambitions to fulfil. The Government's review of patient safety across the health and care landscape recommends a greater emphasis on system users. This includes advocating for the voice of the user, and creating a new directorate for patient experience. User-centred systems thinking would strengthen and support these government initiatives.

User-centred systems thinking is critical to achieving the Government's 10-year health plan and will offer significant benefits for the future of the nation's health.

Benefits of the approach include:

Better patient outcomes

By mapping entire patient journeys and understanding how different services connect, healthcare providers can identify ways to improve patients' experiences and outcomes. As well as reducing waiting times and streamlining processes for patients, for example, user-centred thinking will consider the very human aspect of care.

> **"Fundamentally we can't afford to waste money by building something that people don't want to – or can't – use. User centred design starts with the assumption that you don't make anything unless you know who the user is and what the user need is. There's a massive efficiency play in being user centred from the beginning of any piece of work"**
>
> Matt Edgar, Director of Digital Urgent and Emergency Care, NHS England.

Holistic understanding of root causes and relationships

Rather than fixing individual problems in isolation, a systems thinking approach identifies the underlying, often inter-connected causes that create issues across healthcare services. Understanding how the elements of a complex system work together, enables identification of the best ways to improve it - in a way that stands the test of time.

Risk reduction through a test and learn mindset

Teams need the space to design, test and learn in small, iterative ways before scaling up to more investment intensive changes. This approach helps teams validate and refine ideas to turn them into great services, as well as helping to identify and mitigate any risks or unintended consequences before implementing at scale.

A system which works better for all users and stakeholders

With many professionals, departments and organisations working in silos, user-centred systems thinking is an opportunity to build shared understanding, identify connections, and help different groups collaborate more effectively towards common goals. Involving the spectrum of users and stakeholders throughout research and design helps to identify successful ways to increase effectiveness, improve efficiency, and create positive economic impact.

Conclusion

The nation is rightly proud of its health service, and the people who work tirelessly to care for patients in hospital and in the community. In the years since the NHS was founded, health needs have changed, and interventions have improved, but resources can no longer keep up with demand.

However, there are real opportunities to transform the situation by creating services which work better for the people who use and deliver our healthcare.

User-centred systems thinking gains a deep and rich understanding of current services, the people who use them, and the systems they’re part of. It uses this knowledge to create lasting, sustainable and future-proof improvements.

By putting users at the centre of their activity, design teams can provide solutions which deliver policy intent and work well for everyone who uses or delivers a healthcare service. A user-centred systems thinking approach can lead to better patient outcomes, reduced clinical risk, increased efficiency, and positive financial impact. And it helps ensure that when the power of technology is called upon, it's harnessed to do the right things for users and stakeholders.

In an age when people are living longer and have multiple health issues, a user focused approach that engages with the complexities of delivering healthcare is urgently needed. This makes user-centred systems thinking important as a core part of the country's healthcare strategy.

With services which better meet the needs of patients, clinicians and NHS trusts, the nation's healthcare will be strong, fit and healthy enough to take us into the future.

NEC
DIGITAL STUDIO

NEC Digital Studio

Bringing the power of digital to life

NEC Digital Studio is a people-first strategic and digital studio designing and delivering evidence-led solutions at scale to transform the services used by everyone, every day.

We're made up of researchers, strategists, designers, technologists and developers. Our skills can be used in isolation or all together, depending on the needs of our clients.

We support the healthcare sector through life-centred strategy, design, data and technology, empowering them to be more effective, sustainable and inclusive.

If you would like to talk to us about how we can help your organisation, send us a message and we will get back to you.

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