

A network diagram background consisting of a complex web of interconnected nodes and lines. The nodes are represented by small circles, some of which are larger and have concentric circles around them, suggesting a central or more significant node. The lines are thin and grey, creating a dense, interconnected structure. The background is split into a white top half and a dark grey bottom half.

Britainthinks

— Insight & Strategy —

WCC Workforce Ethnography

Presentation

26th January 2023



Contents

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2. Experiences of the pandemic

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Background and objectives

The Public Health Engagement Team at Worcestershire County Council commissioned this work to build on insights gained through ethnographic research with the general public in 2021, focusing on experiences of the pandemic for those living in Worcestershire. A second piece of research was needed to provide insight into the experiences of the health and care workforce. The objectives were to provide:

Greater understanding of the lived experience and specific health and wellbeing effects on the workforce

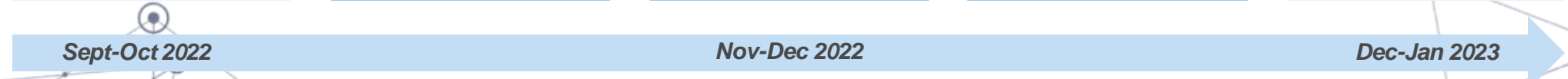
Insight into system workforce issues including workforce resilience, wellbeing, and resource / capacity

Evidence to inform recommendations for action

Balance to the first Covid-19 impact community intelligence exercise by providing insight into the experiences of the workforce

We also focused on the impact that current, as well as past, challenges are having on the workforce – such as the cost of living and workforce shortages.

Our approach consisted of three stages of qualitative and ethnographic research



To brief participants' on the process, start initial information gathering inc. themes to follow up on, and build rapport ahead of ethnography.

To gain an insight into participants' current day-to-day working lives, reflect on what it was like working through the pandemic and the impact this has had on them.

To gain an in-depth understanding of lived experiences and specific health and wellbeing effects of Covid-19 on the health and social care workforce.

Using an ethnographic approach enabled us to deep dive into the experiences of health and care workers

Participants completed a range of tasks as part of the online self-ethnography, including diary entries, writing 'letters to self', recording reflective conversations with loved ones and creating an 'emotional journey map'

Diary check-in

7 Nov 2022 · 18:44

Hi, I have been struggling today, work and family issues colliding to the point I needed to take some time off this afternoon. Struggling with team apathy and reluctance to increase activity post covid. Finding post covid impact of family life not improving and stressful. Need to try to focus but seem never-ending meetings, issues and dealing with unhappy staff

Life in pictures: before after the pandemic



11 Nov 2022 · 19:59

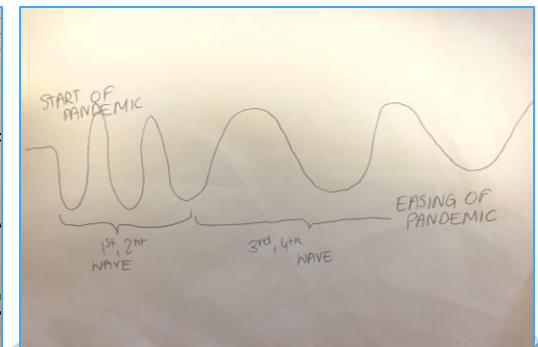
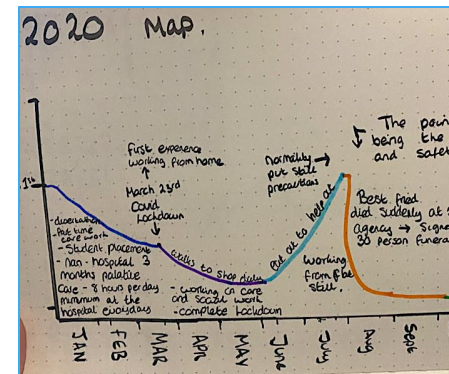
1 Working life before the pandemic. A representation of achieving a common goal. A clear destination and definitive target. A representation of working together without any concern of physical contact with utmost trust.



11 Nov 2022 · 20:04

2 Working life now. A team still working together but almost segregated. Working through a maze with a common goal yet in separate areas. Awareness of potential unpleasant pitfalls. Less security.

Emotional journey map



This approach also encouraged participants to open up and share their experiences with real honesty

January 2019: A letter to myself

*I will warn you, **the next 3 years are going to be crazy!** And nothing like you would have imagined considering you are quite a planner! You are quite content in work at the moment, working 4 days a week and balancing work and home life really well. You really **gain confidence in your role as health visitor** and you will start to think about your career again after coasting for a few years following having children... Sadly what we all didn't know was when you start in March 2020 a pandemic was just about to start **changing all our lives forever...***

*...You end up **having time off work with depression.** Don't beat yourself up about this. It affects most of our lives at one point. I always used to think people who went off with mental health were taking the micky until it happened to me. You had overwhelming exhaustion, you struggled to get out of bed, struggled to get dressed. The house was chaotic, you **struggled with mum duties let alone work duties.** In the future you need to be able to recognise when your mood is slipping because you can't get to the the same low point again. Learn to **recognise when you need to have time off work.** It will pay off in the end as it won't take you as long to get you back where you need to be mentally. In our home life things will change massively. In July 2019 you will realised that you are no longer happy in your marriage and you do not have the support you need from your now ex husband. You tell him you want a **divorce.** Because of Covid you end up living together for a year separated. Some days are good, other days are hard. Stay strong, you know you made the right decision...*

*...There have been **lots of negatives,** having a mental breakdown features highly up there as well as divorce, money worries, trying to keep the girls life as normal as possible. But when you come out of the bad times **all of these negatives you are able to turn into positives.** I would never want to go back to my low point, but I am happy I went through it! It changes you on a person, I **appreciate really small things now,** such as taking the dog for a walk while listening to an audio book. I have more empathy for others. I have become **less focused on career and think time with the girls is far more important to me at the moment.** You will **buy your first house** on your own in September 2022, and that is such an achievement and really becomes your happy place. They next 3 years are going to be awful, but you will see the world differently, you will see your children differently and you will become content with what you have so enjoy it when you get to that place.*

Our participants represented a range of different roles and experiences within health and social care



GP

- Male
- Works in North Worcestershire
- Directly dealt with Covid-19 cases: immunisation programme



Matron

- Female
- Lives in South Worcestershire
- Directly dealt with Covid-19 cases: population screening and immunisation programmes



MH Liaison Clinician

- Male
- Lives in North Worcestershire
- Works full time as well as BANK/agency work



Respiratory Clinical Nurse Specialist

- Female
- Lives in North Worcestershire
- BANK work
- Directly dealt with Covid-19 cases: admissions and presentations



Adult Social Care Worker

- Female
- Lives North Worcestershire
- Directly dealt with Covid-19 cases: immunisation programme



D&A Engagement and Recovery Worker

- Male
- Lives in North Worcestershire
- Dealt with service users who had Covid-19



Starting Well Health Visitor

- Female
- Lives in South Worcestershire
- Took part in PH services e.g. child health information services



Statutory Advocate (VCS)

- Female
- Lives in South Worcestershire
- Dealt with clients who were Covid-19 positive throughout

2. Experiences of the pandemic

kingfishersshopping.co.uk

Let's keep protecting each other.

We encourage...

Hands **Face** **Space**



Please do not enter if you have Covid 19 symptoms.

Let's continue to protect & respect each other. Thank you and stay safe.

Kingfisher
Redditch
Support Community Living

Pre-pandemic, health and care workers were already grappling with significant pressures on the system

Participants highlight that **long-term pressures** on the NHS and care systems mean that it was already a challenging environment to work in when Covid-19 hit in March 2020. Participants note long-term challenges in the following areas:

Underfunding

Staff shortages

High patient demand

System inefficiencies

These issues were already having a detrimental impact on participants' workload, wellbeing and job satisfaction before Covid-19. This context underlies their experiences of working within health and care during the pandemic, as well as the challenges they continue to face today.

Health and care workers struggle to recall specific events from the pandemic

- Specific moments of the pandemic feel ‘blurred’ or ‘blended’ into one bigger event for most participants
- There is a sense of disbelief that dramatic events occurred, such as national lockdowns, the establishment of Nightingale Hospitals and successive sets of social restrictions
- For a few participants, the pandemic feels like a ‘dream’, that they (and wider society) are eager to swiftly move on from
- This mirrors findings from previous ethnographic research amongst the general public, conducted by WCC



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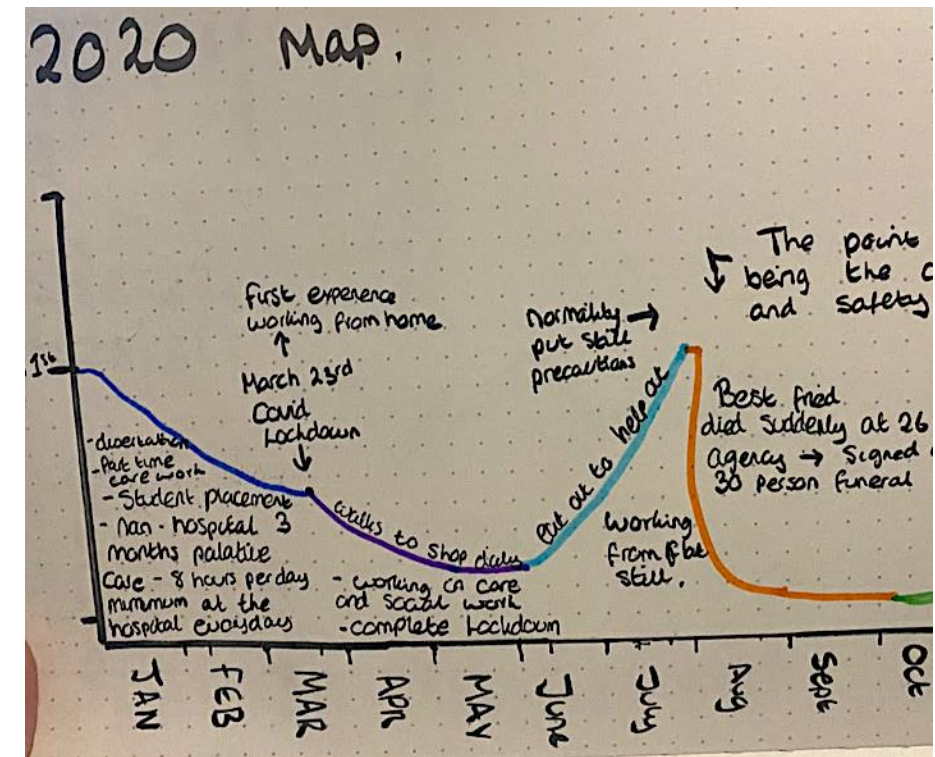
Looking at last few years of pandemic from today's perspective – unfortunately, it all feels blended. All I remember are single events which made my mental health like being on a roller coaster all the time. Today, I look at the whole pandemic as one period in time.

Respiratory Clinical Nurse Specialist

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For several participants, taking part in this research was something akin to a cathartic experience

- Participants were asked to map out their ‘emotional journey’ timeline over the course of the pandemic – from March 2020 to the present day
- Most participants cited finding this difficult to complete at first, having forgotten many key moments
- However, they note that they valued the experience of reflecting on past events, finding it therapeutic and ‘cathartic’
- This process of reflection was not something they had yet been able to do yet – either personally or professionally – and a few participants went on to recommend that family, friends and colleagues complete this exercise

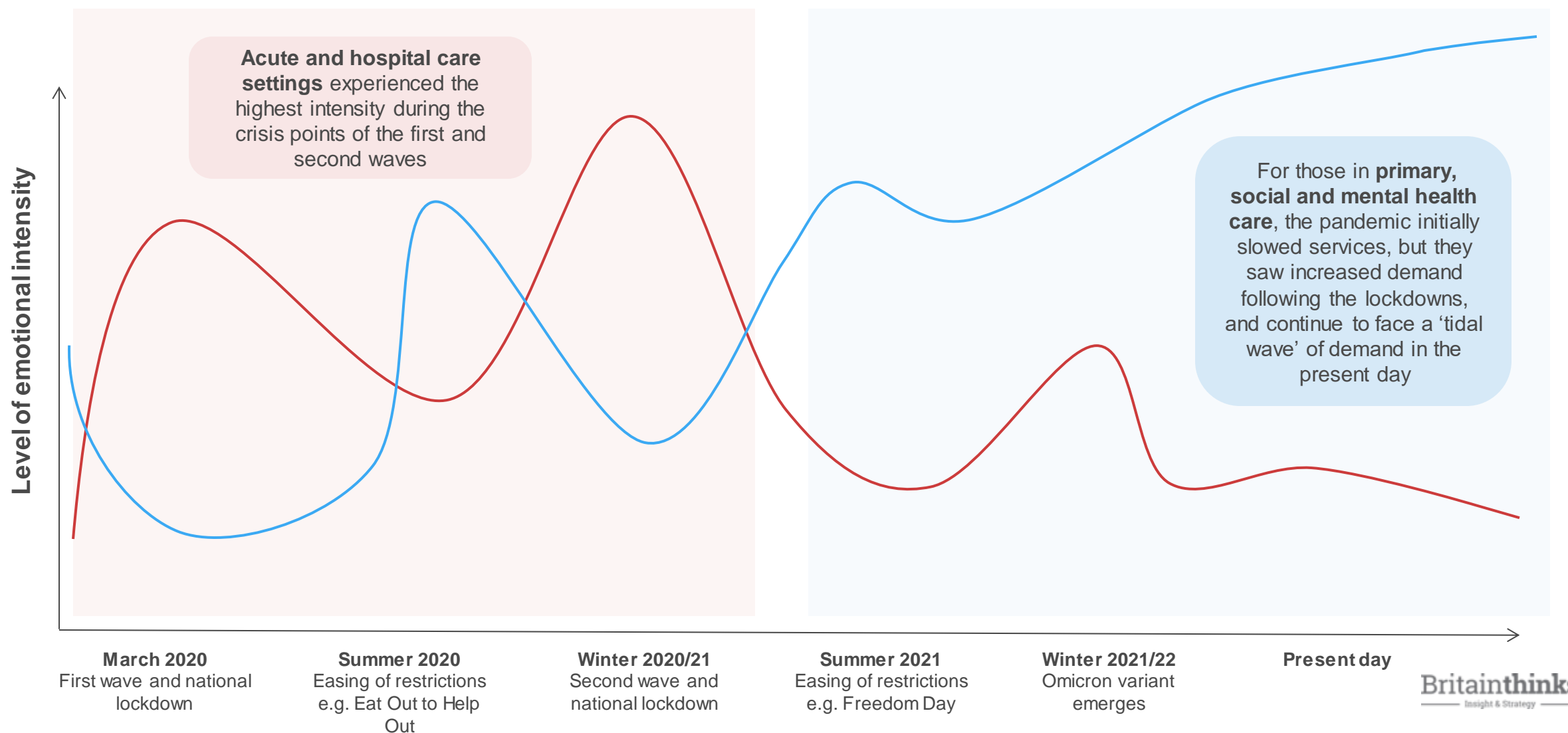


‘Emotional journey map’ submitted by participant

“ I found it really helpful taking part [in the research]. I told my colleagues in the office about the journey map, and they all really wanted to do it. It was so good to just reflect and actually think about everything we’ve been through. ”

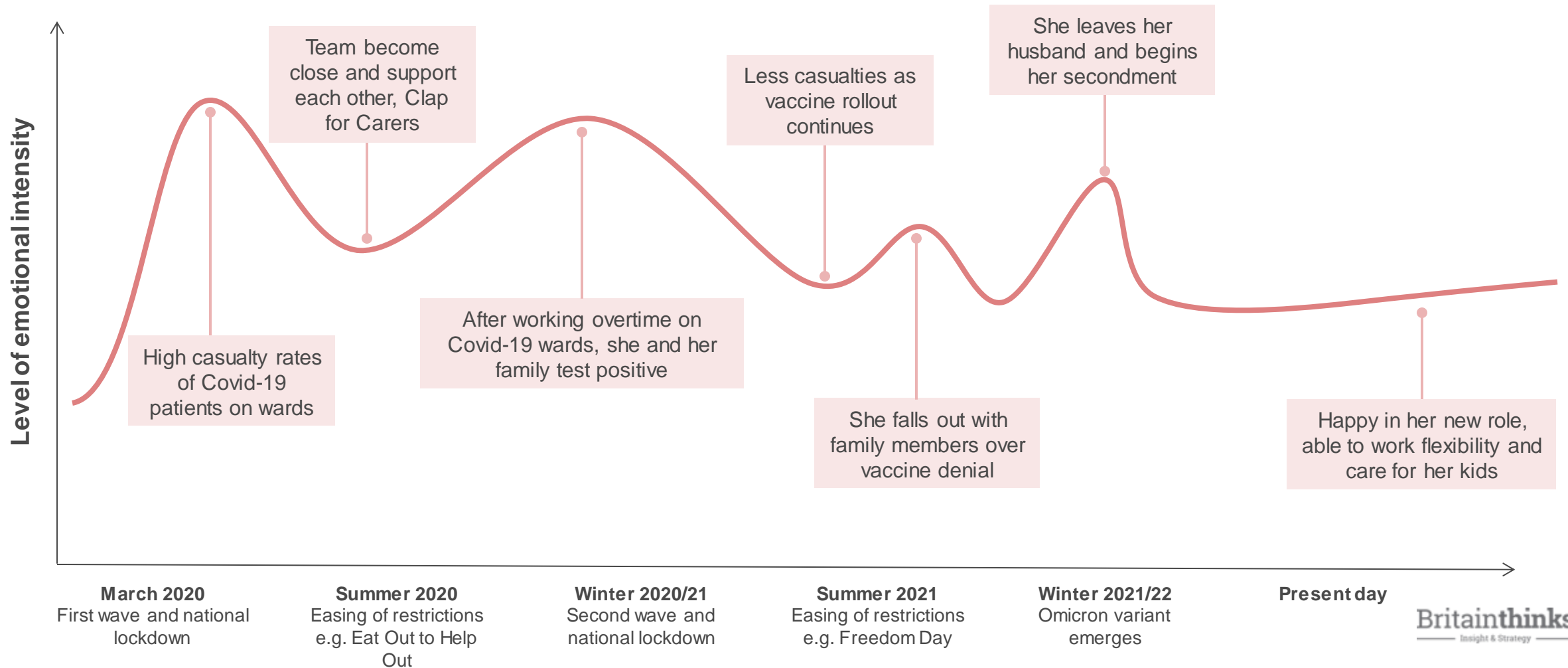
Statutory Advocate

Health and care workers' experiences of the pandemic do vary, often based on the nature of their roles during this time

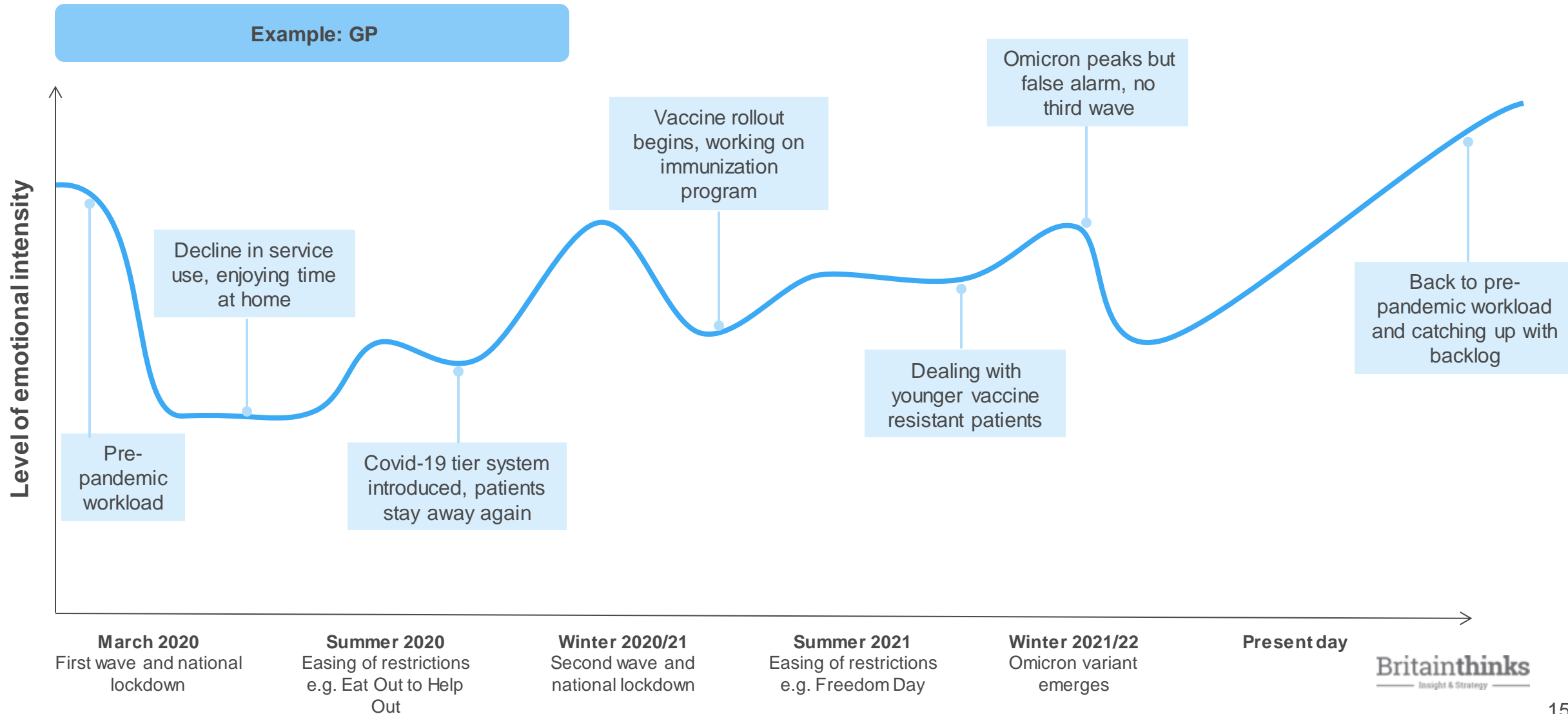


Their emotional journeys peak alongside key moments of increased hospital admissions and national lockdowns

Example: Respiratory Clinical Nurse Specialist



These workers are grappling with the health consequences resulting from the national lockdowns



Nonetheless, a few participants felt they had a relatively ‘good’ pandemic

- While the experiences of lockdowns and isolation were challenging for all participants, those without children living at home tended to enjoy more freedom to ‘make the most’ of the situation
- A few of these participants also acknowledged that they were ‘lucky’ in their ability to leave home to go to work, and therefore did not suffer the degree of social isolation that the wider population had
- Those who did not lose loved ones to Covid-19 also count themselves ‘lucky’, compared with those who did

“

The main positive is obviously being stuck in your close family unit and really spending the time together that you might not have spent years and years ago.

Statutory Advocate

A lot of people have very different experience with the pandemic, depending on what areas they were in. I've got to say generally around here, unless you were directly affected by illness or death, I would say most people had a better than average pandemic.

GP

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Professionally, most participants felt a sense of pride in the role that they were playing during the pandemic

- Participants feel that the pandemic was a 'moment to shine', with a sense of pride in being 'part of' the health service's response to the crisis
- This was supported by the public and political response, with all participants highlighting the pride they felt during the Clap for Carers
- Furthermore, the removal of 'red tape' was liberating and gratifying for many. Participants felt empowered to mobilise service responses
- They describe it as motivating to see the health service achieve its 'potential', in comparison with the bureaucracy that can make normal operations slow and frustrating

“

It was a kind of a 'right, this is our time, this is our time to shine. This is what we signed up for. You know, you've got to stand up and be counted now.

GP

Clap for carers was amazing – that was incredible, a real tears in the eyes moment. But its really upsetting how quickly we forget that.

MH Liaison Clinician

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However, the disruption of certain face-to-face services was frustrating – and even concerning

- Workers whose services were halted or shifted to virtual channels during lockdown periods felt that they couldn't do their job 'properly'
- Not only was this frustrating and unfulfilling for them as health and care professionals, but it also raised concern for their clients and patients – who they felt were not fully receiving the care they needed
- This was particularly frustrating for those in social care, community and voluntary roles – for whom face-to-face interaction with clients and patients felt essential

“

I found that the telephone contact was ineffective, and it was disappointing. There was a whole a whole sense of communication missing. Body language was missing, people expressions were missing. When you were challenging someone's behaviour you couldn't judge the impact that you were having.

D&A Engagement & Recovery Worker

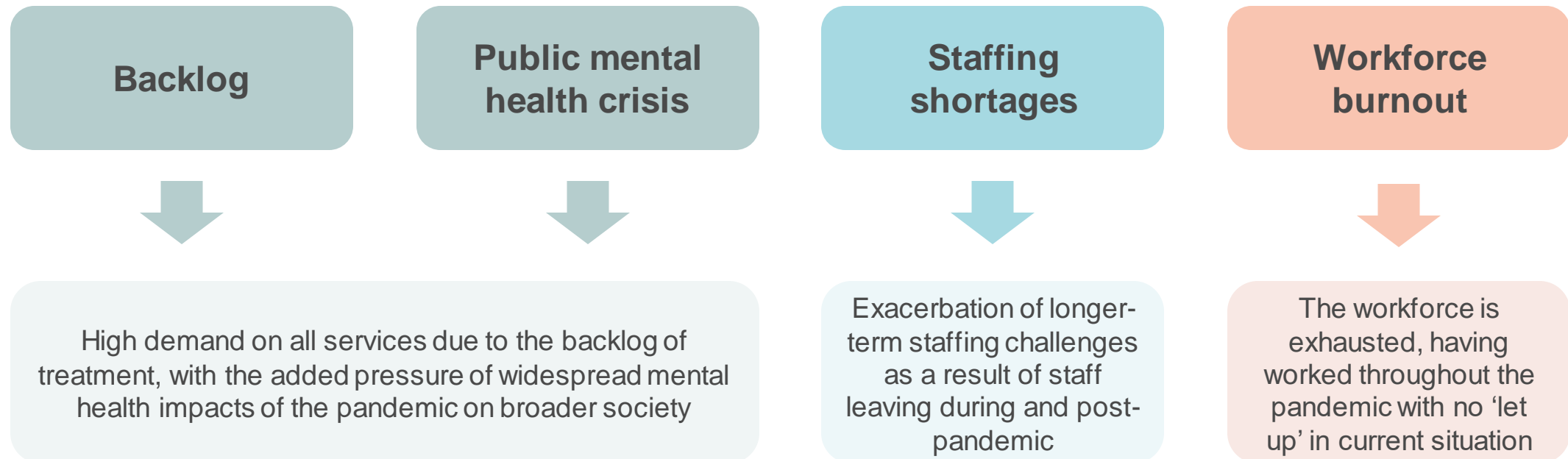
I really enjoy being able to sit with somebody – if I can just sit there and observe, you can really get a feel for any environment and safeguarding concerns.

Statutory Advocate

”

Participants are also sceptical of the idea that ‘Covid is over’, due to current challenges facing the system

All participants highlight that there is huge strain on health and care services – with a few describing the current situation as a ‘second pandemic’ in its severity. They see this as relating to the following key issues:



The workforce feels overwhelmed by the current high levels of demand on services

- Participants feel they simply do not have 'enough hours in the day' to meet the demand
- Participants note that the backlog not only consists of a high volume of delayed appointments, but also more severe patient needs due to conditions worsening without treatment over time
- This leads to frustration that they are not able to provide the level of care that they would ideally like to (e.g. spending more time with each patient or care recipient, to address a range of different needs in one session)

“

I think a lot of it is people held it together for so long and then they're suddenly hitting crisis point. There's a backlog of GP appointments of people who haven't had any treatment for a very serious condition like cancer or Parkinson's or dementia, and they've just gone completely under the radar.

Social Worker

”

This is being compounded by staffing shortages, which limit the ability to meet demand

- Staff shortages are highlighted as the most significant challenge currently facing the health and care system
- Perceived as a longer-standing issue that has been exacerbated by the pandemic, due to challenging working conditions prompting staff to reconsider their future in the sector and making recruitment difficult
- Patients' expectations are high, and they are increasingly frustrated by long waiting times, which are being exacerbated by staff shortages
- Staff themselves feel disillusioned with, and concerned about, the level of care they can provide

“

The biggest issue at the moment is the under-staffing. We are so under-resourced and I don't see that changing any time soon.

Matron

I sit in A&E, and sometimes you can see a nurse being told awful, horrible things by one family. Meanwhile, the family next door have just turned up with loads of chocolates and flowers to say thank you to the staff. And that's such a weird thing – to be the most loved and the most hated people at the same time.

MH Liaison Clinician

”

Widespread burnout means staff can feel less resilient to cope with current pressures

- A few participants sought out mental health support during the pandemic through workplace services (e.g. counselling), but this was focused more on managing crises at that point in time, rather than engaging in longer-term support
- Participants feel there is little resource available to focus on workforce wellbeing at the moment and going forward
- Being able to 'offload' to colleagues has always been a key coping mechanism for health and care workers, but is becoming harder to do for those currently working remotely or in hybrid settings

“

I got signed off sick for four months with stress and low mood... you just feel guilty because everyone else at work is stressed and everyone else you know, feels it as well. Although I knew that it was the right decision, because in the scheme of things work is not the most important thing. I need to be well to be there for my family.

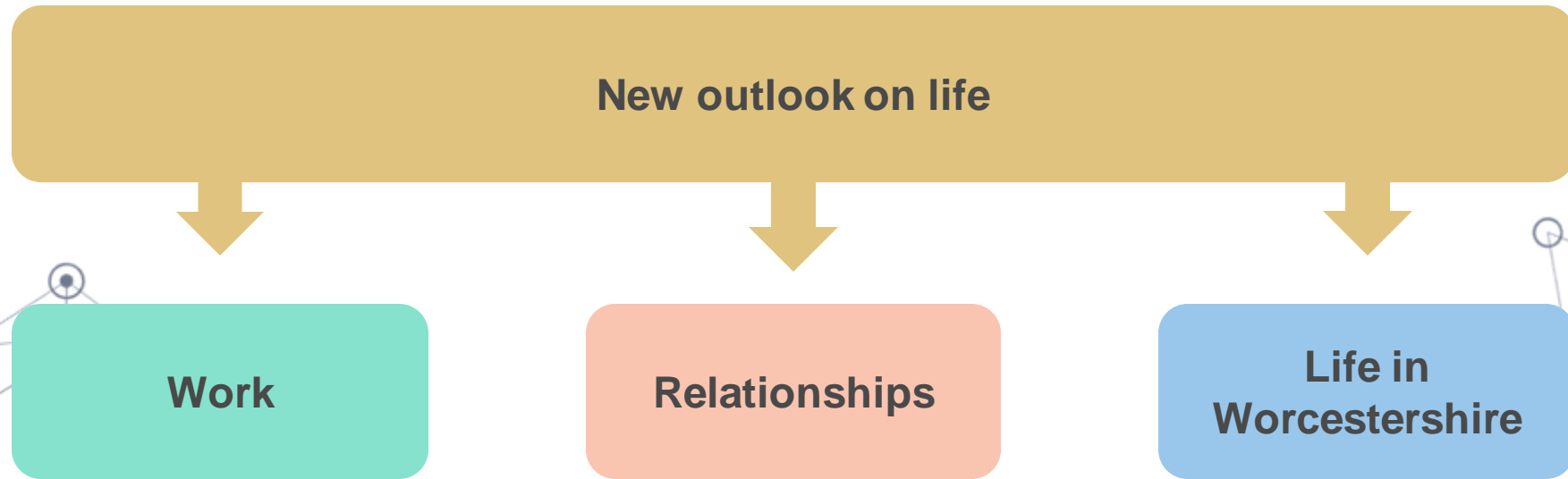
Participant

”

3. Long term impact of the pandemic



The pandemic has prompted a recalibration of participants' outlook on life, with a lasting impact in three key areas



Most participants observe gaining a new, positive, perspective on life as a result of the pandemic

- Most participants reflect on a new perspective on life – wanting to ‘seize the day’ and prioritise their happiness, as ‘life is short’ and you never know what the future holds
- They also express an increased desire to protect their mental health and wellbeing
- This has led to career moves and lifestyle changes – many of which are aimed at improving work life balance and spending more time with loved ones
- Participants see this as a positive outcome of the pandemic, which has led them to make beneficial changes in the long term

“

I think in spending more time at home, it's pushed you to say, what do you want out of your life? Do you want to get married? Do you want to have a child? Do you want to move house? Do you like that area in which you live in? You know, just forces you to really reflect on everything that's going on?

Statutory Advocate

”

Changes to participants' roles and working patterns are driven by a desire for greater flexibility and balance

- Participants cite a wish to retain more time in their lives for the things they feel are important in their lives e.g. time with family, personal wellbeing
- This has led to most participants reducing their hours, changing their work patterns and/ or taking on new roles that are more administrative vs. patient facing
- These changes have been particularly valuable for those with young families, for whom flexibility in their work patterns and place of work has become indispensable
- But participants acknowledge that this can lead to a trade-off when it comes to professional development
- This is particularly true for those early on in their careers, for whom professional development is a key objective and source of motivation

“

I've reduced my hours so I can get more of a [work-life] balance. An older partner decided to retire during the pandemic, so all hours were reviewed... There's a bit of a trend for GPs wanting to leave, and now our practice is slightly undermanned.

GP

It was really tricky to come into a new role with lots to learn and to not know if you're doing the right thing. I've done all the training, but it's been tough and, to this day, there's members of the team that I haven't met.

Statutory Advocate

”

Future career plans are also being shaped by changing priorities

- Specific career plans are shaped by participants' individual circumstances and priorities, though most want to maintain flexibility whilst not compromising on earnings
- Those with families are more likely to look within the NHS for progression, as the organisation is perceived as offering stability
- Those with more freedom and fewer family responsibilities are more likely to look outside the NHS for opportunities
- Their frustrations with the NHS system (e.g. difficult working conditions, lower salaries, progression limited to management vs. patient facing roles) outweighs the flexibility that it can offer

“

I love what I do so I've always enjoyed going to work. But after the pandemic, I had time for reflection, if I had to stop my work and go and do something else, maybe it's going to be okay, because I will have more time for my kids. I've started changing things because of that.

Respiratory Clinical Nurse

”

The pandemic has, for many, had a long term impact on personal relationships

- Several participants described personal relationships that had either ended or been strained as a result of the pandemic (e.g. relationship breakdowns, losing touch)
- A few participants also struggled to tolerate friends and family who were engaging with what they view as ‘conspiracy theories’, such as anti-vaccine views
- However, others feel that the pandemic brought them closer to friends and family – although, this was often part of a contraction of social circles to a, closer, core set of relationships

“

I work with a charity that help with family estrangement, and they're going to offer me some conflict coaching to help deal with [my relationship]. And then working on my resilience.

Matron

I did have a fall out with [a family member], because he was very anti-covid saying that it's all a lie. And I was trying to explain the need to get the vaccines, it's really important because we seeing those patients who had jabs are getting better.

Respiratory Clinical Nurse

”

Most participants feel that their professional relationships grew stronger during the pandemic

- Participants reflect positively on the staff camaraderie that was present throughout the pandemic, in spite of huge pressures
- Several describe feeling ‘closer’ to colleagues as a result of sharing difficult – and even traumatic – experiences
- This was particularly true for those who continued working in teams, **face-to-face**, during the pandemic
- However, those who started, and continue, to work **remotely** do feel that it has been harder to maintain and build strong peer relationships in a hybrid setting

“

Because we've been through covid together, that's probably put us closer together, where we know everything about each other. So, it is very supportive environment.

Respiratory Clinical Nurse Specialist

[Home working] diminishes the amount of group learning you can do. We're trying to get back to the office, but because people are so out of the habit and they enjoy working from home, it's difficult to get the team to gel together again.

Statutory Advocate

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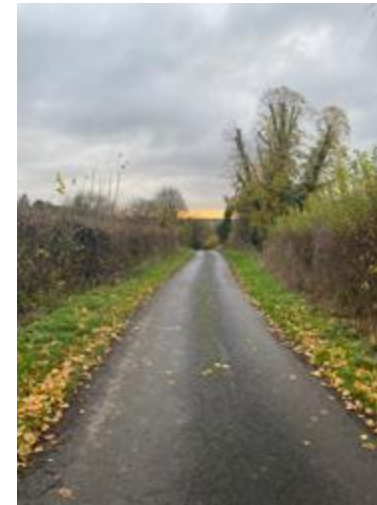
For many, the pandemic has strengthened their roots and connections in Worcestershire

- Participants in this study feel closely connected with the county, with several having lived there their whole lives
- Most participants wish to remain in the county long-term in order to remain close to their family and communities – which have become even more important to them as a result of the pandemic
- Participants also have a renewed appreciation of the county's green spaces
- However, the location where participants live in the county can make it harder to access nature. Housing in more 'desirable' areas is already expensive and price increases during the pandemic have worsened this

“

I was born in Worcestershire, and I've lived in Worcestershire pretty much my whole life. I went to university in Birmingham, but my home was always Worcestershire.

Statutory Advocate”



Varying proximity to green spaces: Participants' commute to work

4. Support going forward

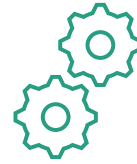


Based on this research, there are three areas where the health and care workforce will need support going forward



Emotional support

Recognition and appreciation



Practical support

Systemic issues



Broader support

Life in Worcestershire

While addressing systemic issues within health and care may be beyond scope, there are clear areas where communication and engagement can support the workforce.

There is a need for continued wider recognition and appreciation for the health and care workforce

- Participants are dismayed by the speed with which the public has moved on from ‘clap for carers’, and feel that society has ‘forgotten’ about the sacrifices they have made
- There is a perceived need to build a more positive relationship with the general public, particularly in the context of current challenges where staff are frequently bearing the brunt of patients’ frustrations



Public engagement efforts need to focus on:

- Building public appreciation, and respect, for the workforce in the current context
- Managing public expectations of what services are able to provide currently, and deflecting ‘blame’ from staff



Eventually the risk will fade, the vaccinations will continue but some people forget quickly and the same people that were clapping the NHS Hero's on a Thursday night will be complaining that the waiting lists are too long etc.

GP

It was the clap, but now it's why aren't they doing a better job... they are criticising us now.

Matron

Participants also seek recognition and emotional support in the workplace

- Support at work makes staff feel valued for all they have done and continue to do in challenging circumstances
- In particular, participants feel mental health support is critical given the experiences they have endured – particularly as they feel this was ‘promised’ during the pandemic, but not always followed up on
- While a few used counselling during the pandemic, they are in the minority – and they have also rarely engaged with ongoing support beyond those ‘crisis moments’



Workplace initiatives need to focus on:

- Encouraging and providing a space for reflection on experiences past and present
- Demonstrating recognition of sacrifices made in the past, and honesty about current challenges

“

I've got letters from patients. Those letters truly made a difference, but there was nothing individual from the hospital or our management. That's what we lacked – individual recognition for what we did, because all of us sacrificed our lives at that time.

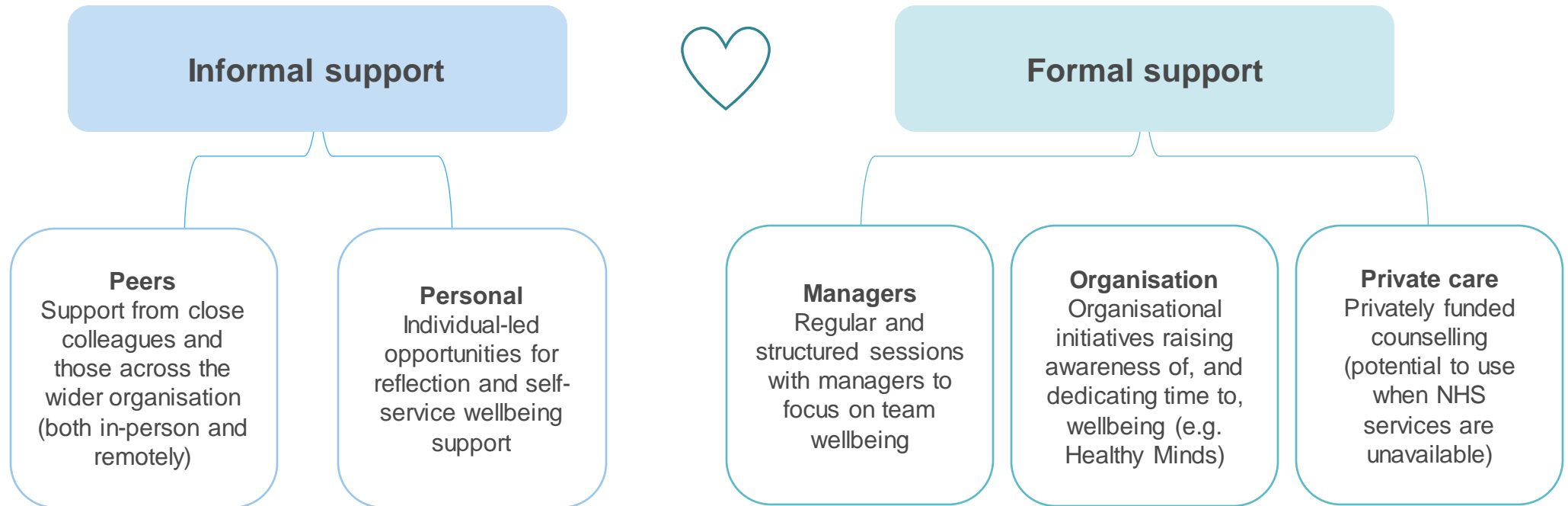
Respiratory Clinical Nurse Specialist

Mental health nurses are so stubborn. There's also something about you not asking for help when you're the one providing it for others. Superman can't show weakness.

MH Liaison Clinician

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Participants identify different types of support that could be harnessed to promote wellbeing in the workplace



A range of support formats and touchpoints should be considered in developing workplace initiatives, with each playing a unique role for supporting staff wellbeing

Overcoming the barriers that prevent staff accessing support will be central to ensuring the success of workplace initiatives



Improving working conditions will be necessary as part of supporting staff wellbeing longer term

- Systemic issues are currently leading to challenging working conditions, that are negatively impacting staff wellbeing
- Participants feel that salary increases alone are not 'enough' to counteract poor working conditions, with change needed across both areas



While these issues may require a system wide response to fully tackle, they need to be considered as part of wellbeing support and broader workforce strategies, including recruitment and retention.

“

Just because its their 'natural calling', people think nurses are charitable people. That doesn't mean they will work for free... but also no amount of pay can counterbalance the working conditions when they're so bad.

MH Liaison Clinician

I think we need to give a pay rise. I'm not badly paid, but if Aldi and Tesco are being paid more than we are, would you rather sit at a cashier's desk or would you rather spend 5 and a half hours on your feet and may not get a break.

Matron

”

Participants highlight three specific issues within the health and social care system that will need to be addressed

Staffing

Ensuring that there is sufficient staff and community resource to meet patient demand in a sustainable way

Hybrid working

Embedding best practice in relation to hybrid ways of working, and ensuring that peer support and learning are not lost

Professional development

Offering career paths that support a range of priorities, as well as the training and guidance to pursue these

“

They need to reduce the strain on existing staff so they're able to support more people and give them more time. because nobody should ever be a priority over anyone else.

Statutory Advocate

I'm clinical and the NHS doesn't have promotions or career progression for people like me. I can't find the direction in my career that doesn't take me away from patients. It doesn't exist.

MH Liaison Clinician

”

Creating broader opportunities and addressing pay disparities will help to keep staff within the county

- The minority who are open to moving away from Worcestershire are mainly motivated by 'better' career opportunities elsewhere
- Those who pick up BANK shifts note that these are often paid at a lower rate within Worcestershire, compared with neighbouring counties, such as Herefordshire
- This means that these participants will often travel outside the county for additional work



Building opportunities in the county should focus on:

- Ensuring agency rates are competitive in the county
- Offering training and a range of career paths within the county's health and care system, including both patient-facing and management trajectories



My friend moved to Oxfordshire because he works in laboratories, and that just doesn't exist as heavily in this area. That's not what they wanted. They've already said that within two years they'll be back here to have children because his family lives here.

Statutory Advocate



I am very conscious of the cost of power, food and shopping – driving is a huge cost.

Health Visitor



There are also broader factors which, if addressed, would improve peoples' quality of living in Worcestershire

Housing

Affordable housing is highlighted by most participants as challenging in the county, which even impacts their broader life choices e.g. family planning



Investment in local areas

Participants note a sense of 'decline' in local high streets and retail spaces, with a desire for greater investment in public spaces (particularly in northern parts of the county)

*Issues in both of these areas are perceived as having been exacerbated by the current **cost of living** crisis (i.e. rising mortgage rates, further closure of local businesses)*



We can't afford to buy a bigger house right now, so we're extending our loft... It influences your life decisions in terms of that, because we won't be able to have another child now until my daughter will be five, which might not necessarily be what we wanted.


Statutory Advocate

There used to be a lot of carpet industry in Kidderminster but then that closed down, and everyone who had worked in the carpet factory started to work in retail. But now all retail is closing down...


Social Care Worker




Summary of implications for support going forward




Use engagement efforts to build recognition and appreciation of the health and care workforce.



Manage public expectations amidst current service pressures.



Protect time and create space in the workplace for reflection on pandemic experiences.



Acknowledge, and invite discussion about, current pressures, and the impact that these are having on staff.



Consider systemic issues, as the improvement of working conditions will underpin broader wellbeing support and workforce strategies.



Focus on professional development to support staff retention and to establish best practice in a hybrid working environment.



Raise awareness of competitive career opportunities within the county's health and care system - including both patient-facing and management trajectories.

Key findings

- 1. Experiences of the pandemic vary widely, depending on the roles that workers held during this time as well as events in their personal lives.** These professional and personal circumstances mean that the timing and nature of pressure points during the pandemic differ across the workforce.
- 2. Current pressures on the health and care system mean that there has been no 'let up' since the pandemic.** The convergence of the service backlog, staffing shortages and staff burnout is making the current situation untenable for a workforce that has had little opportunity to reflect and recover.
- 3. However, there are long-term impacts of the pandemic which most participants feel have led to positive changes in their lives.** New outlooks on life have prompted a recalibration of priorities, with a strong emphasis on work-life balance and strengthening community connections.
- 4. Going forward, recognition and emotional support will be important to the workforce's recovery.** Participants want to feel appreciated for the sacrifices they made, and continue to make, as part of their profession, with a need for recognition both in the workplace and in wider society.
- 5. While not within scope for Public Health WCC to address directly, systemic issues will need to be addressed to improve working conditions.** Practical support on staffing, hybrid working and professional development will play a key role in recruiting and retaining the workforce. While most of our participants have strong connections to Worcestershire, broader support to make the county an affordable and appealing place to live will encourage workers to continue to build their lives and careers here.

Q&A





Thank you

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