

A PORTFOLIO ROUND · FORTY MINUTES, THEN QUESTIONS

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Two case files: **A design system that remembers why**, and **Safe Space, NHS mental health care when it moved home**.

Two files, and why these two

001 · OI Design System	A design system that remembers why	18 minutes
003 · Safe Space	Safe Space, NHS mental health care when it moved home	18 minutes
Questions	The other three files, the running products, anything	10 to 15 minutes

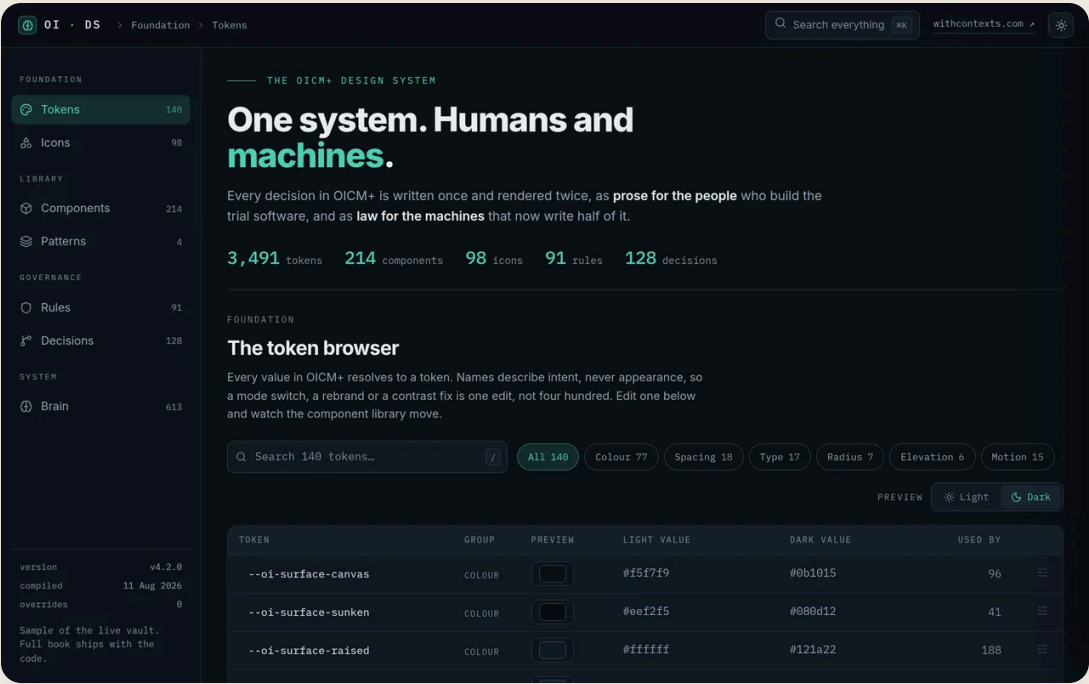
Each carries its own evidence: a system counted from its source, and a service tested in a live clinic. Every line on these slides is read from the case file it belongs to.

A design system that remembers why

What: the design system and AI prototyping pipeline of an enterprise ML platform

For: five product teams and nine designers

Problem: the product ran on unconfigured Ant Design, with four heights for one bar chart



The same dashboard, two years of debt apart

We didn't rip Ant Design out, the system replaced its surface token by token, wrapping it in OI-prefixed components, so users never met a cliff-edge release.

The honest version: the system was not the hard part. Getting engineers to want it was. That is why there are 91 numbered rules and a memory you can argue with, rather than a Figma library and a hope.

No hex above this line

Every visual value resolves through a three-layer chain, and a component may never touch a raw value. That one prohibition is the whole trick.

741 hold a value themselves: the primitives, and the sizes and weights that need no name above them

1,403 point at one name that holds a value

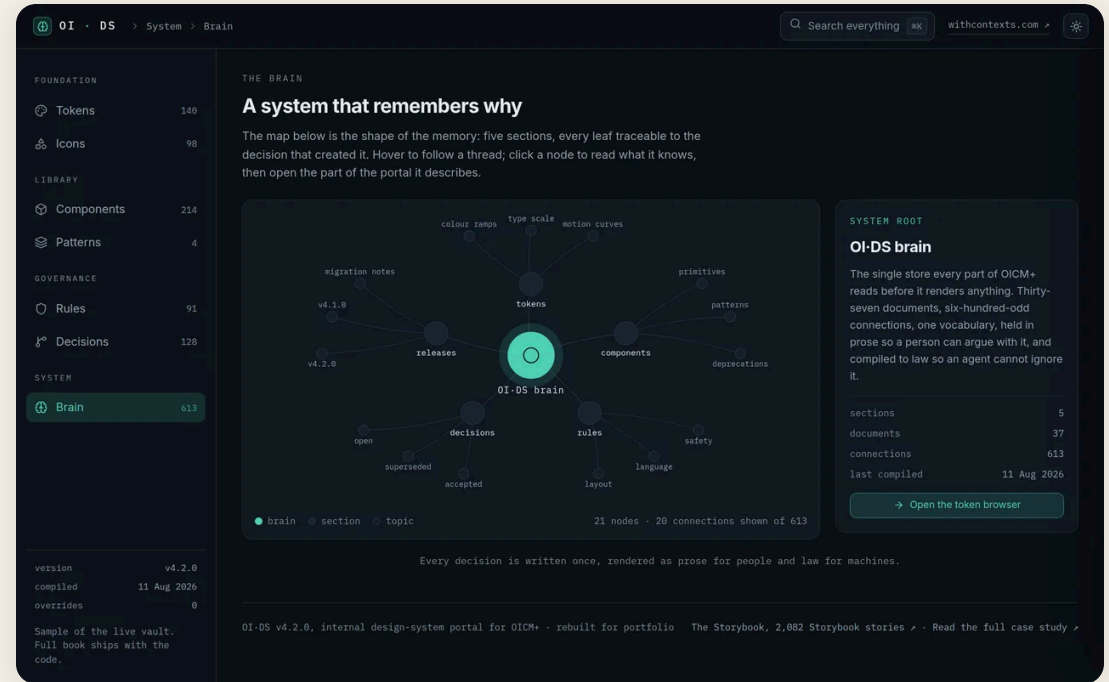
1,008 are two steps from a value

233 are three or more steps from a value

11 reach a name no stylesheet in this repository declares

A system that remembers why

Institutional memory, treated as a product: written once, rendered twice, prose for people, structured rules for machines, so a new engineer and an AI agent read the same canon before touching a component.



91 rules, numbered like case law

Two rules were retired and their numbers stay vacant, the sequence carries its own history. Change ships as numbered waves, W11 past W110; there has never been a big-bang release.

Six named roles, and a matrix that resolves change to approver

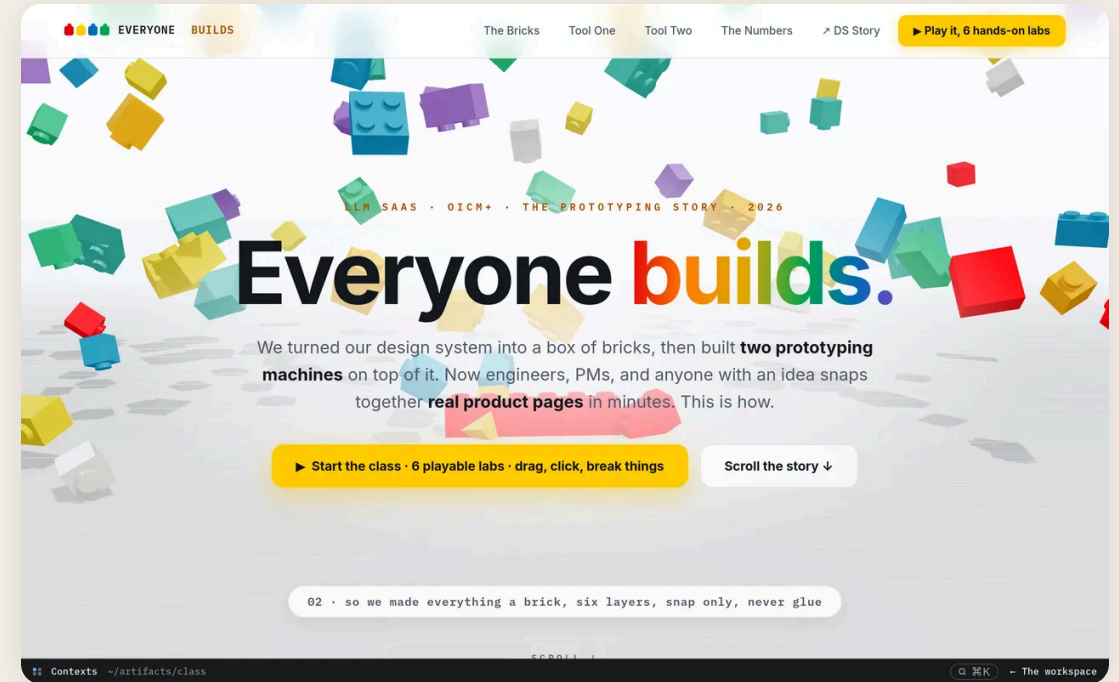
Bricks frame themselves; the canvas never pads

A system-wide mandate, introduced and reverted the same session

Killed the prototyping route we were already building

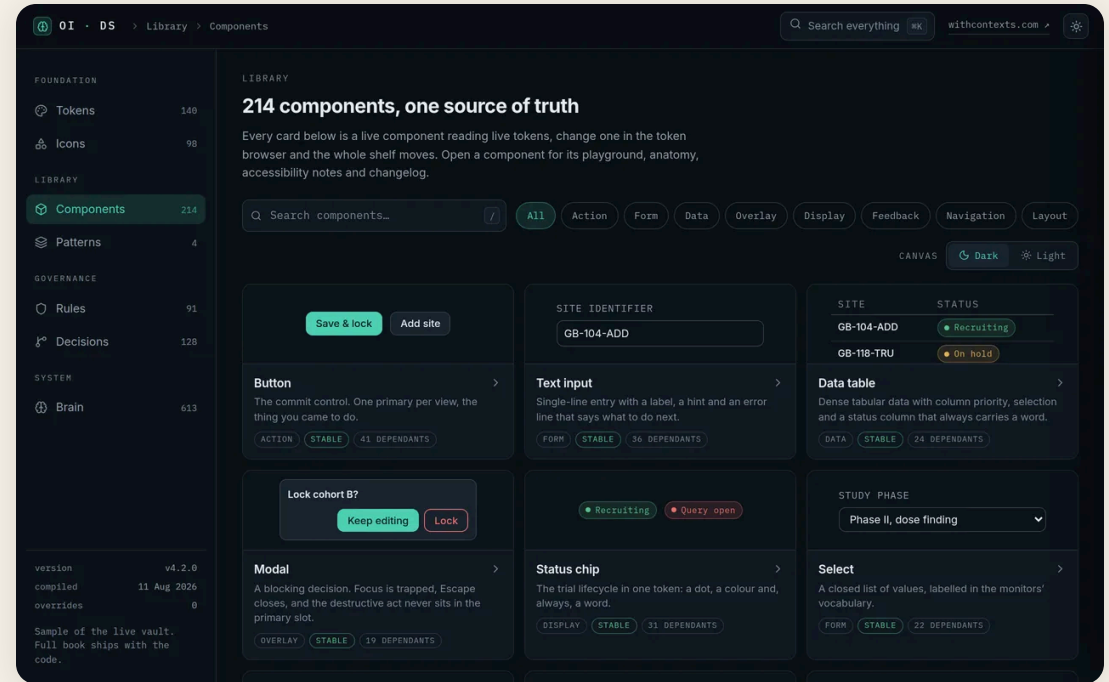
We killed the tool we were already building

A browser sandbox can't import the production component library, so every prototype degraded into a CSS imitation of the system. The post-mortem went into the log like any other entry, and the replacement renders from the library itself.



A sentence goes in. Production components come out.

The whole path from a plain-English request to a shipped feature, including the branch we built, measured and killed.



Nobody waits for a designer any more

No component touches a raw value	Counted in the source: 0 of the 1,304 colour declarations in the system's component stylesheets is a hex, rgb, hsl or named colour	MET
Dark mode costs no component code	Shipped as a token swap; no component code was touched	MET
A sentence becomes a prototype without waiting for a designer	About 15 seconds from plain English to a working Storybook prototype in the production components	MET
A decision outlives the person who made it	Numbered rules, retired ones kept, and an append-only decisions log read by people and agents	MET

What I would do differently

Win the engineers before the library.

Read the architecture before writing a rule.

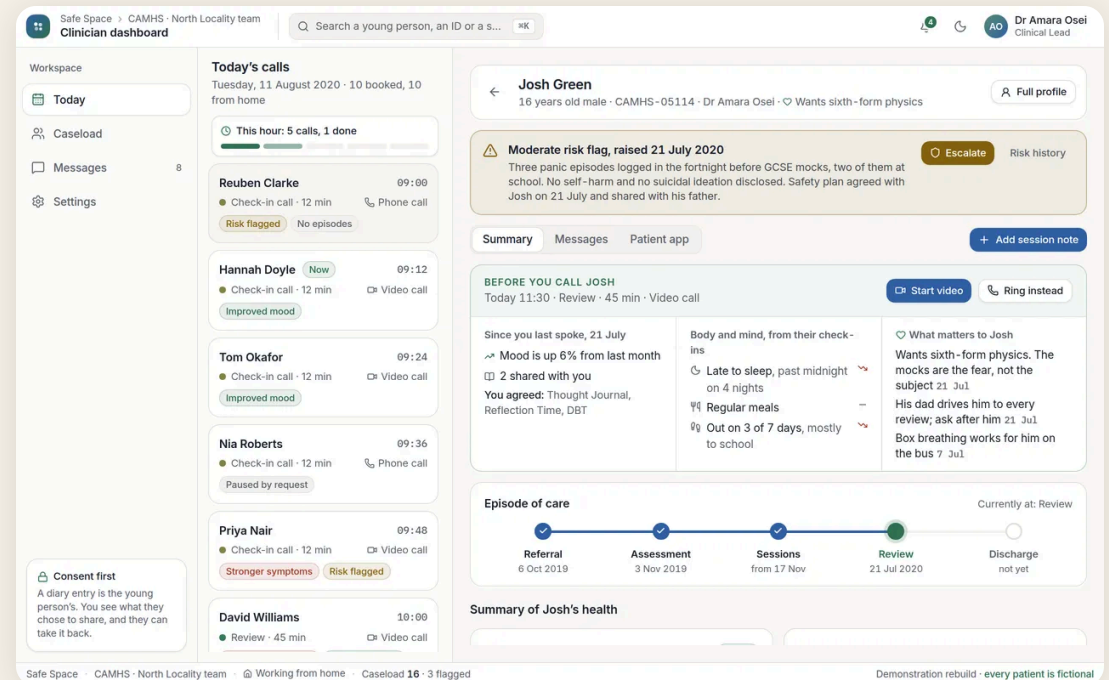
Compare the options before building one.

Safe Space, NHS mental health care when it moved home

What: a private diary for teenagers, a summary for parents, a simple app for older adults, and one clinician tool for calls

For: an NHS trust's young people's and older adults' mental health teams

Problem: COVID sent clinicians and patients home, and the notes system was built for a room

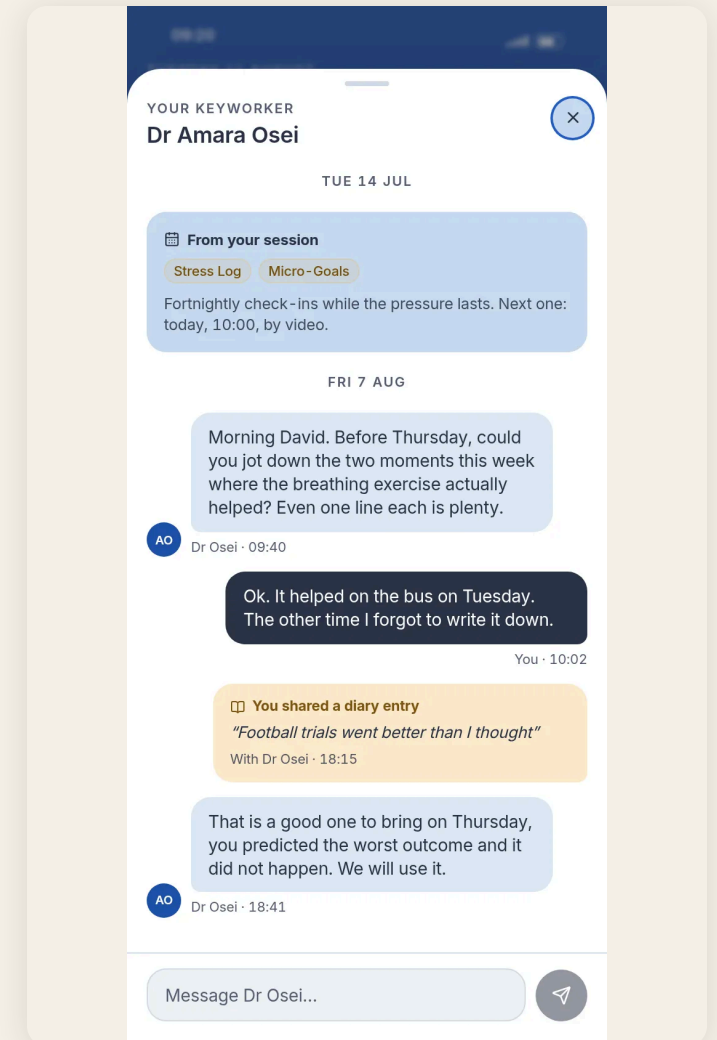


One hour a fortnight, then the teenager disappears

The team called it the Triangle of Care, and every corner of it was blind.

The answer wasn't one app but two connected ones: a mood diary a teenager would actually trust, and a clinician dashboard that surfaces what matters before the session, named "Clinician Data Dashboard", in the GDS habit of saying what a thing does.

The older adults' service, sent home in the same weeks, needed the same connection with almost none of the screen: one app, one button to join the call, and a phone call always offered instead.

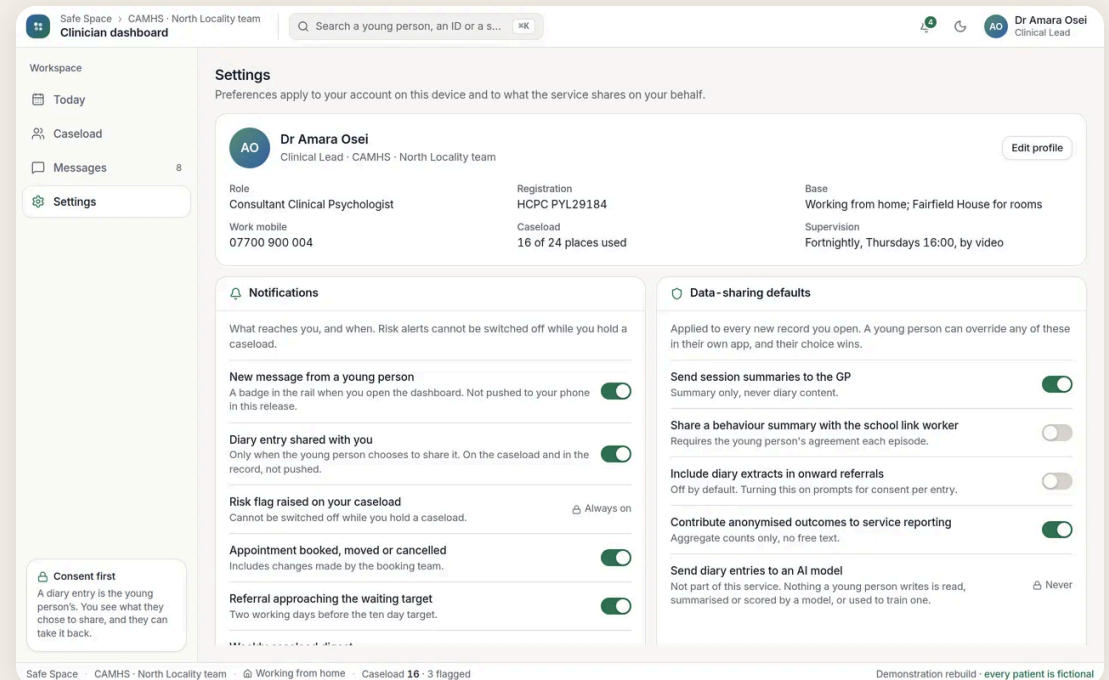


I asked all three corners before drawing anything

Two months of discovery, qualitative first, checked against numbers, then three co-design workshops: a half-day with 12 clinicians, two hours with 8 teens, and a feasibility session with the safety officer, digital governance and two developer leads.

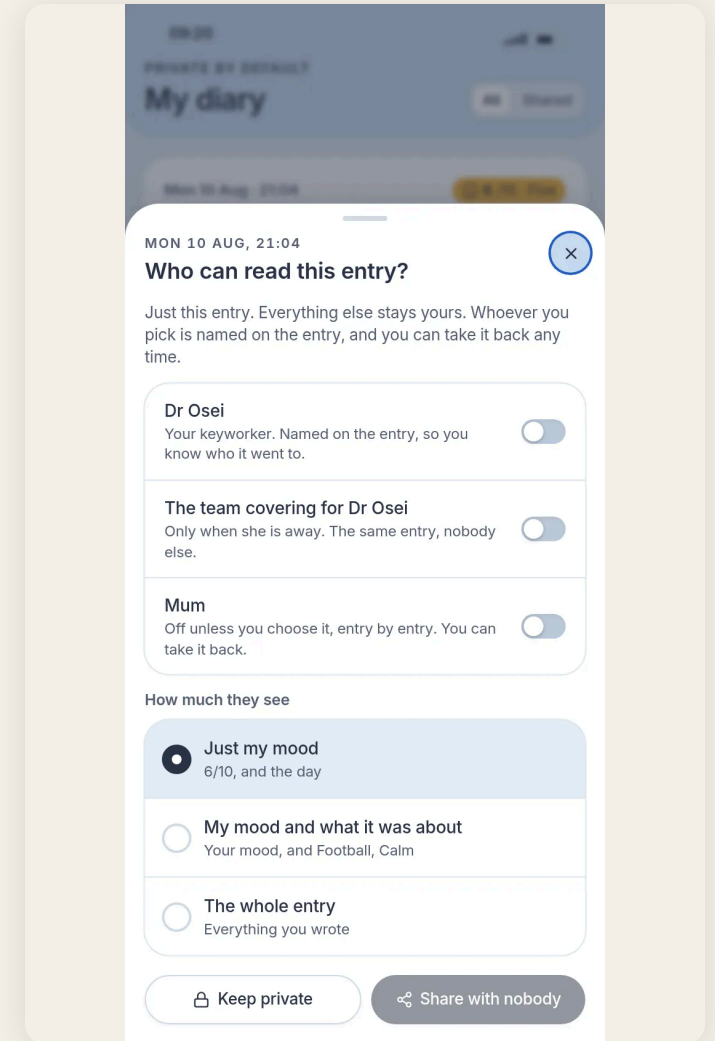
The teens rejected the feature adults assumed they'd love

Everything from the workshops went through a value-versus-complexity matrix, with point 2 of the GDS Service Standard, do less, as the tie-breaker. Peer-to-peer messaging died in the bottom-right quadrant: the teens themselves killed it, on privacy grounds.



Private by default, shared only by choice

The clinician's side opens on today, not on a database: the day's appointments with change chips ("stronger symptoms", "improved mood", "no episodes"), a patient timeline of quality-of-life indicators, and the entries a patient chose to share, right in the communication thread where the conversation happens. Session notes end with recommendation chips (micro-goals, DBT, thought journal) and a follow-up booking, so the admin happens inside the clinical flow.



Tested mid-build, then run in a real clinic

Scenario-based sessions with 5 clinicians and 5 young patients changed the build where the evidence said: an entry-tagging system was added; a "your clinician read your entry" notification was postponed. QA ran on real iPhones and Androids.

The screenshot displays the 'Safe Space' Clinician dashboard for the 'CAMHS - North Locality team'. The dashboard provides a comprehensive overview of the caseload and patient management.

Workspace: Today, Caseload, Messages (8), Settings.

Caseload Summary: CAMHS - North Locality team · Dr Amara Osei and three colleagues · updated 08:15 today

- Caseload:** 16 (14 open episodes, 2 recently closed)
- Seen this week:** 6 (Since Monday 10 August)
- Awaiting contact:** 3 (1 overdue, 1 past the ten day target)
- Risk flagged:** 3 (1 high, 2 moderate)

Search: Search by name, ID or keyworker. Filters: All (16), Seen this week (6), Awaiting contact (3), Risk flagged (3), Discharged (2).

Young person	Age	Keyworker	Status	Risk	Last contact	Next appointment	Unread
Priya Nair CAMHS-04973	16	You	Active	High	10 Aug	Tue 09:48	2
Josh Green CAMHS-05114	16	You	Active	Moderate	10 Aug	Tue 11:30	2
Reuben Clarke CAMHS-05276	13	Sam Kearney	Active	Moderate	10 Aug	Thu 14:00	1
David Williams CAMHS-04823	15	You	Active	None	4 Aug	Tue 10:00	1
Isabella Wilson CAMHS-04907	14	You	Active	None	28 Jul	Tue 11:00	0
James Smith CAMHS-05238	13	Nadia Rahman	Active	None	2 Aug	Tue 14:00	0
Ava Moore CAMHS-04688	17	You	Active	None	5 Aug	Tue 15:30	1

Consent first: A diary entry is the young person's. You see what they chose to share, and they can take it back.

Footer: Safe Space · CAMHS - North Locality team · Working from home · Caseload 16 · 3 flagged · Demonstration rebuild · every patient is fictional

The decisions that mattered were refusals

It is used as part of real care	21 people, three clinicians, ten patients and eight parents, at one clinic for about three weeks, with every approval in place	MET
The people using it want to keep it	94% of beta users said the service should continue; the beta report gives the share, not the number it is a share of	MET
Teenagers write without being nudged	4 entries a week per patient, in a product with no streaks and no escalating reminders	MET
Parents read the summary	8 of 8 parents opened every weekly summary	MET
Clinicians can find what they need	5 of 5 clinicians navigated the prototype	MET

What I would do differently

Test the riskiest assumption before it reaches the build.

Keep the research records with the work.

Questions

The other three files, each with its product running inside it:

002 Astrato, three years inside a data platform

004 Novo Nordisk, and the number that was true twice

005 JBS, and the two per cent that is the whole business

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