Ellie Coyte

Interviewed by

Jane Bird

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Via Zoom

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Welcome to the Archives of Information Technology where we capture the past and inspire the future. It's Wednesday, 7ᵗʰ December 2022 and we're talking on Zoom, as has become customary during the coronavirus pandemic. I'm Jane Bird and I've reported on technology and the IT and telecoms industry for newspapers such as The Sunday Times *and the* Financial Times *since the early 1980s. Our contributor today is Ellie Coyte, founder and Head of Marketing at Haelu, which provides software to support health and social care. Ellie qualified to teach English to speakers of other languages and went on to study international hospitality management at Cardiff Metropolitan University. She also did a foundational year in project management and sustainable development and developed her problem solving and personal engagement skills in a range of hospital and teaching roles in the UK, Malta and Spain. In 2020 Ellie joined Alacrity Foundation where she met the team to set up Haelu. Her work there involves building relationships with key personnel across three local authorities and the Health Board, as well as co-ordinating the project internally. She also helps manage day-to-day budgets and financial forecasts and supports the company's resellers, HR and legal processes.*

Ellie, welcome. I'm very much looking forward to hearing more about your experiences so far in the world of software development for the healthcare sector.

Thank you.

So maybe we could start at the beginning. So you were born in Newport in 1989. In fact it must be your birthday any day now, is it?

It is, tomorrow.

Oh, congratulations.

Thank you.

So, what about your childhood then? Did you have a happy time, did you enjoy your childhood?

I did, I was extremely fortunate, yeah. I feel blessed all the time with my childhood, because I had the typical – obviously not practicable – but a strong foundation in my family, sort of very strong relationships with friends and wider family as well. Everything was great, yeah. I have an older brother, so we played a lot, it was great. Yeah, really positive.

And what about your education? Were you happy at school?

Mm-hm. Yeah, yeah. Yeah, I enjoyed school, it was more of a social place for me than it was an academic one, at that point I wasn't really very academically minded, but I think I was lucky because I didn't struggle with anything. I just didn't really have as much of an interest, I really sort of liked the more creative subjects like art and design and sort of the woodworking one, which name I don't remember at the moment. But yeah, yeah, that was, it was great, really good.

And your parents were quite keen on education, I take it, were they? You went to state schools didn't you?

Is that the free one?

Yeah.

Yes, I did. Yeah, they were. I think, I suppose the main influence that I think of when I think of my parents with that is that my mum never got the chance to go to a Welsh speaking school, but lived in Newport, and then so as soon as one opened in Newport about two years before I got to that age, so my brother went and then I went. And then we went, we travelled 45 minutes on a bus every day to go to the local high school that was in Welsh as well. So mum was very keen for us to learn Welsh as a first language, which we got to do through school, which was great. And yeah, I remember dad always helped me with things like running and maths. He was good, maths homework was where dad was at.

Because that's, I suppose, the most obvious way into computing, through maths. I mean did you do computing at school?

No. No, we had, we had a couple of IT lessons, I vaguely remember, but we didn't really learn much, I don't think. Yeah, I don't think it was so prevalent back then, sort of more…

Well, we're only talking about the 1990s, aren't we, so…

Yeah. In my school we didn't have, as far as I'm aware, a very good kind of coding kind of inspiring course, let's say. But I suppose, as you said, maths is typically the way people go into that.

Okay. But you didn't really come across computers at school, you didn't have a home computer either, by the sound of it?

I had a home computer, I used MSN, but that was about it. And I remember playing sort of little games on it like Chip's Challenge, but it wasn't, it didn't really inspire an interest in tech at that time.

[00:05:04]

No, okay. And so did you, and then you, you were in the sixth form, were you? Did you do A levels?

I went to college, so I left school at sixteen, went to college and studied fine arts for two years in Crosskeys, which was great. Didn't do any A levels at that point. I did go back and do a sociology A level. The idea was to do sociology and human biology and become an occupational therapist, and I got in on a conditional basis if I got those two things, and then decided to move town. I moved to Bournemouth when I was twenty, flunked human biology, didn't take the occupational therapy course [laughs] and, yeah, continued a sort of career in Bournemouth in hospitality instead. So, yes, didn't do sixth form, went to college and then did A levels a little bit later, or one A level in the end, sociology.

So, okay, so before you were supposed to be doing human biology, did you say, and sociology as well, or…

Yeah. So to get into, to be an occupational therapist in Cardiff and to get onto that course, university course, I had to do those two topics, but I didn't get on well with science at the time. Yeah, I think in part, I sometimes think that it's due to, I often put it down to the fact that I had to try and learn in two languages, so I didn't really engage that much in science in school, I did well, but then when I went to go to human biology, it was in English. So I went from knowing all the terms in Welsh to then having to relearn basic terms in English, which just added to it. But I honestly wasn't very easily, I didn't get on with human biology very well at the time. I think I'd love to do it now. I think I'm much more interested in it now than I was then, but at the time it didn't twig.

Well, I mean that slightly unconventional route is often the case with people in technology, and of course it's a good example for people who might be looking at this, young people thinking that they needed, you know, to do something in a different way. So not to have done the kind of classic academic route is quite an interesting thing. So anyway, but perhaps to finish off on the… so then you spent some time in hospitality in Bournemouth, and also abroad by the sound of it?

So my abroad experience, well yes, actually. So I think I, I kind of forgot about it, but yes, I did, I went to Spain to teach English, so that was for that, but when I was in university I did do a year abroad in Malta with hospitality. So I worked in a place called Xara Palace, which is a very nice place and I was very lucky to do a year's placement with four different settings, so I worked in the kitchen, in finance and a few other areas within – oh, reception was another. I think there was four, but I don't remember the fourth.

Okay, so then you, by- what sort of year are we talking about then, when did you do that?

So you'll realise my memory is shocking, so let's try and think. So I went to, so I did university in Cardiff from 2015 to 2019, so it would have been '17 to '18 I was in Malta.

[00:08:48]

Right. Okay, and so you graduated in 2019. And then, so what happened after that? You then signed up immediately for the Alacrity Foundation, or how did you- talk to us a little bit about when you left university.

Sure. So I suppose it's worth mentioning, so prior to going to university in Cardiff I'd been teaching English and then had an idea about a tech solution I wanted to build, but decided that I should probably go to university first. So I kind of kept thinking about it and I did a lot of work into trying to do that on my own without any tech skills back in about 2014 and then went to university to get the business experience through a hospitality course. When I was on the course, then the year before I finished, when I got back from Malta, I was networking around south Wales to try and prepare to do this business idea that I wanted to do, which was tech solution for international students coming to the UK or to wherever they go to learn a language, so just before then. So in the year, in that summer before my final year of university, I was networking and I stumbled across the Wesley Clover Foundation and Alacrity Foundation and yeah, that's how I found them. So when I actually left university finally, I'd actually forgotten about Alacrity entirely, because it had been a year, I'd been doing my final year of study, which I did do my final project on my business idea. But, I'd completely forgotten about Alacrity and so then I actually took a job in HSBC. I was being, as a caseworker over in Bristol, so I was travelling there every day, which I actually really enjoyed but it wasn't a long-term job.

A caseworker for HSBC?

Oh sorry, yeah, in terms of you have- it was about, they had to rectify a mistake that had happened before, so they employed a lot of agency workers to come in and to manage like the repayments of money. So they call it a caseworker, but it was basically an agency staffer for the bank working in admin, an admin role. Yeah.

So had people, was HSBC making wrong payments or – it seems surprising.

It was a long time ago, it was something I don't remember the context of the story behind HSBC, but it was… I wish I could remember. My memory is awful. It wasn't… I remember what it was. It was to do with debt collectors. Something had changed at HSBC or something had come to light and they were rectifying something that had happened much before. I think it was charging people additional like fees for debt collection services that they weren't allowed to do afterwards, yes. So it was an interesting role, it was actually quite nice because once you get hold of people you get to tell them that you're going to give them money, which is great.

Yes.

So I was working there and I was having a great time, I was only there for about three months, and then I saw a post on Twitter from Caroline, a lady called Caroline who worked at Alacrity saying they had a few spaces left for that year's cohort. And so it felt like the stars aligned, I thought, you know, I can leave this job pretty easily, I can go and apply for that, if I get it. And so I did, I had to leave the job, not knowing if I was going to get in, because the notice period wouldn't work, so I had to go for the interview, leave the job, and I got in. So that's how my journey with Alacrity started. Yes, yes, that's basically it.

And what was your experience at Alacrity, what did you do there and how did it go?

It was good, yeah. I was a bit older than the other people in the cohort, which was a bit of a challenge, but not for- just more of a kind of internal challenge more than something that people were putting on me. Most people were sort of straight out of uni and I was there- it's not that late now, now looking back it wasn't that much older, but I felt much older at the time. So, yeah.

You'd have been roughly, what? In your mid-twenties?

Let me think now. So that was two years ago, so I was thirty. I was twenty-nine, turning thirty and they were more straight out of uni, oldest was about twenty-four, I think, after me. So there was not much of a difference really, but it felt like a lot.

Yes, I can understand that.

But no, it was great. It was, we learnt a lot in the first couple of weeks. We do a coding boot camp so I got my first look at how to actually, how code works, what's the logic behind it. That was great.   And a really nice experience as well because the technical people within the cohort, because it's typically like a 75… or 70/30 split, I'd say with technical skills versus business skills. So I went as a business lead and then the tech, there were tech leads as well, and so during that two to three weeks, they were very supportive. There were a number of technically-minded people there who were learning things they already knew [laughs] basically, who were just there to help us, which was great, it was good bonding. And then after that we moved more into the business side, so we started receiving challenges from different businesses through, facilitated through Alacrity where then we would try and come up with ideas to fix those challenges using software. So it became a process then of sort of going into different teams, being put into teams to try and think of the best way to build a demand-led solution with this project partner. That's the kind of model is that then you think of an idea, you pitch it to the partner and then if they like the idea then you co-create it with them. And you have your first customer, in theory, and then you can go out to wider market. So yeah, it was a big learning curve and I think it was about 15 months in total, except for in the middle of it the pandemic happened, so we went from in-person to remote, but that was okay for us because we'd already formed our team. Yeah.

[00:15:26]

So let's backtrack a little, talking about being entrepreneurial, having ideas, wanting to set up your own business, and at first your first business idea was to do the software for people learning, foreign people coming to the UK to learn English. So where had all that come from then? Do you think you had that sort of get up and go, set up something, in childhood, was it somebody you knew, did you have any

mentors? What made you that kind of person to begin with, entrepreneurial in that way?

It's a really interesting question. One that I don't know the answer to. When I was younger I don't think I had it at all. People used to say, my mum especially used to say that I used to live in a bubble, in the Ellie bubble. I even did a bit of a project, an art project on this with little characters inside the bubble because I was very, I was very isolated in my own little head. Quite creative, but quite isolated in that way. And so maybe I was a bit creative, but never really thought about doing something more with that. And then, when did it change? I think it was from working in hospitality, to be honest with you.

In Bournemouth?

Yeah. Because I had, I used to… I was very good at my job in hospitality. I was very friendly, very good at dealing with problem customers, it was a very easy job in that sense to me, I was comfortable living in, you know, just day to day, minute by minute, just making sure everybody was happy, they got their food on time, I got to run around, it was great. But I felt like I was moving towards a management sort of role and I wasn't getting there. Nobody was progressing me but they were progressing other people and I couldn't understand why. And so one of the things that I did there was then I asked to be like an event organiser and I organised a quiz that went really well and I realised that I kind of, I had an idea, I ran with it, it went down really, really well. I think I just kind of saw a change in the way that I was and what I could do, which then led me to teach English, which then gave me some more ideas. And I think I just kind of thought, screw it, you know, if people aren't going to, if people aren't going to listen to my ideas when I think I have a good idea, then maybe I should just do it myself. So I guess that's where it began.

So you didn't, but obviously you didn't pursue that one, the English language software. What was that idea particularly and why didn't you pursue it?

So the idea was just to connect students with the language learning institution via an app, so I suppose quite a basic app that would give them the information that they

need. It could be translated into multiple languages, they'd be able to raise concerns that they have with, you know, about their hosts, the accommodation, that kind of thing. So they have a point of contact, because through my experience it felt like there was a lot of people that, you know, there is a language barrier, there is a culture shock, and they weren't being supported well enough through that in my opinion. So it was a simple app that was just going to help communication between the school and the students. I did sort of, so I did, I put quite a lot of hours into it and did work on it sort of in between, so before I went to uni in Cardiff, through uni I worked on it a fair bit and sort of kept speaking to people about it and networking with different people. But then kind of the only reason I really stopped was because I couldn't take my idea to Alacrity. So I struggled to do it on my own, because I didn't have the technical skills, I didn't have lived experience within business, I still had a lot to learn even though I felt like I knew a lot at the time. And so there was just no way of me doing, I couldn't do it on my own and so then to have the opportunity to go into a place like Alacrity where they give you a stipend every month and give you mentors and put you into teams and give you real problems and real business partners to work with, sounded like a dream. It was a great opportunity to do something, that wasn't that, I couldn't take that with me, unfortunately, but I could still use, do some of the things I wanted to do and still make a difference, which is what I wanted to do by that point. So that's the only reason I stopped, really, was it was too hard on my own.

[00:20:13]

Yeah, yeah. But then when you did have a new idea, your idea for healthcare software, that was a different idea so you'd moved on by that stage?

Yeah.

So, what made you move on and spot that opportunity in healthcare?

So, as I mentioned with the Alacrity Foundation, it's, the idea is that you leave the project, you graduate from Alacrity with investment, a business, a team and a project partner, if not an actual first version of a tool, an MBP or a product that you can devise and after take to market. We left Alacrity in a bit of a different way. We

didn't have a project partner, we had a reseller partnership with a company in Canada to sell, to resell a communication tool to social care care homes in the UK. The idea behind that partnership was we'd be able to generate revenue with a product that's already known and loved over in Canada and North America, and we'd be able to speak to people about their challenges, to be able to find our own project partner and create our own IP through the Alacrity model, but with an existing business and more generating revenue. So we spent from the time that we graduated Alacrity at the beginning of 2020 up until the end of 2021, so almost two full years. Or is it? Or one full year? No, it was the end of… actually, I think it was only a year. Anyway, we spent the whole time that we were trying to, we were speaking to people in health and in social care to try and figure out what was health and social care most in need of and what were we best placed to build a solution for. And so it wasn't until the end of last year that we met with a social care agency in Cardiff who very simply outlined a problem to us that we felt like we could build something around, and were willing to be our project partner. And then quickly after we met a Health Board who told us a load of problems, and some of those problems aligned very well with the social care problem that we'd just heard from domiciliary care. And so that was it, that was how we then came up with the next idea, it was through a lot of research, a lot of trial and error with speaking to different people, and then finally finding people and understanding like we can do something with these challenges. And we have people who are willing to innovate with us, so now we can finally do what we were meant to do at Alacrity, two years later.

And you were very much the team leader, were you?

So in Haelu I'm the Chief Operating Officer and then we've got the CEO, Paddy, who I would say is more of the team leader of, like not just now he is the CEO, but also prior to that, he was the, he has led our team in terms of the project itself. So the way that it happened was that we had, we had all these challenges, we came up with a few different ideas, then we had to whittle it down to then pitch back to the senior sort of board members, like Digital Director and such of the Health Board. So we chose two ideas and we put them forward. The idea that ended up moving forward and going into the co-creation phase was the one that I suggested and that I pitched. So from that moment on then I became the project lead. So yeah, in terms of the team, in

terms of the company, I would still say Paddy is, he leads, he has been since the Alacrity team, Team 24. [laughs] But yes, in terms of the project…

Team 24 being, what did the 24 refer to?

We were the twenty-fourth team to go for Alacrity.

Ah, okay. Right, yeah. You don't have twenty-four people in your team, I presume?

Oh no. No, thank God.

So how many people do you have now?

At the moment, five. Five, not including board. So five actual employees.

[00:24:47]

So that, so at the end of last year, so nearly a year ago was when it really took off then, by the sound of it?

Yes, yeah.

So how has this year been?

Absolutely manic. [laughs] It's been, it's been non-stop and it's been crazy. We had a lot of divergent research, so a lot of- so once we had the core idea for this solution that we're building now, it's such a broad… it's so… it's so applicable across so many different services and so many different patient types, which is fantastic in the long term, but for proving concept and testing the model at pilot phase, we needed to really refine and figure out what we were going to do next. And so we spent, I would say, probably six to seven months of this year just speaking to healthcare professionals and social care professionals across West Wales, to try and determine where's the best fit for the first version of the tool. So it's been a lot of, a lot of, a lot of meetings, a lot of gathering information, as you'd expect from divergent research,

and a lot of trying to figure out what aligns with us. So we did go down a couple of different routes along the way where we thought this would be the right direction to go and then had to realise actually, no, we're sort of, we're creeping into something that isn't what we've said we wanted to do and had to bring it back again. And it was only I think about two months ago, I think – time as a concept is very strange to me at the minute – but I think two months ago roughly, we finally landed on what our use case will be. And we're working with reablement patients, post-hospital discharge, and the main user of the tool is no longer social care, not for the time being, it'll be healthcare support workers employed by the NHS. So we've had to change, but make sure that we're in the right place. So there's been a lot of that, a lot of forward thinking, a lot of planning the immediate next steps as well as what does that mean for the next five to ten years of development, because the solution that we're building will take, it… we're delivering it to provide value and test the model next year. But the actualisation of the vision for our tool won't come to light for a good few years to come yet and will be in continual development because that's the nature of the tool. So it's been a lot of, [laughs] it's been just a very busy, confusing, stressful, wonderful year.

So, sorry, can you just summarise again what it is and what it isn't? Because you said it's not that, it's this, yes.

Sure. So we're developing a tool that the idea, the vision is to empower social care workers, so people without clinical training, providing care and support to people in the community. So to empower social care workers to be able to record signs and symptoms relating to health that will then be able to trigger automatic alerts to the relevant health professional so that they can respond with earlier interventions, reduce unplanned hospital admissions, protect patient health, keep people living happier and healthier at home for longer. That's the vision. To create the vision we need to, a lot of the automatic very cool person-centred features and functionality of our tool, like prompting people based on – to look out for certain signs and symptoms – based on what their condition is, their age, their ethnicity, the demographic, those sorts of things. That requires a fantastical evidence base of clinical knowledge, but it's going to take a lot of time to develop. So that, the bit that I say is going to be in continual development for as long as the tool survives, because more and more will be input

into that by clinical professionals, by usage through the tool, etc. So the first step for it, what we're delivering in 2023, will be a way for healthcare support workers to record their visits with patients within the community and be able to raise concerns more manually to their service managers who will then be able to refer onwards to other health professionals, but instead of making a quick phone call and sending a rushed email, they'll have a backlog of trends and data to be able to see, because it's been, somebody's been recording that information along the way. So that's the first version of the tool. The first version's very manual communication process that really draws on the opportunity to get a non-clinical person to be able to record things that if a clinical person looked at it would say, yeah, okay, something's going on, I need to help that person or next week they'll be in hospital.

[00:30:06]

Yeah. So is it things like, I don't know, can you give some examples of, I mean they're not taking their temperature, presumably, or are they doing that kind of thing?

Vital signs are not the main focus, but they can come into it if they ask for it, then we can put it in. But more things like, so for example, things like feeling cold, tiredness, and like a wound taking a longer time to heal. Those three things together for certain demographics, age groups and patient types could be a sign of malnutrition. So that's like a nice easy one, really, where like subtle signs and symptoms that would really easily be missed if not seen together, wouldn't raise an alert. I suppose then when it comes to things that are a bit more, a bit easier, I suppose, in earlier stages we'd be looking more at things like signs of infections, that kind of things. So trying to spot UTIs earlier.

Signs of what?

Infections.

Yeah.

A nice easy one. So, you know, if you've got like scars or funny odours, that kind of thing, but also cognitive impairment, we can pick those things up easier by subtle signs like the food in the fridge being out of date, or mobility problems because they haven't, you know, they've changed a habit, so they've stopped making the morning cup of tea that they make every day by themselves usually, but they've stopped doing it. Now why have they done that? Is it a cognitive problem, is it a mobility problem? Yeah.

Okay. And the non-technical health carer just notices these things and records them in some kind of database, but you're depending initially on them then thinking this doesn't look right and raising the alert manually, as it were, or picking up the phone to a healthcare professional or something?

Yeah. So the good thing about where we've landed at the moment with the healthcare support workers and the reablement team is that they have a manager and they already have this process. So they do act as the eyes and the ears of the district nurses, anything that they notice they make a note of in the record of care, anything that they're concerned about they call their manager and then they go down the process of, okay, do you need to call a GP, tell me what's going on, tell me what it says on the piece of paper in front of you, what else happened yesterday, do you know this, do you know that. So it's quite a long drawn-out process, and so the first step is digitising that process. So instead of having written notes and a filled in sheet in the home, if they can, the person on the receiving end of that call they would have made anyway can easily access the information that they need to without having to have a back and forth on the phone. So yeah, that's number one.

Okay. So the Canadian software does do these things, or didn't do these things?

No, that's completely different. So the Canadian software that we're reselling to the UK, that's a communication tool, again, I think most software is in a form, a communication tool. But, so that's basically a tool that, so they can, Cliniconex in Canada, they have two streams of products: one is for GPs on waiting, like surgeries; and the other one is the social care. The social care one is the one that we have been selling to the UK and the basics of it is that it reduces, you can send out one message

via voice, text or email to all the resident families or all of staff in one go. And then you receive a response from that so it's basically saving them time with broadcast information. So it was really important during Covid, for example, to be able to send out updates to visiting times and things like that and communicate procedures and get people to confirm that they've understood that information. So that's the kind of use case for that one, so it's broadcast messaging of important information that requires a response.

And that is broadcast to family members, did you say, or who is it broadcast to?

So it was thought originally for families and friends of residents staying in a care home, but it can also be used for staff as well now. So they've developed the features so you can filter who you're going to send it to and things like that, based on units or, you know, if the staff's, if there's a certain type of staff, it's agency versus in-house or night-time versus daytime, that kind of thing.

Yeah, okay. So that, so you're keeping, that system you're continuing to resell while developing the other software, is that the…

Yeah.

[00:35:13]

So that helps funding, presumably, because I guess you've got to, budgets is one of your areas of responsibilities, isn't it, so what is the funding situation?

So we received funding out of Alacrity, so we have three different investor organisations who are currently our investors. We're in the process now of receiving more funding, so we're going through another funding round, that should be finalised within the next, hopefully this month, might be next month, which is going to be instrumental for us having time to develop the tool and to expand our team to ensure that we can do that. Yeah, that's basically it. I mean we're always looking at grant fundings, especially the tool that we're developing now, it's a very good fit for a lot of

the, it aligns very well with a lot of the government's sort of innovation and research plans. So yeah, grant funding is…

Have you had, so have you got any figures, how much funding have you had so far and what the sources are?

Yeah, I can do. So originally, so we had 250,000 when we graduated from Welsh Gov, Waterloo Foundation and Wesley Clover through Alacrity, and now we're going for 225 with Development Bank Wales and Wesley Clover again.

And do they get, so they get a stake in the company for that money, presumably, do they?

Yeah, the first round was equity share, the second round now is convertible loan note.

Okay, so sorry, it's a loan, it's not a stake, did you say?

It's a convertible loan note.

So they're not getting equity second time round?

They, I think the aim is to convert to shares. So it's, at the moment it's a loan but like, yeah, it's… the way that the convertible loan notes work means that they have a preferential rate on shares if it doesn't convert, if it converts to shares. So it's kind of, right at the moment there'll be no change in the cap table, but there might be in a few years' time because of this, this situation, yeah.

Right. So overall then, that's less than 500,000 so far. And do you have a target, do you know how much you'll need to raise to get to a sort of viable situation?

So this next round now will get us to our next inflection point and then we intend to, we're going to be starting to look straightaway for the next round of equity investment, that'll be for in about, I'd say, 12 to 18 months' time when we should have at least one of the Health Boards that we're speaking to providing us with

revenue. And so at that point we'll be looking for a larger round, but that'll be more about, we should be sustainable by then, but it'll be more about growth and acceleration.

Okay. So you should be sustainable within 12 to 18 months then?

Yeah. I mean it's, we're like on a rocket ship at the minute. It's really weird. If all goes to plan, and I mean even if some things don't go completely to plan, we should be okay, yeah. I think…

Only a handful of you, how many – sorry – how many did you say, people you have at the moment?

Currently five.

Five. So, are you going to have to, how will it work, will you hire lots more people, are you going to just keep freelancers, what will you do?

We've got, our current hiring plan is, well, so we're currently recruiting a new junior developer to start early next year, and we're looking for a Head of- we've got a sort of part-time Head of Technology, a Head of Software, so we want to get a fulltime sort of CTO. So that's our priority for this year coming up and with that we think we'll be alright. Yeah. Our tech team are pretty, yeah, they're pretty efficient. The tool's almost, will be almost built by March when the CTO comes in. [laughs] So, yeah. Yeah. We're a pretty small team, but we're good.

[00:39:55]

Okay, so overall then, so you've obviously developed this entrepreneurial side to your professional life, so how does that feel? Is that exciting, do you feel you've kind of started to fulfil your potential that wasn't fulfilled before? How does it feel?

I definitely feel like I'm doing what I should be doing, which is nice. Imposter syndrome is a big thing, for sure. I don't…

Sorry, imposter syndrome? You feel, you feel you have that?

Yeah, a lot. But it's okay. I mean most days I'm too busy to think about anything besides what needs to be done, you know, so it's kind of, you just kind of get on. I think it's, yes. I think I'm where I want to be, definitely. Got a lot to learn, still, which I don't really think… I feel like the best thing about being in this situation is that you do have room to grow. So like you are constantly learning, every day you're improving on what you did yesterday. It almost gets a little bit nerve-racking when you start thinking about the next few years to come, because like you asked about the number of staff that we have, our forecast is to have many more staff within two years' time. And when you start thinking about those things, you know, we'll have this many people to manage, we'll have this many customers on board, we'll have this many patients to worry about, that seems really far away, that seems really hard to get to. But you've just always got to remember that between now and then you're going to be learning every single day. It doesn't hit you, it doesn't hit you quickly, it does come gradually, but quickly at the same time. So it's, I don't know if any of that made sense, but yeah, I do feel like I'm getting to where I want to, really want to be. I'm very happy to be, I don't know, trying new things and being challenged every day, you know. It's hard, but it's great.

So do you have role models? I mean did you, you know, do you look out there and see there are, you know, people who've done what you're doing before you or who've encouraged you? Would you cite any particular individuals who've had a strong influence or, and are still having one, perhaps?

Interesting. [pause] It is interesting. I think when I started Alacrity, I was kind of star-struck by that. The woman that I mentioned posted, tweeted on Twitter and I saw that there was still space with the Alacrity Foundation and I could apply to come, when I first met her – her name's Carolyn [Caroline] – I was, you know, I was very much in awe. I still do, I think she's a fantastic person, she's very, very driven, very professional, understands a lot, she puts herself across wonderfully, and that was the sort of person that I suppose would inspire me at that stage. Now I think, I get wonderfully impressed by everybody I meet every day who are my project partners.

The people, like our chairman, David, is one example of a person that's just sort of, like just so full of knowledge. Full of knowledge, understands, he's an NHS CIO but started off like in a simple job in a mailroom, I think it was, when he first started. So it's really interesting to see those, the progression and how everybody starts somewhere, you know. But they always seem to have the right answer, always seem to know how to respond to things and there's a lot of people like that that I meet on a daily basis that just blow my socks off. [laughs]

Because they've triumphed in a situation that initially might not have looked very promising, you mean?

Yeah. And they just keep going, I think to a lot of people, they're just so… I think they're very consistent. I find myself to be very, you know, I'm a very consistent worker, I'll keep going, I get a bit overwhelmed but I'll keep going, but when I imagine having to do that for another 20, 30 years, sometimes I feel a bit tired [laughs] with the prospect, but then you see these people that are that bit older that are working with you who have, they are consistent and they've been doing it for so long, and just seeing what they can achieve on the back of it is amazing, so I think that's what motivates me. They don't seem tired with it, so maybe I won't be either.

[00:45:08]

So what would you say are the, for you what are the drivers? I mean is it because you want to get very rich? What's the sort of motivation?

My biggest one is always wanting to just do, just have, to have done something well that helps people. Because the reason why I originally wanted to go and be an occupational therapist was because I wanted to help people, and the reason why I liked working in hospitality was because I was helping people. I mean it might have been helping them, just helping them eat and drink, but it felt good, I felt like I was helping people every day. And so I suppose that's one of the things that I particularly like about tech as well, is that you can work very hard here in your room online with people, speaking to people, but the influence you can have and the way that you can make a big difference to a lot of people is through the tech that you build. So I think,

mainly it's helping people. Of course, financial security is fantastic as well. But I mean if this company goes fantastically, if I can pull myself away from it, I would just, I'm sure I'll have more ideas to do more things afterwards, so I can't see me stopping, even if we did well financially. Yeah.

You wouldn't just retire, you mean? Because that is often one of the criticisms of UK entrepreneurs, unlike Silicon Valley perhaps, that they, you know, they do it once and if they're successful that's great, and they take their money and go away and don't do anything more, so in terms of it being a good thing for UK plc and for the growth of the economy it's of limited value if they don't keep doing it. You see yourself more as a serial entrepreneur by the sound of it, would that be a fair thing to say?

I think so, yeah. Yeah, I think so. I think if I can pull myself away from Haelu in years to come, then I would just want to go and do something else, or at least help other people do other things if I stayed with Haelu too, you know? I think mentors give a lot, they do a lot, different people providing their help to each other really helps everybody. So I'd like to get to the point where I could do that for other people as well. So in one way or another, yeah, I'd still want to be… yeah.

And, sorry, what's Carolyn's [Caroline] surname? The lady you mentioned at Alacrity?

I think it's Thomas. Oh, it's not, it's Thompson, I think.

[00:47:44]

Right, okay. So what would be your advice to other young people who might be thinking about tech or, I mean for example, your background wasn't really in tech was it, but that doesn't seem to have deterred you.

No.

D'you think they should, do you think people should feel very inspired to go into tech even if they've never done anything technical in their lives before?

Mm. I find the business world and the tech world in particular, so the combination is magic, filled with people that are open to new ideas and different ways of looking at things. So it's a really, yeah, if you've got an interest in doing things a bit differently, then it doesn't even have to be with tech, I mean you can work in tech without working in tech, if you know what I mean. Like there are ways to dip your toes in or to have an interest without thinking that you need to be technically minded. I mean I can't code, but as long as, as soon as you… as long as you can, as long as you find people that you can talk to about the possibilities of tech who are also open-minded enough to sit and listen to what you've got to say, then you can play around with what's possible. So you don't need to be technically-minded to do tech, I suppose is where I'm going with this. Because I, yeah, I think one of the most fun things is realising that you can do, you can do almost anything with it, you've just got to try and figure out where the boundaries are and then help, try and make it fit without ruining what you've set out to achieve. So I would say that tech's very inclusive.

Yeah.

You can give it a go. I'd still like to learn to code though. So, maybe I'm a little bit biased in the sense of, you know, once I have a bit of time I'm probably going to go and do a course or two, because it would be nice to learn it a bit more. I do like the idea of tech as well as working in it.

Yeah. It would help you to feel more confident in having conversations about the possibilities, I suppose. So not, it's not because you see yourself as sitting down to do coding, more just so that you've got the knowledge to talk about it in the business environment perhaps, is that fair?

Yeah. Yeah, I'd say so.

[00:50:20]

So, okay, so I was just kind of touching on what your advice, I mean if you could do something differently in your sort of life since you left school, I suppose, or indeed

even if you perhaps wouldn't have left school, I don't know, what would you highlight?

I'd do differently? There are so many things I would do differently. [pause] It's really tricky because I want to say that if you've got a feeling that something's not working for you, then leave it, that's kind of like what I would have done differently. Like in terms of, hospitality wasn't working for me in the end, but eventually I did leave it, so I can't really say that I would have left it sooner, because it wouldn't have, things wouldn't have panned out the same way. Everything has a knock-on effect, right? So I guess just having my eyes more open would have been what I would do differently. The time that I speak of when I was living in a bubble, I wish I didn't. Yeah. Especially, I suppose like one of the key things, for example, is that when I was younger I didn't really like history, it didn't interest me at all. But history leads to politics, all these other things, and now I'm in a place where I'm trying to learn a lot of things I should have already known and I probably lived through. [laughs] So really having your eyes wide open and being more curious, even when you don't feel curious because maybe something will pique your interest, is probably what I would have done differently. If I could speak to little Ellie.

Yeah. No, I understand. It is hard to imagine if you would have made different decisions at any time, because, as you say, it's a kind of evolution which would have… yeah. But getting rich wasn't really a key driver for you then? As it is for a lot of entrepreneurs. I mean that's, serial entrepreneurs is, or at least they want to make the money, they see making the money as the way that they keep score or, you know, how they demonstrate their, the value of their contribution I suppose. But you don't really see it that way?

No, no.

Do you think you should have had more of a, should have had more technology in your education, would that have helped, do you think?

I don't think so. Yeah.

Why?

I don't think it was really… it's weird because I can't say it was really that missing, because my memory going back, for some reason I've got massive… I think I've tried to put so much into my brain that I can't remember a lot of the past. But it didn't feel missing, the tech, from my education until I tried to think back about where it was. [laughs] Yeah.

Yeah, okay. What about being a woman in a man's world, or does it not feel like that?

I think I'm very lucky not to feel that too much. Honestly, I did a module in my final year of uni where I had to pick a topic and it was for the ethics class, and I didn't, I decided to do an assignment on sexual discrimination because I never felt that way. Up until that point I didn't really feel the problems or I didn't really feel pushed down or anything by being a woman and by the end of like a three to four-week study session with my now husband, we, you know, we really dug deep and he had some opinions, I had some opinions, and I realised that I had been a little bit beforehand and I hadn't really noticed, so that was interesting to see that I hadn't even found that I had, that there are [incomp] that had maybe affected some of the ways that I progressed. But honestly, since being in tech for health and social care, I haven't felt anything at all like that. I haven't felt any, and I think that's because of the balance between tech and health, because health and social care, a lot of the project partners we're working with, a lot of them are women. A lot of them are having a massive input into this tool are women so it's, I get to speak to wonderful, inspiring women every day. Yes, and our team's very supportive. I couldn't… yeah.

[00:55:31]

Yeah, yeah. So, I mean one of the things we often do is say to people, you know, how has the world changed or how has society changed as a result of your achievements and what you've done. I mean in your case I suppose it's still a little bit early to ask you that question, but how, perhaps if you could look into your crystal ball, how

would you like to see society being different in maybe five or ten years as a result of the work that you're doing?

Interesting question. Okay. Well, we'd want, the aim is to help people get earlier healthcare and social care, to be able to have their needs met earlier so they can live happier and healthier. So I guess generally people being healthier would be great, because people tend to be living longer but not necessarily healthier. So helping people live happier and healthier generally, that would be fantastic. One of our, one of my kind of little goals, and I don't know if this'll ever happen, especially not only from our tool, but, you know, we work with social care, they're very, we want to put this tool into their hands because they already do this work, they're just not empowered to use the information and to use what they, what they already have inside them and they're not sort of always respected in that way and perceived to be that way. And that goes right through down to how much they get paid. And so I would love it if one day the tool and the value being derived from the tool, from the people using the tool, meant that social care workers would actually be able to have better pay, for people to be able to sort of, for there to be more of a widespread respect for the role, because they already do all these things, we're just wanting to facilitate that within the app. So that would be a dream come true if we could help towards that, that would be amazing. Yeah.

It's, I mean it sounds like a really excellent idea and it's one of those things that you think, well, why has it taken so long for anyone to have done this. Do you have an answer to that?

There are loads of barriers, so many of them. Some are simple as sort of, like cultural differences between health and social care, I mean our tool aims to connect them in a way that works for both of their needs. But in doing that you have to design an app that has whole different value propositions or whole different… the culture of the way the people work influences everything from the language to the design, to the process that they're going to be using, so it has to kind of take both of those into consideration and marry them somewhere in the middle, which is a bit tricky. As well as then sort of, you know, the data governance rules, there are very isolated systems, disconnected systems, data in lots of different places, so all of those things become a barrier for us.

Because we don't want to become just one more system and we also are not saying that we're going to replace the systems that already exist. So it's sort of tying that balance of making sure that the tool that you build is interoperable, it is ready for, it's sort of futureproof but isn't, but also stands alone enough that people will be willing to use two softwares when they have to, until the time when you can connect or…. Yeah, so that's, they're some of the big barriers. But there's a lot. I suppose one of the biggest ones that I struggle with on a day to day, or well, not struggle, but that I have to manage on a day to day, is just all those stakeholders, so obviously we talk about the different culture, the different systems, that comes with a lot of different people. So you have to try and keep happy, but they also, the people, they can't be built and given to somebody. So we can build it now with our current Health Board partner and we can then develop some more with the next Health Board partner, but one day we're going to get to the point where we need to be packaging this and delivering it to somebody else at that point. We're not co-designing a tool with you, we're giving you a tool we co-designed with someone else. So is it still going to fit? Are they still going to be as happy with it, is it going to work with their processes? Are they going to be in the right mindset to use it, do they want to connect health and social care in the way that we want to connect them?

[01:00:26]

Yes. It's quite complicated and political, isn't it? So you're in Wales, all your health authorities are in Wales are they? So potentially this is a system that could be perhaps universally adopted across Wales, which would be, I imagine, a good thing because there would be a standard and a consistency and a level of service. Is that in your sort of goals and aspirations, to achieve that?

It is, yeah. We've been, there's a new strategy this year came, I think it's '22 to '27 with the transformation from integrated care where they basically want to scale best fit solutions and there's quite a clear, or it sounds like a very clear process for evaluating and then scaling these solutions across. So our Health Board partner has told us the process and is encouraging that we try and do that, so the aim is to do that. They've got a plan to scale best solutions by 2027, so that's what our roadmap is for Wales. [laughs] By 2027 we'll try and get the tool everywhere, but it is, like you say,

it's great for Wales, but we need to make sure that we're engaging with England, Scotland, everywhere else pretty quickly. I mean our chairman I mentioned, he was, he works a lot in England, lives in England, was a CIO for an NHS board in England, so luckily he's able to kind of frame that perspective to our developments. But yeah, the sooner that we kind of dip our toe and get a project partner really in England and then – I think maybe it'll be Scotland before England – but, yeah.

So that's the target. Are you hoping to sign an English, a local… how does it work? Would it be a local Health Board, or who would you sign up?

In England it's Integrated Care Board, I think they're called. No, no, a… anyway, yes, we would hope to.

There are clinical commissioning groups, but I don't know whether that… they're probably a bit too small for you, they're not kind of probably a large enough district. What's the name of your product, by the way?

We don't have one.

You haven't got a name? That probably might be a good idea, to have a name.

It would be. Yes, we don't have a name yet. We're thinking about it, but we haven't really had time to think about it much so it's kind of gone right down the priority list.

Where does the name Haelu come from?

That is, so Haelu is apparently an old English word for health, so I think it's similar to when you say hello, it was good health, and so 'haelu' it's, yeah, along those lines.

Oh, I should remember that. Yes, I once studied old English. Anglo-Saxon, yeah. It does sound, now you mention it, like something like that. Okay. And so what's your proudest achievement, would you say?

Proudest achievement? I don't… I mean this whole year has probably been proudest achievement, because we don't often have time to stop and really celebrate the things that happen, but I mean I suppose the one that comes to mind is that we had this idea and we pitched it to Hywel Dda and then we pitched it at the Wales HealthTech in 2022, so in March, and we were one of the winners and we just, they had no idea that we, we just didn't expect, especially…

Which are the, sorry, which are those two organisations? Could you explain who they are again, that you pitched it to?

It was the, so it was the Wales HealthTech, which I think is organised by, I think it's Welsh Gov funding, but it was organised by TriTech and Life Sciences Hub Wales, I think. I know the Bevan Commission were involved in it, on the panel at least. But yeah, so we won that, which was just amazing, it was really good. And we're going, tomorrow on my birthday, we're going to a MediWales awards ceremony where we've nominated Hywel Dda for their work with us with the Innovations with Social Care Award and have got through to the shortlist as well. So that's probably quite up there in terms of memorable moments. We're not really expecting Hywel Dda/our project to win, but to have a mention will be fantastic, considering.

[01:05:29]

They're your partner, Hywel Dda, aren't they?

Yes, yes.

And how did that partnership come about?

So that was through Alacrity. But like sort of while we were Haelu. So Alacrity were planning, Alacrity were engaging with Hywel Dda to try and form a partner, you know, a partnership model for the Alacrity cohort with Hywel Dda. So when they were speaking to them at the end of last year they said, oh well, we've got a team that already works in health and social care, they're not in Alacrity any more, they're actually a real company called Haelu, who are looking for a project partner and are

ready to build something right now, so why don't we test the model, see if you like the Alacrity approach with this company. So that was it, basically. They said, yeah, let's do that and we went down, me and one of our board members and Paddy, our CEO, went down and met with, met with all the heads of digital and things like that. So it was the Head of Innovation and Partnerships, Head of Digital, Head of Transformation, they all sort of sat in one room and just told us all their problems. [laughs]

What sort of an organisation are they then?

Oh, they're the Health Board.

Right, okay. And so – yeah – and so they've put, have they put money in, or how does the partnership work?

So we co-design and co-create at no fee, so develop at no cost at all. So at the moment what Hywel Dda is giving us is their time. So we have a collaboration agreement where, yeah, basically we run around and we have conversations with their staff and co-create with them. There has been a transfer of funds, but only in regards to the Wales HealthTech, so we won £20,000 in that competition, so Haelu had about 14,000 of that and the rest went to Hywel Dda for their costs of drawing up the contract. So we have a collaboration agreement and we've had money transferred from them, but it wasn't… it was grant money from a competition, so yeah.

Well, thank you very much. It's been fascinating and yeah, I look forward to watching your growth and I'm sure, you know, it sounds like it has the potential to be an enormous success. So do you think there's a lot of competition out there, are there other organisations trying to do the same sort of thing?

There is competition, but not in the same way. I think some people have, so some software providers do things like recording visits, but not in the same way, and the focus of their solutions isn't on the visit recording, it's on the care management software, for example. So there is a bit of competition. I think we need to navigate it a bit delicately, but no, I'm not too worried about it.

Excellent. Alright, well I wish you every success. Thank you very much for talking to the AIT.

Thank you.

[end of recording]