Northern Ireland Assembly

Committee for Finance and Personnel

OFFICIAL REPORT (Hansard)

Flexible Working Inquiry: Momentum

14 May 2014

NORTHERN IRELAND ASSEMBLY

Committee for Finance and Personnel

Flexible Working Inquiry: Momentum

14 May 2014

Members present for all or part of the proceedings:
Mr Daithí McKay (Chairperson)
Ms Michaela Boyle
Mrs Judith Cochrane
Mr Leslie Cree
Mr Paul Girvan
Mr John McCallister
Mr Ian McCrea
Mr Mitchel McLaughlin
Mr Peter Weir

Witnesses:

Mr Ronnie Geddis	Momentum
Mr John Martin	Momentum
Mr Ken Moran	Momentum

The Chairperson: I welcome Mr Ken Moran, board member of Momentum, Mr John Martin, project manager for Total Mobile, and Mr Ronnie Geddis, sales director for Total Mobile. You are all very welcome to the Committee. Do you perhaps want to take us through the presentation that you have provided for the Committee before we move to questions?

Mr Ken Moran (Momentum): Indeed. Good morning. Thank you for inviting us to the Committee. My name is Ken Moran. I am a board member of Momentum. For those of you who do not know Momentum, we are the non-profit organisation in Northern Ireland specifically in the IT and digital sector, with a specific focus on small and medium enterprises. Our remit is to try to grow the indigenous information technology sector in Northern Ireland by providing it with access to markets, funding and other initiatives to help it grow.

There are pros and cons to mobile working. We are going to look at a case study. If you look at some of the advantages of mobile working, which have all been available in the private sector for the past 10 or 15 years, it is very clear that there is no technology blocker to looking at flexible and mobile working in the public sector, because all of the technologies that are needed to facilitate it are well proven and well established. However, there is likely to be a cultural issue with mobile working. When our company introduced mobile working, for example, the initial blocker to that was whether people would actually work from home. Would people actually work remotely? What happens if they are not in the office and cannot be managed face to face?

Look at some of the advantages in things like an improved work/life balance. If, for example, a young parent in the public sector has an emergency with their child, are they going to have to take the day off

to look after that child? Is that going to increase absenteeism? Do they have the ability to take two hours out and then work from home? It is all about trying to provide the technologies to allow people to have a better work/life balance.

There is also the ability to retain key staff. I think that we are going to see that changing, because, as younger people come into the public service, they are going to be more familiar with the flexible and mobile working that they use personally, including things like social media. As this age changes, I suspect that we are going to see more demand for more flexible working from new entrants into the public service. That leads on to the attraction of better candidates. If the organisation is not able to provide the technologies and tools to allow people to implement their preferred work/life balance, you are not going to attract those people into the public service. They are going to go somewhere else where they can achieve that work/life balance.

One of the issues relating to mobile working is a communication strategy. As I said at the start, the perception could be that if you give people mobile working they are not going to work. That is obviously not the case. I personally am a mobile worker. I work for a company in Maidenhead. I have a home office. I find that I actually work more at home. I work when I want at home. I start earlier. I can take a break. I can work later. It is all about providing the flexibility for people to do the work at the time they need to do it best.

I suggest that a key concern from the public sector's perspective is data security. However, again, I stress that the technologies and tools exist to cover that. There are private sector organisations working in areas such as defence that have highly sensitive data. Even though they may not be private sector, there will be organisations that are deploying technologies that are capable of protecting and managing data all the way through from confidential to secret etc. Bluntly, I think that data security is a bit of a red herring. It is not a real issue.

Obviously, another issue to look at is training. How do we ensure that the people who are using mobile technologies are exploiting them properly? There is also the currency of equipment issue with mobile devices such as BlackBerrys, iPads, smartphones and desktops. However, fundamentally, it is all about people. It is not about technology. There is nothing to stop the public sector today implementing remote working and flexible working for its staff that will cover off the data security requirements and the performance requirements. It is very much a cultural piece and a change management and personnel management piece.

Unfortunately, we have had a last-minute cancellation, so I am not going to talk through this piece of the presentation. The Committee has the slides. We will take questions on it at a later date, but unfortunately the chap who was due to present it, Fergus Sweeney, has had a last-minute cancellation. Apologies to the Committee for that.

We are now going to introduce a case study that will show you what it could look like in real life. It is not a hypothetical or theoretical discussion but one about what mobile working would look like in healthcare, for example. I am going to introduce John Martin, who is the business development manager from Total Mobile.

Mr John Martin (Momentum): Good morning, everyone. My role in the company is one of managing our partners who resell our technology. It is technology that is developed here in Belfast. The vast majority of our business — over 90% — is exported out of Northern Ireland. Companies such as Capita, Civica, Vodafone and BT resell our solutions, technology and software, so we are certainly recognised as leading in the market.

Total Mobile is active in local government and healthcare. We have taken the area of healthcare to use as an example this morning. Our solution runs on iPads, Windows tablets, smartphones and so on across a range of devices. It is not a one-trick pony. Some people bring out applications that only run on one device. Our solution runs across all different devices, because the market is changing all the time and what is right for one person may not be right for another person. There is flexibility there.

As for what it actually does, it links securely. As Ken mentioned, the security is very important. In healthcare, you are talking about patient records. In other areas, you may be talking about other sensitive information. So, it absolutely must be secure. We have been through lots of testing with different bodies to make sure that that has been addressed.

Essentially, what happens, with a district nurse, for example, is that the appointments and so on are created in the main patient systems within the hospital itself, and that appointment information is then

sent out from the main patient system to our solution, which runs on an iPad or similar, so the nurse has all the information they need about the appointment, who they are seeing and when they are seeing them. They also have the case history of that patient, so they know all of the symptoms and problems that the patient has had in the past. They have access to the notes that other nurses and so on have taken when they have been out to see the same patient. In addition to that, they have all the electronic forms that they need to fill in.

I do not know if anybody knows a nurse or anything like that, but according to our analysis when we start those projects off, nurses can have anything up to 50 or 100 different paper forms to fill in during their working day. The amount of paperwork that nurses have to cope with is just horrendous. They are meant to be spending time with patients, not processing paper. That is what we are addressing when we implement our solutions. The output of all that is taking all those paper forms out of the process and capturing the information once on the device. They do not need to go back into the office, or wherever it is, to sit down in front of a computer and type the notes up again. That is all done automatically in the background. As soon as they finish with that patient, they hit a button — bang — and it is in the main patient record system.

That brings so many benefits across a whole range of areas. It is typically two hours a day that nurses are filling in and processing paperwork, sitting in front of the computer, when, really, they should be with patients. That typically translates — it depends on the nurses' functions and the roles that they fulfil — to two extra visits to patients a day. That is transformation. We are releasing probably a quarter of a nurse's working day to spend giving extra care, shortening waiting lists and seeing people more frequently and for longer. It makes a massive difference not just on the nursing side but on the admin side, because it frees up back-office staff to do more things and to reduce paperwork. Typically, what happens is that the paper file sits somewhere for a period of time; it could be a day, a week or maybe longer. It may sit in somebody's in tray because they have a massive backlog. With our solution, that information goes straight into the system, so when a colleague has to treat the patient the next day, they have access to up-to-date information, not something that is maybe a day or a week out of date. You can imagine the clinical benefits of that.

That leads me on to a more specific example: Bristol Community Healthcare, which is naturally based in Bristol. We are always looking for good statistics and good measures of success, so it was great that Bristol took a lot of time and care with that before and after the project was implemented. As you can see, there are some quite stark figures. I was personally very surprised to see the changes that the system brought through.

At the outset of the project, Bristol only had evidence of a care plan, which is a record of the treatment given to a patient, completed on paper 40% of the time, and it was not on its computer system at all. Now, that is on the whole back-office system 85% of the time. I think that that is incredibly radical and, in some respects, quite frightening.

Again, Bristol has gone from having patient consent forms or records of patient consent one in seven times to just over nine out of 10 times. From a legal liability point of view, trusts and organisations would, I suspect, be quite badly exposed if something happened after the event. So, again, they are covering themselves for a number of aspects.

Getting back to the cultural side of things, we are talking about not just the patients but the staff delivering the service. As you can imagine, morale is not particularly high in the health service. We hear that quite often in the press. One of the last measures that I will share with you is how the staff in Bristol felt about the system. Bristol has gone from having only half of its people thinking that they are valued and can do a good job to nine out of 10 believing that they can do a good job, because they have the right tools and the right information to deliver the service effectively. Quite often, staff who go out do not have access, or full access, to patient notes. Arriving with a patient and not being as well informed as you would want to be must be a big challenge for healthcare professionals.

The next case study that I will cover is Virgin Care. Virgin Care was awarded a contract to provide community healthcare in the Surrey area. The system here will grow to about 700 or 800 users, which is quite a considerable size when you compare it with that of normal trusts. Again, it measured the difference between before and after, based on our technology and solution. There was a 30% increase in face-to-face time with patients, which is very similar to the increase in Bristol. At the end of the day, you are talking about the same healthcare professionals delivering very similar services. Again, it is getting roughly two additional visits per nurse, per day. That is every day for every nurse. To give you an idea of the impact, I think that the Belfast Health and Social Care Trust has in the

region of 3,500 community nurses, so imagine being able to give each one of those 3,500 community nurses two extra visits a day. That is an incredible benefit.

There was also a 60% reduction in processing paperwork. These are healthcare professionals who want to treat and spend time with patients. They do not want to fill in paper forms and sit in front of a visual display unit (VDU) updating patient record systems. That is not how to get the best value out of those people.

Delays in getting clinical information onto the system, which we talked about earlier, were reduced, as were scheduling times. My mother is waiting for a cardiac assessment. She has been told that it will be about two months before she even gets a letter about coming to see somebody for an appointment. So, it is about getting things processed and handled faster in the system. There are vital clinical outputs and benefits to be had from something like this.

There were improvements in referral handling and the scheduling of work as well. When people use a paper-based system, something physical has to be exchanged. However, if you are working in an electronic world, you can react when something happens. If a patient falls ill in the morning and is admitted to hospital, but you have scheduled a nurse to go out to see that person in the afternoon, how do you get in contact with them and so on? Again, with our solution, you can update or recall a visit and allocate the nurse to something else. So, again, it allows you to be much more reactive and dynamic in how you handle and optimise your workforce.

Finally, this slide visually represents what the software looks like. A big part of the impact and the buy-in from end users — the healthcare professionals — is about usability. The people using the technology have certain expectations. There is an incredible penetration of smartphones. I think that up to 60% or 70% of all mobile phone users have a smartphone. I do not know what the penetration of tablets in households is, but it is certainly well above 50%. So, people expect the same experience when using technology in work. Traditionally, big enterprise systems are quite clunky, difficult to use and everything else. We have really gone out of our way to make this software as user-friendly as possible. There is a consumer feel to operating the software, and it is technically intuitive, so you do not need weeks and weeks of training because it is so complex. It gives the right information to users in a very simple format.

You will see such things as the ability to capture digital signatures or to take a photograph. The tissue viability nurse team in Bristol use that. They will take a photograph of a leg wound, which, to us, is a bit gory, but, for them, it is incredibly useful. Think about trying to describe a leg wound and then comparing, in words, that description with how the wound looks a week later, versus taking a photograph and visually seeing that. When your colleague is carrying out a similar assessment a week later, it can make an incredible difference, even to the point where you can annotate the photographs and mark up specific areas of interest, and so on. So, it is very, very useful. Again, just to give you an idea, that is the Android version on the left and the iPad version on the right. It is simple, easy to use and gives people the right tools, technology and information to do their job. That concludes my presentation case study.

The Chairperson: OK, gentlemen. Thanks very much. It is a very interesting concept, and there is no reason why more of these ideas should not be developed to try to realise savings in the public sector.

This is, I suppose, one of the usual questions about risk. In recent years, there have been a number of cases on the issue of risk, and data security has gone up the agenda here and across the water. John, you referred to data security and the cost. If you look at areas such as defence, you see that this has already been put in place. Is there any additional cost? If we were to ensure that such a system was adequately protected and locked down to ensure that there was minimal risk, does that mean that there would be an increased cost?

Mr Moran: It would probably be better if you answered that.

Mr Martin: It is built into the software. So, all that security is embedded into the system itself. The data on the devices is encrypted to 256-bit advanced encryption standard (AES) — that is very techie — which is a very high level of encryption. The traffic between the device and the synchronisation back to the main system is also encrypted to the same standards.

Mr Ronnie Geddis (Momentum): The old paradigm would be to put a SIM card in a laptop to get access to a back-end system. If that laptop went missing and somebody broke into it, they would be able to access all the back-end systems. So, although the device is mobile, it is not secure. That has been the old paradigm particularly in health. The new mobile devices have absolutely no connection to the back-end system. It is a push-pull. If anybody stole a device, it would be physically impossible for them to access any back-end systems. It is a new way of working. It is completely different from the old way of delivering solutions. So, they are actually more secure than a laptop with even a smart card or whatever.

The Chairperson: Can any system be 100% secure?

Mr Geddis: Where there is a will, there is a way. However, the risk is minimal, when compared to the benefits that mobile working delivers. John talked about the trusts. From a financial point of view — to put it in monetary terms — we are talking about, for every 1,000 nurses, an average saving of £5 million a year, which is significant.

The Chairperson: Will the application be regularly updated? A concern that we have is that different parts of the public sector will invest in such software and then we find a few years down the line that it is already out of date. How do you protect against that? What steps is the private sector taking to ensure that that is not an issue for those investing?

Mr Martin: Probably the fastest-moving part of the IT industry is mobile technology. Generally, technology used to move at the pace of the enterprise. Mobile technology moves at the pace of the consumer, which is probably a refresh rate of once every six months. We have a massive team of developers continually moving the product forward. As new operating systems come out, we will move our application onto those and release new versions of the product to take the benefits of them. We are continually moving on and bringing out new versions of the software. We are on Total Mobile version 5 at the moment. We are already in the planning phase for version 6. There are releases in between major updates as well. It is an ongoing process. In this space, in particular, you absolutely must keep moving forward.

The Chairperson: What is your assessment of the local health service's uptake of that kind of technology?

Mr Martin: There has been interest. We have a pilot with the Belfast Trust at the moment. That is in the early stages, but it will come into play over the next few months. We are in discussions with two of the five Northern Ireland trusts. There has been interest for exactly the reasons you have just seen; the benefits are there to be had. They want to provide a better service and be more efficient.

Mr Geddis: It has to be said that Northern Ireland tends to lag behind. It is not a risk-taker. It waits longer than other places for the new technology to be developed before it jumps. We have been in business for 30 years, and 90% —

Mr Mitchel McLaughlin: Do we wait until it breaks?

Mr Geddis: Yes; we wait until it breaks. Ninety per cent of our business is not in Northern Ireland because of that reason. We would not be in business if we did not go out to other places. That sounds a bit critical, but it is not fast-moving. It does not make decisions quickly enough. It worries about things such as security too much instead of just doing it and learning as you go. It tries to dot every i and cross every t. Sometimes, you have to jump with new technology, try it out, do pilots and move quicker.

Mr Martin: People are naturally concerned about security, but nobody talks about the paper files that go missing every day, such as those that are left in the boot of a nurse's car that gets broken into and stolen. They open the car door, and the wind blows all the patient records down the street. That is never reported or mentioned, but if somebody loses a laptop, everything goes crazy in the press. It is much more secure. I argue that we are probably not aware of how many paper records go missing every day.

Mr Girvan: Thank you very much. I apologise for being late. I appreciate that we are maybe not good at embracing new technology in every instance. I always try to think about what would happen in the private sector. It would be keen to drive something forward that was going to give efficiencies. I am

not talking about savings; I am talking about efficiencies, such as making the best use of people. That is what needs to be focused on and demonstrated in pilots.

I am thinking back to something I saw when I was in a hospital setting in Germany, probably five years ago. They make use of telemetry to a great degree. Each bay has a pickup, and the nurses wear them. As soon as they walk into a bay, it is recorded on a computer; they do not have to write it down. It is recorded on a computer when they walk in. When they take bloods, temperatures and all those readings, it automatically does it; they do not have to write it on a sheet. It automatically takes that back. Medication cannot be given unless it is scanned. That is not rocket science; it is fairly straightforward.

Mr Martin: Your postie has been using mobile technology for over five or 10 years now: when you sign for special delivery, they hand a device over. The private sector has been using mobile technology for quite some time. It is moving fast. Sometimes that confuses people about what to pick and when to jump in. There may be a new, better one coming out next month, but, if you wait until next month, there is another one coming out three months down the line, so when do you go?

Mr Girvan: You have to go in some time. The health service's delay in getting some of the patient files into an electronic format has created its own difficulty. Having access to that field environment, such as in the home, should help. There has been a delay in trying to get that brought forward.

Did you say that you are running a pilot in Belfast?

Mr Martin: Yes.

Mr Girvan: How long will it run?

Mr Martin: We have kicked it off over the past month or two, so we are building the solution for Belfast, which will then roll out to a number of areas. It is early days.

Mr Mitchel McLaughlin: I know what your field of interest and expertise is. Is health a particularly suitable focus?

Mr Geddis: It is for anybody whose main job is to go out and inspect anything, fix anything or have case studies. It is particularly useful for district nursing because there is a lot of paperwork. It is for people in the field, but the system is being used by gas engineers, plumbers, joiners and those in housing maintenance, and environmental health officers. Anybody in the public sector who goes out into the field, records data and then has to go back to the office to type into the computer is a user for our application. However, there are particularly big savings in health.

Mr Mitchel McLaughlin: I was thinking of a nurse meeting an individual patient or client one to one, so the usual data-sharing obstacles do not occur. That is a working contract, if you like; it is the delivery of service in a more effective way. Are there other applications in the public sector? We have been discussing the idea of digitising the process. The big issues that come up are security, storage and data sharing. If you are dealing with health, that may not be the obstacle it would be in other areas because it is between consenting partners: the patient who needs the support and service and the person delivering it.

Mr Martin: It can certainly be used in a very wide range of areas. I had a review call yesterday. We have a project with the Isle of Man Government, which is going live at the moment with their Department of Infrastructure. A week or two later, the Manx Electricity Authority will use our solution to do meter readings. They are now looking at bringing it into social care, environmental health and all sorts of areas across the Isle of Man Government. People are using it in very disparate areas to make the process of going out and collecting information more efficient.

Mr Mitchel McLaughlin: The pilot in Belfast is very important. Will it include the data storage facility as well, and is there reassurance with whatever necessary backup?

Mr Martin: Absolutely.

Mr Mitchel McLaughlin: Is that supplied by a private sector contractor, or is it part of your in-house —

Mr Martin: That is our staff in conjunction with the supplier of the main patient record system in Belfast.

Mr Geddis: Any data collected by any mobile system will generally update the back-end system already there. As soon as that is updated, it is available for everybody and shared.

Mr Mitchel McLaughlin: Is that a physical facility, or is it a cloud storage system?

Mr Geddis: We can do both, but Belfast is on-site.

Mr Martin: All the data is within the control of the Belfast Trust.

Mr Mitchel McLaughlin: How do you cope with the well-known problem of black spots?

Mr Martin: The great thing is that we have been the architects from the very start. Our solution is an application that runs on the device, so we are not logging in through a web browser and need connectivity —

Mr Mitchel McLaughlin: OK, so if you live in Fermanagh, you are safe enough?

Mr Geddis: As long as you can have connection — it could even be at home with your Wi-Fi — to get the visits for the day on your device. Once you leave home, you can work all day long and never connect to the back end.

Mr Mitchel McLaughlin: And as soon as you come back into connection, it uploads?

Mr Geddis: As soon as you walk into a connection area, it just pops out and populates the back end again. That is one of the big advantages. The users do not have to worry about connectivity; it is just like your mobile phone. If you have mobile phone connectivity, this will sync with the back-end system. It is one of the key things. It is not just Northern Ireland; everywhere has bad connectivity.

Mr Mitchel McLaughlin: I suppose that we can figure out a way of paying people what we owe them, because they are not getting paid. That might be a very good solution to the other aspect of the problem. It is an excellent project, and it feeds in, very positively, to this wider discussion. You are correct that it is very slow. I think that everybody recognises the benefits, but people appear to be reluctant to take the plunge.

Mr Martin: It is also a cultural challenge. People love paper. It is a big change in mindset to get people to release paper; however, once they see the benefits, they never want to go back. That is for sure, once they make that change. It allows you to bring in new ways of working as well. It does not just replicate how the business process works today; you can do new and better things as well. It allows you to introduce business change.

Mr Geddis: Most of our projects have included a transformation. Manager is not just about IT; it is about transforming the business. Most of the savings come from transforming the business, not just because we put a bit of technology into people's hands. I would like to be able to say that we were responsible for it all, but we are a technology that facilitates change in an organisation. We allow people to do things that they feel they could never do before. It changes your working practices and processes. It changes how you go out, first thing in the morning, and go straight to work, to your first job or visit, instead of going into the office. There is a whole gamut of areas around mobile working. It is not just about the technology, but the easier and better it is, the quicker the returns on investment.

Mr Mitchel McLaughlin: The technology has been around, and this is the applied technology. People will resist change for many reasons that have nothing to do with any kind of knowledge, concerns or vulnerabilities that they see in their processes. What do they say when you are trying to convince them that this is the right thing to do in their interests and in patients' interests?

Mr Martin: You have to get them on board; you have to get them, as part of the team, to look at this and win them over as part of the project. Give them the right training and support and involve them in the project so that they feel part of it and are contributing to it. Then, when they are designing how the

system will hang together and work, get them on the working parties. Then they feel part of it and feel that they have had input.

Mr Geddis: Our experience in the NHS in England is that staff are crying out for it; they are looking for technology. They want to be valued and to be given new technology to do their job.

Mr Mitchel McLaughlin: How did the pilot come about? Presumably, it indicates that you were talking to people and some of the procurement authorities have responded. Is that what happened? Is this going somewhere?

Mr Martin: Yes. The idea is that, if this proves the point, it will absolutely be rolled out in a much wider context. That will be subject to making sure that there is sufficient evidence gathered to form a strong business case that will support that.

Mr Mitchel McLaughlin: I did not form that question properly. Is the Department authorising this, or is it a trust that is exploring it and then you are relying on the trust to convince people further up the food chain?

Mr Geddis: It is a trust. I think that that is the issue. Currently, this is an IT project as opposed to a business project, but I believe that it needs to be business-project driven.

Mr Mitchel McLaughlin: It should be policy driven as well.

Mr Martin: There is no doubt. We have spoken to the Department and have attended the Northern Ireland Confederation for Health and Social Services (NICON) conference and other events in that sector. We are very familiar with the situation and have started a lot of conversations about mobile working. There is a lot of interest in it. Everybody broadly accepts that the benefits are there to be had. It is just how you go about it, and some people are moving faster than others.

Mr Geddis: I think that, because of the volumes involved, we have to face up to the issues: people worry about the cost. This is not relatively cheap, but the benefits, after it has been implemented, are significant. Getting the initial budget has been a barrier.

Mr Mitchel McLaughlin: I know that you are only building the pilot scheme now, but will it be of sufficient size to demonstrate the cost benefits? The more micro it is, the less obvious the savings will be.

Mr Martin: Absolutely. How we approach the pilot has changed a little bit. It was going to be with a couple of very specific teams in the community nursing groups. However, it has now been decided that we will do something that sits across all the users in the numbers that will be rolled out — 50 to 100, that sort of timescale and size. That is more than enough to prove that the economies of scale are there and to get the business matrix that would stand up to the business case.

Mr Mitchel McLaughlin: With regard to wider applications other than heath, how can we inform ourselves of them, and how effective have they been? I presume that there is global potential.

Mr Geddis: We are only talking about ourselves at the minute, but those are our terms of reference. We have projects in America in Arkansas, Kentucky and Florida. As I said earlier, we have gas engineers, plumbers, joiners, environmental health officers, building control officers, social care workers working in children's and adult care. It is applicable across the piece. We have developed this to work right across a council for every worker; even pest control officers are using it in some councils. Our first customers were direct labour organisations looking after housing maintenance in Edinburgh City Council, where 300 operatives were going out every day in their vans with their parts to fix boilers and electricity in people's houses. It progressed on to more white-collar, more businesslike solutions. It is anybody who goes out with a clipboard who, as well as doing their work, has to record what they do.

Mr Mitchel McLaughlin: We have had several conversations like this over the past number of years, and it is worth considering how we can start to pull this together again, as it is a bit disjointed. At Executive level, there appeared to be a willingness to explore the use of technological and information-handling advances. However, it does not seem to be a connected-up process in itself,

even though that is what they are theorising about. The Committee has had several different reports from different aspects of this, and perhaps we should try to join that together to see where the project is going, if anywhere.

The Chairperson: We will put that into the report.

Mr Cree: Yes, I am sure that we will do that. Gentlemen, I found the hospital examples very interesting. You quoted the example of someone with a wound. Do the pilots include an audio recording? You made the point that someone could have looked at the wound, and that they could look back on it to refresh their memory of the salient points. However, it seems to me that an audio recording of that time would complete the exercise. Someone could simply have a little device and record quietly into it, and the job is done, period.

Mr Geddis: The issue with that, and it is quite a big issue, is that an audio file is quite large, so transmitting the data can be expensive and can take time. The solution can do audio, but sometimes it is the practicality of the data packet and sending it back and forward. As it improves, and if we can compress it more, we would be able to do that.

Mr Martin: It would also depend on the device that you are using. Apple has a product called Siri that can interpret your verbal commands and so on, but Siri is an online service. Therefore, whenever you talk to it, it is talking to computers and then back down again to translate what you are saying.

Mr Geddis: You would have security issues around information governance, particularly as the data would be transferring to a server outside the UK, and that would not comply with NHS standards. Therefore, it is not allowed until the policy changes. However, it is physically possible to do it.

Mr Cree: Going back to my generation, I used to carry a pocket memo, which I found very useful. Is it possible to have some system where that could be downloaded at leisure?

Mr Geddis: It is, yes.

Mr I McCrea: I thought that you were going to refer to chalk and a slate.

Mr Cree: That is your period; I do not go back that far. *[Laughter.]*

Ms Boyle: Thank you, Chair. I apologise for arriving late for your presentation; however, I read it on my tablet. It was very interesting. My question is about your work in the health sector and other public bodies. When I read the presentation, I thought about the work that the PSNI does and what they do in the South with text alert and things like that if there is a missing child and how expedient it is that they can work on that. Do you work with the PSNI on that? Is there scope for that, or is it a security issue?

Mr Geddis: I am sorry to say that we have been trying for years and have got nowhere.

Ms Boyle: Really?

Mr Martin: It is funny, because part of the conversation that I had with the Isle of Man Government yesterday was that the police service there is asking to use the technology. So, at a road traffic accident, the police officer could take out their iPad or whatever technology they have, record all the witness statements, get digital signatures, take photographs of everything and get it straight into the system.

Mr Geddis: I think that security is being used as an issue that they are worried too much about.

Ms Boyle: In the wider context, you could catch the culprit or the individual much more quickly.

Mr Martin: We looked at the market two or three years ago, and I got the sense that it was a bit like turkeys voting for Christmas. Your traditional officer goes out, does an eight-hour beat shift and, because they capture everything on paper, has to come back to the office and spend two hours, at overtime rates, processing their paperwork. So there was no massive drive or support.

Ms Boyle: Those are hours that could be spent at the front line.

Mr Girvan: They like the two hours' overtime.

Mr Martin: I am sure that that is not necessarily the case.

Mr Geddis: It would benefit from mobile working. They have their own security issues, which have to be looked at individually. The devil is in the detail, but it is definitely an area that could benefit from gathering data on technology rather than writing it down.

Mr Martin: I heard a radio advertisement recently where the PSNI said that it was using smart phones, and it was allowing its community officers to stay out longer.

Mr Mitchel McLaughlin: I heard that too just last week.

Ms Boyle: There is always room for improvement.

Mr Geddis: They might be doing something, but it is not with us.

The Chairperson: There seems to be an issue, and Mitchel referred to it, about the wider public sector. You said that we are always the last to fall into line or to get up to speed with technology. Have you had any engagement with the Central Procurement Directorate to ensure that it has a full understanding of the benefits to try to mainstream some of it?

Mr Geddis: We have presented to most Departments at some stage over the past 18 months to make people aware of what we can do.

Mr Martin: We have got round most of the Departments; we have worked with some of the folks in Clare House and had some conversations there. Until fairly recently, the Northern Ireland Civil Service and the public sector were restricted to BlackBerry only. That restricts some of the solutions that you can deploy in mobile working, whereas, now, looking around the table at the variety of devices and operating systems, it is clear that that is changing fast.

The Chairperson: Why was it restricted to BlackBerrys?

Mr Geddis: Blackberry was the only approved device in the UK by CSG.

Mr Mitchel McLaughlin: I think that it was because the CIA used it.

Mr Geddis: However, that changes. BlackBerry as a company has struggled; it may not be around in the same guise in a number of years' time. You cannot have an entire government with its mobile strategy based on a technology that is dying because it has not kept up to date with the newer technology. It is a bit like the technical police telling you what you cannot do. It is a bit OTT, to be honest.

Mr Martin: All of Northern Ireland operates at IL3, which is a restricted level of security. It can be slightly lower in other areas of the UK public sector, but, at the moment, the only approved mobile device for that is the BlackBerry. That is determined by the Government Communications Headquarters (GCHQ) and a department in it called CESG.

The Chairperson: Do you sense that the culture to which you refer is beginning to thaw, or are you concerned that it will still be a problem for the next couple of years?

Mr Martin: It is definitely thawing; perhaps not as fast as we as suppliers would like, but it is thawing. There is an expectation from users, citizens and patients. When a nurse or somebody from Roads Service turns up with bundles of paper, and they are sitting with their iPad hooked up to the internet with access to all this technology while somebody from the public sector is sitting there with all this out-of-date technology, questions are asked, "Why are you not working more efficiently? Why can you not do that? My Sky engineer did it all on an iPad yesterday, why can't you?".

Mr Geddis: We have a theory that, in a few years' time, there will be no such thing as "mobile working"; it will just be "working", because it will be the norm. This is travelling at tremendous pace. Everybody is using them now. As John said, you want the experience that you have on a Saturday or Sunday night at home when you walk in on Monday morning. It is not just in the public sector in Northern Ireland; it is quite widespread. This has been around only since January 2010, but it has revolutionised businesses since people wrote the software for it. These are still early days, to be honest, but attitudes are definitely changing.

The Chairperson: OK. That was very interesting. Thank you very much, gentlemen.