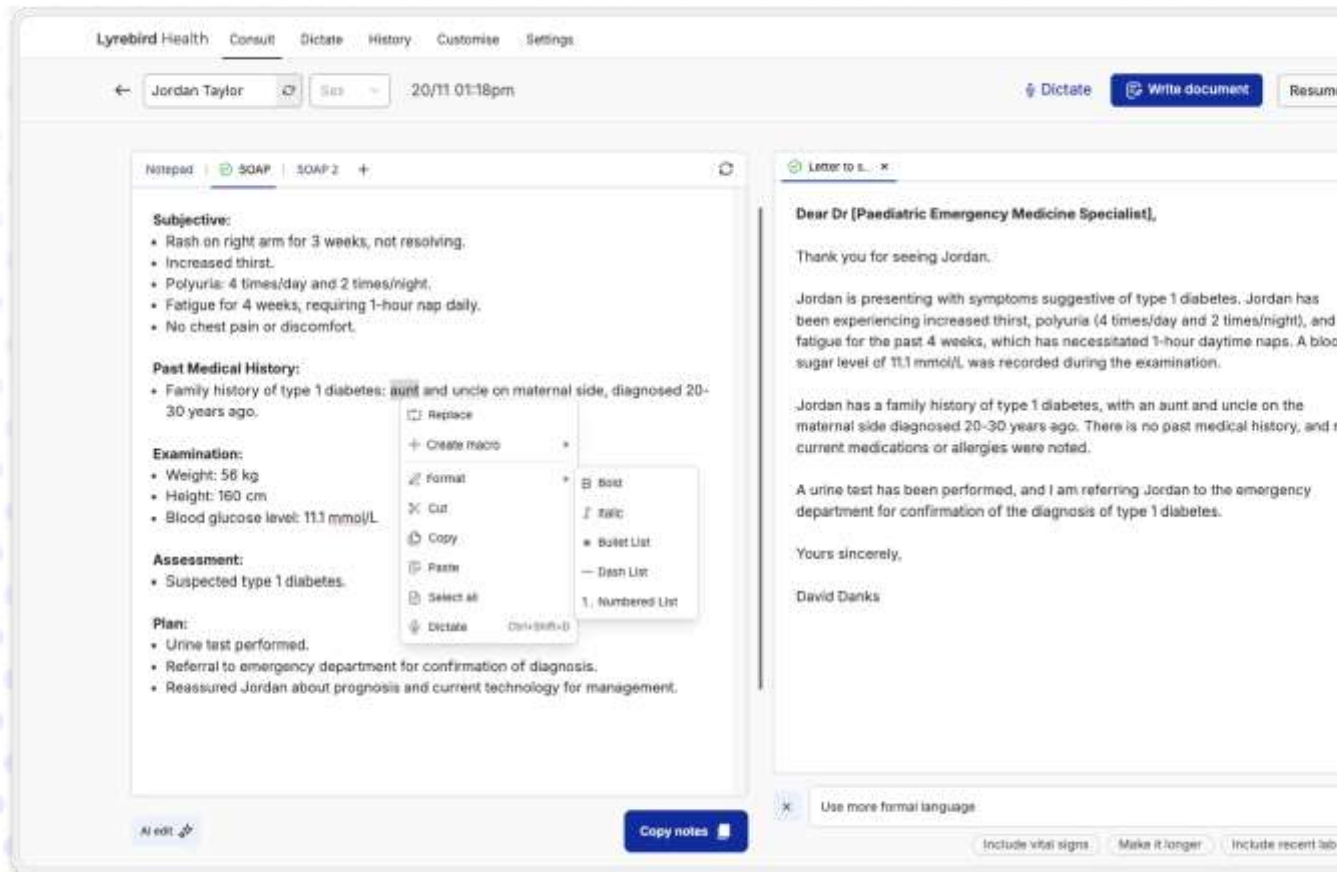




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About Lyrebird

Our motivation

The administrative burden on clinicians has grown considerably since 2015.

In the UK, clinicians spend, on average, a third of their time on admin tasks, including manual note-taking. As a result, patient connection suffers, with clinician focus directed towards paperwork during a consultation. This pressure to document while providing care can contribute to clinician burnout, resulting in rushed documentation leading to manual errors and a growing backlog of patient letters with administration teams struggling to catch-up.

Our solution aims to fix this.

Our background

Lyrebird is an Australian-founded health tech company pioneering Ambient Voice Technology (AVT) with our AI powered Scribe (“Lyrebird”) product. It is operational across 5 continents in countries including the UK, US, Australia and UAE in a range of public and private healthcare settings.

Lyrebird has unmatched, proven NHS experience in large-scale AVT deployments, including one of the longest-standing, trust-wide rollouts in the NHS and the only live, multi-department deployment in the North of England, spanning multiple specialties and use-cases covering both in-person and virtual consultations. Our track record includes multiple NHS pilots and international deployments.

We recognise the essential role that accurate record keeping and administration of medical records plays in delivering a seamless public health service across NHS departments. We also recognise the technology now exists that can supplement many of these tasks.

Our goal is to free up more clinician time to focus on face-to-face patient care, reducing the administrative burden on them whilst ensuring the highest quality in note taking and medical record updates. We have now supported more than one million consultations globally with our ambient scribe, generating consistent outcomes across varied settings, including acute, mental health, and allied health environments.



Product introduction

Lyrebird is an AI-powered medical scribe, designed to streamline clinical documentation and enhance healthcare efficiency. Our platform transcribes consultations in real-time, ensuring no audio is stored, and all data is processed securely on respective local soil. It then intelligently generates a note tailored to the clinician's customised style, ready to transfer into the medical record via off-the-shelf and customisable document templates which will be setup with customers during mobilisation.

Our product is an all-in-one solution covering:

- Ambient Scribe
- Digital Dictation
- e-Document Distribution
- Speech-to-text voice recognition
- Telehealth compatibility

Key benefits

The following benefits have been calculated based on analytics from actual deployments across University Hospitals of Leicester NHS Foundation Trust and Alder Hey Children's Hospital NHS Foundation Trust.



Time saved

Our product reduces note-taking time from minutes to seconds, allowing clinicians to see more patients or finish earlier.

Transcription Time: Reduced from 14.7 hrs to 1 min

Letter Turnaround: Reduced from 6.7 days to <24 hrs

Admin Time Saved: Average saving of 26 mins/day per clinician

Time Saved per Consult: Average saving of 8 minutes



Improve accuracy

Automated documentation minimises human error and ensures consistency, which is critical for compliance and patient safety.

Documentation Quality: 6.2-7.2% improvement vs manual notes



Elevate patient care

Doctors can have more meaningful conversations and build stronger connections with their patients.

Patient Satisfaction: 95% of patients consent to Lyrebird use in consultation and 76% satisfaction with AI recording appointments

Clinician Satisfaction: 95% would recommend; 100% reported improved focus during consultations

Our onboarding team will provide a full, tailored implementation plan including mobilisation setup, staff onboarding and training and custom template/integration setup, supported by longer-term support via an SLA.

Alder Hey Children's NHS Trust Foundation

"Our partnership with Lyrebird represents an exciting step toward a future where technology empowers healthcare professionals to deliver even better care. Integrating AI into our operations can improve efficiency and patient outcomes, ensuring that every penny spent contributes to making a real difference."

Lyrebird AVT AI Scribe

How it works

As a zero-install product, Lyrebird runs in a browser on existing customer devices (Windows/macOS desktops, managed laptops, tablets/phones). Registered users login to <https://app-uk.lyrebirdhealth.com/app> via a secure email and password combination or organisation enforced SSO/MFA including NHS Microsoft EntraID. Full compatibility with customers existing patient care systems, direct launch options are available for integrated Electronic Patient Record (EPR), Electronic Medical Record (EMR) and Patient Administration System (PAS) systems using our API endpoints.

Each instance, clinician users will be asked for basic patient information before selecting from a pre-built "note" template, developed with customers during mobilisation and forming part of a selection of templates to use in different

circumstances. Clinician users are also prompted to obtain formal consent from the patient before initiating our “listening” mode.

Lyrebird then discreetly listens in the background during a clinician-patient consultation. Training is provided to clinicians to verbalise any relevant information or context that doesn’t come up in the conversation to enhance the output of the system.

When the consult has finished, clinician users tell Lyrebird to ‘stop listening’.

Lyrebird intelligently transcribes all information discussed during the consultation and produces a clinical note output in the template selected at the start of the consultation.

Outputs

A note will be automatically generated in the format of the selected note template, providing clinicians with an opportunity to review the content, making edits, corrections or additions via three methods:

Typing

Manual edits using keyboard functionality

Dictation

Clinicians can inject new content by speaking using the dictation tool, transcribing the additional audio into text within the output note.

AI Edit

For more dynamic editing, our AI Edit tool allows clinicians to make broader note amendments, influencing writing style, replacing multiple instances of erroneous terminology or changing the note context:

“It was hyperthyroid, not hypothyroid”

“Address this to the GP, not the patient”

“Make this 9-year-old reading age”

At the click of a button, clinicians can use the audited note to generate letters, reports and speciality specific documents in minutes, not hours, utilising out-of-the-box templates or using customised templates built with our team during mobilisation. Lyrebird injects the context and detail directly into the selected document without any additional manual enhancement.

A final validation check of the document enables an additional opportunity to make edits via the same three methods above. The output document can then be copied and/or exported into the patient’s medical record.

Data is retained for a period of time defined by the organisation (1 day to 6 months) and therefore clinicians will be able to return to a patient consult, resume the consult,

provide additional information, make additions and further edit the outputs during this time frame.

Out-of-the-box documents

Based on our experience operating within NHS contexts, we provide clinicians with a growing set of standardised document templates addressing common use cases. These can be used out-of-the-box, or customised to align with organisation or departmental templates in use in other systems. These templates are stored within the customer's private account. Our current example document set includes:

- New Patient Letter
- Patient Follow-Up Letter
- Parent/Carer Letter
- Letter to Specialist
- Letter to Referring Clinician
- Letter to GP
- Multidisciplinary plan
- Speciality Case Report

Community templates are made available across our customer base as new use cases are generated. These can be selected and edited, and saved locally to serve emerging, common customer needs via shared best practice.

Customised form creator

Lyrebird allows users to create new templates through either uploading examples of the document for Lyrebird to intelligently read, understand and replicate the structure, format and content of the template the user wishes to create; as well as allowing users to build a template from scratch.

Templates created can then be edited throughout their life with a highly intuitive drag and drop template builder, enabling users to tweak templates to suit their needs. Templates are dynamic, enabling users to create rules such as “always include” and “never include”, to help formulate a workflow that aligns with each organisation's preferences and priorities.

In-built Telehealth Compatibility

Lyrebird has in-built telehealth compatibility with web app based telephony and digital telehealth system.

Macros



To alleviate repetitive tasks, users can create custom macros via keyboard shortcuts, or save repeatable paragraph text content, for example safety netting text, signature content or standard examination findings, and insert them with a click, hashtag or via voice command. This not only helps to minimise time spent repeatedly typing or narrating content, but helps to generate consistent outputs that align with each customer organisation's protocols. These preferences roam with the user across devices.

In-built Translation

Lyrebird delivers comprehensive multilingual capabilities designed to support effective and inclusive communication in diverse clinical settings. Our primary input language selection feature enables clinicians to conduct consultations in multiple languages while generating accurate clinical documentation in English, directly addressing a common NHS requirement for multilingual translation support.

Via our various deployment packages, Lyrebird currently supports the following spoken languages for live transcription and translation into English:

Standard Deployment	Deployment per Customer need	
Hindi	Albanian	Pashto
Polish	Arabic	Romanian
Spanish	Bengali	Russian
English	Bulgarian	Slovak
Mandarin (Traditional and Simplified)	Farsi	Swahili
Dutch	Gujarati	Turkish
Greek	Hungarian	Ukrainian
Italian	Lithuanian	
Vietnamese		
Cantonese (Traditional)		

Our multilingual capability utilises a proprietary dual-model architecture that runs two advanced speech recognition models in parallel. This redundancy system is specifically designed and refined for both high and low ambient noise environments, enabling seamless switching as clinicians move between different clinical settings, from quiet consultation rooms to busy emergency departments.

Consultations can be conducted entirely in these languages or involve dynamic code-switching, for example, alternating between Mandarin and English, without compromising accuracy. This enables clinicians to consult naturally with patients or relatives who may speak different languages or use fragmented English. The translated clinical notes are generated in English using high-accuracy translation models (typically over 90% accuracy) to minimise the need for manual corrections. This ensures the documentation process remains efficient while still capturing the clinical intent and

detail of the consultation.

Case Study - Bupa Clinical Centres

Our multilingual capabilities are actively deployed across Bupa's clinical centres, with clinicians regularly conducting consultations switching seamlessly between Malay, Mandarin, and English which is a common linguistic pattern in non-English consults.

This dynamic code-switching, which we've identified as one of the most challenging yet prevalent consultation patterns, is handled flawlessly by Lyrebird's system. Staff have reported excellent documentation quality despite the complex multilingual nature of their consultations.

"Lyrebird flawlessly transcribed an entire consultation where I switched between Mandarin, Malay, and English into a perfect English clinical note."

The system's capability to generate patient letters in any of these languages has proven invaluable for patient education and engagement, ensuring clinical information is accessible to patients regardless of their primary language.

Customisable features to suit each clinician's style

User level preferences: each clinician profile stores personal settings, including preferred template, default clinic context, abbreviations and personal phrase libraries. Users can save common paragraphs or macros, for example safety netting text or standard examination findings, and insert them with a click or via voice command. These preferences roam with the user across devices.

Lyrebird Health Workflow Manager

Lyrebird offers an optional additional module via a separate licensing model to allow compatibility with customer organisations that wish for secretaries and admin managers to review, edit and action AI generated notes and documents. This will be particularly helpful for organisations with secretarial support teams and typing pools who format final documents on behalf of clinicians and process for sending.

Lyrebird Health PDF Form Filler

Lyrebird offers an optional additional bolt-on feature with an add-on fee per user for which, Lyrebird allows users to upload existing PDF document templates and

intelligently converting them into readable, populatable forms within Lyrebird to further reduce build administration time.

Roadmap features

Clinical Coding Automation

Automated clinical coding assist will be phased in during 2026 for ICD-10/SNOMED coding to build on the existing functionality of suggested clinical coding that clinicians need to review/edit and approve. Deep mapping and integration with third party clinical coding providers and customer systems will develop this feature towards an automated solution. This will be available as an optional additional bolt-on feature with an add-on fee per user outlined in our pricing schedule.

Clinical Documentation Improvement (CDI) and Clinical Decision Support (CDS)

CDI and CDS tools will be phased in during 2026, with AI supported CDI and CDS capabilities including AI chat against the local record, highlighting missing co-morbidities, risk factors and quality indicators, and surfacing guideline aligned prompts at the point of documentation. This will be subject to attaining MHRA MDR class 2a and 2b approval. This will be available as an optional additional bolt-on feature with an add-on fee per user outlined in our pricing schedule.

Clinician Input

All AVT solutions require the responsibility for review and edit of the outputs generated to remain with the clinician. We use the term “Clinician-in-the-Loop”, meaning clinicians have full editorial control over the outputs from the platform.



Notes and Documents produced by Lyrebird are fully editable for the clinician to review, make corrections and additions



AI edit feature allows quick enhancements to notes and documents by creating an additional version



Dictation into the notes or documents generated is possible to support edits and additions such as post-consultation follow-ups

Maintaining accuracy

Clinician-in-the-Loop AI safety principle lies at the heart of the Lyrebird product. Not only do clinicians contribute to the ongoing development of our product but the clinician remains fully able to control any outputs generated by Lyrebird.

Lyrebird discretely listens and intelligently generates clinical notes and documents powered by Microsoft Azure LLM and trained with Lyrebird’s own medical terminology

ASR to improve accuracy of medications and descriptions.

Integrations

EMR, EPR and PAS System Integration

We provide seamless integrations with a range of API native Electronic Patient Record (EPR), Electronic Medical Record (EMR) and Patient Administration System (PAS) systems using our API endpoints. Lyrebird can integrate with EPRs via HL7, FHIR, or custom APIs either directly or via organisation Third-party Integration Engines. We support a range of integration levels to each customer organisation's needs.

Examples of our integrations include:

- TPP Systmone (via IM1)
- Optum EMIS (directly and via IM1)
- Meditech Expanse
- Epic
- Oracle Health - Cerner Millenium
- Other commonly used NHS EMRs/EPRs

Lyrebird can be launched from a patient's EPR record or appointment directly, and uses the patient's record to ensure that all generated notes are complete and clinically accurate, ultimately pushing updated data back to the EPR.

SAML, SSO and MFA

Lyrebird integrates with NHS Identity and Microsoft Entra ID using SAML or OpenID Connect. Lyrebird also supports MFA via either authenticator apps or code generation. We support SSO users, mapping existing RBAC groups to Lyrebird roles during mobilisation. Administrative control is granted to customer-assigned super-users, with full training provided.

Custom integrations

If customers utilise other, non-API native or bespoke EMRs, our development team can assist in a feasibility assessment and scoping/designing integrations for these systems, priced at our day rates, contained within the pricing schedule. Lyrebird's commitment to integrate with bespoke or non-API native systems would be subject to full feasibility assessment and solution scoping, and would require availability of any client and/or third-party stakeholders.

AI Training and Security

Lyrebird Health uses Anthropic large language models (LLMs) for clinical text generation and three automatic speech recognition engines for transcription.

- Claude 4.5 and Claude Opus 4.5 for summarising clinician patient conversations into draft notes, letters and coded summaries under clinician control.
- Lyrebird medical ASR, Speechmatics medical ASR and Deepgram medical ASR, combined through an ensemble and judge approach to maximise accuracy.

Data minimisation

We only use the minimum data needed to achieve a defined training objective. Base models are trained on large generic corpora provided by our cloud partners and specialist licensors, not on identifiable NHS patient data. For any Lyrebird fine tuning, we work with narrow, task specific datasets, for example conversational clinical English or de-identified note structures. Pipeline rules remove fields that are not strictly necessary for the task. This includes identifiers, free text comments unrelated to the clinical narrative and any administrative content. Every training dataset has a named Product Owner and Data Protection lead who must approve that the scope and volume are proportionate to the purpose.

Documented data lineage and provenance

We maintain a central dataset register that records the origin and lifecycle of every dataset used in model training. Each entry includes source system, data controller, legal basis, collection method, time period, licences in place, transformation steps and links to DPIAs or DPAs. Dataset versions are controlled through our change management process with unique IDs, so we can always trace which data was used in a given training run. Training pipelines log configuration, dataset versions and model outputs so we can reconstruct lineage and respond quickly to regulator or customer queries.

Anonymisation and pseudonymisation

Where we work with real world clinical text, we apply technical and organisational measures to prevent re identification. Direct identifiers such as names, NHS numbers, full addresses, phone numbers and email addresses are removed or replaced with consistent tokens before data enters the training environment. For free text, we use automated de identification models to detect personal identifiers, then a human reviewer checks sampled records. Indirect identifiers, for example full dates of birth or exact postcodes, are generalised to age bands and postcode sectors. We assess residual risk using internal guidance aligned to ICO expectations and do not expose

small or highly specific cohorts to external parties.

Bias assessment

Before training, we profile datasets to understand representation across demographics, clinical specialties, care settings and accents. During evaluation we monitor model performance for different groups, for example word error rates by accent family or documentation accuracy by specialty. Where we find material differences, we adjust the dataset, introduce balancing data or refine prompts and guardrails. Human in the loop testing with UK clinicians validates that the model behaves consistently for different patient groups and visit types. Findings and mitigations are recorded in an AI risk register that is reviewed by our Clinical Safety Officer and Data Protection Officer.

Using the Service

Delivery Model

Our success is built on the Lyrebird Delivery Model, a tried-and-tested framework refined through real-world NHS deployments. We offer a proven, phased implementation and onboarding model to deliver a secure, scalable, and clinically robust Ambient Voice Technology (AVT) solution across customer organisations. Lyrebird Health provides a structured and scalable support model to ensure effective onboarding of all clinician users and long-term success across all customer sites. We've developed playbooks through delivering one of the longest-standing trust-wide AVT deployment in the NHS, as well as numerous pilots that have consistently delivered significant measurable value in under 4 weeks from go-live.

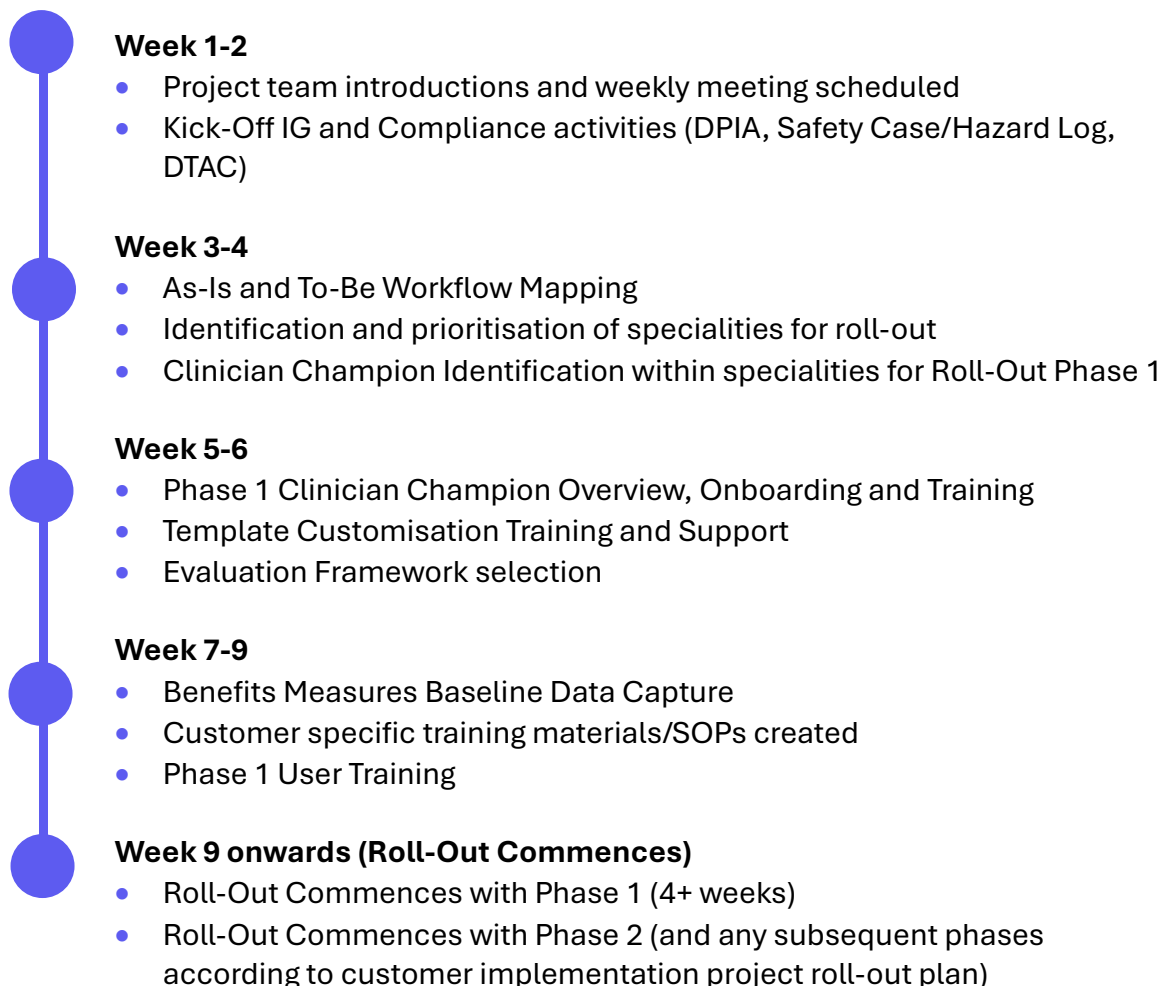
Our deployment model is flexible for each organisation and will be tailored according to the desired speed and roll-out approach required by the customer. This will be determined during the initial engagement phase.

Pre-Sales Consultation - Planning and Feasibility Assessment

During initial engagement timelines, customer implementation timescales, project resourcing and roll-out strategy will be discussed and understood to determine desired approach. This will also include feasibility assessments and scoping discussions for any integration required with customer EPR/EMR or any other systems. A Statement of Work would be produced following this initial engagement confirming the agreed approach, timescales and additional pricing if applicable.

Implementation Kick-off and Preparation

At the start of the formal deployment, a working group consisting of Lyrebird and customer stakeholders will commence preparation for Lyrebird AVT AI Scribe Implementation. This preparation phase typically lasts 6-8 weeks but can be accelerated or lengthened according to each organisation's timeline, resource availability and timescales for integration with customer EPR/EMR or other systems required for go-live. Preparation phase typically include the following milestones deliverables:



Onboarding and Training Approach

User onboarding can be owned and managed by the customer project team or administration team supported by Lyrebird. Users can be added or removed from the customer organisation by administrators and additionally inherit access permissions via the customer SSO/SAML provider where enabled.

We define a standard set of roles, typically Organisation Administrator(s), and Organisation Members typically Clinician, Typist/Secretary, Practise/Service Manager etc. Each role has a fixed permission set covering functions such as user management, configuration, clinical use and reporting. Roles are stored in the central identity service

and are evaluated on every API call.

Permissions are assigned either directly in Lyrebird's admin console or via mapped groups from the customer's identity provider. For SSO users, membership of NHS owned groups, for example "AVT Clinicians" or "AVT Admins", is mapped to Lyrebird roles during login. Local administrators can only grant roles within their own organisation. Any change to role assignment is logged with user, timestamp and old and new role values. Enforcement is handled in the service layer. Endpoints check both authentication and authorisation claims before processing a request, so a clinician cannot access admin functions even if they discover an admin URL.

Training focuses on rapid adoption and sustained usage. Lyrebird provides role based training for clinicians, admins and secretaries/typists (where required), combining live classroom or virtual sessions with short workflow videos and in-app guidance. Super user and train-the-trainer models enable customer local experts in each department. During go live, on-site floor walking and drop in clinics support clinicians in real time, while adoption dashboards, feedback loops and optimisation sessions help you refine prompts, templates and workflows so the solution keeps improving after launch.

Roll-Out Phase 1 - Clinician Champions

Identification of target specialities and clinicians as early adopters for roll-out gives an initial user cohort that will proceed ahead of other user groups. This is recommended to be around 30-40 users in 2-3 specialties across the customer organisation and can be at a single or multiple sites.

Roll-out to this initial group of users first allows the customer and Lyrebird to proactively addresses adoption and operational risks through:

- Early adopter cohorts used to refine workflows, test configurations, and develop local champions
- Short, role-based training formats to minimise disruption to clinical services
- Rapid feedback loops to enable timely optimisation of templates and processes
- Defined escalation processes for resolution of technical issues or engagement challenges
- Modifications to training approaches or customer specific training needs as required

Roll-Out Phase 2 - Phased roll-out to all users

Once phase 1 roll-out to clinician champions has been completed and any adjustments made to delivery approach, phased roll-out to all users will commence according to the customer implementation project roll-out plan.

Continuous data capture and a 3 months benefits review is recommended to determine the impact and measurable benefits achieved by solution implementation so that any additional tweaks or recommendations can be implemented to drive adoption or

desired strategic outcomes according to the customer business case.

Lyrebird Implementation Team

We provide a dedicated Implementation Team to lead delivery and maintain alignment with customer priorities:

- A dedicated Implementation Team to lead delivery and maintain alignment with customer priorities
 - **GTM Director/Account Manager:** Oversees customer engagement, financial and contracting matters and alignment of value delivery to the customer organisation
 - **Customer Success Manager:** Lyrebird coordination for customer level roll-out including:
 - Support completion of customer IG/Compliance documents and queries
 - Support benefit measurement design and data capture
 - Support as-is and to-be workflow mapping
 - Training planning and delivery incl. Train-the-trainer
 - Onboarding and activation reporting and support
 - Template training and initial set-up per speciality specific to customer needs
 - **Engineering & Integration Support** (as needed after initial engagement and confirmed integration requirements): Assists with technical deployment and API integrations with customer systems (e.g., EPR, PAS, EDMS).
- Train-the-Trainer Model to scale clinician and administrative training and enable customer-led training delivery
- Online Learning and in-app support, enabling self-paced onboarding and refresher learning
- Weekly adoption and performance reports shared with customers to monitor progress and identify areas requiring intervention
- Monthly governance check-ins to review performance indicators, address risks, and maintain clinical and operational alignment

Case Study - Alder Hey Children's NHS Foundation Trust

Alder Hey Children's NHS Foundation Trust implemented Lyrebird across multiple clinical departments in 2024, representing one of the most comprehensive AVT deployments in the NHS. This deployment spanned outpatient services, emergency departments, and specialist paediatric services, supporting clinicians across multiple clinical specialties.

Productivity Benefits

Time Savings Per Consultation:

- 8 minutes saved per consultation on average across all specialties
- 32 minutes saved per four-hour clinic enabling clinicians to see 13.33% higher patient volumes
- 26 minutes of administrative time eliminated daily per clinician
- Emergency Department efficiency: 40% reduction in total time per patient
- Significant reduction in transcription costs through elimination of external services

Workflow Optimisation:

- Same-day letters for patients: Patients now walk out of their outpatient consultations with their letter and all documentation received before they leave the hospital
- Eliminated after-hours administrative burden: No evening documentation catch-up sessions required, reducing clinician fatigue and burnout and lifting job satisfaction

Improvements in Clinical Documentation Quality and Accuracy

Quantified Quality Improvements:

- 7.2% improvement in clinical note and document quality using PDQI-9 (Professional Documentation Quality Index) standardised metrics
- 58% of AI-generated notes accepted verbatim by clinicians, demonstrating high baseline accuracy
- 6.2% higher quality scores compared to manually written clinical notes (37.06/40 vs 34.6/40 average scoring)
- Enhanced standardisation: Consistent template usage across departments improving audit readiness and clinical governance compliance. This methodology mirrored our Pre-emptive Pioneer onboarding strategy as these templates were already seeded by the time a department started their onboarding.

Time to Value (Speed of Implementation) Rapid Deployment Timeline:

- 4 weeks from planning to go-live across initial pilot departments
- 2-day training programme successfully onboarded 10 clinicians to operational proficiency

- 1 week to baseline competency for average users, with most clinicians achieving full productivity within their first week of use
- Immediate impact: Users reported meaningful time savings from their first consultation using the platform

User Adoption and Satisfaction:

- 95% of clinicians would recommend Lyrebird to colleagues in other departments
- 100% reported improved focus during consultations due to reduced documentation burden during patient interactions
- Patient satisfaction: 93% of families comfortable with AI-assisted documentation, with 67% reporting clinicians gave them more attention.

Pricing Overview

We offer a tiered pricing structure based on user licence volumes which is detailed within our pricing schedule.

Implementation costs are not included within our licence fee pricing, but require a bespoke implementation plan catered to each customer's needs, integration requirements and deployment scope. During a free pre-sales consultation, we will discuss each customer's needs case, and create a tailored Planning and Feasibility Assessment to quantify implementation costs based on the submitted rates contained within our pricing schedule.

Availability of a trial service

Users have access to the standard functionality of Lyrebird but are limited to 50 actions a month (one action is equal to e.g. a consultation, generating one letter, creating a template).

Ongoing support

Lyrebird Health provides a managed service that includes proactive monitoring, incident management and regular health checks of the platform and integrations. A support desk is available (9am–5pm, Monday to Friday) for both technical teams and end users, with clear SLAs for response and resolution, and defined priority levels for clinical incidents. The service covers the full stack, from the ambient scribe application through to APIs and infrastructure, with change control, release notes and a documented process for planned maintenance to avoid clinic disruption.

Maintenance includes security patching, model updates and feature upgrades as part of a continuous improvement roadmap, without using your patient data for model training unless explicitly agreed. Lyrebird works with your digital and clinical safety

teams to test new releases in non-production environments, update configuration, and refresh training materials when new features are introduced. Regular service reviews, utilisation reports and feedback sessions ensure issues are addressed, adoption remains high, and the solution keeps aligned to your local workflows and strategic priorities.

Service Levels

All support interactions are tracked via our ticketing system, which enables efficient triage, prioritisation, and resolution of incidents in line with defined service levels. Our support model is underpinned by clear escalation pathways, defined Service Level Agreements (SLAs), and ongoing engagement with customer stakeholders to ensure transparency and continuous service improvement. All incidents are triaged based on severity (from low (sev-3) to high (sev-1)) and frequency (from low to high) to determine the priority of the ticket.

Severity: The severity level is determined depending on how much functionality is affected:

Severity	Definition
Sev-1 (High)	Total/severe loss of business functionality, complete section/department affected, potential major clinical risk.
Sev-2 (Medium)	Partial loss of business functionality.
Sev-3 (Low)	Minor issue that does not impact business functionality.

Frequency: The impact level is determined depending on the number of users affected:

Frequency	Definition
High	Whole organisation, facility, site or multiple sites; single large/multiple business units impacted.
Medium	Group of users or one site affected.
Low	One user was affected.

Priority: The following matrix explains how frequency and severity are used to determine the priority of an incident or request:

		Frequency		
		Low (One User)	Medium (some users)	High (most users)
Severity	Low (No loss of functionality)	5	4	3
	Medium (Partial loss of functionality)	4	3	2
	High (Severe loss of functionality)	3	2	1

Once a priority has been assigned to a case, a target response, update frequency and resolution will be established to ensure that we provide the best service possible. The following are for Incidents and Requests:

Defect Level	Respond	Update Frequency*	Resolve*
1	1 hour	Once every hour	< 4 hours
2	3 hours	Once every 3 hours	< 24 hours
3	6 hours	Once per day	< 2 days
4	12 hours	Once every two days	< 3 days
5	2 days	Once per week	< 5 days

*For issues that do not require escalation to Lyrebird Development teams, or escalation to a 3rd party provider.

Lyrebird has a single point-of-access Helpdesk, where dedicated first-line support will be provided within the designated hours of support. Remote assistance will be provided

in-line with the above timescales, dependent on the priority of the support request.

Technical support is provided by a dedicated Support Team, consisting of Helpdesk Technical Consultants, backed up by Development Consultants and Application Consultants, headed by a Helpdesk Manager. Lyrebird has a viable and established escalation procedure in place throughout the lifecycle of any project.

Lyrebird has a set of Performance Service Level targets that we will track performance against, with reporting available to customers, including:

Performance	Measure
Lyrebird Uptime	99.9%
Lyrebird Response Time	0.1 second
Document generation: Time to generate e.g. documents including summary and referral letters	Under 10 seconds (typically within 5 seconds)

Lyrebird Health ensures service availability through a combination of resilient cloud infrastructure, automated monitoring, and proactive incident management. Our platform is hosted on AWS, with logging and monitoring enabled across all services. We use Amazon GuardDuty and AWS Network Firewall for continuous intrusion detection and prevention, supported by real-time alerts. Service health is monitored through both automated and manual processes.

We integrate AWS alerts directly into our internal communication platform (Slack), allowing our engineering team to respond rapidly to any availability or performance issues. We also use external observability tools, including Sentry and Honeycomb, to track errors, monitor performance, and detect anomalies across our services.

These systems provide end-to-end visibility into the health and reliability of Lyrebird's infrastructure. Our monitoring setup allows us to stay ahead of emerging service issues and ensures timely response to minimise any potential impact on clinical users.

Service Constraints

Adequate notice is required for onsite training/workshops of minimum 2 weeks, and for online training of 1 week.

Provision of the Service

Customer Responsibilities

The customer would be responsible for the approach, request and co-ordination of other third-party system(s) suppliers for desired integration.

The customer would be responsible for any costs incurred or associated with engagement/development work required by the third-party system(s) supplier which is subject of the integration of Lyrebird.

Customer is responsible for providing customer project team for implementation covering the following roles as a minimum (additional workstream leads/members are very welcome to participate according to the customer's desired project board structure):

- **Implementation Project Manager**
 - Project Management for Trust Level Engagement
 - Planning and coordinating project delivery at Trust level
- **Implementation Workstream Leads**
 - **Clinical Lead**
 - Workflow Mapping as-is and to-be
 - **Clinical Safety and Information Governance Lead**
 - Completion of DPIA, DTAC, Clinical Safety Case, Additional IG/Compliance Requirements etc)
 - **Communications and Training Lead**
 - Trust comms/training teams to support adoption and train-the-trainer approach
 - Following implementation handover to team for BAU training and internal support needs
 - **Benefits Realisation/Evaluation Lead**
 - Facilitate benefits measure, data capture and analysis
 - **Technical Integration Lead**
 - Own trust side integration feasibility and implementation as required by each trust

Technical Requirements and Client-Side Requirements

Supported Browsers	Operating Systems
Chrome (latest) Edge (latest) Safari (latest – macOS & iOS) Firefox (latest)	macOS (latest + two previous major versions). Windows 10/11 iOS 15+ for mobile clinical capture

Application Dependencies

- Microphone-enabled device
- Stable 4G / 5G or Wi-Fi connection (≥ 5 Mbps recommended)
- JavaScript enabled
- HTTPS connectivity

Hardware Requirements

- End-User Devices: Desktop/laptop with modern CPU, Minimum 8GB RAM, Microphone access for Lyrebird enabled
- Recommended Microphone Setup to maximise transcription accuracy: Use a directional external microphone
- Minimise background noise (clinical-grade environment)
- Avoid speakerphone mode

Termination Process

Notification of termination of service would trigger the handover planning service, which would include a termination planning call and agreement of timeline to decommission the service. This would include:

- Customer owned communication plan to users reminding them of the last day to access the service, including the last day for transfer of patient data to customer EMR/EPRs.
- Technical decommissioning workstream including removal of user access and decommissioning of integrations between Lyrebird and customer systems

At the end of the contract term, users will lose access to the service and deletion of all patient data according to the data retention period set by the customer.

Data can be transferred into customer electronic patient records (EPRs) and other systems through integration. Lyrebird offers a number of integration options via open APIs, HL7, FHIR standards either off-the-shelf or bespoke solutions according to customer needs. At the end of the contract the data will be deleted according to the customers data retention policy. There is no further transfer/export of data.

Privacy, Security and Compliance

Committed to the highest standards of privacy and security, we implement end-to-end encryption, advanced anonymisation algorithms, and strict data storage policies. Lyrebird is built to meet the needs of enterprise-level organisations, as well as solo practitioners, providing reliable, compliant, and secure solutions. Customers are provided access to our Trust Centre, where they can explore the comprehensive measures we take to ensure the protection and confidentiality of your data.

Lyrebird Health acknowledges the guidance issued by NHS England (NHSE) on 9th June 2025 regarding the safe and assured use of Ambient Voice Technology (AVT) and scribe solutions. We fully support the NHS's ambition to ensure these tools are deployed safely, effectively, and in line with NHSE's requirements. Lyrebird's AVT AI Scribe, meets all of NHSE's requirements for AI scribe technology. The headline components related to security and compliance are detailed below, however the full list can be found [here](#). Additionally, Lyrebird has registered for the NHS England AVT supplier self-certification register.

DTAC

Lyrebird's AVT AI Scribe is DTAC compliant. A full internal DTAC assessment has been completed in line with NHS expectations, with no open conditions for go live. A current Certificate of Assurance is available and can be shared with the Buying Partners as part of contract due diligence.

DSPT

Lyrebird's DSPT submission is published on the NHS portal under organisation code LHL001. The latest submission is at "Standards Met" and is kept up to date in line with the annual publication cycle. Any improvement actions are tracked through our information security and governance roadmap.

Cyber Essentials / Cyber Essentials Plus

Lyrebird holds a valid Cyber Essentials Plus certification covering the in-scope components used to deliver the Lyrebird AVT platform for UK customers. Evidence of current certification, with scope and expiry dates, have been provided and uploaded as appendices.

CREST-approved penetration testing

Lyrebird operates an ongoing security assurance programme, commissioning independent penetration testing from a CREST-accredited provider at least annually. Testing includes our production environment and key supporting services, regular

internal vulnerability scanning, and review of cloud security posture. Findings are logged, risk assessed and tracked through to closure with critical and high vulnerabilities remediated as a priority, with retesting to confirm closure or a documented risk acceptance where appropriate. Summary results of the most recent annual security audit and penetration test, together with our remediation plan and completion status can be made available upon request.

ISO/IEC 27001

Lyrebird operates an information security management system aligned to ISO/IEC 27001. Scope, risk assessment, Statement of Applicability and core ISMS policies are in place, and external audits scheduled annually. Lyrebird Health is undergoing ISO 27001 certification during H1 2026.

UK GDPR compliance

Lyrebird is fully compliant with the UK GDPR and Data Protection Act 2018. We maintain a clear privacy notice and lawful bases for processing, a Record of Processing Activities that covers the AVT service, and supporting data protection impact assessments for NHS deployments. Clinicians can only see encounters for their own organisation and, where configured, their own team or list based on predefined RBAC. They cannot change system level settings or view other users' audit logs. Organisation Administrators can manage users and templates for their organisation but cannot see patient data from other customers. Support staff at Lyrebird have tightly scoped roles that allow troubleshooting tools but no access to identifiable clinical content unless formally authorised and audited.

Patient data is encrypted in transit (TLS 1.2) and at rest (AES256). We do not use any patient data to train our AI models. All data stays within the user's environment, serving only their immediate needs without contributing to external datasets.

Audio is not retained beyond the duration of the patient consultation and the transcription, notes and clinical documentation are maintained per agreed retention configuration with each customer organisation before being permanently deleted. In the UK, the data is stored in the United Kingdom, with some processing taking place in Germany.

Where international processors are used, standard contractual clauses and transfer impact assessments are in place. Supporting artefacts, including Privacy Notice, RoPA extract and template SCC/TIA pack, can be provided to the Buying Partners.

Each customer organisation is able to define and control transcript and document retention between 24 hours and 6 months, after which data is permanently deleted.

We do not share personal data with third parties unless legally required, or with your explicit consent, when we do, we have necessary processing agreements in place with

the third parties. Our support team may access your data only to provide necessary support services.

A Data Protection Impact Assessment is completed with each customer organisation prior to going live, following ICO guidance. We provide a templated DPIA based on previous NHS deployments, including detailed data flows, lawful basis, retention settings and technical controls. The DPIA is reviewed with the Trust DPO and Information Governance teams and approved before any live processing of patient data.

Accessibility and safe AI interpretation

All materials and the web interface align with WCAG 2.1 AA principles and NHS Common UI guidance. High contrast, keyboard access and compatible fonts are standard. Guidance on responsible use of AI is built into every module.

- Lyrebird drafts notes, but it never replaces clinical judgement.
- Clinicians must always review, edit where needed and explicitly sign off notes.
- Examples of good and poor practice are walked through, including handling of hallucinations, ambiguous phrases and missing information.

Local clinical safety officers are involved in design and delivery so messages match Trust governance.

Encryption

All traffic between client devices, NHS systems and Lyrebird services is protected with end to end encryption. We enforce TLS 1.2 and 1.3 only, using strong cipher suites, for all API endpoints, web applications and integrations to EPRs, PAS and identity providers. HSTS and modern cipher configuration are applied at the edge. We can provide technical proof of this configuration using SSL configuration reports, endpoint test results and network diagrams that show encrypted links between all components.

All patient related data at rest is encrypted using AES 256. This covers application databases, file storage, audio files, logs that may contain identifiers and backup media. Encryption keys are managed in a hardened key management service with strict access control and role separation. Keys are rotated on a defined schedule and on any security event. Configuration exports from the cloud key management service and encryption policy documentation can be supplied as proof of AES 256 use.

Medicines and Healthcare products Regulatory Agency (MRHA)

Lyrebird is registered as a Class I medical device with the MHRA. Declaration of conformity is available upon request. Lyrebird is pursuing Class IIa certification for enhanced future functionality.

EU AI Act high risk requirements

We design our AVT platform to be compatible with EU AI Act expectations for high risk systems, in particular around data governance and transparency. Our risk management system covers hazard identification, controls, monitoring and incident handling throughout the model lifecycle. Training datasets are selected to be relevant, sufficiently representative for the intended population and managed to reduce known errors. We maintain technical documentation, logging and post deployment monitoring so that behaviour can be audited. Clinicians and patients are informed that AVT is in use, the system explains its role as a drafting aid, and every note requires clinician review and sign off in the EPR. This supports transparency, accountability and meaningful human oversight in line with anticipated EU AI Act requirements. Lyrebird is undergoing approval for EUDAMED - European Medical Devices and EU AI Act Certification under application: APP000073762 expected during H1 2026.

Trust Centre

All customers are provided access to our Trust Centre, describing the controls and protections in place that keep Lyrebird compliant, safe and secure for use within sensitive, clinical settings.

Audit controls implemented

The company has implemented hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information (ePHI).

Continuity and Disaster Recovery plans established

The company has Business Continuity and Disaster Recovery Plans in place that outline communication plans in order to maintain information security continuity in the event of the unavailability of key personnel.

Continuity and Disaster Recovery plans tested annually

The company has a documented business continuity/disaster recovery (BC/DR) plan and tests it annually.

Appoint EU representative

The company shall appoint an EU based representative.

Appoint EU lead supervisory authority

If the company is operating in more than one EU state then identify a lead Data Protection Authority.

Remote access encrypted enforced

The company's production systems can only be remotely accessed by authorised employees via an approved encrypted connection.

Asset disposal procedures utilised

The company has electronic media containing confidential information purged or destroyed in accordance with best practices, and certificates of destruction are issued for each device destroyed.

Access reviews conducted

The company conducts quarterly access reviews for the in-scope system components to help ensure that access is restricted appropriately. Required changes are tracked to completion.

Unique network system authentication enforced

The company requires authentication to the "production network" to use unique usernames and passwords or authorised Secure Socket Shell (SSH) keys.

Network firewalls utilised

The company uses firewalls and configures them to prevent unauthorised access.

Network firewalls reviewed

The company reviews its firewall rulesets at least annually. Required changes are tracked to completion.

Service infrastructure maintained

The company has infrastructure supporting the service patched as a part of routine maintenance and as a result of identified vulnerabilities to help ensure that servers supporting the service are hardened against security threats.

Partners

 Amazon Web Services Cloud provider	 Microsoft Azure Cloud provider	 Stripe Finance and payment processor
 Amplitude Data analytics	 Google Workspace Identity provider	 Notion Collaboration
 Slack Collaboration	 Vanta Security	 Segment Customer Data Platform

 Hightouch Data Processing	 Hubspot Customer Relationship Manager	
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Contact Details

Framework Manager
Sophie Allinson-Wood

Email
tenders@lyrebirdhealth.com

