

Minute at NELC (and wider)

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Why use AI for minute taking?

Current Challenges

- Manual note taking is time consuming
- Considerable time can be left between meeting and notes being created
- Risk of missing details in complex meetings

Benefits of AI

- Time saving
- Improved accuracy and consistency
- Can enhance security and compliance
- Faster turnaround of notes
- Open Source



Minute

i.AI

Key Features

- State of the art transcription and speaker recognition
- Options to record live for in person or hybrid meetings or upload recording
- Bespoke summary templates, including ability to add an agenda
- Includes citations
- AI edit feature
- Designed with the public sector in mind

Upload

Cabinet

- Formal minutes following cabinet meeting structure

Care Assessment V2

- Enhanced Social care assessment template based on Care Act Eligibility Criteria

Delivery

- Formal minutes following the delivery style guide

Short 'n' Sweet

- Executive summary of the meeting + action items

General

- Standard meeting summary with key points, decisions, and action items

Planning Committee

- Planning committee minutes template

Agenda (optional):

Add discussion points from the meeting that should be included in the summary.


Agenda item 1
Agenda item 2
Agenda item 3
...

Digital Place Board - October Rename

 Mon Nov 17 2025 at 14:54:14


Meeting summary

Transcript

General 


+ Generate New


Edits 

 AI Edit

 Edit Manually

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Meeting Minutes: Digital Strategy and NHS App Update

1. Meeting Overview

- **Date:** 17 November 2025
- **Title:** Digital Strategy and NHS App Utilisation Review
- **Purpose/Objective:** To discuss progress on digital priorities, provide an update on NHS App utilisation and associated challenges, share current project developments, and review regional ICB digital strategy.

Pilot Use Cases at NELC

Team meetings and supervisions

Project Meetings

Democratic Services

Business Support

Child Protection Conferences and Child in our Care
Reviews

Adult Social Care - pending

Governance and Risk

- **Data Security & Privacy**
Compliance with GDPR and local authority standards for handling sensitive information.
- **Access Controls**
Role-based permissions for recordings and outputs.
- **Accuracy & Bias Management**
Ongoing testing to ensure fair, person-centred language in social care contexts.
- **Audit & Accountability**
Meeting records stored securely with traceable edits.
- **Risk Mitigation**
Clear protocols for consent, confidentiality, and error handling.
- **Governance Oversight**
Regular review by project board and alignment with national guidance.

Evaluation

Survey designed to measure benefits

Average time saving of approximately 50%

North Yorkshire Council compared outputs of Magin Notes and Copilot and found them to be generally comparable

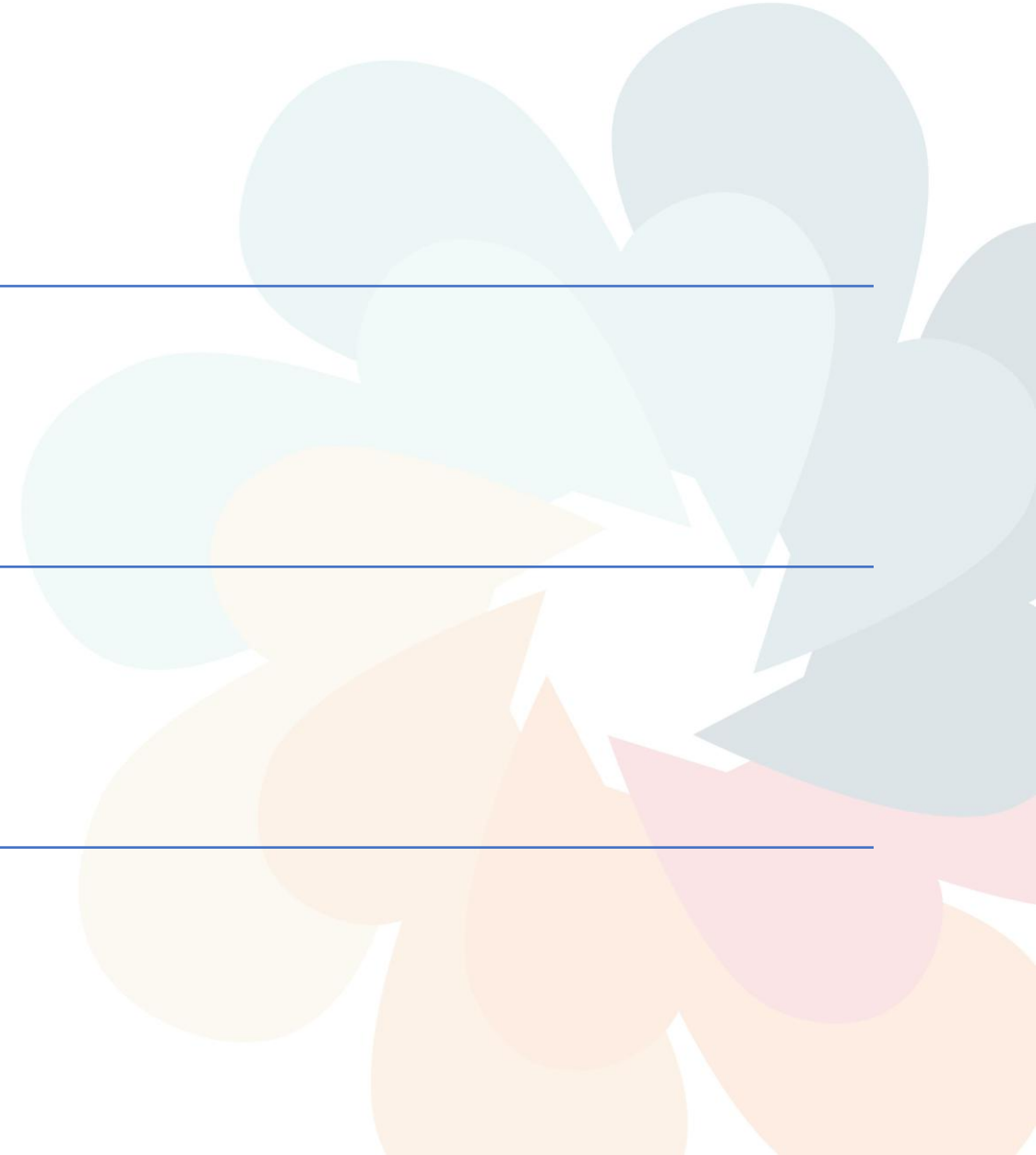
Costs are being confirmed but indicative 50p per hour recording

Challenges

IP address restrictions

Audio Devices

User participation



The future

User added
templates

Hosting
options

Social care
developments

MFA

Off network
devices

*“Minute is about freeing time for what matters most – people.
We’re excited about its potential”*



Think 2025.11.19 Sheffield.pdf

Active Recovery: Implementation of a Single Care Record

Leeds City Council
Leeds Community Healthcare

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A partnership between Leeds City Council (LCC)
and Leeds Community Healthcare NHS Trust (LCH)

ACTIVE RECOVERY: SCR HIGH-LEVEL TIMELINE



2022 - 2023 AR BEGINNINGS	2023 SCR BEGINNINGS	2024 JAN – JULY	2024 JULY - DEC	2025 GO-LIVE
LH&CP set out to improve intermediate care	July – Digital Board approval to scope out SystemOne (S1) options	April – Options Paper presented to AR Leadership with recommended option for AR S1 Unit	SCR Steering Group established	Jan–March – Design and build intense period
AR became part of HomeFirst	Sept - LCC Solutions Architect assigned	Option approved by Senior Leaders	Working Groups established: Business Intelligence Build IG IT Training	Go-live date moved from March to April and finally to 14 May
June 22 – Initial pilot with changes to ways of working	Scoping of operational requirements	Approvals via: Adults & Health Digital Board Trust Leadership Team	AR Unit designed	14 May go-live with approx. 4 weeks of 'on the ground' support from project team
Aug 23 – Operational pilot in North/East	Scoping of system capabilities	Directorate Leadership Team Members Finance		May-now– solutions sought to ongoing data flow and staff training issues

What we've done to enable users

Training offered to all LCC staff, as most were previously only recording on paper.

80+ Lenovo devices issued to LCC staff, these are not the standard devices issued by LCC. These included Smart Card readers and SIM card capabilities.

Development work within CIS informing how data from S1 needs to be received.

80 + 02 SIM cards enabled and distributed.

80+ logins and access to S1 enabled.

Support desk processes developed between LCC and LCH helpdesks for user issues and new requests.

Joint working arrangements set up for ongoing developments and upgrades between LCC and LCH.

Quotes from the Evaluation of the Implementation of the Single Care Record



"The biggest and most important piece of learning is that implementing and adopting **a Single Care Record can be achieved at all** - by taking it out of the 'too-hard-to-do' box for the first time, **it has paved the way for future versions to build on** this, learning from the challenges and improving the process as they go."

"**It is great to develop new ways of working** and being able to support staff to develop new skills since the introduction of SystemOne. This has helped the service **improve efficiencies and streamline the service**. Staff now have a **better understanding of people** before their first visit and have oversight of their person-centred SMART goals. **A person's progression can be clearly seen** and monitored by reading the system. We work with our therapy colleagues to support people to achieve their rehabilitation goals with the therapy guidance. **I am proud** to supervise and provide support to the team with the changes."

Positives



Successful Implementation: Despite complexity, SCR was delivered and is operational, supporting joined-up, more holistic person-centred care.

Cross-Organisational Collaboration: Staff from LCH and LCC worked together, overcoming cultural and procedural differences and adopting shared problem solving. Improved communication. Joint approach to information governance and standard ways of working.

Improved Patient Experience: Reduced duplication, better continuity, and less need for patients to repeat their stories.

Staff Engagement: Strong sense of purpose, vision and pride among staff; many embraced the change with determination despite challenges.

System Integration: Enabled visibility across health and social care, improving coordination and decision-making.

Training Successes: Despite limitations, training helped transition analogue staff to digital systems. Joint staff development.

Proof of Concept: Demonstrated that SCRs are achievable, removing the “too-hard-to-do” stigma.

Areas where we could have done better (through implementation)



Underestimated Complexity: SCR was part of a wider programme and lacked initial recognition as a standalone project.

Poor Scoping and Specification: Lack of clear requirements led to inefficiencies and rework.

Interdependency Issues: Working groups operated in silos; delays in one affected others.

Limited Resources: Single points of failure due to reliance on few experts; staff overworked.

Project Management: Required more structured methodology and documentation.

Stakeholder Engagement Gaps: Key stakeholders were involved too late; unclear roles and responsibilities. Cross-organisational challenges.

Training Gaps: Staff, especially from LCC, felt underprepared and overwhelmed. IT challenges. Balance of updating records whilst talking to a person in their home (person-centred approach).

Physical Burden: Carrying laptops was physically demanding for reablement staff.

Data Flow Challenges: Reporting and dashboard issues limited system-wide benefits.

Timeline Pressure: Incremental delays were ineffective; compressed timelines affected quality.

ACTIVE RECOVERY: SCR EXPECTED BENEFITS



PREDICTED BENEFIT	FINANCIAL ASPECT	UPDATE (Nov 25)
AR can support more people	✓	No up-to-date data available
AR can deliver better outcomes with people, including reductions in long term homecare costs	✓	No up-to-date data available
Improve staff utilisation / reduction in duplication	✓	Joint assessments achieved
Simpler, safer delegation	✓	80% achieved
Reduce unnecessary visits	✓	No up-to-date data available
Improve staff retention	✓	Qualitative data shows improved staff satisfaction
Digital improvements in line with the Leeds Digital Strategy	✓	Achieved - one of the key success factors
Improved people's experience		No up-to-date data available
Collaboration		Achieved - one of the key success factors
Value for money	✓	No up-to-date data available
Data and reporting improvements	✓	One of the key challenges
Service improvements		Achieved - one of the key success factors

Developing a Framework for Future System Projects

Thinking about what you have heard and your own experience of similar projects,

- what would you replicate?
- what would you do differently?
- what hasn't been considered?



Recommendations for Future Projects

1. Strategic Scoping:

Explore system-wide solutions before creating new ones.
Ensure the chosen solution aligns with broader digital strategies.

2. Leadership & Governance:

Secure senior leadership buy-in.
Establish cross-organisational governance structures.

3. Project Planning:

Use structured methodologies.
Define scope, roles, responsibilities, and timelines clearly.

4. Stakeholder Engagement:

Identify and involve stakeholders early.
Invest time in development of relationships.
Engage line managers to manage resource implications.

5. Working Group Management:

Map interdependencies and assign clear leads.
Facilitate regular cross-group communication.

6. Documentation & Communication:

Use standardised, live documentation to record and communicate decisions & actions.
Ensure transparency and shared understanding.
Regular meetings with workstream leads.

7. Training & User Support:

Design service before system.
Allocate sufficient time and resources for training.
Consider physical and psychological impacts on staff.

8. Resourcing:

Avoid single points of failure.
Where resources are limited, allow more time.

9. Timeline Management:

Prefer significant timeline extensions over incremental delays.
Plan around organisational priorities and competing demands.
Build in contingency, especially where we've experienced issues previously

10. Evaluation & Impact Measurement:

Track benefits and outcomes to assess value and inform future improvements.

Q&A



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