A sample note, written for a fictional organisation

Putting AI use on a safe footing

Prepared for **Catriona Bain**, Chief Executive, and **Euan Duthie**, Director of Income Generation, **Fulmar Hospice**
Following the consultation on Thursday 15 October 2026 · Page 1 of 10: summary for the board

You need three rules this month, a one-page policy by January and one small project in the spring. You do not need a Head of AI. One decision belongs with your clinical governance committee, and this note hands it there.

What we found

- **AI is in use in at least six places,** from lottery prize descriptions to in-memory appeal letters. None of it is written down, and nobody owns it.
- **Two uses carry real risk.** A nurse on the inpatient unit has been trialling a transcription app on her own phone for handover notes. And the in-memory team is personalising letters to bereaved families in free, personal ChatGPT accounts.
- **Use and appetite vary widely.** A few enthusiasts use AI every week, a larger group is curious and waiting for permission, and some senior clinicians are wary. The rest of the use is low risk and doing good work (page 4).
- **The in-memory results are real.** Euan reported in-memory income up since the spring. The aim is to keep that, with a process a family, a trustee or the Scottish Fundraising Adjudication Panel could look at without concern.

What we recommend

- **This week:** stop the handover app, and move in-memory drafting to work accounts (section 2).
- **By January:** a one-page AI use policy, written with the teams who use the tools (section 3).
- **February to March:** a short project to set up in-memory drafting properly, with a named person signing off every letter (sections 3 and 5).
- **Ownership:** one director owns AI use and reports to the board twice a year, with an AI champion in each team to collect and share what works; clinical uses go through clinical governance.

The decision for the board in December

Agree the three rules in section 2, name the director who owns AI use, and ask the clinical governance committee to consider AI transcription for handovers on its own timetable. Fifteen minutes on the agenda is enough.

1 Where you stand

The AI already in use across the hospice, and where the risk sits

AI is already in use, and most of it began the way it does everywhere: one person tried a tool, it saved them an hour, and a colleague asked how. In the session you described six patterns, set out below. We have added the data each tool touches, because the data decides how much risk a use carries.

Team	Tool	What it is used for	Data it touches	Risk
Inpatient unit	A transcription app on one nurse's own phone, on trial since August	Recording and summarising the evening handover	Patient names, diagnoses, medication, family circumstances	High
In-memory giving	ChatGPT, free personal accounts (two staff)	Personalising appeal letters, thank-yous and tribute page messages	Names of the person who died and their family; memories families have shared	High
Communications	Canva's AI features, on the hospice's paid account	Social graphics and captions, including patient and family stories	Photographs and stories, published with consent	Medium
HR and volunteering	Microsoft Copilot Chat, work accounts	Job adverts, volunteer role descriptions, summarising policies	Occasionally staff matters	Low
Retail (six shops)	ChatGPT and eBay's listing assistant	Descriptions of donated goods for online sale	None personal	Low
Lottery	ChatGPT, free account	Weekly prize descriptions (in limerick form) and the players' newsletter	None personal	Low

This is what came up in a 45-minute conversation, so it is a floor. As Priya put it, half the shop volunteers already use AI on their phones and just don't call it that. The stocktake in section 4 will find more.

What is going well

The people using AI here are using it to do their jobs better, and several of them have become quietly expert. Graham's limericks have a following among lottery players. The HR team chose a work account without being told to. Nothing in this note should land as a reprimand, and the policy will work better if the people already using the tools help write it.

Two things said in the session worth keeping

- **"We are not short of words. We are short of time to get the words right."** Euan, on why the in-memory team started using AI. It is the best brief for the spring project.
- **"I'd rather we were slow than wrong."** Dr Pryce, on handover. It is also a fair test for any AI use that touches a patient.

1 Where you stand, continued

Where the risk sits, and what others can reasonably expect you to know

The handover app

Clinical information is going from a patient's bedside into an app nobody at the hospice has assessed, on a phone the hospice does not manage. We do not know where the recordings are stored, who can access them, or whether they are used to train the supplier's models, and neither does the nurse. She has done this to give better handovers, and the idea may well be a good one. This route needs to stop today, while the clinical question is considered properly.

Dr Pryce made a point in the session that belongs in this note: the value of handover lies partly in the conversation itself, so speed alone is a poor measure of a better handover. That judgement is for your clinicians. This note does not advise on clinical tools, and section 3 sets out how to hand the question over.

The in-memory letters

The first question is where the details in those letters come from, before any question about the tool. If they come from families, through tribute pages, conversations with the fundraising team or what families write themselves, the purpose is clear and the family chose to share them. If anything learned in the course of care has ever reached the fundraising team, that is a confidentiality problem whether AI is involved or not, and your duty of confidentiality to a patient continues after their death. Euan was clear that the team works only from what families share. The policy should say so in writing.

The second question is the tool. Free personal accounts mean family names and memories sit in an account the hospice does not control, under terms it has not read. Moving this work to your Microsoft work accounts closes most of that gap: Copilot Chat comes with your Microsoft 365 work accounts at no extra cost, with enterprise data protection.

The third question is the letter itself. A bereaved family that receives a letter with their mother's name spelled wrong, or a memory she never had, will not forgive it easily, and AI makes that mistake fluently. Every letter needs a named person to check it against the family's own words before it goes.

What others can reasonably expect you to know

- **Fundraising.** As a Scottish charity, your fundraising is held to the Code of Fundraising Practice, with complaints heard by the Scottish Fundraising Adjudication Panel. The Fundraising Regulator's AI guidance (December 2025) expects a person to check AI-generated content for accuracy, fairness and legality before it is used, and says donors must not be misled. It also says trustees are accountable for AI use in fundraising.
- **Clinical care.** Healthcare Improvement Scotland registers and inspects independent hospices, and how you handle clinical records is part of that.
- **Data protection.** Health information is special category data under UK GDPR, and families' details are personal data. The ICO publishes guidance on AI and data protection.
- **Families.** The test that matters most: could you show a family exactly how their letter was written, and would they be comfortable?

1 Where you stand, continued

Where the team stands: how much each group uses AI, and how it feels about it

Use and appetite vary more across Fulmar than the tools do, and the spread matters as much as the risks. Catriona's estimate in the session was that fewer than twenty staff use AI in a typical week, and that many more would if they knew they were allowed to. From what you described, the hospice falls into four groups.

The early adopters

Using it often · keen

The in-memory team, Graham in the lottery, Priya's HR team and two or three shop managers. They have found uses that work and are teaching colleagues informally.

What they need: clear rules, and a way to share what works. The risk is that they go further than anyone has agreed.

The quiet users

Using it · uneasy

The communications officer, who uses Canva's AI features daily and worries about patient stories, and the nurse with the handover app. Both use AI while unsure whether they are allowed to.

What they need: permission and a clear line. Uncertainty keeps their use hidden, which is where the risk grows.

The curious

Not using it yet · interested

Most nursing and community staff, the finance team, and many volunteers. Several asked Priya this autumn whether there is any training.

What they need: an approved tool, and a first example from their own work. Generic training will not reach them.

The sceptics

Not using it · wary

Some long-serving clinical staff and two trustees. Dr Pryce is wary of AI in clinical work and open to it elsewhere. Their concerns are almost all about patients and families.

What they need: to be heard. Their questions belong in the policy, and a policy that answers them will be trusted by everyone else.

What this means for the plan

- **The early adopters become your champions** (section 3). They already do the job informally; naming them makes it visible and gives it a route to the director who owns AI use.
- **The quiet users and the curious need permission more than training.** The three rules and an approved tool will bring most of their use into the open within weeks.
- **The sceptics should help write the policy.** Invite one clinical sceptic and one trustee to review the draft. If it satisfies them, it will satisfy an inspector.

These placings come from a single conversation. The stocktake in section 4 will test them, and the groups will shift as the rules and the champions take hold.

2 What needs a rule now, and what can wait

Three rules to agree this month, and the questions that are safe to park

A long policy can wait until January. These three rules cannot, and each fits in a sentence that every member of staff and every volunteer can remember.

1 **No patient or clinical information goes into any AI tool outside the hospice's own systems, on any device.**

This stops the handover app today and covers anything like it in the community team. It does not stop the clinical question; it gives it somewhere proper to go.

2 **Fundraising uses AI only on hospice work accounts, and nothing from the clinical record ever reaches fundraising.**

Copilot Chat on your Microsoft accounts replaces the personal ChatGPT accounts. The second half of the rule is true already; writing it down protects the team as much as the families.

3 **Every AI-assisted letter to a family is read and signed off by a named person, against the family's own words, before it goes.**

This is the step the Fundraising Regulator's guidance expects, and the one a family would assume you take anyway.

What can wait

Question	Why it can wait	Revisit
Which paid AI tool to buy	The free Copilot Chat on your existing accounts covers today's uses. Buy only once the spring project shows what the in-memory team needs.	March 2027
AI in clinical work	Rule 1 removes the immediate risk. The wider question belongs to clinical governance, at its own pace.	Clinical governance
A public statement on AI for supporters	Worth having, and easier to write once the policy exists. The Fundraising Regulator encourages openness in proportion to the risk of misleading donors.	Spring 2027
An AI chat assistant on the website	Families contact a hospice at the hardest moments of their lives. Not this year.	2028
The lottery limericks	No personal data, a loyal readership, and a member of staff who enjoys his job. Leave them alone.	Never

3 Policy, project or lead: which you need

A direct answer, and what each part involves

You need a policy now and a small project next. You do not need a Head of AI.

A one-page policy, agreed with the teams who use the tools, turns the three rules into something you can train volunteers on and show an inspector. A short project in the spring sets up in-memory drafting properly, so the income gains hold and the risk does not grow with them. Ownership sits with one director, at about two days a month, which is the right size for a hospice of 160 staff and 600 volunteers.

What the policy says

1. **What AI is for here:** drafting, summarising and saving time on routine work, with a person responsible for everything that leaves the building.
2. **What it is never used for:** clinical decisions, or anything a patient or family would be distressed to learn a machine had written unseen.
3. **The data line:** no patient or clinical information in any tool outside hospice systems; no family or supporter details in any personal account.
4. **Approved tools:** Copilot Chat on work accounts for most uses; Canva's AI features for design. Anything else is asked about first.
5. **The check:** a named person reads anything AI-assisted before it goes to a family, supporter or regulator.
6. **Images:** no AI alteration of photographs of patients, families or staff, and no generated image presented as a photograph.
7. **Who to ask** when unsure, and a review each quarter for the first year.

Write it with the people who already use the tools: Euan's team, Priya in HR, the communications officer and, for rule 1, the ward sister. A policy written with the people it governs answers the questions they actually have, and gets followed.

Volunteers

Six hundred volunteers are a larger group than your staff, and some will already be using AI on hospice business: writing up shop rotas, drafting event posters, answering supporters' emails. The policy needs a short volunteer version, five lines on one side of a card, added to induction and sent to current volunteers with the next newsletter.

AI champions in each team

Name one champion in each team: in-memory giving, communications, HR and volunteering, retail, the lottery, the inpatient unit, the community team and finance. Most will be the early adopters on page 4, and in the inpatient unit it should be a nurse the sceptics respect. The role takes about an hour a month: collect what works and what goes wrong in their team, bring it to a short champions' meeting every two months chaired by the director who owns AI use, and take back what other teams have learned. Champions are the first person to ask in their team and the way the stocktake stays current. Approving new tools stays with the director.

3 Policy, project or lead, continued

The spring project, the clinical question, and who owns AI use

The spring project: in-memory drafting, set up properly

Eight weeks, February to March, with Euan as the lead and the four people in the in-memory team. The aim is a way of working the team prefers to what they do now, so it survives busy weeks.

- **A small library of prompts and templates** in Copilot, written by the team, that draw only on what a family has shared and never invent a memory.
- **The sign-off step** built into the workflow: who checks, against what, and how it is recorded.
- **A plain record** of which letters were AI-assisted, so you can answer a family's question or a complaint with facts.
- **Half a day of training** for the team, and a review after the first month.

The clinical question: handing it over

AI transcription for handovers may turn out to be worthwhile, and your nurses are right to ask. The decision belongs with the clinical governance committee, with your information governance lead and your clinical records supplier. We suggest the committee asks any supplier: where recordings and notes are stored, and whether that is in the UK; whether data is used to train its models; how the tool connects to your clinical records system; what clinical safety assessment it has; and what happens to the data if you stop using it. Dr Pryce's question about what handover is for belongs at the top of that list.

Who owns AI use

A director, named by the chief executive. We suggest the Director of Finance and Resources, who already owns information governance and the relationship with your IT provider. About two days a month: keeping the stocktake current, answering questions, approving new tools, and reporting to the board twice a year.

A trustee as the board's link, ideally one with a data or digital background. The Fundraising Regulator's guidance is clear that trustees are accountable for AI use in fundraising, so the board needs one person who follows it closely.

Clinical uses report through the clinical governance committee, as any change to clinical practice does.

The champions report to the director, and their notes feed the twice-yearly board report.

Why not a Head of AI

The role is being advertised widely in 2026, and the title is tempting. At Fulmar's size the work is a few hours a week, spread across people who already own the relevant decisions. A dedicated post would have too little to do in its first year and would take ownership away from the directors who need to hold it. Revisit if AI use grows beyond the uses in this note, or if clinical AI moves from question to programme.

4 Quick wins for the next 30 days

Six actions you can take without outside help, each with an owner and a date

#	Action	Owner	By
1	**Stop the handover app.** Thank the nurse, explain why, and ask her to delete the recordings and the app. Ask what she learned: it is useful evidence for the clinical governance committee.	Ward sister, with Dr Pryce	Fri 30 Oct
2	**Move in-memory drafting to work accounts.** Copy any templates the team values into a shared folder, then close the personal accounts for hospice work.	Euan Duthie	Fri 6 Nov
3	**Confirm Copilot Chat is switched on** for every staff account, with your IT provider, and that it runs with enterprise data protection.	Director of Finance and Resources	Fri 13 Nov
4	**Add the sign-off step.** One line in the in-memory process: who reads each AI-assisted letter, against the family's own words, before it goes.	Euan Duthie	Fri 13 Nov
5	**Run the stocktake, and name the champions.** Ask every team, every shop manager and the volunteer coordinators which AI tools they used for hospice work last month, and for what, with no judgement attached. Ask each team lead to name a champion at the same time.	Priya Nair	Fri 27 Nov
6	**Put AI on the December board agenda.** Fifteen minutes, with this note and the stocktake, for the decisions on page 1.	Catriona Bain	December board

How to say it to staff

The way these changes are announced will decide whether people tell you what they are using next time. We suggest a short message from Catriona to all staff: that AI is being used well in many parts of the hospice, that three simple rules apply from today, and that the policy will be written in the new year with the people who use the tools. Name the good examples. Do not name the nurse.

A draft, for Catriona to adapt

Many of you are already using AI tools in your work, and using them well: in the shops, in HR, in the lottery and in fundraising. Thank you. To keep patients, families and each other safe, three rules apply from today. No patient or clinical information goes into any AI tool outside our own systems, on any device. Fundraising uses AI only on hospice work accounts. Anything AI-assisted that goes to a family is read and signed off by a named person first. We will write a fuller policy in the new year with the people who use these tools. If you are unsure about anything, ask [director].

A measure to watch

Track one number from November: in-memory letters sent, and how many were AI-assisted and signed off. It tells the board the rules are working, and it protects the income story when someone asks how the letters are written.

5 The bigger moves, and what they would cost

What comes after the quick wins, in order, with rough costs

Each move below can be done in-house. Where outside help would speed it up, we show what Faur would charge, at our published rates, with no VAT to add. The licence question is deliberately left open: buy nothing until the spring project shows what the team needs.

Move	When	In-house	With outside help
1. Write and agree the policy, with the staff and volunteer versions	Nov to Jan	About three days of a director's time, plus an hour from each contributing team	**£1,500** Two days: drafting workshops and the final text
2. The spring project: in-memory drafting set up properly	Feb to Mar	About eight days of Euan's and the team's time over eight weeks	**£3,000 to £4,500** Four to six days: templates, workflow, training and the one-month review
3. The clinical question, considered by clinical governance	From Jan	Committee time, and supplier assessments	Outside our scope: costs depend on the supplier and your records system
4. The champions' network, meeting every two months	From Jan	About an hour a month for each champion	**£750** One day: a starter session for the champions
5. Twice-yearly review by the director who owns AI use, reported to the board	Jun and Dec	About a day each time	Usually not needed
6. An independent baseline, if the board wants assurance a year on	Autumn 2027	Not applicable	**£2,500 to £4,000** A Faur AI Adoption Assessment

The likely total for the next six months

Between staff time alone and about **£6,750** of outside help, if you used it for the policy, the project and the champions' starter session. The project is where outside help adds most; the policy is well within your own capacity.

What it protects

In-memory giving is among the most personal income a hospice receives. The case for this spend is the gains you have already seen, and the trust of the families behind them.

What we would not spend money on yet

- **Organisation-wide paid AI licences.** Most of your uses are covered by Copilot Chat. Pay per person, for the in-memory team, only if the project shows they need it.
- **AI training for all staff.** The three rules, a short briefing and the champions are enough this winter.
- **A specialist fundraising AI platform.** Several are marketed to charities. None is needed to write good letters with a person checking them.

6 If you do not need us

What to do next on your own, and when to come back

Most of this note can be done by your own team, and we would rather say so plainly. Fulmar has the people to do it: a director who already owns information governance, a fundraising lead who cares how families are treated, and a medical director who asks the right question first.

Doing it yourselves

- **Start from the policy outline on page 5.** Our short guide, "Does a small organisation need an AI use policy?", on faur.site, sets out the four things every policy needs to say.
- **Read the Fundraising Regulator's guidance on AI in fundraising** with Euan's team before the spring project.
- **Give the ICO's guidance on AI and data protection** to your information governance lead, alongside the clinical question.
- **Keep the stocktake alive.** Ask the question again every quarter. The answers will change faster than the policy.

When to come back

- The board asks for assurance about AI use that nobody can give with confidence.
- A family or supporter complains about how a letter was written.
- AI use spreads beyond the uses in this note, or a second clinical tool is requested.
- The spring project stalls, or the in-memory team goes back to personal accounts in a busy month.

Next steps

This note is yours to share with the board and your senior team. If you have questions on it, reply to the email it came with. If you would like help with the policy or the spring project, we can scope either in a short call.

Michael MacLennan · michael@faur.site · faur.site

Referred to in this note

Fundraising Regulator, guidance on using artificial intelligence in fundraising (December 2025) · Code of Fundraising Practice, applied in Scotland through the Scottish Fundraising Adjudication Panel · Information Commissioner's Office, guidance on AI and data protection · Healthcare Improvement Scotland, regulation of independent healthcare · Microsoft, Copilot Chat and enterprise data protection · Faur, "Does a small organisation need an AI use policy, and what should be in it?" (faur.site/insights)

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