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Witness Statement Ref. No. 332/1

NAME OF CHILD: Raychel Ferguson

Name: Marie Dunne

Title: Mrs

Present position and institution: Retired from WHSCT in September 2009. Currently working in a part-time position for Action on Hearing Loss (formerly RNID) as Outreach Development Officer for the North West area.

Previous position and institution:

[As at the time of the child's death]

Communications Manager, Altnagelvin Hospital Health & Social Services Trust ("AHHSST")

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 2000 - present]

I was a member of numerous committees, groups and panels during my career in the Health Service and I am unable to recall a complete list of these along with the dates. However, I have a document that I prepared for my Line Manager on 7th May 2002 entitled 'Responsibilities and Tasks as at 7th May 2002' and I have listed the following under Committees/Groups. These are the committees/groups of which I was a member, or which I attended at that date. They are:

Opportunity Now; NVQ Steering Group; Universal Accessibility Group; HOSQIP (from memory this was the Hospital Quality Improvement group); Equality and Human Rights Steering Group; Western Board Data Protection Group; CAWT (Co-operation and Working Together) Communications Sub-Group; Association of Healthcare Communicators (NI); Regional Data Protection Group; Acute Services Review Communications Group; Patients' Council; Trust Board (in attendance only); Cancer Unit Communications Sub-Group.

Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

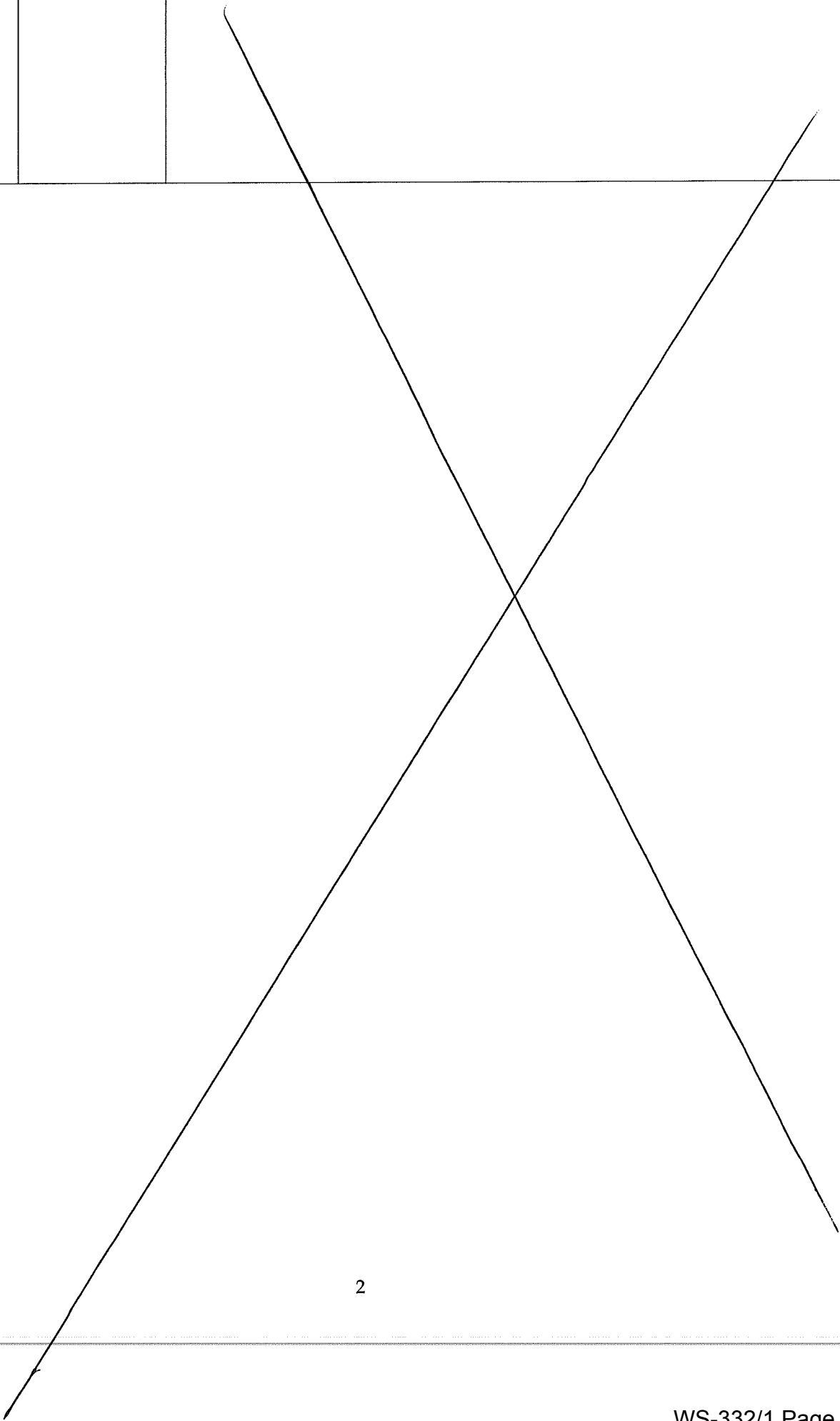
I understand this to refer to previous statements, depositions and reports to the Inquiry and I have made none.

OFFICIAL USE:

List of previous statements, depositions and reports attached:

Ref:	Date:	

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IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

(1) Please provide the following information:

(a) Your qualifications as of 2001 (please also provide a copy of your CV);

- Certificate in Training and Development – Open University: 1989/90
- Certificate in Health Services Management – University of Ulster: 1986/87
- Postgraduate Diploma in Health Services Management (with commendation) – University of Ulster: 1995/96

(b) Describe your career history;

December 1970 – July 1977: US Navy, Clooney Road, Londonderry:
Post: Special Services Assistant. Entailed administration of the Special Services Department which catered for the leisure and recreations needs of the US Navy personnel and their families stationed on the base. Duties included recruitment of staff and budget management.

July 1977 – October 1979: Western Health and Social Services Board:
Post: Personal Secretary to DANO (District Administrative Nursing Officer).

October 1979 – April 1988: Western Health and Social Services Board:
Post: General Administrative Assistant responsible for supervising, co-ordinating and monitoring a range of admin and support services throughout the West Bank of the Derry City Council area.

May 1988 – March 1991: Resource Centre (Derry) Ltd., Carnhill, Derry
Post: Project Manager responsible for the management of a large ACE (Action for Community Employment) sponsored community/voluntary project.

March 1991 – November 1997: AHHSST
Post: Patient Services Manager responsible for management of outpatient and health records services.

December 1997 – September 2009: AHHSST and Western HSCT
Post: Communications Manager responsible for management of the internal and external communications functions of the Trust. The post also carried responsibilities for Trust lead on Freedom of Information, Data Protection and consent to examination,

care and treatment and strategic management of the clinical coding service and of health record storage.

- (c) Please describe your work commitments at the AHHSST from the date of your appointment as Communications Manager;

I worked full-time in this role. Additional hours to keep up with the demands of the post were common. It is important to be aware – see attached job descriptions (Doc1 and Doc2) - that the role of Communications Manager in Altnagelvin Trust contained other significant responsibilities that were not related to external communications and that would have been held by other officers in other Trusts (e.g. Data Guardian; lead on FOI; etc.).

- (d) What was the role of the Communications Manager and what were its functions, accountabilities and responsibilities, and was this reduced to writing by 2001? If so please provide a copy of the same;

I attach two job descriptions, one dated January 1998 (Doc 1) when the post was initially developed, and one dated January 2007(Doc 2). My view would be that in 2001 the role had evolved closer to the January 2007 description.

- (e) Who was your line manager in 2001-2004, and were you subject to supervision during this period, and if so from whom;

My line manager was Mr Tom Melaugh, Director of Clinical Support Services. However, in respect of the communications aspect of my role, I regularly reported directly to the Chief Executive, Mrs Stella Burnside, especially when there were high profile media issues.

- (f) Were you subject to a Code of Conduct or Ethical Standards by any professional body or organisation in 2001-2004 and if so, please include details;

I was an elected member of the Institute of Health Care Management from 1987 (currently a retired member) and a member of the Association of Healthcare Communicators from 2002. I would consider that I upheld the standards expected of a professional manager and member of the Institute of Health Care Management.

- (g) Did you consider yourself to be subject to *"public service values in management"*;

Yes. I believe this very strongly.

- (h) In respect of the gathering of witness statements please state whether you gained any advice or information from any textbook or any other published source?

I understand this question to mean the gathering of statements from third parties in the

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course of my Communications role for AHSST. I am also interpreting this to mean statements that would allow me to develop press releases. I can recall reading about how to write press releases – their structure and key points to remember etc. - when I was learning about the role but I do not recall the names of any particular publications. I believe some of these would have been produced by the Association of Healthcare Communicators. My habit, in developing press releases was to talk to key people about the issue(s), perhaps jot down some notes as an aide memoire, and then develop the press release from those and from my own knowledge of the situation.

(2) What training and/or guidance did you receive in respect of your work? If the AHSST did have any such protocols, guidance or procedures in place, please identify the same, provide a copy and state in respect of each:

I am interpreting this question to mean my communications role. As indicated in my response to question 1(c) above, the role of Communications Manager in AHSST encompassed more than would normally be expected of this role. However, my understanding is that the other aspects of the role are not of relevance at this time so I have not expanded on them.

When I first took up the role of Communications Manager, the Trust had engaged Maria McCann of McCann Media, Belfast, as a communications consultant and I spent some time with Maria both when she visited the Trust and for odd days in her office. I also read what I could on the subject although I cannot recall exactly what I read, and joined the Association of Healthcare Communicators when I became aware of its existence, and read its publications. In the main, however, I believe I learned 'on the job' and aside from the job descriptions attached (Doc 1 and Doc 2), I do not recall any AHSST protocols, guidance or procedures in respect of my role.

My guiding principles were always to act with integrity, to protect patient confidentiality, and to be open and honest in my dealings with the public and the media. I wanted to enhance the reputation of Altnagelvin Trust because I firmly believed that it was a good, well managed organisation. We acknowledged our mistakes and strove to learn from them. I always had the clear understanding that these principles were supported by the Chief Executive.

(a) Whether it was modelled on or informed by any published guidance, and if so please identify this guidance;

As indicated above, I read what I could find to inform me about my role, including publications from the Association of Healthcare Communicators. I cannot recall details of the specific publications.

(b) How the protocol, policy or procedure was brought to your attention;

My recollection is that any guidance I obtained was sourced through my own initiative and desire to learn about my role. Communication colleagues in other Trusts may also have

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recommended sources of information.

- (c) What training or assistance was given in respect of same;
- (d) How the AHHSST satisfied itself that the protocol, policy or procedure was being implemented and complied with;
- (e) How implementation and compliance was enforced;
- (f) How such protocol, policy or procedure was applied in the case of Raychel Ferguson?

I believe that my responses in (2) and (2a) and 2(b) above answer these questions as fully as I can.

- (3) Please describe what you consider to have been the rules and objectives governing the drafting and release of Press Statements and media information?

The drafting and release of Press Statements and media information was governed by the guiding principles outlined in (2) above – be open and honest at all times but always mindful of our duty to protect patient confidentiality, even if to do so meant we were unable to tell the full story about an incident which would have shown the Trust in a better light. Press statements or other media information, especially in respect of high profile issues, had to be cleared by the Chief Executive or, in her absence, her deputy.

- (4) Did you consider “*damage limitation*” to have formed any part of your job?

Yes, providing the information I was issuing in order to limit damage was accurate and truthful. For example, if there was a media enquiry about an incident in A&E, I would try to put any response in the context of the thousands of patients who went through the department and the number of compliments and letters of thanks we got, versus the complaints, making sure that I did not devalue the seriousness of the situation for the individual patient involved in the incident in question.

- (5) Did you keep a file or record of your work in relation to the case of Raychel Ferguson and did you retain documentation relating thereto? If so please provide copies.

Yes. I recall that I held a file with documentation relating to media enquiries in respect of the case of Raychel Ferguson. To my knowledge, this was passed to the Inquiry by the Western Trust and it appears to be File 23 on the IHRDNI website.

- (6) With respect to the Critical Incident Review Meeting held on 12th June 2001 please confirm whether or not you received a report in writing into the case of Raychel Ferguson? If so please provide the same.

I have no recollection of having received a report of this nature.

- (7) Did you serve upon the Hospital Executive? If so please:

- (a) Provide details as to your role and responsibilities;
- (b) State whether the case of Raychel Ferguson was referred to within the Hospital Executive

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(and if so please give details)?

No. I did not serve on the Hospital Executive (HE). From time to time, I would have been asked to present on some aspect of my role (usually to do with the FOI Act or Data Protection responsibilities). The case of Raychel Ferguson was never, to the best of my recollection, referred to in my presence at a HE meeting.

(8) Was Raychel's case referred to at any other hospital committee meeting? If so, please detail and provide any record thereof.

I have no recollection of Raychel Ferguson's case being referred to at any other standing or *formal* hospital committee meeting that I attended. However, I attended ad hoc meetings in the Chief Executive's office to discuss developments on the case within the media and to agree the nature and content of responses to media enquiries. I have no record of the dates of these meetings and there was, to my knowledge, no record taken of the discussions held.

(9) *"Staff are reminded that a 'staff hotline' is now available in Mrs. Dunne's office in Trust Head Quarter... The hotline provides an opportunity for staff to communicate to senior management the types of issues about which they are concerned or need more information"* (Ref: 321-004fk-002). In respect of this 'hot line' please state:

(a) Was it in operation in 2001-2004;

Yes. The Staff Hotline was introduced in 1998 and existed until approximately 2007.

(b) Was any communication made touching upon the case of Raychel Ferguson or hyponatraemia?

I have no recollection of any communication via the Staff Hotline touching upon the case of Raychel Ferguson or hyponatraemia. Records were kept of every call made to the Hotline so if these still exist in the Trust, it should be possible to go through them to check for any such calls.

(10) In relation to *"Information for Trust Board on Inquest... the Inquest is set for hearing on 5th, 6th and 7th February 2002... The Hospital has prepared a Press Statement for release following the Inquest"* (Ref: 022-003-008) please advise:

(a) Whether you prepared the Press Statement for release following the Inquest;

At the time, unless I was on leave, it would have been my responsibility to draft press releases. Without sight of the press statement referred to in document 022-003-008, I cannot be sure that it was prepared by me.

(b) Whether it is the Press Statement dated 10th February 2003 (Ref: 014-010-020)?

I do not know if the press statement referred to in document 022-003-008 is the same as the one referenced 014-010-020 and dated 10th February 2003. I can say, however,

that I prepared this statement.

- (11) In relation to the Response to Enquiry from the Sunday World newspaper... *"as an Inquest date has been set in the near future, it would be inappropriate for the Trust to comment at this time"* (Ref: 023-002-002) please advise as to why comment was deemed inappropriate?

The Trust was always of the view that if there was a legal or police inquiry or investigation ongoing or pending on any matter on which it was contacted by the media, it would not be appropriate to comment in the public domain so as to avoid or minimise the risk of prejudicing in any way those inquiries or investigations. We were always very conscious of our duty to protect patient confidentiality and were particularly aware of the sensitivities of this particular case involving as it did, the tragic loss of a child.

- (12) In respect of the notes of a meeting with the WHSSC, and the assertion that *"there are 8 media sources all competing for stories about Altnagelvin"* (Ref: 014-016-029) please particularise these sources and specify those stories for which they were competing.

I was not at the meeting in question and cannot recall the particulars of the media sources or the stories for which they were competing. I can recall that there was a lot of media interest in this 'story'.

- (13) In relation to the *"potential media questions (and some suggested answers) arising from the Raychel Ferguson Inquest and our statement"* (Ref: 023-018-029) please:

(a) Identify *"our statement"* and supply the same;

I am unable to recall which statement is being referred to in this document.

(b) Identify the author of this document;

I am the author of the document

(c) Identify the source of information contained therein;

Information came mainly from my own knowledge base and from my understanding and assessment of the types of questions that might be asked.

(d) State whether it was checked or approved by any one and if so who;

The document was prepared as an aid for the Chief Executive and other senior staff who may have had to answer media questions. It would have been shared with them.

(e) State to whom it was issued;

I do not recall exactly with whom it was shared but I believe, based on my recollection of my usual practice at the time, that I would have sent it to the Chief Executive and the Medical Director and possibly other members of the Hospital Executive.

(f) State to what use it was put?

I do not know if the document was used at all by anyone. The potential questions may never have been asked but if so, those who were asked may not have agreed with my suggested answers and may have answered completely differently.

(14) In relation to the Press Statement of 10th February 2003 (Ref: 014-010-020) please:

(a) Identify the author of this Statement;

I prepared this statement.

(b) Identify the source of information contained therein;

I would have prepared this from my own knowledge and understanding of the situation at the time.

(c) State when this Statement was drafted;

I have no recollection of when the statement was drafted.

(d) State whether it was checked or approved by any one and if so when and by whom;

All press statements relating to this matter, and indeed as a general rule, press statements being issued by the Trust on most topics, had to be cleared by the Chief Executive or, in her absence, her Deputy. In the case of Raychel Ferguson, the Chief Executive also asked me to clear many of Altnagelvin's press releases with the Department of Health's press office. I cannot be sure when this statement was cleared but my feeling is that if it had been prepared in advance, it would have been checked again on the day of release by the Chief Executive to ensure it remained an accurate reflection of the Trust's position.

(e) State to whom it was issued;

I cannot say for sure to whom it was issued. My habit was to send high profile media statements to the Hospital Executive, once cleared by the Chief Executive, so that the members were kept informed of our responses. After that, there are two possible scenarios that I can recall. One is that the statement was released proactively to all the local papers and broadcast media and the other is that it was released only when we received a media enquiry on the matter.

(f) State the use to which it was put;

It was used either to answer any media enquiries we received or to proactively advise the public of our position on this matter.

(g) Identify the individual upon whose instructions it was drafted;

I cannot recall if I was asked to draft a statement or if I took the initiative, in the

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knowledge of possible media enquiries, to draft it and have it ready.

(h) State whether you made any enquiries as to the accuracy of the content before releasing it;

As previously indicated, the statement would have been cleared by the Chief Executive before release. I was not authorised to release media statements of this nature without approval by the Chief Executive or her Deputy.

(i) State whether any consideration was given to amending the Statement in light of the Inquest;

I do not recall if this was an original draft that was not amended, or an amended copy. I have no recollection of whether or not consideration was given to amending the statement in light of the Inquest.

(j) State whether you were aware of the evidence heard by the Inquest or the finding of the Coroner before providing this Statement;

To my knowledge, I was not privy to the detail of the Inquest or the finding of the Coroner.

(k) State whether you knew, at the time of providing this Statement, the uses it which it might be put?

My understanding is that, like any press statement, it would have been used to inform the public of the Trust's position on this matter. I am, and was, aware that once in the public domain, a press statement can be used by any member of the public for any legal purpose.

(15) In respect of the Press Release and the Response to Press Enquiry (Ref: 024-013-018 & 024-015-023) and the assertion "*the matter is now the subject of litigation and the Trust are not therefore in a position to make any comment in the public arena*" please state:

(a) Whether you were the author of this communication;

I cannot say for certain that I was, or was not, the author of this communication. However, I would be very sure, based on the style, format and language used, that I was *not* the author. I believe, though again I cannot be sure, that I may have been out of the office on that date

(b) Who instructed that this communication be drafted;

Given that it is my firm belief that I did not draft this statement, I am unable to answer this question.

(c) Why was the Trust not in a position to make any comment;

In the light of my response in 15(b) above, I cannot answer this question though I would draw attention to my response to Question 11 which is likely to have been the position

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taken.

(d) In the light of the foregoing, what was the justification for the release of the *"Statement for Insight Programme 15th June 2004"* (Ref: 013-007-010)?

Both statements were issued 8 months apart. Document 023-007-010 (please note that this document is referred to as 013-007-010 in Question 15 but I am assuming this is a typographical error) was issued in response to questions asked of us by the Insight programme. With the passage of time, I cannot be sure of the rationale for the release of this document but I would suggest that consideration of factors such as the programme was going to be made regardless of whether or not we responded and not to do so might have suggested to the public that we had something to hide, would have been considered as at least part of the decision to release this statement.

(16) In respect of the *"Briefing Notes- Insight Programme"* (Ref: 023-009-013) and the record at paragraph 9 that *"it was agreed that none of us- Trusts or the Department- would be fielding anyone for interview..."* please state the purpose of entering into this agreement and not giving interviews?

With the passage of time, I cannot be sure of the precise rationale for entering into the agreement not to field anyone for interview but I would suggest, in the case of Altnagelvin, that it was felt that we had made our position clear in writing and there was a risk of unsympathetic editing of pre-recorded interviews. It is possible that had the programme been going out live, we may have agreed to an interview.

(17) In relation to the *"Additional Questions from Trevor Birney received 16th June 2004"* (Ref: 023-013-018) please advise:

(a) As to the source of the information contained in this document;

The source of the information contained in this document would have been from discussions with Dr Nesbitt, copies of documents that I may have had access to, discussions with the Chief Executive and my own knowledge base of the situation as I understood it.

(b) Whether Mrs. Burnside reviewed this document and approved it prior to release?

With the passage of time, I cannot be 100% sure who approved this document. However, I was not authorised to release statements or responses of this nature without the approval of the Chief Executive or, in her absence, her deputy.

(18) In respect of the *"Response from Dr. G. Nesbitt, Medical Director, Altnagelvin HSS Trust to email from Trevor Birney dated 14th September 2004"* (Ref: 023-046-108) please state:

(a) Whether this was drafted by Dr. Nesbitt;

I cannot recall if this was drafted by Dr Nesbitt or if the information was given to me or

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someone else and drafted up for Dr Nesbitt's approval.

(b) Who made the changes and annotations in the version referenced 023-010-015;

I believe this to be the Chief Executive's handwriting.

(c) Whether you were authorised to amend this;

If, as I believe to be the case, the amendment was made by the Chief Executive and if the statement was then given to me, it would have been my responsibility to make the amendment.

(d) Whether Dr. Nesbitt consented to these amendments?

I cannot be sure if Dr Nesbitt specifically consented to this amendment. It is possible that he was with the Chief Executive when the amendment was made.

(19) In relation to the Media Statement (Ref: 023-066-161) of September 2004 please state why it was felt to be *"inappropriate for us to make further comment on this sad death..."* please state:

(a) Why it was felt inappropriate to make further comment;

I cannot recall the precise rationale at the time for the Trust's view that it was felt to be inappropriate to make further comment. I would suggest that factors in respect of the sensitivities involved, the fact that a programme was being made which could result in unsympathetic editing, our duty to protect patient confidentiality, and the Trust's views as outlined in the answer to Question 11 above, would have fed into this decision.

(b) Whether any consideration was given to revising or amending the main body of the text of this statement in light of further review or assessment of the case of Raychel Ferguson?

The statement was drafted proactively so as to be available should the Chief Executive or Medical Director be 'door-stepped' by the media. This did not happen and to the best of my knowledge, this version of the statement was not issued.

(20) With respect to the *"Notes to Editors"* attached to the Media Statement (Ref: 023-092-220) please indicate who drafted these notes and the sources of the information?

I believe I drafted the 'Notes to editors' in this document. The information would have come initially from my own knowledge base and from details I had become aware of over the time I was involved with this matter.

(21) Please describe the extent to which you believe the Ferguson family was fully informed of the causative factors of Raychel's death.

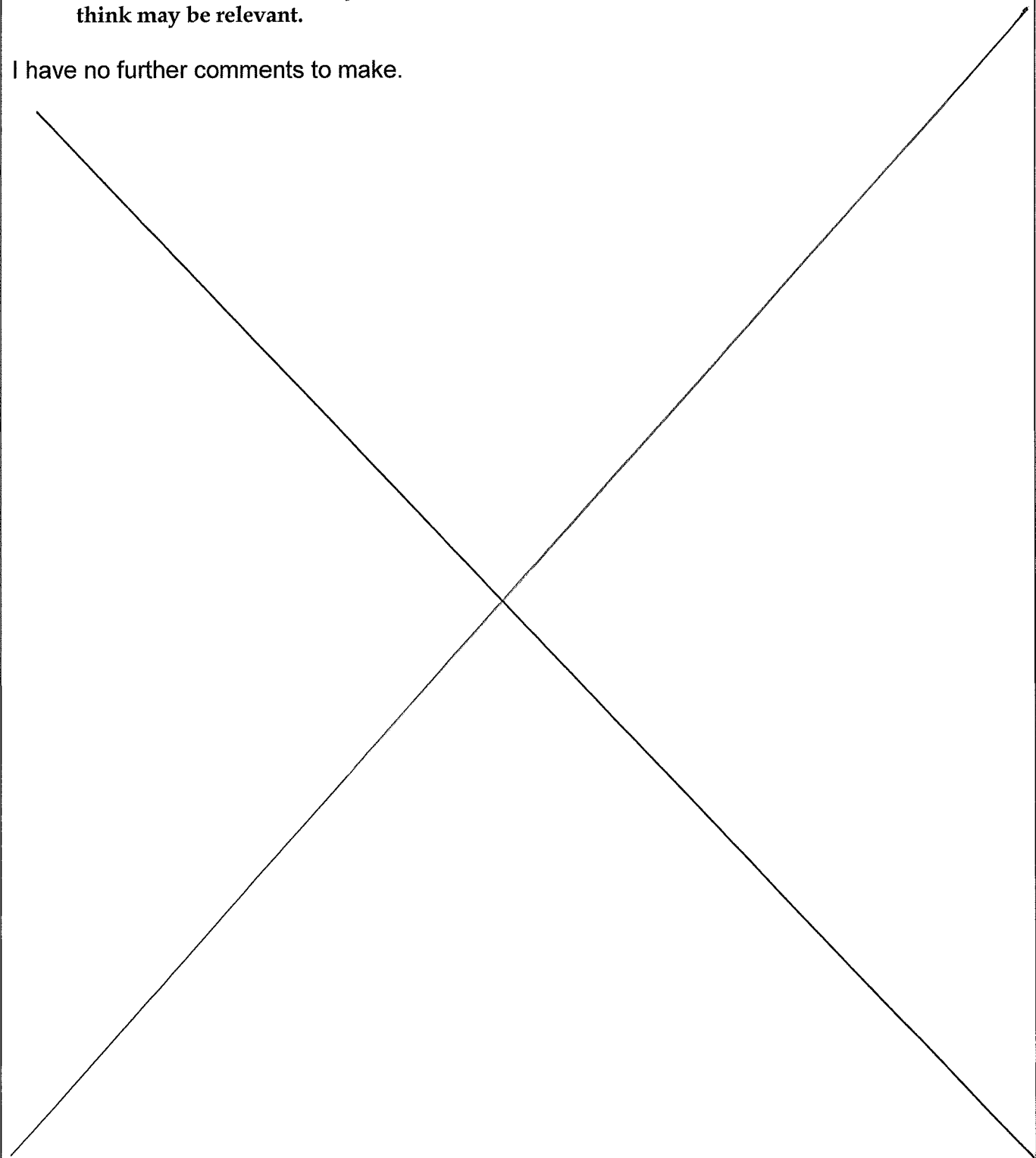
I did not attend any meetings with the Ferguson family at any time so cannot comment on what they were told and how well it was explained. I formed the opinion from conversations and discussions about the case with senior officers in the preparation of

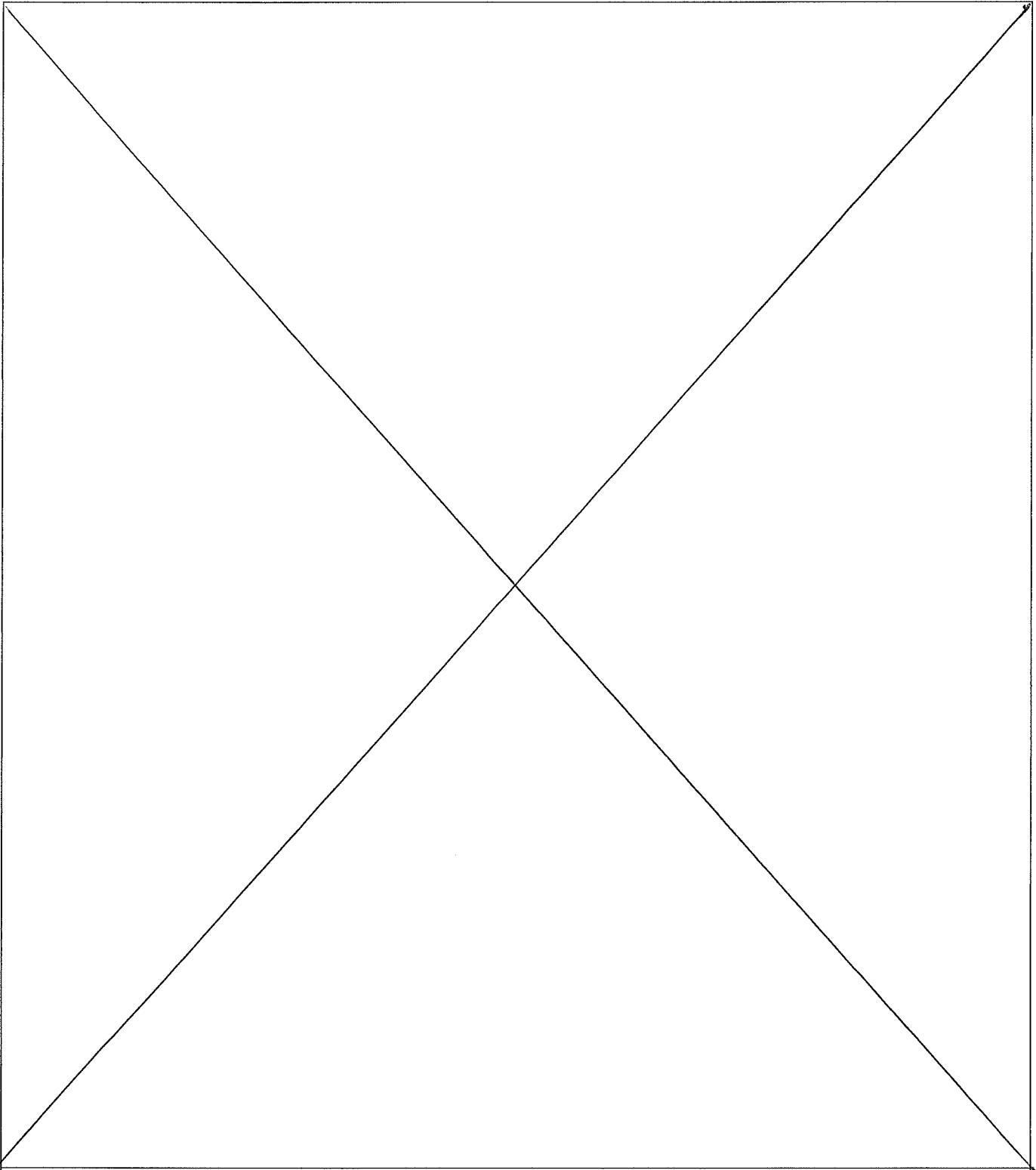
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media responses, that the Trust genuinely believed that it had done everything possible to inform the family and also that it had acted promptly and decisively to try to ensure a similar death did not occur in any hospital in Northern Ireland and further afield. This remains my opinion.

(22) Please provide such additional comment as you think appropriate. It would be of very considerable assistance if you could attach such documentation as you may hold which you think may be relevant.

I have no further comments to make.





THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:

W. A. Dume

Dated:

29/7/13

ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST

JOB DESCRIPTION

JOB TITLE: Communications Manager
REPORTS TO: Director of Clinical Support Services
ACCOUNTABLE TO: The Chief Executive

JOB SUMMARY:-

The postholder will be responsible for the development of corporate policy in the areas of patient administration and communication and for the continuous review and monitoring of such policy. He/she will act as an advisor to Clinical Directors, Clinical Services Managers, Consultants, Managers, staff and patients on these policies and will assist with the development of standards which ensure the implementation of these corporate policies.

He/she will also play a lead role in relation to the Trust's communications strategy (particularly the pro-active handling of the media) and also in seeking external accreditation for the Trust.

In addition, for the life of the projects, he/she will have responsibility as Commissioning Representative for the new Outpatient and Health Records departments.

KEY RESPONSIBILITIES AND TASKS:-

The postholder will have the following key responsibilities/tasks:-

PATIENT ADMINISTRATION

1. Developing, reviewing and monitoring corporate policy on patient administration particularly in the following areas:-
 - a) The Protection of Patient and Client Information.
 - b) The Management of Outpatient, In-patient and Day Case Waiting Lists.
 - c) Access to Health Records
 - d) Clinical Coding
 - e) Casenote Structure, Standards and the Retention, Storage and Disposal of Casenotes and X-rays
 - f) Communication systems in respect of patients

2. Providing advice to Clinical Directors, Clinical Services Managers, Consultants, Managers, staff and patients on the implications of these policies and assisting Directorates with the development of standards to secure the implementation of corporate policy.

3. Monitoring the compliance of the Directorates to the policies and standards and preparing annual reports on compliance for presentation to the Hospital Executive
4. Co-ordinating an annual review of casenote and x-ray storage space and ensuring the storage / disposal / microfilming of casenotes and x-rays in line with Trust policy. In addition, the post holder will co-ordinate regular audits of the Trust's casenote standards and of the Trust's casenote tracking system.

COMMUNICATIONS

5. Chairing the Trust's Communications Strategy Group and reporting directly to the Chief Executive on its objectives of protecting and positively projecting the Trust's image. This will include developing a PR and Communications Strategy designed to secure support, commitment and loyalty from staff, purchasers, targeted interest groups and the general public.
6. Developing and monitoring Trust policy on pro-actively handling the media to include planning Directorate input into regular "good news" stories, writing/reviewing press releases, and organising media training for Trust spokespersons.
7. Developing Trust communications standards and regularly reviewing all patient correspondence (PAS letters, information leaflets, etc.) against those standards.
8. Developing, in conjunction with the relevant staff, standards and protocols in respect of clinical communication
9. Co-ordinating, at least once every two years, a Trust wide patient satisfaction survey and reporting on the results to the Trust Board.
10. Encouraging a culture of openness within the Trust in keeping with the spirit of the 'Code of Practice on Openness in the HPSS' and acting as the focal point of contact for external organisations/ members of the public seeking information under the terms of the Code.

ACCREDITATION

11. Undertaking a project manager role in respect of the process of an organisational audit of all standards within the Trust and also the process of seeking external accreditation for the Trust.

STRATEGIC DEVELOPMENT PROJECT

12. Undertaking the role of Commissioning Representative for the new Outpatients department in liaison with the Clinical Services Manager, Medical and Ambulatory Care Directorate.

13. As the Commissioning Representative for the new Health Records Department undertaking a lead role in the development of a business case examining the options for the future storage of casenotes and X-rays

GENERAL MANAGEMENT RESPONSIBILITIES

14. Management of the staff and budgets associated with the following departments;
 - a) Clinical coding
 - b) PAMs secretarial
 - c) Personal secretary
15. Operating an appraisal system for these departments which identifies the training needs of these staff in the context of the Trust's business needs.
16. Establishing the training priorities within these departments and determine how the training needs are to be met.
17. Evaluating the effectiveness of the training in meeting organisational goals.
18. Participating in relevant management groups within the Trust in keeping with the role of the post.

This job description will be subject to review in the light of changing circumstances and may include any other duties and responsibilities as may be determined in consultation with the job holder. It is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works.

Whilst the job description sets out the framework for the individual's responsibilities, annual performance targets will be agreed and set between the postholder and his/her Director, reflecting operational and strategic objectives.

January 1998

ALTNAGELVIN HOSPITALS HEALTH AND SOCIAL SERVICES TRUST

JOB DESCRIPTION

Job title: Communications Manager
Grade: Senior Manager II
Reports to: Director of Clinical Support Services
Responsible to: Chief Executive

Job summary: The postholder will be responsible for strategic management of the communications function of the Trust including internal and external communications, events management, and relationships with the media. He/she will be responsible for the development and ongoing review of communications strategies and associated policies to support the business objectives of the Trust.

The postholder will also be the Trust's nominated Data Guardian with responsibilities for policy development and the provision of advice and guidance in the area of data protection, including consent and confidentiality. In addition, he/she will be the Trust's lead person for Freedom of Information with responsibility for ongoing advice and guidance on its legal obligations under the Freedom of Information Act 2000.

The postholder will have responsibility for strategic management of the clinical coding function in the Trust, for the storage of primary and secondary health records including the development and monitoring of retention and storage policies, and for policy associated with casenote structure.

He/She will provide advice and guidance on these areas to Trust Board, Hospital Executive, the Hospital Management Team and other consultant and management staff and will assist with the development of standards to ensure implementation of relevant policies.

Primary responsibilities:

Communications:

1. To manage the Trust's response to media enquiries, and to promote 'good news' stories, acting at all times to safeguard patient and staff confidentiality, to protect and enhance the reputation and profile of the Trust, and to build effective working relationships with journalists and broadcasters. These responsibilities include the provision of an out-of-hours media response during times of crisis and input into planning the media response to major emergencies.

2. To develop and lead on the implementation of communications strategies and policies designed to achieve the business objectives of the Trust.
3. To lead on the planning and co-ordination of all Trust-wide events, including VIP visits and official openings.
4. To chair the Trust's multi-disciplinary Communications Steering Group, reporting directly to the Chief Executive on its performance and agreeing its objectives annually.
5. To attend Trust Board and other meetings within the Trust to advise and report on communication issues, both internal and external.
6. To attend area and regional communication meetings to represent the interests of the Trust and to ensure consistency in approach, where appropriate, and the dissemination of best practice.
7. To source high quality media training for Trust spokespersons.
8. To manage the Trust's responses to Parliamentary/Assembly questions ensuring that clear information is provided, that deadlines are met, and that any potential media implications are identified.
9. To develop and monitor internal and external communication standards and mechanisms, including editing PAS produced letters and other patient information media, making arrangements for the auditing of telephone answering standards, co-ordinating staff participation in customer relations training, and managing the Staff Hotline.
10. To write the Trust's monthly staff newsletter, and to provide regular input into the staff magazine, core brief and other Trust publications.
11. To increase awareness among staff of the communication needs of people from the Deaf community and people with visual impairments, and to develop and communicate policies that secure the needs of these groups.
12. To develop, co-ordinate and monitor Trust policy on, and staff awareness of, the provision of foreign language interpreters.

Data Protection and Freedom of Information

1. To act as the Trust's Data Guardian, with specific responsibility for policy development and raising awareness of data protection legislation, providing advice and guidance on the holding and transferring of patient information, the use of patient data in research projects, consent and confidentiality, access to patient information and any other data protection matters.

2. To be the lead person for Freedom of Information (FOI) in the Trust, with specific responsibility for raising awareness of the FOI Act, advising and guiding directors, managers and staff on its implications, and co-ordinating requests from other organisations, journalists, and the public for access to information under the Act.

Clinical Coding and Patient Record Storage

1. To strategically manage the Trust's Clinical Coding Department ensuring that standards in respect of accuracy, comprehensiveness and timeliness are maintained and improved upon.
2. To project-manage the development of the Trust's planned new Health Records Library including developing the operational plan and agreeing same with all relevant directorates.
3. To develop storage and disposal schedules for patient records in accordance with legal and DHSSPS guidance, including 'Good Management, Good Records' and to develop procedures for an annual review of casenote storage space, ensuring compliance with disposal schedules.
4. To develop and monitor policy in respect of the structure of patients' casenotes to maximise their contribution to good patient care and minimise opportunities for litigation.

General management and corporate responsibilities:

1. To manage the staff and budgets associated with the Trust's communications, clinical coding, data protection and FOI functions.
2. To review the performance of immediately subordinate staff at least annually, providing guidance on personal development requirements and advising on further training in accordance with KSF requirements.
3. To participate in the selection and appointment of staff as required in accordance with agreed procedures and protocols.
4. To take action to deal with breaches of discipline and areas of grievance in accordance with agreed procedures and protocols.
5. To comply at all times with the Trust's Standing Financial Instructions
6. To participate in relevant management groups as required in keeping with the role of the post and to ensure ongoing personal and professional development.
7. To take all reasonable steps to secure the health and safety of staff and others within the postholder's areas of responsibility.

8. To work at all times within the requirements of the Trust's Equality Scheme and the demands of the Human Rights Act 1998.

Records management: All employees of Altnagelvin Hospitals HSS Trust are legally responsible for all records gathered, created, or used as part of their business within the Trust, including patient and corporate records, whether paper-based or electronic, and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000. Employees are required to be conversant with the Trust's policy and procedures on records management and to seek advice if in doubt.

Extent of this job description: This job description will be subject to review in the light of changing circumstances and may include any other duties and responsibilities as may be determined in consultation with the postholder. It is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works.

Annual performance targets will be agreed and set for the postholder to reflect strategic and operational objectives.

Altnagelvin Hospitals HSS Trust has a no-smoking policy and a 'No Alcohol in the Workplace' policy.

17th January 2007