

## Response to CMO – Key Points

In response to concerns raised relating to Dr. O'Donohoe's professional and personal contact during the period 2000 – 2002 the following actions were taken by the Trust.

- Other key senior professionals (medical and nursing) within the paediatric service were interviewed to ensure children were not been put at risk. In particular the lead paediatrician during this period (Dr. Halahakoon) and the senior sister confirmed that they did not feel Dr. O'Donohoe's practice was unsafe.
- A number of consultant locums supported the two permanent paediatricians during this period. None of these locums expressed concerns relating to the professional competency of Dr. O'Donohoe
- The LC case was reviewed by Dr. Murray Quinn who alongside his report provided the opinion that there was no requirement for precautionary suspension
- Cases giving rise to initial concern, including the LC case, were formally reviewed through the Royal College of Paediatricians at the request of the Trust (Dec 2000) and a report provided to the Trust by the RCP nominee Dr. Moira Stewart RVH in May 2001. The Medical Director met with Dr. Stewart (Jun 2001) to check aspects of the report and to clarify if any deficiencies warranted precautionary suspension or referral to the GMC. The advice was that this action was not required.
- A formal health check through Occupational Health was undertaken to ensure there were no medical issues of concern.
- The Trust sought advice from CSA legal advisors (Nov 2001) on correct steps relating to ongoing risk management of the concerns.
- The WHSSB was advised of the LC case in May 2000 and the report from Dr. Quinn. They were additionally advised in 2001 of the RCP involvement and the subsequent report provided. Detailed discussions took place between the Medical Director and the Dir. Of Public Health Dr. Mc Connell on next steps in managing ongoing concerns.
- The Royal College of Paediatricians was asked in Feb 2002 to provide a more in depth assessment of Dr. O'Donohoe's competence and practice because of further concerns raised by a Staff Grade in paediatrics. The college detailed Dr. Stewart (RVH) and Dr. Boon (Royal Berkshire Hospitals) to investigate and provide advice to the Trust. The two paediatricians visited the Trust on the 24<sup>th</sup> & 25<sup>th</sup> of June 2002 interviewing a wide variety of staff including a local General Practitioner, reviewing clinical notes and previous incident reports and viewing the clinical environment. After their visit they met with the Chief Executive and the Medical Director to advise a number of proposed actions but advised that GMC referral or suspension was not required.
- The Trust worked with the WHSSB 2002/2003 to increase investment in the paediatric team and successfully recruited three permanent paediatricians during 2003, redefined roles and responsibilities of the paediatricians and increased secretarial support.
- Dr. O'Donohoe during the period 2003 – 2004 was acting as lead paediatrician for the Trust and demonstrated significant commitment to the

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change agenda including introduction of new policies and procedures. He was very active in enhancing junior doctor training and led the Trust through a successful RCP training inspection Dec 2003. He has actively participated in appraisal.

- There were no issues of concern relating to professional competence or personal conduct raised during this period (check with Trevor Anderson) and all his colleagues are keen to see him return to work as soon as possible. (Dr. O' Donohoe is currently on sick leave)