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STATEMENT

I, Dr James Kelly, say as follows:

(a) Qualifications/Experience

1. I qualified from Queen's University, Belfast in 1981 with the qualifications MB BCH BAO. I gained membership of the Royal College of Physicians in 1984. I was awarded a Medical Doctorate, by thesis, from Queen's University, Belfast in 1988 and was made a Fellow of the Royal College of Physicians (Edinburgh and London) in 1997.

2. Post qualification I worked as a House Officer at the Mater Infirmorium Hospital for one year between August 1981 and August 1982. I was employed as a Senior House Officer at the Royal Victoria Hospital between August 1982 and August 1985. I worked as a Registrar in Geriatric Medicine at Belfast City Hospital between August 1985 and August 1986. I then took up a one year Research Fellowship at Belfast City Hospital. I was employed as a Senior Registrar in Geriatric Medicine at Belfast City Hospital between August 1987 and August 1988. I worked as a Senior Registrar in Respiratory Medicine at Belfast City Hospital from August 1988 until 30th November 1988.

3. I took up my current post as a Consultant Geriatrician at Erne Hospital, Enniskillen on 1st December 1988.

4. Between January 1996 and September 1999 I was the Clinical Co-ordinator for the Medical Directorate.

5. I was Medical Director of Sperrin Lakeland Health and Social Care Trust from 1st December 1999 until 1st December 2003.

(b) Role and responsibilities

6. Aside from my responsibilities as a Consultant Geriatrician within the Trust, my post as Medical Director included the responsibilities detailed within the Medical Director's Job Description attached to this statement.

(c) Dr O'Donohoe's report (13th April 2000)

7. Dr O'Donohoe contacted me by telephone on either Thursday 13th April, before I attended a Managed Clinical Network meeting on Accident & Emergency services at the Ulster American Folk Park, or on the morning of Friday 14th April. Dr. O'Donohoe explained he wanted to appraise me of the events surrounding a child who had been admitted to the paediatric ward of Erne Hospital on 12th April. Dr.

O'Donohoe outlined that he was raising this under clinical incident reporting.

8. Dr O'Donohoe informed me that the child had been admitted with diarrhoea and vomiting and had subsequently suffered an unexplained collapse requiring resuscitation and intubation. He explained that he had transferred the child to the paediatric intensive care unit at the Royal Belfast Hospital for Sick Children (RBHSC). Dr. O'Donohoe advised that the child was on a ventilator at the RBHSC but that her prognosis appeared very poor. He explained that brain stem tests were planned. Dr. O'Donohoe said that he was not sure what had happened, stating that there possibly had been a missed diagnosis, the wrong drug had been prescribed or that the child had had an adverse drug reaction. Dr. O'Donohoe explained that there had been some confusion over the fluids.

9. In response to Dr. O'Donohoe reporting this incident, I informed him that there would need to be a full review of the case and that this would be established in the coming days. I asked him to ensure a copy of the relevant clinical notes was obtained as I thought it likely, based on previous experience, that LC's records would be sent to the Coroner.

10. I contacted Mr. Mills, the Trust's Chief Executive, at the first opportunity on the morning of Friday 14th April and advised him of the case and my concerns regarding the possibility of a missed diagnosis, adverse drug reaction, confusion over fluids or incorrect drug administration. I suggested that we needed a comprehensive review and during our discussion Mr. Mills and I agreed that there were possible serious nursing and medical issues in this case and that a senior experienced officer such as Mr. Eugene Fee, Acute Services Director at the Trust, should lead such a review assisted by Dr. Trevor Anderson, Consultant Obstetrician and Clinical Director for the Women and Child Health Directorate within the Trust. I additionally asked Mr. Mills to make sure our commissioners, in particular Dr. Bill Mc Connell, Director of Public Health at the Western Health and Social Services Board (WHSSB) were aware of the case and the Trust's plans for review. I viewed this case more seriously than any other that I had dealt with as the Medical Director, as this was the first occasion I had felt the need for the Trust to make such a report to the WHSSB.

11. Thereafter, I phoned Mr. Eugene Fee and advised him of the phone call from Dr. O'Donohoe and that Mr. Mills and myself were requesting that he lead a review of the case supported by Dr. Trevor Anderson.

12. I was on annual leave for the following two weeks.

(d) LC Review

13. The review was established to investigate the events surrounding the death of LC and, in particular, to establish if there had been failings in the Trust's treatment or care of LC and whether there were areas of practice requiring improvement within the Paediatric Department.

14. I was not involved in any of the interviews with Staff Members and, other than meeting with Dr Murray Quinn, Consultant Paediatrician at Altnagelvin Hospital HSS Trust, on the request of the Chief Executive and Mr Fee at Altnagelvin Hospital on 21st June 2000, I had no direct role in undertaking the review, which was being dealt with by Mr. Fee and Dr. Anderson. Mr. Fee would have provided me, as Medical Director, with occasional updates on progress with the review.

(e) Dr Murray Quinn

15. I understand that whilst I was on annual leave Mr Fee, in the course of undertaking his review, indicated to the Chief Executive that an external paediatric opinion was required. I believe that the Chief Executive suggested and subsequently contacted Dr. Murray Quinn to request that he provide such an opinion.

16. The Chief Executive suggested at our monthly meeting (between Chief Executive and Medical Director) on 4th May 2000 that Mr. Fee, Dr. Anderson and myself should meet with Dr Quinn when his report was prepared and discuss any issues arising or actions required.

17. I spoke with Mr Fee at our regular meeting (between Acute Services Director and Medical Director) on 8th May 2000 when I believe that he provided me with an update as to Dr Quinn's progress in preparing his report. I do not recall specific details as to our discussion, however, I believe that Mr Fee advised me that he had received initial comments from Dr Quinn by telephone.

18. I had no contact with Dr. Quinn prior to the meeting of 21st June. The meeting was arranged by Mr. Fee and who had specifically requested my presence, as Dr. Anderson was on annual leave and unable to attend. I attended the meeting to satisfy myself, in light of the death of LC and given Dr Ashgar's letter of 6th June, that there were no issues of medical incompetence that warranted the precautionary suspension of Dr O'Donohoe or other immediate measures.

19. At the meeting on 21st June, Dr. Quinn had an opportunity to review the more detailed Post Mortem report, which I understand had just arrived at the Trust. He then provided us with a step-by-step analysis

of the case, his opinion on the treatment given and in particular the fluids administered.

20. I specifically asked Dr Quinn about any evidence of incompetence on the part of Dr. O'Donohoe and if I needed to be considering a precautionary suspension. Dr. Quinn advised that he saw no reason for such action.

21. I went to the meeting on 21st June in anticipation of receiving Dr. Quinn's report although it was soon clear at the meeting that he had not yet written his report. Dr Quinn advised that he did not want to be involved in complex complaints or litigation processes. Mr Fee and myself explained to Dr. Quinn that (a) if this case proceeded to litigation, the Trust would seek an alternate medico-legal opinion through the Trust's legal representatives and (b) his report needed to be in writing so that it could be included in Mr Fee's and Dr Anderson's review. Dr Quinn then agreed to forward a written report.

(f) Dr. Ashgar

22. I understand that Dr. Ashgar met with Mr. Mills on Monday 5th June 2000 and presented him with a letter, copied to myself and five others within the Trust, outlining allegations that he was being bullied and harassed by Dr. O'Donohoe, and that, in his opinion, Dr. O'Donohoe

was incompetent. Dr Ashgar cited some cases including the LC case as evidence of this.

23. Mr. Fee and myself met with Dr. Ashgar that afternoon between 4 and 5.30pm in my office to discuss his letter and his concerns. Dr. Ashgar was provided with the opportunity to outline the incidences of harassment and bullying. Dr. Ashgar was advised that this issue would be formally investigated in line with the Trust's policy on "harassment at work".

24. Dr. Ashgar then outlined the issue of Dr O'Donohoe's competency. The cases cited by him were discussed in detail. Dr. Ashgar was advised that the LC case was currently under formal review involving external paediatric advice. From the examples cited it was not immediately obvious that there was an incompetence case to answer, however, Dr. Ashgar was advised that I would look at the cases highlighted and ascertain if there was a case to be addressed. I advised Dr. Ashgar that this process may also require external paediatric assistance.

25. Dr. Ashgar was advised that the allegations would be shared with Dr. O'Donohoe at the earliest opportunity.

26. Potential interim changes to the work schedules within the paediatric department that would minimise direct contact between the two

parties (Dr. O'Donohoe and Dr. Ashgar), while investigations proceeded, were also discussed with Dr. Ashgar.

27. I recall thanking Dr. Ashgar for bringing his concerns to our attention. Dr. Ashgar was also offered formal support via the Occupational Health Department.

28. Mr. Fee and myself met with Dr. O' Donohoe at 9.00 am on 12th June to advise him of the complaints from Dr. Ashgar and seek his response to the allegations.

29. I met with Dr. Halahakoon, Lead Paediatrician at the Trust, on 23rd June 2000 to discuss:

(i) the issues raised by the LC case; and

[redacted]

30. [redacted]

31. I also met with Sister Trainor, Sister in Charge of the Paediatric Ward at Erne Hospital on 23rd June 2000. I discussed the same issues with

Sister Trainor that I had discussed with Dr. Halahakoon. [redacted]

[redacted]

32. Following these discussions there did not appear to be any immediate issue of patient safety or a case for suspension of Dr. O'Donohoe and following consideration of the totality of issues raised, I advised the Chief Executive that external paediatric advice was required and that this would be best done through the Royal College of Paediatrics and Child Health (RCPCH). It was agreed that this should be done by contacting the Royal College of Paediatrics Regional Advisor, Dr. Moira Stewart. Dr. Halahakoon, Lead Paediatrician, supported this decision.

33. I subsequently met with Dr. Malik, Paediatric Senior House Officer, on 7th November 2000, in response to comments made within Dr. Ashgar's letter of 5th June 2000, and discussed with him his involvement in the LC case. I also sought assurances from Dr. Malik that he had not been harassed, intimidated or encouraged to alter the notes. Dr. Malik provided reassurances as regards these issues and indicated that he had a good working relationship with Dr. O'Donohoe.

(g) RCPCH reviews

RCPCH First Review

34. Following a number of telephone conversations with myself, Dr Stewart agreed to explore with the RCPCH if they could be of assistance. This led to me making a formal written request in September 2000 to the Secretary at the College, Ms Pat Hamilton. Follow up telephone conversations to clarify my requests led to correspondence from the College dated 9th November 2000 agreeing to assist, but only on the issue of professional competency. The college nominated Dr. Moira Stewart to provide the college opinion. Dr. Stewart was provided with copies of relevant case notes including those of LC, all the correspondence from Dr. Ashgar, notes of interviews held between April and December 2000 and complaints analysis for all clinicians in the Paediatric Department to assist in her deliberations. [redacted] Dr. Stewart provided her report at the end of April 2001.

35. Upon receipt, I shared Dr. Stewart's report with the Chief Executive, Mr. Fee and Dr. Anderson. I subsequently contacted Dr. Stewart to

arrange a meeting to clarify aspects of her report. This meeting took place on 1st June 2001. Dr. Stewart's report and the notes of the meeting on 1st June 2001 were sent to Dr. McConnell at the WHSSB on 27th June 2001 with a request that he provide his comments.

RCPCH Second Review

36. Dr. Ashgar raised concerns relating to a further three cases during the autumn of 2001 and, in addition, Dr. Halahakoon had also raised one case of concern. I met with Dr. Anderson and Dr. Halahakoon on 28th September 2001 to discuss the issues raised by Dr. Ashgar. A decision was reached that the Directorate would review the cases under their incident reporting process and that external advice may be considered.

37. Following the Directorate's review of these cases (the reports were provided in November 2001) and advice from Dr. McConnell at the WHSSB, I felt the issue of Dr O'Donohoe's performance and safety needed to be again addressed by the RCPCH. In February 2002 I requested that, alongside a review of the case notes, this review should include a detailed site visit with direct interviews of all parties involved. The college nominated Dr. Andrew Boon (Consultant Paediatrician at the Royal Berkshire Hospital) and Dr. Moira Stewart to be the External Clinical Advisory Team to perform this review.

38. During February and March 2002, I worked with the Directorate to produce a new strategic overview of paediatrics within the Trust to provide an additional paediatrician, clarifying roles and responsibilities and enhance the overall service.

39. The College visit on 23rd, 24th and 25th June 2002 included a full day of interviews of medical staff (including Dr. Ashgar), nursing staff and managers.

40. Mr. Mills and myself met with the College team at the end of their visit on 25th June and they advised that no immediate action such as suspension was required. The College's formal report was provided in August 2002. This report was shared with Dr. O'Donohoe at end of September 2002 and Dr. Ashgar in October 2002.

Signed _____

Dr James Kelly
Consultant Geriatrician

Dated 6-4-07

SPERRIN LAKELAND HEALTH AND SOCIAL CARE TRUST

JOB DESCRIPTION

TITLE: MEDICAL DIRECTOR

REPORTS TO: CHIEF EXECUTIVE

ACCOUNTABLE TO: CHIEF EXECUTIVE/TRUST CHAIR

1.0 Job Summary

The Medical Director is an Executive member of the Trust Board and is accountable to the Chief Executive for fulfilling the responsibilities associated with membership of the Board and its Senior Management Team.

He/she will provide a corporate view on clinical governance, resource management and health outcomes.

The principle functions of the Medical Director are to advise the Chief Executive and Trust Board on all matters relating to medical policy and strategy across Hospital and Community services. He/she will also be responsible for effective liaison and the development and maintenance of relationships with, and between, community general practitioners and consultant medical staff.

2.0 Key Professional Responsibilities

2.1 To advise the Chief Executive, the Board of the Trust, Clinical Directors and Programme Directors on all medical policy and strategy matters.

2.2 To have corporate responsibility for clinical governance, under graduate education and post graduate training and continuing education of medical staff.

2.3 To chair forums involving the clinical directors and general practitioners as appropriate, as a means of securing medical policy and advice for the Trust commensurate with its aims and objectives and relevant to National/Regional trends.

2.4 To take responsibility for medico legal matters and work closely with the Director of Corporate Affairs in ensuring that a policy of risk management is in operation.

2.5 To sit on Advisory Appointments Panels for Consultant appointments and, on behalf of the Chief Executive, review consultant job plans in conjunction with the appropriate Programme Director and/or Clinical Directors.

2.6 To be responsible for disciplinary procedures associated with professional matters for medical staff, taking action such as initiating professional review mechanisms. In conjunction with the Chief Executive and Programme Director will decide when more serious matters will be referred to the Board of the Trust and the General Medical Council.

2.7 To promote high standards of professional practice and to undertake complaints procedure investigations as appropriate.

3.0 Clinical Commitment

It is anticipated that the Medical Directors will continue to carry a clinical portfolio within their respective specialism, with the expectation of a maximum 50% of their time dedicated to their Professional Director responsibilities.

4.0 Remuneration

In addition to the successful candidate's current salary, the postholder may attract up to 2 additional notional half days where they are not significantly released from their full clinical commitment plus the team element of performance related pay.

FEBRUARY 1999

428A

I HAVE READ AND ACCEPT THE ABOVE JOB DESCRIPTION

SIGNED .....

DATE .....

428

P5/6

RH39

1. Feedback [redacted]

Accepted didn't fulfill

2. [redacted]

3. Case of conspiracy is building

Mr Quinn 21st. E.F. + S.K.

L Crawford – fluid near miss but not direct cause Belfast.

Others. views from a distance.

Need to identify major reason for bringing a

Regional Adviser. Dr H. is key. Discussed possible health problem

Discussing with Bill McCon. tomorrow. | If absent on sick and then goes sick could be major delay.

Agreed to ring OMC helpline

Dr O'Donoghue.

Jim + Eugene

Specific questions asked

Nothing was confirmed

Does not think actions taken contri.

to the death. 3 Page report from

Hanrahan. Went through report

Meeting with family to be held.

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