

Questions taken on notice by St Vincent's Health Australia attendees

Mr JEREMY BUCKINGHAM: So you informally notified the ministry. You then said the next major discussion—they were the words you used—was in February. **Do you maintain that there was no contact between anyone at St Vincent's or NSW Health in relation to these matters between that phone call between Anthony Schembri and Kerry Chant and then that period on or about 18 or 19 February?**

Mr HALL: That is my understanding but I am happy to take it on notice and confirm that that was the case.

Mr JEREMY BUCKINGHAM: There has been a lot of water under the bridge between now and then. You cannot confirm that that is the case?

Mr HALL: I would have to take it on notice because any discussion between St Vincent's and the hospital—it may have been something which came up in discussion informally. I would have to take it on notice but we would have records of the conversations and I am happy to take that on notice.

St Vincent's response:

To the best of our knowledge, there was no contact between anyone at St Vincent's and NSW Health regarding this matter between the phone call between A/Prof Schembri and Dr Chant in November 2015, and the formal notification in February 2016.

Mr JEREMY BUCKINGHAM: The other document in which I am particularly interested is the "H&N Chemotherapy Critical Incident Action Register Aug-Nov 2015". All but Mr Hall get a mention. It appears to be a to-do list. **Why were none of the things listed in that register actioned?**

Mr HALL: I would have to check.

Mr JEREMY BUCKINGHAM: It refers to communications and David Faktor and referring to "separate out national and local response requirements"; "briefing of identified stakeholders"; "media approach"; "national comms list", "spokespeople", and so on. Then there is a reference to Richard Gallagher and "Confirm—adverse results x Chemotherapy Treatment Plan", and so on. Why did none of those things happen?

Mr HALL: I would have to take the question about that specific document on notice. We have clearly said on a number of occasions that we should have handled a range of those issues differently. We have acknowledged that and apologised.

St Vincent's response:

Some actions from this register were actioned. However, we acknowledge that the Hospital misjudged the seriousness of the matter which impacted all aspects of our response.

Mr JEREMY BUCKINGHAM: I note that Associate Professor Schembri is away. It is difficult for us to proceed in these matters without him here. **To the best of your ability, Mr Hall, who called who? Did Associate Professor Schembri call Professor Currow or did Professor Currow call him?**

Mr HALL: My understanding is that Professor Schembri called Professor Currow. We can take that on notice and give you a specific answer to that question.

Mr JEREMY BUCKINGHAM: **They only had one conversation and phone call between the two of them?**

Mr HALL: It is my understanding that is the case. I will take it on notice and confirm for you the number of conversations.

Mr JEREMY BUCKINGHAM: The way it was characterised is that they were not lengthy conversations. **Were they lengthy conversations? It seems to me that there was a bit to relay to Dr Chant. Do you know how long those conversations were? Was there a list of things that needed to be ticked off in terms of informally notifying the Government?**

Mr HALL: I cannot comment on the length of conversation. I am happy to take that on notice. I know that the ministry and Dr Chant were informed that there was an issue. As I said earlier we underestimated the seriousness of the situation. That was still the situation at the time when Dr Chant was called. I would imagine she would not have got as full a briefing as she would get now. We acknowledged that was a problem and apologised for it.

St Vincent's response

A/Prof Anthony Schembri contacted Professor David Currow on 18 November 2015. There was one conversation. The conversation was around 10 minutes.

The Hon. WALT SECORD: Mr Hall, Dr P. Savage, who Mr Buckingham referred to in the 47 cases, is that Dr Paul Savage? He is referred to on LinkedIn as a medical governance trainee. **Can you give me an understanding, as I am not a doctor, where would which fit in in the hierarchy of being a doctor?**

Ms PREST: Simply, he was allocated to the Director of Clinical Governance and reported directly to him.

The Hon. WALT SECORD: What organisation was he with at the time?

Ms PREST: He was employed by St Vincent's.

The Hon. WALT SECORD: He was a junior registrar sent to look at 47 cases involving the head of cancer services at St Vincent's Hospital?

Ms PREST: I am not sure what level of registrar he was.

The Hon. WALT SECORD: Are you familiar with his work, Associate Professor Gallagher?

Associate Professor GALLAGHER: I know who he is but I do not know how junior he was or was not. Sorry, I cannot answer that.

The Hon. WALT SECORD: He was obviously quite junior because you do not know who he was.

Mr FAKTOR: I understand that he was a trainee medical administrator. He was training to be a medical administrator and working within medical administration.

The Hon. WALT SECORD: You had a trainee conduct this serious investigation into chemotherapy under dosing? St Vincent's Hospital had a trainee do it?

Mr HALL: To be clear, this is someone who—

The Hon. WALT SECORD: My next question: You used this trainee's report as the basis to tell the chief health officer of New South Wales that everything is fine at St Vincent's?

Mr HALL: Firstly, when you talk about someone being a trainee, he is a qualified clinician and had a range of experience, post qualification, and he has chosen to go into medical administration. I have doctors who are regarded as administrative trainees who have significant experience in the clinical field.

The Hon. WALT SECORD: He is so junior that Associate Professor Gallagher did not know who he was.

Mr HALL: **We should come back on notice and give you his qualifications so you understand his background.**

St Vincent's response

Dr Paul Savage completed a Bachelor Medicine Bachelor Surgery from the University of Sydney.

At the time of his conducting the internal investigation, Dr Savage was a second year Registrar undertaking Fellowship with the Royal Australasian College of Medical Administrators and had been a practising medical practitioner for seven years across a mix of clinical and non-clinical areas.

Dr Savage commenced in a metropolitan teaching Hospital in 2009, completing three years as a Junior Medical Officer, those being his Internship, junior residency and senior residency years. In 2011, he continued an additional year as a senior resident at another facility prior to completing two years as an Advanced Trainee in Radiology.

He then joined The Royal Australasian College of Medical Administrators to undertake advanced training in medical administration.

The Hon. COURTNEY HOUSSOS: **How many of your patients were still treated by Dr Grygiel after you discovered the under-dosing?**

Associate Professor GALLAGHER: I do not know.

The Hon. COURTNEY HOUSSOS: Can you take that on notice?

Associate Professor GALLAGHER: I can take it on notice.

St Vincent's response

Dr Grygiel continued to treat eight patients in the affected cohort between June 2015 and February 2016 and prescribed according to the eviQ protocol from June 2015.

The Hon. COURTNEY HOUSSOS: Mr Hall, I want to ask you one question about the external investigation. According to the Currow report, the first person that was approach to conduct the external investigation was contacted in late November, from what I understand. They declined to participate.

Associate Professor GALLAGHER: Yes.

The Hon. COURTNEY HOUSSOS: **Why did they decline?**

Associate Professor GALLAGHER: I would have to take that on notice. I think it was a time constraint, but I am happy to take that on notice and come back.

The Hon. COURTNEY HOUSSOS: **I think we would be interested in who that person was. We are happy to take that confidentially, if required.**

Associate Professor GALLAGHER: Yes.

St Vincent's response - CONFIDENTIAL

Mr JEREMY BUCKINGHAM: The internal investigation kicked off in August and ran until October. **When did St Vincent's decide to go to an external investigation?**

Mr HALL: I would have to take the exact date on notice. But at the end of the internal investigation it was the view of the team, which had been led by the Director of Clinical Governance, that we needed to get a more detailed understanding of the issue and we needed to have an expert oncologist in this field carry out a report for us.

St Vincent's response

The decision to conduct an external review was made on 6 October 2015.

Mr JEREMY BUCKINGHAM: The decision to go to an external review did not occur at the same time as the internal investigation was running?

Mr HALL: Certainly it would have been standard practice to have in their minds that you would do an internal investigation and, depending on the outcome, you would look at an external investigation. That would be totally normal. You would say you would do an internal investigation, look at the outcomes and once you understood the outcomes then look at whether you needed to go to an external investigation.

Mr JEREMY BUCKINGHAM: But what would not be normal would be to have an internal investigation and an external investigation as well.

Mr HALL: That might happen at times. It is possible that it could happen.

Mr JEREMY BUCKINGHAM: Is that what happened in this case?

Mr HALL: **I will take on notice exactly the process**, but my understanding is that the external investigation really emerged as a process as the internal investigation was going on.

Mr JEREMY BUCKINGHAM: That is what it looks like. The evidence we have received is that there was a decision on 6 August to proceed to an external investigation. Effectively you decided to do an internal investigation and almost immediately decided to do an external investigation as well.

Mr HALL: It would be fairly standard practice to have that kind of discussion. It is a question of getting the outcomes of the internal investigation—

Mr JEREMY BUCKINGHAM: Can you rule out that you did not initiate an external investigation before the internal investigation had reported?

Mr HALL: I would have to take that on notice, but my expectation is there would be discussions about looking at an external investigation throughout the process of the internal investigation, and a decision probably would be made at different points depending on what the internal investigation identified.

St Vincent's response

The internal review commenced on 7 August 2015. Following the completion of the internal review, the decision was taken to proceed with the external review. This decision was made on 6 October 2015.

The Hon. WALT SECORD: If you are not familiar with her work, then **I seek on notice a report that she has conducted involving bullying at St Vincent's on 9 November—a record of interview that she conducted. I seek that on notice.**

The CHAIR: You seek leave to table it.

The Hon. WALT SECORD: No, I request it from St Vincent's.

The CHAIR: Right, to take that on notice.

The Hon. WALT SECORD: **So 9 November—record of interview by Linda Mackinlay ER/IR legal counsel at St Vincent's Health Network.**

St Vincent's response

There is no report related to bullying dated 9 November 2015. There was an interview conducted on this day by Ms McKinlay on a matter unrelated to the Committee's Terms of Reference.

Heidi Boss

From: Brett Gardiner
Sent: Wednesday, 5 August 2015 10:24 AM
To: Gabrielle Prest; Richard Gallagher
Cc: Anthony Grabs; Jacob Sevastos; Anthony Schembri; Ngaire Buchanan
Subject: PRIVATE AND CONFIDENTIAL - Head and neck cancer service

Importance: High
Sensitivity: Confidential

Richard

Further to our discussion I understand that there is a potential issue in relation to possible chemotherapy under-dosing of head and neck cancer patients which has resulted in a potential increase in tumour recurrence. I understand that this issue may have arisen due to changes to the lead medical oncologist attending to these patients from as far back as two years ago.

I require you today to work with Gabrielle Prest to immediately identify a list of all head and neck cancer patients who received chemotherapy from 1 July 2013 to current in order to scope what will form the need for a review which will need to be externally conducted. If substantiated, the ramifications to the head and neck cancer services and St Vincent's Hospital are exceptionally serious as you would appreciate.

There is a meeting regarding the cancer services plan this afternoon where we can discuss the potential scope of the review later this afternoon.

A Brief will need to be prepared for escalation to SVHA ASAP.

Brett