



**Hospitals, Wudinna  
14 September 2005**

**Mrs PENFOLD (Flinders):** It is now over 12 months since issues at the Wudinna Hospital came to a head with the popular and exceptionally well qualified Dr De Toit being threatened with the sack in August 2004. These issues pre-dated Dr De Toit, when a colleague who left before Dr De Toit arrived stating in a letter:

I find it tragic that the general attitude of the hospital is one of complacency and an apparent willingness to embrace unsafe practices, and to bully and harass staff who endeavour to address the issues and attempt to elevate the level of nursing care. I am aware I will not be the first to leave over such issues, but I am distressed that the trend will continue and that Wudinna and surrounding communities whom we serve continue to suffer as a result.

In November 2004, a clinical review of the hospital was finally undertaken, and in a letter dated 13 January 2005 the minister stated:

I hope I will be able to visit Wudinna in the new year to meet with you and other residents to discuss your concerns.

The minister has not visited Wudinna, there has been no public meeting to discuss the issues and the report has not been made public. Indeed, the report suddenly became an interim report, and the minister advised that even she had not seen it. One cannot help but think that she wants to bury it, if at all possible. However, there has been a miscarriage of justice and a number of people will not see that report buried until the truth comes out. Meanwhile, the hospital has not been given a clean bill of health and people are concerned about using it. It takes more than the golden hour in which most lives are saved to travel to the next nearest hospital, and lives are at risk while confidence is not there to use it.

I understand that a great many patients are currently being flown out from Wudinna to Adelaide at great cost to the region. It cannot be anticipated and, therefore, budgeted for. There is also the added problem of not having a doctor or having a doctor who cannot deliver babies and cannot provide the prenatal and postnatal care that is so important to young mums. One mum has to travel over 200 kilometres to Port Lincoln to have her next baby, having already had one in the car on the way to the hospital last time when Wudinna did not have an obstetrician. Members can imagine her concern this time. She has only two weeks to go. On 13 July 2004, a constituent wrote:

At this point in time, any requirement for hospitalisation would lead to me requesting to be admitted to another hospital as I believe certain members of the current staff are unable to give quality care.

No reassurance has yet been given by the minister that anything has changed. In November 2004, I was sued by the minister for suggesting that she was 'conspiring to protect possible corruption, intimidation and unprofessional conduct'.

**The Hon. M.J. Atkinson:** No; you received a solicitor's letter.

**Mrs PENFOLD:** Isn't that suing?

**The Hon. M.J. Atkinson:** No.

**Mrs PENFOLD:** Sorry, I received a solicitor's letter. I am not educated as well as you are. I retracted, saying that I accepted the minister's assurance that this was not the case. There has been more than enough time for the minister to prove her 'assurance'. In absence of any answers—

**The Hon. M.J. Atkinson:** So, you retracted and apologised. Good. Stick to it. Now you are at it again under privilege.

**The DEPUTY SPEAKER:** Order!

**Mrs PENFOLD:**—I ask a few questions that I have about the process that has been undertaken thus far that has only seen the two highly skilled and respected professionals who drew attention to the problems reluctantly leave. The minister stated on ABC Radio on 1 July that the board of Mid West Health 'engaged two very competent reviewers' to investigate the issues raised about the Wudinna Hospital under a 'clinical review'. Can the minister advise if the two people were the two originally chosen by the board and, if not, why not? Was one of the original reviewers chosen by the board a close associate of the former CEO, having stayed with her in her home in Port Augusta and that this person was not changed until the intervention of the Ombudsman? As the review of the Wudinna Hospital is only a 'clinical' review, who is going to investigate the non-clinical issues raised with the review team that involved former board members and the former CEO of the hospital? In the ABC Radio interview on 1 July, the minister stated:

My information is that it's an interim document that the reviewers have had to go very carefully. . . issues relating to natural justice when individuals are implicated in various allegations, they have had to take the opportunity [to] have their say as is proper in an investigation like this.

Why, if some must have 'the opportunity to have their say', did Dr du Toit only get 1½ hours of the five-hour interview that he requested in advance with the reviewers?

If it is not appropriate for the minister to read the now so-called interim review until it is finalised, as she stated on ABC Radio on 3 June 2005, because it is an 'independent' process, then why is a subcommittee of the Mid West Board able to access it and possibly change it? Who are the board members on the subcommittee of the Mid West Board who have the job of reviewing what is now the 'interim' independent clinical review of issues associated with the Wudinna Hospital? Who else besides the subcommittee of the board have seen the 'interim' report? Will Dr du Toit and Sue Gordon be given a similar opportunity to read the interim report for the purpose of natural justice?

In the interview on ABC Radio on 3 June and 1 July, the minister mentioned the need for 'natural justice' a number of times; however, she has stated that 'my department has had informal contact with them (the Mid West Board) to make sure that they have had access to the resources of any legal advice that the department could help them with in relation to managing these issues'. She stated for herself, 'we will be taking legal advice on that' in relation to tabling the report in parliament. Under the principles of natural justice, can the minister advise if any legal assistance has been offered or given to Dr du Toit and Sue Gordon who have been the two people brave enough to challenge the bureaucracy? I understand that Sue Gordon, who is a registered nurse with specialist midwife qualifications, has not been employed by the department except as an agency nurse since being part of the problems at Wudinna and having her resignation signed without her approval.

Under the same principles of natural justice, and when there is nothing indicating that she is not an excellent nurse with many much-needed skills, why is she not currently employed by the department on a permanent basis? Does the minister believe that natural justice has been afforded to the former Wudinna Hospital's doctor du Toit, midwife Sue Gordon and the patients of the Wudinna Hospital? Is the minister aware of the following in relation to two of the people mentioned in the Wudinna Hospital issues: the former chairman of the Mid West Board is now the chairman of the Eyre Regional Board and the former CEO of the Mid West Health Service is now on the staff of the Eyre Regional Health Service, a service that oversees the Mid West Health Board and service? Have these two people been shown the interim report? On ABC Radio on 1 July the minister stated, in part:

It's interesting how people wanted there to be an independent process and now they supposedly want me to interfere and read the report before it comes out. . .

How is this an independent process when two of the people who were previously on the Mid West Board are now in positions of power over the three hospitals—Wudinna, Streaky Bay and Elliston—that constitute the Mid West hospitals and can make things very difficult for those representing the Wudinna Hospital, which has already had most of its services removed? I understand that the Wudinna Hospital is down to fewer than half of the permanent registered nurses required, with the remainder being provided by an agency, but there have not been any advertisements for more permanent nurses despite the additional expense.

In August 2004, in desperation, a constituent wrote to the President of the AMA seeking support, citing a range of concerns, including the loss of nursing staff. He stated that one of those in authority 'told us to stop probing and pushing issues and to be quiet, because if we asked too many questions Wudinna would be closed down and turned into an aged care facility'. Will the minister guarantee that the Wudinna Hospital and other small hospitals like it will not be conveniently downgraded to aged care facilities under the control of the federal government to get them out of the way of the state government? Finally, when will the clinical report be tabled, and when will the minister visit Wudinna to hear people's concerns and reassure them of the quality of their hospital service as promised?

## **Wudinna Hospital 2 June 2005**

**The Hon. DEAN BROWN (Deputy Leader of the Opposition):** My question is to the Minister for Health. Why has the minister refused to release the clinical review into serious allegations of health mistakes, bullying and maladministration at the Wudinna Hospital? The health minister has refused to release the clinical review into the Wudinna Hospital which was undertaken six months ago and, yesterday, she admitted to the house that she had not even read it. The same policy was adopted by the Queensland government on two recent medical disasters—an orthopaedic surgery fiasco at Hervey Bay and the Doctor Death scandal involving 87 deaths at the Bundaberg Base Hospital.

**The Hon. L. STEVENS (Minister for Health):** As I said yesterday, the clinical review to which the—

*Members interjecting:*

**The Hon. L. STEVENS:** Just be quiet and let me answer the question.

*The Hon. Dean Brown interjecting:*

**The SPEAKER:** The Deputy Leader may not get the call again if he is interjects.

**The Hon. L. STEVENS:** Thank you, sir: that would do us all a favour. As I said yesterday, the matter is in the hands of the Wudinna Hospital Board, which has responsibility for the Wudinna Hospital. I understand it is dealing with that issue and I will be awaiting its advice. *Mr Goldsworthy interjecting:*

**The SPEAKER:** Order, the member for Kavel!

**The Hon. DEAN BROWN:** My question is again to the Minister for Health, and it follows on from the answer she has just given. Why has the minister left the action on the clinical review report on alleged health blunders at the Wudinna Hospital up to the hospital and regional boards when the allegations included lack of action by those very boards? Although the clinical review report was undertaken six months ago, the minister admitted that she had not read it. The Wudinna allegations included a lack of appropriate action by the hospital board chair and the then CEO of the hospital, both of whom are now involved in the regional health service.

**The Hon. L. STEVENS:** As I explained yesterday, the matter is in hand by the board. As members may recall, the board did obtain the services of two independent reviewers to do that work for it, and I know that it has taken legal advice in terms of how it should proceed with the matters contained in that report. Again, as I said to the house yesterday, I will endeavour to find out where it is in the process but I know that it is working through the issues.

## **Wudinna Hospital 1 June 2005**

**Mrs PENFOLD (Flinders):** Will the Minister for Health advise when the outcome of the clinical review at the Wudinna Hospital will be made public? A clinical review was undertaken at the Wudinna Hospital in November 2004, with the outcome to be given to the board and the Ombudsman. The board chair stated at a public meeting that it was the board's wish that the outcome of the clinical review be made public. In a letter, the Department of Health's Executive Director of Country Division said:

"I confirm that Dr David Rosenthal and Genevieve Hebert will be available to meet with the Wudinna community once the recommendations from the review have been placed before the Mid West Board."

Indeed, in a letter dated 13 January 2005, the minister said:

"I hope that I will be able to visit Wudinna in the New Year to meet with you and other residents to hear your concerns. However, I need to wait for the report of the clinical review conducted at the Wudinna Hospital to be available before doing so."

**The Hon. L. STEVENS (Minister for Health):** I thank the member for Flinders for the question. Indeed, it was the one to which the Attorney was referring in terms of certain defamatory allegations made by the member for Flinders in a very scurrilous way.

**An honourable member:** Did she apologise?

**The Hon. L. STEVENS:** Yes, she did apologise, but they were very uncalled for and scurrilous allegations. However, back to the subject. I do know that the board has received the report. I have not seen the report at all. That is being handled by the board of the health service concerned. I can get a report on just where they are up to; but, certainly, I have not seen the report. They will be working through the issues. Obviously, if they are doing their job conscientiously they would be doing that. I have no reason to suspect anything else of them. Yes, certainly, I have offered to go to Wudinna to talk with people about the report. I did make an offer to meet with representatives from the board when I was in Port Lincoln in January after the bushfires. I did make an offer to see them, but they were not able to make that meeting. However, I will check on where they are up to. As I say, I have not seen the report, but the board would be working through those matters.

### **Wednesday 24 November 2004**

**Mrs PENFOLD (Flinders):** People come to my office as a last resort after having tried and, in their view, failed to be heard by the appropriate bodies. When this is the case, I believe it is my place not to canvass opinions and make judgments on who is right or who is wrong but to direct people to where they may be heard. When the complex issues at Wudinna were brought to my attention, I rang the Chairman of the Mid West Board, Mr Terry Mullan, on 25 August to ask him to ensure that the board did not sack Dr Piet DeToit as he would be protected under the Whistleblowers Protection Act. At this time, the Chairman told me some of his views. However, they made no difference to the arm's length process that I understood had been entered into.

I had previously spoken with the Chairman in April 2004 regarding the closure of the birthing unit at Wudinna at that time. As the minister, the Department of Health and the appropriate boards had already been approached by those who had contacted me, and as the alleged concerns were of a serious nature, I had moved to have the issues investigated by the Health Ombudsman and the Commissioner for Equal Opportunity. These bodies are independent of the health department, the local health services and their voluntary boards. When the Ombudsman decided to await the outcome of the clinical review of the Wudinna Hospital (instigated by the Mid West Health Board), I asked the minister by letter dated 12 October 2004 (which I personally handed to her and discussed with her on that day in Parliament House) to stand aside three people whom I considered would compromise the independence of the review; to widen the terms of reference; and to have independent reviewers who were not employed by the health department or well known to the parties to the review.

I spoke again with the minister briefly the next day when I handed her a constituent's letter. In both discussions, I advised her that the concerns were not just a personality problem of the Wudinna doctor. It was after this time that one of the two reviewers originally chosen was replaced. The replacement is still employed by the health department and is well known to the head of regional health. The other, a doctor from a private practice, also lectures at the Flinders University Rural Clinic School and is likely to be well known by the head of regional health and also the CEOs of the two health services involved.

The guidelines have not been broadened, and I believe the proposed current two-day clinical review involving only GPs, clinical staff and administrative staff (contingent on the review team agreeing to this)—and that will not be advertised or open to the public—will be totally inadequate. I am still concerned that even these reviewers could be constrained about what they believe they can report in case it might upset the department and the Minister for Health.

Even I have had concerns about this issue as there are 10 hospitals and several health services on Eyre Peninsula that are already feeling the strain of funding cuts, with the reduction in surgery (or cessation of it) and closing of birthing units. However, if people cannot come to their local member of parliament without fear or favour, where can they go, particularly when they have written to the relevant authorities, the board, the minister and even the President of the AMA because they have had no response?

Taking my concern into parliament has been a last resort on my part and not done lightly, as I am well aware of the considerable amount of stress on everyone involved. However, after trying to keep the matters non-political, I believe it is the only way in which I can ensure that a proper investigation of all the issues is undertaken.

The Mid West Health Board has written to me inviting me to visit them so that they can give their side of the story. However, I will not be meeting them until this matter has been properly dealt with. They must give their side of the story to the reviewers, to the Ombudsman and to the Commissioner for Equal Opportunity at the appropriate times. I ask that the people in the Wudinna district continue to write to the minister (sending a copy to me) to support the quest for a full investigation by people who are independent of the Department of Health.

This is not a political issue, it is one of natural justice. I believe that if the issues had been dealt with properly in the first place it would never have caused the problems and, certainly, I would never have felt compelled to air it in parliament. Too often I have seen important issues brought up by ordinary people and given a shallow response by the government or a department with the result that their concerns are not investigated adequately and no changes are made where change is needed. The Wudinna Hospital is, I believe, at risk of being just such a case.

In the time that I have left I want to clarify a few issues on the record. First, only three mums attended the Wudinna Hospital's birthing unit meeting, this being attributed to a lack of interest. On the ABC today, Suzanne Waters said:

I ran around the town, talked to a lot of expectant mothers. No-one knew the meeting was on. They heard a rumour that there was going to be a meeting but there was no specific date given. I have just had one mum ring me. She said she wasn't even given a letter. Time expired.

#### **MEMBERS REMARKS/ WUDINNA HOSPITAL** **23 November 2004**

**The Hon. L. STEVENS (Minister for Health):** I seek leave to make a personal explanation. Leave granted.

**The Hon. L. STEVENS:** Yesterday as part of the grievance debate, the member for Flinders said the following:

Why, if there is nothing to hide, is the Minister for Health conspiring to protect possible corruption, intimidation and unprofessional conduct?

In saying those things, the member has clearly reflected on me and has accused me of something that should be raised only by way of substantive motion. I ask her to withdraw and apologise.

**The SPEAKER:** The honourable member for Flinders, if it is the word 'conspiring' of which the minister complains, then that is a legitimate concern of hers. No allegation is made that the minister herself is corrupt. However, the member for Flinders cannot canvass matters in that fashion, without doing it through a substantive motion.

**Mrs PENFOLD (Flinders):** Thank you, Mr Speaker. In the press release and speech regarding the Wudinna Hospital this week, perhaps I should have used the words 'allowing a cover-up' rather than 'conspiring', which obviously has a stronger connotation than I attributed to it. I therefore withdraw and apologise for using the word 'conspiring' in relation to the Minister for Health's handling of the matters relating to the Wudinna Hospital.

*The Hon. K.O. Foley interjecting:*

**The SPEAKER:** Order! The Deputy Premier will not inflame the situation.

#### **HOSPITALS, WUDINNA** **22 November 2004**

**Mrs PENFOLD (Flinders):** It is with considerable frustration and regret that I once again believe that I must rise to put on record my concerns regarding the Wudinna Hospital and the lack of action by the Minister for Health and her department in properly addressing the issues that have been brought to her attention. Despite repeated calls for a thorough investigation of all the issues affecting the Wudinna Hospital, all the minister has seen fit to do is support a clinical review of practices at the hospital by two people—a departmental employee and an independent doctor, who is also employed by the University. According to the many letters and telephone contacts I have received, this review is totally inadequate, and much that will be investigated may well have been caused by the pressure that doctors and staff have been under from other factors. A petition circulating in the town for just one week had over 400 signatures, despite lobbying for people not to sign it and one sheet with a number of signatures on it being torn up. People in Wudinna just want what the rest of us take for granted: a doctor and an adequate medical service. Once again, their doctor has resigned and once again their birthing unit has closed—not because they have not had good doctors and midwives but because of past management practices that did not provide the natural justice that the minister said she would ensure would be received when she inadequately responded to my question and speech in parliament on 27 October.

One midwife alleges that her resignation forms were submitted without her signature, knowledge, intention or approval while she was on leave; another has left nursing altogether; and another is nursing at a different hospital. Why?

**The Hon. Dean Brown:** That is appalling.

**Mrs PENFOLD:** Yes; I agree. Many people are afraid to speak out because of fears of reprisals and payback against family members and themselves. Some have left their jobs, and some have left the district because of the problems. I will read from a three-page, handwritten letter, sent to me anonymously which sums up the feeling that my staff and I have received in conversations. It states:

*To talk out against longstanding members of the community is a very hard thing to do when you live in the same community and work with these people. But when these so-called pillars of our community, or indeed any community, are not doing the right thing, then people like me need to talk, even if it is anonymously. As I see it, Dr Piet is the only doctor (that I know of) to have the guts to buck the system and ask questions and stand up for what he sees is right, what we are all entitled to and deserve— truth and honesty in our hospital and health system.*

*Why isn't someone listening to what Dr Piet is saying? What will it take before someone does?*

I have repeatedly asked the minister for an independent review. I have asked that the guidelines of the review be widened to include the now former chief executive officers of both the Mid West Health Service and the Eyre Regional Health Service and also their interaction with the volunteers on the regional and local boards.

It is ludicrous that the Mid West Health board can have a meaningful review while these CEOs, who are no longer in the positions held during the time that these problems started, are still influential. Concerns including intimidation and harassment, forgery and misuse of funds, not just accusations of unsafe patient care, have already been raised with the ombudsman and the commissioner for equal opportunity.

As I told the manager for country regions who rang me at the minister's request asking me to back off, the clinical review is too little and too late. If the minister had moved quicker, the doctor and midwife may not have resigned and CEOs may not have been promoted to new positions.

There are many questions that I believe need to be answered but will not be put under the current guidelines, particularly as the public, with personal stories to tell and who cannot be so easily intimidated, are being specifically excluded. As well as the issues already mentioned, some of the other concerns that need to be addressed include, first, whether the doctor was ever placed under a behavioural management agreement. On ABC Radio this was refuted by the Chairman of the Mid West Health board. However, the minutes of the Mid West Health board show that this is not correct.

Secondly, I would like explanation of why, as reported in the hospital's annual general report, motor vehicle expenses rose from \$22 000 in 2002 to \$94 700 in 2003 and then were split into two in 2004, when the figure rose to \$102 000? Thirdly, has the former CEO acquired the 4WD for personal use; and, if so, when did this happen and what process was used to acquire the vehicle? Communication is seriously lacking and I ask: why, if there is nothing to hide, is the Minister for Health conspiring to protect possible corruption, intimidation and unprofessional conduct

**HOSPITAL, WUDINNA**  
**22 November 2004**

**Ms BREUER (Giles):** My question is to the Minister for Health. Who will undertake the review of services at the Wudinna Hospital; what are the terms of reference; is the review independent; and can the public make submissions?

**The Hon. L. STEVENS (Minister for Health):** I am very pleased to be able to answer this question and correct statements made to the media on 18 November by the member for Flinders about this issue. This review has been established to consider disputation in the community about clinical services at Wudinna. As minister, I want to be sure that Wudinna has the best and safest services possible. The review will be undertaken on 27 and 28 November 2004 by a general practitioner from the Riverland, who also lectures at the Flinders University Rural Clinical School, and the Director of Nursing from Mount Barker. Both are independent of the Mid West Health Service. Access to expert advice for the review is also being arranged by the Department of Health should any person wishing to give evidence seek protection under the Whistleblowers Protection Act.

I am pleased to note that the shadow minister said during a radio interview on 12 November 2004 that he had 'a great deal of confidence in the doctor appointed to the team to undertake the review'. The review is not a whitewash being undertaken by the Mid West Health Board, as claimed by the member for Flinders. While it has been commissioned by the board, the review will operate independently, with terms of reference agreed to by the Ombudsman to advise on:

xwhether the medical and nursing care currently being provided at Wudinna Hospital and associated documentation meets contemporary standards;

xidentify areas of care which require improvements and/or change;

xwhether appropriate systems are in place for the management of: patient incidents, staff incidents, and complaints;

xwhether appropriate and timely actions have been taken in response to complaints received from Dr du Toit; and

xwhether communication between Dr du Toit and senior nursing management is conducive to the continuum of patient care.

The results of the review will be forwarded to the Mid West Health Board, the Eyre region and the Department of Health, which will oversee implementation of the recommendations. If issues arise during the review that are not covered by the terms of reference, the review team will refer them to the appropriate regional authority or the Department of Health, and if issues require further investigation this will be undertaken by the appropriate authority.

Arrangements are being made for the public to be invited to make written submissions and, should there be a need to interview members of the public or to follow up specific allegations, this will occur. The public is not being specifically excluded, as was claimed by the member for Flinders in her media release. The media statement issued by the member for Flinders on 18 November 2004 posed the question: 'Is the Minister for Health (Lea Stevens) conspiring to protect possible corruption, intimidation and unprofessional conduct?' That proposition is totally untrue, and I invite the member for Flinders to publicly withdraw the suggestion that I have engaged in a conspiracy. Conspiracy is a criminal activity and this is a very serious claim for the member for Flinders to publish.

#### **HOSPITAL, WUDINNA 22nd November 2004**

**The Hon. DEAN BROWN (Deputy Leader of the Opposition):** I seek leave to make a personal explanation.

Leave granted.

**The Hon. DEAN BROWN:** During question time today, in answering a question about Wudinna Hospital, the Minister for Health quoted what I said on Radio 5CK, which is a regional radio station of the ABC. I believe that the minister seriously misquoted me. During that interview, I raised concern about the independence of the review being carried out at Wudinna Hospital. I said that the doctor was independent, as the minister claimed. However, I also said that I was concerned that the second person at the review was not independent if that person came from the government department, or was an employee of the government department or an incorporated body. I am therefore concerned, because I understand that the second person is not independent.

The point I made on radio was that this review was not independent, whereas, one would assume from what the minister claimed in her quote from me that I said that the review was independent, which it clearly is not. I wish to clarify that point. The minister clearly misrepresented my position.

**Mrs PENFOLD (Flinders):** I seek leave to make a personal explanation.

Leave granted.

**Mrs PENFOLD:** When answering the question about the clinical review of the Mid West Hospital Board, the Minister for Health stated that the terms of reference, and those who could have input into the review, were not as limited as I had indicated in my press release. However, the email received (I believe from her office) in response to my question, 'What are the terms of reference for the review?', states:

To provide the order of directors with advice in respect of the following:

- xwhether the medical and nursing care currently provided at the Wudinna Hospital, and associated documentation meets contemporary standards;
- xidentify areas of care which require improvements and/or change;
- xwhether appropriate systems are in place for the management of patients incidents, staff incidents, complaints;
- xwhether appropriate and timely actions have been taken in response to complaints received by Dr Du Toit; and
- xwhether communications between Dr Du Toit and senior nursing management is conducive to the continuum of patient care.

The answer to the question, 'Who can have input into the review?', was, as follows:

GP, nursing staff, administration staff (contingent upon the review team agreeing to this). It is not a public review and is focused on clinical issues—medical and nursing, quality and safety, and communication between nursing staff, management and doctor.

In addition, in answer to my question about where and when the review will be advertised, it is not being advertised at all. In answer to the question, 'How long will the review be taking evidence, and can someone who is not available on the elected date still give evidence?', the answer is:

2 days. A report will be provided to the Mid West Board, Region and department.

I am concerned about that, because, presumably, this means the Eyre Regional service CEO, who is the former CEO of the Mid West Region and department. It also states that this will take several days to complete. No answer was given to the second part of the question, namely, whether someone who is not available on the elected date can still give evidence.

## **WUDINNA HOSPITAL REVIEW**

### **27th October 2004**

**Mrs PENFOLD (Flinders):** Will the Minister for Health reassure the parliament that the review of procedures and safety at the Wudinna Hospital, to be undertaken on 15 and 16 November, will be completely independent, that the reviewers will be independent of the Department of Health and, furthermore, will she ensure that the terms of reference are broad enough to enable all of those who wish to have input to be heard, and that they will be protected under the Whistleblowers Act? I have written and spoken to the minister regarding my concerns and I am alarmed that I have had no response or reassurance that the review will be independent, nor that justice will be done. A number of staff and patients at the Wudinna Hospital, community members, and others, have written to me raising serious issues about the safety and standards at the hospital.

**The Hon. L. STEVENS (Minister for Health):** I thank the member for Flinders for the question. Yes, the member for Flinders has raised this matter with me and it is being looked into by my department. I can assure all members of the house that when there are conflicts and issues that need to be dealt with in terms of health services, either through the department or through the many health units throughout this state, the principles of natural justice will apply, and they will apply in this case as well.

**MID WEST HEALTH SERVICE**  
**27th October 2004**

**Mrs PENFOLD (Flinders):** I am following up on the question that I asked of the Minister for Health today by putting on record extracts of letters that illustrate the seriousness of allegations that have been made about the Wudinna Hospital and the lack of action that appears to have been taken by those, including the minister, vested with the authority to ensure the safety and wellbeing of patients and staff. I am doing this to try to ensure that these issues will finally be appropriately and fairly dealt with and that there will be no further delays in addressing the concerns expressed.

In a letter written to the Director of Nursing on 10 February 2004, a doctor documented his concerns regarding a very serious situation relating to a patient's medication, which he had ceased, only to find that, within 24 hours, the patient had had an overdose of this same medication. I quote:

*My problem is that the dramatic rise to such a dangerous level would be unlikely to have resulted from the accidental administration of the doses usually used for our patients. . . I have great concern for the safety of my patients as a result of this and other incidents of compromised clinical standards recently. Despite my current probationary status, and the direction given to me from Mid West Health management to refrain from making complaints and speaking out, it is my responsibility as a medical practitioner to protect my patients and above all do no harm.*

This doctor is from South Africa, and I have heard a tape recording of him being threatened with repatriation to South Africa by one of his employers.

In March 2004 the doctor wrote to the Acting CEO of Mid West Health after maternity services were withdrawn from the Wudinna district. Anxious pregnant women sought reassurances from the doctor based on the town gossip:

*I heard in the street when returning from holiday recently that the labour ward had been decommissioned. I subsequently sought clarification of this news from the DON who admitted to giving a hospital Auxiliary meeting this incorrect information.*

*At no point since December has any representative from Mid West Health communicated to me any information which related to the future arrangements or expectations of me by the organisation, in the provision of this service.*

*Despite the fact that I am the only person in Wudinna qualified and indeed presently contracted to provide the service, I would have expected to have had some part in the preparation of information which the public has received to date.*

This is despite the nearest hospital being 100 kilometres away. One mum who did not make it to the hospital wrote this in August:

*At present there are between 20 and 30 pregnant women in the district, most of them first-time mums. We don't want them put in the same position as we were.*

A locum doctor wrote to the CEO at Mid West Health documenting his concerns over the level of some of the health care at Wudinna and the attitude of a staff person to his intervention on behalf of a terminally ill patient:

*. . . what amounted to a reprimand from the CNC followed, i.e. my intervention would now delay his inevitable decease creating:*

*(a) the need for transfer to an acute care bed in the hospital and the associated considerable paperwork; and*

*(b) in the event of his death there would be no Medical Officer to attend to the necessary certification and therefore cause considerable inconvenience for staff. In fact he survived a further week!*

*To say the least I was shocked and appalled by such inhumane, unprofessional and reprehensible conduct. I feel very strongly that you should be informed and ask that you deal with the matter appropriately.*

In August 2004 a constituent, in desperation, wrote to the President of the AMA seeking support, citing a range of concerns including the loss of nursing staff, 13 directors of nursing in 10 years and lack of action by the hospital board chairman:

*He told us to stop probing and pushing issues and to be quiet, because if we ask too many questions Wudinna would be closed down and turned into an aged care facility.*

In a statement dated 13 July 2004 a patient wrote:

*At this point in time any requirement for hospitalisation would lead to me requesting to be admitted to another hospital as I believe certain members of the current staff are unable to give quality care.*

In a letter sent to the minister on 14 October this year, a nurse wrote:

*I have been employed as a registered nurse by the Wudinna Hospital for one year and have witnessed gross misconduct, mismanagement by the entire hospital board and management of Mid West Health and various fraudulent activities by an ever-increasing percentage of hospital employees. It is my belief that the blame for the serious issues plaguing this hospital can all be squarely laid at the feet of not only the management of Mid West Health but also at the feet of Eyre Regional Health Services.*

I call on the minister to ensure that the inquiry that is held into the procedures and safety at the Wudinna Hospital on November 15 and 16 will be completely independent of the Department of Health and that all who want to be heard will be heard, and that they will be protected from threats and harassment.

Time expired.