

**KING EDWARD MEMORIAL HOSPITAL INQUIRY IMPLEMENTATION GROUP**

*Statement by Minister for Health*

**MR KUCERA** (Yokine - Minister for Health) [2.18 pm]: On 20 December last year the Report of the Inquiry into Obstetric and Gynaecological Services at King Edward Memorial Hospital 1990-2000 was tabled in the Legislative Council. The Douglas report is extensive and raises many complex issues that require careful consideration, expert advice and widespread input from clinical and other staff. It contains a total of 237 recommendations.

In January this year, the Director General of Health established the King Edward Memorial Hospital inquiry implementation group - chaired by the Acting Chief Medical Officer and Acting Deputy Director General Health Care Dr Brian Lloyd - to oversee the implementation of the report's recommendations. The implementation group includes Professor Jeffrey Robinson, who was a member of the inquiry team, specialist obstetricians/gynaecologists, midwives, independent senior health professionals, and representatives from the hospital, the Department of Premier and Cabinet and the Health Consumers' Council of Western Australia. Its first meeting was held on 30 January 2002, and a further two meetings have since been held. The group has considered actions in respect of 45 recommendations, and has created three sub-committees to accelerate the consideration of the inquiry's recommendations. These are: the human resource working party; the supervision and cover in the delivery suite working party; and the development of simulator working party.

Independent of the implementation group, patients and doctors named by the inquiry have all been put before the WA Medical Board. Other actions include a review of the internal structure and management of the hospital; architectural consideration of the delivery suite and observation ward; and training programs for staff. In considering the inquiry's recommendations, the implementation group is aware that a number of recommendations have already been either activated or implemented, particularly when they involved the development of relevant guidelines, policies and care protocols. These will be brought to the implementation group for formal consideration.

In response to the previous Child-Glover report, the management at King Edward Memorial Hospital for Women developed an action plan. Actions that have been taken over the past year include: a review of policies relating to management of adverse clinical events; a review of current medical and midwifery practices; an update of staff recruitment and training policy and practice; involvement in accreditation; a review of the management structure; and the appointment of additional outstanding personnel from South Australia, North America and the United Kingdom.

The Douglas report raises a number of very serious issues and addressing them all will take time. Some of the issues include: daily ward rounds by consultants and morning clinics, including on weekends and public holidays, to reduce the delay in diagnosis of high-risk conditions, such as ectopic pregnancy; a special high-dependency unit to extend available adult intensive care facilities; and the involvement of midwifery and medical staff caring for pregnant women in mandatory cardiotocography training courses. Many of the recommendations have implications for not only King Edward Hospital and the Western Australian health system but also health services across Australia. I have therefore put the report on the agenda for discussion at the Australian Health Ministers Conference meeting in April.

The State Government remains committed to restoring public confidence in King Edward Hospital and has made a \$25 million commitment over this term of government to boost both the hospital's physical and human capital. I am satisfied that the implementation group is working to ensure that the key recommendations of the inquiry are addressed. I look forward to reporting to Parliament in three months time on further progress that has been made.