

PERTH CHILDREN'S HOSPITAL — MENTAL HEALTH UNIT — ALLEGED SEXUAL ASSAULT

698. Ms L. METTAM to the Minister for Health:

I refer to the devastating revelation that a young patient in ward 5A at Perth Children's Hospital was sexually assaulted while in the state's care.

- (1) Given the undeniable loss of community trust in this unit and the need for transparency and accountability, will the minister release the reviews of this incident with personal information redacted; and, if not, why not?
- (2) Why have not all the recommendations been completed, now almost two years on?

Ms A. SANDERSON replied:

- (1)–(2) I agree and acknowledge that this has been a terrible event and acknowledge the trauma experienced by the family and the patient involved. It is highly regrettable and an incident that should never have happened. I have done everything as a minister to ensure that we have enacted meaningful change in this ward, which is the only inpatient ward available for children aged under 16 years who are experiencing mental health issues.

Much has been made around releasing the reports. I will make a couple of points. From the first report, the root cause analysis, all recommendations were accepted and have already been implemented. That will not be released publicly because these reports are not intended to be publicly released. Members might recall the leaking of the RCA into Aishwarya's death and the damage that did to trust in the process and the ability for staff to be open and honest when things go wrong and when mistakes are made. The whole point of those root cause analysis reports is open disclosure. Everything is put on the table without fear of reprimand or retribution. They are intended to be and to stay confidential documents so that the system can learn from events and mistakes that are made. That is why we will not be making the same error that someone else made when they leaked that original report on Aishwarya.

The family met with the chief executive and other representatives to talk through the recommendations and the root cause analysis, as is appropriate. The Child and Adolescent Health Service has accepted all those recommendations and implemented them. They have all been implemented. That included the renewed risk assessments for every single inpatient and also the change of handover process so that risk assessments are handed over at every single shift change.

The Office of the Chief Psychiatrist report also contains very sensitive information on two minors—two individuals who were 13 at the time of the event. We also have advice that that report contains information that could prejudice future court proceedings, whether civil or criminal. Court proceedings were discontinued. They may be continued or picked up at some point in the future. I will not be the minister who limits the ability for that to happen if the family and the individual involved choose to do that, so I will not do anything that will prejudice that.

The public interest here is not the minute-by-minute account of what happened. It is not in the public interest to have that in the public arena. There is no argument for that. There is an argument to release the recommendations and that is exactly what I have done. I have released the recommendations and the implementation of those recommendations. With regard to the progress of implementation, seven to eight of those 11 are complete already. Three are ongoing. One of them is around changes to the infrastructure environment. We received the report in September last year and it recommended significant infrastructure change. Bear in mind that this ward was approved by the Chief Psychiatrist at the time of its opening. Notwithstanding that, he recommended a range of changes, which required a significant capital budget. Immediately, a budget submission was developed and approved and was contained in the May budget. The work on planning and going through that infrastructure process is ongoing; it needs to be planned very carefully. It is the only unit in the state that can support children and adolescents in an inpatient facility. We have to plan those works so we are not limiting the beds available to children. We cannot just close down the unit. It is not that simple. We cannot close the unit down and make the changes. We have to keep beds available and keep the unit functioning while we make significant capital upgrades. The money is in the budget and the plans are underway.

The two other recommendations are around the model of care, which is very close to being finalised and obviously has to be developed over time with the clients. We do not just impose a model of care. It can take years to develop a model of care. This has been done very quickly and it has been done with the clients and the families, so that is very close to being complete. The working with families framework also has been developed in consultation with families and clients who use the service. That is in its final draft and

is awaiting sign-off from those stakeholders and the Mental Health Advocacy Service. They are the remaining recommendations that need to be implemented. I am being very up-front with members and with the public about the status of those recommendations and why they take some time to implement. But we got this report in only September last year; it recommended that some significant changes be implemented and we are absolutely committed to doing them. The government is absolutely doing them.