Extract from Hansard

[ASSEMBLY — Thursday, 23 March 2023] p1457c-1458a Ms Libby Mettam; Amber-Jade Sanderson

YOUR SAFETY IN OUR HANDS IN HOSPITAL REPORT — RELEASE

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

I refer to the annual release of the *Your safety in our hands in hospital* report, which for the last decade has generally been released towards the end of each calendar year, and note the 2021–22 report has not yet been released. Can the minister confirm that the 2021–22 report has been received by her office and that the extended delay in releasing the report is because of changes that the minister or her staff have requested?

Ms A. SANDERSON replied:

The Department of Health regularly publishes a range of reports. The *Your safety in our hands in hospital* report is one of the reports that has been published over the last 10 years. Sometimes those reports come through my office and sometimes they do not. If there are things that I am required to be briefed on, they will sometimes come through my office, but hundreds of reports are published by the department. They can usually be found on its websites.

We received the *Your safety in our hands in hospital* report at the very end of last year. The member will note that last year was an incredibly busy year for the system as a whole, including the system manager who develops the report, managing the pandemic and COVID in our community and in our hospitals, so there was some delay in getting that report to my office. As one would expect, I get myself across those reports and my office gets across those reports.

There was some concern about identifying case studies in those reports. It is a priority that patient confidentiality is always protected. People end up in the media, they end up in the news and they end up in reports for no reason or fault of their own, and their medical circumstances become public knowledge. It is important that we always protect their privacy. This report is developed for clinicians and hospitals to work on their systems and use as learnings. We have to balance transparency in the reporting that we provide. We are the most transparent government department, I would have to say. The Department of Health reports volumes of data. Clinical incidents and severity assessment code 1s are reported in every health service provider's annual report, which was not the case when this report was developed. Sentinel events are reported in those annual reports. Any outlet can seek information on SAC 1 events and sentinel events by the department and they are provided with de-identified information. A multitude of data and reporting is out there.

There is a good story in the report, so the Leader of the Liberal Party can take off her tinfoil hat. It is a good report. It shows that the number of clinical incidents are down, there was increased inpatient activity and the number of SAC 1 incidents are down. The concern is around identifying patient information, in particular when certain incidents had already been reported in the media and those patients were unhappy about being reported in the media.