

PERTH CHILDREN'S HOSPITAL — MENTAL HEALTH UNIT — SEXUAL SAFETY BREACHES

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

I have a supplementary question. Given three reviews have been undertaken since Florence was allegedly assaulted, when will the safety upgrades be completed for ward 5A?

Ms A. SANDERSON replied:

The opposition has now moved from there being a couple of internal investigations to acknowledging that there have been three significant reviews, so that is progress. They are actually listening.

Dr D.J. Honey interjected.

The SPEAKER: Member for Cottesloe, you did not ask the question. I suggest you do not interject.

Ms A. SANDERSON: Ignorance is all we get from the opposition, even on these really important issues. Members opposite froth at the mouth at the possibility of criticising the government, but forget that there are actually real people behind these incidents, and they are discarded as they move on to the next issue. It is really distasteful.

The recommendations from the root cause analysis have all been implemented. They are done. The vast majority of the recommendations from the Office of the Chief Psychiatrist have been implemented. We are working through the infrastructure upgrades. As I have outlined, we cannot close 20 beds, because to do those upgrades would require an immediate closure of the ward.

Ms L. Mettam: But when? It's been nearly two years.

Ms A. SANDERSON: No; you are wrong.

Ms L. Mettam: Since the incident.

Ms A. SANDERSON: No, we had the report at the end of last year. We have not had those recommendations for two years; what the member just said is incorrect.

Several members interjected.

The SPEAKER: Members!

Ms A. SANDERSON: Again, that is deliberately misleading. We cannot close 20 beds, because those beds are needed. They are the only beds in the state that support children and adolescents in acute psychiatric distress.

A plan around how we are going to temporarily relocate those beds or stage the works is currently under consideration, and we are doing that as quickly as possible, but a multitude of work has been done on the ward already to increase its safety. It is not just about infrastructure; it is the model of care, risk assessment, handover processes and mix of staff—all those have changed over the last two years. A huge amount of work has gone on.

I refer to the two other outstanding issues. My understanding is that the working with families framework is very shortly to be signed off, because it needs to be consulted on, and the model of care is also very shortly to be signed off. These are being done appropriately with appropriate steps. Developing models of care should usually take two to three years if it is done properly and thoroughly, and this has been done in less than a year. This is actually very good progress in this instance.

The SPEAKER: That concludes question time.