

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

Matter of Public Interest

THE SPEAKER (Mrs M.H. Roberts) informed the Assembly that she was in receipt within the prescribed time of a letter from the Leader of the Liberal Party seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

MS L. METTAM (Vasse — Leader of the Liberal Party) [3.00 pm]: I move —

That this house condemns the Cook Labor government for not ensuring ward 5A in Perth Children's Hospital is a safe environment, almost two years after an alleged sexual assault within the unit, and calls on the government to publicly release the reviews into the incident, without identifying information, as a priority to restore confidence in the hospital system.

This is a pretty reasonable request from the opposition. This is quite an extraordinary request as well, given the incident that has been revealed over the past week that a 13-year-old was allegedly sexually assaulted inside the mental health unit at Perth Children's Hospital. We heard extraordinary comments from our Premier today in this place that, again, played down the government's appalling response and played down any level of urgency from the government in the wake of this incident at our flagship hospital.

There was nothing swift about the government's response to this incident that happened almost two years ago. A report was completed in September last year, and the outcome that one of the key recommendations is yet to be completed points to how out of touch this government has become, particularly when it comes to serious issues in the health portfolio in the state. We also heard the Premier boasting in question time about ambulance ramping numbers, which are three times what they were when the Premier was the Minister for Health and called them a "horror story"; they are over 3 800 hours. This again points to the fact that this government is out of touch with the issues that are affecting Western Australians and the severity of what we are dealing with and talking about, which is a truly despicable act that has obviously devastated this girl and her family, and shocked and horrified the broader community. Quite clearly, we need some transparency into, and some answers about, this event.

I have been contacted by somebody within health. They are all shaking their heads—let us be clear—about the lack of transparency and why the Chief Psychiatrist's review into this incident, with suitable redactions, cannot be made public so we can better understand the issues that led up to this incident. This is an unimaginable failure of care that has rocked the community. Adding to the absolute horror of this incident is the reason why this young teenager was admitted in the first place. This was a family who took their daughter to the hospital amid fears that she was suicidal following a previous sexual assault. The family took her to our state's flagship children's hospital because they felt it was the safest place for her to receive care. They took her there knowing that she was particularly vulnerable, and they were worried for her life. She admitted that she had been through unspeakable trauma, and her family believed that admitting her to the specialist mental health unit would actually help, but instead this young girl was absolutely let down by this government and the system. What happened in the mental health unit, in ward 5A, that night in January 2022 is an absolute travesty and a complete betrayal of trust and confidence in our health system, which should keep our most vulnerable children safe.

It has been revealed through media reports that the girl was left alone for three hours that night while nursing staff sequestered themselves in a nursing station. This 13-year-old girl was left alone by the very people who were supposed to care for her while a teenage boy allegedly raped her in a bed uninterrupted. This girl, who has used the name "Florence" as a pseudonym, stated —

"I was just frozen, knowing he was so much larger than me —

She says she was waiting for nurses to come and help —

What unfolded that night is something I'd never forget ...

It is impossible to fathom, but, clearly, the Premier and the Minister for Health do not think that this matter of public interest is significant enough to even hear it. We know they went to ground. The minister came out briefly to respond to the initial reports, but their response to this incident has been lacklustre at best.

While this girl was being violently assaulted, staff locked themselves away because they, too, apparently feared this boy. The health minister at the time called it "devastating and preventable". I would add that it is incomprehensible and indefensible. It should have been met with urgency.

In the house today, we heard our Premier applauding the Minister for Health for taking up to two years to implement some of the recommendations. His suggestion that still having three outstanding recommendations is somehow an adequate response falls well short of the facts of this case. The fact that this ward is not deemed safe almost two years on highlights two things. The first is the absolute failure of this government, and the second is how out of touch

and arrogant it has become. I believe that up to two years following such an incident is certainly not good enough to still have recommendations outstanding.

This is an unspeakable ordeal for any young girl, but especially for one who had already experienced such trauma, and staff knew of this; that is exactly why she was there. But that is not where the trauma for this girl and her family ended. As unbelievable as this incident is, the government's response is worse. I understand from reports that police were called following the incident and the incident was, effectively, buried. The health minister made a call to keep the incident secret. On the one hand, the minister said —

“When we hand our children over to the children's hospital, we expect them to be safe ...

On the other hand, she apparently did not think that such a serious sexual assault incident in our children's hospital should be made public. She did not believe that there was a public interest in that. She did not believe that Western Australians deserved to know. This was not just any safety breach; it was an alleged rape, which is a safety breach of the most heinous kind. Instead, this incident was buried. Western Australians would be none the wiser were it not for the brave family who came forward and spoke out. It is an unbelievable response. Instead, the government had to be dragged kicking and screaming to respond. When the health minister finally fronted the media on Tuesday, she fell well short of any transparency—and we heard more of this today. Instead, we were left with a rant and many unanswered questions, not the least of which are: Why is the family still having to fight for basic details about what happened on that night in January 2022? Why is the Cook government still choosing to drip-feed information to the public?

Staff knew that her alleged perpetrator was a risk. Why was nothing done to prevent this from happening? The family is certainly unhappy with the government's response. When responding to the minister's comments that they had been given multiple opportunities to meet with health service executives, the girl's mother told the ABC it was utter BS. Further, she said she felt that she was being gaslit. The mother claimed there had been one meeting with the CEO and a psychiatrist, and that was the last contact. That is not the first time I have received that feedback from parents or patients who have publicly heard one thing from this Minister for Health but experienced something different. The minister also said there was no reason the CCTV footage could not be made available to the family, but we are yet to hear any confirmation that this has taken place. Why is this family still seeking details? Seeing parallels between the way this distressing incident has been managed and the tragedy surrounding Aishwarya Aswath in Perth Children's Hospital in 2021 is unavoidable. It appears the government has again resorted to its standard cloak of secrecy to avoid transparency. As we saw with the coroner's investigation into the death of Aishwarya Aswath and the staffing discrepancies that were uncovered, there are quite clearly some parallels.

Similar to the tragic death of Aishwarya, there have been at least two reviews into this incident. One was compiled by the Chief Psychiatrist and the other by the Child and Adolescent Health Service. As I have said, others in health are asking why the reviews cannot be made public in a redacted form, yet we are still none the wiser about what is in them and what happened that night. After much pressure, the government reluctantly released the Chief Psychiatrist's recommendations, rather than provide a more fulsome detail of the findings. We have only the recommendations, which again raise more red flags—primarily that the recommendation to develop a safe environment is still in progress. Somehow, our Premier calls that swift. Somehow, the Premier thinks it is swift that almost two years after an alleged rape at our Perth Children's Hospital the government is still progressing a safe environment for patients. How out of touch has our Premier become? How devoid of understanding is he on the issues that matter? Another recommendation to undertake an external expert review of the physical environment to address environmental issues is still in progress. How many years does it take to commission an external review of the ward? Why is this not important? It is absolutely amazing. The Child and Adolescent Health Service chief executive Valerie Jovanovic released a statement along with the recommendations that also pointed out some of the shortfalls in the system at the time of the incident. She said —

“Now, on every shift, staff assess risks and familiarise themselves with current specific safety plans tailored to individual patients ... Known patient risks are more explicitly documented and visible to staff

“During clinical meetings and handovers, sexual safety risks are specifically considered and discussed, with mitigation strategies implemented on an ongoing basis.”

It is extraordinary that this was not already in place before the incident. There had already been reports that had underlined this concern. We are talking about the mental health ward within Perth Children's Hospital. This is not a new issue. The Premier, eventually fronting the media after going to ground for a week, said —

“There were clearly warning signs ...

“There were concerns with regards to the behaviour of that individual and I think the responses in relation to that individual didn't meet community expectations.”

It did not meet community expectations. We have been told that somehow staffing was adequate on the night of this alleged rape, yet questions remain about the make-up of that staff. Were they junior or senior? Why were some reportedly sequestered away while others continued to work in other areas? This is clearly not a minor safety breach; it is an alleged rape. It is an unspeakable act that happened under this government's care. There are a number of unanswered questions. The public and the family, in particular, have a right to know. I am amazed that we did not get confirmation today that the family now has the information that it requires, almost two years on. This government ducks, dives, diverts and deflects anything to avoid accountability or transparency. The only way we could know the details for sure is for the government to release the reviews into this incident—with identifying information redacted—to understand how this incident was allowed to happen. If it does not, it begs the question of what this government has to hide. Why will it not be open with Western Australian patients?

The sexual safety risks were well documented and acknowledged. As stated in the *Mental Health Advisory Service annual report 2021–22*, eight sexual safety incidents were recorded that reporting year and sexual safety was identified as the second most serious issue for children and young people in mental health wards. That again underlines very real concerns, and the government has now implemented a recommendation that acknowledges that. It also said that sexual safety issues were compounded by mixed wards, bedrooms without lockable doors and workforce shortages. If these issues were well acknowledged, how was this incident allowed to happen? If it was preventable, why were these sexual safety concerns not treated with the urgency and priority they deserve? Our Premier believes that two years is somehow swift. I cannot understand, given the nature of what we are talking about, how this is somehow swift. The Minister for Health stated that a \$7.7 million commitment was allocated to make changes to the ward following this incident. We are none the wiser about what changes they were. No doubt, that is because of the veil of secrecy we have seen until this point. The government is only now working on actually addressing these matters.

Other parents have also raised concerns about the issue of lockable doors. Kate Savage's mother, Meron, was among those who feared the worst when her daughter was admitted to the unit before her death. The 13-year-old was admitted to the ward on seven occasions and Meron said she feared how vulnerable her daughter was within this ward. The release of these reviews will help shine a spotlight on the obvious shortfall in safety measures that existed in this unit. I have spoken to Meron about this and her very real concerns about what she witnessed. The government needs to release these reviews to fill in the gaps so that the public can make up its own mind whether it has confidence in the unit and hospital that cares for their children.

At present, it is fair to say that the community's trust and confidence in the hospital system has been severely damaged. It is also clear that this one incident is evidence that this is potentially the tip of the iceberg with other incidents in the unit. We have seen reports in *The West Australian*, including on Saturday, about other concerns raised about how ward 5A has been managed. A family was so desperate to gain attention and help for their 13-year-old that they sent CCTV vision of his suicide attempt to Perth Children's Hospital so that they could get the urgent care that they needed for their son because the unit would not admit him. Clinicians did not deem him a risk apparently, and the family had to fight and beg for help. Then, when he was finally admitted, he was attacked by another patient. It is absolutely untenable. It is clear that these recent tragedies reported in this hospital are the tip of the iceberg.

There are legitimate concerns about what Labor's internal reviews have achieved. This government continues to go to ground when there is a tragedy. Its practice of forcing families to fight for basic information is absolutely appalling. The government's response to date has fallen well short of the family's expectations or the community's and following such a serious and indefensible assault there are still too many unanswered questions. The public expects and deserves to know: What safety measures have been put in place? Why were some staff in the unit on the night of the alleged rape sequestered while others continued working? Were those staff junior? Had they received appropriate training? Why after almost two years are some basic recommendations still in progress? The public is understandably concerned about whether this unit is safe and whether kids will be kept safe in this unit. The public deserves full and open transparency. If we want a snapshot of how important the Premier and our Minister for Health thinks this issue is, we need only to look at their seats on the other side of the chamber. They are not here. Although we believe this is a matter of public importance, quite clearly our Premier and our Minister for Health—our Premier for special events and concerts—do not. I will leave my comments there because I know the Leader of the Opposition would also like to make a contribution.

MR R.S. LOVE (Moore — Leader of the Opposition) [3.22 pm]: I certainly want to make a contribution on the motion that the shadow Minister for Health and Leader of the Liberal Party has brought to the house. The motion sets out to condemn the Western Australian Labor government's decision to not act promptly to ensure that ward 5A within Perth's Children's Hospital had its known safety issues addressed in a timely manner.

The Leader of the Liberal Party has outlined in great detail some of the history behind all this and I expected that we would receive a considered response from the government on the matters that she set forth. I do not see how that will be achieved seeing that the Premier, who was the Minister for Health at the time leading up to the

development of this case is not here. Until about a month before the actual incident occurred, he was the Minister for Health, and he would be able to understand the systems and explain the actions of the government of which he has been a part. The minister who took over just a very short time before the alleged horrible incident in ward 5A is also not here. They are not going to be providing the house with an explanation of their actions. They are not going to be doing that because they are not here to listen to the case that is being put.

What sort of response is that giving to this Parliament? What sort of response is that giving to the families who are worried about the safety of their children, who are worried about what has happened to their daughter? What a disgrace that there is no-one here to speak on behalf of the government in any sort of meaningful way —

Mr D.A. Templeman: There is so. Do you want to start this? How many times are you not in this place? How many times are you not in this place?

Mr R.S. LOVE: You would not know. You would not have an understanding of the situation. The Minister for Health and the Premier should be in the house. Instead of that, you barely have quorum.

Several members interjected.

Point of Order

Ms L. METTAM: I have a point of order.

The DEPUTY SPEAKER: Leader of the Opposition! Will you sit down, please?

Ms M.J. Davies interjected.

The DEPUTY SPEAKER: Leader of the Liberal Party, did you want to raise a point of order?

Ms L. METTAM: Yes; I cannot hear the Leader of the Opposition because of all the interruptions.

Mr R.S. Love interjected.

The DEPUTY SPEAKER: Just wait, Leader of the Opposition. Leader of the House, we certainly do not need those sorts of interjections, but in saying that, you are correct in taking issue to the reference to members being in the chamber because it has been a longstanding convention that we do not take a point on whether members are in here or not because they can monitor what is going on from other parts of the building and lots of other parliamentary business going on here takes people away from the chamber. We do not need to enter into that part of the debate. It is not helpful for anyone. As the Leader of the House was pointing out, who is here and who is not ebbs and flows on both sides of the chamber.

Debate Resumed

Mr R.S. LOVE: Thank you for your instruction, Deputy Speaker, and I certainly take your instructions very seriously. I am concerned about the government's response for the house to the position that the member for Vasse has put forward and whether someone has the understanding of the situation to make a reasonable response. That is my concern. That is what I have been expressing and I hope that there is a considered and knowledgeable response from the government. I do not want just some political response from a random minister who is sitting here. I want a response that is authoritative and talks to the issues that we have been raising. I want that response.

The DEPUTY SPEAKER: Member, you get 30 minutes to have your say and the government gets 30 minutes to have a response.

Mr R.S. LOVE: Since the reporting of this incident, when it first came to light, we have seen a government that has been very reticent to respond and to give explanation and to act. Today we again heard from the Premier that in excess of 20 months after the incident, the measures to take control of the situation at Perth Children's Hospital are still ongoing. We hear that arrangements are potentially being made so that the CCTV footage can be provided to the family. For goodness sake. How long does it take? What is it this government doing? What was the Premier doing? What was the Premier doing in another state? He was pushing the referendum, I believe. He was not here taking responsibility for the lack of action of this government in getting on top of the situation that has occurred in ward 5A and in many other aspects of Perth Children's Hospital, as has been outlined in this house many times. It is a matter of great import and these matters should be addressed urgently, but we are not seeing any urgency. We are not seeing anyone wanting to take responsibility. We know that the Premier finally came back and made some comment, only after playing some sort of waiting game with the Minister for Health to see who would take responsibility first, as far as I could see. This is just not good enough. The people of Western Australia deserve responses from their ministers and from their Premier not only in good times but also in hard times.

I take note that the minister is here and I expect she has been monitoring what has been happening in the house. I am glad she is here to give the response because we need accountability from the government. I want a reasoned and knowledgeable response and I am sure the minister will be able to give that. I look forward to her reply, but it has been very, very difficult for the Western Australian public to be given answers and information when this

government has been so reticent to make responses. We know that there are other issues at the hospital. We know that there has been a drip-feed of information coming out from the hospital. Even the local newspaper in its editorial last Thursday referred to the situation and the lack of response from the Premier. I will read from the editorial of that newspaper. It points out that the Premier was very slow to respond. It also points out that Mr Cook, the Premier, had been health minister for four years before handing over to the current minister. We know that he has a very detailed understanding of the health system and surely must have an understanding of the situation that occurred at Perth Children's Hospital. He could have made a comment that would have reassured the people of Western Australia and the family that their concerns were being taken seriously. Instead, we saw reticence for anyone to take responsibility for it. At one point, the paper refers to the planning minister, John Carey, answering questions on the matter. I seem to remember the Minister for Police answering questions on the matter as well. I saw him on news reports. Surely it would have been appropriate for the Premier, even if he was in another state, to have taken the time to front a camera and say, "Yes, we are concerned about what has happened and this is what we doing", and to take responsibility and show some leadership. Instead, we have seen an abrogation of that responsibility. That is why today in question time I asked a question that the Speaker ruled to be out of order. Again, it was a comment contained in this editorial of the *The West Australian* saying that the Premier must not become "Good News Roger". We need a Premier who will be a Premier not only in the good times, but also the bad.

MS A. SANDERSON (Morley — Minister for Health) [3.31 pm]: I intend to conduct myself with dignity and respect on this incident. I am going to address the cheap and nasty comments made by the opposition about my absence in the chamber when they well know that I have just had major surgery and cannot stand or sit for long periods. I have been texting the member for Vasse about that ongoing recovery. They well know that. My understanding is that usually there is an agreement behind the chair that we do not refer to members who are outside the chamber and make cheap and nasty comments. Now I am forced to put on the record my personal medical situation because the Leader of the Liberal Party has questioned my commitment to my portfolio and this issue. That is cheap and nasty.

Several members interjected.

Ms A. SANDERSON: It was absolutely personal.

I first of all want to put on the record that parenting a teenager experiencing serious mental health issues is one of the most gruelling and challenging experiences a parent can have—without question. Making the decision to admit them to an inpatient unit is probably the hardest decision a parent will ever make, and they do expect their children to be safe. When parents hand them over, they expect them to be safe and to receive a therapeutic response. That is the right of every patient and their parent.

I want to acknowledge the staff who work in ward 5A at Perth Children's Hospital. It is hard work. It is a tough job. It is a very rewarding job, but these are very unwell kids. It is a 20-bed unit that essentially has a concentration of very unwell children with behavioural issues, dysregulation and a whole range of challenging behaviours. That is a hard job and they are all concentrated in one place. It is a challenging work environment for the staff. I want to acknowledge their work and commitment to these kids and their families and for supporting them to recover from their episode and get on with their lives and re-engage with school and grow through their challenges to become healthy, happy adults because, ultimately, that is what we all want for our children.

For privacy reasons, I will not go into the details about the incident other than those that have been reported and quoted by the patient—I will call her Florence because that is the name that was chosen in the report—and that which has been reported by the family. I will treat this issue with dignity and respect. The response has been thorough and rapid, and we are making the changes necessary to ensure that an incident like this does not happen again. I acknowledge, as I have previously, the trauma that has been experienced due to this event. For some reason, the Minister for Health is expected to out someone else's sexual assault when it is absolutely no-one's responsibility to do that other than the person who has been assaulted. I have looked back over previous press releases under the former government, and not once did a health minister put out a press release or do a media conference outlining that an assault had occurred in a hospital. It is a police matter and it gets referred to the police immediately. To somehow claim that there has been a grubby cover-up is outrageous. It has been through the courts. That is a public process. I will outline why that is such a distasteful claim made by the opposition.

As soon as the staff became aware of the incident, referrals were immediately made to the authorities, including the police, the Child and Adolescent Health Service, the child protection unit and the Department of Communities under the mandatory reporting requirements. A full review was conducted by the Child and Adolescent Health Service and immediate support was provided to both patients and their families. The chief executive of CAHS reached out to and met with the family immediately and briefed them on the root cause analysis and the process that would take place and ensured that they were referred to the appropriate supports and agencies for support.

RCA—root cause analysis—reports are essentially very technical documents. They are very impersonal. They do not describe someone's experience. Often when someone who has had a difficult experience in the health system

reads those reports, it feels very impersonal and does not reflect their experience. Those reports are designed to be confidential, full-disclosure reports so that staff will have no fear about any retribution from being completely honest about what happened. That is what they are supposed to be. The Australian Medical Association and the Australian Nursing Federation's view is that they should get treated like a full-disclosure, confidential document. That is what the document is. It allows the system to learn from its mistakes. That document is technical and impersonal, but it made some important recommendations. The chief executive requested a meeting with the family to run through the findings and recommendations. My understanding is that that occurred. Shortly after I was notified of the incident, I issued a show cause notice to the board of CAHS essentially requesting information about why the board should not be dismissed and to outline that it was taking this and other previous issues seriously and that it was providing appropriate governance and oversight of the organisation. Similarly, at the same time, the director general instigated a level 3 intervention at CAHS and also requested that the Office of the Chief Psychiatrist conduct an independent review. Again, the opposition falsely claimed that it was an internal review. The Chief Psychiatrist is an independent statutory officer and I think he would be deeply offended that somehow it was an internal review. He was requested to do an independent review. Shortly after the incident, I also met with the Mental Health Advocacy Service and the Mental Health Advocate to discuss the issue, as it was also considering conducting a review, which I fully supported, but asked that it wait until the RCA was complete and that the Office of the Chief Psychiatrist's review was complete so as not to inundate the family with multiple agencies and interviews at a time when the family really needed to try to heal and support their daughter. MHAS agreed that it should wait until the other reviews were complete. The MHAS review is currently underway. To provide some context, MHAS is also an independent statutory office, established under the Mental Health Act 2014. It is tasked with supporting and advocating for the rights of users of the mental health system. The two statutory independent offices that I requested investigate were the Chief Psychiatrist for oversight of the system, and the Mental Health Advocacy Service for oversight of patients, as well as the police inquiry. Three independent agencies made their own investigations into this incident.

The Office of the Chief Psychiatrist report provided 11 recommendations, with eight complete and three on track. I have outlined why those three are ongoing and continue to be being worked through. I am absolutely committed to them. It is wrong to say that we have had them for two years. That is another mistruth from the opposition to say that we have had the recommendations for two years. It is wrong. We got them at the end of last year. We have had them for a year. There have been successful budget submissions and most of them are complete. We are working through the infrastructure program without compromising the number of beds in the ward.

The OCP met with the Child and Adolescent Health Service board chair, the CEO, the child and adolescent mental health service medical and service co-directors and ward 5A clinical staff. It also interviewed both the families involved. It viewed CCTV footage, medical records and examined the CAHS root cause analysis. It was very thorough. Once the report was finalised, the Office of the Chief Psychiatrist met with the family and talked through the findings and recommendations of the report. All recommendations have been accepted. Action to address recommendations has been ongoing since the day the incident was reported.

A number of those recommendations were directly suggested by the parents of Florence. They were included and fully accepted. CAHS has strengthened identification of risk and handover processes, including sexual safety education. Immediate improvements were made to handover and risk assessments after the incident. The OCP inquiry took a number of months and was only received late last year. A budget submission for infrastructure changes was immediately made. As a result, \$7.7 million was allocated in the state budget to make changes to the ward, including structural changes and reconfiguration to improve the ward layout and improve the therapeutic environment for our children. This needs to be carefully planned so we do not impact bed availability on the ward. It is the only ward of its type in the state. We cannot afford to lose beds. There are children who need them. It has to be planned and staged so the ward is able to operate. It is a secure mental health ward; that is a major infrastructure challenge, but one we are implementing.

The working with families framework has been developed in consultation with consumers and carers and is in its final draft stage. It is awaiting feedback from those consultations and the Chief Mental Health Advocate before finalisation. I want to reassure the community that patient safety remains our highest priority, especially when children are involved. I want to reassure the family and the patient that this has been taken incredibly seriously, and we continue to make changes to improve this ward.

I understand that the opposition needs to ask questions and interrogate information. There is a way to do that responsibly and with dignity. It is a responsible way that provides dignity to the people involved and does not unnecessarily frighten people who may need to seek help from this ward. It is irresponsible to frighten people unnecessarily. We need to make the changes and those changes are being made.

The calls to release the report—again, my primary concern in this instance is the patient and not re-traumatising them. I have heard the Leader of the Liberal Party call for an open inquiry into this matter. This patient cannot cope

with a court process. What would that inquiry do? The focus must always be on not re-traumatising the patient, and allowing them to recover and heal, and not prejudice any future court proceedings that they may wish to undertake.

The root cause analysis is not a public document. It is intended to allow staff to be honest. The police report was based on staff interviews. I have heard some really wild theories from some quarters about the reporting and what occurred. The Children's Court released the transcript about what occurred, which was based on the police report, which was based on the interviews with staff. To say that somehow the government is making it up—is the member saying that the courts or the police are making it up? That was based on the interviews that the police took to the court proceedings.

The immeasurable damage done by the leaking of the RCA into Ashwarya's death is still felt. It is still felt, and we cannot afford as a system to allow for the damage to continue. There has to be trust in the root cause analysis process for all people involved. It resulted in an unwillingness of staff to participate in those processes. We cannot learn from those processes if staff are not willing to participate.

All the recommendations from the RCA have been implemented and, again, the OCP report recommendations refer to a just culture of staff reporting. The calls from the opposition to release the root cause analysis is the antithesis of that. That would not work towards a just and transparent reporting culture in Perth Children's Hospital. The OCP report contains sensitive information about two minors who were 13 at the time—both of whom need to recover from this incident, primarily the victim involved.

There is no public interest in releasing a blow-by-blow account of what occurred. That is not in the public interest. What is quite rightly in the public interest are the recommendations and the progress of implementation. The claim that I had buried this issue is so offensive. It is offensive beyond words. It is offensive beyond words that I personally had buried this issue. Members have seen the actions that have been undertaken. That kind of language is appalling—disgraceful! I dare members to say it outside. It is clearly not what has occurred. It has been through court process, which is a public process. I am and always will be of the view that when it comes to sexual assault it is only the victim's story to tell. It is not yours, and it is not mine. I stand by that decision and I stood ready to respond when she and her family chose to tell their story. I made that decision and I stand by it. I am not going to do anything that will prejudice future court proceedings, because court proceedings were discontinued at the decision of the family—in joint agreement between the DPP and the family, due to their daughter's current health and concerns around that. That should always be the priority. That does not mean it will not be picked up in the future, so I caution the opposition. I understand that this is a very grave and concerning incident. All my actions to date have pointed to the fact that I have taken it seriously, moved quickly and made significant changes.

The level 3 intervention resulted in a number of structural changes at CAHS, including a change of chief executive and a complete restructure of the executive. The head of service of the mental health inpatient unit has changed and the staff involved are no longer employed in the service. We are undergoing significant reform in mental health with the Infant, Children and Adolescents Taskforce. A multitude of recommendations have been accepted. The CAHS board has turned over significantly and has a laser focus on improving trust with the community, because it is so important. It is the only tertiary and quaternary child hospital that we have in this state and it understands the gravity of its role and the importance of getting this right. It takes that responsibility very seriously, as I do as minister. I deplore the cheap and nasty shots made by the opposition on this issue. Do it justice and treat it with some dignity and respect.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [3.49 pm]: I rise to make a contribution to this debate, cognisant of the way in which the minister just outlined the gravity of this situation and the dignity and seriousness it deserves. I note that the minister treated it in that way. I am very honoured to be able to serve as her parliamentary secretary, particularly when the government is facing such difficult circumstances as those presented by this case. This case calls for a bit of maturity and responsibility. The opportunity was there for the opposition to interrogate the way in which the government had handled this situation, but, unfortunately, as is often the case, it was prone to hyperbole, innuendo and exaggeration. Sadly, that undermines the difficult situation this family has been put through, because it appears to me that the opposition is politicising this horrible occurrence. Members heard in the summary provided by the minister that the government's priority when dealing with this situation was to respect the victim and the circumstances the victim was put in by the conduct of the alleged perpetrator. The Leader of the Liberal Party knows how vulnerable this victim is because she said that, but it was entirely inconsistent for her to know that and then to act in this way by raising allegations against the government. If the Leader of the Liberal Party appreciates the vulnerability of the victim, she must understand that it is imperative that we deal with this matter in a sensitive way.

Immediately upon being made aware of the allegation of what had occurred on ward 5A, there was police participation; the director general requested, under the statutory provision, that the Office of the Chief Psychiatrist undertake a review; and a root cause analysis was undertaken by the Mental Health Advocacy Service. Therefore, the police, the OCP and MHAS all conducted their own independent inquiries. That was not the time for a betrayal of patient confidentiality to take place. Those investigations needed to be undertaken in a way that stakeholders

felt their concerns were being listened to. I will talk about the RCA first. For an RCA process to work, staff need to be confident that their contributions will be recognised and dealt with confidentially. If that process is undermined and then a future event at a public health institution requires an RCA, because this is a tight-knit community, there will be a degree of reticence to participate in that process. Given these incidents are the basis upon which we improve the delivery of our health service for the community of Western Australia, any move to undermine the integrity of the RCA process needs to be resisted. That is the first point.

The second point is that the police conducted an inquiry. To suggest that this government was responsible in some way for covering up what happened while it let the police undertake their line of inquiry is frankly nonsensical and outrageous and does not bear any investigation or analysis. The police conducted their investigation and referred the matter to the Director of Public Prosecutions, exactly as we would expect.

Thirdly, the Office of the Chief Psychiatrist conducted an investigation. As the minister outlined, that report was done sensitively in consultation with the family, taking into account the circumstances that had transpired. When this hospital was opened, the Chief Psychiatrist had in fact signed something to say that the architecture of ward 5A was compliant, but one of the Chief Psychiatrist's recommendations in the report was that the physical environment of ward 5A be changed. That will require a significant capital investment. The report of the Chief Psychiatrist was handed down in September 2022 and the recommendations were accepted immediately. The government then went through the process of making a budget submission to access the required funds to undertake that capital investment. We can see how quickly the minister and the Department of Health responded. That money will be spent to give effect to the recommendation of the Office of the Chief Psychiatrist to renovate the physical environment of ward 5A. That recommendation will now go through architectural, planning and consultation processes so that we know that the new layout of ward 5A will work entirely appropriately. We will be retrofitting that ward. Notwithstanding what the Chief Psychiatrist said when the hospital was originally opened, he recommended that the layout be amended, so that will go through. That is one recommendation that is in the process of being implemented.

The other recommendation that is in the process of being implemented is the working with families framework. No matter what endeavour people are involved in, most people look to improve the way in which they do things all the time. People always look to do things better, more thoughtfully, more compassionately if it is in the health sphere, more effectively and more productively. No matter what someone's endeavour is, they are always looking to improve. The recommendation from the Office of the Chief Psychiatrist was that the working with families framework for ward 5A be co-designed by staff, patients, families and carers, together with the Mental Health Advocacy Service. The Mental Health Advocacy Service is an independent statutory body that is well versed in the circumstances of this particular incident by virtue of having completed its own independent investigation. The co-design of the framework will involve staff—mental health nurses, medical practitioners, peer workers and lived-experience workers—patients, families and carers. It will not be a simple process; it will be a complicated and difficult process. We want to make sure that the working with families framework will be effective. There is no benefit in rushing that process. When the Office of the Chief Psychiatrist made that recommendation, the appropriate, proportionate and responsible response was to say, "Okay, let's do this, but let's do this properly. Let's give real meaning to the recommendations that have been made."

The problem with the opposition's proposition is that it suggested that the release of the report was equivalent to providing a safe environment. That proposition does not match. The way to ensure that it is a safe environment is to look at the recommendations put forward by the experts and whether the government is implementing those recommendations. If the answer to that question is yes, the community can have confidence that our health system is safe. In fact, I would even go so far as to say that we are blessed with a world-class health system that is staffed by some incredible doctors and nurses. As somebody who has previously articulated support of nursing staff, I was a bit concerned by the comments from the Leader of Liberal Party that staff had sequestered themselves for no reason. I do not think that is a fair comment.

Ms M.J. Davies: She did not say that. That is not what she said.

Mr S.A. MILLMAN: That is what I heard, so if she did not say that, then I am —
Several members interjected.

Mr S.A. MILLMAN: Yes.

Mr R.S. Love: You cannot just make it up.

Mr S.A. MILLMAN: No. Furthermore, the Leader of the Liberal Party said that staffing was inadequate.

Ms L. Mettam: There were staffing issues.

Mr S.A. MILLMAN: Is the Leader of the Liberal Party suggesting that staffing was inadequate? It was not reported anywhere that staffing was inadequate. In fact, there were seven —

Ms L. Mettam: There were countless reports.

Mr S.A. MILLMAN: The Leader of the Liberal Party was talking about this circumstance, though.

Ms L. Mettam: You are making stuff up.

Mr S.A. MILLMAN: No, it is important that the Leader of the Liberal Party gets this right. It is important that —

Ms L. Mettam: You are saying that I said that staffing was inadequate.

Mr S.A. MILLMAN: The point is that this is an important and sensitive issue. The Leader of the Liberal Party has criticised the workers who were at work on that night, and I do not think that is appropriate.

Several members interjected.

The DEPUTY SPEAKER: Members!

Mr S.A. MILLMAN: I think that if she is going to move this sort of motion and she wants to criticise the staff who were there that night, she can make that argument.

Ms L. Mettam: You made it up.

Mr S.A. MILLMAN: No.

The DEPUTY SPEAKER: Members!

Mr S.A. MILLMAN: The Leader of the Liberal Party can make that argument, but the fact of the matter is that this government works with health workers to support them in the discharge of their functions, works to make sure that they are in a safe working environment and works to make sure that the recommendations of the independent inquiries are implemented. We will continue —

Ms L. Mettam interjected.

The DEPUTY SPEAKER: Leader of the Liberal Party! Carry on, member.

Mr S.A. MILLMAN: That is an interjection that does the member no credit.

Division

Question put and a division taken, the Deputy Speaker casting his vote with the noes, with the following result —

Ayes (6)

Ms M.J. Davies
Dr D.J. Honey

Mr R.S. Love
Ms L. Mettam

Mr P.J. Rundle
Ms M. Beard (*Teller*)

Noes (44)

Mr S.N. Aubrey
Mr G. Baker
Ms H.M. Beazley
Mr J.N. Carey
Mrs R.M.J. Clarke
Ms C.M. Collins
Mr R.H. Cook
Ms L. Dalton
Ms D.G. D'Anna
Mr M.J. Folkard
Ms M.J. Hammat

Ms J.L. Hanns
Mr T.J. Healy
Mr M. Hughes
Mr W.J. Johnston
Mr H.T. Jones
Mr D.J. Kelly
Ms E.J. Kelsbie
Ms A.E. Kent
Dr J. Krishnan
Mr P. Lilburne
Mrs M.R. Marshall

Ms S.F. McGurk
Mr D.R. Michael
Mr S.A. Millman
Mr Y. Mubarakai
Ms L.A. Munday
Mrs L.M. O'Malley
Mr P. Papalia
Mr S.J. Price
Ms M.M. Quirk
Ms R. Saffioti
Ms A. Sanderson

Mr D.A.E. Scaife
Ms J.J. Shaw
Ms R.S. Stephens
Dr K. Stratton
Mr C.J. Tallentire
Mr D.A. Templeman
Mr P.C. Tinley
Ms C.M. Tonkin
Mr R.R. Whitby
Ms S.E. Winton
Ms C.M. Rowe (*Teller*)

Question thus negated.