



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Abortion Services (Safe Access Zones) Bill:
Health and Social Care Trusts

9 December 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers
Mrs Deborah Erskine
Ms Órlaithí Flynn
Mr Colin McGrath

Witnesses:

Mrs Heather Jackson	Belfast Health and Social Care Trust
Dr Siobhan Kirk	Belfast Health and Social Care Trust
Mr Colin McMullan	Belfast Health and Social Care Trust
Ms Claire Galloway	Northern Health and Social Care Trust
Mr Kieran Quinn	South Eastern Health and Social Care Trust
Ms Caroline Keown	Southern Health and Social Care Trust
Ms Hilary Campbell	Western Health and Social Care Trust
Ms Maureen Miller	Western Health and Social Care Trust

The Chairperson (Mr Gildernew): I welcome, by StarLeaf, from Belfast Health and Social Care Trust, Mrs Heather Jackson, interim director of trauma, orthopaedics, rehab, dental, ENT, obstetrics and sexual health; Mr Colin McMullan, co-director of maternity, dental, ENT, gynae and sexual health services; and Dr Siobhan Kirk, associate specialist in gynaecology and clinical lead in sexual and reproductive health. From the Northern Health and Social Care Trust, we are joined by Claire Galloway, head of the sexual assault referral centre (SARC) and sexual health services. From the Southern Health and Social Care Trust, we are joined by Dr Caroline Hunter, lead for early medical abortion (EMA) pathway, and Caroline Keown, assistant director for integrated maternity and women's health. From the South Eastern Health and Social Care Trust, we have Kieran Quinn, interim assistant director for women and acute child health. From the Western Health and Social Care Trust, we are joined by Maureen Miller, head of midwifery and gynaecology, and Hilary Campbell, lead nurse for public health.

That is an extensive panel, and we will have difficulty in managing it. If members have a question for a specific trust or individual, they should indicate that. If not, I may tic-tac with Caroline Keown to see whether she thinks that a question would be most effectively directed to another panel member. I will try to pick up on panel members indicating on screen, but it is difficult with a dynamic session. We will work our way through it.

I go to Caroline Keown, in the first instance, to check that we have her online and that she can hear us OK.

Ms Caroline Keown (Southern Health and Social Care Trust): Yes, Chair [*Inaudible owing to poor sound quality.*]

The Chairperson (Mr Gildernew): We are hearing you but not seeing you. I do not know whether you can do anything about that with your settings. I am hearing you, which is the most important thing.

Ms Keown: I am experiencing some technical issues this morning, so it may well be audio only. Apologies for that.

The Chairperson (Mr Gildernew): OK. The audio is a bit haphazard. A headset normally helps, if you happen to have access to one. I ask members and everyone on what is a large panel to go on mute when not speaking. That will help with the sound. If, where possible, people can use headsets, that will also assist with the sound. Apologies that my camera was off for a large part of that, but I think that I am back on track now.

Hopefully, Caroline, we can hear you a little better now. I go back to you for opening remarks, and then we will go to members' questions.

Ms Keown: Chair, is that a little better?

The Chairperson (Mr Gildernew): It is a little better, but it is not great, Caroline. I am a wee bit concerned about it, particularly in light of the fact that you are doing the remarks for all the trusts. Let me try it again, and I will let you run a little bit this time, to see how we get on.

Ms Keown: The other trusts have the opening statement, so, if it is easier, maybe one of my colleagues will assist me by sharing the opening remarks.

The Chairperson (Mr Gildernew): We will need that. Your sound is poor, unfortunately. I ask one of the other panel members to indicate that they will go through the opening statement, and then we will go to Committee members. I only see Dr Siobhan Kirk. Would you be willing to go ahead with the opening statement?

Dr Siobhan Kirk (Belfast Health and Social Care Trust): I have not seen the opening statement. I am an extra add-on. I can ad-lib if I have to. I do not know whether Heather Jackson or Colin McMullan from the Belfast Trust are online. I know that everybody has been having great difficulty getting on to StarLeaf. We have never used it before.

The Chairperson (Mr Gildernew): OK. I see Hilary online. Clerk, do you have any indications from any of the panel members?

The Committee Clerk: No, Chair. I can see that Hilary, Dr Kirk and Caroline are on. There is somebody else in the audience whose mobile phone number is showing. We cannot not bring them into the panel because the mobile phone number would show. At the minute, it is just Siobhan, Hilary and Caroline on.

The Chairperson (Mr Gildernew): OK. Hilary, I will check with you. Caroline has advised that some of the other panel members may have access to the opening remarks. Do you have those, and are you able to go through them for us?

Ms Hilary Campbell (Western Health and Social Care Trust): Good morning, everyone. My name is Hilary Campbell, and I am a head of service for the Western Health and Social Care Trust. I have been asked to attend this meeting, but I do not have those opening remarks. I am here on behalf of the trust to give some evidence. That is my role. I had a few problems getting on. My colleague Maureen Miller from midwifery is hoping to join us as well. She is in the room. I am not sure why you cannot see her. I have just contacted her.

The Chairperson (Mr Gildernew): OK. I suggest that we get some opening remarks from you, Dr Kirk. I appreciate that you do not have the remarks in front of you, but you can set out some of the context, and we can see whether we can bring other panel members online as we go through.

Dr Kirk: Thank you. On behalf of all the trusts, I want to say that we are delighted to be able to at least attempt to talk you about this. All trusts are very supportive of the safe access zones Bill, and, as you are aware, all trusts have submitted some written information. There have also been written submissions from other organisations, including two that I am involved in. I am a fellow of the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG), and they have submitted a joint response on the Bill.

As you know, since April 2020, the majority of trusts have been providing early medical abortion services, and the majority of trusts — all except the South Eastern Trust — have also been victims of protests outside the clinics. That has had a significant impact on staff, on patients accessing abortion care and on patients accessing other healthcare in the buildings. It has also affected passers-by, and, particularly at our College Street clinic in Belfast, local businesses have been affected. It has really become an issue since the beginning of January 2020, and most clinics experience at least weekly protests. They tend to be from two separate groups: Precious Life and a group that is now called Abolish Abortion NI. Two of the trusts have had to move their clinic locations as a result of significant harassment and intimidation, not just to the staff but to patients. In the Belfast Trust, we have had to employ a security guard, to blacken out our windows and to contact the police on several occasions due to intimidating, aggressive behaviour.

There are obviously effects on the patients who are accessing care. They are very distressed. Some of those women are very vulnerable and in a state of emotional distress to start with. It has effects on the staff. It is not nice coming into work and being called a "murderer", having the entrance to your work premises blocked, having holy water thrown at you and being threatened with being recorded. That happens to staff and patients.

Not all the staff working in those clinics are involved in abortion care. Some of my staff are conscientious objectors, but they still find what is happening outside the clinic absolutely abhorrent. Patients are coming in in a very distressed state. We have had a couple of women who have come in to access healthcare for investigation of abdominal pain. One of them had a ruptured ectopic pregnancy and had to go straight to admission for theatre, and the other had to have an operation on her ovary. They spoke to the police, and, if they had turned away when they saw the protest and had not accessed care, there could have been very serious consequences.

The protesters say that the protests are peaceful and that they are praying and offering support, but some of their behaviour is quite aggressive, and there have been examples of that in some of the written submissions. They do not know what circumstances these women are in. A couple of weeks ago, we had a woman who has been diagnosed with terminal breast cancer after becoming pregnant with a planned pregnancy, and she was very distressed about the fact that she has to have an abortion to try to give her the best chance of survival because she is starting chemotherapy. They were particularly aggressive and abusive towards her, and the police were involved in that case. We have a lot of vulnerable women who are asylum seekers. Recently, there was one who was sexually assaulted on her way here from Eritrea, and she was already very distressed about having to come for this treatment and had significant harassment outside.

Sorry, I am maybe going on a bit, so I will stop there. I see that Colin McMullan from Belfast Trust has joined us.

The Chairperson (Mr Gildernew): I have to say that that in itself is quite a stark and shocking opener to an evidence session. I am very conscious that we are talking here about women and children accessing services. We are also talking, in some instances, about people who, as you said, are accessing other services. Furthermore, I take it that this will be impacting, without the protesters necessarily knowing it, people who are trying to continue with the pregnancy. It may be a very difficult pregnancy, but they have made that decision and are seeking help. They are also getting caught up in the protests. I have to say that I think that, having heard some of the things that you have mentioned already, it is absolutely disgraceful and unacceptable that people are being subjected to that level of harassment and abuse.

My first question to you, Siobhan, or any of your colleagues is about your view on the definition of harassment. Based on your experience of witnessing some of those so-called protests, what should be included in the definition of harassment?

Before I take your answer, I want to say that I absolutely believe in people's right to protest, but I think that what you have described goes well beyond that. As a mature and civil society, we should be able to recognise the difference between, potentially, assault, harassment and abuse and a legitimate protest that people may want to undertake. No one whom I am aware of is seeking to undermine legitimate protest. What are your views, Siobhan, on what should be included in the definition of harassment?

Dr Kirk: For a start, blocking the entrance to a clinic is harassment. Even seemingly innocuous behaviour like standing quietly and handing out leaflets can be harassment, because some of the leaflets that are handed out are completely medically inaccurate, suggesting that there is abortion pill reversal. There is not, and it can be dangerous. Some doctors offering that have been under GMC restrictions. Some of the leaflets suggest that abortion causes breast cancer, which is absolute nonsense. Even just being looked at and watched coming into the clinic can be harassment. All people have a right to safe local access, and it should be confidential. Any healthcare should be confidential, particularly sexual healthcare and abortion care. These people are standing and seeing everybody going in and out of the building. For some women, even just being watched and looked at is a form of intimidation. Occasionally, those people are grabbing their arms and opening up handbags to force leaflets into them. *[Inaudible owing to poor sound quality]* social media pages.

The Chairperson (Mr Gildernew): That is extremely concerning. I am genuinely shocked at the idea that any woman or child who has been sexually assaulted should be forced to run the gauntlet. I am deeply conscious that staff are being impacted as well. I am not dismissing that. It is absolutely ridiculous.

I know that it is quite a difficult question, given that a lot of the services are site-specific — I think that that is an appropriate response to take — but, in general, do you or any of the rest of the panel have any view about the size of the exclusion zone that should, potentially, be considered?

Dr Kirk: The RCOG, the FSRH, and the Belfast Trust, in its statement, have suggested that it should be 150 metres, which is what it has been in other countries where those zones have been introduced, such as Australia and Canada. Women need to be able to access public transport or to get to their car safely and get away from the clinic. Maybe somebody else wants to come in there.

The Chairperson (Mr Gildernew): Colin McMullan is looking to come in. Go ahead, Colin, please.

Mr Colin McMullan (Belfast Health and Social Care Trust): Hi. Thank you. I am a co-director in the Belfast Trust. I have had difficulty joining. I am just on my mobile, so I hope that you can hear me.

The Chairperson (Mr Gildernew): We are hearing you, Colin.

Mr McMullan: I would echo what Siobhan said about the forms of harassment. We have had occasions when women were leaving our clinic and protesters walked beside them and followed them up the street. Again, they were not, in any way, shouting, as they sometimes do, or spitting, as they sometimes do. They were just talking and walking alongside them, which, of course, is also harassment. We believe that the exclusion zone of 150 metres is appropriate, particularly with regard to our clinic in College Street, which is at the back of Boots in the city centre. We want our women to be able to access public transport and the Glider or buses at the city hall, if they have to, without being accompanied and the protest following them. That is very important.

As a bit of context: we asked our team to start recording incidents on our incident management system. We have recorded 41 incidents since March. I do not believe that that is anywhere near the total number of incidents that have actually occurred, but 41 have been formally recorded since March in what is a weekly clinic.

The Chairperson (Mr Gildernew): Thank you, Colin. I will go across to other members. Panel members can indicate to the Clerk if they want to come in on a particular issue. That might assist with it. I will go first to Deborah Erskine. Deborah, go ahead, please.

Mrs Erskine: Thank you, Chair. I just want to say to Dr Kirk that that was really stark, and it is important that we, as a Committee, got to hear those examples. From the outset, I want to say that abuse and harassment at healthcare settings is wrong, no matter what the healthcare setting is. It is obviously a sensitive situation. It is a sensitive and emotive topic. Nobody deserves to go to a setting

to be subjected to upsetting comments or anything like that. The key here is compassion. Several pro-life groups have affirmed that in their submissions to the Committee's call for evidence. I think that we can agree that we cannot tar everybody from a pro-life organisation with the same brush.

I have a couple of questions about the Bill. What discussions have taken place between the trusts and the police on the viability of the Bill's provisions? Do you think that the buffer zones may displace the protests elsewhere? What implications may that have for other parts of your estate and even for your staff? Do you think that there may be a continuous police presence on your estate to enforce the buffer zones?

Dr Kirk: We have had quite a lot of discussions with the PSNI in Belfast. The police are very supportive and are aware that, on Thursdays, this happens. They walk round regularly, and we have contact numbers. We have a good relationship with the PSNI. However, at the end of the day, it says that it is not its responsibility. The police are very supportive of buffer zones. They are busy doing other things and cannot constantly stand outside our clinic. In other trusts, clinics have moved location, and that has helped rather than created other issues. Claire Galloway might want to come in on that.

Ms Claire Galloway (Northern Health and Social Care Trust): Thank you for the invitation. We have had to move our location on at least two occasions. In the Northern Trust area, our clinic was facilitated in the Ballymena area. We had to relocate to a health centre in Coleraine, where weekly protests continued until the end of June. Incidents have been escalating. We had about 15 incidents where the seriousness was such that we went back to the senior management team in the Northern Trust, and it approved that we could relocate to a hospital site.

Since we moved back to the hospital site, there have been no further incidents. For us, that is evidence that these services should be situated on hospital sites.

As Siobhan says, the trend is that protesters outside have intimidated staff and clients. They use graphic images and language. Staff members of other services have been distressed due to personal circumstances. Service users attempting to enter the clinic have twice been blocked by protesters, who pressed a plastic fetus into their hands. These are all service users who have submitted official complaints to our trust's complaints process. They have been forced to take leaflets. So I agree with Siobhan. I am the head of service for the Rowan sexual assault referral centre in Northern Ireland as well as of contraceptive services. I must say that everybody has a right to healthcare and especially the victims of sexual assault, as well as anyone else who chooses to access a service.

Mrs Erskine: Chair, may I come back on a point? I will be very quick.

The Chairperson (Mr Gildernew): Go ahead, Deborah.

Mrs Erskine: Dr Kirk, you said that the police say that it is not their responsibility. Will that still be the case if a buffer zone is in place? Who enforces the buffer zone? Will your staff have to monitor it? Each estate is different and will have to take into consideration how extensive their respective buffer zones are. I am trying to tease that out.

Dr Kirk: I am a clinician and am there to look after the women. The legal ins and outs of that are beyond my control. However, if it is legislation, I assume that the PSNI is able to take action. The PSNI has told us that, for harassment, one has to be harassed by the same person on two occasions for it to count as an offence. Unfortunately, these protesters have been at this game for a long time, and they know what they can get away with. Quite often, one protester harasses a service user on her way in, and a different protester harasses her on her way out.

I should mention that sometimes women are recognised by these protesters. In Belfast, there is a clinic masquerading as an abortion clinic, and it is run by the same group of people. Women quite often access services with that clinic first of all. They are forced to have scans and there are attempts to delay treatment. Then, when the penny drops and these women realise that these people are not going to help them to access abortion, those people turn quite nasty and keep ringing the women and swear at them down the phone. When the women discover where to access services, they can well come across those same people standing outside the door. That is another big issue.

Mrs Erskine: Thank you.

The Chairperson (Mr Gildernew): OK. Thank you, Deborah.

Ms Bradshaw: I have to say that I am incredibly angry about what I have heard so far. It is pretty shocking, and I did not realise that it was quite so bad. I applaud you all for your professionalism in dealing with that. It is unbelievable that it is happening.

My question is about the cost of having to relocate, to appoint a security guard and to record those incidents. What is the cost in hard cash for those things? I will come on to the staff in a moment. Is there a figure, and has the impact on very tight trust budgets at present been recorded?

Ms Galloway: I will answer that, Paula. We already have tight governance systems in place in the trust. We submit through an electronic reporting system, and an electronic report is pulled from that. I do not know that a lot of resources are used for reporting incidents.

Ms Bradshaw: There will have been a cost incurred in relocating to a different venue, including getting the IT guys in and that sort of thing, alongside displacement. Has that been evaluated?

Ms Galloway: I do not have figures to hand, but I can submit some costs. We have had to relocate three times, and there have been IT and furniture costs. I will be happy to submit some costs, if required.

Ms Bradshaw: OK. Thank you. I will move on, but I will ask whether any of the trusts can identify costs to submit to the Committee.

Have any staff had to take time off sick because of the level of harassment? What is the triggering impact of having to support women over and over again who have had to experience that? Again, is there a record of how much time staff have had to take off?

Ms Galloway: One doctor who was providing the service has stopped doing it. That was partially due to the effect of the protests.

Ms Bradshaw: I have two final points. I want to ask the Clerk whether we can write to the Minister to ask him what he is going to do about Stanton Healthcare not being a regulated organisation. What I have heard today is unbelievable. We have heard some things about it, but what we have heard today takes it to the next level.

My second question is about the Bill. Does it include being spat on and being soaked in holy water? We need to make sure that every single aspect of harassment is included in the Bill.

Thank you all for your service in this time of uncommissioned services.

The Chairperson (Mr Gildernew): Thank you, Paula. Colin is looking in, so maybe he can pick up on that question as well as on the earlier point.

Mr McMullan: The cost of having a security guard was not too significant. We have someone in place on the days when the clinic is on. It is not a significant outlay for the trust, but, in saying that, it is an additional cost. There is a time cost for our very dedicated clinicians, who are spending longer with those women when they arrive. We want to deliver compassionate, high-quality healthcare, and they are arriving through the door in a very distressed and emotional state. There is a cost of time for the healthcare provision.

The Belfast Trust has not been able to relocate its services to hospital premises. I have to assure you that that is a massive task. Our estate is extremely limited, and we are constantly struggling to find premises for new services and for changes to services. It involves significant disruption when you are moving people about. In Belfast, we are significantly restricted in that regard; if we had an easy solution, we would use it. That would present a significant problem to us.

As others have done, I pay tribute to the dedication of the team. They are so committed to these women, particularly given the adversity that they face. There has not been too much staff absence due to harassment, because the team — Siobhan and her colleagues and others across the trusts — are so determined to help those women.

Ms Bradshaw: I appreciate that extra information; thank you.

Mr Chambers: Nobody could condone any of the conduct that we have heard about this morning. As the Chair said, the right to protest is an important right, but that behaviour goes way beyond what is acceptable. Certainly, I want the Bill to protect all staff at and visitors to those centres in all circumstances and situations. Do any of the contributors this morning have any concerns that the location of the protests could shift to trust offices or even the homes of senior staff, if new laws are brought in about safe zones around the clinics?

Dr Kirk: Yes, the threat to staff is very real, and we are all aware of that. You may be aware that, in America, some doctors who provided abortion care have been murdered. That is, obviously, the extreme, but there is always the possibility. It is easy to find out who is involved. We have published scientific papers. None of us is ashamed about what we do to help those women. There is the possibility that we could be followed to our cars, and it would be easy enough to find out where we live. Serious concerns about that are always at the back of our minds.

Mr Chambers: Do you think that, perhaps, the new Bill should have something built in to extend that protection? Earlier, contributors said that the current law on harassment could come into play, but I am not so sure that it would provide the protection. Do you feel that an additional clause in the Bill around harassing staff in other situations, be it their home or place of work, would be a useful inclusion in the Bill?

Dr Kirk: Yes, I think that it would. I do not know how it could be set out or what exactly it would involve. Obviously, protests can happen anywhere. If we get the buffer zones, protests can happen anywhere else. It is not impossible that a gang of them could be outside my front door some day.

Mr Carroll: Thanks again. In a way, you are only providing basic healthcare, but you do that in a very difficult scenario, and you are faced with challenging and, I would say, grotesque behaviour from anti-choice activists, so thanks, even though what you are doing should be uncontroversial.

I have two questions. Are any panel members, specifically Dr Kirk and Colin, aware of anybody outside the Belfast site who has been charged for harassment or intimidation for that kind of activity, either in Belfast specifically or elsewhere? Also, we had a briefing from the Human Rights Commission earlier this week, and its representatives suggested including audio recordings. There have been cases where noise has been played; I do not know how to describe it, but it is basically very distressing sounds in order to intimidate, guilt and have a horrible impact on women. Has there been any of that kind of behaviour, either specifically outside the site or beyond the 100-metre zone that is suggested? Hopefully, that question came across OK. I can clarify it, if required.

Dr Kirk: I am not aware of anybody being charged. A couple of weeks ago, they were given a warning for antisocial behaviour, but that is as far as the police have gone, as far as I am aware. In other trusts, there have sometimes been significant noise problems with loudspeakers. In, I think, the Northern Trust, one organisation had loudspeakers, and it particularly targeted the doctors and suggested that their souls were damned. There was a lot of hellfire and brimstone. That was at a health centre; health visitors and GPs were working in there, and everybody could hear it. I have not heard anything outside in College Street, but we have brick walls around us and are further down at the back. I have not heard shouting or loudspeakers outside our clinic in College Street.

Mr McMullan: When we met PSNI officers in Belfast, they explained the definition of harassment in legislation. They explained that, unless it is physical or, as Siobhan said, the behaviour is repeated, meaning that an individual targets the same person twice or more, it does not constitute harassment. The protesters are very clever at staying within the confines of the law. In throwing holy water, they are going over the line a little bit. The PSNI also confirmed that you are allowed to video anyone in a public street. The police cannot do anything about that either, unless a child is involved: there are restrictions around that. Someone can go into a public street, however, and film. The PSNI said that it is very restricted unless protesters step over the line and lay a hand on someone or inflict continued abuse on an individual; however, it said that having a safe buffer zone in legislation would protect our staff and patients because it would mean that protesters were breaking a law and the PSNI could therefore intervene.

Mr Carroll: Thank you.

Mr McGrath: I do not really have a question. What I was looking to ask has been answered. I want to show my support for what we are hearing today, however. Sometimes, people say that there is a thin line between protesting and harassment or intimidation. There is not a thin line here, however; it is blindingly obvious that what is happening is intimidation. We need to have these evidence sessions to help to inform the legislation that we need to put in place. I support the staff here today and what they have said.

Ms Flynn: First and foremost, thanks very much, Dr Kirk and the rest of the panel, for the evidence that you have given this morning. Members seem to be in agreement that, from what we have heard, the experience being suffered by women, girls and, indeed, your staff is despicable. It is difficult to listen to it, never mind experiencing it. Thank you for sharing it with us.

I want to ask a question on the regular engagement that you have had, thankfully, with the PSNI in trying to agree strategies to reduce and mitigate the stress and harm that staff and patients have been enduring. That engagement was mentioned, I think, in the correspondence from the Belfast Trust. It should not have got to that stage, but it is good to hear about the strategies of blacked-out windows, security guards and CCTV. Clearly, however, even all those mitigations and strategies are still not working. My concern is that they are not resolving the situations in which people are having to endure aggression and abuse from so-called protesters.

I think of the example that Dr Kirk gave of the cases of two women, in the particular circumstances of their physical health, and the fact that, if the women had not presented at the clinic for medical care, they could have lost their lives. They could have died as a result of that. That has been the most powerful testimony that we have received today, and that is the reality of what we are dealing with. It is not about protests; it is about threat to life. Clearly, both women could have lost their lives, and that is really worrying.

I am sure that you are in agreement, but, with all the good work that you have tried to do in mitigating what you are going through, is it your opinion that CCTV, blacked-out windows and security guards are not enough and that the Bill will, hopefully, do more to do away with the behaviour and let you work in peace?

Ms Galloway: I will come in on behalf of the Northern Trust, Órlaithí. Absolutely, we agree that buffer zones should be put in place. We have tried to mitigate. For every set of circumstances, we have tried to put in place some sort of rationale and protection for our service users. In reality, we are in a hospital site because we have no other option in trying to ensure that our service users are kept safe. I believe that we should be in the community. We are in a hospital setting to ensure, as far as we can, that disruption and distress to service users are minimised.

With live-streaming, it is about the emotional and mental abuse that our service users have to live with. It could take 30 minutes to calm somebody down when they come into the clinic, before the clinicians even start the consultation. On top of that, the belief and fear that, somewhere along the line, the recorded information could be posted on social media has long-term mental health repercussions. Women do not take attendance at our services lightly. It is a huge decision for any woman to make. The issue of their also having to live with the ongoing psychological fear of what will happen to that filming, which they have absolutely no control over, needs to be addressed urgently.

The Chairperson (Mr Gildernew): Órlaithí, is there anything further?

Ms Flynn: No, Chair. I thank the panel again.

The Chairperson (Mr Gildernew): I reiterate the thanks to the panel and, indeed, Colin's remarks about the difficult scenario in which you work. Although members will have had a broad understanding, from previous briefings, about the difficulties, your evidence on the impact on women and girls seeking a range of healthcare and on staff, to whom we all have duty, is of a different quantum. That has been glossed over in a sense, because we have focused on the people accessing the services, but staff members are experiencing the same things. It is crucial that that is understood.

I thank you all for the work that you do every day, with the stress and difficulties in the sector, and in particular for coming to the Committee and addressing that. I think that Kieran is looking to make some brief remarks before we close.

Mr Kieran Quinn (South Eastern Health and Social Care Trust): I have a comment from the South Eastern Trust perspective. Apologies for being late. I had technical difficulties when trying to get into the meeting. Since we started our service in June 2020, we have not had any protests outside our facilities. We run our facilities from a hospital site in the trust, and we have not had any protests or heard concerns from staff, but I emphasise what has been articulated. Our staff have the fear, in the background, that they could encounter that at any point, and, obviously, we want to support them. The South Eastern Trust supports colleagues in the other trusts on all that has been discussed.

The Chairperson (Mr Gildernew): Thank you. Do any panel members who have not had an opportunity to speak, particularly from the trusts that we have not heard from, want to make brief remarks? Does anyone wish to come in?

Ms Campbell: You were talking about the importance of staff. We have a valued member of staff off sick, and, because of that, a service is not being delivered. We are based in the community but have firm plans to move into a hospital environment because of this problem. At present, although we do not have a service, we still have the protesters who come and stand outside that particular health centre each week. Irrespective of the fact that no service is being offered there, staff are still aware that this is happening. We have electronic mechanisms to report it, and we work closely with the PSNI. Even where services are not delivered, it continues to have a huge impact on staff.

The Chairperson (Mr Gildernew): Thank you for that, Hilary. Does anyone else on the panel want to add or contribute anything at this point? I see no one indicating, so I will wrap up. I wish you all, and your staff, all the best. Please extend our solidarity to the staff who feel under such pressure in the delivery of healthcare services. In this day and age, it is absolutely ridiculous.

Thank you all for attending our Committee session and contributing to our scrutiny of the Bill.