Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Mental Health (1986 Order) (Amendment) Order (Northern Ireland) 2021: Department of Health

4 February 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
Ms Órlaithí Flynn
Ms Carál Ní Chuilín

Witnesses:
Mr Tomas Adell Department of Health

The Chairperson (Mr Gildernew): This statutory rule (SR) extends from three months to six months the period that must elapse for a second opinion to be required for the continued administration of medicine to detained patients. The Committee was briefed on this SR and other temporary amendments to the Mental Health Order at last week's meeting but deferred its consideration of the SR pending further information from the Department and the report from the Examiner of Statutory Rules.

I advise members that a response has been received from the Department. It provides further information on staff absence and the increased demand for mental health provision. It also provides the Department's reasons for the SR not including a sunset clause. The Department has committed to providing periodic updates to the Committee on the extension and how it is being operated.

Mr Tomas Adell is available to respond to any further issues that members may wish to raise on that matter, or it may be the case that members are now content with the clarification and willing to consider the SR.

Mr Tomas Adell (Department of Health): Good morning.

The Chairperson (Mr Gildernew): Tomas, fáilte romhat to this morning's meeting. Thank you for coming back to our Committee. Tomas is from the adult mental health unit in the Department of Health. A couple of members have indicated that they have further questions. We appreciate that you briefed us on this last week and have provided some updates.

Ms Flynn: Thanks, Tomas. We appreciate the detail that we received in response to some of the questions last week. It includes a table showing the number of staff currently absent from work or self-isolating. Is it possible to get a sense of the proportion of staff who are absent? For example, in the Belfast Trust, 18 staff are absent due to COVID, but 18 of how many?

You have listed a number of immediate pressures, and, obviously, the inpatient units are under pressure at the moment. Some of the information there is really stark. One point that jumped out at me was that, due to COVID-19 pressures, the Western Trust is currently unable to admit female patients, which is really frightening. Looking down that list, we can see the pressures that mental health inpatient units are under.

One other bullet point highlights the fact that, in some cases, the number people requiring inpatient treatment has doubled, so I understand the pressures that you are facing. Much of the rationale that you gave last week about extending the period for receiving the second medication was understandable, and you said that you were going to have weekly meetings. What would be the easiest way for you to communicate with the Committee on that? We should definitely receive regular updates. We need to see how many times the measures have been required and keep track of whether they are still necessary. I appreciate all the detail that you have given us.

Mr Adell: I am very happy to be as frank as we need to be, because the figures are stark. I can provide the assurance that, although the Western Trust might not be able to admit female patients, anyone who needed to be admitted has been admitted. They may not be in the closest hospital or in the right trust, but we have been able to admit everyone. The trust has been working really hard to make sure that that has been possible.

I am happy to provide updates as and when you want them. Weekly is possible, but that might not be that helpful, given that there might not be much change from week to week. It might be easier to provide written updates every two weeks. I have no problem doing that, if that would be helpful to you.

Ms Flynn: Thanks very much, Tomas.

The Chairperson (Mr Gildernew): Yes, thank you, Tomas. The Committee would appreciate that. We will touch on and confirm that at the end.

Ms Ní Chuilín: Thank you, Tomas. I am new to this, so I found the information helpful. I have some questions that, hopefully, you will be able to answer. First, I am concerned about the outcome of this, particularly given that inpatient beds were removed from Holywell. What impact will it have? Secondly, was an equality impact assessment done? I believe that we are in danger of breaching women's equality rights.

Mr Adell: We screened the time period for the second opinion and found that it did not have a significant negative impact. It had a minor negative impact that can be mitigated.

Not being able to admit women in the Western Trust is not a policy decision; it is a matter of fact that, because of outbreaks on the female wards in Grangewood, there is simply not anywhere to admit the women. It is not the desired position at all, but it is the reality that we are facing. The trust has been working hard to ensure that everyone who needs to be admitted can be admitted, and the trusts have been cooperating well. If someone from Grangewood cannot be admitted in the north-west, they will find the closest available place for them, which is often in Causeway or Holywell when they can admit, or the Tyrone and Fermanagh Hospital in Omagh, which is also in the Western Trust. We are trying our very best to ensure that service provision is available, but, with current pressures, it is very difficult.

Ms Ní Chuilín: I appreciate what you are saying, Tomas, but equality screening and equality impact assessments are two different things. An EQIA needed to be done on that. What is the situation in Holywell, given that the inpatient beds were closed?

Mr Adell: We had four outbreaks in Holywell. None of them has been declared over, but two of the wards have had no positive patients for the last 10 days, so they can admit patients again. Two wards still have COVID patients and, therefore, cannot accept admissions, but people can be admitted to Holywell if needed. That is due to COVID and infection-control reasons. It is not the decision that we wanted to take; we simply do not want to admit patients into wards where there are active COVID outbreaks.

The Chairperson (Mr Gildernew): Is that OK, Carál? *[Pause.]* Pam, could you go ahead, please?

Mrs Cameron: Thanks, Chair, and thanks, Tomas. Your response to Carál's question on Holywell is pretty concerning. For clarity, did you say that there have been no positive cases among patients in the last 10 days?

Mr Adell: In two of the wards there have been no positive cases among patients for the last 10 days. In the other wards, outbreaks of new cases have been detected within the last 10 days. That was the situation on Tuesday at least. Therefore, staff are not admitting new patients to those wards.

When new patients are brought into those wards, they are being kept in an admission area and screened for COVID to make sure that they do not mix with the general population on the wards. It is one of those things. If you have an outbreak on a ward, you have to minimise the risk to everyone and not admit new patients into a COVID environment.

Mrs Cameron: I understand. That is very difficult to manage. Fifty-eight staff in Holywell were affected with COVID. Do we know how it was transmitted? Was an investigation carried out into how so many contracted it?

Mr Adell: There is some thinking about that. We do not have conclusive evidence, but we think that there were different mechanisms and routes in. We know that a couple of patients in the dementia ward and the older-age psychiatry wards came from physical health hospitals, and it is believed that they were admitted there with COVID or became COVID-positive in those hospitals, because they were tested very shortly after admission into Holywell and would not have been able to acquire it there.

On the staff outbreaks, there is a suspicion that there might be some patient-to-staff transmission and some staff-to-staff transmission, but, because community transmission is fairly high, it is hard to determine whether staff have become COVID-positive when working in the hospital or through social interactions outside hospital and in the community.

Mrs Cameron: OK. That leads me to ask whether testing is happening before patients are transferred from one part of a hospital to another. That would seem to be pretty important, given your answer, Tomas.

I also want to ask about the rate of uptake of vaccination by members of staff in the mental health field in particular. Do we know what percentage of staff have taken up the offer of the vaccine? If that percentage is not high enough, we need to encourage them to go ahead and get a vaccination in order to protect the service.

Mr Adell: All patients are tested when they are admitted. Testing procedures are carried out in line with infection control, so patients are tested regularly in line with all current guidance and procedures. That is how we are picking up some of those cases. Most of the staff who have tested positive have been asymptomatic, so they have not been unwell, but we have picked them up through regular testing. That is obviously a very good thing, but it causes pressures on the system.

When it comes to vaccination uptake, I do not have numbers for staff in mental health services other than trusts reporting that there is good uptake. I have not come across any views that suggest that mental health staff on the inpatient wards are not accepting the vaccine. I can probably find out exact figures for you, but I have not heard any concerns from trusts about uptake in those areas.

Mrs Cameron: It would be good to get those figures. Avoiding close contact is very difficult in hospital settings, particularly in the mental health unit. It would be good to have that detail, if you do not mind.

I will comment that that number of asymptomatic cases really highlights the problem that we have in the community of trying to control the virus. I just wanted to comment that, if all those 58 people were asymptomatic, that demonstrates how difficult it is to control the virus. We really need to be very cautious in the community too.

The Chairperson (Mr Gildernew): Jonathan appears to have dropped off the call. We have not managed to get him back on. If he has any questions that he wants to submit, we will forward them to you for consideration, Tomas, if you are content. We will go ahead and make our substantive consideration. Before I let Tomas go, is Jonathan available online?

The Committee Clerk: He is not on the call at the moment.

The Chairperson (Mr Gildernew): OK.

Thank you for that, Tomas. If there are any subsequent questions, we will forward them through. We will make our consideration now, but we will let you go. Thank you.

Ms Ní Chuilín: I am sorry, Chair. May I ask Tomas whether the Equality Commission or the Human Rights Commission were consulted on the SR? I note that the explanatory and financial memorandum says that the Public Health Agency, the health and social care trusts and other professional bodies were consulted. I note the word "others". Were the two commissions included as "others"?

Mr Adell: We did not discuss it with the Equality Commission or the Human Rights Commission.

The Chairperson (Mr Gildernew): Would that not be a very obvious thing to do, Tomas, given that time does not allow for some of what would be necessary equality screening on issues like this? Will you commit to saying that that will happen in future?

Mr Adell: We conduct an equality screening in line with normal procedures. Obviously, the Equality Commission would be informed of that in line with normal procedures. In essence, we have followed what we usually do in these matters. When we have significant equality and rights concerns, we involve the Human Rights Commission, as it is appropriate to do so. That is what we have done in the past, and I am quite happy to commit to doing that again, because it is something that we do.

The Chairperson (Mr Gildernew): I see that your hand is raised, Órlaithí. Are you looking in again?

Ms Flynn: No. I forgot to mention the report from the Examiner of Statutory Rules. Have I missed it in the pack? Did we get that?

The Chairperson (Mr Gildernew): We have the report, and the Examiner indicated that the rule was in breach of the normal 21-day process, but she is content with that and is otherwise content with the rule.

Ms Flynn: OK, thank you, Chair.

The Chairperson (Mr Gildernew): Do members have anything final for Tomas before we let him go? We do not have anything, so thank you for your attendance at this morning's Committee, Tomas, and good luck.

The item of business was suspended.

On resuming —

The Chairperson (Mr Gildernew): We sought clarity from Tomas on some issues, and the Committee Clerk was seeking clarity on the timing. I can confirm that this is the last opportunity that we have to consider this. I also confirm that the Examiner of Statutory Rules has reported that the rule was laid in breach of the 21-day rule but that she is satisfied that the Department has provided a satisfactory reason for the breach. We discussed that we would consider stating that we have no objection to the rule, subject to discussion with the Human Rights Commission. I will seek to have that discussion today and communicate the outcome to members.

Are members content to agree formally that the Committee for Health has considered SR 2021/8 the Mental Health (1986 Order) (Amendment) Order 2021 and, subject to discussion with the Human Rights Commission, has no objection to the rule?

Members indicated assent.