



Northern Ireland  
Assembly

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# Northern Ireland Assembly

Monday 1 February 2021

*The Assembly met at 12.00 noon (Mr Speaker in the Chair).*

*Members observed two minutes' silence.*

## Matter of the Day

### EU Proposal to Invoke Article 16

**Mr Speaker:** Mr Jim Allister has been given leave to make a statement on the EU proposal to invoke article 16, which fulfils the criteria set out in Standing Order 24. If other Members wish to be called to speak, they should indicate that by rising in their place and continuing to do so. All Members called will have up to three minutes to speak on the subject, and I remind Members that I will not take points of order on this or any other matter until the item of business has finished.

**Mr Allister:** Anyone who thought that the EU was a benevolent organisation with Northern Ireland's best interests at heart and that the protocol was a manifestation of that had a wake-up call on Friday night, including those in this House who have demanded the rigorous implementation of the protocol. Over a few hours on Friday evening, we saw the true heart of the organisation to which many in this House are slavish devotees. To think of it: that the EU thought it appropriate that it would cut off exports of live-saving vaccines to the people of Northern Ireland. That was the proposal, and that was a telling insight into just what the protocol is all about and what type of organisation we are dealing with in the EU.

For me, there are three points to take away from this episode. First, the callous self-interest of the EU: it cares nothing for the people of Northern Ireland, even in circumstances where we might need vaccines to save lives. That does not matter. The second takeaway point is that, after all, it turns out that an Irish land border is possible, if and when it suits the EU, no problem. That would have been the manifestation of the decision: a land border would have kept the vaccines out.

The third takeaway for me is that it does not take very much, obviously, to cause article 16 to be invoked.

So, what is keeping you, Prime Minister Boris Johnson? A far more serious situation pertains than pertained to allegedly justify the EU action. The far more serious situation is that our trade has been strangled, our east-west relationships have been emasculated and our consumers are being starved of necessary supplies. That is a matter of laughter for the Alliance Party, but it is not a matter of laughter for those who suffer the belligerence of the EU through its protocol.

It will get worse, because, by this time next year, under this very protocol, when the noose tightens, our medicines will be under the control of Brussels. That is what the protocol says. So, if ever there was a wake-up call to recognise the malevolent and iniquitous intent of the protocol —

**Mr Speaker:** The Member's time is up.

**Mr Allister:** — this is it. There is an urgency now to unstitch it, and I trust that anyone —

**Mr Speaker:** The Member's time is up.

**Mr Allister:** — to whom the Union matters most will set about that through actions as well as words.

**Mrs Foster:** Mr Speaker, thank you for the opportunity to speak to this Matter of the Day. It is a very important matter, of course. The actions of the European Union on Friday last have caused significant dismay and distress, as the Member who secured the Matter of the Day said. It was wrong and unnecessary, and I think that we all know that that was the case. The first strike by the European Union of triggering article 16 at the very first opportunity and without consultation — without, it appears, thought for or consideration of the welfare of the people of Northern Ireland — has rightly been condemned by all.

First, it is important to be clear about what the European Union did. The export controls extended only to Great Britain due to the existence of the protocol, and, therefore, the EU

had to take deliberate and particular action to trigger article 16 in order to ensure that we, the people of Northern Ireland, would not be able to obtain any vaccines through that route. I think that that is very striking and very horrific in equal measure. It is also important to highlight the nature of the action of the European Union. This was no accident or some inadvertent mistake, as some have tried to allege. The EU had been working on this all last week. It was done with purpose, and it was done with intention. It was only due to the public furore that it changed its mind. However, I think that Members need to realise that even that U-turn comes with heavy caveats. The statement from the European Union makes clear that it holds in reserve invoking article 16 and that it intends to do that if it feels that it needs to. That does not give any assurance or guarantee, and that is completely unacceptable.

The first triggering of article 16 was not only deployed by the EU but was deployed not to protect the people of Northern Ireland but in an attempt to stop people across all communities here getting life-saving vaccinations. Shame.

We must also put this into context. The EU triggered article 16, before it rightfully backtracked under significant pressure, in order to protect an anticipated problem with its supply lines. Article 16 allows unilateral action by any party to the protocol in order to protect against serious harm caused by the provisions, which means that the United Kingdom can take action, without agreement, to protect disruption on our supply lines and to protect the people of Northern Ireland.

The protocol was imposed on the people of Northern Ireland. I have always opposed it, and, despite significant protestation and logical argument against its provision, it is still here. Too many people have been fooled by what it seemed to be on paper, but reality has bitten. Unionists across the length and breadth of Northern Ireland —

**Mr Speaker:** The Member's time is up.

**Mrs Foster:** — are in anguish. That may not matter to the Members on the opposite Benches, but it should matter. It should matter that everyone in Northern Ireland is being denied supply of trade. If they really care about all the people of Northern Ireland, they will act.

**Mr O'Dowd:** From the outset of this debate and from other commentaries — whether in the media or in halls up and down the country — people have to keep calm heads. People have

to reflect on the implications of their words. Only recently, we have seen the events in Washington, where Mr Trump made a passionate speech to his supporters, marched them up to the top of the hill and left them there. Many in this society have seen the inside of courtrooms, police stations and jails because of the loud voices of people who marched them up to the top of the hill and left them there. No one in the Chamber will get angrier than Jim Allister, so let us not try to. Let us be calm, measured and look at exactly what is going on.

The EU Commission was wrong. It was wrong, simply wrong. Whatever the motivations and however it came to that decision, it was wrong. How was it ensured that that decision was not implemented? Through diplomacy. Diplomacy brought us to the point where sense reigned in the EU Commission and it did not trigger article 16. It was not angry words, foot-stamping or statements from this one or that one about what might happen in the loyalist community: it was diplomacy. So let us use diplomacy.

If there are genuine concerns in the unionist community, we are prepared to listen to them and to work with you to overcome them. Be sure of that. However, as I have said in the House before, when you drove Brexit through, did you listen to any concerns from the nationalist and republican community? Did you listen to the concerns of the 56% of people who voted against Brexit? Did you listen to the warnings that the British Government would sell you down the river? No, you did not. Let us learn from the mistakes of the past so that we do not repeat them in the future.

The issues with the protocol can be resolved. No one is starving, as Mr Allister claims, and the economy has not been strangled as a result of the protocol. Those are myths and mistruths. They are provocative terms, so let us calm ourselves and work with one another, the Dublin and British Governments and the EU to ensure that whatever outstanding issues there are with the protocol can be resolved. However, I appeal to you: calm your language, stop sabre-rattling and we will get through this.

**Mr O'Toole:** What the European Commission did on Friday was wrong, unjustified and unacceptable. My party called it out, as others did, as did the Irish Government and the UK Government. It was right to call it out, and it was right that it was corrected quickly. It is concerning that it happened in the first place. It underlines the need for all of us to ensure that those who are implementing the protocol understand the sensitivity of the issues at stake, whether east-west or North/South, and treat the

treaty obligations that they entered into with the seriousness that they deserve.

I am trying to keep my voice even and to treat the issue with sensitivity and moderation. It is incumbent on us all to take our words seriously. I say that to all those in the Chamber. Brexit has happened. I did not want Brexit. It is true that there are specific areas of east-west disruption, and I will come to them in a second. There will be areas of North/South disruption. Northern Ireland is not in the European Union any more; we are in the single market for goods. There are a few specific areas where we align to the EU single market. However, I will come on to those areas in practice.

Some of the language and rhetoric used about the protocol is not just irresponsible; it is inaccurate. One of the big areas of disruption for east-west trade has been on sanitary and phytosanitary (SPS) rules, the movement of plant and animal products across the Irish Sea. No one anywhere has plausibly suggested that there could be a border in plant and animal health rules on the island of Ireland. There are farms that straddle both jurisdictions on the island. It is implausible. We need to be honest with one another and the people whom we represent. I see the Member for North Antrim smiling at that, but we all have a responsibility.

Those of us who think that there is an alternative to making this protocol and this complicated place work should explain their alternative.

**12.15 pm**

When it comes to the protocol, there are specific issues where we need to work together and lobby the European Commission for easements, derogations and processes to be made easier. We need to lobby the UK Government to ensure that GB businesses are completely prepared for this change. We also need — I have heard the First Minister refer to some of this, and we want to work with her and all parties on it — to look to some of the benefits that might accrue to this place. For the first time, we have a potential competitive advantage in Northern Ireland. We have access to both the GB market and the EU single market for goods. Let us focus on that.

Some of us in the Chamber are sometimes told that we talk Northern Ireland down. I am not doing that. I want us to maximise our potential, where we go from here. I want others to think very seriously about the language that they use.

**Mr Speaker:** The Member's time is up.

**Dr Aiken:** I commend the Member for North Antrim for bringing this Matter of the Day to the Floor. I will use calm and particularly moderate language. Bear in mind the number of times that I have raised, in the Assembly, the issue of us all working together to make sure that there are appropriate derogations. I have said that the protocol, if it ever came into position, should not be designed to damage the Northern Ireland economy, which, quite frankly, it is.

No Member of the Assembly is unaware of the impacts on our economy. There are very many areas that need to be derogated. Indeed, so much of the protocol needs to be derogated that you have to ask, as you normally do when you look at an international treaty, whether it is, in fact, rational, responsible and proportionate. It is quite clear that the Northern Ireland protocol is none of those things. It was designed specifically to deal with the North/South issue, but it has created an east-west one. Northern Ireland is fully integrated, interconnected and interdependent with the rest of our nation, despite what some people may think, and, therefore, we are now in a situation where, day in, day out, our economy, society, culture and virtually every aspect of Northern Ireland life are being impacted.

The Ulster Unionist Party has said, for a considerable period, that article 16 should be there, and it should be used. If we look rationally and calmly at annex 7, we see what should have happened but, in fact, did not. We can see now that there is an opportunity here. If we call article 16, as I hope the Prime Minister does, we have an opportunity for reflection and discussion.

Here is the significant issue: there is no Northern Ireland voice at the table. We can attend and sit as observers, but we are not treated as equals with the British Government or the Europeans. That has to change. Indeed, when the vice president of the European Commission says that we need to have a "reset", we should do that; we should call article 16 and take a considerable time in reflection to sort this out. However, the Assembly and the parties of the Northern Ireland Executive should have a seat at that table to be able to make those decisions. We cannot do that at the moment because, quite frankly, the EU has shown that the best interests of Northern Ireland are not at its heart, and I am not overly sure that Boris Johnson has the best interests of Northern Ireland at his heart either.

We need to be at that table.

**Mr Dickson:** Let us be absolutely clear: there is and was no justification for the European Union invoking article 16, or attempting to invoke it. The last thing that the EU, the United Kingdom and, indeed, the world needs is a vaccine war. Shame on the EU for what it attempted.

We also need to be clear that there was no such thing as a good or sensible Brexit. However, we are where we are. Those in this House who turned down and opposed a range of moderate means to manage Brexit have failed. They thought that their hard Brexit was the way forward, rejecting such proposals as were made by former Prime Minister Theresa May.

It is hypocritical of those who, on the one hand, criticise the EU to, on the other hand, continue to call on the GB Government to invoke article 16.

A wide range of issues need to be resolved. My party is working on those. I challenge others around the Chamber today to say what work they have been doing to resolve the issues. That is what we are about. Bespoke solutions are needed to issues such as SPS checks, parcels, pet passports, mutual recognition of qualifications, trade into and out of the Republic of Ireland and the United Kingdom, groupage, qualifying goods, frontier workers, the shared prosperity fund, environmental issues and employment law issues. A long list of issues need to be resolved between the United Kingdom and the EU, to the benefit of Northern Ireland. We need to work on those issues, not shout and scream at each other across the Chamber. I have to say to Mr Allister that I am not aware of anyone in Northern Ireland who has been starved as a result of Brexit. I am aware, however, of those who struggle to put food on the table — shame on the House and the parties in the Chamber that have contributed to that.

It is important that we all calmly address the issues that are in front of us today. The article 16 debacle that took place over the weekend actually has an upside: it has opened a door for further and genuine discussion between the EU and GB. I have to say respectfully that the GB Government addressed the issue well over the weekend. It has also clearly achieved an opportunity for all the parties in the Chamber to get together to address the issues. I call on the First Minister —

**Mr Speaker:** The Member's time is up.

**Mr Dickson:** — and the Executive to deal with those matters through the Brexit subcommittee.

**Mr Muir:** Sadly, some of the contributions today have been entirely predictable, but let me be clear: the European Commission's decision to invoke article 16 on Friday was wrong. Those who invoked it would do well to learn a lot more about Northern Ireland, to ensure that lessons are genuinely learnt and perhaps to take this week to read the Good Friday Agreement, plus the background to the establishment of the European Union. Vaccine nationalism certainly was not part of the vision set out by the founders of the European Union. To those in the House who now call for retaliatory action, simply put: two wrongs do not make a right, and nor do ongoing inflammatory language and tactics help to resolve problems. All that those tactics do is a disservice to consumers and businesses.

Alliance has been working hard ever since the Brexit referendum, standing up for Northern Ireland, first and foremost, and seeking practical solutions to mitigate the impact of a hard Brexit, unlike others who just shrug their shoulders and refer to unicorn solutions such as "Borders 2.0". The protocol is here, whether we like it or not. There is a duty upon everyone in this place not to lead people up the garden path towards some unattainable, magical utopia but, instead, to work with and lobby the UK and EU Governments to find solutions to the issues being encountered. Throwing your hands up in the air and declaring that it is all too complex and that we should just walk away, as some in the House have done, is not the leadership that Northern Ireland needs. If anything positive is to come from the events on Friday, it is perhaps that there will now be a little more pragmatism and openness to consider greater flexibility when it comes to some of the most onerous aspects of the protocol. Alliance will continue to work to find solutions, not seek to create further problems.

Lastly, we cannot allow a descent into protectionism and vaccine nationalism. Yes, we should and must protect our population, especially the most vulnerable, as soon as possible. We must not fail to learn the lessons from previous pandemics. For example, when drugs were rolled out in the west to deal with the HIV and AIDS pandemic but were denied to so many in the developing world. We are one human race. We have a duty to support each other as we work to bring this pandemic to an end.

**Mr Carroll:** The EU Commission was forced into a Boris Johnson-style U-turn at the

weekend, but we should be clear that it attempted to walk a destructive path that could have had serious repercussions for people across Ireland. This was primarily about protecting the interests of for-profit vaccine companies and Governments' mishandling of the pandemic to cover up the EU's handling of the vaccination programme in particular. It was a flagrant attempt at vaccine imperialism, whereby citizens of one part of Europe were pitted against others in an attempt to cover up the EU's failure to ensure rapidly that its citizens were vaccinated. It has also exposed the way in which Governments have adopted a mantra for many decades that the market knows best and that states cannot intervene in the economy. That is one of the mantras of the European Union, the UK and, for the most part, the House. The profits of private pharmaceutical companies have soared throughout the crisis while they have benefited from extensive public research funds. Governments should not be beholden to the interests of for-profit private companies in the middle of a health pandemic, but the hands-off approach by the British state and the EU throughout this crisis has allowed their profits to stack up at a time when Governments across Europe should be challenging control of patents to produce a people's vaccine and ensuring that as many people can avail themselves of it as quickly as possible. They are engaging in vaccine imperialism. The EU has purchased twice as many vaccines as needed, and the British state four times as much as it needs. Unequal vaccine distribution is a massive issue, with people in poorer parts of the world being affected and likely not having a vaccine at all. Our health must come first, no matter how huge the profits. Our health should not depend on the border within which we live, and the people of Ireland cannot be caught in crossfire that threatens our lives.

Over 100 years ago, James Connolly said, "Neither King nor Kaiser". Today, it is neither London nor Brussels but a socialist Ireland, and we need to put people's health before profit. With the centenary of partition this year, it is more relevant than ever.

**Mr Middleton:** Our party leader, quite rightly, described what the EU did on Friday evening as a reckless and hostile act. It was a shameful and despicable action, which should be condemned right across our communities. What was it over? It was over a vaccine and the safety of life. Shame on the EU. It told no one. It did not tell the UK Government, the Irish Government or any of the parties in the Chamber. It did not tell the Shinnars, the SDLP or Alliance — the people who travelled across

the world over the past four years putting the EU above their own country. That is what the EU thinks of the parties opposite. It is a glimpse of how democratic, or undemocratic, for that matter, the European Union is.

In recent days, there has been a lot of talk about a reset of the UK-EU relationship. Of course, the protocol needs to be dealt with once and for all. We warned about the way in which the EU was using Northern Ireland over the past four years to punish the wider United Kingdom. Once again, that was proven right on Friday evening. Sinn Féin told us all to be calm, and the SDLP told us all to watch our tone. My goodness. This is from the parties that, along with Alliance, have spent the past four years hyping up the border and hyping up the threat of IRA violence. It was to the detriment of the people whom we all represent and to the United Kingdom to which we belong. "Rigorously implement the protocol" was the cry from the three parties opposite. Will they now change their minds? Will they now accept that the protocol to which they clung to, and to which they continue to cling, is causing serious harm to our country? The European Union's mask has slipped. It has said, however, once again, that it is prepared to take action if it suits its agenda. The United Kingdom Government need to step up. They need to listen to all views in Northern Ireland and to what is being said on the ground in our communities. On the radio this morning, the SDLP leader said that this was a mistake and that the decision to invoke article 16 came from somebody who did not understand the protocol. That is a disgraceful excuse. I urge the parties in the Chamber today to stand up and be counted for the people whom we represent, to listen to all communities and to not ride roughshod over the unionist community.

### 12.30 pm

**Ms Ennis:** The EU Commission was foolish. Friday's actions were reckless and disproportionate. Ursula von der Leyen, president of the EU Commission, has struggled to get to grips with the vaccine issue in the EU bloc, and, on Friday evening, a bad couple of weeks for her and her team almost descended into chaos. We now need to see cool heads and leadership on all sides. That is what Sinn Féin is advocating, and it is what we are doing. I appeal to others in the Chamber to do likewise. Two wrongs do not make a right, and the notion being peddled by unionist politicians that we enter into some tit-for-tat game with the EU is childish and absurd.

Let us inject some realism into the debate. We are in this situation because the British Government — the Tory Government — and the DUP argued for, pushed for and voted for the hardest possible Brexit. The First Minister described the events as "an act of aggression" and "an act of hostility", totally ignoring the fact that nothing came to pass on Friday evening. She talks as if the EU followed through with its original intentions to trigger article 16. Thankfully, it did not. Due to quick dialogue and communication, the EU Commission realised that it was making a serious error and endured a humiliating climbdown. A climbdown happened, yet Arlene and the DUP seem determined to keep walking us into a political crisis.

The political, economic and geographical reality is that it is simply inconceivable to put a hard border on the island of Ireland. Many fanciful proposals were floated, none of which were based on any kind of reality. It is time to realise the truth: there is no going back to some pre-Brexit utopia. That world does not exist any more for the reasons that I have outlined.

The protocol is not anyone's preferred choice. Sinn Féin would prefer that it was not needed and that Brexit had not been foisted upon us, but it is the most workable solution for the island. Therefore, all parties should work together to mitigate the worst aspects of Brexit on behalf of all our citizens, instead of working themselves into a frenzy over a situation that did not happen.

**Mr Speaker:** Members, the time is up.

**Mr Muir:** On a point of order, Mr Speaker. Mr Allister referred to a tightening of the noose. As Members will be aware, there was disgraceful graffiti in south Belfast referring to the same thing — a noose — and the Tánaiste, Leo Varadkar. Is that language appropriate in this place?

**Mr Allister:** Further to that point of order, Mr Speaker. I make it absolutely clear: I am referring to the political tightening of the noose that the protocol on medicines delivers to us within 12 months through the EU regime. It is nothing to do with the other issue, which I utterly deplore.

**Mr Speaker:** The Member will resume his seat, please.

In relation to Andrew Muir's point of order, I noted a couple of remarks made by more than one Member in the past half an hour, and I

intend to review the Hansard report of both contributions and return to them at a later point. You have made your point on the record, Mr Allister.

**Dr Aiken:** On a point of order, Mr Speaker. May I speak for all Members and say that we think that the graffiti on that building was disrespectful and disgusting? I do not think that any political party in Northern Ireland is supportive of it. Please, can we ensure that that is in Hansard as well?

**Mr Speaker:** I would like to think that that is reflective of all parties. The Member is absolutely correct in that regard.

## Public Petition

### Save Barnish Primary School

**Mr Speaker:** Philip McGuigan has sought leave to present a public petition in accordance with Standing Order 22. The Member will have up to three minutes in which to speak.

**Mr McGuigan:** The petition that I present was organised by the Barnish Action Group and signed by 1,867 people. All of them are asking the Education Minister to reverse the decision to close Barnish Primary School in Carey, in my constituency of North Antrim. The threat of school closure has hung over the rural community of Carey for a number of years. As is often the case for many small rural schools, instead of the school being allowed to grow to meet enrolment targets, bureaucratic decisions were made on the basis of funding, transport and nursery provision that sometimes serve only to stifle growth and allow the closure debate to grow legs. The Department of Education's decision in November 2019 to close the school in August 2020 was met with a vociferous local campaign to keep it open. It should also be said that the campaign has the support of all political parties locally.

In the midst of all the uncertainties brought about by the COVID health pandemic, there was a sigh of relief when August 2020 came and went without the school doors closing.

That relief did not last long, unfortunately, with a decision being announced last month to close the school this coming August.

I represent a rural constituency that has many rural small schools. I totally understand that schools are and must be centres of quality education. I totally understand too that they

must be run efficiently and cost-effectively, but policies must allow flexibility and we must consider each case on its merits to ensure that schools are not closed without having fully explored every possibility of keeping them open.

Barnish Primary School is much more than a building. It is the heartbeat and focal point of that local community. That is clear from the thoughts and words left on this petition and the comments left one after another by past pupils, teachers past and present, parents of pupils who themselves were taught at Barnish and, indeed, grandparents who have witnessed their whole clan taught in that school, all praising the standard of education and how that school looked after and looks after children and prepares them for the world after leaving, and showing how fearful they are now about the closure and what it will mean for the children and the community as a whole. The words "fear", "worry", "decimation" and "devastation" are used repeatedly.

Throughout this difficult year, I guess that by now the Minister of Education has learned that, during a health pandemic, you cannot hold dogmatic views on decisions affecting our schools. We have no idea what life is going to be like in September 2021. We do not know what school settings will be like or what class sizes will be. Will social distancing be ever present? How will children be taught? Will large class sizes make this more difficult? In the midst of that general worry, felt by every pupil and parent across the North, to ask the parents in Carey to start looking for other schools is wrong, and to ask the children at that school to move to a different school setting —

**Mr Speaker:** The Member's time is up.

**Mr McGuigan:** — separated from their friends, in these circumstances is cruel and unfair. I ask the Minister to, at the very least, wait until the pandemic is over and place a moratorium. I hope that the Minister shares my view. Better than that —

**Mr Speaker:** Thank you.

**Mr McGuigan:** — I hope he shares the views of the 1,867 local people who signed this petition —

**Mr Speaker:** Thank you.

**Mr McGuigan:** — and immediately calls a halt to the closure of Barnish Primary School.

**Mr Speaker:** Normally I would invite the Member to present his petition at the Table, however, in the light of social distancing I ask the Member to remain in his place and I will make arrangements for him to submit the petition to my office later this afternoon. I thank the Member for bringing this petition to the attention of the Assembly. Once the petition is received, I will forward it to the Minister of Education and send a copy to the Committee.

## Assembly Business

### Committee Membership

**Mr Speaker:** The next item of business on the Order Paper is a motion regarding Committee membership. As with other similar motions it will be treated as a business motion and there will be no debate.

*Resolved:*

*That Ms Linda Dillon be appointed as a member of the Committee on Procedures; that Ms Karen Mullan replace Ms Carál Ní Chuilín as a member of the Committee for Communities; and that Ms Carál Ní Chuilín replace Mr Pat Sheehan as a member of the Committee for Health. — [Mr O'Dowd.]*

**Mr Speaker:** I ask Members to take their ease for a moment or two, please.

## Committee Business

### 'Inquiry Report on the Impact of COVID-19 in Care Homes'

**Mr Gildernew (The Chairperson of the Committee for Health):** I beg to move

*That this Assembly approves the report of the Committee for Health on its 'Inquiry into the Impact of COVID-19 in Care Homes' [NIA 59/17-22]; and calls on the Minister of Health to implement the recommendations contained in the report as part of the ongoing response to protect care home residents during future surges of the pandemic.*

**Mr Speaker:** The Business Committee has allowed two hours for the debate. The proposer will have 15 minutes to propose the motion and 15 minutes to make a winding-up speech. All other Members who speak will have five minutes.

**Mr Gildernew:** As of 1 January 2021, 775 of our care home residents had died with COVID-19, which is some 40% of all registered COVID-related deaths. It was clear from the early stages of the pandemic that there would be significant impacts on older people, particularly care home residents. Much of the Committee's work in the spring was focused on that area, prompting our decision in July to conduct an inquiry.

In setting its objectives, the Committee agreed that it wished to be forward-looking and to put its energy into learning from recent experience in order to provide constructive suggestions for the future. Many of the issues, from staff terms and conditions to workforce shortages, and funding and regulation, brought the wider question of adult social care reform into sharp focus. There was virtual consensus on a number of significant points on pandemic planning from the acknowledgement of pre-existing workforce shortages to initial problems with PPE supply and testing capacity.

Mr Speaker, you will be glad to hear that I do not intend to go through all 54 recommendations. However, I want to give the House a sense of the areas that we looked at in the report.

With regard to visiting, whereas the Government's speed of response was challenged, I do not believe that anyone could have said the same of care homes; most had restricted visiting or closed their doors before they were actually told to do so. One of the sessions that really hit home for me and, I think, other members was an informal Zoom call that we had with families of residents, who described the traumatic impact of visiting restrictions on the physical and mental well-being of their loved ones, the importance of ensuring meaningful contact and the limits of technology for those with sensory or cognitive impairment. They recognised the sterling work that was being done by staff to provide care in the most difficult circumstances and the risks that were involved in visiting. However, they were clear that the risk had to be managed in communication with families and that it must also be balanced against the harm that would be caused by isolation as their loved ones approach the end of their life.

Our report endorses their calls for safe and meaningful contact to be facilitated through identification and implementation of innovative measures, rapid roll-out of the care partner initiative and better communication and consistent implementation of guidance.

Significant progress has been made on testing since this time last year. It is certainly one of the key elements to addressing this and any future pandemic. The Committee recommends that, subject to rapid testing becoming available, there should be daily testing of all those who enter a care home, including residents who have attended an external appointment. Capacity issues remain. The Committee recommends further consideration of pooled testing in order to make better use of existing capacity and an increase in local capacity to test and analyse results.

From an early stage, the Committee expressed concerns about patients being discharged from hospitals to care homes without a negative test. That was reinforced by evidence on the challenges of isolating older and vulnerable individuals, particularly those with cognitive decline. The Committee recommends that no one be discharged from hospital to a care home in which they are a resident without having tested negative for COVID-19 unless the care home confirms that it has the staffing and facilities to ensure isolation for the required period. That should be subject to monitoring and review. We continue to believe that step-down isolation facilities should be explored as a way of further reducing risk.

#### 12.45 pm

Having heard very worrying evidence of PPE shortages in the spring, aggravated by a global shortage and spiralling prices, it came as a great relief to hear by May that supplies to care homes had stabilised and were being provided free of charge, which we understand remains the case for the moment. There remains a longer-term question around procurement, and the Committee recommends that charges should not be imposed on care homes without a review of the tariff.

The pre-existing strain on the sector regarding funding, staff levels and staff terms and conditions was exacerbated by COVID, which generated additional costs from staffing to cleaning and support for visiting. A number of very welcome additional funding allocations were made available: some £6.5 million in April; £11 million in June; and a further £27 million in October, as well as staff support and PPE. Questions remain, however, about underspends arising from administrative constraints, leading to the Committee's recommendation that streamlined processes are required, subject to audit and verification, but they need to be flexible to allow care homes to meet their needs at any given time.

Throughout the past year of the pandemic, we have asked some of our lowest-paid workers to shoulder an enormous burden on our behalf. The skill and value of that work is long overdue proper acknowledgement. For many, it is a vocation rather than a job, but we must look at recognition, reward and retention in what is a hugely challenging work environment. While the Committee welcomed the Minister's commitment guaranteeing sick pay, we are calling for urgent reform to address low pay, poor terms and conditions, and additional measures to make social care a more attractive career in the time ahead.

Moving on to issues with staff levels, understaffed homes had to manage sickness absence and staff self-isolating as a result of COVID-19. Others were unable to come to work due to caring responsibilities, with schools and day centres closed. Care workers' responsibilities increased, with symptom monitoring, increased infection-control measures, and providing additional care to large numbers of unwell residents. Caring for dying residents and grieving relatives has undoubtedly taken its toll on their mental health. Access to the Health and Social Care psychology helpline was appreciated in that regard.

Staff support was also offered by trusts and brought in via agency workers. Each solution created other difficulties, adding to pressures in the health service generally, as well as increasing risk of infection through staff movement. Efforts must continue to ensure that, where possible, agency staff work in one home only. Recognising the workload, the Committee also wants to see staff ratios for care homes agreed in discussion with stakeholders.

Turning to regulation of the sector, stakeholders expressed appreciation for the advice and support role provided by the Regulation and Quality Improvement Authority (RQIA) during the first surge of the pandemic. Others expressed concern at the consequent reduction in inspections at a time when oversight from families and other professionals going into homes was almost non-existent. The Committee concluded that inspections and dedicated advice and support need to be resourced to continue in a pandemic.

The RQIA briefed the Committee on its move to a risk-based assurance framework and on its research to identify a number of key characteristics associated with homes most at risk of an outbreak. Those included larger homes and larger providers, as well as those

with recent or frequent management changes. The Committee endorses the Minister's desire to ensure that providers can be inspected corporately, rather than the RQIA being confined to looking at each home individually.

The Committee also welcomes the Minister's review of regulation and believes that there must be consequences for failures of care. We recommend consideration of models by which quality and delivery of care can be linked to funding and reviewed in future contracting arrangements. There should also be the capacity to recoup public funds where poor service has been evidenced.

With regard to access to health and social care, while we heard impressive reports of innovation and the use of technology to provide safe and effective care during the pandemic, there are clearly limits to approaches such as virtual ward rounds. The Committee welcomes the ongoing work being led by the Chief Nursing Officer on an enhanced clinical care framework for care homes.

Members were concerned to hear of the adverse impact on residents' overall well-being of reduced access to podiatry, occupational health and other care. There is a need for consistent implementation of the policy regarding in-person access to care homes as is deemed necessary by the health and social care professionals concerned and subject to testing and PPE requirements.

Advance care planning (ACP) issues were also raised with the Committee. That conversation needs to happen with each care home resident on an individual basis, ideally well ahead of any crisis. It should be led by the clinician who knows the individual best, with the input of other relevant professionals, and should be reviewed periodically as required.

Moving to pandemic planning, the Committee believes that a key lesson for the future is ensuring that care homes are at the very centre of pandemic planning from the outset. There should be centralised procurement and supply of PPE to care homes without charge and ring-fenced funding that can be accessed quickly via a streamlined and transparent mechanism. The Committee endorses the call in the rapid learning initiative for accredited regional training on infection control. The Committee recommends that each home be required to designate an appropriately trained staff member, other than the manager, to lead on infection control.

While the Committee recognises the enormous pressure under which Health and Social Care (HSC) and departmental staff were working at all levels and the considerable volume of guidance developed and advice put in place, communication and engagement issues were central to criticisms raised with us. The Committee was concerned to hear on several occasions that initiatives had been introduced without prior engagement with providers or unions. Co-design, co-production and robust communication plans remain essential, even in a pandemic, and could have averted some of the problems raised with us.

Having heard impressive evidence of the success of other countries in learning from SARS and containing the current pandemic, we recommend that renewed efforts be made to gather and learn from the breadth of international experience of pandemic planning and management.

Human rights concerns were raised in respect of visiting, testing and end-of-life planning. The Committee recommends that guidance be developed on the consideration of human rights issues during a pandemic.

In conclusion to my remarks as Chair, the Committee wishes to put on record its gratitude to the 691 individuals who took time to respond to our survey, the families who engaged with us virtually and the stakeholders who appeared before us and informed our recommendations with their experiences, concerns and ideas. On behalf of the Committee, I also thank the Clerk and Committee staff, who put so much work and effort into the completion of the report.

Members will, no doubt, join me in thanking and acknowledging once again not just our precious care home staff but the wider health and social care family, who continue to struggle to get us through the emergency after what have been eleven exhausting months. I wish to convey the Committee's appreciation to the Minister and his senior officials for their positive engagement with the Committee throughout the period, and I acknowledge the number of positive initiatives that were implemented in a short few months.

Case numbers and pressures remain worryingly high, but the vaccination programme is already offering protection in our care homes and some hope for the wider community. That said, there is so much work to do, and recommendations in the report have potential read-across to other sectors in the case of future pandemics. The good news is that we know what needs doing: adult social care reform and wider transformation of the health service have never

been more urgent. The mental health toll of the pandemic will require a long-term investment.

The recommendations in the report were developed in a collaborative manner and agreed unanimously and are offered in a spirit of constructive engagement as a contribution to future pandemic planning. We look forward to engaging further with the Minister on the implementation of the recommendations and trust that the Executive will give positive consideration to the financial support required to do so.

I will make a few short remarks in my role as Sinn Féin's health spokesperson. I thank every one of the stakeholders who participated in this, including independent care home providers, family members, the unions and many other groups and organisations who assisted us with the report. I also acknowledge the strong cross-party work by all members during the inquiry. It was clear that identifying the flaws and areas of concern was done constructively and in a bid to offer workable solutions and recommendations. I hope that the Department and Minister will consider each in that spirit and commit to their implementation.

As a personal reflection, I say that the impact that this devastating pandemic has had on our people continues to weigh heavily on us all. I offer again my condolences to everyone who has been a victim of the pandemic in any way and for those who have sadly lost their lives.

The report is on the impact that COVID-19 has had on care homes, especially during the first surge, but many of its warnings and lessons would have been suitable for consideration before the COVID pandemic and will remain suitable afterwards. Care home residents are not just patients but have wider family and friends. COVID-19 has a considerable impact on their relationships and visiting, and there is stress about loved ones catching it. I recommend the report to the Assembly.

**Mr Buckley:** By and large, I concur with many of the Chair's remarks. Many Members have been touched by the COVID-19 pandemic. We can all look to an experience where we have watched how cruelly COVID-19 has, sadly, affected those in care, many in end-of-life care. As, I am sure, other Members have, I had a close friend in a care home. He was somebody whom I visited regularly in normal times and someone who valued friendships and visits. Sadly, I had to watch from a window in his closing days as he breathed his last breaths. That was not because he was COVID-positive but because of the restrictions that were put in

place. It really has been devastating, particularly in this sector. We have seen loved ones lose those who are most precious to them, not having been able to be at their side in their darkest days.

I came to the Committee late in the process, when evidence had already been taken. It was of value for the Committee to look into this and to see ways in which we could reflect, learn and plan the way forward. The purpose of the inquiry was to help mitigate and manage the impact of a potential second surge of the virus in care homes. The Committee received 21 submissions from a range of organisations spanning public, private and charitable organisations, professional bodies and trade unions. Shortly before the report was agreed, the HSC began to roll out the vaccination programme. While some of the report's content may, therefore, now be dated, the recommendations are a contribution to present and future planning. The Committee was very aware that this is a rolling situation with continual developments. We welcome the vaccination programme that has been rolled out into our care homes at high speed. That is really welcome and can help to bring them towards some sense of normality.

I will not have time to touch on them all, but there are some notable recommendations. We have recommendations on visiting, testing, PPE, funding reform, standards of care and mental health. Those are real issues, every one of which merits an Assembly debate in its own right, but we know that the point of the inquiry is as a conversation starter. It is now up to us, as Committee members, to engage directly with the Department and others to ensure that we find a credible way forward and prepare for such events.

I sincerely thank every stakeholder who provided evidence to the inquiry in what were extremely challenging times. Carrying out a Committee inquiry like this in such circumstances has been difficult, whether that has been the online forums in which we have had to engage or, indeed, dealing with the here and now of COVID-19. We recognise that the roll-out of the vaccination programme has dramatically changed the nature of the public health response, but that does not mean that we should not reflect seriously on the deficiencies of the steps taken in the first wave and use that learning to adopt more effective measures in future.

The report focuses on only one aspect of society that has been impacted on by COVID-19. We acknowledge that much more work and

investment will be needed to assess the effectiveness of Northern Ireland's response and to look at events in a much more holistic way for the future. In the immediate future, we would like the Minister to take forward the recommendations on enhancing visiting arrangements. That is something that has struck a chord with us all and is still very live and very relevant.

Asymptomatic testing should be ramped up, and mental health support for residents and staff should be expanded. As the Chair mentioned, rapid testing can prevent staff having to drive significant distances for a test at mass testing centres.

### 1.00 pm

One of the strengths of the report is that it looks beyond the current crisis to the reforms that are needed to transform and revitalise the care home sector in the future. The pandemic has laid bare the weaknesses in relationships between the Department, the trusts and care homes. It has also highlighted the great void between staff terms and conditions in the public and private sectors. We want to see cooperation overhauled in those areas. The proof will be in the pudding in terms of the Health Minister's stated plans to bring staff terms into line with those in the public sector. We are mindful that recommendation 29 on staff ratios must be considered in the context of full workforce planning across the health and social care system.

The report raises many questions, which we will take up in due course with the Minister, but I am glad that it is a conversation starter about this serious issue, which we have to deal with as we move on from the first and second waves of COVID-19.

**Ms Hunter:** I speak today as a member of the Health Committee and as my party's spokesperson on health. I thank all the organisations and individuals who contributed to the report and discussed the issue of care homes and COVID-19. I regret that I have only five minutes in which to speak. I thank the Minister for his regular, positive engagements with and briefings to the Health Committee. As a new member, I definitely found them helpful. I appreciate that, given the serious nature of health at this moment in history, the Minister has kept open and transparent communication with us.

The report gives a very clear picture of what things have been like for care home residents,

staff and families during the pandemic. I hope that the Minister and the Department will implement the report's findings and recommendations. As is outlined, at the start of 2021, 30% of COVID-related deaths — 607 — had taken place in care homes. That is 607 people. That is a shocking figure. The report looked into many aspects of care homes and the impact of COVID-19. I will touch on a few in particular.

*(Mr Deputy Speaker [Mr Beggs] in the Chair)*

I have great and deep admiration for the staff, who are working in such a challenging environment, but I will, first, speak about testing. Although it is good to note that the context has changed significantly since the outbreak of the pandemic in terms of testing capacity, increased frequency of testing, regular symptom monitoring and new approaches, it is deeply regrettable that, at the start of the pandemic, care homes were not equipped to carry out testing better to ensure that the spread of the virus was kept to an absolute minimum. Of course, I welcome the fact that the report finds that the situation now is much improved. The Committee's recommendation is that, subject to rapid testing becoming available, care home workers should be tested daily and that testing should be extended to all those entering nursing homes. It is vital that those crucial steps to track and monitor the virus are taken to ensure that every safe measure is taken to protect those in a vulnerable category.

Like the Committee's findings on testing, the situation with PPE and its availability has improved from what it was at the start of the pandemic. That is also welcome. We all recall the real fear last March about access to PPE. That must never happen again.

The lack of visiting has had a severe and negative impact on families with loved ones in care homes. They have had a particularly difficult and upsetting time not being able to visit their loved ones, and residents have not been able to have that really important time with their family. In line with the Committee's recommendation that the care partner scheme be expedited, perhaps the Minister, in his concluding remarks, could include an update on the scheme and its uptake to date and what more he and his Department are doing to encourage it. Several families in great distress have reached out to me on that matter. The inability to see their mum or dad safely and the lack of visitation are causing severe distress and uncertainty. There is also an element of suffering; it is very difficult not to see your loved

ones. The lack of visitation has undoubtedly contributed to the cognitive decline of those with dementia. It has been almost a year now — 11 months — since families have seen their parents and loved ones due to the fear of passing on the virus.

I recently spoke with Julieann McNally from Care Home Advice and Support NI. Julieann lost her mother and grandmother in the Dunmurry Manor home and has since fought to get answers about appalling care standards. We had a very thought-provoking discussion. During our meeting, she said, "The elderly in our society are not treated equally. If we were talking about children, would it be allowed?". I do not think that it would, and that is why the report on COVID in care homes is so important. It outlines the immediate steps that we must implement and recognises the evident failures from last year. So many have been impacted by separation from their loved ones, and I fear that, one day, when we come out the other side of COVID-19, not all loved ones will be here with us. We must recognise that.

In conclusion, I very much welcome the report and the opportunity to speak about it today. We have a responsibility to ensure better preparedness for such an eventuality, should it happen again. There are also many lessons to be learned from this awful experience and many issues that we must urgently address in care homes —

**Mr Deputy Speaker (Mr Beggs):** Will the Member draw her remarks to a close?

**Ms Hunter:** Yes.

— for residents, staff and families, and I hope that the report will go at least some way to addressing those issues.

**Mr Chambers:** I hope that the report will be viewed not as a critique of the performance of anyone or any body during this pandemic in relation to the impact of COVID-19 on care homes but as a learning curve for us all as we continue to try to protect the well-being of everyone, especially the most vulnerable.

It was certainly not the desire of the Health Committee that any aspect of the report should descend into a party political debate on any of the recommendations, and I am confident that that will not happen. I am sure that all in the House will welcome the report and support the recommendations. All the recommendations have been put on record in a constructive way,

and I am sure that that is how the Minister and his officials will view them.

It is important to remind ourselves that we went into this pandemic, with all the twists and turns that the virus has created, without any recent experience of dealing with such a situation, and it was not a case of nipping down to the library to borrow a textbook that spelled out how to handle it. The report acknowledges that, prior to the arrival of the virus on our shores, we had no sitting Assembly for three years and, consequently, no Health Minister in post. That is hardly the best set of circumstances to prepare to fight an enemy like COVID-19. Our NHS was due, during those three years of inertia, to be reformed by a debate around the Bengoa report. That report was gathering dust for those three years and, given the priority demands of tackling the pandemic at the moment, it continues to gather dust. In the early part of 2020, our hospital waiting lists were the longest in the United Kingdom. Given all that, we were hardly in the best place to deal with a pandemic that none of us had any experience of dealing with.

Our care homes were also under pressure for a number of reasons. Many had staff vacancies that they struggled to fill. On the plus side, they had in post many dedicated people who view their duties as a vocation rather than just a job. The fact that many of these jobs are paid in accordance with the minimum wage, as set by government, is hardly an incentive for anyone to choose working in a care home as a long-term career opportunity.

I will use the example of one home that I am familiar with. It is a home that has a modern design and an ethos of providing top-class care. That said, it has 40 rooms to be fully serviced, and bedding needs to be changed and cleaned daily. It has corridors, specially adapted bathrooms and common rooms to be cleaned, and four workers share that task during the week. If one worker is off for any reason, the others have to pick up the extra work, which is carried out during a six-hour shift. At weekends, only two staff are on duty to complete those tasks. Shortcuts are inevitable, and, in normal circumstances, they are not visible and do not compromise anyone's safety, but, during a pandemic, it can be a different story.

It is easy to see how a virus can enter a care home and, unless every surface is constantly cleaned, take hold. That is labour-intensive, and adequate staffing levels are needed. The issue of staff levels will be paramount going forward. I know that the Minister is aware of the situation, and I have every confidence that any future

reform of the care home sector will address the important issues of staff levels and increased levels of pay to attract workers to make a career in care and will ensure that proper working conditions are in place.

The report has 54 recommendations. Many have been overtaken by events and have already been addressed, either fully or partially. Many of them cannot be taken up overnight and will need careful consideration by the Department. They have been made in a constructive manner, and I have every confidence that they will be received and studied in that spirit.

We owe a huge debt to front-line hospital staff but we must also recognise the dedicated work being carried out daily in difficult circumstances in care and nursing homes. I commend the Department of Health and the Minister for all the assistance, both financial and practical, that they have made available to the care home sector during the past difficult year. All that teamwork and cooperation has, undoubtedly, helped to save lives. However, we must remember all who fell victim to this dreadful virus, and also their grieving families. Those families had valuable time with their loved ones stolen by COVID-19.

**Ms Bradshaw:** Naturally, I support the motion on the inquiry report. The Health Committee staff are to be commended and thanked for all their work on it, and I echo the Chairman's thanks to those who gave evidence to the inquiry. I agree with him that the informal Zoom session that we had with relatives was probably one of the most moving experiences during the pandemic.

I would like to put on record that I have a family member who works in a care home.

I start by passing on my sympathies to all the families whose loved ones died in our care homes due to this horrendous virus. Their grief will undoubtedly have been made worse by the circumstances of the pandemic. We need to recognise how difficult it has been for residents and their loved ones to have such limited contact, waiting months to catch even a glimpse of their wives, husbands, mothers or fathers. Then, when they did, they were aghast at how much they had become withdrawn and sorrowful, with their conditions worsened, feeling that they had been abandoned. That was alongside the general confusion of the pandemic.

It does not suffice just to pay tribute to care home staff. We need to do so much more to

show them how much we value them and the support that they provide at all times, not just during pandemics. They are another group in society who have, until now, been undervalued, and we must never ever forget their contribution.

We have seen, with huge concern, the impact of COVID on care homes in Northern Ireland and, indeed, in many other places. Our preparations for a pandemic had not fully taken into account the potential of a virus that would spread indoors and leave older people particularly exposed to death and serious illness. Therefore, it is evident that the system had not adequately prepared for the impact on care homes.

The report, rightly, outlines the fact that there was already a broader context of an underfunded and unreformed health and social care system, and thus of undervalued care homes within that system. That made it very difficult to respond adequately when capacities suddenly became limited by greater pressure on homes, with fewer physical rooms with which to meet demand because of social distancing requirements. Nevertheless, specific issues were raised regarding a lack of urgency to get ahead of the virus.

Moving on, we saw for a long time an inability to take account sufficiently of the importance to mental well-being of visiting and meaningful contact. The risk of the virus was increasingly understood but there was, for many weeks at least, a tendency to focus on the virus without recognising the severe impact of having no contact with family and friends. There was, for example, a missed opportunity to introduce care partners at an early stage. It should be noted, and has been noted here today, that that is still not fully implemented across all care homes. What we describe in the report as innovative methods to allow visiting needed to be put in place long before they were discussed as part of a Committee inquiry. Sadly, it is likely that we will pay the price for that lack of contact for years to come.

I put on record in mid-April a call for testing in care homes regardless of symptoms, as it was an obvious means of protecting those who were vulnerable to the virus, so this is not a matter of speaking in retrospect. It was obvious early on that testing was one tool that needed to be implemented proactively. We should not have waited until other jurisdictions acted first.

Regarding the future, the report contains further findings and recommendations which I hope are helpful to the Minister and his Department.

There are ongoing concerns about the true independence of the RQIA given the resignation of its entire board during the pandemic, and I trust that those concerns are now being addressed. We also need to be better prepared for future pandemics, including with equipment storage and helping people to cope with bereavement in times of a public emergency.

**1.15 pm**

The pandemic has shone a light on the crucial role of the sector, how much more we need to do to equip it to play that role and, indeed, how much we rely on staff who often go beyond the call of duty and acting — it is a vocation — to keep it operating. The exact nature of an emergency is never easy to predict, but we must apply learning now for future generations.

In closing, I recognise the amazing work of Pauline Shepherd and her team at Independent Health and Care Providers. From the start, she raised with the Department of Health issues that were affecting care homes and kept pushing for them to be addressed until the additional funding, PPE and other supports were made available. I genuinely believe that without her tenacity —

**Mr Deputy Speaker (Mr Beggs):** Will the Member draw her remarks to a close?

**Ms Bradshaw:** — the number of deaths and serious illnesses would have been a lot worse.

**Mr Clarke:** Whilst I was gathering my thoughts about the motion, I noted that it is a very sombre topic, as we are talking about those who have lost their life. Like others, I offer my thoughts and prayers to the families.

When Mr Chambers spoke, it struck a chord with me. It was disappointing that he brought political point-scoring into the debate while criticising others. Today is not a day for political point-scoring or for talking about devolution or the three years of the suspension of Stormont. The other Member whose contribution struck me was Cara. She talked about lessons being learned.

I welcome every one of the recommendations and look forward to hearing what the Minister has to say about them, but, if we look at them, we could also be critical of being too prepared for the pandemic. Eighteen months ago, it would have been unheard of, and if all the stuff had been sitting there, we would be talking

about wastage in the system. There is a balance to be struck between what should be done, what could have been done and what was not done.

On that point, I welcome the recommendations. They all make common sense, but we all, as Members, have to reflect that, 18 months ago, we would never have foreseen something as tragic as this hitting us. We were all shocked beyond belief at some of the suggestions that came forward. We took our reliance on care homes as a matter of fact; they were there, and they were there to look after our loved ones. No one predicted what was going to happen.

Jonny's speech struck a chord with me because, for our older population — I have lost both my parents — one thing that is important to them is to not die alone. In care homes, older people were cut off from their family and could not have them around them at the time of death. It was in the newspaper last week about one hospital — I am not sure where it was — where they brought the husband and wife in together and they died six minutes apart. That is testament to the care staff who organised that for the family and for the husband and wife to die together.

One of the cruel things about this horrid pandemic, and this is not a criticism of the Minister or the homes, was that we were absolutely blindsided by it. I think that the care homes stepped up to the mark. Primarily, the focus was obviously on the hospitals because that is where the most seriously ill people were presenting, but I am sure that each and every one of us was contacted by care homes with their concerns about the lack of PPE as the virus continued. Again, as I said at the start, if we had an abundance of that stuff sitting about, there would have been criticism about overstocks. There were clearly concerns about PPE, and we should give credit where credit is due because there was a rallying call. Folks, we have to realise that it was not just in Northern Ireland; it was a worldwide pandemic, and we were bidding for the same stuff as everyone else. Whilst it took time to get that roll-out of PPE, it got there and there has been a meaningful change.

The only criticism that I have is that there is a concern that families still cannot get into homes to see their loved ones. If your elderly relative is upstairs in a care home, you cannot get to talk to them through a window, whereas others, whose relatives are downstairs, can. I have a member of staff, and her sister is in a trust facility. I am not referencing the trust. Her sister has been moved upstairs, so that point of

contact has been taken away. That is absolutely brutal because families and patients need that interaction.

I want to support the Minister, but the other thing that strikes me about all this is that, whilst we refer to these homes, we have to bear in mind that lots of them are private homes and that those who own them are profiting from them. That is not to say that the recommendations say that we have to introduce systems to make them better places. However, I do not believe that all the responsibility should be on the Minister to fix them, given that some of them are running private businesses. Broadly speaking, I support this.

Paula mentioned rapid testing. Like her, I asked about it once we heard that it had been rolled out in Liverpool. We worked with the Westminster Government in the roll-out of this and were very dependent on them for it. I remember the Minister saying that, in response to the pilot scheme in Liverpool, we were going to carry out our own tests.

It is OK for us to be critical now that we do not have it. However, imagine if we had rolled it out and it was not accurate. To be fair to the Minister, he got it right. However, what we want to see as part of the recommendations is testing being carried out daily. One of the things that struck us all was —

**Mr Deputy Speaker (Mr Beggs):** I ask the Member to draw his remarks to a close.

**Mr Clarke:** — how can all these people be so sick if they are not allowed out. It was obvious that it was being brought in. I welcome the report and all the recommendations in it, and I commend the Committee for bringing it forward.

**Ms Rogan:** First, I would like to thank the Health Committee members and Clerks and all those who gave evidence and who shared their experience for the report. There are quite a few finds and recommendations to go through, but I will pick out a few that I think will add to the debate and which deserve to be mentioned in detail: advance care planning; the impact on relationships in families; and the do-not-resuscitate (DNR) orders.

We know that coronavirus is highly infectious and that it can kill. Tragically, we hear daily updates of rising numbers. However, we must not forget that, each time, there is a person, a family and a community wrapped up in grief. In the first surge, nearly half of all deaths occurred in care homes or to care home residents.

With the second and third surges seeing a decline in that ratio, it is clear that care homes and residents were disproportionately affected. They were truly at the centre of this storm.

I wish to declare an interest in that I have family members who work in care homes. Almost all staff working in a care home do so because they love the job. They treat the residents like their own family and work tirelessly to keep them safe. Members of my family have said that the hardest thing was that residents, many of whom have dementia, thought that they had done something wrong because no one had come to visit. They had not remembered about COVID but had remembered that no one had come to visit them. Speaking to family through closed windows and doors is heartbreaking.

One of the most difficult things for human beings is not having close contact with family, especially older members of the family. I am fortunate in that I have a granny who — she will not mind my saying — is in her early 90s. She maintains that her family contact keeps her young at heart and keeps her going. However, the past year has been very difficult for her, just as it has been for many elderly in our communities. Speaking to her on the phone is just not the same.

It is worth remembering that most of the older people who receive care, receive it in their own home and community. The lessons of this report must be considered in many other settings.

I want to highlight the issue of advance care planning, as it can play an important role in a person's life if it is person-centred and does everything to make people feel safe. Recommendation 34 states that:

*"Advance Care Planning should be discussed with each care home resident, on an individual basis, ideally ahead of any crisis; it should be led by the clinician who knows the individual best, with the input of other relevant professionals; and reviewed as necessary."*

There is no substitute for planning ahead for person-centred care.

Recommendations 35 and 36 call on the Department to:

*"clearly outline and communicate the rights of older people and families regarding end-of-life"*

care and to ensure that there is sufficient training for the relevant professionals and making talking about advance care planning and end-of-life care easy.

Unless it is done in a positive way, it can create a sense of doom. In particular, I would like to bring people's minds back to the early stages of the crisis when images showed hospitals and care homes in Italy and Spain being overwhelmed. There was a lot of concern about older people and care home residents being pressured into signing do-not-resuscitate forms. Let me be very clear: no one should be pressured into signing a DNR.

A few other recommendations deserve a mention, including ensuring that there is sufficient PPE through procurement and pandemic planning; regional access to e-learning on infection prevention and control; learning from international best practice and experiences; addressing staffing levels and so much more.

To finish, most of the report centred on the pandemic and how best to respond. It highlights the need to ensure a sustainable and high-quality care sector. I look forward to the Minister bringing forward his Department's proposal for the reform of adult social care and welcome and support this report into care homes.

**Ms Ennis:** I thank the Chair of the Health Committee, my colleague Colm Gildernew, and the members of the Committee for bringing the motion to the Assembly today and giving us the opportunity to debate it. To be clear from the start, I welcome the report and acknowledge the work that has gone into developing it from all the members of the Health Committee, the Committee staff and the wide number of organisations and individuals who participated in the inquiry.

I echo much of what other Members have said today. The themes that are covered on staff levels, access to care, access to PPE, emergency planning preparations, discharge policy and visiting restrictions are all extremely important. I will focus my remarks on funding and the impact that that has on the social and emotional needs of care home residents, staff and their wider families.

I start by acknowledging that the social care sector was struggling before coronavirus arrived on our shores. As Trevor Clarke mentioned, most care homes are privately run, but they are commissioned to provide residential or nursing care beds. I have also heard that many care homes ask for third-party

contributions as part of the process of securing a bed. I would be interested to know whether the Minister is aware of that and whether he has looked into how common that practice is, as, apart from a few statutory or trust homes, the vast bulk of care is provided by the private sector.

Social care in the North would be virtually non-existent if it were not for the private or independent sector. It is important that we understand the system in which care homes operated before the pandemic and how, to use the Minister's own words:

*"The social care sector has been struggling for years and as a whole is not fit for purpose."*

The North has few large care home providers, and so the ability to buy or introduce quantities of scale just do not exist. That is why the learning around regional decision-making and providing additional funding was so critical for many care homes, their staff and, ultimately, the residents.

The lack of comprehensive pandemic planning for care homes in the private sector left them to their own devices. Recommendation 44 clearly offers a solution. The Committee recommends that future pandemic planning should factor in the central procurement and supply of PPE to care homes. Surely, when we reflect on impact of the pandemic, it will be a matter of immense shame that many care homes were just left to their own devices and left on their own to secure much-needed PPE. In south Down, we had a phenomenal community response when care homes had to put out a call for PPE. That was great and commendable, but it is not how it should have been; that responsibility should have been with the Department of Health.

During the first surge, many care homes could not buy PPE and were using their normal weekly stocks in a matter of days. However, it was not only care homes that were left in limbo. Assisted living sites were also left rudderless, and the Minister will know that I have constantly raised with him the case of Camphill Community Mourne Grange in south Down. With assisted living, we are often talking about high-functioning people, and they have effectively been locked in since last March. They have missed huge family milestones — marriages, births and deaths — and were denied the chance to process the consequences of those important markers. Why was that? Because assisted living was treated like a care home setting although we know that it is fundamentally different.

It was clear that care homes needed additional funding, and I welcome that, especially as it helped to ensure that care homes had no reason not to pay staff more than statutory sick pay for those who had to take time off. So, I fully back the report's recommendations on funding, particularly where it argues that there should be a streamlined process for funding, development of a true cost of care for future social care reform and consideration of funding to the wider social care sector, an essential part of the healthcare service.

To close, I very much welcome the report and its recommendations, but the sad reality is that if the recommendations had been in place before, some of those who lost their lives in our care homes as a result of COVID might still be here to see their implementation.

**1.30 pm**

**Mr McNulty:** As someone who is not a member of the Health Committee, I welcome the opportunity to take part in the debate and thank the Committee for its work on this important issue. The report is timely, but it is also key to learning for the future. Residents in care homes are our most vulnerable citizens. It is not an easy decision for a family to place a loved one in a care home or a residential facility. A family's decision is based on where a loved one will be safest and best cared for. When we see the dignity and care that is afforded to our loved ones by those who care for them, we see compassion in action. The staff in those homes are trying to juggle their care roles with their family lives at home. During the pandemic, they left their own homes to effectively go and look after their second family. We all know the impact that the restrictions have had on our daily lives, but for those who are in care homes not to be able to have any contact with their families and the outside world was heartbreaking — residents, families and staff alike.

In the spring and summer of last year, many of us gathered on doorsteps to applaud NHS workers and others on the front line. Those who work in care homes are a critical part of our healthcare system, but they do not often get the recognition that they deserve and certainly do not get the financial reward that they deserve. To the front-line healthcare workers who staff our care homes in every capacity with compassion and selflessness, I say this: we owe you an enormous debt of gratitude.

As I said at the outset, residents in care homes are some of our most vulnerable citizens. As the coronavirus wave hit Asia and Europe, our

television screens were flooded with stories and images of people in care homes amidst escalating outbreaks in those facilities and, unfortunately, bereavements. The natural reaction here was to shut the doors and keep visitors out, which meant keeping families out. It meant talking to loved ones through windows and not holding their frail hands for months. My experience of that was talking to a close family friend through a care home window and asking him where he would like to have his mother laid to rest. He did not get to attend his mother's funeral.

The report captures many of the issues that we have all heard about from our constituents, including restrictions on visiting, staffing levels, PPE, discharges from hospitals to homes and support for staff and families. Like others, I applaud the leadership of Pauline Shepherd, who was a steady hand at the tiller and a proactive voice for care homes at the height of the first wave and has been since.

The pandemic arrived like a bolt out of the blue, and it has pushed society and our healthcare systems to the brink. The report contains a sad and stark statistic, which is that 40% of COVID deaths here occurred in care homes. My sincerest sympathy is with every family who has lost a loved one to the virus. Who could forget the sense of panic almost, as staff struggled to get access to appropriate PPE? The community rallied round, thankfully, to make and donate PPE.

Care home staff have relayed to us all their stories of heartbreak and pain at the loss of residents whom they looked after and cared for as though they were their own family. All of us have been contacted by families who are at their wits' end because they have been denied the opportunity to visit a loved one in a care home. Some of them have told us of their pain, anguish and heartbreak as their mother or father or relative passed away without the company of a loved one.

The report highlights very clearly the systemic underinvestment in older persons' care, and it shows how unprepared the system was, public and private, for the arrival of such a devastating transmissible virus.

**Mr Deputy Speaker (Mr Beggs):** I ask the Member to draw his remarks to a close.

**Mr McNulty:** I welcome the publication of the report and the recommendations therein and support their implementation.

**Ms Kimmins:** Like everyone, I welcome the report and thank everyone, particularly the Health Committee, the Chair, my colleague Colm Gildernew, and all who contributed and helped to complete the findings and recommendations. The report covers a broad range of areas, and I certainly think that it forms the basis for improving a future response. I hope that the House supports the report.

The impact of COVID-19 on care homes will be felt long into the future. It will be felt by the families and communities who have lost a loved one; it will be felt by the residents, who were unable to see their families and friends in the usual way throughout this time; and it will almost certainly be felt by the thousands of care home staff who were on the front line. I have serious concerns about the impact of this on their health and well-being in the long term. I declare an interest, having worked as a care assistant in a nursing home in my area for many years and in the social care field. I can safely say that working in a care home is one of the most rewarding jobs that I have done. Care home staff look after not just the physical needs of residents but their emotional and mental well-being. They are a friend, a listening ear and a support for the wider family, and they play a key role in recognising and responding to every resident's needs. To be able to do all that in normal circumstances, let alone under the pressures of a pandemic, is an immense task but one that is a vocation and something that we all enjoyed.

There is an obligation to ensure that social care as a whole, not just care homes, is better prepared going into the future. That includes better support not only for unpaid carers but for day-care and domiciliary care settings. I welcome the recommendations that call for a wider look into all those issues and into how care homes play a key role in the delivery of health and social care services.

As other Members have done, I particularly highlight recommendation 53, which clearly calls for greater visibility and places human rights at the centre of a pandemic response, including visiting arrangements and communication with loved ones. That is crucial, and I, like all Members, have been contacted throughout the pandemic by many families who were unable to see their loved ones or had to make an excruciating decision about which family member could visit their mum and dad. There is an important balance between supporting personal relationships and keeping care home residents safe, but it is imperative that a regional standard is clearly set out to ensure consistency and fairness of approach

and to support care home management in making those really difficult decisions.

I thank all the staff who went over and above to care for and support residents and their families through this really challenging time. Without them, we would be in a very different place. I am especially pleased that the report recommends urgent reform in relation to staff terms and conditions. One thing that the pandemic has shown is that it is some of the lowest-paid workers who have stepped up to the mark and played a vital role for the most vulnerable. It is past time that they got the recognition that they deserve.

**Mr Dickson:** I thank the Committee for bringing the report to the House for debate. It highlights incredibly difficult and systemic issues that we need to start to address immediately in order to improve and, indeed, to save lives. As many Members have done, I put on record my appreciation for those who work in care homes, often in challenging and complex circumstances and, in many cases, without adequate support or appropriate pay. For many, it is a vocation, and their compassion and hard work need to be recognised.

In 2020, 775 care home residents died with COVID-19 — 40% of the deaths in Northern Ireland. Every one of those deaths is an immeasurable loss. For the individuals, their families and care workers, the response was quite simply unacceptable, and we must start to work out what went wrong and make sure that it cannot happen again. How we got into this situation, with such high numbers of deaths in our care homes, is complex. The report outlines many contributing factors, including testing, hospital discharge policies and structural problems in the sector and in Health and Social Care.

Time is limited, so I will not cover all areas of the report. I will take some time to go over a few of the structural problems highlighted. I fear that our social care system has been run on a shoestring for far too long. The Department has, of course, had to channel additional funds into the sector during the pandemic, but we need to take a serious look at ensuring that it is properly funded going forward to provide the high quality of care that should be expected. The lack of investment in the system has, undoubtedly, exacerbated the issues of staffing levels and poor pay and conditions. Organisations including the Commissioner for Older People, Age NI and Marie Curie have highlighted those issues.

Staffing levels have been a challenge for the care home sector for far too long. The situation has been made more difficult by the pressures of the pandemic, sickness, Brexit, staff movement between homes, self-isolation and systemic issues such as the lack of childcare. It is clear that much work has to be done to recruit staff, and, while I welcome the measures to speed that up, it is vital that the Department and the RQIA monitor this. We need to set out more robust staff-to-resident ratios and ensure that staff movement between homes is low and practical. We must ensure that the qualifications and training of care home staff are improved, which is vital to turning it into a real opportunity for people who want to work in the care sector.

As mentioned, many who work in our care homes are among the worst paid despite the vital service that they deliver. Naturally, that contributes to difficulties in recruitment and, particularly, retention. I strongly support the Committee's recommendation to set minimum standards for sick pay and to tackle issues with low pay and poor terms and conditions of employment. Better staff remuneration and contractual sick pay to reward care home staff properly will encourage skill retention as well as allowing staff to be financially secure and able to self-isolate when ill.

Further to that, it is critical that employers ensure that staff who are at high risk, such as those from the BAME community, are properly protected. I am aware of the wider issues of care home regulation and of what are, I believe, failings of inspection and enforcement. I have had first-hand experience of that in my constituency. I have concerns about the halting of inspections last year. I appreciate some of the reasons behind that, but we need to step up care home inspections.

We need to move back to routine inspections as quickly as possible and with all the necessary mitigations and PPE in place. I strongly agree with the Committee's recommendations on the consequences for the failures of care and how those should be considered in future contracting arrangements, including the capacity to recoup funding where poor service has been provided. I am concerned that the owners of some care homes do not have the appropriate background for providing high-quality and caring services. They simply see their homes as an investment.

Finally, the report highlights communication problems in health and social care.

**Mr Deputy Speaker (Mr Beggs):** Will the Member bring his remarks to a close?

**Mr Dickson:** We need to learn from our previous complacency and get it right in the future.

**Mr Carroll:** I thank the Chair, the Committee and the Committee staff for this important report and inquiry. Before I comment on the inquiry's findings, I offer my sincere sympathies to all families who have lost a loved one during the pandemic. It is always difficult to lose a loved one, and it must have been especially challenging and difficult throughout the last year. I offer my sympathies and solidarity to all residents, families and workers for the challenges that they have faced over the last year. Care workers are among the heroes in the fight to keep people safe during the pandemic, and we must salute their efforts despite the situation that they faced.

The need for the inquiry and its findings are a real indictment of the Executive's care home policies and demonstrate the inability of the private sector to put residents, families and workers before profits. The Executive failed to put a protective ring of steel around our care homes at the onset of the crisis, and that produced tragic consequences for residents and families. We will, no doubt, hear excuse after excuse, but that is a fact.

As the report mentions, families felt that they were outside the decision-making process and that there was a lack of communication as a result of the chaotic failure of regulation. The fault for that lies with the House and the Executive. The system of regulation is designed to fail because the private care model exists on the basis of cutting corners. The report highlights staff shortages, low pay and poor conditions for workers, and, as others have mentioned, that was a fact before the pandemic. Why has it taken a pandemic to bring that to our attention in such a big way?

**1.45 pm**

The Executive have tolerated and, in fact, promoted a system that treats workers, residents and families unfairly in which they are denied dignity, respect and even a semblance of equality. 'New Decade, New Approach' commits the Executive to extending workers' rights, but we see none of that in how workers in this sector are treated. The vast majority of care homes exist in the private sector, and, as I have said, the regulations are weak and chaotic at best. That is designed deliberately so that employers can pay workers a pittance and fall short in their obligations to residents and families. It is quite concerning that former heads

of RQIA have joined the governing body of one care home about which massive concerns have been raised.

How can it be the case that the Government give free PPE to private owners? Obviously, we want all care homes to have the PPE that they need, but why are we spending millions of taxpayers' money when the employers — the big care homes — have millions and, in some cases, tens and hundreds of millions in the bank?

The report refers to sick pay. Again, how can it be that employers in the sector do not provide sick pay for their workers? We are now in a situation where taxpayers essentially foot the bill for sick pay because some big employers with millions in the bank refuse to do it. It is simply disgraceful and unacceptable.

Staff shortages are referred to in the report as well. Health service workers have been sent into care homes to give assistance. We all know that there are extreme pressures on our health service already. We have had to send health service staff into care homes because care home bosses essentially pay a pittance to the workers already in their care homes. The health service workers are working for those employers free of charge.

The issue of PPE is in the report as well. The Executive have handed millions of pounds to private companies in the forms of PPE, sick pay, training and health service workers. That is called a bailout, and it demonstrates that the for-profit model simply does not work. It has not worked, and we have thrown millions into the bank accounts of private care bosses who have stood in the way of workers trying to join a trade union and treated many families who have raised issues with them as, at best, a nuisance. Some of those employers have had the cheek to threaten libel suits against those who have challenged them on their treatment of residents and workers.

I want several points to ring out clearly from the report. The Stormont Executive and the for-profit model that they tolerate and promote have failed residents, families and workers. All decision-making must directly involve residents and families. All workers have the unobstructed right to trade union representation. We must urgently end the atrocious pay and conditions that these workers endure.

**Mr Deputy Speaker (Mr Beggs):** Will the Member draw his remarks to a close?

**Mr Carroll:** The private, for-profit model should cease. The Executive should act urgently to bring care homes back into the health service, where we can focus on upgrading, accountability, regulation, proper funding that is ring-fenced and bringing pay and conditions to a level that is deserved by residents, families and workers. Anything less would be a failure of everybody in that sector.

**Mr Deputy Speaker (Mr Beggs):** Members, the next item of business on the Order Paper is Question Time. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The debate will resume after Question Time, when the next Member to speak will be the Minister of Health responding to the debate. The sitting is, by leave, suspended.

*The debate stood suspended.*

*The sitting was suspended at 1.49 pm.*

**2.00 pm**

*On resuming (Mr Speaker in the Chair) —*

## Oral Answers to Questions

### Finance

#### Localised Restrictions Support Scheme

1. **Mr Stalford** asked the Minister of Finance to outline his plans to help businesses that are awaiting payment from the localised restrictions support scheme. (AQO 1468/17-22)

**Mr Murphy (The Minister of Finance):** The support that the Executive have put in place for businesses required to close here is more generous than that available elsewhere. Our payment levels are between £800 and £1,600 per week, whereas, in England, for example, the support ranges from £333 to £750 per week. Therefore, the best help that we can provide is to process the applications that we have received as quickly as possible.

Some 89.9% of applications to the scheme have been processed by my Department. Staff in LPS are working as quickly as possible to resolve the outstanding cases. A high proportion of applications have been incorrect or ineligible, so it has proven to be necessary to check each one. Outstanding applications from the earlier phases of the restrictions are complicated to resolve, with some requiring up

to four hours of work by a member of LPS staff to complete. Top-up payments were issued to businesses at the beginning of January. The complexity of the changes arising from the five phases of the health protection restrictions since the start of October has resulted in 27 possible levels of payment, depending on where a business is located and what kind of business it is. That has required some cases to be held back for additional checks, before the top-ups are issued, to ensure that there are no erroneous payments. Every effort is being made to do that as quickly as possible.

**Mr Stalford:** I thank the Minister for his response. He is absolutely right about the need to scrutinise and ensure that public money is spent sensibly. One area of the economy that has been devastated by the coronavirus outbreak is that of travel agency. Will the Minister outline what steps he and the Executive will be taking to aid travel agents, who have suffered so much over the past 12 months?

**Mr Murphy:** The Member is correct in that a number of sectors, or sub-sectors, have yet to be properly reached by way of support. Some time back, I, alongside the First Minister and the deputy First Minister, met with representatives of the travel industry and agreed that they had a compelling case. Some travel agents have their own premises, but a lot of them work from home and do much of their work online, so they do not necessarily fit into the localised restrictions support scheme (LRSS). I have pressed Executive colleagues, particularly the Minister for the Economy, to try to find some way to provide support for the travel industry, and I hope to receive bids for that in the time ahead. I agree with the Member that the sector needs support, and we have to find some way to try to get that support to it.

**Mr Carroll:** Several people have contacted me to say that they are still waiting for support from the scheme. They cannot get answers because there is no phone number for them to ring, obviously. What does the Minister advise them to do in order to get support and assistance in the middle of the pandemic?

**Mr Murphy:** Some people who have been in contact have found that emails that had been sent to them were in their junk folder, so they had not accessed them. Therefore, in the first instance, I advise people to continue to check their emails. A high number of applications have been ineligible. A range of schemes are operating, and some people have applied to the wrong scheme and some have made erroneous

applications. You would not believe the number of people who sent the wrong bank account details. That means that, when everything has been processed, we have had to go back to the start. Some people have made multiple applications for the one premises — sometimes, up to 14 or 15 applications for one premises. A lot of those factors will clog up the system. I would advise people to continue to check their emails and wait for a response. If there is a further query, and they have not heard, they should feel free to contact the Department to try to get an answer.

**Mr Stewart:** I am sure that the Minister is a sports fan, as am I and many others in the House. It beggars belief that the LRSS has continued to exclude sports and social clubs throughout Northern Ireland, regardless of the sector they are from. Those clubs are run by volunteers for profit to invest in the club and community and they have been ruled out of every scheme. The sports sustainability fund will not support some of those clubs, and they will go to the wall. Given the massive underspend in the Budget, will the Minister look at that again so that sports clubs that have been forced to close can avail themselves of the LRSS?

**Mr Murphy:** The sports sustainability fund is intended to address loss of income, be that lost gate income or lost hospitality income, given that a number of those premises have a bar or perhaps even dining facilities in golf clubs and other such premises. We agreed that those sports facilities would go into the Department for Communities' scheme run by Sport NI to get assistance there. The purpose of that is that quite a lot of them have a much bigger rateable premises that they operate out of. Only a proportion of their facilities is the bar or food facility that might have attracted support from LRSS.

I would be disappointed to find that there are not sufficient funds in that to support them. As far as I am aware, the scheme is not yet fully subscribed, which means that there is funding available in it. I encourage sports clubs to apply. This is only coming in now, and LRSS has been paying out on a regular basis for some time. A lot of people who previously got the £10K or £25K grants believed that they were eligible for this. It was to try to put all the sports into one scheme to make sure that they get support for loss of gate receipts and loss of business and to ensure that they were not being rated for a huge premises when only a proportion of it was dedicated to hospitality or other such income-raising ventures.

**Ms Dolan:** I start by thanking LPS for stepping up and helping to provide economic support during this very difficult time. Minister, given that significant COVID support funding is available, is some of that funding available to the Economy Minister for workers and businesses that have been excluded from or are ineligible for existing schemes?

**Mr Murphy:** I have encouraged all Ministers to try to reach out to anyone in the areas that they have a sectoral responsibility for who has not yet received any funding support. There are still such people out there and some sectors that we have mentioned where individuals have struggled to find the levels of support that they require. I hope that every Department that has responsibility for every particular sector will take up that responsibility and will try to ensure that they reach out to those people and find some way to give them support on time. As you said, that is particularly the case as we have funds available to do that, and, while of course we will look at contingency plans for spending those funds and making sure that they are spent, it is much better to try to get those to people who have not yet received some support.

**Mr Speaker:** Before I call the next Member, I advise that questions 5 and 7 have been withdrawn.

## **Changing Places: Mo Mowlam Play Park**

2. **Mr G Kelly** asked the Minister of Finance for an update on the Changing Places facility at the Mo Mowlam play park in the Stormont estate. (AQO 1469/17-22)

**Mr Murphy:** Despite the challenging circumstances, work is progressing well, and we expect the Changing Places facility to be completed in April of this year. Planning approval for the facility was granted in September 2020, with construction work commencing in October.

**Mr G Kelly:** While it is good to see this estate leading the way in Changing Places facilities and I am glad to hear that update, I am sure that the Minister will agree that these facilities are needed across the North. Will he update us on his plans to bring forward and include requirements for Changing Places facilities in building regulations?

**Mr Murphy:** The Member is correct. The work on the facility down at the bottom of the estate is being done voluntarily by the Department of

Finance ahead of the requirement. We intend to amend the technical guidance to building regulations rather than changing the building regulations. That mirrors an approach in other Administrations. The intention is that, in any new building of a certain type or size, we will make it a requirement to put in Changing Places facilities. Of course, you cannot do that retrospectively, but we will be encouraging people, where they are doing any work to a building, to undertake and recognise that requirement.

I am prepared to consider the establishment of a fund to support or encourage people, particularly those doing retrospective work, to bring this type of facility into place. When you hear the stories from people who have had to struggle with no availability of that type of facility and have to change children, not babies, on the floor of toilets, you can understand the stress and trauma that that would present to any parent who does not have that facility. I hope that the example of the facility that we are creating down at the play park will encourage others. We will be changing the guidance to the regulations to make sure that that becomes a requirement in the future for a whole range of public buildings.

### **Education: Budget Allocation**

3. **Mr Lyttle** asked the Minister of Finance for an update on the draft budget allocation for the Department of Education. (AQO 1470/17-22)

**Mr Murphy:** On 18 January 2021, I advised the Assembly of the Executive's draft Budget. It has also been published on my Department's website for consultation. The draft Budget recommends an uplift of approximately 1.8% for the Department of Education's resource DEL compared with its present baseline position. That equates to an additional £41.1 million and would bring its opening budget position to £2.3 billion. A capital allocation of £158.3 million has been recommended. That is broadly equivalent to the Department's capital allocation in the last financial year. Unfortunately, the spending review has led to a challenging Budget settlement for all Departments. Consequently, the Education budget could be further increased only by taking money from another Department.

**Mr Lyttle:** Further to that budget allocation, the Department of Education has projected a funding gap of £300 million for 2021-22, which is profoundly concerning for the education sector in Northern Ireland. The Department of Finance commissioned the Ulster University

Economic Policy Centre to produce an audit of the cost of division in Northern Ireland in 2016, which found that the cost of division in education could be upwards of £95 million a year. Has the Department of Finance conducted any work towards addressing that cost of division and redirecting those funds to the education front line?

**Mr Murphy:** As the Member will know, Departments, from 2017 right through to January 2020, had no Ministers in place to direct any change in public policy. Since we came into post in 2020, we have been dealing with the very immediate effects of the pandemic. I have to say that the Budget settlement this year was hugely disappointing. Something like £1.7 billion of pressures were identified by Departments, which cannot be met as part of the Budget settlement. It is a huge challenge.

The work that the Member talks about is not the sort of work that can be turned around between an announcement of our funding envelope in December and the need to allocate budgets in January and legislate for the Supplementary Estimates by the end of the financial year. I am sure that that work will continue, but there is no doubt that all Departments will be disappointed with their budget allocation, as we are in the Department of Finance.

**Mr O'Toole:** The draft Budget document that the Minister has just mentioned does not contain the underspend that the Department calculates that it will be able to carry forward, and nor does it include any additional flexibility that the Minister thinks that Treasury would be able to give. What exactly is the status of the conversations that the Minister is having with Treasury? What does he expect to be permitted to carry forward into the next financial year?

**Mr Murphy:** The short answer is that we do not know, because we have not yet been informed. We expected to hear from Treasury on Friday to get some clarity finally on that carry-over. We have an expectation of what it might be. However, we cannot include it in a document such as the one that the Member referenced unless certainty is attached to it. Therefore, the sooner that we can get certainty on that — my officials continue to engage with Treasury daily to try to get the certainty that we require — the sooner that the figures can be included in the final Budget document.

**Mr Sheehan:** How would the Minister respond to a request from the Education Minister for some of the unallocated COVID funding to

close the digital divide? The Minister will be aware that, recently, a light has been shone on the fact that some schoolchildren do not have access to adequate IT devices or Wi-Fi.

**Mr Murphy:** I have invited and encouraged all Executive colleagues to make bids for the unspent COVID money that has been returned by a number of Departments in January. I would certainly be hugely sympathetic to the issue that the Member described. I am aware of one company offering the Department of Education assistance, free of charge, not necessarily for devices but for connectivity and data usage on people's phones, which is being eaten up by trying to download lessons. I am not sure whether the Department took up that offer of support. However, I am happy to consider that and even to encourage the Education Minister to make such bids as the Member suggested.

2.15 pm

**Miss Woods:** Will the Minister provide an update on the draft Budget's allocation to the Department for Communities, specifically regarding funding for welfare mitigations, current and future, and funding for crucial independent advice agencies?

**Mr Murphy:** We got such late notice of our funding envelope and the outcome was so disappointing that doing anything substantially different would have required us to engage in a reprioritisation exercise. Some Departments would have gained from that; others would have lost. Given the time frame involved, the Executive agreed to go forward with the same allocations as Departments received in the last financial year, so that information has been put out there.

I continue to talk to the Minister for Communities and other Ministers about the Budget allocations, and we want to try to improve that position going into the final Budget outcome. However, we are waiting for confirmation of a range of issues, including the flexibility that we have for carry-over into next year and other funds that were committed under New Decade, New Approach, the confidence and supply agreement and the Fresh Start Agreement, all of which could improve our Budget outcome. We hope for a better position in the final Budget paper. However, at the moment, we do not have the necessary information. Suffice to say, as I have said many times, getting such short notice and such a poor Budget outcome makes for a very unsatisfactory situation.

**Mr Humphrey:** The Minister will know that special educational needs are a huge and growing problem in our schools. What more resource can he give to the Education Minister to help with that growing problem?

**Mr Murphy:** The current financial year's Budget provided for an uplift of £42 million for special educational needs. That is rolled into the Department of Education's baseline for the next financial year. The draft Budget proposes a further £10 million uplift to help to address special educational needs pressures. If that allocation is agreed in the final Budget, it will be for the Education Minister to determine how best to utilise the funding in the delivery of special educational needs services.

## **PEACE PLUS: Children and Young People**

4. **Ms Mullan** asked the Minister of Finance whether the new PEACE PLUS programme will have a focus on children and young people. (AQO 1471/17-22)

**Mr Murphy:** Six thematic areas are proposed in the new PEACE PLUS programme. Theme 3, which is "Empowering and Investing in Young People", focuses on children and young people. The theme includes the following interventions: the learning together programme, which will provide direct, sustained contact between school-aged children from all backgrounds through collaboration between schools and youth organisations; the PEACE PLUS youth programme, which will enhance the capacity of children and young people to form positive and effective relationships with others of a different background and make a positive contribution to building a cohesive society; and youth mental health and well-being, which will support cross-community and cross-border activities to lead to an improved understanding of youth mental health issues. It is expected that the PEACE PLUS public consultation will commence in February 2021.

**Ms Mullan:** I thank the Minister for his answer. I have met groups in Derry, and some currently receive funding from the EU social fund, and others do not. They have expressed concerns to me about the difficulties in accessing PEACE PLUS funding. Have those been addressed in PEACE PLUS?

**Mr Murphy:** We have had a number of conversations about the development of the PEACE PLUS programme with the Special EU Programmes Body (SEUPB). We have also had

conversations with Ministers in the Administration in Dublin, who have joint responsibility for that, and, collectively, we expressed the views that had been brought to us when we spoke to people in grassroots community organisations about their experience of accessing PEACE money over the years. The burden of administration and the issue of accessibility came up repeatedly. So, we have asked SEUPB to address that in the current PEACE PLUS proposals. The purpose of PEACE money was to get money directly to communities on the ground that were affected by and still bore the scars of the conflict. We need to ensure that those finances are made as accessible to them as possible. The SEUPB has assured us that that will be the case.

The programme will be consulted on this month, so I advise all community and voluntary groups and people who have an interest in PEACE funding and in ensuring that it gets to the areas that it was intended to target to engage in the consultation and make sure that their voices are heard.

**Mr Muir:** The Minister will be well aware of the significant shortfalls in the funding designed to replace previous EU funding programmes. What representations is the Minister making, in conjunction with his Scottish and Welsh counterparts, to the Treasury to address the shortfalls that exist despite all the promises that Brexit would be great for Northern Ireland?

**Mr Murphy:** We have had continued and sustained engagement. Last week, when I met my Scottish and Welsh counterparts, we discussed the issue of flexibility, which we were just discussing, and the replacement of EU funding. They have the same view that the Department and Executive have, which is that EU funding should be replaced in full, as was promised. It should be given to the devolved Administrations to design their own programmes and to allocate according to their own priorities. As yet, we have absolutely no assurances; the direction of travel that seems to have been confirmed by the Treasury is that it intends to allocate from Whitehall, and it intends to use that as part of the levelling-up agenda. I do not think that that corresponds with any of our priorities here; it is more aimed at the northern cities in England.

We intend to, and have agreed that we will, continue, but it is just very unfortunate that none of us can go to London to meet collectively in the Treasury. We have to make joint virtual representations at the moment to the Treasury, but we will continue to do that. I think that it is a most unsatisfactory approach

by the Treasury and the Government in London generally, and it is certainly not what we were promised. There was to have been a pilot programme for next year and, as yet, we do not have any detail on that at all. There is a real concern that, in the transition of that, we are going to lose substantial amounts of money.

**Mrs Barton:** Thank you for your answers so far, Minister. Can you outline the quantum of PEACE PLUS funding and your expectations for future rounds and allocations?

**Mr Murphy:** Following discussions between, in particular, us and Dublin, and then with London, we have managed to get an increase, which is a very welcome contribution from Whitehall. That brings the total amount of funding up to about €1 billion, and that will be over six or seven years for the roll-out. The current Peace programme is continuing to roll out until the end of this year, and the new funding will come in then from the next financial year and beyond. It is a substantial amount of money over six or seven years. There will undoubtedly be, as there always is with Peace funding, huge demand on the ground. As you will know, PEACE PLUS is taking in the INTERREG proportion of that, as well as the Peace programme. Nonetheless, I am very pleased that we have managed to bring it up from what was originally sitting at about €650 million to €1 billion. I have no doubt that, if we can get the programme designed correctly and if people engage with this consultation as it comes out this month, then we can get the best possible usage of that on the ground where it is needed.

**Mr Stalford:** The Minister talked in an earlier answer about areas scarred by the conflict, and he is absolutely right. One of the ways in which that manifests itself is in physical dereliction. Can the Minister outline what percentage of the coming programme is likely to be devoted to capital works? I ask because that is one of the ways in which these programmes can leave a real lasting legacy in local communities: when people see bricks and mortar and physical improvements in the areas in which they live.

**Mr Murphy:** I absolutely agree with the Member. From one of the discussions that we had with the community and voluntary sector and with people who had a long-running experience of engaging with the Peace programmes over the years, one of the points that they put to us, particularly with regard to areas around peace walls, is that, while there was a strong desire to see the peace walls removed, there were a lot of things that could be done in the interim for communities who live

on either side with regard to improving the areas themselves. That kind of capital investment lifts an area and helps people to have a better quality of life. I have not got the exact figure for the capital part of the programme, but I can get that for the Member. One of the points that I specifically put to the SEUPB is that, for people whose communities had been scarred, not just in the physical sense but in the sense of the built infrastructure around them, there needed to be a look at how we can improve those communities and thereby improve the lives of the people who live in them.

## Localised Restrictions Support Scheme

6. **Mr Durkan** asked the Minister of Finance for an update on the volume of unsuccessful applications under the localised restrictions support scheme. (AQO 1473/17-22)

**Mr Murphy:** To date, 21,619 applications have been received across all phases of the localised restrictions support scheme (LRSS). Some 11,767 applications have been approved, resulting in payments worth £126.85 million. Some 7,225 applications have been rejected for the following reasons: about 31% were duplicate applications, 27% were an ineligible business type, 20% were not occupying the address on the application, 6% were self-declared as not open, and 16% were for various other reasons. Members should be aware that many of those who have had an application rejected may also have had another application approved. This is particularly the case with duplicate applications and applications that were made in respect of the wrong address, which made up half of the rejected cases. I add that the Executive have established other support schemes, and many applicants who have been rejected by the LRSS are eligible for those schemes.

**Mr Durkan:** Gabhaim buíochas leis an Aire as an fhreagra. Is the Minister able to tell us how many of these have been appealed and how many have been reversed? Does he agree that it is unfair and completely unacceptable that, in some cases, businesses have had to wait almost four months to learn that their application has been rejected and why?

**Mr Murphy:** As I said, about half of them have been either duplicate applications or an ineligible business type. I accept that the process has taken much longer than we intended. Quite a lot of the data that we expected to get, certainly for close-contact

services, did not emerge in a way that was usable. Since the restrictions began again in October, there have been five different levels of restrictions resulting in 27 different levels of payments. That is hugely complex for an organisation to manage. Nonetheless, we wanted it to respond much quicker than it has.

I know of one case in the Member's constituency where there were 14 different applications for one premises, so 13 were recorded as rejections to get to the one that was actually accepted. Where people have provided wrong addresses and corrected the information, those count as rejections as well. There is an appeals process. I do not have the exact figure of how many people have got through the appeals process, but it is ongoing. There are huge complexities in business and a significant amount of error in applications. I know that people have been frustrated waiting on all this. The team working on it has been doing it as quickly as it possibly can. However, at some stages, these things almost have to be sifted by hand to make sure that the details that have been presented are correct. However, I still encourage people, if they are not satisfied with the outcome, to appeal. Those appeals will be heard.

**Mr Middleton:** The Minister will be aware that amongst those unsuccessful applications were sporting social clubs. The Minister for Communities indicated that a new scheme would be developed to look at those who were not eligible for the LRSS. Will the Minister confirm whether those conversations are ongoing? If they are not, will he tie in with the Minister for Communities to ensure that that happens?

**Mr Murphy:** The scheme that they are to apply to is the sports sustainability fund, which takes account of lost income for all sporting organisations. It was organised in conjunction with the overarching sporting bodies. Those conversations have taken place, and it was agreed that that scheme is the place for those people to go.

As for trying to fit them into the LRSS, you will find that the rateable premises that provide the hospitality in a sports club are a small portion of it. The sports club would be rated as a huge premises, yet it is only a smaller proportion that is involved in that business side of things.

It was agreed between us and Communities that the scheme for them is the sustainability fund, which can look at lost income from gate receipts, from sponsorship or whatever else, plus from hospitality taking into account what

the facilities were earning from food and drink. That, therefore, can be measured more accurately per sports club. That is the scheme that was devised for them. Applications to it have opened. I am told that it is not fully subscribed yet, so I encourage clubs to ensure that they follow that through.

**Ms Anderson:** Minister, many businesses in the transport sector have received insufficient COVID support or none at all. How many bids have you received from the Infrastructure Minister about those businesses that have been excluded? I am particularly mindful of taxi operators and taxi drivers, who have received insufficient funds during the COVID pandemic.

**Mr Murphy:** The Minister received funding for a bid that she made earlier in the year. Obviously, the Department for Infrastructure is responsible for the operation of and the payout from that scheme. I know that there have been further bids to support those sectors, and I am very happy to recommend those to the Executive. There was some discussion about whether taxi operators fitted into a scheme that the Department for the Economy was running or into the taxi drivers scheme. I am not sure how that was resolved between the Ministers involved. However, as I said, in general terms, I have encouraged people to make an effort to reach out in the short time ahead to any sectors that feel that they were left out or not fully supported and to ensure that they have bids in so that we can try to get as much support to them as we can.

**Mr Speaker:** That ends the period for listed questions. We will move now to 15 minutes of topical questions.

**2.30 pm**

### **Localised Restrictions Support Scheme: Payments**

**T1. Mr Chambers** asked the Minister of Finance whether he plans to continue to make payments to successful applicants to the localised restrictions support scheme. (AQT 921/17-22)

**Mr Murphy:** Yes, for as long as the restrictions apply. We have told LPS and we have advised the Executive. Indeed, we bid for an additional £100 million of the COVID funding that was available to continue that scheme. When we get to the end of March, where we are with that is a different story because the COVID funding that is available next year is about £500 million.

Health will take up a significant proportion of that. That compares with the £3 billion COVID funding that we had this year. Until at least the end of March, we will continue to pay out to businesses that are prevented from opening.

**Mr Chambers:** I thank the Minister for his reassuring answer. Are there any cases where payments will not have continued without any correspondence from your Department to explain why that happened?

**Mr Murphy:** I hope not. I cannot be absolutely certain about every piece of correspondence that goes out or does not go out from the Department, but that should be the function of LPS. Bear in mind that LPS was a rates collection agency. It repurposed itself and gained extra powers to become a payments agency. It has operated in very challenging circumstances, at times to the frustration of those on the receiving end of payments. Nonetheless, it has, over the course of the pandemic, paid out a huge amount of money to support businesses. If people have not been corresponded with properly, I invite the Member to contact me and the Department to ensure that that is rectified.

### **COVID Funding**

**T2. Mr Robinson** asked the Minister of Finance whether he is confident that he will not need to return any COVID money to Her Majesty's Treasury. (AQT 922/17-22)

**Mr Murphy:** Our priority is to try to get flexibility to carry over money to the next financial year. As I outlined in response to an earlier question, we have a very challenging Budget situation next year for all Departments, and the more carry-over that we have, the more that we can try to meet the pressures that Departments might face next year.

I encourage all Ministers and Departments to look closely at the sectors that they should be offering support to, to see whether they can continue that support, rerun schemes or reach out to sectors that have not received sufficient support or any support at all. I have developed contingency plans to make sure that we spend all the money that we have, but I would prefer to see as many sectors as possible getting support in the remaining weeks of this financial year.

**Mr Robinson:** Does the Minister agree that he held on to too much money for too long, which made it difficult for Departments to spend that much-needed money? In some cases, dry-

cleaners, sewing businesses and others could go to the wall.

**Mr Murphy:** When we had the significant injection of the COVID allocation prior to Christmas, we allocated all of it apart from, I think, £26 million. The money that we are now attempting to allocate is money that has come back from Departments. It was not a question of sitting on money at all; we allocated all the money. We kept only a relatively small proportion of it for after Christmas. In some senses, we were concerned that we would leave ourselves short.

Health returned about £90 million; the Department for the Economy returned something similar. There were also significant returns from other Departments. Of course, we want to get those spent. We want to reach out to small businesses that are struggling and see support being provided to them. That is why I have encouraged all Departments that have responsibility for all the different sectors to try to ensure that they respond to the needs of those sectors and make bids accordingly. I will be more than happy to recommend those bids if they come in.

### **Centenary: Funding Bids**

T3. **Mr Beattie** asked the Minister of Finance, in light of the letter that he placed in the Library today, in answer to Mr Allister's question about the centenary, in which he said that the British Government have created a fund, which they have and which amounts to £3 million, whether his Department has received any bids for funding for the centenary. (AQT 923/17-22)

**Mr Murphy:** I made that comment because TEO was responsible for the decade of centenaries, and I, wrongly, assumed that that responsibility was with it. I have not received any bids, but I would have to check. As the Member will understand, we rolled over the Budget, so it was simply the same allocations as last year. There were some £1.7 billion of unmet pressures from all Departments. I need to check whether TEO identified that as a pressure that it wanted to meet. I am not aware at the moment of any bids that have been made by any Department in that regard, but I am happy to check and come back to the Member.

**Mr Beattie:** Minister, thank you for that. My follow-up question is very obvious. Would your Department be receptive to any bids from, say, the Department for the Economy to celebrate our economic power over the last 100 years; from the Department of Health to celebrate our

NHS; or, indeed, from the Department of Agriculture to celebrate our farming during the centenary? Are you open to receiving those bids?

**Mr Murphy:** I am always open to receiving bids. It is not my responsibility to make a political judgement on the bids. We can have an argument about what an economic powerhouse we are or how successful our agriculture has been, in being dependent on Europe for support. We hope that that support might be continued by the British Government, but there is certainly no guarantee of that. We will see where our agriculture is on the other side of that. Nonetheless, it is not up to me to make a judgement. I am happy to receive bids, and we judge them according to the value-for-money aspect and the proposition that has been put together. My Department makes a judgement, I make a recommendation or a proposition to the Executive, and they decide. I do not decide on the merit. Ultimately, the Executive decide on the merit of any bid and any funding allocations.

### **Labour Market Intervention Schemes**

T4. **Mr Newton** asked the Minister of Finance why he has not made provision for labour market intervention schemes in his draft Budget. (AQT 924/17-22)

**Mr Murphy:** As I said, there is something like £1.7 billion in unmet pressures. The Executive agreed that, given the Budget outcome and the time frame available in which to try to consult and get the necessary legislation done, there was no time for a significant reprioritisation exercise, so, essentially, the money that Departments had from last year was rolled over. It will be up to the Ministers in those Departments to make calls on their priorities. That will be challenging, and that is why, alongside that, I am pushing to carry over to next year as much flexibility as possible to try to meet pressures that are arising in all Departments. Ultimately, it will be for Ministers in those Departments, who have the same level of funding that they had last year, to make calls on their priorities, and I am sure that the issues that the Member has outlined, which cross the Department for Communities and the Department for the Economy, will be considered by those Ministers.

**Mr Newton:** The Minister will be aware that Westminster announced a programme called Kickstart, and that programme was introduced in September last year. The Minister for Communities wanted to do a bespoke scheme in Northern Ireland and indicated that it would

be titled Job Start. According to her, the Department was unable to launch the scheme on 14 December as planned, as there was no funding available for labour market interventions, and, therefore, that scheme is now dormant at the very least.

**Mr Murphy:** Yes, it would have been at that stage that the Department had the good intent to launch additional schemes, particularly recognising the economic impact that the pandemic has had. I have no doubt that it was well intentioned in wanting to launch the scheme. We only learnt on 25 November what our funding envelope was for the Budget, and that was only confirmed on 10 December. The Department then realised that it simply would have the allocation that it had last year, with no scope for additional programmes. That is the draft Budget proposition. It goes through a process of consultation and engagement with all Ministers and other areas that we are looking to in terms of funding possibilities, and then we reach the final Budget proposition stage. If the position does not improve for Departments, they will have to consider whether certain schemes are a priority and, if so, decide what other schemes they might have to drop to meet that priority.

## Budget Consultation

T5. **Mr Beggs** asked the Minister of Finance whether, given that in answer to an earlier question he said that because of the relatively short notice of the final Budget allocation, he did not have adequate time to consult, he accepts that other devolved regions such as Scotland commenced consultation well in advance of the final allocation and were, therefore, in a much better place to prioritise and decide where they should spend their money. (AQT 925/17-22)

**Mr Murphy:** Scotland might have been consulting early, but they did not know the amount of funding that they would have, and neither did Wales. I had a conversation with both Finance Ministers last week, and Scotland only launched its Budget last Thursday, I think. The Administration may have been having a broad consultation on what priorities people would like to see. Of course, there are about £1.7 billion of pressures that our Departments would have liked to spend money on but cannot now meet. It is a question of judgement. People can go out and consult if they wish, but, if they do not know the funding envelope that they are operating from, arguably the consultation is rendered null and void. Certainly in relation to the last question, a Department, with all good

intent, wanted to do a scheme and then found out very abruptly at the end of November/start of December that the funding was not available for that unless it reprioritised within the Department and decided to take funding from somewhere else.

**Mr Beggs:** I fully accept that no one can make final decisions until the final amount is revealed, but would the Minister still not accept that, if consultation had happened, you would be in a much better place to react? Indeed, will you be falling in line with the previous recommendations on how to modernise our Budget process so that we have a meaningful consultation with the public, our stakeholders and, indeed, Committees?

**Mr Murphy:** If an earlier consultation process, without any sense of the funding amount, had thrown up priorities that the Executive agreed with, in order to react, as he said, to meet those, the Executive would, once we learned the outcome of the Budget, have had to go into a reprioritisation exercise whereby some Departments would have lost money in order to meet some of the priorities from other Departments. In the time frame available to us, that was going to be very difficult, if not impossible.

I do agree with him about making the Budget process more transparent and accessible. We have been working on that and will continue to work on that. He reminded me that, when we were on the Finance Committee together many years back, we pushed that idea, and I am still wedded to the idea of a simpler, more transparent and more accessible Budget process. Of course, the spending review that gave us our funding envelope was to have taken place over last summer. It was pushed back into the autumn. We did not get the final amount until 25 November, and it was not confirmed until 10 December. All the good intentions of this institution are dependent on what processes run through over in Whitehall, and if they stall or delay, it can throw our best intentions awry. Nonetheless, we do need to continue that work to simplify, streamline and make more accessible the Budget process.

## Students: Department for the Economy Bids

T6. **Mr O'Dowd** asked the Minister of Finance for the latest status report on bids received from the Department for the Economy and progress that has been made, given that he will be aware that many students and their hard-pressed families are waiting on an announcement about

financial support from that Department. (AQT 926/17-22)

**Mr Murphy:** The Member made that point last week, I think, when I was in the Chamber making a statement. I absolutely accept that there is a significant level of hardship and stress among students, who have been paying for courses and accommodation and not being able to access either in a satisfactory manner.

I noticed in some party political campaigns around these issues that they are identifying me as the problem. I would never be identified when the solution is found; I never get the credit for it, but there you go, that is politics for you. Of course, it is the Economy Minister who has responsibility for students. She has made a bid for a significant amount of money for support, and she advises me that she intends to make a further bid for a significant amount, so I am looking forward to that. I hope that it meets the needs of students in the ways that have been identified. I also hope that, perhaps when that funding is allocated, maybe some of the other political parties will credit both of us for the success of that outcome — or perhaps not.

**Mr O'Dowd:** The Minister will be aware that failure is an orphan and success has many guardians. With regard to another group that has been left behind in terms of support, have any bids been received to reopen the microbusiness fund?

**Mr Murphy:** Not as yet. A number of very small sectors still struggle to get support or have not got sufficient support, and I have encouraged the Economy Minister that that fund might be a means of addressing that, so I wait to see whether a bid comes forward for that. However, I am keen to make sure that we get support to sectors and individuals who have not been able to access it to date, and that fund would be one way of addressing that.

**Mr Speaker:** Time is up. Members should take their ease for a moment or two, please.

2.45 pm

## Health

### Legal Proceedings

1. **Mr Allister** asked the Minister of Health are there any departmental restraints on a departmental employee issuing legal proceedings that, if successful, would prevent

any investigation of alleged wrongdoing. (AQO 1482/17-22)

**Mr Swann (The Minister of Health):** A Department has no power to prevent any citizen, including a civil servant, from bringing legal proceedings in his or her own name. As the Member will be especially aware, the outcome will then be a matter for the courts.

**Mr Speaker:** Before I invite Mr Allister to ask his supplementary question, Members will be aware of reports that judicial review proceedings are ongoing, and I advise Members of the need to take care when asking supplementary questions. The onus is on Members to exercise caution in any supplementary questions that they might ask to ensure that they do not refer to the substance of those proceedings and that those proceedings are not prejudiced.

**Mr Allister:** Thank you, Mr Speaker. I take cognisance of your direction.

The Minister will be aware that this touches on a matter that is very close to the heart of the still-grieving parents of Claire Roberts, who will be listening and watching. Does the Department fully accept the findings of the O'Hara inquiry into hyponatraemia, which includes a finding that Professor Ian Young, who reviewed the case of Claire Roberts, identified failings in Claire's fluid management but failed to inform the family and the coroner of that fact? Instead, he provided misleading information that was intended to protect the hospital and the doctors. With that finding, how is it tenable for that person to continue to hold a key public-facing role as the voice of the Department on matters of great public health importance?

**Mr Swann:** Considering what the Speaker has said, the Member will be aware that my Department and I have accepted all 96 recommendations of the O'Hara report. In the introduction to the report, Mr Justice O'Hara recorded important caveats about individuals who were criticised by his report. He stated:

*"The Public Inquiry process is investigative and inquisitorial and seeks to determine what has happened in order to better identify what may be learned. Accordingly"*

— this is his quote —

*"I have found myself in a very different position to a judge sitting in a court of law. In identifying what has gone wrong I have*

*inevitably criticised some individuals and organisations, but my findings are not binding and are not determinative of liability."*

He further makes clear:

*"I am conscious that the individuals who are criticised were not able to defend themselves as they might in adversarial proceedings and were circumscribed in their right to make representations. I am also aware that individuals who are criticised may attract adverse publicity affecting both reputation and career. Therefore where critical comment is made of an individual, it must be assessed in the context of the limitations of the process."*

**Ms Flynn:** Does the Minister have any update on the hyponatraemia work streams, and when does he expect them to be completed?

**Mr Swann:** I thank the Member for her supplementary. As she knows, nine work streams and seven subgroups were established in an overarching project to lead the work required to implement the recommendations of the inquiry into the hyponatraemia-related deaths. The work streams and subgroups are a duty of candour; death certification; a duty of quality; paediatric-clinical collaboration; serious adverse incident training; user experience and advocacy; workforce and professional regulation and assurance. I want the recommendations implemented fully but without unintended consequences. To do that, I have gathered over 200 people from different backgrounds to work through how best to implement the recommendations. They include service users and carers; the voluntary and community sector; and people from Health and Social Care organisations. That co-production approach will help to ensure that the changes that we make work in practice.

**Mr Speaker:** I call Ms Kellie Armstrong.

**Ms Armstrong:** Question No 4.

**Mr Speaker:** Sorry. Just bear with me for a second. We thought that you had stood up for a supplementary.

## COVID-19 Vaccinations

2. **Mr M Bradley** asked the Minister of Health what actions are being taken to ensure that people not automatically called for their COVID-

19 vaccinations by their GP surgeries do not miss out on a vaccination. (AQO 1483/17-22)

7. **Ms Bunting** asked the Minister of Health how many COVID-19 vaccines have been disposed of since the start of the vaccination roll-out. (AQO 1488/17-22)

10. **Ms S Bradley** asked the Minister of Health whether he envisages any problems with the supply chain and the delivery of COVID-19 vaccines to Northern Ireland. (AQO 1491/17-22)

14. **Ms McLaughlin** asked the Minister of Health what percentage of the population is being vaccinated each week. (AQO 1495/17-22)

**Mr Swann:** Mr Speaker, with your permission, I will group questions 2, 7, 10 and 14. With your indulgence, I would like some latitude to provide a more thorough answer.

The plan for deploying the vaccines is well under way and has been designed to be pragmatic, agile and flexible. The programme started on 8 December, and, by close of play yesterday, 246,421 vaccines had been administered: 221,809 first doses and 24,612 second doses. The deployment plan involves a mixture of delivery models. Most people aged 80 and over should now have been invited to receive their first dose or been advised that they can expect to receive the vaccine. Housebound patients on the GP register who are over 80 will be vaccinated by GPs working in conjunction with their district nursing colleagues. In addition, care home residents not vaccinated by mobile teams will receive the vaccine from a district nurse working with their GP practice. GPs will regularly check their records to ensure that none of their patients in the eligible cohorts has missed out on an offer of vaccination.

The vaccination of priority groups 1 and 2 has largely been completed, and the GP programme is working through the vaccination of priority groups 3 and 4: those aged 70 to 79, as well as those deemed clinically extremely vulnerable. GPs will be in touch to invite individuals in groups 3 and 4 to come to receive the vaccine, and, for the vast majority of individuals, no further action is required. However, I suggest that anyone in group 1 or 2 who has not been contacted by their GP contact their practice to check the position.

Vaccination wastage has been incredibly small, which is due entirely to the professionalism and

dedication of the pharmacy staff, vaccinators and GP staff who have managed to keep it so low. It is currently estimated at less than 0.5%. That is much lower than a normal vaccination programme and ensures that the vast majority of that precious resource is being given to those who need it most.

The roll-out of the vaccination programme is dependent on a steady supply of vaccine. We are part of the UK-wide procurement process, which should ensure that the UK has access to up to 367 million doses. Northern Ireland will receive 2.85% of all the available COVID vaccines in the UK. As Members will be aware, the UK was the first country in the world to authorise the deployment of a COVID-19 vaccine.

The Joint Committee on Vaccination and Immunisation (JCVI) has identified the best option for preventing mortality and morbidity as being, initially, to protect those most at risk, namely persons falling within groups 1 to 9. The vaccination plan has therefore been targeted at the specific age cohorts of the population most at risk and does not measure deployment against overall population numbers. However, vaccination deployment is an ongoing programme, and it is subject primarily to the availability of the vaccine, which means that the average weekly rate is likely to change and increase as larger cohorts of the population come forward to be vaccinated.

**Mr M Bradley:** Thank you, Minister, for your detailed answers. I refer to an 87-year-old constituent who was invited to attend a vaccination session at the Joey Dunlop centre in Ballymoney. My constituent is housebound and self-isolating, as is his daughter, and neither have any means to get to Ballymoney. That man and many like him are in need of a home visit. They have contacted their local health centre but have not heard any further word on a schedule for vaccination. Minister, it is for people like that, who may be falling through the net, that we need to have clear advice and guidance to ensure that everyone who is called for vaccination is dealt with in a timely fashion.

**Mr Swann:** I thank the Member for his question. As I said, the housebound patients on the GP register who are over 80 will be vaccinated by GPs working in conjunction with their district nursing colleagues. The Member's constituent will be got to in a timely manner. If the Member wants to forward details of the practice or the constituent involved, I will happily follow that up.

**Ms Bunting:** I thank the Minister for his answer. What consideration has the Minister given to establishing a standby list whereby carers, special educational needs (SEN) teachers, PSNI officers and anybody who is in front-line contact with the most at-risk groups can come in at short notice to fill any gaps?

**Mr Swann:** I thank the Member for her question. As she knows, we have moved to using our regional centres for the 65-to-69 cohort, who are being brought forward on an appointment basis. I assure you that there are very few people missing out on those appointments, so it is not necessary to have that standby list. Should we have any vaccine that is coming to the end of its usability or shelf life, we are calling forward a small cohort of Health and Social Care workers to receive their second dose so that we can move on with that programme.

**Ms S Bradley:** I thank the Minister for his answer. Following on from the previous question — I appreciate that the Minister has been thorough — thankfully, waste has been low, due to the fact that the reserve or standby list has comprised staff who were readily available to turn up on site. Has the Minister any plans to make sure that there is a consistent approach across GP practices to ensure that the reserve lists are built up in a similar fashion and are accessed in a speedy way by those who need them?

**Mr Swann:** I thank the Member for her question. We are working with somewhere in the region of 321 GP practices, which are rolling out the vaccination programme to the elderly cohorts and those who are clinically extremely vulnerable. They are calling forward patients to fill specific time slots, so it is not done on a first come, first served basis. Most of the slots are being taken up by people who are called forward, rather than there being any surplus at the end of the day.

**Ms Dillon:** Minister, we have been contacted by GP surgeries in the Northern and Southern Trusts — particularly the Northern Trust — that are saying that they are not receiving sufficient numbers of the vaccine to vaccinate the over-70s, the over-80s and the over-90s. Whilst, obviously, we have the programme for those aged 65 to 69, which is very welcome, we have that very vulnerable group who feel that they are not being prioritised. Can you let us know what you will do to address that?

**Mr Swann:** To clarify, although people talk about our vaccination programme, we are

running a twin-track programme because of the peculiarities of both vaccines. The Pfizer vaccine has to be stored at between -70° and -80°, which is why it is being used specifically in our regional centres. As Mr Bradley highlighted, we are using the younger cohort — those who are 65 to 69 — who are more mobile and more agile and can go to the regional centres. The GP practices are picking up the other cohorts.

With regard to the supply of the AstraZeneca vaccine, as soon as we get a delivery, it is put out to the GPs; it does not sit in our central stores for any period of time. There will be instances where GP practices receive a batch that is not enough to complete a full cohort of a specific age group, but to them I say, "Make a start. You don't have to wait until you have enough vaccine to do the entirety of the cohort".

If the Member wants to give me details of GP practices, I can get back to her with how much they have received and when they received it. We are keeping a tight eye on the amount of vaccine that each of them receives and the returns that they put in regarding the number of patients whom they vaccinate, to make sure that we get maximum use out of the vaccine that we are distributing.

**Mr Chambers:** Does the Minister agree that the European Commission, in apparent desperation to cover up its vaccine procurement failings, should never have brought potential supplies of this life-saving vaccine into the realms of the contentious political debate over the flawed protocol arrangements?

**3.00 pm**

**Mr Swann:** I thank the Member for that point. There has been much discussion of the issue since the EU triggered article 16 on Friday. That had potentially very real implications for us because we had vaccine in transit. Had article 16 been enforced, we may have seen difficulties with the arrival of a supply of vaccine in Northern Ireland. I pay tribute to those officials in my Department who were working vigorously behind the scenes while the noise was being made on Friday evening to make sure that that dispatch of vaccines arrived here on Friday night and was fit to be distributed through our practices and vaccination centres. Vaccines should not become political. We have been very clear over the last year that fighting COVID-19 is not about politics but about saving lives.

**Ms Bradshaw:** As the Minister knows, carers have been living through the most anxious

times over the last year. Many of them are contacting their GP surgery to find out when they will be called for their vaccine, but they are told that they are still not in a priority group. Two weeks ago, I asked Patricia Donnelly whether she could produce a leaflet specifically for our carers so that they do not have to go to GP practices. Will you issue a statement to give them clarity on when they will be called forward?

**Mr Swann:** I thank the Member. To be clear, it is not that carers are not a priority; they are, and they are in the priority matrix that was established by JCVI. We are working our way through that in order of risk according to the criteria that were set out by the JCVI. We will get to carers, and I know that Patricia took on board your ask from the Health Committee and is working on it so that we can reassure carers that we will get to them.

We need to be clear that we are still in the early days of the vaccine programme. We are dependent on the supplies of the two currently approved vaccines that we have in stock. As more vaccines come on line and more get approval, we will be able to accelerate even further the vaccinations for those priority groups. We will certainly put out the information and clarification that the Member asked for.

## Nursing Vacancies

3. **Mr Harvey** asked the Minister of Health, given that a shortage of nursing staff has contributed to the reduction of elective services, how his Department intends to promote nursing vacancies. (AQO 1484/17-22)

**Mr Swann:** I thank the Member for his question. As he knows, the unfortunate reality is that Northern Ireland's health service was already struggling to meet demand for elective services well before the pandemic. We simply did not have the workforce, particularly the nursing workforce, to be able to provide sufficient elective and unscheduled care at times of pressure. As a result of the prevailing COVID situation, an even greater number of staff have been absent or have had to be redeployed in order to meet the urgent and immediate needs of extremely ill patients who require urgent treatment.

The Chief Nursing Officer (CNO) has requested that the Northern Ireland Practice and Education Council for Nursing and Midwifery undertake a project on perioperative nursing careers in response to the recognised number of nursing vacancies in that particular area of

practice. The purpose of the project is to promote perioperative nursing and to support and develop career pathways for registered and non-registered nursing staff. The Member will also be aware that we reopened the workforce appeal in an effort to build capacity, with a particular focus on certain roles and positions across hospitals and community care. That is a short-term fix that will deliver only a temporary solution. We need to fix the problem on a permanent basis, with newly trained and qualified people being appointed to permanent positions.

The record number of preregistration nursing and midwifery training places that were commissioned this year includes the additional 300 places that were indicated in 'New Decade, New Approach'. It will take three years of training before those students can be registered to practise, and the additional nurses will require an investment of some £38 million over six or seven years. Tackling our unacceptable waiting lists will not be possible without sustained and substantial investment and additional staffing. I have made it clear that that must be a major Executive priority in 2021 and beyond.

**Mr Harvey:** I thank the Minister for his answer. I publicly thank all key workers, especially the healthcare workers who are on the front line. Last week's announcement of a recognition payment to health workers was very welcome. Will he clarify whether that will include all agency and zero-hour contract staff? Will the Minister provide a time frame for the payment?

**Mr Swann:** I thank the Member for his acknowledgement of the further support that has been given and is being offered. We are still working with our trade union colleagues and other stakeholders to get clarity and detail on the specifics of that cohort in order to show that they are a valued part of our workforce. That is a bit of the ongoing work in relation to that support and that acknowledgement, and it is only a small acknowledgement. The moneys for our permanent HSC workforce are there. I have that in my budget, and the Finance Minister gave credence to the ministerial direction that I issued. That should be working its way through our payments and processes very shortly.

**Ms Kimmins:** I thank the Minister for his answers so far. Minister, as you will know, retaining our skilled nurses and other healthcare professionals is just as important as recruiting and training more. What new initiatives has your Department undertaken to

support staff to stay in post, including, for example, a regional menopause policy?

**Mr Swann:** I thank the Member for her question. To be quite honest, that last point has not been brought to my attention or come across my desk. I assure the Member that, now that she has raised it, I will raise it with our workforce directorate and the Chief Nursing Officer. Contributions that are made in this House do help to shape the way that we go forward and the way that my Department takes its overall policy.

I want to highlight the fact that, at the end of September 2020, the overall vacancy rate for registered nursing and midwifery staff was 7.4%. That is unacceptably high and is equivalent to the level of March 2017, but it is a major improvement from the peak vacancy rate of 13.1% recorded in June of last year. Work on recruitment and retention is ongoing. The additional supports that we have put in have been more focused on recruitment during the pandemic, rather than specifically on retention. I will certainly raise the issue that the Member raised in the Department, and I thank her for that.

**Mr Beattie:** Minister, I welcome your remarks about our nursing workforce, who do need to be valued and recognised. Will you agree that we must not forget about our non-clinical staff, the cleaners, the porters, the chefs and the laundry workers? Without them, our NHS could not do what it is doing.

**Mr Swann:** I thank the Member for his point. One of the things that I have done since becoming Minister is to make sure that we value and recognise all our workforce in the health and social care system. Unfortunate language has been used, even a couple of weeks ago, about the differential between front line and back room, and I think that that was disappointing and derogatory to many. Without those back-room staff, as they were termed, the front line could not work. To me, as Minister, each is a vital cog in our overall health service in supporting patients on their clinical pathway to get the medical supports that they need. Without the individuals that the Member recognised, nothing in our health service could work. I value them all equally and appreciate the work that they do, often unrecognised, because they are in the background, making the entirety of the machine work.

**Mrs Cameron:** I thank the Minister for his answers thus far. Illness and self-isolation are also a problem for staff, and we are hearing

more and more about the increase in new variants of COVID-19 in Northern Ireland. Given that door-to-door testing for the South African variant has started in England, are you looking to do similar in Northern Ireland?

**Mr Swann:** I thank the Member. To be quite honest, before coming into the Chamber, I had not heard of door-to-door testing for the variant. Her party colleague Robin Newton raised it as soon as he and I sat down, because he had his ear to the ground. We will follow up on the utilisation of our testing centres when considering how we best position them. If door-to-door testing is being used in a region, I would be concerned that that is because there has been a breakout or a hotspot of the variant in that area. Fortunately, we have yet to see that in Northern Ireland.

### COVID-19: Care Homes

4. **Ms Armstrong** asked the Minister of Health for his assessment of how the updated COVID-19: regional principles for visiting in care settings in Northern Ireland guidance is being implemented by care homes. (AQO 1485/17-22)

**Mr Swann:** I thank the Member for her question. It remains the position of my Department that care home visits can be safely facilitated through compliance with the regional principles for visiting in care settings that are clearly set out in the existing guidance. We encourage all involved to work together to ensure that care home residents can avail themselves of visits from their friends and families while maintaining a safe environment. The decision to permit visitors into a care home and how that is organised remains the responsibility of the care home manager. The discussions should be based on a dynamic risk assessment that takes into account the particular circumstances of the individual care home to ensure the safety of all residents and visitors.

Health and social care trusts have been asked to work with care homes to provide the support they may require to move forward with risk assessments that facilitate safe, managed and meaningful visiting arrangements and the implementation of the care partner concept. In addition, the Public Health Agency is working with relevant stakeholders to continue to support the processes for implementing meaningful visiting and the care partner concept.

I fully understand why some care homes remain cautious about implementing both visiting arrangements and the care partner concept because of their experience of managing the transmission and impact of COVID-19.

Nevertheless, there is an appreciation of the right to a family life for those living in care home settings and, in particular, an acknowledgement of the critical importance of sustaining relationships between residents and their families and friends at this time of the year. It is clear that a significant number of families feel that they have not been able to visit their relatives or set up care partner arrangements in line with regional guidance.

Some of the stories that families have told are deeply concerning. We know that the stories do not reflect the sector as a whole. I appreciate how hard many homes are working to facilitate both the care partner concept and safe visiting arrangements between residents and their friends or families.

**Ms Armstrong:** Thank you very much, Minister. I thank you and all of your colleagues in the health service for taking that forward. Thank you very much for the risk assessments, as we know that will be key. Can you outline how you have sought to communicate and promote that to potential care partners to ensure they are all following guidelines, are all aware of them and can let people know so that visiting can happen safely?

**Mr Swann:** I thank the Member for that critical point. We have been doing a piece of work that has been led by the Patient Client Council (PCC). It is about supporting families who have experienced difficulties in accessing homes that use the Department's guidance and have been implementing the care partner arrangements. We have asked the Patient Client Council to lead that work as an independent body interacting between the Department and the families who have been affected. There are some very harrowing stories, and I am sure that most Members have heard about that through their constituency offices.

However, there are many examples of good practice from good homes as well. I want to put on record my thanks to those homes that are doing extra work to make sure visiting can proceed safely and with less risk — it will never be risk-free — than in some of the homes. The Chief Nursing Officer and the Chief Social Work Officer met the Patient Client Council and a number of families' representatives in the last couple of weeks about that ongoing work and engagement. They discussed some of the particular difficulties in certain homes and

regions and the way in which the offer of support and encouragement from my Department to facilitate visiting for families and residents is taken up.

**Ms Rogan:** The limitations on visiting arrangements have been a constant source of worry and emotional turmoil for staff, patients and relatives. Can the Minister outline whether the current restrictions on visiting, for example, in maternity wards is likely to change?

**Mr Swann:** I thank the Member for her question. I also welcome her to the Health Committee and look forward to working with her.

The updated visiting guidance that came into effect from 15 January outlines that the specific restrictions for each care setting are aligned to the pandemic surge levels and the R value. The R value represents the risk of the virus spreading from one infected person to another on average. The guidance is based on the best scientific advice available at any given time. Northern Ireland is currently in surge level 5, the guidance for which states that:

*"Birth partner will be facilitated to accompany the pregnant woman to dating scan, early pregnancy clinic, anomaly scan, Fetal Medicine Department, when admitted to individual room for active labour (to be determined by midwife) and birth."*

The decision to admit visitors to a facility on a day-to-day basis will still lie with the nurse in charge and be based on a risk assessment and the ability to ensure social distancing and the safety of patients and visitors.

### 3.15 pm

This is not the experience that I would have hoped for for expectant mothers, and I recognise that it is an anxious time for all families. Many difficult requests have been made, and will continue to be made, of the public in all aspects of health service provision, in order to reduce the spread of infection and to protect expectant mothers, their families and the staff providing the care.

**Mr Durkan:** The Minister has quite rightly identified the challenges in care homes as regards visits. It puts an extra burden on staff who are, in many cases, almost substitute families for the people under their care. Given that so many of our care homes are independently owned, can the Minister give an assurance to those hard-working and heroic

staff in our care homes that they will also be eligible for the very welcome recognition payment that he announced last week?

**Mr Swann:** I thank the Member for his question. There is work going on with regard to stakeholders in the independent sector, as to how we carry forward that recognition payment so that it can be properly utilised and get to the people who are the most deserving.

**Mr Speaker:** That ends the period for listed questions. We now move to 15 minutes of topical questions.

## Vaccination Programme

T1. **Ms Flynn** asked the Minister of Health, with MLAs dealing with queries from people who feel that they are falling through the gaps in the vaccination programme — those who are housebound were mentioned, as well as people who are in community hospitals and people who are not registered with a GP — whether he can reassure those people that they will not miss out. (AQT 931/17-22)

**Mr Swann:** I encourage anyone who is not registered with a GP to make themselves known to their local GP or to get in touch with the Health and Social Care Board. There is no danger or harm in being registered with your local GP, outwith the provision of the vaccine. People who are in hospital will not fall through the cracks, because GPs, working with the hospital clinicians, will make sure that they are put onto the vaccination list and are covered.

**Ms Flynn:** I will follow on from that. Paula made the point about carers and prioritisation within the vaccination programme. We have also been lobbied, as you know, by teachers in special school settings. The JCVI has stated that decisions on prioritisation are policy decisions. Can you outline, Minister, the role that you will play in designing prioritisation in our vaccination programme?

**Mr Swann:** I thank the Member for raising that topic. One of the clear directions from the JCVI is the direction of travel and the priority risks especially to those higher groups. That is why we have been strict and stringent as to the phases that we have taken — phase 1 and phase 2 — in our vaccination programme. The Member has seen that; it has been widely publicised and has been brought to light and communicated through the Health Committee.

With regard to accessing different priority groups as they come, the JCVI is currently working on that. We are led to believe that it is looking at the risk base of certain professions for once we get through those age groups and the clinically extremely vulnerable.

The Member mentioned special school staff. Conversations have been ongoing between my Department and the Department of Education with regard to staff working in special schools who fit or may fit the criteria that align with the caring roles of domiciliary care and hospital workers. If their role closely aligns to that recommended by the JCVI, we will move in that direction.

### **HSC Staff and Students: Recognition Payment**

T2. **Mr Allen** asked the Minister of Health, in light of his very much welcomed announcement last week of a £500 payment to staff and a £2,000 one-off payment to students, as recognition of their sterling work throughout the pandemic, whether he can advise how many staff and students will receive those payments. (AQT 932/17-22)

**Mr Swann:** I thank the Member for his question. It is a valid one, considering the extent of our health and social care family across Northern Ireland. At this stage, I am looking at approximately 3,850 students, almost 75,000 directly employed Health and Social Care staff, 33,500 independent sector care workers and about 20,000 others, including those in primary care and community pharmacy.

**Mr Allen:** I thank the Minister for his answer. Minister, as I highlighted, I very much welcome the payment, and I have been contacted by many in the sector who also welcome it. More importantly, Minister, are you aware of any steps that the Finance Minister is taking, in consultation with Treasury and the Communities Minister, in respect of income tax and social security payments to ensure that the maximum amount of money remains in the pockets of those who deserve and are entitled to that payment? Furthermore, will you indicate the overall cost of the scheme?

**Mr Swann:** I will start with the Member's second point. The student recognition payment will cost in the region of £7.5 million. The £500 payment for directly employed Health and Social Care staff will cost roughly £44 million. We have set aside £10 million for primary care and approximately £15 million for the

independent care sector. However, as I said in earlier answers, the latter, especially, is subject to change, given the breadth of work and partners involved and the engagements that we are having with stakeholders.

As regards communication, I have been in contact with the Finance Minister and the Communities Minister, and both have responded positively to say that they will engage with their Westminster counterparts to see what can be done. As the Member will know, due to the working arrangements of this place and our Executive, I cannot directly contact Finance, Treasury or the Department for Work and Pensions. It has to go through the relevant departmental officials and the relevant Ministers. I am aware that the Communities Minister and the Finance Minister are supportive of making those approaches to make sure that as much of that money as possible reaches the pockets of those for whom it is intended.

### **COVID-19: South African Variant**

T3. **Mr O'Dowd** asked the Minister of Health whether the Department of Health in England has notified his Department that it has concerns at such a serious level that it is considering taking extraordinary measures, given that, in an earlier response to Pam Cameron, he said that he was not aware of the proposed door-to-door testing in England for the South African variant. (AQT 933/17-22)

**Mr Swann:** As I said earlier — the Member picked up on this — I have not heard the conversation and nor do I know what the announcement is about door-to-door testing for that variant. We have good communication among all the Departments across these islands about what is happening and specifically about the different variants as they present themselves. As I said to the Member who asked earlier, I will check up on that as soon as Question Time and the debate that follows it are finished.

**Mr O'Dowd:** I thank the Minister for his answer. On the issue of travel restrictions across the island, which has been rehearsed many times, and the specific issue of hotel quarantine for incoming passengers, when that, hopefully, arises, does the Minister agree that that should be coordinated on an all-island basis as part of the two-island approach to tackling COVID-19?

**Mr Swann:** I am certainly supportive of the two-island approach to hotel quarantine, specifically working on a five-nations basis to progress that.

There will be a quad meeting this afternoon between us, the Secretary of State and Ministers from the Republic of Ireland, at which, I am sure, that issue will be raised. The Member will be aware that there were concerns about the sharing of data and information on passenger locator forms. That work is still ongoing. We hope that there will be a resolution as to how that data can be shared. The Member knows that, if we do not get that information from people landing at Dublin Airport, there is a weakness in the steps that we take in Northern Ireland, so we need a two-island approach, as he rightly acknowledged in his question.

### Care Homes: Public Ownership

T4. **Mr Carroll** asked the Minister of Health for an update on any recent work or consideration by his Department to bring care homes into public ownership in order that they are not for profit but are under the guise of the NHS via the Department or the trusts. (AQT 934/17-22)

**Mr Swann:** I thank the Member for his question. He raised that point in his contribution to the debate earlier today. Due to the associated costs, we have not actively looked at that. Even with our political differences, the Member knows how much I support the people working in those homes. I have often said that care homes are the Cinderella service of our healthcare service and that they need more recognition. My senior social worker is leading a significant piece of work on some of the recommendations in the Committee's report. I asked for that ongoing work to be brought forward to make sure that people working in care homes are valued, appreciated and recognised.

**Mr Carroll:** I thank the Minister for his answer. I would appreciate the Minister sharing the costs that he referred to with the House. Does the Minister accept that the current model, which prioritises profit at all costs, is not only unsustainable and unfair but has the potential to put residents, workers and the public at risk?

**Mr Swann:** The Member raised this in his contribution to the debate earlier. He challenged me on how much free PPE we gave to care home providers that make extensive profits, even during the pandemic. I would rather supply them than see the workers and residents go short of the PPE that they need. The Member has heard me say that there is a piece of work on the regulation and conduct of some of those care home providers. It looks at how they support residents and staff; how they

support the families of the residents to access their loved ones; and how to ensure consistency of approach to and support for all residents, no matter what home it is or who owns it.

### RQIA Officials: Subsequent Employment

T5. **Mr Blair** asked the Minister of Health to comment on the issue of recently resigned RQIA officials who have taken up posts with private care home providers, some of which have recorded high numbers of COVID incidents and deaths and on which those same officials may have written reports. (AQT 935/17-22)

**Mr Swann:** I am unwilling to comment on any specific individual who sought employment after leaving the employment of the RQIA. It is not an area that I want to get into in the Chamber.

**Mr Blair:** I thank the Minister for the answer. More broadly, then, does the Minister agree that there should be strict governance structures, perhaps even a stipulated time lapse between a public servant leaving the role of inspector and moving to a related business area in the private sector?

**Mr Swann:** Again, I have not previously considered that. It has not been in my train of thought or come across my desk. We are looking into how care homes and what they provide are being regulated. If it comes up in the discussions or is brought forward in the review of regulations or the decision-making process, I will certainly take cognisance of it. I am not currently working on that.

### Teachers: Priority Vaccination

T7. **Mr Newton** asked the Minister of Health whether he will join with the Minister of Education in his call for teachers, particularly special educational needs teachers, to receive the vaccine. (AQT 937/17-22)

**Mr Swann:** As I indicated in an earlier answer, my Department, the Department of Education, the Education Minister and I spoke about this at 10.00 pm last night. There is ongoing engagement on the support that we can provide in the vaccination programme, keeping within the confines of the Joint Committee on Vaccination and Immunisation recommendation and vaccinating some special school staff. I will leave it at that. That ongoing work should lead

to a joint announcement sometime today, if not tomorrow, on how that work has progressed.

**Mr Newton:** The Minister has answered my second question. It would be encouraging for those staff, particularly those working with special needs children, to receive that news as quickly as possible, through whatever channel the Minister decides.

**Mr Swann:** Those staff members are the responsibility of the Education Minister, so I will leave it to him to make that announcement.

One thing that the Minister of Education has never done is push his way into my Department or any of my announcements, so I will do likewise. However, I will say that an intense piece of work has been done on the issue, even over the weekend. I commend officials from both Departments who have been working on this to bring a resolution regarding what staff within special schools could receive a vaccination.

**3.30 pm**

**Mr Speaker:** I call Liz Kimmins. You may get time for only a question.

### **Unpaid Carers: Recognition Payment**

T8. **Ms Kimmins** asked the Minister of Health when unpaid carers can expect to receive the payment that was announced last week in recognition of their contribution throughout the pandemic. (AQT 938/17-22)

**Mr Swann:** I want to be clear to the Member: this is one of the payments that have proven the most difficult for us to progress due to how we might establish the definition. I have a meeting tomorrow afternoon with a number of carers' organisations on how we define that role, where we take the register from and how we progress the payment. It is something that I will have to get back to Members on. I will also go to the Member's party colleague the Minister for Communities to see whether there may be something that we should do jointly so that we recognise those who provide unpaid care and make sure that we get that recognition to them.

**Mr Speaker:** Time is up. I ask Members to take their ease for a moment or two.

## **Committee Business**

### **'Inquiry Report on the Impact of COVID-19 in Care Homes'**

*Debate resumed on motion:*

*That this Assembly approves the report of the Committee for Health on its 'Inquiry into the Impact of COVID-19 in Care Homes' [NIA 59/17-22]; and calls on the Minister of Health to implement the recommendations contained in the report as part of the ongoing response to protect care home residents during future surges of the pandemic. — [Mr Gildernew (The Chairperson of the Committee for Health).]*

**Mr Swann (The Minister of Health):** I will begin by passing on my sympathies to all those who have lost a loved one during the pandemic. I also welcome the publication of the Health Committee's 'Inquiry Report on the Impact of COVID-19 in Care'.

Care homes illustrate more than anything else the tightrope that we have to walk in order to balance quality of life with protecting life. We want to do everything that we can to keep safe those who are the most vulnerable. From the beginning of the pandemic, I have been clear that supporting the work of the care home sector has been an absolute priority for the health and social care system. We have done that through the provision of guidance, dedicated support teams, huge quantities of free PPE, additional funding and income support, testing for residents and staff and the deployment of health and social care staff into care homes. There are undoubtedly lessons to be learned and improvements to be made, and I thank the Committee for producing the report and for providing my Department and the wider health and social care sector with opportunities to learn and improve.

I reiterate my appreciation of those in the care home workforce throughout Northern Ireland for the dedication and professionalism that they have demonstrated during the pandemic. Care home staff play an essential role in looking after some of the most vulnerable people. I fully recognise the resilience of staff working across the care sector right from the start of the pandemic through to now during these continuing challenging times.

Key learning from the first surge of the pandemic was the requirement to work together in partnership across the independent and statutory sectors in order to seek solutions to

the pandemic response. COVID-19 did not respect any boundaries between those sectors.

As I am sure the Committee will appreciate, the level of detail in the report and the number of recommendations are substantial, and my Department will require time to fully consider each finding and how we can best address them. A report of this nature deserves such a considered response. However, today I can provide the Committee with an assurance that I will consider each of the areas that are discussed in the report, with a view to taking forward, as appropriate, relevant measures that are suggested.

The report provides suggested recommendations for improvement in a number of areas. I do not propose at this point to go into detail on each of the recommendations, but I would like to provide you with some of the key actions, either planned or ongoing, to assure you of my commitment to support the care home sector, its staff and its residents.

First, I acknowledge the detrimental impact that COVID-19 has on residents and their loved ones. Care home residents rightly view care homes as their home, where they maintain connections to families and communities. Probably more than in any other area, trying to find the balance between protecting life through reducing the transmission of the virus and ensuring good quality of life has been most difficult. I note that the Committee states in its report that that was "perhaps the most emotive issue" that it dealt with and that there are "no easy answers". I very much sympathise and empathise personally with that position. I also note how hard many care home staff have worked in order to protect residents whilst maintaining their quality of life.

We want to continue doing everything that we can to keep those who are most vulnerable safe, but we also know that keeping older and more vulnerable people away from contact with their loved ones is hugely detrimental to their physical and mental health and, indeed, to their human rights. Like the Committee, I believe that, as a health and social care system, we must continue to facilitate and find creative ways of supporting people to have contact with family and friends. That includes the use of virtual visiting and other innovative ways to maintain contact. Those should supplement traditional visits, and we recommend that they happen weekly and more often in end-of-life and palliative care circumstances.

We continue to work with the care home sector and families on the implementation of the care

partners initiative. Most other parts of the United Kingdom have recognised the need for schemes of that kind and have followed our lead. Officials are continuing to look closely at the implementation of visiting and care partners in care homes. We have been clear that that is an area that the RQIA will consider when assessing homes. It is also an area where we have made significant additional funding available, with £9 million allocated on top of previous packages.

Whilst recognising that the risk of transmission will be increased with any rise in footfall in care homes, we have sought to put in place a risk-based, sustainable approach to supporting residents and loved ones to have meaningful connections, in particular where isolation is detrimental to a resident's physical and mental health. That will be an area on which we continue to focus, giving careful consideration to the Committee's recommendations.

Regular testing in care homes has, undoubtedly, reduced the impact of COVID-19 during the second wave of the pandemic. The requirement to vary the frequency of testing undertaken is kept under active review and is informed by emerging scientific evidence and other factors, such as local community transmission rates. My Department remains fully committed to supporting and taking all necessary measures to ensure that care home residents and staff are protected. In that context, officials will continue to carefully consider how new and emerging testing technologies can be implemented and extended more widely across a range of care settings in the future.

In January 2021, the Department further extended its COVID-19 testing policy to make provision for testing to be accessible to designated care partners. Consequently, if a care home advises that there is a requirement for a care partner to be tested for COVID-19, that will be undertaken through the regular care home testing programme. We are progressing work on a number of new testing interventions (NTI), including a care home NTI, which has recently commenced using lateral flow devices to support the visiting policy in care home settings. I am also pleased to say that all Northern Ireland's 483 care homes have been visited by our vaccination teams, and, by the close of play on Saturday evening, 410 had received their second visit. Care homes are the number-one priority in the Northern Ireland vaccination programme.

*(Mr Deputy Speaker [Mr McGlone] in the Chair)*

Discharge policy is an area that we continue to keep under active consideration. We want to protect care homes from any risk of infection and ensure that residents are not held in hospital, with the risk that that creates for them, any longer than they need to be. The Assembly will be aware that it remains the case that individuals who are discharged from a hospital to a care home should be tested for COVID-19, ideally 48 hours before discharge, and be subject to 14 days' isolation on arrival. I hope that the research undertaken by Dr Niall Herity and published by my Department has helped to ensure that there is informed debate in that area. The survey that was undertaken by the Committee as part of its work is a further addition to that.

We took an early decision in March 2020 that trusts should make PPE available to care homes without charge. Other nations have now followed that approach. We continue to provide millions of items of PPE to care homes without charge. Cumulatively, up to the weekend of 22 January, 85 million items have been provided to care homes in the independent care sector, with an estimated value of approximately £26 million. Funding has also been made available to support care homes where they have continued to purchase their own PPE. Trusts will continue to work with nursing and residential homes on the provision of appropriate PPE without charge where they are unable to source their own supplies.

I fully support the Committee's view that training remains critical and all staff should be able to access regular and prompt updates as new knowledge and innovations emerge. My Department has made available videos and training through both the Clinical Education Centre (CEC) and the Northern Ireland Social Care Council (NISCC), for instance, which focuses on infection prevention and control (IPC) and PPE. In addition, there are programmes from the CEC aimed at those staff who do not regularly look after respiratory patients and/or have limited or community-based experience, alongside a number of clinical skills-type programmes to support staff who deal with respiratory patients. CEC programmes relating specifically to COVID-19 are open, free of charge, to all sectors.

Funding support for care homes was another area where we took early action. We guaranteed a level of income for care homes at an early point to minimise the impact of vacant beds and to provide certainty. As far as I am aware, Northern Ireland is the only part of the UK to have guaranteed income in that way. Additional funding has been made available to

address the additional costs faced by homes. In April, I announced an additional £6.5 million. That was followed by further packages, including an additional £27.3 million in October. Officials and health and social care staff have continued to work closely with care home sector representatives on the process for claiming funding.

### 3.45 pm

As the Committee recognises in its recommendation, we need to balance administrative overheads with requirements for appropriate audit and verification. I remain concerned that, in some important areas, such as enhanced sick pay, care home providers choose not to utilise the funding that is available. Our trade union colleagues have raised their deep dissatisfaction on that point, and I share their dismay. Care home providers may wish to explain why some of them provide enhanced sick pay while others do not: I cannot explain it.

I was pleased to see the Committee acknowledge the skill and value of the work in care homes and the personal qualities shared by many for whom it is a vocation rather than a job and the need to look at recognition, reward and retention in what is a challenging environment: I could not agree more. The Assembly will be well aware of my commitment to improving pay and terms and conditions for the social care workforce. I have asked my officials to develop a business case with options for improving low pay for social care workers who are employed by independent sector providers. That, along with improvement in training and career pathways, is in line with the key objectives for that reform, as was proposed in the expert panel's report, 'Power to People: proposals to reboot adult care and support in NI', which was published by my Department in 2017. It is clear that that will require a significant, recurrent financial commitment, and I will seek the support of colleagues across the Executive and the approval of funding from the Department of Finance. I also look forward to the support of the Members who made similar calls during the debate. Ensuring that colleagues in care homes receive the recognition payments that I recently announced is another part of ensuring that we recognise the contribution that the sector makes. I will, of course, carefully consider the Committee's recommendation that financial support for care homes is linked to improvements in terms and conditions for their workers.

**Mr Carroll:** I thank the Minister for giving way. He said that care homes and staff needed to be

protected, and, obviously, PPE is part of that. Does he have any concern that assistance is going to care homes, some of which have very large profit margins? The likes of Runwood Homes has taken in £140 million in years gone by. Does he have any concern about that kind of care home?

**Mr Swann:** I said to the Member in response to questions earlier that I would rather have provided that financial support to enable visiting and make sure that staff had the provision of PPE rather than waiting for some of those companies looking to their reserves or dividends to pay for that. That is ongoing work. Many of those care home providers — I will not name any — need to look to their conscience and their board of directors as to where they see the value. Is it simply in the return to their shareholders or in the protection of their staff and residents in that sector?

As well as the ongoing measures regarding pay and conditions for our social care staff, I have asked officials to develop proposals relating to the development of improved career opportunities for the social care workforce. The reform work being undertaken by the Department has now created a new opportunity for social care workers to gain a social work degree, and that has been successfully implemented in conjunction with the Open University. That goes some way towards dealing with some of the issues raised in Mr Stewart Dickson's contribution.

A workforce strategy for social care is also being developed, and I will look at issues including training, continuing professional development (CPD) and career pathways for the workforce. In addition, a media awareness campaign to promote the value of social care and to support recruitment has been commissioned and will be delivered by the Northern Ireland Social Care Council (NISCC).

Work has commenced on the Chief Nursing Officer's Delivering Care programme to review staffing levels across care homes. I fully agree that efforts must continue to be made to minimise staff movement between homes and note that the Public Health Agency (PHA) has provided clear guidance for bank and agency staff on that issue. However, we must not forget to acknowledge and commend what was working and continued in the midst of an ongoing pandemic, for example, acute care at home teams. However, it became clear that we needed to harness that good practice and work towards reducing variance across the region. I expect to see the benefits for residents as a result of the review of the regional acute care at

home models and how they provide support to care home residents. I confirm that a programme of work led by the Chief Nursing Officer is under way to address the recommendation, and the enhanced clinical care framework will embed the standards being developed for a regionalised model of acute care at home service. GP participation is inherent throughout the development of the model and in the delivery of its aims. I acknowledge that there are potential resource costs with regard to staff funding, and that will be considered in due course.

I have noted the report's contents in relation to advance care planning (ACP), and I appreciate that it is an issue that has been raised over the pandemic period. I recognise that ACP is voluntary and empowers a person to talk about what matters to them in their living and for when the time comes that they are dying. ACP decisions will be activated whenever the person cannot be directly involved in decision-making about their treatment and care because of a lack of mental capacity or where they are unable to communicate what their wishes are. Advance care planning is an important part of palliative care. It has been and continues to be a key priority for the Palliative Care in Partnership programme. As the Committee is aware, I have commissioned the development of an advance care planning policy for adults in Northern Ireland.

With regard to regulation, it has been an extremely challenging period for everyone across the Health and Social Care system. All decisions concerning the role of RQIA in the Health and Social Care response to the COVID-19 pandemic have been made with the safety of services at their heart. RQIA continues to provide support and advice to care homes, and I appreciate the Committee's recognition of the difficult decisions in this area. It is important that RQIA focuses its activity where it is most needed. Following an assessment of all the risks, I am confident that RQIA will continue to take a pragmatic and flexible approach to how and when inspections are made.

The Committee has made recommendations in relation to pandemic preparedness, and I will consider carefully all the issues that have been raised. My Department has established an adult social care governance surge planning group, which is co-chaired by the Chief Nursing Officer and the Chief Social Worker.

In conclusion, I express my sincere gratitude to all care home staff, working at every level, for their dedication and the professionalism that they have demonstrated during the pandemic. I

also reiterate my thanks to the Health Committee for the report. There is much learning to be done and many improvements to be made to allow us to fully support this vital sector. I remain fully committed to supporting the sector, and I believe that there is a general acceptance that care homes and the wider social care sector have not been afforded the priority that they merit. That has been the case in jurisdictions across these islands for years, if not decades. The pandemic has shone a harsh light on the importance and vulnerability of the social care sector. We have to start making things better through reform and investment. That is a challenge for us all in the House, as it is an issue that transcends party politics.

**Mrs Cameron (The Deputy Chairperson of the Committee for Health):** On behalf of the Committee, I thank all the Members for their contributions and thank the Minister for his initial response to the debate. I look forward to continued engagement with the Minister and the Department on taking forward and implementing the many important recommendations that the Committee's report makes.

We are all too aware of the statistics behind the pandemic. They have become daily reading for people across the country who are looking for a glimmer of hope and willing to see an improvement. However, for far too many families, it is not just a statistic; instead, it is about a mother, a father, a grandmother, a grandfather, a loved one. As the Chair stated, it is over 775 of our care home residents. I thank the many individuals and families who engaged with the Committee during the inquiry process. It is important that the voices of residents and their families are heard and that they stay central to how the Minister responds over the coming weeks and months.

On behalf of the Committee, I pay tribute to the staff who have been working in care homes over the last year in extremely difficult circumstances. They put themselves at risk to ensure that our loved ones are looked after. We have seen the difficulties, stresses and strains. The staff have worked through that, and we thank them for that.

We hope that the recommendations will make improvements to processes and procedures to support them in their important role in those care settings and allow a better approach to future pandemic planning.

I will now move on to Members' contributions. Jonathan Buckley said that the report is a "conversation starter" with the Minister, and he

outlined the difficulties that families and residents face when visiting. He also welcomed the roll-out of the vaccination programme in care homes, as we all do. Cara Hunter said that the report paints a picture of the experiences of residents, families and staff during the pandemic. She said that it was regrettable that the testing regime was not in place in care homes early on but welcomed the improvements over recent months. Alan Chambers talked about the staff shortages facing care homes during the pandemic and the need for adequate staffing levels and improvements in pay levels for care home workers.

Paula Bradshaw outlined the real impact that the pandemic has had on the health and well-being of residents and the need for regular, quality contact between residents and families to improve the health and well-being of residents and their families. Trevor Clarke stated that too many people have died without their family around them and outlined the importance of putting plans in place based on lessons learned. Emma Rogan highlighted the importance of regular contact with the older generation and in keeping families connected. Sinéad Ennis stated that the sector was struggling before the pandemic and that a review is required of adult social care and appropriate funding levels to deliver care. Sinéad also outlined the problems in procuring PPE.

Justin McNulty, along with all Members who spoke, commended the great work of all staff in care homes and how care staff see residents as their second family. We are all thankful for the emotional support that carers give to residents. He also rightly said that the pandemic has pushed the system to the brink. Liz Kimmins stated that the report forms the basis of a response to future health crises and that there is a need to put human rights at the centre of this and any future response. Stewart Dickson said that we need to ensure that the scale of deaths and what we have seen in care homes does not happen again. He also said that there is a need for care homes to be properly resourced and that that will require additional investment in the sector. Gerry Carroll outlined that one of the issues that causes delay in response is regulation and that the pandemic has brought that issue to the fore. He also outlined the staffing shortages in care homes and the need to involve families in decision-making.

I turn now to the Minister's comments. Rather than recite his whole speech, I will refer to some issues that he mentioned. He rightly

talked about the tightrope of balancing quality of life and keeping the vulnerable safe. It is really important to keep that uppermost in our minds. He talked about the guidance, staff support, huge quantities of PPE and other support that we are giving to care homes. He fully recognises the resilience of staff members in the sector and said that he would take time to consider his response to the report. Key actions are planned and ongoing. He talked about the hugely detrimental impact of keeping residents away from others and the effect on the overall health of residents. He said that visitation is being looked at closely.

The Minister talked about testing and said that the Department is fully committed to taking measures to support staff and residents in continuing the testing process. He also touched on the care partner issue and said that testing will be taken in the care home setting if that is requested. It is important to remember, as the Minister mentioned, that all 483 care homes have seen the vaccinators and that 410 have had their second vaccination visit; that is very welcome news. Testing on discharge from hospital settings to home, which is to be done 48 hours in advance, is well documented. He touched on the fact that millions of items of PPE continue to be provided free of charge to these healthcare settings; that is also important.

He talked about the funding that will be provided to minimise the impact of vacant beds. He agreed that training was critical. He touched on the trade unions and shared the concern about the provision of sick pay. He talked about seeking the support of the Executive for giving additional financial support.

#### 4.00 pm

The Minister also referred to the workforce strategy for social care and said that it was being looked at. He talked about the importance of advance care planning and how decisions would be acted on at the appropriate time. He also referred to advance care planning development. He touched on the RQIA's role in the inspection and support of care home settings, and he thanked the Health Committee for its support.

Before I start my remarks as a DUP MLA, I thank the Committee staff for the vast amount of work that they did to support the Committee, particularly through the inquiry and all the additional meetings that we have had in recent days. I express my deepest sympathies to those who have lost loved ones and friends in care homes throughout the pandemic. I am

conscious that many living in care homes will be missing friends and will have borne an incredible emotional burden over the past year. That should not be underestimated. The anxiety and worry of contracting the virus, coupled with the sense of loneliness and separation from loved ones, is hard for us to comprehend and fully appreciate.

Furthermore, we owe an incredible debt of gratitude to the staff in our care homes. The physical and emotional strain that staff have faced is unprecedented. It will not have been easy to adhere to infection control and cleanliness requirements while meeting the physical and emotional needs of residents and dealing with their own grief. Society owes a great debt of gratitude to every one of those dedicated members of staff.

We, as a party, welcome the publication of the report. It and its 54 detailed recommendations come after extensive and very meaningful engagement. We thank all stakeholders who provided evidence to the inquiry in what remain very challenging times. The roll-out of the vaccine will dramatically change the nature of the public health response, but that does not mean that we should not reflect seriously on the deficiencies of steps taken in the first wave and use that learning to adopt more effective measures in any future crisis scenario.

I will focus my remarks on a small number of the recommendations, starting with recommendation 1, which is:

*"safe and meaningful visiting be facilitated and resourced through the identification, development and implementation of innovative measures."*

It is fair to say that there has been a deep sense of frustration among families at what, at times, has appeared to be the lack of prioritisation of accommodating visits to loved ones. I have spoken with families who have watched loved ones become emotionally detached throughout this period. Indeed, particularly for those living with conditions such as dementia, not understanding why visitation has ceased or become so distant has caused untold damage to their overall health. Those close-contact visits are vital to so many residents. The report highlights the need for a more innovative approach to finding solutions to the loss of contact. We strongly support that. It also prioritises the need for the input of residents and families to visiting arrangements to establish a more consistent and streamlined approach between care homes, regardless of

whether they are independently or publicly owned.

The mental health impact on residents of reduced visiting has not yet been quantified. It is important that we do not neglect the significant work that will be needed to meet the demand for services in the medium to long term. I trust that the Minister will implement recommendation 2 and discuss the issues with those most affected.

The COVID-19 pandemic has accelerated the case for the reform of social care. It is vital that the needs of care homes are at the heart of a longer-term vision to improve the standard of care and reward those working in the sector. One of the strengths of the report is that it looks beyond the current crisis to the reforms needed to transform and revitalise the care home sector in the future. The pandemic has laid bare the weaknesses in relationships between the Department, trusts and care homes while also highlighting the great void between staff terms and conditions in the public and private sectors. We want to see cooperation overhauled in these areas. The proof of the pudding is in the eating, and we will look forward to seeing the outcome of the Health Minister's stated plans to bring staff terms into line with those in the public sector.

We strongly support the recommendation to introduce in care homes an enhanced framework based on the principles of acute care at home. It would be wrong and inconceivable for residents in care homes to have poorer access to a range of health services than someone living in their own home. This includes contact with their regular GP, and we need to ensure that the standard of care is high, remains high and is also equitable across the board for future crises.

This inquiry gives much more direction to the Minister in terms of the course of action required, and I will be keen to hear from the Minister how the implementation of these recommendations will be monitored. There is much to learn, and I hope that the Department does learn and adapts its policies accordingly, whether that be in relation to visiting, budget flexibility, GP access or many of the other areas highlighted in the report. In the immediate future, we would like to see the Minister take forward the recommendations on enhancing visiting arrangements, ramping up asymptomatic testing and expanding mental health support for residents and staff.

I will end there. I commend the report to the House.

*Question put and agreed to.*

*Resolved:*

*That this Assembly approves the report of the Committee for Health on its 'Inquiry into the Impact of COVID-19 in Care Homes' [NIA 59/17-22]; and calls on the Minister of Health to implement the recommendations contained in the report as part of the ongoing response to protect care home residents during future surges of the pandemic.*

**Mr Deputy Speaker (Mr McGlone):** Members should take their ease until we move to the next item of business.

## **Standing Order 110**

**Mr Deputy Speaker (Mr McGlone):** We are just checking that we are quorate. The next item on the Order Paper is a motion from the Committee on Procedures to amend Standing Orders.

**Ms Ní Chuilín (The Chairperson of the Committee on Procedures):** I beg to move

*After Standing Order 110 insert:*

*"110A: Hybrid Proceedings*

*(1) Hybrid proceedings are proceedings of the Assembly in which one or more members of the Assembly are present remotely by a video-link hosted on such platform as may be provided by the Assembly Commission.*

*(2) The Speaker may make provision for hybrid proceedings of the Assembly.*

*(3) The provision which may be made under paragraph (2) includes—*

- a. provision for remote participation in debates and in the passage of legislation;*
- b. provision for remote questions to Ministers and the Assembly Commission;*
- c. provision for remote statements by Ministers;*
- d. provision for matters under standing orders 22 and 24;*
- e. provision for the purposes of preserving order and preventing conduct which could constitute a contempt of court.*

*(4) Subject to paragraph (5), references in standing orders to "proceedings", "meetings", "sittings", "speaking", "rising to speak", "the chamber", "present in the chamber", and like terms, shall be construed so as to give effect to*

*any provision made by the Speaker under paragraph (2).*

*(5) Members participating remotely—*

*a. are not present for the purposes of standing order 9 (quorum); and*

*b. may not vote remotely, but may vote by proxy (see standing order 112).*

*(6) In this standing order, “proceedings” do not include committee proceedings.*

*(7) Save as provided by or under this standing order, hybrid proceedings shall be governed by the practice and standing orders of the Assembly.”*

**Mr Deputy Speaker (Mr McGlone):** The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes to propose and 10 minutes to make a winding-up speech. All other Members will have five minutes.

**Ms Ní Chuilín:** On behalf of the Committee on Procedures, I am pleased to bring the motion to the House, which proposes to amend Standing Order 110 regarding the introduction of hybrid proceedings in the Chamber.

Standing Order 110 is part of the temporary proceedings that were previously agreed by the House in order for Assembly, and, indeed, Committee, business to function while we navigate through the pandemic. As part of its continual review of the temporary provisions in Standing Orders 110 to 116, which include provisions for Committees to facilitate their business using teleconferencing and videoconferencing, the Committee sought views to consider potential further amendments to Standing Orders 110 to 116.

A number of responses included requests to consider amending Standing Orders in order to allow for remote attendance at plenary proceedings via video link. In addition, during October 2020, a number of Members, and, indeed, Ministers, had to self-isolate for 14 days or received a positive test for coronavirus. Given the impact that that had on Assembly business, including the loss of a period of questions for oral answer, the Committee agreed at its meeting on 4 November 2020 that it would consider amending Standing Orders in order to allow for hybrid proceedings in the Chamber.

The former Chairperson wrote to the Speaker on 6 November 2020 outlining that decision and

requesting an informal meeting with Assembly officials to discuss the practical and procedural implications of remote access to the Chamber for plenary sittings. Following that informal meeting, the Committee decided at its meeting on 16 December 2020 to add hybrid plenary proceedings as a substantive item on its forward work programme and arranged a briefing from Assembly officials on the practical and procedural issues of that.

Since its meeting on 16 September 2020 and prior to its scheduled meeting on 20 January 2021, the Committee received a number of items of correspondence that made it clear that introducing hybrid proceedings had become a much more pressing matter.

On 12 January 2021, the Chief Whip of the Alliance Party wrote to the Committee requesting that it amend Standing Orders as a matter of urgency in order to enable remote access to plenary proceedings. On 13 January, the First Minister and deputy First Minister copied the Committee into a letter to the Speaker regarding the arrangements that the Assembly may put in place in order to allow for the virtual participation of Ministers in certain types of plenary business.

The Speaker wrote to the Committee on 15 January confirming that discussions on remote access to plenary sittings took place at a meeting of the Business Committee on Tuesday 12 January 2021. The Speaker confirmed that there was agreement to facilitate remote participation in plenary sittings. In light of that, the Speaker obtained agreement from the Commission to procure the necessary equipment for the Chamber.

The recent emergence of a new and potentially more virulent variant of COVID-19 has contributed to the Executive introducing a period of tighter restrictions, including the need for people to stay at home where possible, including for work purposes. Extended travel is also discouraged. In addition, the Executive have sought to limit the number of occasions when groups of people can meet indoors in any setting.

Given the recent tightening in regulations and guidance, at its meeting on 20 January 2021 the Committee considered hybrid proceedings as a matter of priority. As part of its consideration, the Committee received briefings from Assembly officials on the potential procedural and practical issues of implementing hybrid proceedings in the Chamber, which the Committee found to be very informative.

The Committee gave consideration to a number of important issues, which I will cover briefly. However, I wrote to all Members last week providing more details on the Committee's deliberations.

During its discussions, the Committee gave consideration to the purpose of introducing hybrid proceedings and whether there should be limitations on who could join a sitting remotely. The Committee agreed that hybrid proceedings should be implemented to accommodate not only Members who cannot come to the Chamber because they are self-isolating but to reduce the number of Members who need to travel to Parliament Buildings.

Therefore, the Committee concluded that any Member should be able to avail themselves of hybrid proceedings.

#### **4.15 pm**

The Committee also considered how hybrid proceedings should be provided for in Standing Orders. The Committee was cognisant of the time that it might take to identify each of the plenary proceedings during which, it considers, remote participation could occur and then draft new Standing Orders to make specific provisions. Therefore, the Committee agreed to bring forward a Standing Order that allows for the general principle of remote participation in plenary meetings but is subject to the discretion and guidance of the Speaker. That approach will provide the Assembly with greater flexibility in managing and facilitating its business. Members will note that the proposed Standing Order confers a general power on the Speaker to make provision for hybrid proceedings that may include but is not limited to the specific items of Assembly business that are listed.

As proxy voting already provides for a form of remote participation by Members, the Committee concluded that the current system of proxy voting should be maintained at this time. However, as part of its ongoing review of Standing Orders, the Committee may return to the issue of voting.

Regarding quorum, the Committee noted that, when the current restrictions on the number of Members who can be present in the Chamber to maintain social distancing were put in place, no alteration was made to the number of Members required to achieve quorum. However, if Members participating remotely were to count towards quorum, that approach could present significant practical and procedural difficulties. Therefore, the

Committee decided that no alterations should be made to the number of Members required to achieve quorum and that only Members present in the Chamber and not participating remotely would count for those purposes.

The Committee acknowledged that, in introducing hybrid proceedings, there would be associated risks and certain limitations on how Members can engage when participating remotely. For example, no matter how robust the Assembly's arrangements and infrastructure, there may be occasions when a Member's remote connection is interrupted or even fails completely. Should a Member's connection fail, the Speaker can move on and invite the next Member to ask his or her question or make their contribution to a debate. However, if a Minister's connection failed, it would be difficult for that item of business to proceed. By agreeing the proposed Standing Order, which provides for the Speaker to have some flexibility, the Committee is content that this approach will not only mitigate the risk of items of business being interrupted but allow for a period of bedding-in for remote participation. It is therefore the Committee's view that the right approach is for the Speaker to facilitate a gradual introduction and that all plenary items should move to virtual proceedings from the outset. The Committee also noted that certain procedural limitations come hand in hand with remote participation. For example, it would not be possible for a Member to raise a point of order or to make or, indeed, accept an intervention when participating remotely.

In summary, the proposed Standing Order defines hybrid proceedings and empowers the Ceann Comhairle — the Speaker — to provide for hybrid proceedings and allows him to issue administrative guidance about how Members, including Members who are Ministers, can participate in hybrid proceedings. It makes it clear that Members participating by video link are not to be counted for the purpose of establishing a quorum. It sets out that provisions for hybrid proceedings do not include Committee proceedings, as those are already provided for. It also makes it clear that the usual practices, rulings and conventions governing plenary business will continue to apply.

Normally, such a significant change to Standing Orders and the work undertaken to draft a proposed Standing Order would take weeks, if not months. Therefore, I thank all those involved for their swift work. However, should the Assembly agree to the proposed Standing Order, the Committee will keep it under review and seek to amend it if required to do so. On

behalf of the Committee on Procedures, I commend the motion to the House.

**Mr Middleton:** I thank the Chair for her remarks. She has summed up everything that needed to be said.

From a party perspective, we support the amendment to the Standing Order. From the start of the pandemic, the Assembly and its Members have tried their best to bring in measures to keep not only Members but the staff who work in the Building safe. Those measures include the likes of proxy voting and social distancing in the Chamber, but there was a recognition that hybrid proceedings would help with the operation of business as we go forward. For that reason, these discussions have taken place.

It is important that Ministers and Members are not disadvantaged. We do not want anyone to have to self-isolate or to be diagnosed with COVID, but, if they are unfortunate enough to be in that position, at least they can attend proceedings remotely, as can other Members, should they wish to do so. My personal preference is to be in the Building, and I feel that this is my place of work. That having been said, we all cannot be in the Building, so there is a recognition that people can take part remotely as well.

I put on record our thanks to the IT staff who briefed the Committee and assured us that they would do everything possible to respect the Chamber itself but would get the facility up and running. I also thank the Clerk and the staff of the Procedures Committee. It was not an easy process. We were trying to get a collection of views, and there was an ongoing debate to try to get a way that would work. This really sets that out quite well.

**Ms S Bradley:** I thank the Chair of the Procedures Committee, as did the previous Member, for putting on record a clear and concise depiction of what happened in the weeks leading to this point. The Member was right when he said that every party expressed the view that our preference is to be here. Unfortunately, we are not living through times where we get that preference. We owe it to one another. The Assembly is sending out a clear message to the public on the standard that we expect to be met, and hybrid proceedings will allow us to live by the same standards.

It came up during debate that we recognise that this is far from a perfect system. I do not envy you, Mr Deputy Speaker, and your colleagues being in the Chair when we go through the

initial teething problems that we will inevitably face. Hopefully, they will be chaired in the best humour that we can face through these challenging times. It does not, however, allow for the natural debate that happens, be it interventions or the dramatic refusal of interventions that some Members are known for. It is that type of communication that happens in the House. It will be limited, no doubt, through hybrid proceedings, but it is there for a reason.

I thank the Committee staff, Clerks and IT staff who are in the process of making this happen. They have been stepping up as quickly as possible, trying to work through the StarLeaf process, which has not been without its problems but has served its function. Whilst we encourage every Member to participate, every party will have to look at the Order Paper for the day and decide who genuinely needs to be in the Building at any one time. It is a matter of respecting each other in that regard.

We asked technical questions about being able to hear. Sometimes the acoustics in the Chamber can be challenging because of the high ceilings. We have been assured that those things have been sounded out and that the sound should come through the speakers here. No doubt, we will work our way through it together. I do not imagine that it will work smoothly on the first day, but I could be wrong. I touch wood that I am wrong and hope that it will work.

When Members are working remotely and from home, there is an expectation on us to keep briefed on what is happening in and outside of the room.

It can prove to be a challenge to know exactly what is happening in different Committees at different stages.

I thank the members of the Procedures Committee. We are all walking through this together, and, as we experience the difficulties, we are trying to iron them out. I thank Members for their patience. This has been a very safe place to come and express our working patterns and the working difficulties that have been thrown up.

We, too, support the motion, and I urge the Speaker, in the discretion that has been afforded to him, and the Speaker's Office to not just encourage Members but to give them the same message that we have given to the public: please use it.

**Mrs Barton:** Thank you for the opportunity to participate in this debate on the amendment of Standing Order 110 to permit hybrid proceedings in the Chamber.

The so-called hybrid proceedings could be defined as being when a quorum of Assembly Members attend in person and one or more Members attend and participate in a plenary sitting of the Assembly via video link. Obviously, with the COVID pandemic, the more virulent variant strain of COVID and the current restrictions, it is a priority that everyone works in a safe environment.

Recently, the Assembly Chamber has had very limited opportunities for full participation in plenary sittings due to the number of people permitted in the Chamber being limited. There is also the issue of Members having to swap and sanitise seats on occasion, particularly during Question Time and ministerial statements. Frequently, greater numbers want to participate than is possible with adherence to social distancing. As technology is present in the Building for Committee meetings, it is the opportune time to explore extending that facility to the Chamber.

Hybrid proceedings have been implemented in the House of Lords and the House of Commons, where there are temporary orders for Members to participate. In the Scottish and Welsh Parliaments, Members can contribute to debates and Question Time remotely. Obviously, with the new hybrid system, Standing Orders will have to be amended accordingly so that the discharge of business by Ministers and Members continues without impediment.

Given that agreement has been obtained at the Business Committee to facilitate remote participation in plenary sittings and that agreement has also been gained from the Commission to procure and install the necessary equipment immediately, further consideration is necessary regarding participants. For example, decisions are required on the number of participants, how voting will be carried out, whether the present proxy system will continue and whether it is possible to develop a remote voting app. The necessary support will have to be available in the event of teething problems with the technology.

The Ulster Unionist Party supports this alternative in this Building for the duration of the COVID regulations.

**Ms Armstrong:** This debate has given me heart. When you write to a Committee, it is not

often that it responds to your letter and makes changes as drastic as those that are required during this terrible pandemic. I absolutely, on behalf of the Alliance Party, welcome the proposed amendments to Standing Order 110. Virtual attendance in the Chamber will not only protect MLAs and enable us to carry out our democratic duties if we have to self-isolate, it will help to protect the staff who work in this place.

I really hope that people out there understand that, when we are self-isolating or working from home, we are working. As many in this Building can confirm, our job is not a nine-to-five one; it is probably closer to 14 to 15 hours a day. People will be able to see that we are at home and concentrating. The new Standing Orders that will be tabled by the Committee are very welcome. I appreciate that it will be no easy job to try to deal with interventions and points of order, so I welcome the Committee's thoughts on that. We can, of course, review the process as time goes on and we see how it works.

I appreciate that the role of the Speaker and Deputy Speakers will be made even more difficult as a result of watching people who are in the Chamber as part of the quorum and watching a display screen. My thoughts are with the Speaker and all the Deputy Speakers on that, and I hope that we will all work together to ensure that that job is not made too onerous for you.

#### 4.30 pm

A lot of money will be spent to make this happen, and I am grateful to the Assembly Commission for enabling it, but it is not lost work. The reason that I am absolutely delighted — to be honest, I am quite emotional about it — is because the modernisation of our communications system is an absolute step forward. Very soon, the Disability Discrimination Act will require communications to provide subtitles, and, in addition to that, we have a commitment in this place to allow people to use Irish as their spoken language in the Chamber. This may be a testing point when we can at last, perhaps, add on subtitles to allow people, whatever language they choose to use here, to do that.

I thank the Committee on Procedures, the Speaker's Office and all the staff who have been involved. I ask us all to give this a go. I got my second screen today, which is huge, but it means that I can see your faces up close and can lip-read you much better. I thank you from the bottom of my heart for making my ability to

perform my democratic duties easier and safer for the rest of the pandemic.

**Ms Dillon:** I intend to keep my remarks very short because everybody has said where we are with the matter at hand. We have a job to show leadership on the issue, which is about not only protecting ourselves and the staff in the Building but protecting the wider public. Many people are travelling quite long distances to come to the Building at a time when we are asking people not to travel. It is extremely important that we show leadership. As others have done, I thank the Chair of the Committee on Procedures, the Committee staff, the Commission staff and, of course, the Speaker's Office. Your job will not be an easy one, Mr Deputy Speaker, but we will certainly do everything that we can to make it easier.

**Ms Brogan:** The current message from the Executive and the Assembly is to stay at home, reduce contacts and work from home where possible. It is important, therefore, that we, as Members, provide leadership on the matter. The amendment to Standing Orders will allow Members to participate in Assembly proceedings remotely via video link, thus reducing the need for them to travel and allowing them to participate when they are self-isolating. The additional safety measures should further protect all Assembly staff and Members and, in turn, the wider community. For that reason, I urge all Members to support the motion.

**Mr Carroll:** I will be brief as well. This is a welcome proposal, but, to be honest — it is no reflection on the Chair because she was in a different position as a stand-in Minister — it should have been brought in a long time ago. Kellie Armstrong has been raising the issue, and I raised it last year when the Chair was standing in as a Minister. A number of Ministers were self-isolating, and, to be frank, it was bizarre that we did not have the system in place then or even prior to that. The House has been too slow to implement mask wearing, and we have not implemented temperature testing. That has been a theme in the House throughout the pandemic.

Nevertheless, the changes are welcome now, but there is something else — I and others have raised it in Committee — that needs to be teased out: the proxy voting system is too rigid. There is flexibility in light of the pandemic, which is welcome, but politics is not just about what happens in the Building; it is about what happens in communities. It does not affect me as a Belfast MLA, but, quite often, MLAs have

to travel when that may not be conducive to their or their constituents' time. We need to look at and address proxy voting in the long term. Currently, proxy voting may not suit everybody. I am a single MLA, and there are other single MLAs and parties, and others who are independents, such as Claire Sugden and Trevor Lunn. They have said that they may not want to lend their vote, so to speak, to other parties because they want to be independent or separate. That needs to be looked at in the long term.

It is important that we have remote voting, and we talked about that in Committee. The ability of Members to participate from home is a welcome development, but they cannot vote at home when there are Divisions, so we need to work towards putting that in place. I am generally supportive of the amendment, but the Committee needs to do extra work, and I will do what I can to support that.

**Mr Deputy Speaker (Mr McGlone):** I call Mr Tom Buchanan to conclude and wind on the debate. Mr Buchanan, you have up to 10 minutes.

**Mr T Buchanan (The Deputy Chairperson of the Committee on Procedures):** I will be brief, too, Mr Deputy Speaker. I welcome the opportunity to conclude on today's debate on the motion to amend Standing Orders. First, I thank the Committee Chairperson for opening the debate, and I thank the Members who contributed.

As outlined by the Chairperson, this motion comes to the House following the Committee's decision to consider hybrid proceedings as a matter of priority. The decision was made following a number of items of correspondence received from the Speaker's Office, from the Executive Office and, of course, from the Alliance Party. The Committee also reacted to the Executive's introduction of tighter restrictions in Northern Ireland, including the need for people to stay at home wherever possible, including for work purposes. The Executive have also sought to discourage extended travel and to limit the occasions on which groups of people meet indoors in any setting.

As responsibility for amending Standing Orders lies with the Committee on Procedures, the Committee agreed to consider all of these matters. The Chairperson has covered the Committee's deliberations on hybrid proceedings and the provisions contained in the proposed Standing Order. MLAs received correspondence from the Chairperson providing

a detailed update on the Committee's deliberations, so I have no intention of rehearsing all of those. Members are well aware of all of the issues surrounding this amendment.

I will take the opportunity to inform the House that, if we were in normal times and in normal circumstances, the Committee would have carried out a full review of the introduction of hybrid proceedings. This would have included taking formal evidence from legislatures that have already gone down the route of introducing remote proceedings. Much more time would have been spent on the Committee's consideration, and a report would have been brought to the House for debate and consideration. However, I am sure that each one of us will agree that the times and the circumstances that we find ourselves in are not normal, and the Committee and officials have reacted remarkably quickly to the request to consider hybrid proceedings. We have heard that echoed around the Chamber by all who spoke in the debate.

I will pick up on some of what was said. My colleague Gary Middleton mentioned the importance of Ministers and Members not being disadvantaged in their Assembly work, and, of course, one of the reasons for this motion is that Ministers and Members will not be disadvantaged if they have to self-isolate or whatever. Therefore, I think that that is one of the important factors in having hybrid proceedings.

Sinéad Bradley spoke of her preference for all parties to be present in the Assembly. That is absolutely correct because, as Assembly Members, we must always remember that our place of work is here in the Assembly. However, as we saw last year, at times, that was not possible because of the pandemic. She said that, with the introduction of hybrid proceedings, we are sending out a clear message to the public in these challenging times, and that is absolutely correct.

Rosemary Barton spoke about the priority that everyone works in a safe environment, and, of course, the Assembly has been putting out that message. She said that the facilities that the Committees have offer a unique opportunity to introduce those same facilities in the Chamber.

Kellie Armstrong said that the debate gives her heart. She said that she does not often write to a Committee and find that it acts in such a swift and positive manner. Well done to all Committee members. Obviously, you have excelled, given that this has come forward in

such a swift manner and given heart to Members of the Assembly and, hopefully, to members of the public.

Linda Dillon and Nicola Brogan both said that it is the job of the Assembly to show leadership, and of course it is. When we put out the message, we need to show leadership and put that into action ourselves. It is not just about these amendments and regulations that have been brought forward; it is about all the regulations that the House has put out from the very start of the pandemic in March last year. We are bound to adhere to all those regulations and amendments — to the letter of the law — that the House has put out for everyone to adhere to. If we are going to give genuine leadership, we need to adhere to all the regulations that the House puts out, and that message needs to go to each and every Assembly Member.

Gerry Carroll said that this should have been done a long time ago. He made reference to the difficulties posed last year when Ministers and Members had to self-isolate. Hopefully, this will help to overcome the problems that we saw back then.

The proposed amendments bring fundamental changes, albeit temporary, to plenary and Assembly business. Given the current circumstances, it is essential that we, as an Assembly, do all we can to protect each other and adhere to the regulations and public health guidance. As Members have already mentioned, when such fundamental changes are introduced there will be teething problems, and we must expect that. We cannot expect the whole thing to be set up in one day, and, the next day, to be up and running with no problems. We must accept that there will be certain limitations to how Members can engage when participating remotely. However, should the Assembly agree to the proposals, the Committee will continue to carry out its role and keep the Standing Orders under review, as it does with all of our Standing Orders. As part of its review, the Committee welcomes feedback on any issue that relates to the provisions in the Standing Order. The Committee will act on that, should it be required.

In conclusion, I echo the Chairperson's thanks to the Committee members and Assembly officials who have been involved. They have made great efforts to bring the proposals to the House today, and I sincerely thank them for that. Mr Deputy Speaker, I commend the motion to the House.

**Mr Deputy Speaker (Mr McGlone):** Before we proceed to the Question, I remind Members that the motion requires cross-community support.

*Question put and agreed to.*

*Resolved (with cross-community support):*

*After Standing Order 110 insert:*

*"110A: Hybrid Proceedings*

*(1) Hybrid proceedings are proceedings of the Assembly in which one or more members of the Assembly are present remotely by a video-link hosted on such platform as may be provided by the Assembly Commission.*

*(2) The Speaker may make provision for hybrid proceedings of the Assembly.*

*(3) The provision which may be made under paragraph (2) includes—*

- a. provision for remote participation in debates and in the passage of legislation;*
- b. provision for remote questions to Ministers and the Assembly Commission;*
- c. provision for remote statements by Ministers;*
- d. provision for matters under standing orders 22 and 24;*
- e. provision for the purposes of preserving order and preventing conduct which could constitute a contempt of court.*

*(4) Subject to paragraph (5), references in standing orders to "proceedings", "meetings", "sittings", "speaking", "rising to speak", "the chamber", "present in the chamber", and like terms, shall be construed so as to give effect to any provision made by the Speaker under paragraph (2).*

*(5) Members participating remotely—*

- a. are not present for the purposes of standing order 9 (quorum); and*
- b. may not vote remotely, but may vote by proxy (see standing order 112).*

*(6) In this standing order, "proceedings" do not include committee proceedings.*

*(7) Save as provided by or under this standing order, hybrid proceedings shall be governed by the practice and standing orders of the Assembly."*

*Adjourned at 4.43 pm.*

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