



Northern Ireland
Assembly

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Northern Ireland Assembly

Monday 13 December 2021

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

Members observed two minutes' silence.

Members' Statements

Mr Speaker: If Members wish to be called to make a statement, they should indicate that by continually rising in their place. Members who are called will have up to three minutes in which to make their statement. Members are reminded that statements will not be subject to debate or questioning, and interventions will not be permitted. I will not take any points of order on this or any other matter until the item of business has finished.

Nationality and Borders Bill: Non-Irish EU Citizens

Dr Archibald: The so-called Nationality and Borders Bill is passing through Westminster. The Bill, with its many regressive provisions, is an extension of the Home Office's hostile environment, and concerns have been raised about it for some time. However, it is the particular requirement for non-Irish EU citizens to have to apply online for pre-travel clearance to cross the border that I want to raise.

The proposal has been criticised by parties across this island and by rights organisations. The requirement would undermine the Good Friday Agreement, as well as being in conflict with the protocol around the non-diminution of rights. It is, frankly, ridiculous to suggest that people in the South, particularly those living in border areas, would be subject to pre-travel clearance to go about their daily business.

Thousands of people cross the border every day for work, study, childcare and healthcare, and for family, social and tourism reasons. Those thousands include non-Irish EU citizens. The British Government claim that there will be no checks at the border but have said that there will be ad hoc in-country checks. I fear that that would create a real risk of racial profiling.

The proposed requirement would create unreasonable levels of bureaucracy and unacceptable legal uncertainty for thousands of citizens.

Many people in the South may be completely unaware of the requirement, and penalties if found to be in contravention include a fine or up to six months in prison. Requiring pre-travel clearance would harden the border for thousands of our fellow EU citizens.

The proposal is unworkable and would be unenforceable. The very fact that it has been proposed highlights the complete lack of understanding by those in the British Administration who came up with it. It is clear that they do not have a notion about daily life here. The British Government need to listen to the objections and concerns that are being raised across this island and go back to the drawing board. The proposal needs to be scrapped. There is also an onus on the Irish Government and the EU to make it clear to the British Government how fundamentally unworkable and unacceptable it would be.

Nurses: Recruitment and Retention

Mrs Erskine: I urge the Minister of Health to act to reform our health service. We need to support the workforce that we have. We also need to put in place a plan to recruit and retain more nurses. Our nurses are brilliant. They are angels, and the huge responsibility of their work takes an enormous physical and emotional toll on them.

Figures that my party has obtained, however, show that health trusts are failing to manage their workforce. Private employment agencies cost health trusts in Northern Ireland up to £736 a shift in some cases. More than £115,800 was spent on nurses covering 188 shifts from Saturday 9 October to Monday 11 October across five health trusts. I have spoken to scores of nurses who are hugely experienced but work for an agency rather than full-time in a trust, as it suits their work-life balance. Although agency work is better paid, there is no pension or holiday pay. We must also remember that agencies take an enormous cut for each shift. It would be wrong to think that a nurse is getting

up to £736 a shift. Setting aside the hugely inflated costs for shift cover, I ask this: how does a shift in one trust cost £200 more than a shift in another? We need to ask ourselves why nurses are choosing to leave the health service to work as agency staff.

Recently, in the Health Committee, I heard the stark figure that, in Musgrave Park Hospital, 14 out of 100 perioperative nurses have left. That is one hospital in Northern Ireland in which it would be a very difficult task to get elective surgery up and running to pre-COVID levels. We need to keep the nurses whom we have and build on the workforce. In 2016, the then Health Minister, Simon Hamilton, announced a 15% increase in the annual number of preregistration nurse training places commissioned in Northern Ireland and established a new task group on nursing. There is a lot of stress and poor morale among nursing staff. They are the most valuable resource in keeping our health service going. Trusts have become all too dependent on agencies. Since the figures given were published, the Royal College of Nursing has stated that the situation is unsustainable. Why are we not giving incentives to the health workforce at present? Golden cuffs already in force in other parts of the UK are beneficial. Those incentives are retaining staff in the health service. We need to take a serious look at doing that in order to equip staff appropriately

Mr Speaker: The Member's time is up.

Mrs Erskine: — to do the job in hand. I have asked the Minister to bring forward proposals —

Mr Speaker: The Member's time is up.

Mrs Erskine: — that will hugely mitigate the inefficient use of agencies and make the job better suited to the needs of the workforce.

Mental Health

Mr McCrossan: I will speak about the mental health pandemic that is having dire consequences throughout each and all of our communities and that is having a particularly severe impact on young people. Many people are struggling. Particularly at this time of year, we can see how much people have found, and are finding, life tough. Even in more normal times, and, in the midst of the pandemic, we are far from being in normal times, people struggled.

Unfortunately, on Saturday 4 December, young Michael McGinty went missing in Strabane. He was 20 years of age.

His mummy and daddy died not so long ago, and they were both quite young. Michael had clearly struggled and battled. Unfortunately, on Saturday a week ago, he went missing and was found just this Saturday. There have been dire consequences and effects on local people. Unfortunately, we are seeing an increase in the levels of suicide in our communities and people who are struggling and battling every day. What I have seen in Strabane over the past week has been heartbreaking, but we have also seen the community come together in their search for Michael's body.

The local search and rescue groups do fantastic and invaluable work and make a huge contribution to help and support families in the most difficult of circumstances. The same can be said of all our communities. This week, I saw that with the Three Rivers Search & Rescue group, the Community Rescue Service and Foyle Search and Rescue. In very difficult circumstances, in torrential weather, they searched day and night for Michael's remains. That brought considerable comfort to his family. Thankfully, his body was found on Saturday.

This week, there is a great sense of sadness and heartbreak in the Strabane community as this is the third young person who has died. Aaron Harkin, who was 26, died in a car accident. He had a young family. Emma Harpur, who was 10 years of age, sadly, died with cancer, and also Michael McGinty, who was found on Saturday. This is a tremendously difficult time of the year for people. I urge all those who are struggling in our communities and battling with their mental health, who need help, who need support and someone to reach out to, to do so. There is help out there. It is OK not to be OK; you are not on your own. Please, this Christmas period, as all of us sit down together, let us think of those who are struggling and battling in very difficult circumstances.

Historic Heritage

Mr Beattie: I do not want to minimise the very tragic story that has just been outlined about mental health. We are all on the same page on that issue. I want to raise the issue of our historic heritage, which is slowly being undermined as we all concentrate on very important, big political issues such as the protocol, COVID and health.

I have stood here before and talked about Knock Iveagh, a neolithic site that is older than the pyramids. Hundreds of years ago, it was the coronation place of Irish kings, and it has been destroyed by a wind turbine having been placed on top of it, which is against the proper planning permission. I can reflect on the Ballintaggart stones, also known as the giant's gravestones, that date back about 5,000 years. They were ripped up 13 years ago and now lie in storage that is open to the weather. It is another piece of our historic heritage that is being slowly degraded and ruined. I reflect on the grange and rath in Waringstown, in my constituency, that dates back to 1659, which, again through bad planning, has been completely destroyed and cannot be recovered.

My last example is the Newry canal. The Newry canal is the oldest summit canal in the United Kingdom and Ireland, dating back to 1742. Yet it sits in disrepair, especially the summit part of the canal between Markethill and Armagh, and it is in desperate need of restoration. In fact, all our historic heritage is in desperate need of protection. Of course, we have the historic environment division (HED), which sits in the Department for Communities, but many of the issues that I am speaking about are to do with the Department for Infrastructure and planning.

The HED should be situated in the Department for Infrastructure so that it can look at the planning laws that are falling by the wayside and allowing our heritage to be destroyed time and time again. This is happening not just in Northern Ireland but throughout the whole island of Ireland. It is important that we look at our history, not just recent history but our historic heritage, and not just for ourselves but for those who are coming after us.

12.15 pm

Kinnegar Logistics Base

Mr Muir: I want to raise the future of Kinnegar logistics base in Holywood and to urge central and local government to grasp the opportunity presented by the recent decision, by the Ministry of Defence, to delay disposal by two years from 2022 to 2024. Kinnegar was previously a busy base, employing up to 1,000 civilian staff at the height of the Troubles, but the future need for this 54-acre base has changed. I welcome the commitment given by the Ministry of Defence that no job losses will occur and those currently employed there will be redeployed to other barracks.

Whilst the site is currently the location for the temporary resting place — and that must be kept in place for as long as it is, sadly, required — Kinnegar logistics base offers a huge wealth of potential that could be utilised, but it must be done in close consultation with local people. Kinnegar is already busy with traffic and, with its being built on sand dunes and needing robust flood protections, consulting with and securing the buy-in of local residents is essential in relation to plans and to any works that may be undertaken. The opening up and utilisation of the access road from Airport Road is a critical part of any plans. Additional vehicles cannot be squeezed through the esplanade.

As we have unfortunately seen at other sites across Northern Ireland, far too often assets close down, people move on and all that is left is a site turned into nothing more than an eyesore while public bodies dither and debate its future. In this context, in early 2018, I proposed, and the council agreed, the pursuit of a mixed-use master plan for the site in close consultation with local residents, businesses and other key stakeholders. I was, therefore, very disappointed to learn that, with £31 million of investment and over 1,000 new jobs on the horizon, some parties came together two years later, in February 2020, to defund this master planning work. I urge the council to rethink that in the context of the recent MOD announcement and put in place the necessary funding to safeguard its rates revenue from the site and also be part of efforts to boost its rates revenue and the significant jobs and wider investment that are possible.

The Department for Communities must also step up to help ensure the acquisition of the site for regeneration using some of the powers that were meant to devolve to councils but never did. Indeed, the Ministry of Defence must also speed up its work to enable the future development of the site. Crucially, the Ministry of Defence needs to reconsider its disposal policy and work with the Department for Communities and the wider Northern Ireland Executive to align its previous disposal arrangements with other bases.

Kinnegar logistics base has been part of the Holywood landscape for years and must be utilised, in close consultation with local residents, to create jobs, deliver homes and help keep Holywood on the map as somewhere to live and do business.

Victims of Terrorism

Mr Allister: For many of us, Christmas is a joyous family time, and understandably so. For some, particularly victims of terrorism, it is a time of remembrance, heartache and the empty chair at the dinner table. And yet some in our society think that it was not enough to make victims; it is also necessary to deride them and to visit great hurt upon them. We had another example of that in recent days through a particularly sick video by Gerry Adams, glorifying the slogan of a murderous organisation, poking fun at people "not having not gone away, you know", which was directed quite clearly at the victims of terrorism.

One of those victims, Austin Stack, whose father was shot and fatally wounded by the IRA, said:

"This is one sick, sick video, many, many families have an empty seat at the table this Christmas."

Ann Travers reminded us that her young sister had been murdered by the IRA, and she said:

"She never got to celebrate any further Christmases and it was never the same for us. Just like thousands of other families Anybody who thinks this is funny lacks emotional intelligence".

Yet we had commentators, like Chris Donnelly, who is deployed from time to time to pontificate on the BBC, asking what was offensive about it. It was wholly offensive and, indeed, sick. It demonstrated that, for some, making victims is not enough; they also have to deride and trample on their graves. Shame on those who promoted such a sick video at this time of year.

Petroleum Licensing

Mr Carroll: At the weekend, I stood with environmental activists from the Youth Climate Association, Extinction Rebellion, Friends of the Earth and trade unions to raise opposition to the granting of petroleum licences here. Despite all the talk recently from Executive Ministers about the climate and the destruction caused by increased emissions, primarily through the use of fossil fuels, the Executive have failed to act to ban petroleum licensing.

As I understand it, the Economy Minister intends to bring through a policy options paper for Executive approval that will not specifically recommend the banning of fossil fuels but that, essentially, will OK the granting of licences. That is, obviously, very worrying in and of itself. The Assembly has repeatedly passed motions

and Bills calling for urgent action to stave off climate chaos, but, here, we have an attempt to sneak in through the back door policies to which people have made their opposition repeatedly clear at a time when people are preoccupied with other things and cases of the new COVID variant are rapidly increasing. The cynic in me believes that the paper is being brought forward precisely at this time for those reasons.

I will say this categorically: if we are to prevent climate change from occurring, as a bare minimum, we need to keep fossil fuels in the ground, and the Department should not proceed to grant approval for any petroleum licences under whatever guise they are presented. At the launch of the Intergovernmental Panel on Climate Change (IPCC) report, the UN Secretary-General said that there should be no new exploration for fossil fuels and no more subsidies for fossil fuel companies and that we should move to renewables as a matter of urgency. Activists have expressed to me their concern and belief that there is a revolving door policy of people working on strategy and policies for Departments then moving into the polluting and extractive industry.

The University of Exeter report of March this year raised serious concerns regarding the governance in the Department for the Economy specifically and the heavy influence from those in the fossil fuel industry, with the suggestion that the Department facilitates those organisations and refuses to suspend its policy to promote gas while it reviews policy on licensing for exploration for the extraction of gas. That is hardly a neutral position from which to start in the first place. There are already serious concerns that not all the recommendations made in the University of Exeter report may have been implemented and that there is adverse and inappropriate influence from industry on the petroleum licensing policy options being brought to the Executive.

Fermanagh and Omagh District Council passed a motion last week that called for a public inquiry in regard to the findings of the University of Exeter report, the industry's influence on the Department for the Economy, especially in regard to policy formation, and issues around governance and the maintenance of the Department's strategy to promote gas. I fully support the council's call in the motion that was passed. My understanding is that the serious environmental concerns and opposition to petroleum licensing have not been given their place in the report and, probably, its

recommendations. The Economy Minister should not bring a policy that green-lights petroleum licensing as communities rise up and say no to that practice. However, if it is brought to the Executive —

Mr Speaker: The Member's time is up.

Mr Carroll: — Sinn Féin, the SDLP and Alliance need to vote against it. No petroleum licensing —

Mr Speaker: The Member's time is up.

Mr Carroll: — *[Inaudible]* that practice.

Avian Influenza Outbreak

Mr McAleer: This afternoon, I will speak about avian influenza. Unfortunately, over the weekend, we learned of two more suspected cases of bird flu in Tyrone and Armagh, where almost 30,000 birds and ducks will have to be culled. Last week, two cases of the highly pathogenic H5N1 avian influenza were officially confirmed in a commercial block in Aughnacloy, where 25,000 ducks had to be culled humanely, and in a backyard flock in Broughshane. We are witnessing the largest ever outbreak of avian flu here, which, if not controlled or mitigated, could pose a very serious threat to the poultry industry and international trade. The impact is not only financial but mental and emotional. DAERA, with its partners, must continue to provide financial support to all those who have been impacted.

There have also been four confirmed outbreaks in Monaghan and Cavan, and the control zones surrounding those outbreaks extend into the North. A cross-border approach is vital, and we are glad to note, from the briefing that we received on Thursday, that DAERA is working collaboratively with its colleagues in the Department of Agriculture, Food and the Marine (DAFM) in the South.

The native wild bird population has been affected by this strain, which was carried here by migratory birds, so it is imperative that bird keepers, whether of commercial or backyard flocks, do everything that they can to separate kept birds from wild birds. I reiterate the advice from the Minister and the Chief Veterinary Officer, Robert Huey, that poultry farmers must act now. If bird keepers have not already done so, they should download the biosecurity self-assessment toolkit from the Department's website. Practical steps, such as keeping birds inside in order to prevent transmission, placing a net over outdoor coops, fencing off ponds,

ensuring that there is no shared drinking water between kept birds and wild birds, washing your hands, changing your boots, and using disposable boiler suits, can play a huge part in helping to stop the spread of this deadly disease.

I acknowledge the work of DAERA officials to date and underline the importance of a joined-up approach between the Department, councils, the Public Health Agency (PHA), DAFM in the South and bird owners. Given the cold weather that we are experiencing, it is likely that avian flu will be with us until the spring. So, I implore everyone to be on their guard and to take the appropriate mitigation measures now.

Road Safety

Mr Middleton: I want to take a few moments this afternoon to speak about the issue of road safety, particularly as we enter the Christmas period. On Friday night, I took part in a remembrance and celebration event for those who, tragically, lost their lives in road traffic collisions. The event was hosted in the Guildhall by Life After, which is a charity that supports bereaved families who have, sadly, lost loved ones in road traffic collisions. The event on Friday night was to remember the 43 lives that were, sadly, cut short as a result of road traffic collisions this year. As each of the names was read out, and the pictures were displayed on the screens, the devastating impact of the loss of those lives on the families and loved ones who were in attendance or watching online was so evident. Sadly, on Saturday, the number rose to 44, with the devastating news of the tragic loss of 12-year-old Aaron Webb, who died following a tragic accident the day before. My thoughts and prayers are with each of those families, and the family circles of those who lost loved ones.

As we enter the Christmas period, I urge everyone to be careful on our roads, and to be aware of other road users, pedestrians, and their surroundings. Just last year, 280 people were arrested for drink-driving during the PSNI's Christmas enforcement campaign. That is a shocking number of people. I urge people to not drink while driving, to not take drugs while driving, and to do the extra bit to ensure that our roads are as safe as they can be.

Those losses on the roads are not just statistics. Real families have lost loved ones, and the impact goes beyond the families. It affects first responders who are on the scene and causes them trauma. I reinforce the

message to people to ensure that our roads are safe in the coming Christmas period.

Irish League: Funding for Ground Improvements

Mr Chambers: There have been conversations in this place since 2011 about making funding available to local senior Irish League football clubs for ground improvements. In many local football grounds, a ladies' toilet would have been a novelty then, and even the basic gents' toilet facilities left a lot to be desired. The clubs were living a week-to-week existence and were running up debt in order to survive. Many of them had nothing more than the odd coat of paint applied around their grounds by volunteers, who also gave their time to raise funds to keep the clubs afloat.

Sport, in general, in this country has played an important role in bringing people together during the disturbing years of the Troubles, and it continues to do so, but it has not received the credit that it deserves for that. Participation in sporting activities has always provided a distraction for our young people from the many undesirable activities that would suck them in and destroy their lives. Given the society that we now live in, the distraction of sport has never been more important for our young people.

12.30 pm

In 2015, a subregional stadia strategy was announced with funding of £36 million. A total of £10 million was earmarked for the Oval in east Belfast, with the rationale that it was the second-biggest football stadium in Northern Ireland. Other Irish League clubs with a ground capacity of over 5,000 could tap into a pool of £17 million. Championship clubs would share £3 million, with £6 million intended for a high-quality junior facility and a national training centre.

The clubs and fans have been asking: where is this money? The Minister for Communities indicated during the summer that it was only weeks away from being released. The quality of the football package has improved in Northern Ireland. The international team and the green and white army have created positive impressions of our country around the world. The ladies' international squad is now emulating the achievements of their male counterparts in qualifying for major competitions, with a limited squad of players compared with other countries.

Now is the time to encourage all this positivity by releasing the funds promised in 2015. Some people, rightly or wrongly, suspect that the increasing costs of the Casement Park project are contributing to the £36 million remaining locked in the Department's bank account. The Minister could dispel these suspicions by signing off on the immediate release of the money to help to maintain the current momentum of football in Northern Ireland. I respectfully call on Minister Hargey to do so without delay.

COVID-19: Schools

Mr Sheehan: I want to speak about COVID in schools. Schools are so important for children having their social, educational and developmental needs met. Every school day is precious if the environment in the school is safe. As we approach the end of this school term, it is quite clear that the Minister must act on a range of measures if schools are to reopen and to remain open safely in the new year.

Over recent weeks, principals have been open and honest as they described the deterioration of the situation in many schools. A lack of appropriate guidance and adequate safety mitigations, a light-touch contact-tracing policy and a lack of substitute teachers have put schools in difficult positions, with many having to resort to partial closures. The omicron variant may also present new challenges, so I urge the Minister to revisit her approach to COVID in schools.

We need to see a comprehensive strategic plan from the Minister that puts high efficiency particulate air (HEPA) filters in all classrooms and sets out a contact-tracing policy in which teachers and families can have confidence. We also need to see the urgent redeployment of qualified teachers from non-pupil-facing positions to the classroom.

The Minister keeps telling us that she wants to keep schools open. We agree, but she has to be willing to do what it takes, and she must get on with the planning urgently.

Mr Speaker: That concludes Members' statements. Will Members please take their ease for a moment or two?

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

Ministerial Statements

General Teaching Council for Northern Ireland

Mr Deputy Speaker (Mr Beggs): The Speaker has received notice from the Minister of Education that she wishes to make a statement. Before I call the Minister, I remind Members in the Chamber that, in light of social distancing being observed by parties, the Speaker's ruling that Members must be in the Chamber to hear a statement if they wish to ask a question has been relaxed.

Members participating remotely must make sure that their name is on the speaking list if they wish to be called. Members in the Chamber must also do this but may also do so by rising in their place as well as notifying the Business Office or the Speaker's Table directly.

I remind Members to be concise when asking their question. This is not an opportunity for a debate, and long introductions will not be permitted. I also remind Members that, in accordance with the long-established procedure, points of order are not normally taken during a statement or the question period thereafter.

Miss McIlveen (The Minister of Education): I wish to make a statement to the Assembly on the General Teaching Council for Northern Ireland (GTCNI) and the outcome of an independent effectiveness review of the council and its committees.

The GTCNI was established in 2002 to enhance the status of teaching and to promote the highest standards of professional conduct and practice. Under its founding legislation, its functions are to establish and maintain a register of teachers; to approve qualifications for the purposes of registration; to regulate teachers in relation to serious professional misconduct; and to provide advice to the Department and employing authorities on registration; the professional learning, career development and performance management of teachers; standards of teaching; and standards of conduct for teachers.

As currently constituted, the council should have a membership of 33, the majority of whom are teachers. Fourteen of its members are teachers elected directly by the profession. A further five members are nominated by the Northern Ireland Teachers' Council (NITC), which is the representative body of our teaching

unions. Ten members are nominated by other education stakeholders, including higher education institutions, employing authorities and other agencies, while four members are appointed by DE under a public appointments process.

GTCNI is a non-departmental public body (NDPB) of my Department, a status reflecting the intention that, as the regulator for the teaching profession here, it should have a distinct identity and independence from DE, strengthening its ability to speak freely on behalf of all teachers. In practice, GTCNI has not fulfilled its responsibilities and been the voice for the teaching profession that it was intended to be. It has broadly met its responsibility for teacher registration, helping to protect the quality of our teaching workforce, although that has not been without its challenges.

Owing to weaknesses in its legislative base, GTCNI has not been able to exercise regulation of the profession as intended. While it has provided some policy input to the Department, it has failed to develop any clear leadership and advocacy roles for teachers and the wider profession, instead focusing an inordinate amount of its time and effort on nugatory internal discussions and disagreements, alongside personal and, at times, bitter infighting among its membership. On that point, it is noteworthy that, since the commencement of the council's current mandate in October 2019, 13 of its members have either resigned or been withdrawn by their nominating organisation, with some citing the divisive and toxic atmosphere in the council as one of the principal reasons for their actions. Those withdrawals have significantly impacted on the overall skills and experience in the council and have left several of its committees struggling to be quorate.

Collectively, those problems have manifested themselves in repeated and sustained failures by the organisation to meet normal governance and accountability requirements for NDPBs; repeated failures to progress agreed business objectives in a timely and efficient matter; and an extremely heavy and sustained volume of complaints and correspondence received by successive Education Ministers and by officials at all levels in DE. I can categorically state that, for many years, GTCNI has consumed a level of departmental time and resource that is entirely disproportionate to its size and the complexity of its functions.

Faced with those challenges, the Department has placed GTCNI in special measures on two

occasions: from December 2015 to September 2017 and from November 2019 to the present day. On each occasion, we have sought to facilitate the council's efforts to address the performance issues, staffing concerns, governance weaknesses and multiple unsatisfactory audit findings that it has faced. On two occasions, we have seconded in departmental staff to serve as interim chief executive. In addition to what might be considered normal departmental sponsorship activities, we have repeatedly provided access to departmental expertise in areas including finance, business case preparation, information management, data protection and workforce planning.

In October 2020, with no tangible improvements and in the face of further council correspondence simultaneously alleging that departmental interference and departmental inaction were entirely to blame for GTCNI's difficulties, my predecessor, Peter Weir MLA, decided that an independent board effectiveness review of the GTCNI council and its committees should be commissioned. The review was intended to provide a clear and objective evidence base on which decisions regarding the future of the council could be taken. Following an open public tender, a contract for the review was awarded to Baker Tilly Mooney Moore (BTMM) on 22 April 2021. Baker Tilly Mooney Moore is a consultancy firm with extensive experience and expertise in this type of work. In making their assessment, the consultants drew on extensive desk research, direct observation of council and committee meetings and interviews with current and former council members. Those discussions were supplemented using a standard board members' self-evaluation survey that the consultants have routinely used in undertaking organisational reviews.

The Department received a final report from Baker Tilly Mooney Moore detailing their conclusions and recommendations on 12 November 2021. In the consultants' assessment, GTCNI has an inadequate governance framework and has failed to hold itself to account; it has committees that are not functioning effectively or observing any limitations on their authority; there have been systemic failures in its registration function, including information and systems management weaknesses that have directly contributed to data protection failures; it has suffered a breakdown in working relationships within the council; it has suffered a complete breakdown in the working relationship between the chair of council and its chief executive officer; it has ineffective working relationships with DE, with

repeated attempts to draw the Department into operational matters in which DE has no remit or authority to act; there is a general lack of open and effective communication; there has been a long-running failure to adequately identify, monitor and address business risks and identified audit concerns; and there are a significant number of council members who lack an understanding of good governance practices and lack the knowledge, skills and experience to contribute effectively at board level.

That deeply troubling assessment was pointedly underscored by the council members' self-assessment survey that every GTCNI council member completed. That confirmed that the members themselves clearly recognise that there is a strong sense of polarisation, distrust and dysfunction in the council; that a significant number feel that they lack the experience, skills and knowledge to contribute effectively and confidently to council business; and that a clear axis of division exists between those supportive of the chair of council and those supportive of the chief executive. Having undertaken approximately 640 previous effectiveness surveys, Baker Tilly Mooney Moore have pointed out that GTCNI is the first organisation in which board members have rated themselves in the lowest quartile under every performance metric used in the survey. The consultants also highlighted that members' feedback on working relationships in the council were the worst that they had ever encountered.

The report presented to the Department reflects an NDPB in organisational failure, with a majority of its members acknowledging that it is failing in multiple areas. Following on from their analysis and considering recommendations for improvement, the consultants have concluded that the review demonstrates a council that is functioning but not functional and that is not providing leadership or advocacy to the profession. Baker Tilly Mooney Moore also concluded:

"It is our opinion that GTCNI is irretrievably broken and there is no prospect of recovery to any form of adequate performance and as such we believe that DE should move to dissolve GTCNI with immediate effect."

12.45 pm

Having received that stark analysis and given the report careful consideration, I fully accept that recommendation. The Department cannot ignore the evidence Baker Tilly Mooney Moore has presented of systematic failings across so many of the council's roles and responsibilities.

The review confirms that, despite the continuing support of the Department, little, if any, progress is being made and the underlying problems in the council are not being addressed and are, arguably, only becoming more deeply embedded and pernicious with the passage of time. Given the findings of the review, I cannot allow that situation to persist, and it is incumbent on me to take swift and decisive action. As a consequence, I have instructed my officials to begin work immediately to bring forward a Bill for the dissolution of the General Teaching Council.

As Members will be only too well aware, the education sector and the teaching profession are currently facing many pressing challenges as we continue to respond to the COVID pandemic. I do not consider that GTCNI's council, divided and lacking trust between its members, can contribute constructively to meeting any of those challenges, and I am unwilling to waste further time and effort in propping up such a deeply dysfunctional body. I have therefore also decided, in line with Baker Tilly Mooney Moore's recommendation, to stand down the current GTCNI council with immediate effect. I have tasked my officials with bringing forward at the earliest opportunity a public consultation exercise to identify those functions currently assigned to GTCNI that are critical to the sector and must be preserved, and to seek views from the public, the teaching profession and key educational stakeholders on how those can be delivered efficiently and effectively.

The Department has already identified teacher registration as one such function that must continue to be taken forward, and arrangements are already being put in place to ensure that GTCNI registration, which is a legal requirement for all Northern Ireland teachers, continues without interruption. It is essential that suitably qualified individuals wishing to teach here do not face any unnecessary barriers or delays in entering our workforce, particularly given the current pressures facing schools. Whether they are newly qualified teachers graduating from our local universities and colleges or teachers returning from outside Northern Ireland, it is essential that they can start their careers in Northern Ireland as quickly and smoothly as possible.

The Department will therefore take on immediate oversight of GTCNI's executive team, allowing its staff to continue the work processing new teacher registrations and registration renewals. The current chief executive has served notice that he will stand down from his position in April next year, and so the Department will begin work immediately to

identify a new interim chief executive, who will direct the staff team until final decisions can be taken about the delivery of all GTCNI's essential functions.

I return briefly to the planned public consultation. I have no clear preference at this time for how any of these critical functions should be delivered in future. It will be important for us to consider whether they require the establishment of a replacement body or can be best delivered through some alternative mechanism. There are already a range of alternative models for teacher registration and regulation in use across the United Kingdom and the Republic of Ireland. The consultation process will help us to examine the strengths and weaknesses of those different systems and allow us to develop a robust future model that reflects the unique needs of the education system in Northern Ireland. Any decision on a replacement for the current council will naturally need to be included in the drafting of a GTCNI dissolution Bill. We will also want the Bill to address all of the issues that have prevented GTCNI from exercising teacher regulation in the manner originally intended. Even with those additional complications, however, we intend to introduce a GTCNI Bill early in the new mandate, following next year's Assembly elections.

In concluding, I specifically wish to reassure GTCNI's employees, for whom this statement will naturally raise concerns. Your jobs will not change as we work through the various steps that I have outlined today, and your employment rights will be upheld as we eventually take our final decisions on how those critical parts of GTCNI's work can best be continued. Had the report concluded that the council had some failings but that those were fixable, I would have been pleased to accept that assessment, and the Department would, in good faith, have sought to support those actions in any way possible. However, I am clear, and legal advice has confirmed, that I would be failing in my responsibilities as Minister of Education if I did not take rapid and decisive action having received such a stark indictment of the council and its leadership. I trust that Members will concur that my actions are necessary, and I am happy to answer any questions that they may have.

Mr Lyttle: I thank the Minister for her statement. The report presents a dossier of dysfunctionality in relation to the GTCNI that is entirely consistent with the damning evidence that the Education Committee has received over a number of years. It begs the question of how on earth such a depth of organisational

failure was allowed to develop, and the focus must be on the urgent delivery of a fit-for-purpose, professional regulatory body of which teachers and the people of Northern Ireland can be proud. Can the Education Minister give a timescale for delivery of a replacement body? What format might that new body take? Is the Department of Education able to fulfil some of the important functions, such as the regulation of serious misconduct, while that body is being put in place?

Miss McIlveen: I thank the Chair of the Committee for his question. I am aware that the Committee has received a number of briefings over the past year and a half on GTCNI, and, like me, the Committee will have received a bagful of correspondence on GTCNI. He asked why this has been allowed to happen, but he will be aware that the Department did take action on a number of occasions in respect of putting the GTCNI into special measures in 2015 and again in 2017. Obviously, at that point, the Department had felt that perhaps the GTCNI may have been on the road to recovery, but, clearly, that was not the pathway that it took. A catalogue of issues has come to light, particularly over the past number of months when the review was being undertaken.

It is my intention that a consultation document with regard to a new model will be published in advance of purdah and that, following that and subsequent to the next Assembly election, a draft Bill will be published. At that point, there will be Committee scrutiny, and consultation will take place on what the new model will look like. As I indicated in my statement, I have no set view on how that may look. Obviously, there are a number of models that are being exercised across the other regions and which may be looked at as potential solutions. Again, that is very much something that we will look to. I am very clear that, whatever comes out of this, it needs to be effective and efficient and to work in a means that supports our teaching staff.

Mr Sheehan: Systemic failures in its registration function, an inadequate governance framework, complete breakdown in working relationships and data protection failures: the list goes on and on when it comes to the General Teaching Council. It is a body that was established to regulate the teaching profession here but completely failed to deliver on its functions. The evidence that the Minister has provided in her statement reflects what the Committee has heard over a protracted period. Given the critical need for teacher regulation, can the Minister outline how she intends to ensure that those vital functions are carried out, both in the short term and in the long term?

Miss McIlveen: I thank the Member for his question. He summarises quite succinctly the number of failures in GTCNI. As he will be aware, there have been issues for GTCNI from a legislative perspective with the fact that there are gaps in place with teacher regulation. Obviously, we have reviewed the legislation and the regulations, and DSO has advised DE of a significant number of concerns that go beyond and which, obviously, affect teacher regulation. It is my intention that any future Bill will address those gaps and weaknesses in the legislation, which will help to solve the problems.

Mr Newton: I thank the Minister for her statement and for taking decisive action. Minister, you said that:

"GTCNI has consumed a level of departmental time and resource that is entirely disproportionate to its size and the complexity of its functions."

Will you outline the type of support that the Department has had to provide to GTCNI in past years?

Miss McIlveen: I thank the Member for his question. The Department has been supportive in a range of activities, including arranging mentoring support for the chair following his election; providing regular advice and supporting staff training on information management; providing guidance to council staff on business case completion; providing support through participation in project meetings; providing advice and guidance during committee and council meetings; providing written advice to the chair on numerous issues; providing quality assurance checks of draft corporate documents; securing joint legal advice; using minutes of meetings (MOMs) and regular bimonthly meetings to offer advice and suggest solutions to emerging problems; and liaising with other DE branches to ensure that they prioritise and engage constructively with GTCNI on issues within their remit.

As the Member said, a disproportionate time has been spent on dealing with correspondence within and from outside the council. In the past two years, we have had to respond to FOI and subject access requests, each of which were complex and required several hundred hours of staff time to address. That does not include the email requests that DE has received, the numerous pieces of formal correspondence from the previous chair of GTCNI or the significant number of additional correspondence

cases that have been received from other council members.

DE has also had to respond to a high level of whistle-blowing complaints regarding GTCNI. Those ultimately required DE's internal audit team to undertake a lengthy whistle-blowing investigation, once again consuming several hundred hours of staff resource in DE and GTCNI. In comparison with other arm's-length bodies of a similar size, the difference in the time that has been spent trying to resolve and respond to the volume of correspondence regarding GTCNI has been tremendous.

Mr McCrossan: I thank the Minister for her statement. I have no doubt that the report is damning and points directly to the serious concerns that the Committee for Education and, indeed, the SDLP have had for some time about the function, or rather, dysfunction, of the GTCNI. Looking to the future, Minister, can you assure us that you and your Department will leave no stone unturned in putting in place a professional body that can represent the excellent teachers that we have in a way that befits the profession? What is needed is a professional body that all stakeholders can have confidence in. Minister, will you assure us that that is your objective for the days ahead?

Miss McIlveen: I thank the Member for his question. I can be brief in answering that, because I absolutely agree with what he said. That is my intention.

Mrs Barton: Thank you, Minister, for your statement. I declare an interest: in my former life I was a teacher, and I was a member of the council in the early 2000s. Minister, you will be aware that teachers pay a registration fee to belong to the GTC. That fee was approximately £33 per year, and I am sure that it has built up considerable reserves. Will the registration fee continue to be paid to the new body? What is going to happen to the reserves?

Miss McIlveen: I thank the Member for her questions. The fee is now £44. It remains a legal requirement that teachers register with GTCNI, and, under the General Teaching Council for Northern Ireland (Deduction of Fees) Regulations (Northern Ireland) 2004, they pay an annual fee to maintain their registration. Those requirements cannot be changed without amending legislation, so fees will continue to be a requirement, at least until the Assembly legislates to dissolve GTCNI. Ultimately, a new model may change that, but, in the meantime, the fees will continue.

The GTCNI has around £2.1 million in reserves. The bulk of those — £1.7 million to £1.8 million — has been allocated to fund the replacement GTCNI teacher registration database and to meet the potential pensions liabilities for its staff. Therefore, there is not a large reserve that could be used or released for any other purpose.

1.00 pm

Ms Brogan: I thank the Minister for her statement. Minister, the report is withering, and it outlines huge failures on a number of levels. The General Teaching Council was meant to be a regulatory body with responsibilities in our education system and to our teaching professions, our children and their families. It is clear that it has not lived up to those responsibilities. In the wake of the report, how does the Minister intend to ensure that there is appropriate accountability and that something like this never happens again?

Miss McIlveen: I thank the Member for her question. The action that I took today should start the process of resolving it. As the Member will know, the council has been dissolved. The chief executive and the staff will continue in their roles under scrutiny from my Department.

As I said, I intend to go out for consultation on a new model, hopefully in advance of the dissolution of the Assembly. The new model will obviously be designed in consultation with stakeholders. I hope and intend that that will ensure that this does not happen again.

Mr Harvey: Minister, during my time on the Education Committee and as a constituency representative, I have not heard anything positive about the GTCNI. However, now that a decision has finally been made, it might prompt some support for it. Does the Minister anticipate any challenge to her decision?

Miss McIlveen: I thank the Member for his question. I do not expect there to be a challenge to the decision that I announced, but time will tell.

Over the past 18 months, there have been numerous exchanges between departmental officials, members of the Education Committee and representatives of several teaching unions and other major representative bodies. They all expressed their deep concerns about the GTCNI and its numerous difficulties. I understand that there is widespread apathy among the wider teaching profession towards the GTCNI, an organisation that, for many,

failed to have or to make a positive impact on their lives as teaching professionals. In itself, that is quite damning.

While the council may feel somewhat aggrieved by the report and my decisions, I hope that it will recognise that the self-assessment survey in the report clearly demonstrates that a sizeable majority of its members recognised that the council is deeply divided and has been failing in its responsibilities for quite some time.

Given the broad consensus and our commitment to consult widely and to follow best practice in replacing the current organisation, there would seem to be little basis for challenge of the Department's actions. I am hopeful that that will be the case.

Mr Delargy: Minister, thank you for your statement. It is not too often that we agree on things to do with education, but this is definitely one such occasion.

Over the last number of weeks, scores of principals have contacted me. They are deeply concerned and are finding it extremely difficult to get substitute teachers. The whole House agrees that we need to keep schools open, but that simply cannot happen if substitute teachers are not available. On that basis, what contribution does the Minister think that the systemic failure of the GTCNI made to the lack of availability of substitute teachers?

Miss McIlveen: I thank the Member for his question. Given the times that we are in, he may look for a correlation between the two. However, I understand that the GTCNI was able to work through any backlog. Therefore, I am not sure whether it had any direct impact.

The Member will know that between 7,000 and 8,000 substitute teachers are on the Northern Ireland Substitute Teacher Register (NISTR). Daily, 3,000 or 4,000 of those substitute teachers could be allocated posts. There is probably a different issue with NISTR, which is not naturally connected to the GTCNI. On the GTCNI, we need to make sure that there is no delay in teachers becoming registered. We also need to ensure that teachers are supported to be encouraged into and retained in the profession.

Mr Humphrey: As a former member of the Committee, I am sure that the statement cannot have come as a surprise to the House. It is clear that the GTCNI is dysfunctional, deeply divided and not capable of giving leadership. The Minister said in her statement that Baker

Tilly Mooney Moore carried out a board-effectiveness survey and that the feedback on working relationships in the council was the "worst" that it had ever surveyed. Is the Minister in a position to share further information about the survey with the House?

Miss McIlveen: I thank the Member for his question. The self-assessment exercise was based on National Audit Office (NAO) guidance and best practice for effective boards and governing bodies. BTMM has used it for around 645 organisations in the public, third and corporate sectors. It secured a 100% response rate from council members and, based on their honest feedback, found that 88% of respondents disagree or strongly disagree that the current council structures are working effectively; only 25% consider the GTCNI subcommittees to be increasing the council's effectiveness; 89% believe that the council is too large; and 60% feel that the council has too many representatives and is too disparate in its composition. Members were asked a series of questions on council leadership and culture, and their comments confirm that the council is divided and unwelcoming, has lost focus on its purpose and remit and is inward-looking and consumed with internal disagreements. In members' opinion, council leadership is not effective, business is not transacted efficiently, and meetings are often poorly organised and poorly run, meaning that effective use is not made of their time. In comparing the GTCNI with the 645 other bodies that it has similarly surveyed, BTMM reported that the GTCNI members' self-assessment placed it in the lowest bracket for every performance indicator in the survey, which is a situation that BTMM had never before encountered.

Ms S Bradley: I thank the Minister for her statement. Although it is damning, it is not surprising. I, too, declare an interest, in that I am a former teacher who was registered with the GTCNI.

The Department has rightly recognised the obvious need to uphold the process of teacher registration, particularly at this time. I hope that that runs smoothly and without impediment, because schools are struggling. The GTCNI was left with a further management role, which was to manage professional misconduct. What assurance can the Minister give that immediate cover will be provided for that area so that no misconduct will go unreported during this upheaval? Has she given any thought to the possibility of a requirement for there to be a retrospective audit of the cases of professional misconduct that may have been upheld by what

has been described as a very ineffective council?

Miss McIlveen: I thank the Member for her question. As a former teacher, she has an interest in the situation. There have been allegations of teacher misconduct that have, in some ways, not been investigated as they should have been. As Members will be aware from previous comments, there have been issues with the GTCNI's legislative standing in order to carry out some of its functions. It is our wish that that will be addressed during the progress of the next Bill, which will not only dissolve the GTCNI but put its replacement on a much firmer legislative footing, ensuring that we have a model that best suits the profession. In the meantime, we will seek legal advice on the outstanding issues, which perhaps cannot be looked at under the current legislative model, to ensure that guidance is given to teachers and the profession.

Dr Aiken: I thank the Minister for her statement, and I declare an interest as a member of my family is a registered teacher, or, should I say, is trying to register as a teacher, and has had many difficulties with GTCNI, as have many other teachers across the piece.

It has been obvious since 2015 that there was something substantially wrong with GTCNI. There has been a catalogue of failures. Indeed, the consultants' report is one of the most damning reports, outside that on the renewable heat incentive (RHI), that we have heard about in the Assembly. Minister, my question is quite simple: why is the chief executive still there? Why is somebody who has stood over that complete debacle and brought the whole organisation into disrepute still in position? Why do we still have to have people like that? Where are the criteria that allow us to sack people who are not capable of doing their job?

Miss McIlveen: I thank the Member for his question. At this point, I do not want to get into personal issues relating to the chief executive or others. The Member will note from my statement that the chief executive has issued the Department with his intention to step down in April. For continuity, and given the fact that he has corporate knowledge of the organisation, it is useful to have him there for a transition period.

Mr M Bradley: I thank the Minister for her statement. Minister, you have outlined the basis for the action that you are taking. Will you outline the key findings of the review that prompted your decisive action?

Miss McIlveen: I thank the Member for his question. The consultants reported that there is inadequate governance infrastructure; the organisational culture is dominated by internal disagreements; the organisation is being driven by widely divergent agendas; there are widespread breakdowns in relationships and trust; GTCNI has lost focus on its remit and purpose and has become almost entirely inward facing; and it is failing to act as an advocate or strategic leader for the sector. They also found that the legislative basis for GTCNI's operations is weak, which hinders its ability to meet its regulatory functions; its governance framework is inadequate, leading to a failure to meet expected standards of governance or adequately hold itself to account; information flows are insufficient to inform decision-making; council subcommittees are not functioning effectively; there is an inadequate approach to organisational performance and a fundamental lack of understanding of good governance; and council business is regularly disrupted in pursuit of divergent agendas and narratives.

The consultants concluded that the council:

"is not cohesive, unified nor corporate".

In their assessment, GTCNI is functioning at a very low level, is not meeting its statutory obligations and is not providing any leadership to the profession. They have categorised it as a body in which:

"relationships are fractured and trust irretrievably broken".

In their view:

"Its energy is spent, [it] is at war with itself and is damaged beyond repair."

Mr McGrath: I thank the Minister for her statement. If something is broken, it has to be fixed, and it is fairly obvious from the report that something is badly broken.

Minister, you said that teacher registration will be subsumed by the Department so that the process can take place quickly. I know, from other Members, that there is an urgent need for that, given that there can be delays. Will you give an assurance that it will be a seamless transition that will occur straight away, or will you tell us whether there will be any delay in the Department's taking on that responsibility, so that people can get registered as quickly as possible and get out on the ground to work where necessary?

Miss McIlveen: I thank the Member for his question. There may be a little confusion about that. Maintenance of the register is an operational function. Responsibility for it will remain with the executive team, which will report directly to the Department. There will, therefore, be no change to that; only the oversight will change. There should be no difference, or rather, hopefully, it will mean that things will be swifter. There should not be any undue delay as a consequence of it.

Mr Catney: Thank you, Minister. Will you assure the House that lessons will be learned from this whole, sorry affair and that those lessons, as and when they are learned, will eventually be applied to the solutions?

Miss McIlveen: Again, I can give a brief response: absolutely.

1.15 pm

Mr Allister: Apart from the Executive of which the Minister is a part, the General Teaching Council for Northern Ireland must be the most dysfunctional and polemic organisation still in existence. From much of what you read from the Baker Tilly Mooney Moore report, I thought I was listening to an obituary for the Executive.

I will ask two things, if I may. In your statement, you referred to an operational issue that has impeded registration since August. What is that? Secondly, what assurance is there that those who have been found so wanting will not just move to the next awaiting quango? What restrictions exist on people who are found so wanting so that they cannot move on to that next body and inflict the same failure there?

Miss McIlveen: I thank the Member for his question. There were issues with data sharing in August that have been resolved. As was referred to in a previous question, we are looking to upgrade the database. Somewhere in the region of £1.7 million to £1.8 million is being spent on updating processes to ensure that those issues do not happen again.

The majority of members of the council came from the teaching profession and were elected to that body; thus they were not necessarily public appointments. There were DE representatives on the council, however, some of whom have already resigned.

Mr Deputy Speaker (Mr Beggs): That concludes questions to the Minister on her statement. I ask Members to take their ease for a few moments.

Public Expenditure: Draft Budget 2022-25

Mr Deputy Speaker (Mr Beggs): The Speaker has received notice from the Minister of Finance that he wishes to make a statement.

Mr C Murphy (The Minister of Finance): Thank you for the opportunity to make a statement on the Executive's draft Budget for 2022-25. I provided Members with a written statement on Friday, and my statement today is accompanied by a draft Budget document. The publication of the document launches a 12-week consultation that will run to 7 March 2022.

As Members will be aware, the majority of the Executive's funding is based on the spending review outcome that was announced on 27 October. I have provided a separate statement setting out the funding that is provided by the spending review, and, while the review outcome is not as bad as feared, it did not provide enough funding to meet the pressures that the Executive face.

Some additional funding has been confirmed by the Secretary of State from the confidence-and-supply and New Decade, New Approach (NDNA) financial packages. That includes £75 million for the medical school at Magee. The profile for the medical school is not aligned to the anticipated expenditure profile, and discussions will take place with Treasury on ensuring the most appropriate profile going forward. However, the draft Budget must reflect the profile as set out by the Secretary of State. At the time of the NDNA agreement, there were just under 4,000 students at Magee. Ulster University has recently indicated that it is actively making changes to increase the numbers to 6,000 over the period covered by the Budget. The Executive remain committed to increasing student places to 10,000, as outlined in 'New Decade, New Approach', including providing the necessary funding.

Unfortunately, the Secretary of State did not confirm the funding requested in relation to the protocol or the funding due to be provided under confidence and supply in 2022-23 for mental health and severe deprivation. We anticipate that funding being confirmed in-year.

I turn to regional rates. The COVID pandemic and the cost of living crisis create significant financial pressures on businesses and households. Therefore, the Executive have agreed that the domestic and non-domestic regional rate will be frozen over the Budget period. A further £50 million has been set aside

to provide rates support for businesses. Legislation is being enacted that removes the ability of businesses to appeal their NAV on the grounds of COVID-19. Over the last two years, companies here were instead compensated for the impact of COVID-19 through rates holidays and grants. Next year, in recognition that all sectors are set to lose their right to appeal, all businesses, with the exception of larger food stores and utilities, will receive a one-month rates holiday. As some sectors have been harder hit by the pandemic, retail, tourism and hospitality, leisure, childcare and airports will receive a total of three months' rates relief. In 2023, a revaluation that will take into account the impact of COVID-19 will come into effect. This provides a much more comprehensive package of support to businesses than the appeal mechanism, which was not designed for a general pandemic.

The Executive have also agreed to consult on increasing the rates liability of vacant properties from 50% to 75% and removing the domestic rates cap of £400,000. Having been delayed by the pandemic, a consultation will allow those policies to be delivered early in the new mandate.

I turn to departmental allocations. Even before the pandemic struck, the returning Executive agreed that health would be their top priority. That commitment was confirmed as discussions began on agreeing the draft Budget. Therefore, the focus of the draft Budget has very much been on providing significant additional resources for transforming our health service and reducing waiting lists on a permanent basis. With the funding provided by the Chancellor's spending review falling short of what was needed to fund the Executive's priorities, prioritising our health service means a proposal for other Departments to contribute 2% of their opening baseline. That contribution would provide an additional £523 million over the three years, which would form part of an overall general allocation of £1.9 billion. That could be used at the Health Minister's discretion to help to address the significant funding pressures identified. On top of that, the draft Budget would provide £120 million, £182.4 million and £255.3 million over the three-year Budget to meet in full the Health Minister's bids for elective care, cancer and mental health rebuild strategies. It is also proposed that the transformation funding provided under New Decade, New Approach of £147 million over the three years be allocated in its entirety to Health.

While the Barnett consequentials are unhypothecated and may therefore be spent at the Executive's discretion, it is worth

highlighting that the proposed draft Budget settlement provides the Department of Health with a budget allocation that is significantly in excess of the funding received from the Barnett consequential on health and related allocation in the spending review. This year, the opening budget for Health was £6.452 billion. Under the draft Budget next year, it will be £6.782 billion. Health will also receive the first £50 million available in the 2022-23 monitoring round. In 2023-24, the budget will be £6.947 billion, and, in 2024-25, it will be £7.109 billion. It will be important for the Health Minister to provide more detail on how that funding will be used as part of the draft Budget consultation.

Of course, the major challenges in health and social care remain, and the Health Department could spend more. However, the draft Budget strikes a balance between prioritising health and protecting other public services. That is a difficult trade-off, but it is the financial reality that must be faced up to.

I turn to funding for other priorities and pressures. In setting out the departmental budgets for consultation, the underpinning assumption has been that Departments will find the proposed 2% reduction required to provide additional funding for health from efficiencies in existing budgets. That is challenging, but, in a three-year Budget, it creates opportunities to plan better and identify genuine efficiency savings.

A number of allocations for specific departmental strategic issues have been proposed in the draft Budget. They include the continuation of welfare reform mitigations, with proposed allocations of £128.5 million over three years, and the Shared Future programme providing £36 million over three years. Funding is also proposed for victims and survivors of historical institutional abuse and victims' pensions. We remain in dispute with the British Government over the funding of the latter. However, it is important that that dispute does not impact on the delivery of payments to victims. Funding is therefore included in the draft Budget. The Executive have also agreed a number of recommendations that have arisen out of the work of the truth recovery design panel on mother-and-baby institutions, Magdalene laundries and other workhouses. Funding to take those forward has also been provided to the Executive Office as part of the draft Budget. In total, it is proposed that over £419 million be provided to the Executive Office for the three schemes over the Budget period.

The draft Budget proposals also include additional allocations that will be ring-fenced for

specific purposes. Full details are provided in my written statement. However, over the Budget period, those include £66 million for holiday hunger, £24 million for Supporting People, £37 million for Northern Ireland Water's price control determination and over £44 million for PSNI staffing. As well as those ring-fenced allocations under the draft Budget, Departments will receive general allocations that, along with their baseline funding, may be spent at the discretion of Ministers. The effect of those ring-fenced and general allocations is that no Department faces a reduction on its opening baseline position. However, they will be worse off than if funding not been diverted to Health. Tables summarising that proposed resource department expenditure limit (DEL) outcome are attached at annex A in the tables accompanying the statement. Given the range of pressures facing Departments and the fact that those cannot be funded in full, it would be for Ministers to allocate budgets on the basis of their priorities, taking into account the commitments set out in 'New Decade, New Approach'.

My written statement set out the capital funding that is available to the Executive. As Members may recall, departmental capital allocations are determined from a zero baseline. Given the need to maximise investment, the Executive have also agreed that borrowing be accessed to increase departmental capital allocations. However, we must also be conscious that the funding needed to compete projects that have commenced should also be affordable. Therefore, the proposal is not to access the full amount of borrowing available in the first two years. The proposed draft Budget capital outcome would access reinvestment and reform initiative (RRI) borrowing of £140 million, £194 million and £200 million over the three years.

The draft Budget also sees the first allocation of funding for city and growth deals, with some £316 million being allocated over the Budget period. As part of their deliberations on the draft Budget, the Executive have agreed the allocation of the first tranche of funding from their city and growth deals complementary fund. The allocations agreed are set out in the table provided at annex B. There will be a further opportunity for city and growth deals to submit bids as part of the second tranche of that funding.

As Members will be aware, a number of flagship capital projects were agreed by the previous Executive. The draft Budget proposals honour the commitment to provide funding for those projects, which include regional stadia projects, the mothers and children's hospital,

the Fire and Rescue Service training centre, the A5, the A6 and the Belfast transport hub. Given the importance of green growth and sustainability, particularly the move towards net zero, the draft Budget proposes allocations of £304 million of capital for that purpose. While those will not be ring-fenced, Departments can provide more detail on the green growth projects that they intend to take forward as part of their draft Budget consultations.

With the exception of ring-fenced funding, such as for city and growth deals and flagship projects, Departments will be provided with proposed capital funding envelopes within which Ministers may fund their priorities. Again, it is important that NDNA commitments are progressed as much as possible. Details of the proposed capital outcome provided for each Department under the draft Budget is set out at annex C in the tables accompanying the statement.

The spending review also provided £162.8 million, £66.4 million and £62.2 million of financial transactions capital (FTC) over the Budget period. That may be used only for loans to or equity investment in private-sector bodies. It is proposed that, over the Budget period, £159 million be provided to the Department for Communities for housing, with £24.9 million going to the Department for the Economy. There will be £50 million provided to the investment fund in 2022-23. Those proposed allocations will leave £57 million available for allocation in 2022-23.

1.30 pm

As Members will know, amendments made to the NI Act 1998 following the Fresh Start Agreement require me to set out how the Executive's Budget reconciles to the funding provided by Treasury. I provided a statement to the Assembly on 4 November that set out the funding notified by the Secretary of State. The tables at annex D show how the departmental allocations set out in the draft Budget reconcile to those amounts.

The move from single-year Budgets to a three-year Budget provides an opportunity to plan, reform and improve health services. Nevertheless, the reality is that the funding available does not allow us to do everything that we wish to do. While no Department faces a cash reduction against its opening baseline, they are undoubtedly worse off than they would have been had Health not been prioritised. Managing within the proposed draft Budget position will provide significant challenges for all Departments, including mine. I will continue to

work with other Ministers to find solutions to those challenges, but the reality is that more money for other public services means less money for health. As an Executive, we have publicly committed to making health our top priority. The draft Budget honours that commitment.

Dr Aiken (The Chairperson of the Committee for Finance): I thank the Minister for his oral and written statement and for meeting me and the Deputy Chairperson this morning to discuss the main points of the draft Budget.

The Committee will certainly welcome a three-year Budget when it is agreed and the vital clarity that will be provided on capital and resource and, indeed, key projects including the vital health transformation, city deals and other Executive commitments. The Committee will also welcome the prospect of a further three-month rates holiday for the hard-pressed businesses that recently lobbied the Committee, as well as what looks like a proposed increase in funding for PSNI staffing and the interim arrangements for the victims' pension scheme.

Will the Minister clarify whether the rates holiday is contingent on the passage of the Non-domestic Rates Valuations (Coronavirus) Bill? Will the Minister also clarify what will happen to waiting lists and overall health transformation if other Departments and parties decline to provide additional funding from their budgets? Finally, RRI spending has dropped considerably during the current financial year. Will the Minister explain the reasoning behind the increase in RRI spending to £200 million in the draft Budget in the last year of the spending review period, as it seems to be profiled?

Mr C Murphy: I thank the Committee Chair for his questions and observations. I look forward to working with the Committee over the consultation period and ensuring that it has the opportunity to give its view on the draft proposals.

With regard to rates bills, if the legislation were not passed at Westminster, the Barnett consequential would not arise from that and, in effect, that would be lost. I have not received any sense that the legislation will not pass at Westminster. We expect it to pass fairly soon and that the consequential will become available to us.

The difficult and core choice at the centre of the Budget proposal is that, if we are trying to get to grips with a year-on-year increase in health spending over the three years to get the

necessary reforms and tackle some of the big issues, this is the opportunity to do that. In a finite Budget where we have not got all that we wanted in order to do all the things that we wanted to do across every area of public service, that means that some tough choices have had to be made to divert funding to Health. If the final outcome is that the Executive change their view on that or the Assembly changes its view and decides not to do that, Health will not have the money necessary for the transformation.

We have had many conversations about RRI spending. The Member knows the approach is that we are not maximising the potential of our RRI spend, particularly in a three-year Budget that is challenged in the latter years; capital budgets are very challenged in year 2 and particularly year 3. We need to access any additional opportunities that we have and be as imaginative and flexible as possible, and that is why we intend to press Departments to access the full amount of RRI borrowing by year 3.

Mr Gildernew: I thank the Minister for his statement. I very much welcome the prioritisation that the Department of Health has received in the draft Budget.

Minister, as you said in your conclusion, the opportunity to plan, reform and improve public services is nowhere more relevant than it is for Health. A 10% increase in the Department's resource budget is a significant allocation. Can you outline how that will impact on the current difficulties that the health and social care system faces?

Mr C Murphy: To tackle the current difficulties, the Department of Health presented us, some time back, with costed propositions for dealing with elective care in order to reduce waiting lists and to deal with cancer services, which have become ever more acute since the pandemic hit, and the strategy for tackling mental health issues. Those propositions will be funded in full by ensuring that the Department of Health has that money going forward. They will also make sure that the money provided for transformation is given to Health in full over the three-year period and that there is a significant amount of other money to be spent at the Health Minister's discretion.

The Executive agreed a number of meetings back that the Health Minister will be asked to provide, over the 12-week consultation period, a step-by-step update on the spending, what it will achieve and what the outcomes will be so that, when it comes to the vote on the final Budget, the Executive will have a very clear

picture of what is intended to be transformed over the three years, of how the funding for acute pressures around waiting lists, cancer treatment and mental health treatment will be spent and of the staging points at which that will be achieved over the period. We are looking for a very clear plan from the Department of Health. As I said, we have already agreed that that will be done over the 12-week consultation period. When it comes to the final Budget, the Executive will therefore have a very clear picture.

Mr K Buchanan: I thank the Minister for meeting the Chairperson of the Committee for Finance and me this morning. I, too, welcome the additional support for businesses through the additional three-month rates holiday, as well as the one-month rates holiday for other businesses.

We are talking about the antecedent date for the revaluation being 1 October 2021. Does that allow for a broad enough snapshot in time in order to get a true reflection of the difficulties that businesses are experiencing, bearing in mind that, by picking 1 October, we are picking a period in time. Can we do anything to create a wider snapshot to assist businesses that shows the true difficulties that they are experiencing?

Mr C Murphy: The revaluation always operates on the basis that a date is picked. You could argue for any date in this past year to demonstrate what the experience has been, but 1 October takes into account the experience of the pandemic and the period leading up to that date. Even with the new variant and an increase in concern, we hope that the worst of the lockdown situations that businesses have experienced are well behind us. We repeat the message for everyone to get the vaccine and the booster and to follow the guidance so that we do not end up in a lockdown situation. That date should be able to capture the pandemic experience for businesses. When it comes to the publication of the revaluation lists in 2023, we will then have an assessment that goes back over the whole period.

Mr O'Toole: Minister, I, too, welcome the prioritisation of funding for the Department of Health. My party and I have consistently said that we wanted to see Health prioritised. We also want to see a detailed plan for how that prioritised money is going to be spent.

May I ask about the decision made not to prioritise any other Departments out of the 2%? If we accept that Health was going to be prioritised, there was a second choice to make

a 2% cut across the board. What prioritisation exercise did your Department do before deciding simply to apply a salami-sliced 2% cut to every other Department in the absence of a Programme for Government?

Mr C Murphy: A Programme for Government is not something that I can deliver as part of the Budget. I have a legislative requirement to do the Budget within a certain time frame. Ideally, the two documents would sit beside each other, but I still have a requirement to go ahead with the Budget.

We were in conversations with Departments from the summertime about an across-the-board contribution to the Department of Health. We teased out a number of scenarios, including a 4% and an 8% contribution. From dialogue between officials, the feeling was that 4% or 8% was much too serious a challenge for Departments to meet. Once you move away from the chosen proposition to a 2% reduction for some Departments, a 4% or 6% for others and perhaps no reduction for others, you increase the reduction in some Departments and decrease it in others.

Certainly, there was a clear sense that a level of reduction higher than 2% in any of the Departments would prove to be very significantly challenging. It is very challenging to achieve 2% — we accept that — never mind impose a higher level on some other Departments.

That is where the idea for a reduction across the board came from. It followed a lengthy period of consultation and dialogue with Departments, and we want to ensure that the balance is struck. I have always said that it is a balance, because we have an awful lot of public services that we want to deliver, but we do not have the resources available to do all that we want to do. We want to prioritise health, and we were very clear about that. We talked about a range of other areas of priority, such as green growth and skills. Of course, Departments have discretion to prioritise those areas themselves and to prioritise them across Departments, if that is appropriate. That is where we got to in the discussion in relation to that and to the recognition that, for some Departments, a reduction of more than 2% would prove to be beyond their means to deal with. To try to take nothing from some Departments and to increase the burden on others would have been too challenging.

Mr Muir: I thank the Minister for coming to the House in relation to the draft Budget. I think that

we will all agree that we should prioritise Health, but my party has concerns with what has been presented and the fact that it is not aligned with the Programme for Government and cross-cutting, outcome-based approaches. When it comes to the draft Budget, what attempts will be made to ensure that we tackle both the causes and symptoms of ill health?

Mr C Murphy: The causes and symptoms of ill health are beyond the Health Department, so we have a responsibility to ensure that other Departments prioritise those. The funding for Health is not the entirety of the Executive's commitment to better health for our population. Obviously, a range of Departments have a contribution to make, and we need to ensure that everyone is playing their part in that regard.

While there is a significant degree of discretion within departmental budgets, we have said to people that Health was the number-one priority for the Executive, but other areas, such as skills, green growth, recovery, sustainability and tackling inequalities that have health outcomes attached to them, are priorities for the Executive. I imagine that any funding that might become available later on, as we have suggested, would be regarded as being for the likes of housing and other areas that contribute to good health. I am sure that, if funding becomes available, particularly in relation to monitoring rounds, the Executive will recognise that there is a range of other priorities and that it is not simply the Health Department that contributes to good health.

Mr McHugh: Gabhaim buíochas leis an Aire as ucht a ráitis go dtí seo. Minister, too many lives have been lost on the A5 in my constituency of West Tyrone. Last week, we had another tragic accident on the A5. I offer my deepest sympathies to the immediate and wider Harkin family. What provision does the draft Budget contain for major works on the A5, which are badly needed?

Mr C Murphy: In the New Decade, New Approach agreement, the Irish Government reaffirmed their £75 million commitment to the A5 project. The Department for Infrastructure's draft budget for 2022-25 proposes capital allocations for the A5 of £7.4 million, £25.3 million and £80.3 million over the three years. The Dublin Government's contributions are shown as financing that item and reflect income of £7.4 million, £25 million and £25 million that is anticipated in 2022-25.

I recognise the Member's point about the safety of that road and the loss of life that has been

consistently experienced along it. I am very confident that, with that funding in place, despite the hurdles that are there, if the Infrastructure Minister makes a bid for the funding of that project, the funding will be there for it, although, obviously, the Department for Infrastructure will have to overcome any hurdles that remain.

Mrs Cameron: I thank the Finance Minister for his statement to the House. I note that he talked about the importance of the Health Minister when it comes to the ability to provide more detail in how the uplift in health funding will be used as part of the draft Budget consultation. Would it not have been more appropriate and transparent for that plan to have been brought to the Executive and agreed prior to the consultation being published? What mitigations are in place to ensure that that funding contributes to the much-needed reform of our health service, along with workforce planning, rather than plugging any gaps or allowing money to disappear down a black hole?

1.45 pm

Mr C Murphy: The Budget process is, and always has been, that the Executive agree a draft Budget to go out for consultation, but that is not the final agreement. In our discussions on health, when the proposition was first put forward to give this level of additional funding and the impact that it would have on other Departments, people rightly wanted to see how that would do what we wanted it to do in the time ahead, and that, in three years' time, an Executive would not be having the same discussions. So there was an undertaking to provide that over the 12-week consultation period.

It is quite often that matters are not finalised as part of the draft Budget. That is what the period of consultation is for. The Executive can take the Budget back and change things as a consequence of the consultation. So there is no final agreement, and there never was intended be, nor is there ever, when it comes to producing a draft Budget. The final agreement comes when it comes back to the Executive to decide what Budget they intend to put before the Assembly for legislation.

It is in that period of time that the Health Department has agreed to bring forward the proposition for how that money will be spent and how it is intended to do what we intend it to do. It is also the staging post by which the incoming Executive can measure that over the next three years. They already have costed and

funded plans in relation to elective care, cancer strategies and mental health strategies, so those are all there. The only remaining piece is around transformation and how that money will be spent. There is nothing unusual in an Executive agreeing a draft Budget and to have more material looked at. I will be having dialogue with other Ministers over the next 12 weeks, and there will, perhaps, be some additional changes to come before the final stage. That is the purpose of consultation.

Ms Dolan: I thank the Minister for his statement. I welcome last week's announcement by the Communities Minister, Deirdre Hargey, of her plan to build 100,000 homes over the next 15 years. Will the three-year Budget provide the funding that will enable that major social housing programme to commence?

Mr C Murphy: Yes, it is budgeted in. The Communities Minister has announced a very ambitious plan, and we want to ensure that that is the case. That is why, as part of this, I have recommended that the Executive should consider prioritising. In year 3, when our capital budget is most challenged for everyone, there is always a return of capital, because there are always projects that do not go ahead. There is a very strong anticipation of more capital coming into the system in year 3, and there should be a priority around housing in order to make sure that the Department for Communities, whoever the Minister may be at that stage, has the funding to continue on. That plan for 100,000 houses is over 16 years. This is the first three years, and we want to make sure that it gets off on target and on schedule in the early years of that particular strategy.

Mr Clarke: Before I ask my question, I will put it on record that I am a member of the Northern Ireland Policing Board.

I appreciate that there are difficulties in setting a Budget, given the financial constraints on the Executive and their commitment to supporting Health. There is a welcome line in the statement in relation to confidence and supply and a financial package whereby we get additional funding. However, having read the statement, my concern is that there is no additional support to fulfil one of those commitments in relation to the PSNI complement of 7,500. The PSNI is currently aiming for a complement of 7,100 but, by any indication that we have had from the Policing Board, this Budget will reduce that figure. How do you, Minister, square the circle in relation to the commitments that your party and others

signed up to in NDNA, one of the premises that brought us back here? This Budget will fall short of fulfilling the complement of 7,500 police officers.

Mr C Murphy: I have stressed to all Ministers that we should be striving to deliver on every NDNA commitment. We have had the two-year interruption of the pandemic, but the NDNA commitments still stand, and I still want to see Departments delivering them. I have had a number of conversations with the Justice Minister about that particular commitment in relation to policing. We will try to give whatever support we can. I have no doubt that I will have more conversations with the Justice Minister between now and the final approval of the Budget. There is, however, a significant degree of discretion in each departmental allocation, and the papers for all of those departmental propositions will be produced alongside a draft Budget to go out for consultation. I have emphasised that Ministers should prioritise NDNA commitments within their own allocations, and I expect that the Justice Minister will do so.

Mr Catney: Thank you, Minister. Minister, can you explain the rationale for not ring-fencing the green growth fund? Surely the importance of the issue, and the huge amount of work required to meet our net zero targets, would warrant the ring-fencing of that fund, bearing in mind that we said that health was a priority, and I am sure of the 2%. What work has your Department done in order to find that 2% from Departments? This is a missed opportunity for green growth.

Mr C Murphy: We actually did ring-fence the green growth money in an earlier version of the draft Budget. It was as a result of a request from the Departments involved to have more flexibility over the three years to manage their budgets that we took the ring-fencing off it. I was quite happy to ring-fence that and to ensure that green growth is and continues to be a priority within the Executive, but we also have to give Departments the flexibility to manage their budgets over the three-year period, and some asked for the ring-fencing to be removed. That does not dilute in any way the commitment to green growth across a range of Departments.

Mr Nesbitt: Let me start as positively as possible. I welcome the achievement of a multi-year draft Budget. I welcome the commitment to the health service, and I welcome the £44 million-plus to the Police Service of Northern Ireland for staffing. I declare an interest as a member of the Policing Board. However, the

police have told me that, over the three-year period, to achieve the NDNA commitment to have 7,500 officers, the cost would be £74.6 million, which is £30.2 million less than is being allocated in your additional funding. Therefore, the questions to the Minister are these: have you had any discussions about the implications for the headcount of the PSNI, and do you know how many additional officers the £44.4 million that you are allocating will achieve?

Mr C Murphy: It will be a matter for the Department of Justice to work out with the Policing Board what additional staff will be achieved by that. I do not have that detail to hand. I have had many discussions with the Justice Minister about meeting that particular NDNA commitment. The proposition at the core of this, which is to give the additional allocation to Health to tackle what everyone around here has long said is our number-one, comes with additional pressure on every Department, including my Department of Finance. When there are priorities and commitments that need to be met, it is our responsibility to look to our own Departments to see how we can prioritise those against other spending in our own Departments, because this is, as the Member understands, a finite Budget. We cannot give additionally to Health and find it from somewhere else; it has to come from other Departments.

I have offered and am absolutely committed to engaging with Ministers over this 12-week period to try to find ways to meet the challenges that they have, and we will give every assistance that we can. Some of the issues around ring-fencing came from those engagements over the last number of weeks. I am quite committed to doing that, but it will be up to each Department to prioritise commitments, should they be NDNA or other commitments, within its allocation.

Ms Brogan: Gabhaim buíochas leis an Aire fosta. Thank you, Minister, for your statement. I welcome your announcement that over £65 million will be ring-fenced to tackle holiday hunger. A light has been shone on the issue during the pandemic, and that funding will provide vital support to tens of thousands of families. Will the Minister please confirm that the funding is intended to support children and their families during all school holiday periods throughout the school year and not just during summer holidays?

Mr C Murphy: The contribution is on the basis of a bid from the Department of Education. That allocation was on the assumption that

payments should be the same as the average cost to provide a free school meal in that setting, which is £2.70 per child. The draft Budget includes a specific allocation of £22.1 million a year for holiday hunger. The Education Minister, I think, has to carry out an economic appraisal to determine the appropriate value of grants to provide to families rather than relying on the long-term cost of providing meals in the school setting.

We recognise that it is a challenging issue. It is one of a number of pressing social issues that the pandemic brought to the fore. We have allocated funding specifically for it, and we will look to the Department of Education to work through the detail of that to make sure that all children who need that support are provided with it for the time that they need it.

Mr Weir: Will the Finance Minister clarify whether, apart from his party colleagues and the Health Minister, any other Minister has signalled support for the content of the Budget as opposed to simply supporting it going out to consultation?

Mr C Murphy: As a former member of the Executive, the Member should know that the Budget process is such that the draft Budget is put out for public consultation and that no Minister has to put their hand up to say yea or nay until the final Budget is produced before it goes into the Assembly. Asking people to do a final yea or nay on the draft Budget is not a process that we have ever followed. The Executive — the majority of Ministers, with the exception of those from your party — were content for the Budget to go out to public consultation. Everyone recognises that the purpose of having a consultation is to create space for changes to be made between now and the final Budget stage, if that is required. Consultation will continue with other Ministers over that period as well, so the sense that this was a final vote on the Budget is misleading, perhaps deliberately so. It was always misleading, because everybody who has been on the Executive knows that you agree to put the Budget out for consultation and that you only have a final vote on it at the end before we bring it to the Assembly.

Mr Lyttle: How will an unreformed education system in financial crisis be able to function under a proposed 2% budget reduction? Why does this Budget make no clear commitment to honour the subregional football stadia fund, which is overdue from 2015?

Mr C Murphy: The latter point is, I understand, part of the Department for Communities' bid, and it is up to that Department to satisfy that. I have had that raised with me in recent times, and I understand that the Communities Minister is very clear about fulfilling the commitment to subregional stadia.

As I said, we recognised at the outset of this process that the proposition to increase funding for Health was going to be very challenging for all Departments, particularly, I expect, for Education. If we had the money that we need to prioritise all the things that we need to do, I am sure that Education would have come a close second after Health. In financial allocations, Education has always come in second place to Health. We will look to continue to support the very clear pressures in the education system over the course of the three years, but we cannot make a proposition to prioritise one area without every other area having to make a contribution to that. That creates additional stresses and pressures, and I have heard about all those from various Ministers over the last number of weeks. However, those are the choices that you have to make when you have a finite Budget and you want to give priority to a specific area. The additional funding is not just for the health of the population, which is important, but there is a clear recognition that, if we do not make the changes that we need in the health system, the costs will continue to grow year-on-year, which will have a longer-term impact on the budgets of all other public services.

Mr Deputy Speaker (Mr Beggs): Members, Question Time is due to commence at 2.00 pm. I propose, therefore, that Members take their ease for a few moments to allow the Assembly to be organised for that. After Question Time, we will return to questions to the Minister of Finance on his statement.

The business stood suspended.

2.00 pm

(Mr Speaker in the Chair)

Oral Answers to Questions

The Executive Office

Mr Speaker: Question 8 has been withdrawn.

Travel Agents (Coronavirus) Financial Assistance Scheme 2021

1. **Mr M Bradley** asked the First Minister and deputy First Minister, in light of the new restrictions on international travel, whether there are any plans to provide additional funding through the Travel Agents (Coronavirus) Financial Assistance Scheme 2021. (AQO 2896/17-22)

Mrs O'Neill (The deputy First Minister): With your indulgence, a Cheann Comhairle, I would like to briefly sign, given that this our first Question Time with sign language.

[The Member signed: "Hello. I am pleased to use sign language in the Assembly for the first time today."]

Hopefully, I have communicated with our deaf community to let them know that we are an inclusive Assembly and we represent their interests.

The travel agents scheme 2021 was one of a number of support initiatives that the Executive agreed to support vulnerable but viable businesses that have been impacted by the COVID-19 pandemic. Although TEO took forward the travel agents scheme, we have no statutory or policy responsibility for travel agents or the travel sector, other than the delivery of the one-off coronavirus support scheme. The travel agents scheme has now concluded, and, in total, 165 — 87.3% — grant payments were made to applicants, totalling £1.208 million.

While no consideration is being given to a further specific scheme for travel agents by TEO, the Executive have funded in full the Department for the Economy's comprehensive economic recovery action plan for this financial year. The Executive have also agreed the COVID recovery plan, which is designed to accelerate economic, health and societal recovery to deliver sustainable economic development for all.

Any further scheme would be a matter for the Department for the Economy to consider.

Mr M Bradley: I thank the deputy First Minister for her response. Undoubtedly, recent restrictions will have an impact on consumer demand and the travel agents' recovery. I know of one travel agent who is on his own and runs his own business: he has had to pay back £50,000. In lieu of that, can the Minister's Department influence the Department for the Economy in order to rejuvenate the scheme that it once had?

Mrs O'Neill: I concur with the Member and understand the depth of the challenge that is faced by the travel sector. That is why, given that no scheme was brought forward by the Department for the Economy, we intervened and brought forward a scheme. I am glad that we were able to pay out £1.2 million. It would have helped individuals such as the gentleman to whom you refer.

It has been so difficult throughout the pandemic. At best, we can only mitigate its worst effects. We have not been able to compensate everybody entirely. That is the challenge. Other supports have been open to the gentleman to whom you refer and to the industry. They include everything from rate relief to the £10k and £25k schemes, the microbusiness hardship fund and, more recently, the COVID restrictions business support scheme.

The case is well made, and it is the policy responsibility of the Department for the Economy to step forward and bid for a scheme. The Executive have funded the Economy Department's strategy for the way forward.

I hope that there is the ability to support the industry, particularly given that we again face increased travel restrictions, which impact on people's decisions on whether to travel.

Mr Sheehan: The pandemic has had a disproportionate effect on sectors in the community that were already disadvantaged, including children and young people, women, those on low incomes and those with disabilities. Does the Minister agree that tackling inequality and disadvantage must be at the core of any recovery?

Mrs O'Neill: I absolutely agree with the Member that tackling the high levels of poverty, inequality and disadvantage across our communities must be at the core of the Executive's approach to recovery. I am

particularly aware, as we all are, of the societal and economic impact of the pandemic, especially on women, many of whom are in low-paid, precarious employment or have lost their job. We have all seen and heard about at first hand the impact of the rising cost of living on families who already struggle day-to-day to make ends meet. They now have to make difficult choices about heating their home and about the food that they purchase. I am certainly committed to doing all that I can with Executive colleagues to support people through this difficult time.

The cost of living crisis flags up the need for us to address societal inequalities and to look after the most vulnerable, those who are lonely, people in housing need, those in poverty, the families of those with a disability and workers on low incomes. Looking after those in greatest need must be at the core of future recovery planning. That means that we will have to do things differently, work more effectively and listen to people. We owe it to all our people to make that happen, and I am committed to working with Executive colleagues to do that.

Mrs D Kelly: I ask the joint First Minister, given that the staycation voucher scheme is not now going ahead and that the money for it will not be used, how will decisions on recouping the money from overpayments, payments that should not have been made or, indeed, payments that were unable to be spent be debated at the Executive? What is the methodology for making decisions on the way forward?

Mrs O'Neill: The scheme that you refer to is, again, the responsibility of the Department for the Economy and falls under its policy remit, so I do not have a say or an input into what it will do now as a result of not going ahead. The funding was found from within the Department's budget, so I assume that it will now reallocate it under the normal departmental financial practices.

Mr Nesbitt: I will go back to the travel agent scheme. Can the Minister confirm that the original scheme was predicated on a return to normality by last spring and that, as we are not there, the logic is that support is due again?

Mrs O'Neill: That was done at a point in time. As we know, we have paid out considerable funding not just to that sector but to many sectors and rightly so, but, as I said in answer to the supplementary question, there is no way that the Executive can mitigate the worst

impacts of the pandemic. All that we can do is do our best to support people.

Given that there is an ongoing situation with travel, particularly with new travel restrictions as a result of the omicron variant and the impact that that will have on the industry, I encourage the Economy Minister to come forward and have that discussion, if there are things that we are able to do. I will be realistic, however, and point out that, last year, we had COVID moneys that we were able to deploy to support businesses and that, this year, we are not in the same scenario, unfortunately. I assure everybody that the First Minister and I are speaking to Treasury and making the case strongly for COVID moneys, should we need them again.

Legacy Proposals: US Congress

2. **Mr McHugh** asked the First Minister and deputy First Minister for their assessment of a letter to the US Secretary of State, dated 10 November 2021, from a group of US Congress Members calling for the US Government to oppose the British Government's legacy proposals. (AQO 2897/17-22)

Mrs O'Neill: We note the concerns that the Members of Congress expressed to Secretary Blinken in their letter of 10 November about the British Government's proposals announced on 14 July this year to introduce legislation for dealing with the legacy of the past. We also oppose the present legacy proposals.

Mr McHugh: Go raibh maith agat, a Aire. Minister, thank you for your response and that unequivocal rejection of the British Government's self-serving legacy plan. Will you join me in commending the family of Francis Rowntree, an innocent 11-year-old boy killed by a British Army rubber bullet, after they succeeded in their civil action against the Ministry of Defence? That measure of truth and justice simply would not be possible under British Government plans.

Mrs O'Neill: I thank the Member for his question. Of course I commend the Rowntree family as they, like so many other families, have campaigned for nearly 50 years, seeking answers on the British Army killing by rubber bullet of their 14-year-old loved one, Francis, first, through their inquest in November 2017, which found that there was no justification for the use of lethal force, and now through the civil action against the British Ministry of Defence. However, with the publication of the British Government's Command Paper of 14 July, such

outcomes would no longer be possible because, as well as providing for an amnesty, the intention is to halt inquests, civil cases and investigations. We know that those proposals, if legislated for, signal an intent to close down legal avenues to justice, and, in truth, they are a real affront to all victims and survivors.

I have no doubt that denying truth and justice to families like the Rowntrees is the desired intent of the proposals, and, as Members know, the British Government's proposals are a major unilateral departure from the Stormont House Agreement and are worse than the mechanisms deployed by Pinochet's military dictatorship in Chile. That this British Government are, as you say, wilfully ignoring the voices of victims despite the universal opposition to their amnesty proposals is a cause for real concern, so, without further delay, the British Government must withdraw the amnesty proposals and implement the Stormont House Agreement in a human rights-compliant manner. I will continue to make that point directly to Brandon Lewis.

Mrs D Kelly: I concur with the joint First Minister in her total rejection of the British Government's legacy proposals, but can she give us any insight into what commitment has been given by terrorist organisations about holding themselves to account and giving truth, justice and accountability to the far too many victims of the Troubles as a consequence of their actions?

Mrs O'Neill: First, let me say that we all have a role to play in providing our own political leadership to make sure that we heal the wounds of the past and understand that we are dealing with a society where hurt has been caused to many, many people and where people are sitting at their dinner tables without their loved ones. It is harrowing, and you would not want to be in their shoes. There is an onus on all of us in political leadership to work together to heal the wounds of the past and to properly deal with the past. If the British Government think that, by pushing it under the carpet, it will go away, that is not the case. We all know and can point to many examples of intergenerational trauma as a result of conflict. We must deal with the past and not burden the young people of today with yesterday. Let us build for a better future together.

Mr Buckley: While I welcome the US Secretary of State's letter opposing the amnesty proposals from Her Majesty's Government, will the deputy First Minister agree that there are those in the United States who simply cannot

wash their hands of culpability in relation to the legacy issues that we face, as many of them funded illegal organisations such as the Provisional IRA for many years?

Mrs O'Neill: The British Government clearly are not listening to the victims and survivors, political parties and civic society across this island, because we are united in saying that the British Government's proposals are wrong. The British Government should pull back from their proposals to place state forces above the law through an amnesty. We have made and will continue to make that clear to Brandon Lewis. As I have said to the Member before, I would much prefer that he would join me in trying to build a better future for all of the people who live here.

FICT Report: Action Plan

3. **Ms Bradshaw** asked the First Minister and deputy First Minister when they will publish an action plan for the implementation of the Commission on Flags, Identity, Culture and Tradition (FICT) report. (AQO 2898/17-22)

6. **Mr T Buchanan** asked the First Minister and deputy First Minister for their assessment of the recently published Commission on Flags, Identity, Culture and Tradition report. (AQO 2901/17-22)

Mrs O'Neill: With your permission, Mr Speaker, junior Minister Kearney will answer this question and question 6 with it.

Mr Kearney (Junior Minister, The Executive Office): The FICT report was published on 1 December 2021. The commission tackled a range of complex and challenging issues. The report has identified potential pathways forward both through its recommendations and through its careful consideration of the issues. The FICT working group will continue to meet to consider issues in relation to the report, including implementation.

Ms Bradshaw: Thank you, junior Minister. My concern is about some of the discourse in the media last week that the working group was not really able to make significant progress up to this point on a joint action plan. What more can be done at this stage to advance the recommendations in the report?

Mr Kearney: Mo bhuíochas leis an Chomhalta as an cheist sin a chur. In fact, the working group received a report and an implementation

plan drafted by officials that was prepared in the period between 25 March and the end of April.

A draft implementation plan exists. The working group has not met since 28 July, but I remain absolutely committed to meeting the requirement that the necessary scaffolding be put in place to ensure the phased implementation of the recommendations in the report.

2.15 pm

Mr T Buchanan: I thank the Minister for his answer. We have a report here that is based on tolerance and respect. When will the junior Minister and his party step up to the plate and show some tolerance and respect towards the unionist community and its identity, culture and tradition in the House, which they have sought to trample under foot by their actions on previous occasions?

Mr Kearney: I thank the Member for his question. We are in absolute agreement on one point: the Good Friday Agreement sets out the requirements for parity of esteem and equality to be conferred on each tradition in this society, with due and equal recognition of the British identity and the Irish identity. We live in a divided society, as the Member knows. As political leaders, we need to create the context and use the available frameworks, such as the Good Friday Agreement and, indeed, the FICT report, to ensure that we give expression on an equal and shared basis to all the traditions and identities in this society, by my giving respect and due regard to your tradition and your identity and you likewise giving due regard and respect to my tradition and my identity as an Irish republican and an Irish citizen.

Ms McLaughlin: Junior Minister, do you think that the £800,000 was well spent?

Mr Kearney: Inevitably, a piece of work such as this has a price tag. The report has been very costly to compile, but the issues were complex and challenging, and the commission — your party was represented on it, along with the other main parties represented in the Assembly and on the Executive Committee — did due diligence in addressing the entire suite of challenges.

My big concern is that, having spent that quantum of funds on the report, which I believe has given us an effective road map for moving forward and dealing with the issues on a phased basis — a first phase where we can deal with the many challenges that are within

our control, and then a second phase in which challenges remain but which gives us the bandwidth to work out how, in the mid to longer term, we can tackle those issues also. The fact is that we have that all in place. As I said in answer to an earlier question, we have an action plan. The disgrace is not so much that we spent that quantum of funding on the report but that we now actually have a report and are not being allowed to implement it. The test of the money spent will be the degree to which Members allow the report to be implemented.

Ms Sheerin: Looking over Hansard, I am reminded that the Minister spoke about the FICT report at Question Time on 28 June and 27 September and at the TEO Committee on 29 September. I have asked questions about it. Minister, will you outline your assessment of the delays and why the implementation plan that you referred to was not published along with the report?

Mr Kearney: Mo bhuíochas leis an Chomhalta as ucht an cheist sin a chur. The FICT draft plan and recommendations could and, indeed, should have been published along with the report. For the record, on 25 March this year, the Executive Committee approved proposals, including plans for engagement with Departments and work on a draft implementation plan. The outworking of that decision was that TEO invited Departments to nominate officials to engage in the process, assess recommendations relevant to their remit and provide feedback. Information was received from Departments and added to the existing analysis by TEO officials to inform the drafting of the actual implementation plan that I have referred to in my answers. That was a comprehensive process, including a phased approach to implementing all 45 recommendations in the FICT report.

I set that out because significant work on a draft action plan was completed in advance of the planned special Executive meeting in early May. However, a decision was made by the other side of TEO to block progress on the implementation plan. The approach adopted went against the clear position of the entire Executive Committee, and the special Executive meeting that was due to take place in May never took place.

Why no implementation plan was published alongside the FICT report is a question that other Ministers in the Executive Office must answer. The last meeting of the FICT working group took place on 28 July. That was the last meeting that they agreed to attend. If we are to make progress on all those issues, that type of

blocking, delaying and obfuscation must be brought to an end.

Mrs Barton: Junior Minister, temporarily setting aside the issues that we cannot find collective agreement on, do you believe that the areas that were agreed could be implemented?

Mr Kearney: I thank the Member for her question. Yes, I absolutely believe that that is possible. Work can be taken forward, effectively and systematically, on the implementation of the FICT report. We have the draft implementation plan — the scaffolding — that would allow us to do that as a united Executive and, I hope, as a united Assembly. However, the DUP needs to stop blocking the adoption of that implementation plan. Its actions have not only frustrated the taking forward and implementation of the action plan but have prevented the entire collective Executive from discussing the issues of division and sectarianism that, I believe, the FICT report successfully addressed.

British-Irish Council: Thirty-sixth Summit

4. **Ms Kimmins** asked the First Minister and deputy First Minister for an update on discussions at the thirty-sixth summit meeting of the British-Irish Council hosted by the Welsh Government. (AQO 2899/17-22)

Mrs O'Neill: The First Minister and I were unable to attend the summit, but we were represented by Minister Poots and Minister Hargey respectively. On 30 November, Minister Poots made a statement to the Assembly on the discussions at the summit, and a copy of that was provided to all Members. The statement outlined the main theme of the summit, which was indigenous and minority languages in early years education. Other topics of discussion were COVID recovery, future relations with the European Union, the recent COP26 conference, and building on the value of the British-Irish Council as a forum for cooperation and the exchange of information.

Mr Speaker: I call Patsy McGlone.

Mr McGlone: Perhaps —

Mr Speaker: Tá brón orm. Sorry about that. *[Laughter.]* I call Liz Kimmins for a supplementary question. I was ahead of myself.

Ms Kimmins: Go raibh maith agat, a Cheann Comhairle. I thank the joint First Minister for her

answer. Whilst it is welcome to see the work of the British-Irish Council progress, does the Minister agree that the public have a right to see similar work progress in the North/South Ministerial Council and that it is long past time that the DUP stopped denying them that right through its unlawful boycott of that all-Ireland institution?

Mrs O'Neill: I absolutely do. Playing politics with the institutions of the Good Friday Agreement by threatening this institution and blocking NSMC business whilst attending the British-Irish Council in Wales speaks to the DUP's hypocrisy and dysfunction. At a time when our healthcare workers, local communities and families are looking for certainty, particularly in the midst of a global health crisis, to say that the approach of threatening to walk away from this institution is reckless would be an understatement.

The public have the right to and want a functioning Assembly. They also want the all-island institutions to work alongside the east-west institutions. Functioning government and political stability are vital to managing our way through what are unprecedented times with the global health pandemic. However, as the Member knows, the blocking of NSMC meetings is also unlawful. It represents a failure to comply with the law and the ministerial code, which requires Ministers to participate in the three elements of institutions in the Good Friday Agreement.

I will continue to provide steady, responsible and progressive leadership and will focus on the issues that matter most to all our people.

Mr Speaker: My apologies to Liz Kimmins.

Mr McGlone: Mo bhuíochas fosta leis an chomh-Chéad Aire as ucht a freagra. An ndéanfaidh sí cur síos dúinn ar an dul chun cinn atá déanta go nuige seo ar chearta na teanga Gaeilge anseo sna Sé Chontae? I thank the joint First Minister for the detail that she has given us so far. Will she give us some detail on the progress that is being made on rights for Irish language speakers in the North?

Mrs O'Neill: I thank the Member for that question. Obviously, language rights were blocked in the Assembly, for some time, by the DUP. However, I am very glad that we found a way to go around that, and we now have a commitment to delivering the language and culture Bill. That is the whole package, because the whole package is important: the cultures and identities of us all need to be respected.

Our officials have had a technical briefing from the NIO officials, and we continue to raise the issue with the Secretary of State. We expect, and want, to see progress on the issue in the coming weeks. It is important that the political commitment is delivered on. I congratulate groups like Conradh na Gaeilge that continue to keep the issue high on the agenda with the British Secretary of State.

Mr Buckley: The deputy First Minister's script seems to have forgotten the three years in which her and her party tore Stormont down for their own political end. But anyway.

Talking about the British-Irish Council meeting that was hosted by the Welsh Government, the deputy First Minister rightly outlined that COVID recovery was a key part of the discussions. The deputy First Minister may be aware of the huge burden that has been placed on businesses by COVID certification and of the fact that the hospitality trade is talking about its Christmas takings being down by over 40%. Should those businesses receive compensation or assistance from some form of scheme to help them through what will be a very difficult time?

Mrs O'Neill: I have always recognised the challenge that the pandemic has presented for all our sectors, particularly hospitality and tourism, which are the sectors that were impacted on particularly throughout the past, almost, two years. There is no doubt that it has been a challenging time. As I referred to earlier, we have tried our best to mitigate the worst impacts — certainly, the worst financial impacts — but, unfortunately, we could never replace all the money that those businesses would have made in their normal run of business.

I very much support what has been proposed by the Department of Health. I am on message with the Health Minister on how we are trying to keep businesses open and safe. It is about safety for the business owner, but it is also about safety for the wider public and giving them the comfort of knowing that, when they go into a premises, there will be a safe environment. Your party is absolutely out of kilter with the rest of the Assembly, who are behind the public health message. If ever there was a time for a united front on the public message, it is today, because we face a very difficult period in the weeks ahead with the new variant coming on stream. We are probably about two weeks behind what is happening in England and Scotland, and they are getting into very difficult territory. We are going to be overwhelmed with the new variant very, very soon.

My priority is keeping businesses open and safe; I want to keep every door open, but I also want to make sure that there is a safe space behind it for people to enter. We will continue to work with hospitality and every other sector to support them as best we can, whether that is practically, by way of guidance and advice, or, where we can, financially. I spent the weekend speaking to representatives of the Treasury in various meetings. We are making the case, very strongly, for financial support, because we want to have the resource to provide that.

Holocaust Memorial Day 2022

5. **Mr Dunne** asked the First Minister and deputy First Minister for an update on plans to mark Holocaust Memorial Day 2022. (AQO 2900/17-22)

Mrs O'Neill: Holocaust Memorial Day is a poignant commemoration. It is a time to remember the millions of people who were persecuted during the atrocities of the Holocaust and subsequent genocides, and, importantly, it is a reminder to all of us of the need to end discrimination and bigotry in all its forms. The Executive Office leads on Holocaust Memorial Day on behalf of the Executive. A commemoration event will be held at Belfast City Hall on 26 January 2022. That event will be delivered by the Holocaust Memorial Day Trust, with support from the Executive Office and district council colleagues. Due to the pandemic, in-person attendance will have to be limited, but the event will be streamed live to ensure that it is accessible to as many people as possible. Executive Office Ministers will participate in the event, and the First Minister and I will also contribute to the commemoration event that is taking place in London on 27 January 2022.

Mr Dunne: I thank the deputy First Minister for her answer. It is important that lessons continue to be learned from the Holocaust, including among our young people. Unfortunately, antisemitism continues to be a reality here, and we saw a number of instances, earlier this year, of Jewish graves being attacked. What more can her office do to ensure that we do not see a repeat of such attacks? Will she commit to assisting the Jewish community, which cannot get kosher meat into Northern Ireland due to the protocol?

Mrs O'Neill: We have to support all traditions and cultures. The Member referred to the Jewish community and the issue with kosher meat, which is, of course, something that we want to ensure that we get a resolution to.

That is why conversations and dialogue are important and why I absolutely encourage there to be a positive outcome to the talks between the British Government and the EU. Of course, we would not be having those conversations if we did not have Brexit, which was championed by the Member's own party. We are where we are, however. I hope for certainty, progress and stability. That is what our people want, and it is certainly what our business community wants. I spent the past days speaking to business leaders, and the clear message from all of them was this: provide us with certainty and stability. They want an agreed way forward. They certainly do not want the triggering of article 16.

2.30 pm

On tackling antisemitism, we always have to ask ourselves: are we doing enough? Is there more that we can do? What can we do to challenge biased attitudes in society? We have many programmes for good relations and for reaching out in other areas. I will continue to speak to officials to make sure that we are doing everything that we can. Certainly, if the Member has any ideas on that front, I will be more than happy to listen to and engage with them.

Mr Speaker: That ends the period for listed questions. We will move on to 15 minutes of topical questions. Question 1 has been withdrawn.

Protocol: DUP Leader

T2. **Mr Sheehan** asked the First Minister and deputy First Minister, in light of the latest threat from the DUP leader to pull down the institutions if he does not get his way over a protocol that he helped to create the need for, whether they agree that that type of rhetoric is irresponsible and reckless and serves only to undermine the prospect of resolving genuine issues in the workings of the protocol. (AQT 1892/17-22)

Mrs O'Neill: I thank the Member. As I said earlier, there is a responsibility on those of us in political leadership to demonstrate leadership and not to engage in scaremongering that has little basis in reality and is more about pandering to the lowest common denominator. We have already seen how some of that anti-protocol rhetoric has whipped up fears and tensions, particularly at interface areas, and that has ended up in violent scenes on our streets.

Again, I encourage all Members across the Chamber that we be measured and ensure that our commitments are based on reality and not political sabre-rattling, particularly as Members know full well that the protocol is necessary to mitigate the worst impacts of Brexit. As the Member rightly said, the majority across the Chamber, just like 56% of people across the North, did not vote for Brexit. We did not want it. It would have been better if it had never happened, but it was forced on us by this British Government. It is ironic that the same DUP that demanded a hard Brexit now opposes its consequences. I encourage both sides to continue dialogue so that a solution is found. There are always mechanisms through which to find solutions. I prefer people to remain constructive and to try to find a resolution.

Mr Sheehan: Gabhaim buíochas leis an Aire as ucht a freagra. I thank the Minister for her answer. Given that several polls and studies now show that there is increased and increasing support for the protocol, not to mention the Invest NI statistics about increasing FDI interest, does the Minister agree that the public and our business community increasingly embrace the protocol and see it as a necessary protection against the impact of a reckless Tory/DUP Brexit that we never wanted and certainly never voted for?

Mrs O'Neill: The evidence is clear that the majority of people recognise the need for the protocol as more and more businesses seek to maximise the potential that it provides us through our unique dual access to EU and British markets. That has been borne out by real, practical examples of local companies that are creating jobs as a direct result of having access to both markets. The protocol afforded them and our local economy the opportunity to benefit.

As the Member mentioned, Invest NI has indicated that 50 live enquiries have come from prospective FDI investors over the past year. That is more than double the annual average between 2017 and 2020. All our focus needs to be on protecting our economy as far as possible from the impact of Brexit — Brexit was always going to cause damage to our economy — while taking full advantage of the protocol, making it work and providing certainty and stability. That is what is being asked of us, and that is certainly what I want to try to deliver.

Nationality and Borders Bill

T3. **Ms McLaughlin** asked the First Minister and deputy First Minister whether they will

make representations to the Home Office to oppose the Nationality and Borders Bill. (AQT 1893/17-22)

Mrs O'Neill: I am happy to come back to the Member about that. We have not had a joint office discussion about the Bill yet, but, when we do, I will. I will certainly be making representations on it from a party political point of view.

Ms McLaughlin: The Bill could create a hard border on the island of Ireland because of the enforcement of nationality rules and the potential requirement for EU 26 nationals with settled status to carry identity papers. That is not acceptable. Do the First Ministers agree that that is not acceptable? Those people are crossing the border on a daily basis just to go to work.

Mrs O'Neill: They are people who support and work in our health service and provide our healthcare. They are people who work in our agri-food industry. They are valued citizens. What is being proposed is absolutely disgraceful. I look forward to the conversation in the Executive Office, but my position is the same as yours, which is to challenge the British Government on this. The Bill totally ignores the interests and needs of those who have made this place their home, who provide valuable public services and work in the local economy, and whose children go to school here. The Bill is damaging on so many fronts.

COVID Certification: Evidence

T4. **Mr Stalford** asked the First Minister and deputy First Minister, given that, later today, the House will debate the most far-reaching public health measure that has been introduced thus far, whether the deputy First Minister will publish the evidence that was used to justify the introduction of such a scheme, in order to satisfy the public on such issues. (AQT 1894/17-22)

Mrs O'Neill: All the medical and scientific evidence rests with the Department of Health. Much of that evidence has been published — in fact, I think that it has all been published — on the Department's website. I refer the Member to that website. If there is anything that has not been published that he wants to bring to my attention, I will be more than happy to raise it with the Department of Health.

As I said, our intention is to keep society open and safe. That is what we want to do. None of us wants to be in the position in which we have

to consider restrictions again. We have a duty, however, to look after the health service and healthcare workers. We have a duty to our local economy and a duty to try to keep people in work. We have a duty to do all those things, but we find ourselves in a very challenging environment. The objective behind the COVID-status certificates is to give the public confidence to walk into an establishment and know that it is safe. Their purpose is to try to keep doors open, and we are committed to doing that. We want to keep doors open. We want to work with the hospitality sector and other sectors to try to keep society open and people safe.

Mr Stalford: It is for the Minister to justify how restricting people will keep society open, but that is a different issue.

Hospitality Ulster has just published a press release that demonstrates that there has been a massive downturn in bookings across the hospitality sector. There is no furlough scheme now, and no support is coming. How can the Minister justify hospitality's taking yet another beating over what is a very important time of the year for it?

Mrs O'Neill: I will make two points. First, as I said earlier, I spent the weekend making the case to the Treasury for additional funding to allow us to support people through what are very challenging times. I will continue to make the case. As the Executive Office, we have jointly made that case.

Secondly, I have described the pandemic as being like a roller coaster. At times, people's concerns have been very heightened, while, at other times, those concerns have dissipated a bit. People's alertness is heightened owing to the new variant. That should be the case for us all, because we are being told that we will be overwhelmed by the new variant by early January. We are therefore attempting to keep people's doors open and to get some public confidence around going into places because they are safe. All the measures that we take are in line with public health advice and are about keeping society open and people safe. I am afraid that it is only your party that finds itself on the wrong side of the public health advice.

Omicron Variant: Update

T5. **Mr McHugh** asked the First Minister and deputy First Minister for an assessment of the omicron variant and an update on the Executive's response to it. (AQT 1895/17-22)

Mrs O'Neill: Further to what I have just said, as of today, there are 10 confirmed cases of the omicron variant in the North. We are having to monitor the situation very closely. Over the weekend, we were engaged in a range of meetings with our own health team, the Health Minister and Department of Health officials, as well as in official meetings with the British, Scottish and Welsh Governments. We will continue to meet as necessary. I believe that we will meet again tomorrow. In addition, we have asked for meetings with the Irish Government because I think that it is important that we work together across these islands and take a collective response where we can.

To be very straight about it, the biggest concern is the fast rate of transmission. It is doubling every two days. That shows you how quickly it becomes the dominant version. We are estimated to be one to two weeks behind England, Scotland and Wales. So, we are literally in a race against time.

Members will have seen that the Health Minister announced details of the acceleration of the booster programme yesterday. All our efforts are to try to ramp that up as quickly as we possibly can over the coming weeks to open up the booster programme to as many people as possible. Members will see trust hubs popping up. They will be extending their opening hours, working from early mornings to late evenings. We are looking at GPs, pharmacies and community facilities. We are deploying absolutely everything that we can to ensure that the maximum number of people get the booster jab before the end of the year. It is literally a race against time with regard to the new variant.

In addition to all that work, we are still maintaining the basic public health messaging, and we have asked the public to double down on that. We are asking people to work from home if possible, keep wearing their face coverings, keep their distance, practise good hand hygiene and respiratory hygiene, meet outdoors if they can and, if they are indoors, make sure that there is plenty of ventilation.

Members will see that our advertising campaign is now all about continuing to make safer choices in our daily lives, including regular lateral flow tests to help minimise risk, and people can remove themselves from gatherings if they have been doing regular testing.

We are probably in the most challenging period of the pandemic to date as we try to work our way through this. As I said, the situation here is a couple of weeks behind that in England,

Scotland and Wales, so we have to monitor it closely.

Mr Speaker: Time is up.

Mr McHugh: The first death in Britain from the new variant was announced only today. Will you agree with me that the Executive should be united around the critical health messaging and that the vocal opposition of the DUP to key Executive decisions is seriously undermining the health message and the work of our front-line health staff?

Mrs O'Neill: The short answer to your question is yes, especially now that we are about to be hit by the new wave of the omicron variant. It is not a time for mixed messaging. It is not a time for playing political games. It is a time to get behind the public health advice. It is a time to work together. It is a time to lead us through this and into better months in 2022.

None of us wants to impose public health restrictions across society, but the medical and scientific advice is very clear, and that underpins all the decisions that we make. These are necessary steps to try to protect the public, to protect our health and social care system and protect the workers within it who have done so much to protect us.

Housing: 100,000 Homes

T6. **Mr G Kelly** asked the First Minister and deputy First Minister whether the deputy First Minister agrees that the housing programme recently announced by the Minister for Communities, in which 100,000 homes will be built in the next 15 years, is ambitious, tangible and deliverable by the Executive and to outline when the programme will start and the discussions that she has had with the Minister for Communities. (AQT 1896/17-22)

Mrs O'Neill: The Communities Minister has briefed me on her plans, and I commend her for her determination and grasp of the issue to make a real, tangible difference, and there is no doubt that that is what will happen to the lives of thousands of families.

Even in the midst of a global pandemic, it is so important that we set out the foundations for a recovery. We want people to see the Executive really delivering on the issues that matter to them every day.

Housing is central to so many things because everyone has the right to a good and decent home. Young families should not be priced out

of home ownership, and no one should be forced to live in substandard conditions.

What the Communities Minister has now set in train regarding the provision of social and affordable housing here is really transformative. It may be the biggest shake-up that we have ever seen in housing, and I very much look forward to working closely with her as we bring those plans to fruition over the coming years.

Mr G Kelly: Gabhaim buíochas leis an Aire as a freagraí go dtí seo. I agree with the Minister that we need social and affordable housing. It will make a huge difference. In the past, the housing issue has been used as a tool for discrimination. Will the Minister agree with me that building and allocation must be on the basis of objective need?

2.45 pm

Mrs O'Neill: Yes. Again, objective need must be the principle that underpins the allocation of housing, because, as the Member correctly states, that is not how it was always done in the past, when housing was used as a tool to divide and discriminate. Thankfully, we have a very different context today. In Deirdre Hargey, we have a Minister who has demonstrated, time and time again, her absolute determination to make a positive difference for all our people. Therefore, I have every faith in her plan to deliver housing and to deliver that transformative agenda, and that the principles of fairness and equality will be absolutely central to all that.

Mr Speaker: There is literally one minute left for a very quick question and response.

COVID Passports: Elderly People

T7. **Mr M Bradley** asked the First Minister and deputy First Minister, given that quite a large number of elderly residents do not have a smartphone or access to a computer, how the Executive plan to help those people to obtain a COVID passport, if that is what the Assembly decides later today. (AQT 1897/17-22)

Mrs O'Neill: I refer the Member to the very good Q&A that we have published on the nidirect website that actually sets out how all that can be done. We need to ensure that all our approaches are inclusive, and that includes ensuring that people who do not have access to computers or IT can actually access the passport. There is a phone number. I will ensure that it is sent to the Member's office.

Mr Speaker: Time is up. Members may take their ease for a moment or two before we move on to the next item.

Health

Healthcare Students: Financial Support

1. **Ms Kimmins** asked the Minister of Health whether he will review the financial support available to healthcare students. (AQO 2907/17-22)

Mr Swann (The Minister of Health): I thank the Member for her question. The evidence that is available demonstrates that the healthcare courses that are commissioned are attractive under the current support arrangements. Local universities report low attrition rates out of those courses, and, historically, all have been heavily oversubscribed — a position that actually increased even further for 2021 entry.

For individual courses, my Department provides the following support. Eligible nursing and midwifery students on commissioned courses from Queen's University Belfast and Ulster University receive a non-means-tested bursary of £5,165 per annum or £430 per month. They may also be eligible for a range of means-tested and non-means-tested bursary elements.

Students who are on commissioned allied health professional courses from Ulster University, including the new paramedic science BSc course, which welcomed its first cohort of students in September 2021, have their tuition fees paid by the Department for the duration of the course. Students may also be able to access a range of means-tested and non-means-tested maintenance grants and loans that are available through the Student Loans Company, subject to their meeting the relevant criteria.

NI-domiciled medical and dental students undertaking their studies at a UK medical or dental school are provided with tuition fee support, and may also be eligible for grants towards their living and travel costs on entering the fifth year of a first degree course in medicine or dentistry. Support may also be available to medical students who are undertaking a one-year intercalated degree as part of their undergraduate degree course.

Social work students receive financial support through the Department's student incentive

scheme, which provides eligible students with an annual payment of £4,000 and an allowance of £500 towards travel costs that are associated with practice placements. The Department also pays tuition fees for up to 20 students a year on a two-year MSc course in physician associate studies at Ulster University.

The support arrangements across all those healthcare programmes commissioned by my Department are kept under continual review, and the evidence shows that the current support arrangements appear to be effective in attracting and retaining quality students.

Ms Kimmins: I thank the Minister for his answer. Minister, I am sure that you will agree that healthcare students have played a vital role in the battle against COVID. They have put themselves on the front line for little or no recognition or reward. If ever there was a time that was right for a review of the bursaries and financial support offered to students such as midwives, student nurses and medical students — all our healthcare students — it is now. Although you have listed the supports that are currently available, the experience of students —

Mr Speaker: Is there a question?

Ms Kimmins: — and what we hear does not reflect that. Minister, will you therefore send a clear message to the future key workers in the health service that they are valued and worthy of proper support and investment by initiating such a review?

Mr Swann: I thank the Member for her point. During the early stages of the pandemic, we took steps to recognise the students who came forward for some of the work and placements with a £2,000 payment. The key part of the Member's question relates to the National Union of Students' (NUS) Support Student Health Heroes campaign. I am aware of the ongoing campaign by the NUS and the calls for support. I have received correspondence from the National Union of Students - Union of Students in Ireland (NUS-USI) and MLAs on that matter. I note the important issues raised by that campaign, and I will provide a detailed response in due course. Last week, the Chair of the Health Committee invited me to meet them, and I have agreed to do that.

Ms McLaughlin: Is the Minister aware that some of the available financial assistance can inhibit students from applying for student loans and grants as income is taken into

consideration? Will the Minister look into that, please?

Mr Swann: In the broad scheme of things, student loans and grants fall under the Department for the Economy. However, there is a close working relationship between my Department and the Department for the Economy, especially on how we support medical students. The Member will be aware of the additional places that we put into the medical school at Magee. I am content that we continue to support the graduate entry medicine courses at Magee, so that we can supply a future pool of not just doctors but GPs, especially for the west.

Mr Chambers: How much impact does the Minister believe that one of his first achievements — the delivery of 300 more student nurses and midwives a year for three years — will have on making a real difference in tackling the workforce challenges that we have been facing for so long?

Mr Swann: I thank the Member for his question. It will make a difference, but we have to wait for the students to come through their training and out the other side of their courses. We will not see the real benefit for another 16 to 18 months. The three years with an additional 1,325 nursing student places in Northern Ireland will have a great impact on our nursing workforce. It will not just make up for the shortfall that we saw over the last number of years when numbers were cut but will boost and bolster the current workforce. It will be a driver for morale to see the new entry come into the profession. It is a key and important profession, and one that we should support.

Mr Dickson: Minister, you answered a question on payments to student nurses and those in other medical and allied health professions. MLAs spend a lot of time dealing with what might be described as the ping-pong between the Department of Health and the Department for the Economy when it comes to supporting students both with finance and student numbers. I welcome the number of student nurses that the Minister has provided. Can he set out a clear plan to deliver the whole cadre of professional medical students going forward in Northern Ireland and a clear pathway for their financing?

Mr Swann: I thank the Member for his point. It is an important point, because I remember there being the same conversations, not that long ago, about student teachers. The ask came from the Department of Education, but it

is the Department for the Economy — the then Department for Employment and Learning — that commissions training places. There is a close working relationship between the Department for the Economy and my Department, especially when it comes to medical placements, to make sure that those courses are best placed and supported financially as well. A review is going on at Ulster University of the placement of those students. It is critical that those courses and students are in the right place, so that they get not only the teaching that they need but access to practice. One of the limiting factors with the 300 nursing training places that we commissioned over the last number of years came not just from providing sufficient classroom time but from making sure that the students got placements in hospitals to get the practical experience because their courses are made up of both parts.

Breast Cancer Services: Northern Trust

2. **Mr K Buchanan** asked the Minister of Health what plans are in place to alleviate pressures on breast cancer services in the Northern Health and Social Care Trust. (AQO 2908/17-22)

Mr Swann: I thank the Member for his question. The Northern Trust breast care service provides a screening and a symptomatic service. That encompasses specialist care for patients with breast cancer and non-cancer conditions. The trust continues to receive a high volume of referrals and every effort is made to see patients as soon as possible. A range of actions has been implemented to alleviate pressures on services in the Northern Trust, and they have already made a significant impact. Those actions include the enhanced care response team pilot, which has had a positive impact by reducing ED attendances and avoiding admissions.

The provision of additional breast screening clinics and a decrease in appointment times have already made a significant impact on the Northern Trust's breast cancer services. While the November 2021 figures highlight that there were 697 patients awaiting breast screening as part of the three-year breast screening programme, the length of delay is down from the five months that it was in September 2020. Additional screening clinics are also planned for this month and next month. The Northern Trust is working with the Health and Social Care Board and regional colleagues to ensure equity of access across the region.

The breast screening mobile units move across the Northern Trust area in a set sequence so that women do not have to travel out of their area for their scan. There has been no delay to the high-risk breast cancer screening programme. The Northern Trust's 14-day waiting time performance standards for breast services were 18% in April but increased to 100% in July and 92% in August. The Member will be aware that the 14-day target was being widely breached even before the pandemic.

Mr K Buchanan: I thank the Minister for his answer. Minister, any suspected cancer is very traumatic for the individual or the family, and I appreciate your answer about waiting times. Are you content that, when a patient is red-flagged by a GP, they will be seen in a timely manner, irrespective of whether that is for breast cancer or any cancer?

Mr Swann: I thank the Member for that crucial point. He will be fully aware of the additional services that our health service has provided and the additional energy and commitment that it has shown over the past 20 months to make sure that all patients are seen as quickly and efficiently as possible. The interaction between primary care and secondary care is one of the things that has improved during the pandemic. When I first took up this post, I visited hospitals and GPs, and one of their biggest frustrations was the "dear colleague" letter: those in primary care were writing to their secondary care colleagues but did not know exactly who they were talking to. With better interaction and communication due to the pressures of the pandemic, the communication and interaction between primary and secondary care is a lot better to make sure our patients get seen as quickly and as effectively as possible.

The Member will also be aware of the cancer strategy that has been published. I am thankful that the Minister of Finance has indicated that the forthcoming Budget will see that funded in full.

Mr McGrath: I thank the Minister for his answers on this very important issue. One of the best ways to challenge and tackle issues is to know the exact scope of the problem. I recently wrote to the Minister and asked how many people had been diagnosed with secondary breast cancer over the last number of years and was told that the Department does not hold that figure. Will the Minister undertake to try to address that so we can work out exactly how big the problem is and then undertake to tackle it?

Mr Swann: I thank the Member for his question. He has submitted a number of questions for written answer. I apologise for the delay in answering those, but we are getting round to doing so.

On the better correlation of data across the entire health service, that is what the Encompass programme — the new digitalisation of all our records — is meant to do. Again, we need long-term strategic investment so that we can get read across, not just among all trusts but from primary care to secondary care, so that we can identify additional treatments and services that existing patients need to access related to their initial diagnoses. Again, it is about updating the data capture management systems that we have in the current system. Encompass will allow us to do that when it is implemented.

With regard to the cancer strategy, which I referred to in another answer, it is important that we have that core data so that we can not only best target services and treatments but see where we can do more.

3.00 pm

Ms Kimmins: Minister, you mentioned data collection, and you recently indicated that you are satisfied that data collection on metastatic cancer will be dealt with as part of the 10-year cancer strategy. However, many constituents have contacted me, citing best practice elsewhere. Are you prepared to reconsider your decision on joining the national metastatic breast cancer audit?

Mr Swann: I thank the Member for her point about the national audit. Our cancer strategy lays out the train of work that we want to do. It is about making sure that we have the systems in place so that, should we join that audit, we have the ability to capture data and are not feeding false information into important work. I will refer the Member not only to the work that we want to do under the cancer strategy but to the streamlining of processes and data capture that the Encompass project will enable us to do, so that, if we want to do a national or even a regional audit, we have the ability to pull down the data for patients that is specific to them.

Mrs Erskine: Breast cancer services are very important, and I do not want to take away from that. However, gynaecological issues such as endometriosis also affect women. Those waiting for urgent surgery are repeatedly told that it cannot go ahead owing to COVID pressures on surgical wards. As a result, the

Western Health and Social Care Trust in my constituency has lost its British Society for Gynaecological Endoscopy (BSGE) accreditation. Minister, in the absence of BSGE-accredited surgery taking place in Northern Ireland, why are women here not being referred to BSGE centres in other jurisdictions?

Mr Swann: I thank the Member for the point. She will be aware of the regional prioritisation operational group that I established in order to make sure that we look at patients on waiting lists across the entirety of Northern Ireland, rather than just in specific trusts. I am aware of the current issue in the Western Trust with the specific service that she mentioned. It really is about the regionalisation of our health service so that there are no inequalities across different trusts.

The Member will also be aware of our elective care strategy that was published in June this year that makes sure that we not only utilise the capacity in Northern Ireland but look outside the region so that, if we have the ability to utilise other services outside Northern Ireland, we do that. The Member will also be aware that, just as we are seeing additional pressures on our waiting lists owing to COVID, that is replicated in other regions. The spare capacity that we are able to tap into or purchase is not as readily available or as large as it has been in the past or that we would like it to be.

COVID-19 Vaccine Booster Programme

3. **Mr Clarke** asked the Minister of Health what additional support has been provided to GPs to administer the COVID-19 vaccine booster programme. (AQO 2909/17-22)

6. **Mr Gildernew** asked the Minister of Health whether adequate staffing arrangements are in place to ensure that COVID-19 booster vaccine centres can operate as planned. (AQO 2912/17-22)

Mr Swann: With your permission, Mr Speaker, I will answer questions 3 and 6 together and ask for a bit of additional time. The leadership of the COVID-19 vaccination programme and my Department hold weekly meetings with trust and GP representatives. Those meetings afford us the opportunity to identify and address the most pressing needs faced by primary and secondary care in delivering the programme.

To assist primary care, vaccinators have been provided on request to ensure that COVID-19

vaccination clinics can be held. To date, 139 GP practices have requested 1,626 vaccinators to support 953 sessions. Since the outset of the booster programme, supporting vaccinators have worked over 8,000 hours to assist GPs with delivering the booster programme. In addition to that and to help with updating the vaccine management system, 38 administrative support personnel have been provided to assist GPs with the administration of the programme. Those staff have been trained on the use of the vaccine management system, and the governance arrangements have been updated. That resource will be mobilised to help practices with additional administrative support needs.

A second workforce appeal for vaccinators is currently in place. To date, there have been 230 applicants for the band 5 positions and 283 applicants for the band 4 positions. That is a total of 513 potential additional vaccinators. Arrangements have been put in place for those applicants to progress through the HR processes, which will be undertaken as soon quickly as possible. Once appointed, the vaccinators will be available to assist the trusts, GPs and community pharmacies, where necessary, in delivering the vaccination programme.

Mr Clarke: I thank the Minister for that answer. I acknowledge the work that many GPs are doing to deliver the programme. I am sure, however, that the Minister is aware of the disparity across GP services. We have heard about people queuing in car parks to get their vaccination, with some of them getting it through the car window. There seems to be a common theme that many of those people are not allowed into GP practices. Is your Department doing anything about that in order to bring some sort of consistency to how that service is delivered? Given that those people are among the most vulnerable in society, I am sure that you will agree that it is not acceptable for people to stand in long queues outside buildings waiting to get in for their vaccination.

Mr Swann: I thank the Member for his question. On the specific question of access to GP practices, I know that, up until very recently, they were running vaccination clinics by appointment. They will soon be open for walk-in vaccinations so that we can accelerate the booster programme.

I am aware of some of the examples that the Member has given, including that of car parks having been used to deliver drive-through vaccinations. That is about getting as many people through as quickly as possible.

Currently, the real drive is to make sure that as many people as is practicably possible receive their booster dose. I want to thank GPs, community pharmacies and the trust vaccinators for really stepping up and for the engagements that we had over the past weekend to discuss the additional steps that I hope to announce soon about the further enhancement of delivery.

Mr Gildernew: I thank the Minister for his answer. I note the numbers that have been discussed. Given the current problems with chronic understaffing in health and social care, however, and the fact that that could add further pressure — indeed, it has increased again since the questions about omicron were formulated — are there any plans to train staff from outside the core health and social care workforce in order to help with the vaccination programme?

Mr Swann: I thank the Member. Not only are we exploring how to train additional staff but the Member will be aware that, when we established the mass vaccination centres, we were using dentists, vets, staff from community pharmacies and anybody who would come forward to take up the additional training. We are currently considering whether to utilise medical students to support our vaccination teams, and we are also considering drafting a further Military Aid to the Civil Authorities (MACA) request so that we can seek support from the Ministry of Defence, not just to bring in more vaccinators but to get logistical support, if necessary.

The Member will be aware that a number of meetings took place over the weekend between my Department, and GPs, Community Pharmacy and trust officials on how we take that next big step to get as many people as we possibly can vaccinated and provided with a booster over the next few weeks.

Mrs Barton: Even though we may be a week or two behind other parts of the United Kingdom with the spread of the omicron variant, can you confirm that Northern Ireland's vaccination and booster efforts over the next fortnight will be taken on with equal vigour and pace?

Mr Swann: I thank the Member for that point. They will not just be taken on with equal vigour, because we have already seen a stepping-up of the programme, to the point at which we are able to announce walk-ins for the over-30s. Unfortunately, however, more people are turning up to some sites than we have capacity for. I ask people to look at social media and

trust websites to make sure that they get the most up-to-date information on when walk-ins will be available at those trust sites. They also have the option of using community pharmacies or GP practices.

To put things into perspective, we have delivered over 100,000 vaccinations, including boosters, in the past week, which is an average of around 13,000 a day. That is well up there with the figures for when our vaccination programme was running at its most efficient. There was a difference between us and other United Kingdom regions, but we are catching up now. In the period from 1 November to today, we have had a 3.3% increase in those who are eligible coming forward for their vaccination, and that far outstrips what is happening anywhere else.

Ms Bradshaw: Thank you, Minister, for the update on this. I welcome the speeding up and ramping up of the vaccination programme. Minister, will you please provide clarity for those who are housebound and who, in the first round, received their vaccine from their GP or district nurse?

Mr Swann: I thank the Member for making that point. At the beginning, we concentrated our vaccination programme on those who were in care homes and also on those who were housebound. Trusts continue to work closely with GPs, who are responsible for identifying housebound patients. The prescription of the vaccine and its administration are then coordinated by GP-aligned district nursing teams.

COVID-19 vaccination has been, and remains, a priority for trust teams, which have supported the wider vaccination programme to date. To date, trusts have administered 2,653 boosters to the housebound. GPs administer a small number of vaccines directly to their housebound patients, for example, if they are attending their home for a clinical assessment.

Robinson Memorial Hospital, Ballymoney

4. **Mr Storey** asked the Minister of Health for an update on the refurbishment of the Robinson Memorial Hospital, Ballymoney. (AQO 2910/17-22)

Mr Swann: I thank the Member for his question. The planning and design for the refurbishment of the Robinson Memorial Hospital is progressing well, and the implementation plan is being finalised.

The refurbishment will reconfigure the footprint of the hospital to provide 16 in-patient beds, which will be made up of six single bedrooms with en-suite facilities, one two-bed room with en-suite facilities, and two four-bed gender-specific wards with en-suite facilities. The hospital will also undergo extensive updating throughout to improve storage areas, office accommodation and all patient areas. Works are due to commence in April 2022 and, we think, will take up to six months.

Mr Storey: I thank the Minister for his answer. What he has said is welcome news. It is disappointing, however, that the funding of this has had to come solely from the charitable Gordon Robison Memorial Trust.

The fact that the Robison Hospital has existed for 88 years is, clearly, an indication of its commitment within the trust. However, will the Minister give an assurance that, with all the talk that there is about the reconfiguration of health services and all the change that he anticipates will come in the years ahead, particularly following on from the recommendations of Bengoa, there is a future for the Robison Memorial Hospital in healthcare provision in my constituency?

Mr Swann: I thank the Member for his point about the importance of the contribution that the Robison Memorial Hospital makes to healthcare provision in our constituency. I have often said in this place that we now need every square foot of our Health estate. That is why, like him, I welcome the refurbishing and upgrading of the Robison Memorial Hospital because it is an indication of the commitment to the hospital's future. That was not present a number of years ago when we looked at the reconfiguration of provision across Northern Ireland.

The business case for the refurbishment is set at £2.2 million. Therefore, the investment is subject to change, following tender returns. As the Member indicated, the cost of the refurbishment is being met primarily by trust charitable funds and funds from the Robison board of trustees. The board takes a keen interest in the strategic development of the hospital and the site. I welcome the fact that the Robison board and the trust endeavour to work in partnership to enhance the site for the benefit of the community and actually future-proof the hospital.

Mr Allister: I welcome the indication of progress in this matter. It is something that has been discussed almost every year since I

arrived in the House, so it is good to hear about some progress. I salute the charitable trust, which really got this moving. Will the Minister tell us what, if any, public money is going into this project, which will meet a public demand?

Mr Swann: The Member will be aware of how the Robison trust is constructed in regard to that. As I said to the previous Member, the cost of the refurbishment is being met primarily by trust charitable funds and the Robison board of trustees. With regard to the specifics, I will have to get back to the Member with an exact figure. From my brief, however, I believe that the cost is being met by the trust charitable funds and funds from the Robison board of trustees.

3.15 pm

Ms Á Murphy: Minister, since becoming an MLA, my priority has been to deliver first-class services for my constituents in Fermanagh and South Tyrone. Therefore, I was delighted that the business case for the Lisnaskea health centre was signed off last week. Minister, can you tell us when we should expect that long-awaited project to begin?

Mr Swann: I thank the Member, although she has travelled far from Ballymoney in her supplementary. I thank her for raising another positive development and announcement that has been made by my Department and the Western Trust with regard to the progress of that work. It has been long awaited and long asked for by many political representatives across the board, including my party colleague Rosemary Barton. The Member will be aware that a press release has been published that sets out the timeline. I apologise to her: I do not have those details in front of me, because it is not a supplementary that I was expecting after a question on the Robison. I will get back to the Member in writing.

Mr Speaker: That is just another example of a wily new Member. *[Laughter.]*

HSC Staff Recognition Payment: Agency Staff

5. **Mr McCrossan** asked the Minister of Health why ad hoc agency staff were not eligible for the Health and Social Care (HSC) staff recognition payment. (AQO 2911/17-22)

Mr Swann: I thank the Member. When the special recognition payment was developed, I specifically requested that the scheme be

extended to include agency workers on longer-term placements. I did not have to do that, but I did. The intention was to reward those on temporary contracts, whose contributions are equally valued. The eligibility criteria for this are that the individual workers must be covering one post for a period of 12 weeks or more and must be on a salary commensurate with the role being covered. The 12-week qualifying period adopts the same principle established under employment law for equal treatment for agency workers, and I am sure that the Member will agree that there should be no prioritisation of some staff working arrangements over others. While it is appreciated that some individual agency workers may not meet the qualifying criteria, the design of the scheme reflects my intention to recognise the contribution of agency workers on longer-term placements. The inclusion of ad hoc shifts would also introduce a significant risk of double payment to individuals, as many employees will work a full-time contract under HSC employment and pick up additional shifts through agency working.

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

Severe Fetal Impairment Abortion (Amendment) Bill

T1. **Ms Bailey** asked the Minister of Health how, if the Severe Fetal Impairment Abortion (Amendment) Bill passes, it will impact on his office, given that, during questions to the First Minister and deputy First Minister, she heard members on the DUP Benches say that, later today, the Assembly will debate the most controversial and far-reaching healthcare regulations to date, and perhaps they have forgotten that, tomorrow, we will debate the aforementioned Bill, sponsored by a DUP MLA, that seeks to legislate for healthcare restrictions that have been found to constitute violence against women and to be a breach of our human rights. (AQT 1901/17-22)

Mr Swann: I thank the Member for the question on the private Member's Bill that is proceeding through the House. She will be aware that the Abortion Services Directions 2021, which came into force on 23 July, will require the Department to have commissioned abortion services in place by 31 March 2022 in line with the 2020 regulations. With regard to the outworking of the private Member's Bill, I have indicated to the Executive that, before I can bring any further papers to them, I need to see the outworkings of that legislation and how it

may impact on any commissioning of services that my Department may deem to be necessary to meet the directions.

Ms Bailey: Thank you. Further to that, Minister, can you give an update to the House on how far progressed the commissioning of those services is?

Mr Swann: I have indicated to Executive colleagues that I intend to bring a paper to them in the new year. I have also informed the Secretary of State that that will be my intention with regard to the work that is ongoing and the duty placed on us to meet the 2021 directions laid by the Secretary of State.

Waiting Lists

T2. **Mr T Buchanan** asked the Minister of Health what steps he is taking to address the hot topic of waiting lists in quite a number of areas, given that there is a huge waiting list, for example, for orthopaedic surgery, with some people being told that they will have to wait for years. (AQT 1902/17-22)

Mr Swann: I thank the Member. As a constituency MLA like me, he will be well aware that the extensive waiting lists, especially for orthopaedic surgery, predate the pandemic, because there was a challenge. The Member will be aware that, in June this year, I published the elective care strategy, which sets out a number of strands. I hope that, with financial support and political backing, in a five-year period, we will have those waiting lists down to a minimum of one year. That will take extensive input not just from our in-house capacity but by utilising the independent sector and cross-border initiatives. Procedures and pathways are already established and published under the elective care strategy.

Mr T Buchanan: Thank you, Minister. A target of one year is welcome. When will we see that in action and see that the waiting lists are reduced? Will it be two or three years down the line before we see that it is working and that waiting lists are reduced to one year?

Mr Swann: As I said to the Member, it will take the entirety of those five years to get us to that point. There will be waypoints, where we will assess the success of the various initiatives. However, the Member will be aware that my Department regularly publishes the length of waiting lists across all sectors, so that Members and the public can see the direction of travel. It is unfortunate that, due to the action of some,

we see steps that could be taken to reduce COVID-19 pressures not brought fully to bear. There is still opposition to that. We could alleviate more of the pressures that the health service is under and see more of the normal, day-to-day work take place.

HSC Staff Recognition Payment: Agency Staff

T3. **Mr Allister** asked the Minister of Health how it can be fair and whether he agrees that it is inherently unfair that agency workers who have put in the same effort and have done the same work are being denied the £500, given that although those workers have worked full-time in the health service, they are losing out because they have not been in the same post for 12 weeks and have been going to where they have been sent, including to different wards etc. (AQT 1903/17-22)

Mr Swann: I thank the Member and refer him to the answer that I gave to Mr McCrossan on the criteria that were established and how they were set. It is not new. It was published from the beginning so that agencies were aware of it. The criteria for eligibility for the scheme include which healthcare workers are available. A special recognition payment has been made pro rata for work undertaken on behalf of Health and Social Care, in regard to work that needs to be done as well as the specialists there.

Payments to staff in the independent sector will be taken forward in two phases. The first phase will see payments made to eligible staff working in care. Further work is ongoing to finalise arrangements to deliver the payment in the second phase to the remaining categories of the independent sector, which will include personal assistants, as well as those employed directly through payments. Details of phase 2 will be communicated shortly.

Mr Allister: Surely the question for you to answer, Minister, is this: why were such unfair criteria set in respect of some agency workers? Can you tell the House how many agency workers are included for the £500 payment and how many, in consequence, are excluded?

Mr Swann: I thank the Member for that question. He will be aware through the communication that he talks about that the process for agency workers has still to come forward. As I said, it comes forward under phase 2. Some 15,737 staff who work in care homes and domiciliary care homes have already had their payments processed and approved. That is the equivalent of over £9

million processed and paid to those workers. That comes from 307 applications. Of the applications that have come forward from our GPs, community pharmacies and out-of-hours contractors, 1,408 applications have been approved, and that is the equivalent of another £10 million payment.

Agencies were written to on 5 November, and the deadline for their applications is 31 December, so they have another two to three weeks to put in applications before the opportunity closes.

Cataract Surgery: Waiting Times

T4. **Mr Irwin** asked the Minister of Health for an update on the waiting times for cataract surgery, which he was previously informed involved a four-year wait, and to state his plans to address that issue, given that he will be aware of concerns about waiting times for various surgical procedures and the impact that the delays are having on people's lives. (AQT 1904/17-22)

Mr Swann: I thank the Member for his question. Like I did for his colleague Mr Buchanan, who raised the issue of orthopaedics, I refer him to the elective care strategy that was published in June this year, because it mentions a number of mega clinics, some of which are for cataracts, and looks at having one-stop shops for the larger numbers of patients who are coming through. The Member will be aware that we undertake an extensive piece of cataract work through the independent sector. It is about how we challenge each of our waiting lists to meet the needs of patients. I do not have specifics with me on the number of cataract patients who are on waiting lists, where they are and how long they have been waiting, but I will get back to the Member in writing on that.

Mr Irwin: I thank the Minister for his response. He has to accept that, if one's sight is impaired badly, having to wait four years is totally unacceptable. There has to be a way found to get that sorted.

Mr Swann: I agree. That is why we concentrated on publishing the elective care strategy in June and asked for the funding to go alongside it. That was part of the bid that my Department made in the forthcoming Budget process. As part of the preparation work for that bid, we looked at what needs to be invested in and the work that needs to be done to redress the 10 years of underinvestment in our health service that saw those waiting lists increase

prior to COVID. The problems that we are facing and the waiting lists that we are trying to challenge and bring down are not due solely to COVID but to the 10 years of underinvestment in our health service.

COVID Certification: Under-18s

T5. **Mr McHugh** asked the Minister of Health, in light of COVID status certificates being issued to applicants aged over 18, whether he plans to introduce certificates for under-18s in order to allow families to access venues. (AQT 1905/17-22)

Mr Swann: I thank the Member for his question. Under-18s do not need a COVID certificate to attend any venue at this time. They may require one if they are travelling to a foreign country for a holiday and that country requires visitors to have one. There is an application process, and if the Member goes to the Department's website and follows the direct link on how to apply for COVID certification, he will be able to access that. Under the current regulations, there is no requirement for anyone under 18 to produce a certificate.

Mr Speaker: The next Member is not in her place. I call Stewart Dickson.

Whiteabbey Hospital: Future Plans

T7. **Mr Dickson** asked the Minister of Health to outline the future plans for Whiteabbey Hospital, given that, in a recent answer, he told him that his Department had spent £4.5 million on its refurbishment. (AQT 1907/17-22)

Mr Swann: I thank the Member for his question. I am sure that I will come back to Mr McHugh's supplementary.

Mr Speaker: Again, my apologies. I am jumping way ahead of myself.

Mr Swann: In answer to Mr Dickson, a specific task-and-finish group is looking at the future-proofing of Whiteabbey and how we can utilise that facility. The Member will be aware that, a number of years ago, it looked as though Whiteabbey would be mothballed, but, as I have consistently said, we need every square foot of our estate to support the people whom we need to support. A number of avenues are being looked at to see how it can be used post-COVID. It has been used for rehabilitation, and it could be used for a wide range of services, including orthopaedics and even day

procedures. We are looking at whether we can do something similar to what was done at Lagan Valley Hospital. There is a wide scale of bids and options for what Whiteabbey can and will be post-COVID, but we have to get there first.

Mr Speaker: Stewart Dickson for a supplementary. You may as well finish this one.

Mr Dickson: Thank you very much, Mr Speaker. I thank the Minister for his answer. You indicated, and we are aware, that the hospital is currently used as a post-COVID recovery centre. How many patients have benefited from that service?

Mr Swann: Again, I do not have detailed numbers with me, but I will get them to the Member in writing. One of the main advantages that we saw when we opened the post-COVID recovery centre at the Whiteabbey was that it was allied-health-professional and nurse-led. We saw quite a number of patients using that support, and other trusts sent patients there to ease the pressures that they were facing. I do not have specific numbers, but I will get back to the Member on that.

Mr Dickson: Thank you.

3.30 pm

COVID Certification: Under-18s

Mr Speaker: I call Maolíosa McHugh for his supplementary question.

Mr McHugh: Minister, do you agree that the use of certificates is critical and that they should be accessible and as simple as possible to use? Will the roll-out of the programme be subject to review to ensure that improvements are identified and applied?

Mr Swann: I thank the Member for his point. We have an ongoing review process on the issuing of certificates. Especially regarding those under 18, we have had engagement with the Children's Commissioner to make sure that we make everything as easy, as accessible and as child-friendly as we can for those who have to utilise and download them. As I am sure the Member will be aware, some of those in the under-18 category will find it easier to download and utilise a certificate than he or I would. It is about making sure that we utilise them in the venues where they may be applicable, should they be applicable, and it is also about making

sure that they are applicable for the people who need and want them for international travel.

Mr Speaker: Pat Catney, Ciara Ferguson and Keith Buchanan are not in their places. Time for the Health Minister is up. Members, please take your ease for a few moments.

(Mr Principal Deputy Speaker [Mr Stalford] in the Chair)

Ministerial Statements

Public Expenditure: Draft Budget 2022-25

Business resumed.

Ms Kimmins: I thank the Minister for his statement and for attending the Albert basin site in Newry with me last Friday. I welcome the announcement of his allocation of £16.3 million for the development of a city park in Newry, which will be an absolute game changer. Does he agree that this will be a huge asset to the community in Newry and will transform our community for generations to come?

Mr C Murphy (The Minister of Finance): I thank the Member for the question. She knows, as I do, that this has been an ambition for the people of Newry for many, many years. It is one of the most significant towns across the North — probably across the island — that does not have a city centre park facility for families, younger people, older people and all generations to go to and enjoy, particularly at the waterfront location where the site for the park will be. It was, indeed, very welcome not only that the funding was awarded for it but that the Department for Communities is and will be involved in the project with the council, which will give support to the council. I look forward to moving from that approval stage to the rapid implementation of the park so that we see this resource and asset in the city centre of Newry for, as you say, generations to come.

Miss Reilly: Gabhaim buíochas leis an Aire as a ráiteas. I thank the Minister for his statement. Minister, the Belfast black taxis in my constituency are an invaluable asset to my community, but they have been hit badly by the pandemic. What provision is in the Budget for black taxis?

Mr C Murphy: That is primarily a matter for the Department for Infrastructure. As part of the discussion on the Budget, it put in a bid for concessionary fares, which we agreed to ring-fence. Undoubtedly, the black taxi service, given that it relies on and works with the community of west Belfast, and, indeed, across Belfast, will have suffered as a consequence of much-reduced movement under the restrictions. I know that black taxis are a very important community asset in west Belfast in particular, so I look to the Department for Infrastructure to

engage with them to ensure that they are supported in the time ahead. The Executive provided a range of sectors with support through the experience of the pandemic, and I know from visiting many of them that, but for that support, a lot of them would not be in business now. I look forward to the Department for Infrastructure's continued engage with the black taxi service.

Mrs Barton: You earlier spoke about imposing 2% efficiencies across a number of Departments. Can you confirm whether those efficiencies will apply to the Department of Health before it receives the extra finances?

Mr C Murphy: Yes. The Department of Health will be asked to achieve 2% efficiencies over the three-year period. The difference is that it will be able to recycle those efficiency savings back into the Department. We want and expect to see a Department such as Health, with a Budget to match a three-year plan, achieve significant efficiencies, but, as I said, Health will be allowed to recycle them back into the Department.

Ms Bradshaw: Thank you, Finance Minister, for the draft Budget. I was pleased to see the financial allocation to implement the recommendations of the truth recovery design panel's report on mother-and-baby homes. There is a little bit of concern amongst the women and adoptees that a lot of that funding could be taken up by admin and back-room costs. What reassurance can you give them that the allocation is for front-line services to support them?

Mr C Murphy: For victims' payments — we have an ongoing issue in discussions with the Treasury about those — it seemed to me that the way in which that system was set up ensured that the admin costs would be kept to a lower level and that the maximum cost allocation from that scheme would be to the people who were to be awarded compensation.

The scheme was delivered by TEO in conjunction with the Department of Justice, and I want to make sure that lessons are learned from it, because it is key that admin be kept to a minimum. It is about recognising the pain, the hurt and the injustice that was done to those families and individuals over many years. If we are to follow through on their experiences, and I am glad that the Executive Office committed to following through, we need to ensure that the lion's share of the money goes directly to those people.

Mr Allister: The Minister has proclaimed that it is not unusual for a Budget to go out to consultation without the express endorsement of an Executive vote. The difference this time is that there has been, from what I can glean, the express public disapproval of the majority of parties on the Executive for this proposed Budget. Does that therefore mean that the real political horse-trading that will shape the Budget has yet to come? What is the consequence of that for the holding of a consultation, when it is clear that it is the political haggling that will shape the Budget?

Mr C Murphy: The Budget went out for consultation with a vote in the Executive. The majority of Executive members voted to support the beginning of the consultation. The DUP voted against its going out to consultation. We have heard, as you would expect to, from Ministers about the Departments that they currently represent. In my opening discussion with Executive colleagues, I said, "We are setting a Budget for an incoming Executive. At that stage, it may be that no one sitting around this table is in the position in which they are in now".

We needed to take off our departmental silo hats and figure out a way of matching the collective priorities that the Executive set themselves. That is what I attempted to do in the Budget. It is out for public consultation, and of course there is further discussion to be had with Ministers, but the core proposition of the Budget remains. If the Executive are to prioritise Health, as we have said collectively and repeatedly since we came into office prior to the pandemic, there is only one way in which to do that with a finite Budget. That is to make the funding available to Health by taking it from other Departments. That is the central proposition.

I am not sure how that could change without us deprioritising Health, taking the money back from it and from tackling waiting lists, cancer services, mental health strategies and transformation costs. That is the only change that could be made. The moneys would then go back into other Departments for other public services. Ultimately, that is a decision that the Executive and the Assembly will have to make. However, I am very committed to the priority that I set in the Budget to prioritise Health and to see that followed through.

Mr Buckley: The Minister will know that there is huge public scepticism in the ability of the Department for Infrastructure to deliver on major road infrastructure projects. The A5 was mentioned earlier. Some £60 million has been

spent on that and not a bit of tar has been laid. Also, £21.4 million has been spent on the York Street interchange, and no progress has been made on that project. Does the Minister agree that that is an important infrastructure project? What confidence could anyone reading the draft Budget have in the delivery of key projects such as the York Street interchange?

Mr C Murphy: Undoubtedly, some projects run into difficulties as attempts are made to deliver them. The A5 should have been delivered many years ago. It was held up by various objections and tribunals to hear those objections. That was regrettable. As outlined by my colleague earlier, people continue to die along that stretch of road because it is very dangerous. As someone who travels along the Westlink most mornings, I understand full well the importance of the York Street interchange project.

However, look at all the capital projects that the Department for Infrastructure delivered over the past number of years, even though we had a challenging report and there are lessons to be learned. Look at the broad range of capital projects that the Executive have delivered on time and on budget. You can, of course, pick out the ones that had particular problems.

It is important that we get capital right. Capital allocations will be a challenge, particularly in year 3 of the Budget. Nonetheless, Departments have to do things better and deliver better.

Those are important projects, and I look forward to them being developed. There is a good track record across a range of projects. We need to make sure that best practice, in its entirety, is put into projects that have struggled over time.

Mr Principal Deputy Speaker: No other Members have indicated that they wish to ask a question. I ask Members to take their ease for a few moments. We will then move to the next item of business on the agenda.

North/South Ministerial Council: Health and Food Safety

Mr Principal Deputy Speaker: I have received notice from the Minister of Health, Robin Swann, that he wishes to make a statement.

Mr Swann (The Minister of Health): I wish to make the following statement on the twenty-fourth North/South Ministerial Council meeting in the health and food safety sectoral format, which was held at the North/South Ministerial Council joint secretariat offices in Armagh and

by videoconference on 14 October. Junior Minister Declan Kearney MLA and I represented the Northern Ireland Executive at the meeting, while the Irish Government were represented by Stephen Donnelly TD, Minister for Health, and Roderic O’Gorman TD, Minister for Children, Equality, Disability, Integration and Youth. Minister Donnelly chaired the meeting. This statement has been agreed with junior Minister Kearney, and I am making it on behalf of us both.

The following topics were discussed and decisions were taken where appropriate. The Council expressed its appreciation and good wishes to Mrs Bernie McCrory following her retirement from the post of chief executive officer of Cooperation and Working Together (CAWT) and acknowledged her significant contribution to cooperation in the health sector over many years.

3.45 pm

The Council noted the recent publication of the report on mother-and-baby institutions and Magdalene laundries in Northern Ireland and the actions being progressed by the Irish Government in response to the final report of the Commission of Investigation into Mother and Baby Homes. It was also agreed that the concerns and needs of those who spent time in those institutions would be discussed more substantively at a future meeting of the Council.

The Council received an update from the Irish Government’s Deputy Chief Medical Officer, Dr Ronan Glynn, and the Executive’s Chief Medical Officer, Dr Michael McBride, on the health response to the COVID-19 pandemic. The Council restated its appreciation to all those who have played a part in the response to the pandemic, particularly the health and social care workers who continue to lead on the front-line response. Ministers noted the ongoing valuable cooperation taking place between the Health Ministers, Chief Medical Officers and health administrations in both jurisdictions to deliver an effective public health response. We welcomed the continuing collaboration between the two jurisdictions on the future development of the proximity apps and noted the advanced discussions between the two Administrations on a data-sharing agreement in relation to passengers arriving into each jurisdiction. Ministers noted that officials from both jurisdictions will continue to consider learnings from the pandemic and exchange views to foster commonality in their approach, where possible, and provide a progress update at a future NSMC health meeting.

The Council welcomed the progress made to date in implementing the Council's current work programme in the health sector and noted that the Departments of Health in both jurisdictions continue to engage on that matter and have identified additional areas that have potential for further development and collaboration between the health authorities in both jurisdictions. Ministers noted that work to ensure that the work programme reflects the priorities of each Administration will continue and that a further draft revised work programme will be presented for consideration at a future NSMC meeting in the health sector.

The Council noted the successful enactment of the Licensing and Registration of Clubs (Amendment) Act (Northern Ireland) 2021 and the launch of Northern Ireland's new substance use strategy, Making Life Better — Preventing Harm and Empowering Recovery. We also noted the continued progress on the development and implementation of strategies to prevent the harm related to alcohol and drug misuse in both jurisdictions, as well as the potential for further collaboration on issues connected with alcohol and drug use, such as the sharing of learnings through the North/South alcohol policy advisory group. The Council noted the potential alignment of tobacco legislation to promote public health, particularly in young people and children. Ministers noted the update on suicide prevention initiatives in both jurisdictions, including the joint working on the self-harm registry and the potential for further joint working on suicide prevention.

The Council also noted the updates on the All-island Congenital Heart Disease Network, including the establishment of regional centres and training programmes, as well as recent updates on the North/South living donor exchange kidney transplant service.

The Council noted the ongoing success of the radiotherapy services at Altnagelvin Area Hospital and the fact that a review of the service level agreement has been undertaken. Ministers noted the updated position regarding the Ireland-Northern Ireland National Cancer Institute Cancer Consortium, with the first implementation group meeting held on 13 October. The Council welcomed the public consultation on the draft cancer strategy for Northern Ireland 2021-2031 and the development of a cancer recovery plan, Building Back: Rebuilding Better, which includes the need to adopt innovative ways to deliver services that have been identified during the pandemic and is aligned with the first three years of the cancer strategy.

Ministers also noted the work of the US-Ireland Research and Development Partnership in relation to cancer research and the renewal of co-funding arrangements made to Northern Ireland by the Medical Research Council. The Council noted that the All-Ireland Institute of Hospice and Palliative Care (AIHPC) Palliative Care Week took place between 12 and 18 September 2021 and welcomed the ongoing initiatives to provide support to those requiring their services during the COVID-19 pandemic. We also welcomed the extra €1.76 million of funding awarded to the Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN) and noted the uplift in award results and an extension of the programme activity to June 2023.

The Council noted that the updating of the protocol between Northern Ireland and Ireland for handling inter-jurisdictional child cases is now complete and that the revised protocol came into effect in August 2021. Ministers noted that a knowledge exchange forum of child protection practitioners working at an operational level in both jurisdictions has been established to focus initially on the sharing of learning from implementing the signs of safety methodology; that additional opportunities to extend the remit of the group will be developed; and that an update will be provided at a future North/South Ministerial Council meeting.

Ministers received an update from the Food Safety Promotion Board — Safefood — on the progress made by the body since the last sectoral meeting, including campaigns on weight management, handwashing and food safety. The North/South Ministerial Council noted Safefood's high-level achievements during the period. The Council noted that the body has developed and distributed various resources in educational settings, delivered events including webinars and a podcast series and promoted healthy eating guidelines. Ministers also noted that Safefood has engaged with customers on social media and has carried out research on food allergens, sustainable food policy and fiscal and pricing policies related to food and non-alcoholic drinks. The North/South Ministerial Council noted that the body has developed various networks including community food initiatives (CFIs) and the Knowledge Network e-learning platform and is also delivering community food initiatives such as "CFI at home" projects.

The Council noted the update provided on the recruitment process for the post of chief executive officer of Safefood. The Council also noted the extension of Mr Raymond Dolan's term of office in the post of CEO until the

recruitment process has been completed and a new CEO is in a position to take up the appointment. The Council appointed Damien McCallion, Irene Collins, Ken McKenzie and Elizabeth Keane to the advisory board of the Food Safety Promotion Board from 13 December 2021 to 12 December 2026, with Mr McCallion to serve as vice chairperson. Eddie Rooney was reappointed as a member and to serve as chairperson of the advisory board of the Food Safety Promotion Board from 13 December 2021 to 12 December 2026.

The Council appointed Fiona Walsh and Niall Greene to the board of the Foyle, Carlingford and Irish Lights Commission — the Loughs Agency — from 13 December 2021 to 12 December 2024 and Heather Mackey, Frances Lucy, Jack Keyes, Declan Little and Conor Corr from 13 December 2021 to 12 December 2026, with Ms Mackey to serve as chairperson. The Council appointed Richard Kennedy to the post of chairperson of the board of InterTradelreland from 13 December 2021 to 12 December 2026. The Council appointed Maighread Ni Chonghaile to the board of the North/South Language Body from 13 December 2021 to 12 December 2026. The Council appointed Christopher Brooke, Katy Best, Kathryn Thompson, John McGrillen, Laura McCorry and Harry Connolly to serve as directors of Tourism Ireland CLG from 19 December 2021 to 18 December 2026, with Mr Brooke to serve as chairperson.

The Council noted the progress achieved since the special EU programmes sectoral meeting in October 2020 on the development of the 2021-27 PEACE PLUS programme and that work is continuing to deliver an agreed programme. Ministers also noted that a public consultation for the new programme was launched on 10 March and concluded on 12 May 2021 and that further refinement of the cooperation document has taken place to reflect the stakeholder input received. The Council noted that the draft PEACE PLUS programme has been approved by both Administrations. The Council approved the PEACE PLUS programme proposals that have been prepared by the Special EU Programmes Body and noted that, following NSMC approval, the draft PEACE PLUS programme cooperation document will be submitted to the European Commission for approval as soon as possible.

We agreed that the next NSMC health and food safety meeting will be held in early 2022.

Mr Gildernew (The Chairperson of the Committee for Health): Minister, recently I visited health and social care facilities in Dublin

with my party colleague David Conlon, and I saw at first hand some of the tremendous work that is being done. As you know, health arrangements between the North and the South are becoming increasingly routine and include the paediatric congenital cardiac services in Dublin's children's hospitals and the North West Cancer Centre at Altnagelvin, which treats cancer patients from both sides of the border. Did you and Minister Donnelly discuss any further areas where collaboration can be developed so that the whole island can share and benefit from medical expertise North and South, including the anguished situation around paediatric pathology, which continues not to be available in the North?

Mr Swann: I thank the Chair for his points. From my statement, he will be aware of a number of ongoing cross-border initiatives that we discussed and provided updates on, not just in regard to children's cardiac services, cooperation on which is long-established and very important, but to the living donor exchange kidney transplant service and cancer services in the north-west.

The issue of paediatric pathology was raised and discussed. That is an issue and a challenge, not just for us but for our colleagues in the Republic of Ireland. Both Ministers have asked their departmental officials to explore what can be done and look at whether there could be a recruitment process or a service delivered that would serve all across both jurisdictions so that we can see what best serves the people of both Northern Ireland and the Republic of Ireland when they experience the very traumatic event of the loss of a child.

Mrs Erskine: I thank the Minister for his statement. As we approach two years since the COVID-19 pandemic hit both the UK and the Republic of Ireland, can the Minister detail how regularly engagement takes place between the Republic of Ireland and Northern Ireland to ensure that data is shared between the two jurisdictions? Can he also detail why it took so long to agree the memorandum of understanding (MOU) on the sharing of travel information?

Mr Swann: I will start with the last point about the passenger locator form. The data-sharing agreement on passengers who arrive in the Republic of Ireland and travel on to Northern Ireland has allowed health officials in the Public Health Agency (PHA) to reciprocate that arrangement. That issue is ongoing and has been raised numerous times by all parties in the House. All parties that sit on the Northern

Ireland Executive have expressed their frustration with the Republic of Ireland Government and officials at a number of meetings that I have attended. At one point, the First Minister and deputy First Minister asked the Prime Minister to raise the issue with the Taoiseach, such was the concern that the data-sharing was not taking place. The system has been operational since 15 October, so the Member is right that it took almost 18 months, but we have got to where we are and the data is being transferred.

Our Chief Medical Officers meet on a weekly basis at times when we see an increase in cases across these islands. During quieter periods, they step it down to once a fortnight, but at present they are back to engaging once a week. The public health agencies on either side of the border also engage regularly to share cross-border knowledge about outbreaks, should we see something on this side of the border that may concern them or vice versa. There is good data exchange between our public health agencies on where we are seeing increases in cases and on what work can be done collaboratively.

Mr McGrath: I thank the Minister for his statement. Does the Minister agree that the meeting dealt with real-life issues that genuinely impact on people across this island, such as PEACE PLUS, board appointments, child protection protocols, cancer and health research cooperation, health cooperation and the COVID-19 response, and that those in the DUP who seek to frustrate and block that work should simply grow up?

Mr Swann: I thank the Member for his point. My party has continued to stress the importance of North/South Ministerial Council meetings in the health format, because the health of our people recognises no borders. As I indicated earlier, there is a lot more collaborative work that we can and need to do. We cannot let politics get in the way of the work that was done at the meeting, especially during a pandemic.

Mrs Barton: Minister, you spoke of the cancer services in the north-west and of your continuing work on that with the Republic of Ireland. Can you give us an update on that?

Mr Swann: I thank the Member. She may be aware that we are now part of an Ireland-Northern Ireland-National Cancer Institute Consortium on which there is cooperation on research and technologies and a sharing of information on future drugs between ourselves,

the Republic of Ireland and the National Cancer Institute in the United States. There is also ongoing work on the updating of our cancer strategy and on how that will support cross-border work.

Evidence of the ongoing work regarding the All Ireland Institute of Hospice and Palliative Care shows best practice for those services.

4.00 pm

The North West Cancer Centre in Altnagelvin continues to be a successful example of North/South cooperation and brings a cross-border dimension to cancer services. The Member will be aware that it was officially opened in May 2017. It provides access to radiotherapy treatment for half a million people and generally reduces travel time for patients in both jurisdictions. Between January and August, a total of 150 patients who were referred from the Republic of Ireland commenced treatment, which is an increase from 130 for the same period last year. That is covered by the memorandum of understanding. That work continues, and we look forward to embedding and sharing practice regarding the further development of our cancer strategy.

Ms Bradshaw: I thank the Health Minister for his statement. At our recent meeting of the all-party group on cancer, we took evidence on the minimum unit price of alcohol, and it was stated that one of the success factors is when neighbouring jurisdictions have a similar price set. What discussions has the Minister had around that? Is that the direction that he is considering?

Mr Swann: I am all too aware of the harm that the use of alcohol and other drugs causes across Northern Ireland. That is why my Department has placed reducing harm at the core of our new substance use strategy. The Member will be aware that I formally launched 'Preventing Harm, Empowering Recovery — Substance Use Strategy' on 7 September, and I have been closely following the specifics of minimum unit pricing. We have been keeping an eye on what effect the Scottish Government's introduction of minimum unit pricing of alcohol has had since 2018 and have noted with interest the early positive evaluation reports. I believe that it is our responsibility to consider fully every option available to us to reduce the blight that harm from alcohol use has inflicted on so many across our society.

With regard to addressing alcohol misuse, the North/South alcohol policy advisory group

continues to provide a vital forum for information sharing, networking, relationship building and joint working across that vital policy area.

I am also pleased that both Departments engage in the British-Irish Council misuse of substances work sector. Recent ministerial meetings provided an excellent forum for members to exchange information, increase cooperation and reach agreement on matters of mutual interest.

The Member will also be aware that I have directed that our new substance use strategy will include a commitment to holding a full public consultation on the introduction of minimum unit pricing for alcohol in Northern Ireland. I anticipate that that will be issued later this year, but, unfortunately, it will not be possible to introduce any legislation in this mandate.

Ms Flynn: Following on from Paula's question, it is good to hear that that issue was raised and discussed at the meeting. Were your plans to hold a full public consultation on minimum unit pricing later this year discussed directly at the North/South Ministerial Council meeting? Were any other issues discussed around the sharing of rehabilitation services across the island?

Mr Swann: The Member asks very searching questions. The sharing of rehabilitation services was not raised at that point, but she will be aware that, in 'New Decade, New Approach', there is a commitment for a detox and addiction centre in the north-west. That comes under the heading of "Addressing Northern Ireland's unique circumstances". Work can be done on how that engagement works in the north-west and how successful the cancer centre is in the north-west.

On the specifics around minimum unit pricing of alcohol, it was noted that it will go to public consultation towards the end of this year. The Republic of Ireland is already ahead of us in its work, but we hope that we will not be that much out of step by the time both those consultations and implementations are completed, taking into consideration that we will have an election in May, and, hopefully, that work will continue after that.

Ms Brogan: I thank the Minister for his statement this afternoon. As he rightly said, the establishment of the cancer consortium in March between the North and the South of Ireland and the US National Cancer Institute is really welcome.

It offers a unique opportunity to reshape cancer services across the island by providing us with access to cutting-edge, modern research and development into cancer and treatments for it. I am pleased to note that the implementation group met in October 2021. How often is it due to meet? Does the Minister expect the collaboration to result in increased funding for cancer research and development across Ireland?

Mr Swann: I thank the Member for that. She will be aware that it was in March 2021 that Minister Stephen Donnelly, Dr Ned Sharpless, the director of the National Cancer Institute, and I re-signed that memorandum of understanding committing that body and the two Departments to further cooperation. The next steps will include the formation of an implementation group with senior stakeholders from both Departments of Health and the National Cancer Institute to ensure the delivery of the MOU outputs. I believe that it will play a key role in progressing that collaboration on cancer care treatment and trials. I do not have the detail on when it will meet next, but I will get that to the Member in writing.

Ms Hunter: Minister, you mentioned discussions that you have had on suicide prevention strategies in the North and South. Can you outline further any discussions that you have had on that important matter?

Mr Swann: I thank the Member for again raising the issue. It is a challenge for both jurisdictions, no matter what side of the border that you live on, to work towards addressing the critical issues, and not just suicide prevention but mental health and well-being. We continue to monitor closely the impacts of COVID on a range of mental health and suicide prevention indicators. We continue to see an increasing number of mental health presentations and increased levels of patient acuity for mental health. Suicide prevention continues to be a key priority in both jurisdictions. For example, my Department has its Protect Life 2 suicide prevention strategy. While that is being implemented, new structures have been established to drive progress, and those include the Executive's working group on mental well-being, resilience and suicide prevention.

It is the North/South work on the self-harm registry, however, that has been instrumental in our being able to monitor self-harm figures during this crucial period. Work is developing on exploration of the variance between prevalence and influencing factors in Northern Ireland and the South of Ireland. A paper that described

presentations to hospitals as a result of self-harm or ideation and that examined patterns of repetition was published by the 'General Hospital Psychiatry' journal in October 2019. Cross-border collaboration on data registration officer training events will also cover areas of self-care, data protection and case definitions and will be facilitated by both the PHA and the National Suicide Research Foundation (NSRF) annually. Meetings are under way on funding calls by the Higher Education Authority (HEA) North/South research programme. Consideration is being given to the application for a North/South excellence hub on the identification and prevention of self-harm and suicide research and on the dissemination of evidence to inform practice and policymaking.

Ms Ferguson: Thank you, Minister, for your statement. The report on mother-and-baby institutions and Magdalene laundries and the Commission of Investigation into Mother and Baby Homes have highlighted the importance of ensuring that there is record retention and transparency. Did you and Minister Donnelly discuss the need to work on an all-Ireland basis to preserve and protect those records?

Mr Swann: I thank the Member for raising that crucial point about the retention of all documentation, no matter where it is on this island. She will be aware that we have brought forward legislation on adoption and supporting children in care. The Department has drafted an amendment to look at the retention of that documentation. I am aware that it is a live issue in the Republic of Ireland, but it is one that we need to address in both jurisdictions in order to ensure that all documentation is not only retained but made publicly and readily available to any investigations or inquiries that ask for it.

Mr Allister: I want to ask the Minister about the business that clearly fell outside the Health portfolio. I noticed the appointment of 15 people and three chairs to four North/South bodies — the Loughs Agency, InterTradeIreland, the language body and Tourism Ireland — in order to keep those bodies active. Was that agenda item approved for inclusion by the DUP First Minister? How does the Health Minister feel about being the DUP's surrogate when it comes to keeping "North/Southerly" on the road?

Mr Swann: I undertook a piece of work that was placed on the agenda at the North/South Ministerial Council meeting. The Member is right: nothing gets on the agenda unless it is co-signed and signed off by the First Minister and deputy First Minister. The Member tabled a question for written answer on those

appointments so he is aware that the appointments were made under an urgent procedure, which was made by a co-signed request by the First Minister and deputy First Minister for me to cover those appointments at that meeting. However, as the Member will also be aware, for an urgent procedure to be instigated, the process must start with a departmental Minister. Whilst that would not be the best use of a North/South Ministerial Council health sectoral meeting, when the formal request was made through the appropriate channels to get that put on the agenda, I facilitated the request from the originating Minister, which was co-signed by the First Minister and deputy First Minister.

Mr Principal Deputy Speaker: Thank you. No other Members have indicated that they wish to ask the Minister a question. I ask Members to pause for a moment. We need to agree a motion to extend the sitting. Members can take their ease for a second.

Assembly Business

Standing Order 10(3A): Extension of Sitting

Mr Principal Deputy Speaker: I have received notification from the Business Committee of a motion to extend the sitting past 7.00 pm under Standing Order 10(3A)

Resolved:

That, in accordance with Standing Order 10(3A), the sitting on Monday 13 December 2021 be extended to no later than 9:00 pm. — [Mr Butler.]

Mr Principal Deputy Speaker: I ask Members to take their ease for a few moments to allow for a change at the top Table.

4.15 pm

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

Executive Committee Business

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021

Mr Swann (The Minister of Health): I beg to move

That the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021 be approved.

Mr Deputy Speaker (Mr McGlone): The Business Committee has agreed that there should be no time limit on the debate. I call the Minister to open the debate on the motion.

Mr Swann: I really hoped that, 22 months from the detection of Northern Ireland's first confirmed cases of COVID-19, I would not have to stand here to move today's motion. Looking back on the early days of the pandemic, no one could have predicted what lay ahead for society, businesses and our families. There have been many tough times. Too many people lost before their time, too many healthcare workers drained physically and emotionally and too many precious moments with friends and family lost. Last week marked the first anniversary of the first vaccine in Northern Ireland — a momentous occasion and a game changer in our response to the pandemic. After a genuinely colossal effort to deliver more than 3 million vaccines, countless local lives have been saved and a huge amount of precious hospital capacity has been protected. That has allowed us to continue to deliver as much non-COVID care as possible.

As with so much in the pandemic, we can never really predict what will happen in the weeks or months ahead. Mr Deputy Speaker, with your permission, I will provide the House with a quick assessment of the latest position before I come to today's substantive issue. Members will undoubtedly be aware of decisions taken across the United Kingdom over the last week in preparation for the impending wave of omicron infections. Whilst more is still to be known about the new variant, we have already learnt a great deal over the last three weeks.

Emerging evidence suggests that omicron has a clear growth advantage over delta, and whilst any level of escape from immunity is to be confirmed, Members must understand that, with significantly increased levels of infection expected, it is possible that we are going to face acute hospital pressures at least as bad as we witnessed in January of this year. I say that not to dishearten anyone but to provide an early and honest assessment of what all the possible signals are indicating may be the case. We have some advantage that the number of locally confirmed omicron cases remains relatively low; as of midday today, the number of confirmed cases stands at 10. However, it is inevitable that, as the virus takes hold on these islands, the number of local cases will increase rapidly. We must consider every possible tool to slow the spread and, therefore, push the anticipated hospital pressures as far into the new year as possible.

We all know what winter is like for the Northern Ireland health service, but it has already been experiencing winter pressures for the last six months. We have the rare advantage of a little more time than some UK nations. I want to use every possible moment to drive the vaccination programme forward and to ensure that the plans that we have in place are robust.

Members will already be aware that, yesterday evening, I announced details of a further acceleration of the booster programme with immediate effect. Health trust vaccination hubs will be open for walk-in boosters for anyone aged over 30 who is at least three months from having had their second vaccine dose. Opening hours and days of operation are also being widened with immediate effect. By the weekend, over 525,000 of the eligible population had already received a booster or a third dose of the vaccine. The weekly run rate had recently been standing at around 100,000 vaccinations, but that number will almost certainly increase further now. I will endeavour to keep Members updated as best as I can in the days and weeks ahead.

I will move to the substantive detail of today's important debate. Members are considering a statutory rule that implements the Executive's decision, which was taken on 17 November, to introduce the requirements to show proof of COVID status certification to gain entry to relevant settings. I will quickly address why the debate is happening today rather than last week. I hoped that it would happen last week, but, as Members are aware, before the Assembly can debate or agree regulations such as these, they need to be reviewed by the Examiner of Statutory Rules for legislative

competence. While it may often be a formality, it is an important part of the legal and legislative process that cannot simply be overlooked. The delay to what I originally envisioned was unfortunate, but it allowed the Committee an extra week to scrutinise and deliberate on the statutory rule. As always, I am grateful to the Health Committee for its efforts, and I very much welcome the fact that today's statutory rule was agreed at the Committee meeting last week, without any vote cast against it.

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021, SR 2021/315, were made on 29 November and came into operation at 5.00 pm that day. As Members will be aware, the Executive's autumn/winter COVID contingency plan, which was published by the First Minister and deputy First Minister on 19 October, aimed to prioritise measures that could help to control transmission of the virus, while seeking to minimise economic and social impacts. I quote directly from the plan:

"It is based on the need to keep our society and economy open to the fullest possible extent and, hopefully, in totality. ... In the event that case numbers rise sharply or hospital pressures become unsustainable, the Autumn Winter Plan sets out a number of potential contingency measures ... These include ... the potential to deploy COVID status certification in higher risk settings if considered appropriate and necessary".

The plan recognised that the earlier introduction of low-cost interventions could possibly avoid more disruptive measures later and unsustainable hospital pressures. The introduction of COVID status certification to gain entry to higher risk settings was therefore included as a contingency measure. It had been hoped that the autumn/winter plan would not need to be invoked. However, three weeks ago, I received clear and explicit advice that, with the ongoing, serious situation in our hospitals and very high levels of community transmission of the virus, further measures were needed to curb the spread.

I fully appreciate that a COVID status certification scheme is not without its challenges, and I hoped that such a scheme would never be necessary, but, equally, I was realistic enough to realise that, if or when the time came for it to be necessary, the Executive should have a fully considered system on the books and ready to go. That is why, for months before my decision in November, I have been expressing my frustration that the policy had,

effectively, been caught up in wholly preventable Executive wrangling. I wrote to Executive Ministers as far back as 22 April, asking for the matter be taken forward by the Executive Office through the creation of a cross-departmental working group, but, every time that I raised the subject, it was met with excuses that it was not the Executive Office's responsibility to take it forward. That is despite the central purpose of the Executive Office's Executive COVID-19 task force being to help to chart a path through restrictions, with departmental and sectoral engagement and input that is as wide as possible.

On 15 November, I was looking at the situation in our hospitals, as I do every single day. I was looking at the perpetually high rate of community transmission, and I was receiving advice that we were in for an incredibly difficult winter. So, the choice was to either continue with the stalemate or to say, "Enough is enough", and look to the Executive's autumn and winter plan. Not for the first time, it was left to my Department and its limited number of officials to take on a very significant piece of work at pace. As a result, the introduction of COVID-status certification will not be as smooth as it might have been had it been taken forward under a cross-departmental approach. However, we are where we are.

This far on from the detection of our first cases in February 2020, I had hoped that we, as an Executive and as political parties, would have recognised that getting through this pandemic — I am certain that we will, no matter what curveballs are presented — would require mature, united and serious political leadership. We need a united front, with joined-up policies and united messaging. It is my fervent hope that today marks a turning point and that, given the seriousness of our situation, the House can debate this measure rationally and respectfully, and that there will be no grandstanding or petty point-scoring, whether that be political or personal. That is what I hope, but what I expect and whether it will happen are different matters.

I accept that a five-party coalition will never be easy, but when public health is at risk, the people who put us here are entitled to some sense of decorum. Sadly, we still have some senior politicians who think that it is acceptable to joke about COVID-19. They think that it is funny to pose for pictures whilst flouting the public health message and that it is acceptable to post rhymes on their social media. It is not: in fact, it is pathetic.

Right at this very moment, there are doctors and nurses who are working in our critical care

units under the strain of full PPE. They are working desperately to save the lives of our people, some of whom are elderly and some of whom are not. Some of those people have young families at home, who are desperately waiting for the next update and are hanging on with every fibre of hope and prayer for a call with positive news. Tragically, despite the best efforts of our staff and the advances in care and treatment, some will succumb to the virus. Separated from their families, they will often only be joined in their final moments by the same staff who fought so hard to keep them alive. Life can be painful sometimes, but this virus can be unbelievably cruel. So, shame on anyone who thinks that this pandemic is a laughing matter.

Whilst I am the first to protect the right of any person or politician to legitimately question decisions, I am also the first to say that I will take the advice of hugely experienced scientific and medical advisers any day over something that someone reads on Facebook. However, I fully appreciate that many Members and many members of the public have, understandably and rightly, asked where the scientific evidence for implementing COVID-status certification comes from. Some ask for entirely sound reasons; they want reassurance that we, as an Assembly and an Executive, are taking decisions based only on the most accurate and fairest advice possible. Others, however, ask in the full anticipation that, no matter what answer they get, they will dismiss it out of hand. Whilst a very small number of Members may be trying to portray themselves as some sort of champions of a cause célèbre, I welcome the fact that the clear majority in the House have not so easily succumbed to the noise of social media and the vacuum of naysayers.

Nevertheless, there is a clear evidential basis for what we are discussing. Members should be aware that as far back as April 2021, SAGE noted that in relation to COVID-19:

"There are three main ways in which baseline measures can reduce transmission".

One:

"Reducing the likelihood that people who are infectious mix with others."

Two:

"For those potentially infectious people who are not isolated, reducing the likelihood that they enter higher risk settings or situations."

And three:

"Decreasing the transmission risk from a potentially infectious person in any given environment."

While COVID certification contributes to each of those three mechanisms, it does not, on its own, provide a complete solution. SAGE concluded with medium confidence that certification is likely to have medium effect and must, therefore, be used in conjunction with other non-pharmaceutical interventions, with effective implementation through high adherence to guidance or enforcement of regulations. The aim of the combination of these measures is to allow as much of society and the economy to function in as near-normal a way as possible, to minimise the potential need for more severe restrictions and to avoid the hospital system becoming overwhelmed.

4.30 pm

Members will know that, for too long, I have had real concerns about the level of enforcement regarding the coronavirus regulations. Thankfully, the majority of people adhere to the regulations, but it will have been lost on no one how many people are now openly flaunting them. For some people who are not exempt, walking into a shop or on to a bus without a face covering is regarded as some sort of petty act of rebellion. Not only is that presenting an avoidable risk to themselves and those around them but it is incredibly selfish.

To those who think that they have some misplaced right or authority to step outside restrictions, I challenge them to walk in the footsteps of our health workers, who, to this day, are still having to deal with the wider consequences of poor public adherence, or to sit down and talk to someone who has lost a loved one.

I fully appreciate that these are not normal times or normal asks to make of a society. If anyone had told us two years ago that masks would become commonplace and be a legal requirement in indoor public spaces, no one would have believed them. Equally, no one would have believed much of what has been experienced over the past two years. Yet this far into the pandemic, and so long after restrictions have been in place, I, like so many members of the public, continue to have major enduring frustration about the level of enforcement activity. It was never going to be easy, but, as a result of, effectively, zero visible enforcement, the door has been left wide open

for anyone who opts, for whatever reason, not to comply.

I am conscious of the particular challenges that face policing in Northern Ireland, and I fully appreciate that public confidence in policing is a delicate matter that must be constantly nurtured. We owe it to the responsible majority who wear their masks and follow the other regulations to ensure that there are consequences for those who do not.

To come back to the COVID certification scheme, there is clear evidence that such a scheme will have the following benefits: it will reduce virus transmission, primarily by reducing the likelihood of infectious individuals entering high-risk settings; it will reduce the risk of serious illness and death and, in doing so, alleviate current and future pressure on the healthcare system; and it will increase the likelihood that higher-risk settings can continue to operate as an alternative to closure or more restrictive measures.

There is also overwhelming evidence, including that produced by the UK's Vaccine Effectiveness Expert Panel (VEEP) in September this year, that vaccination reduces the risk of becoming infected with the virus. In particular, it reduces the risk of serious illness requiring hospitalisation. Let us remember that the Vaccine Effectiveness Expert Panel comprises some of the most pre-eminent scientific and analytical specialists in the country.

As we have already witnessed, there has been a clear secondary benefit of a COVID certification scheme in increased vaccine uptake. The rise in the number of people over the age of 18 coming forward for their first dose is testament to that. If any Member still does not take my word for it, I encourage them to speak to any of the vaccinators involved with the campaign if they want to hear it for themselves.

We should not be surprised, and it is not just anecdotal or coincidental, that there is clear scientific proof that the use of mandatory COVID-19 status certificates leads to greater vaccine uptake. That is demonstrated by Mills and Rüttenauer of the University of Oxford. Their study, as with so much more of the evidence, is on my Department's website for all to view at their convenience. Together, all these measures will make a further contribution to reducing infections and protecting against severe illness requiring hospital admissions.

I make no apology for re-emphasising the effectiveness of vaccines. The COVID wards in

our hospitals have many otherwise healthy patients who should not be there. Looking at the latest hospitalisation figures for the end of November, 62% of the adult COVID-19 inpatients aged under 50 were unvaccinated. Unvaccinated individuals aged 50 and over were more than four times as likely to be admitted to hospital with COVID-19 than fully vaccinated individuals. While the number of adults under the age of 50 admitted to hospital is lower, an unvaccinated individual is more than eight times as likely to need hospitalisation from COVID-19. Sadly, unvaccinated individuals aged 50 and over are almost four times as likely to die than fully vaccinated individuals.

For many Members, those facts will not come as news. We should, however, take every possible opportunity to highlight them.

I will now turn to the detail of the regulations under debate today. The amendment (No. 19) regulations made the following changes. They introduced the requirement for COVID-status certification to gain entry to certain events and premises through one of three methods: proof of double vaccination; proof of a negative COVID-19 lateral flow antigen test within the previous two days; or proof of recovery, as indicated by a positive COVID-19 PCR test in the previous 30 to 180 days. In the light of those separate methods, it is clear that those who describe the scheme as a vaccination passport are out of step with reality.

It was agreed that the following settings will require COVID-status certification: indoor events with 500 or more attendees at which some or all of the audience are not normally seated; outdoor events with 4,000 or more attendees at which some or all of the audience are not normally seated; events at which more than 10,000 people will be present, regardless of whether they will be seated; nightclubs; licensed hospitality premises that serve food and/or drink on the premises; unlicensed hospitality premises in which "bring your own" alcohol is consumed or during times that they are operating under an occasional licence; and cinemas, theatres and conference halls.

Members should note, however, that the following premises and events are exempt from the requirements: hospitality venues at a port or airport; the cross-border intercity Enterprise rail service between Belfast and Dublin; a place of worship or a place in which beliefs are practised during an act of worship; the premises of education establishments other than those parts in which alcohol may be consumed on the premises; premises or parts thereof that are

being used solely for the purposes of blood donation at the time that they are being so used; any funeral or marriage ceremony or civil partnership registration, or a gathering that relates to a funeral or marriage ceremony or civil partnership registration, but not a reception held in a hospitality premises; any outdoor event in a public space that is not ticketed and/or for which no charge for entry is made; illuminated trails or pathways; lawful pickets; and drive-in events.

The regulations also allow people to prove their certification status by certification in paper or electronic form that they have completed a course of doses of an authorised vaccine, with the final dose having been received at least 14 days before the relevant time; by certification via text or email through the NHS COVID-19 reporting app of a negative result of a COVID-19 lateral flow antigen test, or by a negative result from an on-site COVID-19 lateral flow antigen test, in each case taken in the two days before the relevant time; by a valid notification of a positive result of a COVID-19 PCR test taken no earlier than 30 days and no later than 180 days before the relevant time; by confirmation in writing of their participation in a clinical trial for vaccination against coronavirus from the organiser of that trial; or by evidence provided through the Northern Ireland COVID certification process for medical exemption of a clinical reason for not being vaccinated with an authorised vaccine, or an equivalent process in that person's place of residence.

All the preceding evidence must include, or be accompanied by, a document confirming the individual's name as stated in the evidence provided and photographic ID to confirm the individual's identity. As Members will be aware, vaccination cards can also be accepted as proof of certification, as long as they are accompanied by some form of photographic ID.

Miss Woods: I thank the Minister for giving way. I apologise for interrupting him, but some confusion has been raised today about the regulations applying to premises that are licensed but are takeaways. Can the Minister indicate whether proof of vaccination must be shown at the door or point of entry for those places?

Mr Swann: I thank the Member. I thought that she was going to make an intervention on the point that I was speaking about. I will get back to her on her point later.

Mr Stalford: Will the Minister give way?

Mr Swann: Yes.

Mr Stalford: I want to ask about the issue that you raised. You mentioned the various means of identification and proof that can be used. How much has the Department spent on the development of the app?

Mr Swann: I do not have that exact figure, but the Member will be aware that funding for the development of the app was approved by the entire Executive after a monitoring round bid. That funding was to pay for the development of the app, both domestic and international, and also for the support mechanisms for those who cannot download the app and thus need to call in and get paper certification or another certification. All of that is encompassed in the cost.

I will update the Member in writing with regard to that exact cost.

As I mentioned, I have no doubt that the scheme has been challenging. It has been a challenge for people to navigate their way through the application system and indirect in particular. It has been a challenge for our businesses. Despite what some suggest, however, it is untrue to say that the scheme has been targeted at any particular sector. Yes, by its nature, licensed hospitality may be where the scheme is most frequently utilised, but I remind the House that the scheme will also apply to everything from larger football matches to agricultural shows.

I have heard some of the concerns of the sectors impacted. They are understandably concerned about the impact on their staff and how they will comply with the additional obligations of the scheme. I have heard the asks for a financial support package. To be absolutely clear, had a scheme been presented, I would have supported it. Businesses should have been provided with much greater support for purchasing scanning equipment and, if necessary, to compensate for staff time in meeting the requirements of the scheme. The Economy Minister has not brought forward such a scheme to support the industry as of yet. I do not think that he is unwilling; I think that he is waiting to see the result of today's debate. I signal to him that I would support a financial support package for the industries and settings that are put under additional cost or strains due to the development of the scheme. I hope, for the sake of business, that he did not allow his or his party's ideological objection to COVID certification to cloud his ministerial

responsibilities to the businesses that look to him and his Department for support. I ask him to consider bringing something forward.

Members have asked me how people who have been vaccinated in different jurisdictions can provide evidence of COVID certification. The regulations provide that a person may evidence their COVID status through certification of a course of doses of an authorised vaccination on paper or in electronic form. The person must also have proof that the final dose has been received at least 14 days before the time of entering an event or premises. That permits certification from other jurisdictions to be used as evidence, if it is an authorised vaccine, accompanied by the relevant identification confirming that the person presenting the evidence and named in it are the same. The Verifier app used by businesses will also accept the EU COVID-19 certificate.

The following persons are exempt from providing COVID status certification for relevant settings: a person under 18 years of age; a relevant officer, which is a constable or an enforcement officer; an emergency service responder; a person employed at or responsible for the relevant premises or relevant event; in tourist accommodation, a resident, except when that resident is not part of the tourist accommodation to which the public have access and where alcohol may be consumed; a person providing services at a relevant place and time when no member of the public is in attendance at that place; or a person carrying out a public service function or essential repairs or maintenance of the relevant premises or relevant event.

The regulations define that the person responsible for implementing —

Mr Allister: Will the Minister give way?

Mr Swann: Yes.

Mr Allister: May I ask for clarification? Did I hear the Minister correctly when he said that an employee in an establishment requiring COVID certification from the public does not have to produce proof of certification?

Mr Swann: The Member is correct. That provision, which has been put forward in other jurisdictions, is so that we do not deny someone employment or the opportunity of employment by the adoption of this certification. However, they will be in a facility where the employer has a duty of care to them, as employees, to make sure that they work in a safe space.

Mr Stalford: I am grateful to the Minister for giving way. You mentioned officers of the law. What consultation has your Department had with the Police Service of Northern Ireland about the implementation and enforcement of the scheme?

Mr Swann: I thank the Member for his point. He will be aware that the engagement for the scheme is led by the Executive Office task force. There have been engagements where the Police Service has been in attendance with not only my departmental officials but industry and stakeholders. That ongoing engagement has been happening since late October and throughout November. I have a list of the dates on which those meetings take place. I cannot put my hand on it at the minute, because I am in the middle of my contribution, but I will hopefully be able to do so in order to answer the Member's question.

4.45 pm

For a "relevant event", the person responsible is the person responsible for organising the event or the person responsible for the management of the premises at which the event is held or to be held, if no other person is responsible for organising the event.

On penalties, while not all Ministers may have been initially aware, the proposed penalties came about only after collaborative work between officials in the Department of Health, the Department of Justice and the PSNI. Whilst I fully expect that the level of penalties will be a source of debate today, it is important to highlight that, despite the many opportunities to do so, no Minister proposed amendments to them. An equality impact assessment (EQIA) screening exercise has been completed, as has a human rights impact assessment. There has also been significant engagement with the Information Commissioner's Office (ICO), as well as with the sectors impacted, led by the Executive Office's junior Ministers and the Executive's COVID task force.

As has been the case throughout the pandemic, the current restrictions will be the subject of regular review by the Executive and will remain in place only for as long as their use is considered to be both necessary and proportionate to the risks. These regulations will be reviewed as part of the Executive's scheduled review of COVID regulations. We all crave the day when all restrictions can be lifted and we move away from the binary choice between health and the restriction of personal freedoms. In the meantime, we face the

prospect of some incredibly difficult days and weeks ahead. Today's debate would have happened regardless of the new variant. However, its arrival should help to focus and sharpen minds. As always, stepping our way through the difficult times ahead requires personal and public responsibility.

Of those who rail against certification today, I ask this simple question: what is your alternative? How would you provide that additional layer of protection for our citizens, businesses and health service? Would you prefer moving to the next step in the Executive's autumn and winter plan, which sees social distancing reintroduced for hospitality or possibly even the shutdown of certain sectors? Is your option to simply do nothing and keep your fingers crossed? We know that that does not work. That is not an option that I as Health Minister am prepared to contemplate, nor is it a position that I am able to take from the oppositional safety of the Back Benches.

There are legitimate arguments on both sides of the debate, but this is about how we properly balance rights with responsibilities. That is always a difficult balance to strike. I say this to the House and to those from one party who are arguing against the entire concept of a certification scheme: how do you tally your outright opposition with the fact that the Executive's autumn and winter contingency plan included certification as an option? Let us not forget that on the first page of that winter plan are the signatures of our First Minister and deputy First Minister.

I conclude by emphasising again that COVID certification is a public health measure. By introducing it, we follow public health advice. I welcome the previous public commitment from the leaders of all the Executive parties to follow public health advice, and I sincerely hope that that remains the case today. Contrary to what is claimed by some, there is sound scientific evidence to back it up. In short, the higher the proportion of vaccinated people in a setting, the safer it is. People who are vaccinated are less likely to get the virus, and you cannot pass it on if you are not infected. Also, if infection occurs in a setting where most or all of the people are vaccinated, the chance of someone becoming seriously ill and being hospitalised is significantly reduced.

There is also evidence from studies worldwide that, even when people get infected, they are less likely to transmit it to others if they are vaccinated. Requiring a recent negative test also reduces the risk of transmission, and, of course, it will work best in association with all

the other public health tools in the toolkit. Therefore, I take the opportunity to again urge everyone to continue to make safer choices and to follow the public health advice. I commend the regulations to the Assembly.

Mr Gildernew (The Chairperson of the Committee for Health): I will make some remarks as Chair and then some comments as my party's health spokesperson.

A chairde, we are now coming towards our second Christmas dealing with the pandemic, and here we are considering further regulations to put mitigations in place to slow the transmission of COVID-19. It is disappointing that we have to consider further mitigations, and I think that we all would have hoped to be in a better position this Christmas than last year. However, we have seen how the virus and the new omicron variant has spread across large parts of the world, and we are still unsure about the impact that this variant will have on our communities, on our hospitals and, indeed, on our health and social care workers, who have been straining to provide a healthcare service throughout the pandemic for months and months. It is, therefore, important that we encourage people to adhere to the current guidance and rules, that we maintain good hand hygiene, that we continue to wear masks when required to do so and that we maintain social distancing where possible. We need to do all that we can to protect each other. I also encourage all those who are eligible for a first vaccine or for the booster vaccine to get that when it becomes available to them. I also, indeed, welcome the extension of the booster programme to those over 30 and look forward to the programme being further rolled out in the coming weeks.

Members, the Committee was briefed on the rule at its meeting on 2 December. We were briefed on the requirement for COVID status certification and the methods by which people can access events and premises. There was a discussion on the evidence required for the lateral flow device (LFD) method of proving your COVID status. The Committee was briefed on the various exemptions for events including a funeral, a marriage ceremony, a civil partnership registration or a reception relating to those. Exemptions are also in place for a drive-in event, a lawful picket, an illuminated trail or pathway, religious worship or events held outdoor with no fixed entry points and for which tickets or payment are not required for entry.

Members asked a number of questions on the rule. The Committee received clarity that staff

working in licensed premises are exempt from needing certification. Officials also outlined to us what engagement had taken place between the Executive and businesses. There was a discussion on enforcement and monitoring of compliance. The Committee has raised that issue on a number of occasions when discussing such rules, and further work needs to be done to gather information on compliance with the new rules to ensure that they achieve the desired effect. There was also a discussion of the need for clear messaging around the rules and the need to avoid any confusion so that the public are fully aware of the current rules and regulations. Public messaging is one of the key ways that we can encourage compliance with the rules, and it is imperative that the Department of Health and the Executive provide sufficient information and messaging. That includes outlining and publishing the evidence that the restrictions introduced will make a difference.

Following the briefing on 2 December, the Committee wrote to the Department, seeking clarification on a number of issues. A response was received, and an official then came to the Committee on 9 December to answer follow-up questions. During the formal consideration of the rule, a number of members highlighted their concern about COVID certification, before the Committee formally agreed to recommend that the health protection regulation be approved by the Assembly.

I would now like to make some remarks as Sinn Féin spokesperson.

Mr Frew: Will the Member give way?

Mr Gildernew: No. The Member will have time to make his arguments during his contribution. I do not particularly want to facilitate the Member's comments during my contribution.

A chairde, we are dealing here with an unprecedented public health emergency that requires unprecedented actions and measures to protect our people and our health services. I welcome the fact that the Executive have endorsed the measure as part of a wide-ranging and interlocking set of public health measures.

I encourage everyone in our community to adhere to the public health guidelines, maintain good social distancing and respiratory hygiene, wear a mask when necessary and avail themselves of the vaccine and booster when they become available. I urge others, including some in the Chamber, to carefully consider their

words and actions and the impact that they will have on our ability to deal with the public health crisis.

We in the House must act and speak on behalf of the most vulnerable in our society to protect lives, health and our health and social care services. The measure is not a vaccine certificate but a COVID status certificate that includes the elements of evidence of having recovered from COVID in an identified time period or, alternatively, of a negative LFD test. In essence, it is an attempt to establish that someone does not actively have COVID-19 before they go into a crowded social setting, thereby seeking to reduce the spread of COVID-19. The emergence of the omicron variant, with its reported increased transmissibility, makes that all the more relevant.

Sinn Féin supports the measures, given the need for a wide range of public health responses to the pandemic. We encourage everyone in the Chamber to do likewise.

Mrs Cameron: The Health Minister will know that, since the start of the pandemic, I have offered him my support in his efforts to combat the threat posed by COVID-19. At times, I have had concerns about what he has sought to do. I have wrestled with some of the regulations and the timing of their tabling. I have listened to the concerns of constituents, whether they were business owners, the sons or daughters of those in care homes or educators. Striking a balance between living a normal life and protecting the public has been hard. It is therefore a matter of deep regret that I find myself at odds with the Minister today. After 22 months of his message of standing together, bringing the public with us and the importance of political unity, we find ourselves here. I am disappointed by the decision of the Health Minister to ignore the lack of cross-Bench support for the policy prior to its becoming active and to plough ahead with the legislation. Affirmative votes were held in Scotland and Wales, so I ask why the Minister was so reluctant to allow the House its place in respect of the policy.

I am double-jabbed. Recently, I was delighted to receive my first flu jab and my COVID booster. Like thousands of people across Northern Ireland, I have taken that step in the belief that it will protect me and my loved ones. I have also downloaded my COVID certificate to my phone, and I regularly take lateral flow tests (LFTs). I also practise good hygiene and wear a mask where required, and I urge everyone to act in the same responsible way. I abide by the

law, the guidance and the public health messaging, and I do what is asked of me. Do not let my opposition to vaccine passports be misconstrued as an unwillingness to recognise the fight against the COVID-19 pandemic. Instead, my opposition is largely based on the lack of evidence that the measure is effective. It is having a significant impact on sections of our economy despite there being no evidence that it is effective.

Mr Stalford: Will the Member give way?

Mrs Cameron: I will not take interventions, if you do not mind.

How it has been handled has caused confusion and mixed messaging. From the inception of his proposal, the Minister pursued a maximalist approach. He wanted the small, family-owned coffee shop to be subject to the restrictions and the draconian fines that were being proposed as much as the nightclub. In doing so, he alienated so many people for whom the last two years have been so difficult and those who are striving every day just to see their small businesses survive, to sustain the jobs that they provide and to make ends meet. I urge the Minister to confirm whether he intends to revert to extending this damaging legislation to unlicensed premises such as coffee shops.

It is telling that no economic impact assessment has been provided for the measure. I understand, of course, the desire to bring down the number of those who become very ill with COVID-19. I fully appreciate that our hospitals have been operating under the equivalent of severe winter pressures since the summer, but I ask about the regard for jobs, family incomes and the mental health of those impacted by the decisions; indeed, it is argued that other medical conditions, including mental health, now sit very much secondary to COVID in the Department's priorities. The Minister needs to tell the House how the policy's effectiveness will be monitored. He also needs to tell us what modelling has been done and what it shows about the policy's impact on hospital admissions, cases and deaths.

5.00 pm

The introduction of vaccine passports indicates that the Minister and the Department have admitted that they have lost the argument with those who hesitate to take the vaccine. The carrot has turned to a stick. With more people already vaccinated contracting COVID, those who are unvaccinated ask why they should get the vaccine. They need to be persuaded by firm

evidence that that approach is wrong. The Department must explain.

Passports restrict full participation in our society on the basis of a health choice. It is a choice. The Minister has told us many times that he did not want to go down that route. While I have no issue in using a form of vaccine passport, I believe strongly that the move will be detrimental in convincing those who are hesitant, have concerns or fears or simply choose to wait a little longer. Surely the Minister understands how deeply emotive the issue is and that the move will ensure that some will never willingly avail themselves of a vaccine.

I have continuously urged everyone who can avail themselves of a vaccine to do so at the earliest opportunity. I support and commend the vaccine roll-out and thank those who have been involved in that mammoth operation to date. I will keep encouraging those who need to be convinced that vaccination is the right move for them as individuals, but the move to mandate vaccine passports is far from helpful. For some, it will compound their suspicions, which makes me sad; indeed, the confrontation that it creates in society on the basis of vaccine status is a dangerous road to go down.

It has not been an easy speech for me to make. I will welcome the Minister's response to the concerns of so many in Northern Ireland about the introduction of the measure. My party and I will not support the legislation.

Ms Mallon: Nearly two years into the COVID pandemic, we still face many uncertainties, questions and big decisions about how to best protect lives and livelihoods. The one constant over the entire period has been the unwilting determination, dedication, commitment and bravery of our front-line healthcare workers. At the outset of my contribution, I acknowledge that and remind and reassure our NHS staff, care home workers and care providers that our appreciation for what they are doing is everlasting. It was never just a minute's handclap on a Thursday night as far as the SDLP is concerned, and I want to thank them.

We are here to debate the current COVID regulations, which include the introduction of COVID certification in certain hospitality settings. Again today, we all heard the Minister of Health setting out the evidential basis for the mitigations and public health guidance that we have in place. I will not repeat that, but I challenge those in the DUP, including their Ministers, some Back-Benchers and its Westminster wing, who continue to claim that there is no evidential base. Around the

Executive table, its Ministers have heard from the scientific and health experts; DUP MLAs on the Health Committee have heard from the science and health experts; and we have all heard again from the Health Minister in the Chamber today. The evidence and the benefits are clear. It is also clear that those who choose not to accept them do so for ideological reasons. To date, those people have yet to bring forward an alternative plan. That is downright irresponsible.

In politics, courageous leadership is required. Difficult decisions must be taken. Leaders must lead and not seek to be popular. That is especially the case in the midst of a public health crisis. In truth, however, that leadership has been sorely lacking at critical junctures. We should have acted several months ago to introduce this mitigation rather than leave it until the mouth of Christmas, but the SDLP's proposal was voted down by the DUP, Sinn Féin and the Ulster Unionist Party, and, once again, the Executive have been too slow to act. Furthermore, quite shockingly, some in the DUP have repeatedly acted to undermine the public health advice, even going so far as to vote against the wearing of face coverings in England. It is an issue that did not apply to their constituents, yet they went out of their way to vote against it. Sammy Wilson even took time out to try to be funny about the situation. To Sammy Wilson, I, very clearly, say this: it is not funny. COVID is not funny. The pressure on our health workers is not funny, and the families of all those who have died with COVID are not laughing. Sammy Wilson is totally wrong on COVID, but he has at least been consistently wrong. In the Executive, the DUP has been all over the place. One week, it is taking the advice of the health experts; the next week, it is taking the advice of online keyboard warriors. One day, Jeffrey Donaldson is open to the idea of certification; the next, Paul Givan leads his Ministers in voting against it.

Imagine being a front-line worker in a hospital, looking to the DUP for support or guidance and listening to some of the contributions that we will no doubt hear again today. Our healthcare workers deserve better than that. We all do. COVID is not a party political tactic. It is not something to use to undermine an opponent, to grab a headline or to try to win votes. It is literally life and death.

We in the SDLP have a political philosophy that has worked well down the years: if Sammy Wilson is for something, we are against it, and if Sammy is opposed to a decision, it is generally a good idea. COVID certification is a good idea. Following the announcement that the measure

was being introduced, some 10,000 people came forward and got their first vaccination dose. That was not coincidence. We need more people to be vaccinated in order to slow down the spread. That is what science tells us. In fact, that is what common sense tells us. It is not a big imposition to ask people to show their vaccine certification, a lateral flow result or a PCR result. It is far from an attack on their civil liberties. It gives all of us the confidence to know that everything that can be done at that gathering is being done to help protect us from catching COVID and passing it on to others. Vaccinations, booster jabs, a negative lateral flow or a positive PCR, alongside good hand hygiene, the use of face coverings, social distancing and good ventilation, give us the best chance of protecting lives and livelihoods and keeping our society open. Is that not what we all want?

To the people of Northern Ireland, I say this: even if you think that it is a hassle to download the vaccine certificate, please do it. Even if you regard it as a pain to show that certificate to gain entry to a pub or licensed restaurant, please do it. We are not a collection of individuals. We are a society. We are a community. Get your vaccine and your certificate for your own benefit, for the well-being of others and for society as a whole. Let us look out for one another.

When the pandemic is finally behind us, what role will you say you played in helping society deal with it? Will you say that you did so by getting vaccinated, following the public health guidelines and wearing your face covering indoors, or will it have been by striking faux indignation and joining those at City Hall and online who claimed to know better? COVID has robbed us of the old normality for now. We are in an emergency situation: a situation in which we do not have the luxury of accommodating every individual point of view or spending months debating a new policy. Of course it is not natural to show a vaccine certificate, a lateral flow result or a PCR result to have a meal in a restaurant. I know that. We all know that.

It is not usual to flash an app on your phone in order to go for a Christmas pint with your mates; we all know that. It is not normal, however, to have our hospitals overrun with patients struggling to get a breath, to have daily deaths from a cruel airborne virus or to ask schools, hospitality settings and other places to close. We need to do all that we can to keep each other safe and to keep our society open. This is an extraordinary time, and it calls for an extraordinary response.

Mr Chambers: We have all had to make personal and family sacrifices over the past 22 months, as we have stood together to try to stem the advance of the worst, worldwide, viral pandemic in living memory. We endured a total lockdown that took all but essential traffic off our roads, kept aircraft parked on the ground and ruled out any leisure travel. Tourism and hospitality premises closed their doors to customers. Sporting events, when permitted, were conducted behind closed doors. We have moved on since then, as we have learned to achieve a balance of work and personal lifestyle that has allowed us to move about more freely.

The return to freedom of movement was achieved by sensible regulations, supported by medical and scientific advice, that required us to wear face coverings in public places, with the public responding to social-distancing requirements, washing hands regularly and avoiding entering or remaining in crowded and badly ventilated enclosed spaces.

Then, along came the production of vaccines that offered us the hope that, if we should contract the virus, the medical reaction would be a lot less severe than if we remained unvaccinated. I am confident that the vast majority of us in the House have willingly availed ourselves of the vaccine. None of us likes getting needles stuck into us, but the majority of the public presented themselves to be vaccinated, not once but twice, and followed that with a booster jab when they were eligible.

Why did we endure all that? Our first motivation was to protect ourselves from the virus and, in doing so, to protect our families and those with whom we come into contact in our workplaces or public spaces. That motivation has not or should not have changed.

None of this has made me feel that I am heading into some sort of state-controlled dictatorship where our freedoms are being slowly dismantled and taken from us. Unfortunately, there are people who hold that view.

Mr Wells: Will the Member give way?

Mr Chambers: I will not take any interventions, nor will I make any.

Some regulations have been relaxed by the Executive when the medical and scientific evidence supported that course of action. It goes without saying that the regulations before us are not a forever piece of legislation. They are not a stand-alone magic bullet. They are just another building block in the wall that we

want to keep between the general public and the COVID virus, be it the delta or the new omicron variant.

I received a number of ill-informed emails, mostly of the copy-and-paste variety, which quoted all sorts of fanciful figures and theories. A few described the virus as being an attempt by China to take over the democratic world by stealth. Others threw in the comment that this regulation would take us into a Nazi-style regime. If the authors of comments like that had lived through a Nazi regime, they would reflect on the absurdity of such a statement.

As I said, the legislation will not be in place for one minute longer than the medical and scientific advice suggests that it is needed. I have heard people saying that COVID certificates have not worked in Scotland or the Republic of Ireland. How do we know that they did not make a contribution to reducing the transmission rates of the virus? Our experts will be able to evaluate the effectiveness of the legislation in the coming weeks. What has been the reaction in the Republic to the current transmission rates there? They have closed their nightclubs. Is that a place that we want to return to in Northern Ireland by ignoring the deployment of a tool that our experts say is necessary at this time?

5.15 pm

The hospitality sector has highlighted the logistical difficulties that it feels will be caused to it by the use of COVID certificates. I appreciate that fact, but closing the doors completely, as in the Republic of Ireland, might be much more challenging. I would support financial support for hospitality premises so that they can purchase equipment and employ extra staff to control the implications of this legislation. Despite the impression that has been created, it is not only the hospitality sector that will have to work within this legislation. It has implications for other sectors. That said, I fully acknowledge that the hospitality industry will have to deal with it on a day-to-day basis. Financial support would undoubtedly have helped it to cope with the demands of policing the legislation, but the Minister of Health has told the House today that the Economy Minister has brought no plans suggesting any such support to the Executive.

Why do we need more legislation to curtail this virus and the new variant? As others have said, those who seem to be set against supporting this piece of legislation do not seem to have any alternatives. They talk up their support for vaccines and for getting a booster, but do all

their Members in this place support vaccination? They support good hand hygiene and the wearing of masks in public places but, as referenced by Minister Mallon, three members of the DUP Westminster team decided to vote against the mandatory wearing of masks in England in recent days. One of those members also thought that it would be a good idea to put a jokey post on social media. Such mixed messaging does nothing for public confidence; it only serves to undermine public health advice and guidance locally.

In recent days, I spoke with clinicians from the Belfast Trust. They told me that they are dreading January and that they fear that a dedicated staff that is already stretched to breaking point may not be able to cope. I was told that 44 patients were being treated in ICU beds and that over 60% of those patients had not been vaccinated. Every one of those occupied beds prevents three, or possibly four, elective surgery procedures from being delivered in a week. People who are in pain or who fear for their lives as they await such surgery do not have a choice: it is out of their hands. Those who have turned their backs on being vaccinated, for whatever reason, did have a choice. For that very good reason, we must continue to follow medical and scientific advice to reduce the transmission rates of the virus and the pressure that that translates to in our hospitals.

In some of the emails I have received, I have read demands for me not to support this legislation. Those emails have asked for sight of the evidence used to inform the expert advice behind the decision to proceed with COVID certification. On occasions, I also hear those calls voiced by public representatives. I trust the advice offered by our government experts. I have also failed to hear any of the local academic epidemic experts that we listen to in the media say that the legislation that is before us is surplus to requirements. Those are all people who deal in detailed evidential studies on a daily basis and who have the ability to tap into international best practice.

For me, the most telling piece of evidence is the fact that over 2,000 of our citizens will not be sitting around the family Christmas table this year, having been robbed of their lives by this virus. My heart goes out to their families. Thousands of those fortunate to survive infection by the virus have been left with a condition known as long COVID. We know little about that condition and do not know for how long it will affect the sufferers' lives. What other motivation do we need to go the extra mile and make sacrifices that will help to reduce the

impact of COVID? In the Health Committee's recent deliberations, no vote was called on this legislation, and the DUP firmly put on record its opposition to the legislation that is before us. A Division being called in the House today on the subject will provide oxygen to those who oppose just about every aspect of the battle against COVID. I suggest that it is not too late to avoid that by signalling to our population that the Executive and the House are as one in the fight against the virus that is killing our people every day. Let us all do the right thing today.

My party supports the legislation, as it may help to save lives and will undoubtedly reduce pressure on our overwhelmed front-line health and care system staff.

Ms Bradshaw: I support the regulations though not without having considerable concern in two areas. First, it is worth being clear about what we are voting on. We are voting on COVID passes. It is notable that so many people still insist on using the erroneous term "vaccine passports". We are doing something different from what was introduced in Scotland in October. We are implementing a system that means that, to enter venues where there is a high risk of transmission of the virus, a person will have to demonstrate reasonable proof that they are low risk through immunity, be that through vaccination or acquired, or of non-infectiousness.

Although I view some of the concerns raised around the ethics of that as legitimate — indeed, as a liberal, I would not want to live in a society where no objections were raised to steps such as that — I am afraid that, too often, those concerns became deliberately overstated so as to draw an emotional response that was not warranted. In the same way that it is reasonable not to permit smokers to enter high-risk venues in the interests of public health or not to permit intoxicated people to be in charge of vehicles in the interests of public health and, upon receipt, to prove specifically that they are not intoxicated before driving, it is also reasonable to ask someone entering a high-risk venue during a public health crisis whether they have taken reasonable steps to reduce that risk before entering.

Therefore, while I share some of the ethical concerns around this, too often, they descend into a suggestion, implicit or sometimes explicit, that people should not take responsibility for reducing that risk before entering high-risk venues. We need to be very clear in the Chamber that absolutely everyone should take that responsibility, and, sadly, given the evidently reducing level of compliance with

other mitigations, it is reasonable to ask for evidence that they have taken that responsibility.

My second concern is around communications. That is something that I have raised in every health protection regulations debate in the Chamber. It should have been clear from the outset that the choice here is broadly threefold: accept a high death rate from the virus, even though that rate is preventable; introduce further restrictions, including closures, which is surely intolerable with vaccines and widespread testing; or encourage widespread vaccination and testing. In other words, it is in the interests of hospitality and leisure and all of us to go with the last of those and encourage widespread vaccination and testing. By ensuring that, we have the best chance to prevent death and illness while enabling businesses to operate relatively normally. That point should have been made from the very outset.

There was always the prospect that the policy would be required, and it was beyond disappointing to hear at the Health Committee that it came as a surprise to officials in November. Planning should have been put in place for that as an option many months ago. We still seem to be unable to grasp what is meant by getting ahead of the virus. Ultimately, this is about mitigating risk. There was always the prospect that such a mitigation would become necessary. I hope that business owners will recognise that ensuring that those in their venues are low risk actually reduces the risk for people entering them and, importantly, ensures the safety of their staff. It is thus likely to increase custom not to decrease it.

COVID passes are one of many tools. We need to encourage vaccination and much more regular testing in general. We need to encourage other mitigations in other locations, such as ventilation and face coverings, and we need to reinforce the messages around basic hygiene and social distancing.

I do not dismiss all the arguments of those who oppose COVID passes. However, like the Health Minister, the Infrastructure Minister and many other Members, I have not seen those who are against the passes present us with a serious alternative that will prevent death and serious illness while keeping businesses open. In an ideal world, we would not have to take this step, but, in an ideal world, there would not be a deadly virus out there. In this less than ideal world, we owe it to ourselves and to one another to get vaccinated and regularly tested.

Finally, I thank all the Health and Social Care staff who will continue to battle the deadly virus through Christmas. I hope that they get some rest during that period.

Mrs Erskine: I rise with so many unanswered questions on the reasons behind how we have got here. Why we are debating the regulations on the day that they are now enforceable in Northern Ireland? How was the decision reached, and what is the evidence to back it up? I want the debate to be respectful, and I want Members to understand the genuine concerns of my constituents who have contacted me. I am sure that other Members have received the same correspondence with the same valid concerns.

I have been double-jabbed. I have followed and supported the COVID regulations that have been brought into force to date. Why? Because I understand the public messaging. I want to protect myself, my family and those around me. However, there are fundamental questions about the COVID certification. Importantly, who will enforce it? Whilst it is enforceable in Northern Ireland from today, it seems that nobody is holding their hand up to do the checks or to bring about the intended effect of the regulations. It is pie in the sky to believe that COVID certification can be widely enforced. The Chief Constable has already rubbished the Department of Health's timescale for the enforcement of COVID passports, calling it "unrealistic". Demands on policing have returned to pre-COVID levels, and Simon Byrne has made it clear that officers will spend less, not more, time supporting the health protection regulations. It is clear that enforcement is unworkable.

Even if we had the manpower, we have to ask honestly whether it would be an effective use of public resources. For every minute that the police spend at a bar or restaurant trying to enforce, we lose vital time for fighting crime. The Public Prosecution Service (PPS) has already very publicly dropped other cases where enforcement was needed. The absence of a cost-benefit analysis of the enforcement activity is wholly unacceptable. It is also clear that Ministers decided to press ahead with this pet project without even the most basic consultation with the main public body that would be responsible for enforcing it. That in itself is disturbing.

Businesses are already concerned about what the winter may bring. Now, they have to enforce COVID certification at their doors. That means a cost to them. Business owners will be left counting the cost of COVID certification. This

morning, Hospitality Ulster tweeted that businesses were informed only at the weekend that checks must be at the points of entry. How is it fair that that was pushed onto businesses at such a late stage? The regulations have been implemented without the most rudimentary understanding of how success will be measured.

Mr Stalford: Will the Member give way?

Mrs Erskine: Yes.

Mr Stalford: Does the Member agree that it was disturbing to hear in the Minister's introductory remarks an acknowledgment that the measure will have an impact on businesses and then a request that the Economy Minister do something about it? Having created the problem via the regulations, they are calling on other Ministers to fix it.

5.30 pm

Mrs Erskine: I thank the Member for his intervention. Yes, it is unfair to push the problem onto another Minister.

I have key and fundamental questions about the regulations. We have no indication from the Health Minister about how the impact of COVID-status certification will be monitored and what success looks like.

Mr Swann: Will the Member give way?

Mrs Erskine: Yes.

Mr Swann: I do not want to interrupt Members, but this is about the intervention that the Member took. On 3 December, I received a letter from the First Minister and deputy First Minister about COVID vaccine certification. The letter states:

"We wholly agree that the issue of COVID Status Certification is a strategic and cross cutting issue with impacts far wider reaching than the health service and our overall aim in taking action remains to reduce pressures on our health service and protect the health of our citizens."

That was a response to my ask, working through the Executive's COVID task force, that all the implications of bringing forward the regulation were addressed using a holistic approach by the Executive. The Member who made the intervention indicated that I am pushing responsibility onto someone else. I am

not doing that. This has always been the approach that I have taken to regulations. I supported the establishment of the Executive's COVID task force so that the consideration, responses and supports that have been necessary in the past and any implications or knock-on impacts will have a holistic approach across the entirety of the Executive.

This time last year — I remember it well — the First Minister came to the House to announce the drastic steps that would be necessary post Christmas Day. That approach was taken because the entire Executive had come forward to put together support mechanisms, and that is why I said that I had support. The First Minister and the deputy First Minister have made appeals to Westminster for the funding that will be needed if additional measures are necessary. I have said to the Economy Minister — I will say it again — that I will support him with any ask for a support package that can be brought forward. I know that he has recently returned COVID support money in a monitoring round.

Mr Deputy Speaker (Mr McGlone): I remind the Minister that this is an intervention.

Mr Swann: Apologies, Mr Deputy Speaker. The Member may not be aware of all those points and of what has happened. I wanted to make that clear to the House.

Mr Stalford: Will the Member give way?

Mrs Erskine: I will continue. Thank you. There is a lot to get through.

I thank the Minister for his intervention. However, this is a fundamental key question about publishing the data. I have heard that adding COVID certification to the range of measures that we have will have a minimal impact. Therefore, I have fundamental questions about that. How successful has certification been elsewhere? It would have been useful to have had that information before us today, but it has not been forthcoming. By what margin does the Minister envisage that hospital admissions will be reduced or case numbers will fall?

A Member: Will the Member give way?

Mrs Erskine: No. I am going to continue.

The Department of Health has provided no modelling on the likely impact of COVID certification. Is that because that has not been done or because the benefits are minimal? As I

have said, the evidence that I have heard is that the benefits are minimal. I asked the Health Minister to publish the full evidence ahead of today's debate. Unfortunately, I have not had sight of everything that I need to make my decision to support COVID certification. The rush to push the policy through without due process was reckless and irresponsible. Proper scrutiny could have been allowed last week. As recently as last week, the untold problems of the scheme were already on display.

Mr Beggs: Will the Member give way?

Mrs Erskine: I am going to continue. Thank you.

I have concerns for our elderly, disabled and, may I say, some from my age group who are having difficulty in getting COVID status certification.

At the Health Committee, I said that I hoped that the helpline would be adequately staffed over Christmas to deal with the many queries from people who will be out socialising and will need proof of vaccination. There has been mixed messaging from the Department on the roll-out of the scheme itself, which is telling. Interestingly, I was told that people who are vaccinated could still show their vaccination card as proof, and the Minister has outlined that today. There is no timescale for when everyone must switch to digital or paper copies. I asked twice for information on when the interim period, as it was called, would end. I was told that there was no timescale for it to end. Why are we therefore implementing this? Uncertainty has surrounded the scheme. At the eleventh hour, it was thrust on businesses, which had been told that licensed premises were the only ones included. We were to have an opportunity to debate that, only for it to be scheduled on the day on which it is being enforced. I have consistently called for evidence to be presented. We have absolutely no data about the impact in, and no modelling from, Scotland, Germany or wherever else this has been implemented. Why is that information not available?

I really welcome the announcement made yesterday that boosters will now be available to the over-30s, and I encourage everyone to get their vaccinations and booster. Only now, however, is the booster roll-out being ramped up. The NHS started booster jabs in September. Why the delay here? We have clear evidence that vaccination is reducing hospitalisations and the effects of COVID-19. The impacts on society are huge. We are debating the issue that status certification must

be shown in licensed establishments. When and where do we draw the line?

I will finish by talking about a cafe owner in my constituency. I spoke to him, and he was fearful of the further roll-out of COVID-status certification. He has followed every rule and regulation to the last letter. He has reduced table space, enforced mask-wearing and done track and trace in his establishment, all met with opposition from some hostile customers. He did it to keep his community safe. That man was in tears, not sure whether his business will be able to cope with this regulation. He will have to employ extra staff to man entry points to his facility. It is that worry and uncertainty that is driving closures in our communities. How can we think that a rural coffee shop in my village should receive the same fine as a concert gathering of 10,000 people? The COVID-status certification has been ill-thought-out, yet it is being thrust on society with no evidence that it has the desired effect elsewhere. In fact, to the contrary, in places where it has been implemented, it has far from curbed the spread of COVID-19. For those reasons, regrettably, I cannot in all conscience support the deeply divisive and non-evidential regulation. Today, I will be voting against the regulations.

Some Members: Hear, hear.

Mr Frew: First, let me pay tribute to all the healthcare workers and staff, who have worked under considerable pressure the past number of years in the most intensive settings trying to save as many lives as they possibly can. Many of them contact our offices. I also pay tribute to every family and every household in Northern Ireland, because everyone has been touched by the virus and/or the restrictions placed on them. They have had a massive impact on our people and on society.

Our people, like everyone, deserve that the regulations that we pass in the House are fit for purpose and evidence-based and that proper accountability and scrutiny takes place.

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 19) Regulations (Northern Ireland) 2021 sounds very official, but the impact is mighty. It is probably one of the harshest statutory rules that we have been asked to scrutinise.

The media keep saying that it is only about licensed premises, businesses, pubs, nightclubs and licensed restaurants, as if that makes it better, but it will have a massive

impact and not just on those businesses. It includes:

- "(b) theatres;*
- (c) concert halls;*
- (d) cinemas;*
- (e) indoor premises ... When used for the purpose of a performance, recording or rehearsal;*
- (f) premises used for the purposes of a conference or exhibition".*

It also includes:

"Premises which sell or provide intoxicating liquor ... on the premises (whether indoor or outdoor) and premises (whether indoor or outdoor) to which the public have access and where consumption of intoxicating liquor is permitted".

Those are wide-ranging regulations that affect everyday society and businesses. They also affect:

- "(a) an event that consists or is expected to consist of more than 10,000 people ... at any one time;*
- (b) an event that—*
 - (i) will take place wholly or mainly indoors*
 - (ii) consists of or is expected to consist of 500 or more people ... and*
 - (iii) where not all of the attendees will be seated;*
- (c) an event that—*
 - (i) will take place wholly or mainly outdoors,*
 - (ii) consists of or is expected to consist of 4,000 or more people ... and*
 - (iii) where not all of the attendees will be seated."*

That has wide-ranging ramifications, yet the penalties and tariffs seem to be the same right across the board. Of course —

Ms Mallon: Will the Member give way?

Mr Frew: No, I will not give way at the minute. I want to make progress, and then, I will see how I get on.

A Member: That is not like you.

Mr Frew: I know. We also have to remember the spectre of the coffee shop. Coffee shop owners thought that they would be included in the regulations, and, on the Friday before the Monday — in fact, I think that it was at 5.00 pm — they were told that they would be excluded.

Is the Minister settled on that, or is that a stay of execution for those businesses? What grieves me more than anything else about the regulations is the lack of proper accountability and scrutiny. I get health regulations and why they were invented in the first place, which was to enable us to make regulations and legislation quickly, but when that legislation is so impactful, and when it affects so many people and there is no evidence to suggest that it will work, surely that is when we should step back and consider our actions.

The failure to bring the regulations to the Assembly until now is deeply alarming and sets a dangerous precedent. It is unacceptable that, despite cross-Bench support for an opportunity to debate the policy, the Health Minister could not bring the regulations until now, two weeks after their enactment. Even in Scotland and Wales, an affirmative vote from the legislature was sought prior to introduction. How can Northern Ireland be the only legislature where the Minister cannot bring the regulations to the Floor in time?

A Member: Will the Member give way?

Mr Frew: No, I will not. I will be fair and consistent across the board, and, if I have time after making progress, I will give way.

Mr Stalford: That is not like you.

Mr Frew: It is not like me.

I am mindful of the tone of the debate, and I wish to keep it that way, because we should be respectful, but I asked the Minister, at one of the last debates on health regulations, if he was minded to bring in certification, to bring it before the House before enactment. It is with deep regret that that has not taken place. It would not be sufficient with regard to scrutiny, but at least it would have been something. Where is the scientific evidence for these regulations? The Department has had months now to produce evidence. I think it was in April when the Minister changed his mind about certification. I think it was one day, from 21 April to 22 April, but nonetheless he changed his mind. So, since April, why has he not produced any evidence at all, let alone scientific evidence, that these measures and this regulation will work?

5.45 pm

Coronavirus regulations are permitted only where they are necessary, proportionate and evidence-based, but that threshold has not

been met. Since the Executive voted on 17 November, the Chief Medical Officer and the Chief Scientific Adviser have said that case numbers have peaked, that the R number has come down, and that hospital admissions are on a downward trajectory. Among the parties here that cloak themselves as parties of equality, many of the self-proclaimed champions of rights in the Executive were only too willing to rush these regulations through without any equality or human rights impact assessments being produced, let alone being published. Vaccine passports may be viewed as a small inconvenience to many, but for so many others, including the elderly and the frail, they will disproportionately affect access to social settings and activities, some of which are the very lifeblood of existence. Then there are those who suffer from dementia and Alzheimer's —

Mr Wells: Will the Member give way?

Mr Frew: No, I will be consistent.

Imagine dementia sufferers or Alzheimer's sufferers: how will they cope with certification? It is essential that the implementation of this policy is paused. I make the plea tonight in the House that it is paused until those equality concerns are at least addressed in an open and transparent way.

We were told that COVID decisions are taken on the basis of economic and societal factors as well as health. What assessment has there been of the economic implications of mandatory COVID certification? The reality is that the regulations carry the threat of the same level of fines for a small corner café, a licensed premises or a restaurant as they do for large multinational companies. Is that fair and proportionate? That is only one question that we needed time to answer, and we did not get that time. Throughout the world, we have seen that these measures simply do not work. In Québec in Canada, representatives of licensed hospitality indicated that sales dropped more than 40% — 40% — in the first three weeks after COVID passports were imposed.

These regulations have been implemented without the most rudimentary understanding of how success will be measured. How will we know that these measures work? We have no indication from the Health Minister as to how he will monitor the impact of COVID-status certification. What does success look like? If there is absolutely no logic to their implementation, how will there ever be logic for removing them? By what margins does the Health Minister envisage that hospital

admissions will reduce or case numbers will fall by way of this measure? No targets have been set, by the way, but if they were set, would he then commit to reversing the certification policy, because the measures simply do not work? The Department of Health has provided no modelling on the likely impact of COVID certification. Is that because it has not done any modelling since April, or is it because the benefits are minimal?

We have had no scrutiny. No Committee in this place has looked at this in depth. We have to look to the Public Administration and Constitutional Affairs Committee, appointed by the House of Commons, which has done a robust piece of work on COVID-status certification. It is important to put on record that it was printed on 10 June 2021, several months ago, but remember this: vaccination levels have increased considerably for first vaccination, second vaccination and now booster, which is important. It is clear, however, that the only real scrutiny that has taken place on COVID status certification shows that it simply will not work. In fact, the document refers to abandoning any plans for COVID-status certification. Those are strong words for any scrutiny Committee, not least one in the House of Commons.

It is imperative that MLAs read that document, because it is the only scrutiny that we have. How many have looked at its conclusions and recommendations? It is a powerful document. It is from June, but the same logic applies now. When I read the document, I see the similarities between here and GB — it is incredible — yet nobody here who would vote for the motion seems to take cognisance of the evidence in the document. I could go through it, but I will not, because others want to speak. However, I refer this document to you, and I plead with you to read it and then to step back from these regulations.

What I do want to illustrate in great detail is how the regulations will affect business in Northern Ireland. Hospitality Ulster represents many of our licensed premises and tourist centres. It is important that we get its words on record, because it has not been able to go to a Committee in the way that it should for primary legislation, and this should be primary legislation. One of the recommendations in the House of Commons report, by the way, is that the certification measure should have been primary legislation. That would have afforded the Committee the time for all evidence to be gathered from stakeholders. That is what we do here — we are legislators — but we are not given the time.

Hospitality Ulster stated, on 29 November, that it had a concern due to a lack of information, evidence published by the Scottish Government, and anecdotal evidence from its counterparts in the Republic of Ireland that showed a downturn in footfall of 20% to 40%, increased costs and high levels of abusive behaviour against staff. I quote:

"I hope you will agree that it would have been much better to have shared the evidence of the impact of COVID certification" —

A Member: Will the Member give way?

Mr Frew: No, I will not. I will be consistent.

— "and the measurement of success that will be used to decide when the regulation can be removed,"

— the point that I make —

"bringing the hospitality businesses with them, rather than a 'we know best' approach".

As for that "we know best" approach, it is simply not good enough to say that the evidence exists and to keep repeating it as if it was true. Produce the evidence, publish the evidence, let us all see the evidence. It just does not exist.

I will keep quoting:

"Alternatively, if the introduction of COVID certification is more about influencing the general public's behaviour, then this should have been explained to businesses, with support offered if it results in a negative economic impact. We have been told that COVID certification is to keep us open"

— there is the threat —

"but we are then told more restrictions will follow and that no guarantees can be given".

These businesses are in an awful position.

It says:

"In short" —

the Health Department —

"has not laid out the evidence and explained it clearly to the people that will be most

impacted; the same people who must also enforce the regulations."

Is that not damning?

I received a further email from Hospitality Ulster today, and it is important that this is spoken of. It says:

"latest hospitality industry trading survey covering the weeks beginning the 15th November, 22nd November and 29th November 2021; compared to normal trading in the same weeks of 2019.

Since the announcement of mandatory 'Proof of Covid Status'" —

that is how Hospitality Ulster puts it —

"trading conditions over the last 3 weeks have been extremely challenging, with the majority of businesses experiencing falling sales.

Beverage and food sales have been deteriorating weekly with almost all members (93% to 95%) saying that sales were down during the week commencing 29th November 2021.

The share of businesses who have experienced a contraction of more than 50% in sales has been increasing over this short period of time.

In the week beginning 29th November 2021:

- 1 in 5 members (21%) said that beverage sales had contracted by more than 50%.*
- 1 in 4 (26%) stated that food sales were down more than 50% and*
- Half of those with accommodation (54%) said that accommodation sales had contracted by more than 50% compared to the same week in 2019*

Business owners are seeing sustained contraction of sales, forced by a drop in footfall and immediate booking cancellations, and feel like they have been left high and dry after being heaped with the responsibility of the Covid Passport scheme."

That is the way Hospitality Ulster puts it. Do you know something? It does not really matter whether you call it a "passport scheme" or "certification". The public see it as discrimination.

The email continues:

"Even though penalties for the scheme kick in from today we are still yet to see the economic impact assessment which has led to this decision. Where is the realisation from government" —

from the Department of Health —

"that the hospitality industry is in trouble?

After two weeks of developing operational procedures and training of staff for 'Proof of Covid Status', on the weekend before penalties begin the legislation gets changed from 'check as soon as reasonably possible' to 'check at point of entry' " —

would you believe it? —

"a change that will be unworkable for many businesses that operate a counter service business model or venues that have several entrances."

In our constituency of North Antrim, one hotel in particular probably has about 19 entrances. How will it cope? The email continues:

"Most businesses do not have door staff and cannot afford to employ them even if they could find them. Where is the collaborative working? Where is the common sense approach?

The Executive and MLAs need to understand that repeated additional Covid measures are costing businesses in the hospitality sector, and we are at breaking point. This, coupled with a highly confusing message ... is destroying our industry."

That is how Hospitality Ulster puts it. It continues:

"If Hospitality businesses are the sacrificial lamb, if our staff are to go without wages, the Executive should at least be honest ...

If the Assembly votes in favour" —

these are Hospitality Ulster's words —

"of Proof of Covid Status today, I respectively [sic] ask that an amendment to the legislation requiring an immediate economic impact assessment is added, and that financial support is provided to hospitality businesses where needed".

Where is the opportunity to amend the legislation? There is none. It is not primary legislation.

6.00 pm

Let me add my take to the cry of the businesses. We are in a business arena where the rising costs of energy and inflation are crippling. Businesses cannot get staff, yet we burden them with COVID certification that is not evidenced to work anywhere, has not reduced admissions to hospital and has not seen cases drop. That is the state of the industry, and it is crying for help. It is asking for information or evidence, and we cannot even give it that. The industry wants to know the logic behind the burden that we place on it.

The Federation of Small Businesses (FSB) has also carried out polling. Over 85% of its membership felt that the COVID status certificate should either not be introduced at all or, if it is to be introduced, should be applied to relevant public settings such as trains, buses, hospital waiting areas as well as private businesses. If the regulations are to be introduced, they must contain a sunset clause — there is a novel approach — so that, in the event of instability in the current Executive or delays in establishing a new one after the election, businesses will not be left subject to a serious burden that no one is empowered to repeal.

Mr Catney: Will you give me just a wee point of order? Just to clarify —

Mr Frew: No, I will not. I will be consistent and fair to other Members.

I quote the Federation of Small Businesses:

"The discontent stemmed, in the first instance, from the lack of clarity as to the policy intent. Is it to drive up vaccinations or ensure that public gatherings are demonstrably safe spaces? The complete absence of public settings undermines confidence that the policy intent was truly about demonstrating the safety of places where people congregated and raised concerns about the lack of equality in the policy, as it is intent on placing the burden solely on the private sector. Beyond that, there was real confusion [in the survey] as to the mechanics for checking, as it appeared that existing vaccination record cards, carried by hundreds of thousands of people, would no longer be acceptable as proof of vaccination and that an entirely new

and complex app -based system would be required."

Again, there is confusion. What is the current position? How long will the wee paper cards in your wallet be usable? Do businesses know that they can be used? There is already confusion.

I will finish this section of my speech with a quotation from the Federation of Small Businesses:

"I am writing to urge that the Assembly take time to consider not simply whether this directive can be approved and imposed on customers and businesses but whether it should be. The forthcoming Assembly debate on this proposal should give opportunity for wider reflection and, if the consensus of those Federation of Small Businesses members who engage with our poll is reflective of wider concerns, an opportunity should be taken to change course and avoid doing untold damage to hospitality businesses in every community who find themselves having to police a public policy of which a great many of their customers will know little, if anything, until the moment they find themselves denied entry to a cafe or restaurant or a pub."

Those are the words of the Federation of Small Businesses. Have you ever seen a time when lobby groups have spoken so sternly and with so much force? I have not. Surely that shows the measure of the concern among businesses.

I turn now to a good report from Imperial College London about vaccine passports and the link to COVID-19 vaccine hesitancy in the UK and Israel:

"A new study from Imperial College London has found a link between COVID-19 vaccine hesitancy and a perceived lack of free will over vaccine passports"

— call them what you will.

The article continues:

"The findings, taken from surveys of 1,358 people across the UK and Israel — two highly vaccinated countries — found that people who feel their sense of autonomy, or free will, is unmet by government incentives like vaccine passports are less likely to take the COVID-19 vaccine."

Dr Porat, the study's lead author, states:

"If public health incentives like vaccine passports 'frustrate' psychological needs ... then they might paradoxically reduce people's willingness to get vaccinated."

The article goes on to state:

"Domestic vaccine passports, where people must prove their vaccination status to stay in hotels and attend events for example, have been introduced across the world to restore freedom of movement within countries and encourage vaccination. However this new study, published in the journal 'Vaccines', highlights that such public health incentives might affect people's vaccination decisions in unintended and undesirable ways."

Without a doubt:

"Vaccination is the single most effective way to reduce deaths and severe illness from COVID-19, and current vaccines have demonstrated high levels of protection against symptomatic infection."

You do not and should not coerce people, however. You should not discriminate against people because they have chosen to wait a while or chosen, for some other reason, not to take the vaccine at this time.

Ms Mallon: Will the Member give way?

Mr Frew: No, I will not.

The article states that the study also found:

"people's willingness to get vaccinated correlated with their sense of autonomy: participants who felt their need for free will was unmet were particularly unlikely to say they would take the vaccine."

Professor Calvo from the Dyson School of Design Engineering, said:

"Governments should focus on building a caring and trusting relationship with the public, rather than applying pressure and external controls."

The article states that the researchers said that there is a suggestion:

"even if government pressure causes people to get vaccinated now, they may be less willing to receive a booster dose or a vaccine against new variants in future. Autonomy-frustrating policies like vaccine passports"

— or certification —

"might also have long-term public health implications in terms of trust in the health system, they explain. Moreover, failing to meet psychological needs can damage people's wellbeing, so needs-frustrating policies might add to the already heavy burden of the pandemic on people's mental health."

Dr Porat added:

"For some, vaccine passports act as incentives to get vaccinated so they can move freely in society. Our results suggest that for others, the passports might increase resistance to vaccination or alter the motivation behind their vaccine decisions in ways that might have detrimental long-term consequences"

for public health and trust in government. That is undeniable. That is why I cannot support anything that forces or coerces people into getting vaccinated or discriminates against them based on their vaccination status.

There are also serious concerns over the lack of guidance for those who are medically exempt from vaccination. The regulations state that someone can provide evidence:

"through the Northern Ireland Covid Certification process for medical exemption".

What does that even mean? Unlike other regions of the United Kingdom, there is no indication that such a facility is even close to being operational in Northern Ireland. Even if it were, why does it have to be done through the certification scheme? Surely a letter from a GP, who knows the patient best, should be ample to provide exemption. The problem is this: some GPs will not give out exemption letters. Sometimes they do not have the time because of the strain and burden on them. How will we get around the exemptions for vulnerable people and people who simply cannot take the vaccination? There are many medical reasons that people cannot take the vaccination, one of which is that they may have suffered myocarditis after the first dose. That has been proven to be the case in some cases, but it is very rare, thankfully.

The UK Health Security Agency states:

"As of 17 November 2021, there have been 432 reports of myocarditis and 332 reports of pericarditis following ... Pfizer ... 101

reports of myocarditis and 57 reports of pericarditis following the use of ... Moderna".

That, of course, will be under-reported.

We know that there are people who are exempt from vaccines. How will those people be supported? They cannot be coerced into taking another vaccine. They have already tried it once. The Minister's press release championed early uptake of the scheme on 3 December and completely ignored the issue of medical exemptions. Was that a blind spot? The Department's online guidance refers to only three ways to provide your status: being double-vaccinated, having a negative test result or having evidence of an earlier PCR positive test. However, let us be clear. You can have a certificate on your phone or in paper form in your back pocket, but that certificate does not prove one bit that you do not have the COVID-19 virus. We have seen in many cases, in hospitality settings and in settings such as cruises, that vaccinated people spread COVID-19. Certification is no guarantee and no safeguard against the transmission of the virus, nor will it stop hospitalisations.

That is the tragic thing about the debate today. There is no evidence to suggest that it will work, none whatever. Nobody has provided that, yet we are going to pursue it and burden those businesses. In England, clarity has already been provided on the medical conditions covered by the exemption process. They include people receiving end-of-life care where vaccination is not in the person's best interests, people with learning difficulties or autistic individuals, people with a combination of impairments where vaccination cannot be provided through reasonable adjustments and people with severe allergies to all currently available vaccines. Short-term exemptions will also be available for those with short-term medical conditions, an option that some pregnant women may choose to take. Where are those facilities in Northern Ireland? It is unclear whether the Department intends to replicate that flexibility. In the meantime, those with legitimate reasons for not receiving the vaccine in other parts of the UK can continue to access settings that require proof of their status. They can gain entry. That creates an unacceptable inequality for people living in Northern Ireland.

There are also data concerns. Where are the data protection assessments? The Department, the Minister and, if the regulations pass, the House will ask people to provide strangers with personal health data. Will the reason for someone's medical exemption need to be

declared on their certificate, or will an exemption be enough? What clinical and professional evidence will be needed? Who will have access to such personal information? Who will ultimately be the judge of whether someone's condition is serious enough to warrant an exemption? How will the process be open and transparent? Will there even be an appeal mechanism?

The fact that so many gaps remain in relation to the regulations demonstrates that the Department has not learned the mistakes of previous stages of the pandemic. Even the PPS has made it clear that the ill-considered and confusing nature of much of the COVID legislation is a barrier to effective enforcement, even if you wanted to enforce a draconian measure that discriminates between one family member and another.

I believe it to be an horrendous measure on the face of the regulations, and I believe it to be horrendous that we have not had the time to scrutinise properly and that no scrutiny Committee has had the time to really get in-depth knowledge and evidence on COVID status certification. Yet, we will pass this here tonight. It will have a massive impact on our people and on households, with discrimination between one family member and another. I cannot support that. I will not support that.

6.15 pm

Ms Mallon: On a point of order, Mr Deputy Speaker. Mr Frew has referred on a number of occasions to vaccine "coercion" and "discrimination". The options before us are multiple. One is proof of COVID vaccinations, but there is also lateral flow and PCR, so it is not accurate to continually refer to vaccine coercion and discrimination.

Mr Deputy Speaker (Mr McGlone): That is a point of accuracy rather a point of order, but thank you.

Mr Frew: I think it is a point of debate, actually, but I will not go against your ruling. If you treat people differently, it is discrimination. If you allow only people who are vaccinated to have a certificate but you force people who are not vaccinated to test every other day to gain entry to the same setting, it is discrimination. It is treating one family member differently from another. I cannot support that. I will not support that. My party will not support that. All I ask is that we pause, take this back a step, scrutinise it properly and see the evidence. If there is any evidence, let us see it.

Let us move forward with regulations that are evidence-based and that will protect people — not discriminate against them and hurt them and hurt business but protect them from the virus that is killing people. The regulation — this measure — does not do it. It does not cut it. It will bring widespread hurt and pain to businesses, business owners and staff and members of our population and of my constituency. I will not abide by it. I cannot support it. My name will not be near it.

Mr Deputy Speaker (Mr McGlone): Before I call the next Member to speak, I remind Members that the Assembly has extended the sitting until 9.00 pm, at which point, if the item of business has not been concluded, it will be postponed until such time as the Business Committee determines. That will have allowed almost five hours to debate the motion, and, while the Business Committee has agreed that there should be no time limit on contributions, I am confident that there is plenty of time for everyone who wishes to speak to get their views across. It is in everyone's interests that Members' speeches are brief and to the point. The Speaker hopes to call the Minister no later than 8.30 pm, to allow him to wind up the debate, before putting the Question at 9.00 pm. I encourage you all to assist with keeping to that time frame.

Mr McGrath: I thank Mr Frew for reminding me why, in the Business Committee, I support time-bound contributions and will continue to do so.

I will rewind to a year ago, when the people of Northern Ireland had been in lockdown in various ways for nine months. Families were separated. Loved ones had died in hospital with only a doctor or a nurse to hold their hand. Healthcare staff worked day and night without sick leave or holidays to protect life in the face of an invisible and relentless foe. The Assembly was, for the most part, in agreement on our course of action to minimise the risk to the public and, in turn, minimise, as far as possible, the pressure on our health service. That was all done while we did not know when a vaccine would be forthcoming. This day last year, there were 483 new cases. Today, we have, I think, about 1,800 new cases.

The tools in our arsenal against COVID-19 are many. Every one of them, however, is a complement and a support to the others. They range from the individual wearing a face covering on the street, to the citizen washing their hands one more time, to the person maintaining social distancing, to taking lateral flow tests before you go out, to the public health officials' messaging, to the legislation that we

pass in this place, which includes the COVID certificates. Each of those tools works to support the others, with the threefold objective of reducing the spread of the virus, easing the pressure on our health service and saving lives.

As soon as the vaccine arrived, our Executive went into the most incredible public campaign to raise awareness of the importance of getting vaccinated when called to do so. The Department orchestrated what was, in hindsight, the most effective and efficient campaign to set up vaccination centres, to get staff on board and to ensure that people were able to receive their vaccinations as quickly and safely as possible. I pay tribute to Dr Patricia Donnelly and to all those who have been working on the vaccination programme with its threefold purpose of reducing the spread of the virus, easing the pressure on our health service and saving lives.

Where are we now? Why have some members of the public been more reluctant to get their vaccinations? Why are there still some who refuse to do so? I wonder whether public confidence was affected when a DUP councillor announced in December 2020 that he would not be getting the vaccine because he believed that it contained stem cells from aborted babies. That same councillor went on to say that the pandemic was the wrath of God as the result of abortion and same-sex marriage. How much damage did that do to the messaging? Perhaps public confidence was affected in June, when a DUP MP said that our pandemic response had been driven by medical opinion for "far too long". He went on to say:

"we've had a period when terror was almost imbibed in people to try and keep them in line".

Perhaps public confidence was affected in June, when a DUP MP rushed onstage with Van Morrison to engage in one of the most dangerous and destructive verbal assaults on our Health Minister that we have ever witnessed.

While most of us in this place, our councillors and other elected representatives were pleading with the public for everyone to do their bit in the fight against COVID and for cool heads to prevail, DUP representatives were running off on solo runs, undermining the Health Minister and the public health message at every turn and facing absolutely no disciplinary action as a result.

Disgracefully, it is time that some members of the DUP who have fuelled the fire with conspiracy theories and misinformation —.

Ms Bunting: On a point of order, Mr Deputy Speaker. I would appreciate your direction on whether the debate is about the DUP or COVID registration and certification.

Mr Deputy Speaker (Mr McGlone): There has been quite a bit of that from both sides and across the Chamber. It kind of goes with what this place is: a political Assembly.

Mr McGrath: Thank you very much, Mr Deputy Speaker. My point is this: is it any wonder that we have had people in our constituency offices asking, "What is the point in following the restrictions?"? It is the double standards that I am talking about. They have been most eloquently displayed by one political party in the Chamber over others.

As I said, there are many tools in our arsenal against COVID-19. Those tools do not operate as stand-alone items but impact on each other. That brings me to the specific matter that we are talking about today: COVID certificates. On 27 September, the Infrastructure Minister, Nichola Mallon, made a proposal to the Executive for the introduction of a mandatory system of COVID certification for hospitality and entertainment venues to support businesses and reduce the pressure on our health service. That proposal was rejected by the UUP, the DUP and Sinn Féin. At the time, we said that COVID certificates were needed. We said that they would help with our rate of vaccination, which would, in turn, ease the pressure on our health service and thus save lives. We were right then, and we are right today to support their introduction.

I know that many people are reluctant about COVID certificates. There is a reluctance that we will implement them and that we may face further restrictions in January. However, had we implemented them in September, when the SDLP made its proposal, who knows what situation we would face today? The public will look to us to provide the reassurance that certificates will contribute to the threefold outcomes that I mentioned.

"Show us the evidence" is what the DUP says to us: "Show us the equality impact assessment". It is all on the Department of Health's website. There is documentation of an empirical study that showed that COVID-19 certification led to an increase in vaccinations

20 days prior to its implementation and a lasting effect for 40 days afterwards.

France, which initially had a lower uptake of vaccinations, had 1.7 million doses administered prior to certification, and 770,000 doses after it. There was a higher uptake among those aged under 20 and those in the 20 to 29 category. That assessment provides solid evidence that certification can increase vaccine uptake, so what is the problem?

The Department has also published its scientific evidence on its website. We have documentation of what SAGE was telling us in April of this year. It said that COVID certification would reduce virus transmission, reduce the risk of serious illness and death and increase the likelihood that higher risk settings could continue to operate. The evidence states that there is also likely to be a secondary benefit in relation to vaccine uptake, so what is the problem?

The British Society for Immunology goes as far as telling us that if you are fully vaccinated your chance of being infected with COVID-19 is approximately halved. Furthermore, if you do get infected, you are half as likely to pass it on. Therefore, vaccination can reduce transmission overall by 75%.

Finally, details on equality screening, disability duties and human rights assessments are published on the Department's website. That comprehensive document outlines precisely the impact of certification on those identified in section 75. The document has found that no singular group in section 75 is unable to receive the vaccine and is, therefore, unable to avail themselves of the vaccine certification.

Every action that has been taken since the outbreak of the pandemic has been to mitigate and minimise the risks presented as much as possible. The certification process does just that: it minimises the risk that is posed. Again, what is the problem? The legislation has been underpinned by the most expert health, scientific and legal advice, not by YouTube and unverified accounts or struck-off medics. Again, what is the problem, when we have got the experts?

At this stage, I am at a loss as to what the problem is with the DUP and this policy. Why is it that the DUP has supported every regulation that has come before the House until this regulation, today? Is its problem that it cannot sell the latest regulation to its voter base? Is the party opposite opposing the legislation because it feels that it is standing up for people's rights?

That simply does not wash. Its track record on equality and rights speaks for itself.

At the outset, I said that today's debate is about more than just COVID certificates; it is also a debate on trust in those who provide the expert medical, scientific and legal advice. If the DUP decides to vote against these regulations, it is sending a clear message to the public that it does not trust our Chief Medical Officer or Chief Scientific Adviser —

Mr Weir: Will the Member give way?

Mr McGrath: I will take as many interventions as Mr Frew took.

It is also sending the message that it does not trust the Department of Health's Departmental Solicitor's Office. That may sound like political hyperbole to some, but it does not change the fact that it is true.

None of us is entirely comfortable with the implementation of COVID certificates, just as none of us was comfortable with the introduction of lockdown, face coverings, social distancing and the rest of it. However, those who adhered to the regulations did so because they knew that each of us has a responsibility to minimise the risk of the virus's ability to spread. Some in our community are saying that their rights are being infringed by the certificates. There are people in my constituency of South Down who are still shielding because they are so vulnerable and immunosuppressed. Do they not have a right to be able to re-enter the world, enjoy a trip to the cinema and know that the people around them are either fully vaccinated or have taken a test to prove that they are not carrying the virus?

I would not dare advocate for the introduction of COVID certificates because I am some instrument of government. I support them because I do not want to see people die as a result of being exposed to someone who refused to undertake basic precautions.

6.30 pm

We know that the public are tired of COVID. All of us, I am sure, have found ourselves saying, "I am just done with this". We have all experienced that at some point. Things have not been made any easier when we have seen the antics of the current Tory Government, who were hosting parties at Number 10 while the rest of us were following the restrictions and some were in hospital, dying alone.

One excuse that is often fired at us on COVID certification is that it denies people their individual rights and freedoms. That is utter nonsense. Our society is just that: a society. We have laws, legislation and social contracts to which we adhere for the greater good of society. Showing certification that you have been vaccinated in no way impinges on your basic and inalienable human rights or on the civil rights that were hard won, and I challenge any MLA who has not been vaccinated for ethical reasons to dare, again, to call themselves pro-life.

In conclusion, I would like Members to hear article 1 of the Universal Declaration of Human Rights:

"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood."

I implore all Members today: if you truly value life, rights and individual human dignity, engage your reason and conscience; do the right thing; and support the regulation before us. It will enable people to live and will ensure that we act in a way that befits that spirit of brotherhood. I support the regulation, and I implore other Members to do so.

Mr Stalford: Well, the spirit of brotherhood was overflowing in that contribution. What we heard from the Member for South Down is that there is not a single restriction for which he will not willingly vote. As long as it comes with the imprimatur of the Department of Health, he can be relied upon to trot through the Lobbies and vote for it. There is not a single restriction that he will not vote for. Everyone listening to the debate will have taken that from his contribution.

At the core of the debate is a disagreement on tactics, not outcomes. We are all unified in wanting to see the threat of COVID eliminated and society return to normal — at least, I thought that we were — as speedily as possible. There is no contradiction in wanting to see such an outcome and disagreeing with the efficacy of so-called vaccine passports.

I want to make it clear that there is no fundamental dispute between the Minister of Health and me in our shared desire to see COVID eradicated and life get back to normal, and I will have absolutely no truck with anyone who has made disparaging or threatening remarks about the Minister. In a democracy,

people should be free to disagree on public policy without resorting to personal insults.

The evidence has not yet been produced to show that the passports will work. There is some evidence to suggest that, far from producing the desired outcome, they are counterproductive in encouraging people to do the right thing and get vaccinated. There are places around the world where these or similar schemes have been tried and have not worked. An article in the 'Daily Record' on 7 November 2021 stated:

"One of the UK's most respected public health experts has called on the Scottish Government to scrap its 'ridiculous and discriminatory' vaccine passport scheme.

Professor Allyson Pollock spoke out after a study by 'The Lancet'"

— I presume that that is a reliable source —

"medical bible found double-jabbed people can be just as likely to pass on Covid-19.

The research appears to blow a hole in the argument for controversial new laws in Scotland requiring proof of vaccination to enter football grounds and nightclubs."

Not all experts are unified on the issue. We have seen similar schemes tried elsewhere that have not produced the desired outcome.

Further to that, the introduction of such measures represents a failure of focus on the Department's behalf. Our job needs to be to encourage people to do the right thing and take up vaccination. This punitive measure will not produce the outcome that people think it will. We should instead be debating how to clear the backlog in domiciliary care packages and tackle the bed-blocking in our already-under-strain hospitals. There has been an announcement about trying to tackle the problems in domiciliary care, but the detail of that is yet to be brought before the House. Instead, the public discourse has been dominated for weeks by this particular issue.

The failure of any agency — be that the Justice Department, Health Department, local councils or the PSNI — to step up and take ownership of this idea is demonstrative of its unworkable nature. Those arguing for it know that they want it to be passed but also that they want someone else to enforce it for them. What is that, then, if not an empty and hollow gesture? How will the passage of a scheme that nobody wants to

enforce make the public safer? Who will enforce it? I have not had an answer to that question, and I do not know whether other Members have. Are we proposing that local government officers conduct raids on premises to see whether the regulations have been breached? What does that say about the duty of care that local councils have to their staff? Are we suggesting that the police should devote their time to it in the middle of winter, when all sorts of issues — road traffic accidents and things like that — arise? Winter is a time of increased activity for the police. Are we suggesting that they be diverted from those activities in order to ensure the imposition of the scheme?

There is no precedent in our history for the introduction of such measures. Before now, we had not countenanced the idea of vaccination certificates at any stage in the history of the National Health Service. Given the scale of the undertaking, the failure of any Department or agency to take ownership of enforcement means that the measure will divide the community, regardless of protestations to the contrary. It creates two classes of people. Anyone who suggests otherwise is being wilfully blind. Of course it will do that. By any logical measure, it creates two classes of people: one with the app and one without; and one with the certificate and one without. Those are two different types of people. Any suggestion that this will not divide society is for the birds, frankly.

It is a policy that was born out of a something-must-be-done mindset. Indeed, many of its biggest supporters acknowledged that the best outcome that they can hope for from the policy is that it will encourage more people to get vaccinated. Is there no other way in which that outcome can be achieved without dividing the population and denying people access to services? Have we, the 90 Members of the Assembly, lost our capacity for thought, intelligence and a sensible approach to public policy to such an extent that we can think of no other way in which to shape the outcomes that we all want?

I wish the Minister very well. I wish him all the best over the winter. I know that he has difficult job to do, and I have backed him thus far, but I cannot support this measure.

Ms Mallon: Will the Member give way?

Mr Stalford: Yes.

Ms Mallon: Can the Member share with us where he would feel safer? As a customer, would he feel safer in an environment in which he knew that people were doubly vaccinated or had had a negative lateral flow test or previous positive PCR test, or would he feel safer and more confident and comfortable in a place in which none of those mitigations was in place?

Mr Stalford: I am doubly vaccinated and I wear a mask. I conform to the regulations. I suggest to the Infrastructure Minister that the return on the policy that she is pursuing will be so minimal when it comes to affecting the outcome that it may do more damage than good. The Minister represents one of the most socially deprived constituencies in Northern Ireland. She knows the economic implications of pursuing this policy for some of the least well-off people in our society. She knows that small businesses especially will be absolutely clobbered by the measure.

Ms Mallon: Will the Member give way?

Mr Stalford: I have concluded my remarks, Minister.

Mr Allister: Ha! [*Inaudible*] give way.

Mr Stalford: What was that?

Mr Deputy Speaker (Mr McGlone): I ask Members to refrain from making comments from a seated position.

Mr Dickson: There is an unquestionable desire to get back to normality. People want the economy back on track. People want the removal of masks and an end to further lockdowns, but, to do that, ultimately, we have to defeat the virus.

Undoubtedly, the question of COVID passes is a complex one, and, as we have heard from Members and have seen from emails that we have received and from protests that were outside the Building today, they are an emotional topic for many people. I have been contacted by numerous constituents who are willing to make sacrifices to halt the spread of the virus. For others, passes are a frightening prospect. It is all about providing assurance to the people with whom we come into contact.

Our health service is, by any stretch of the imagination, overwhelmed. With the new variant on our shores, it is, regrettably, only going to get worse. Sadly, today, we heard evidence of the first death from the new variant in the United Kingdom. We are now in a situation

where COVID passes, together with all the other mitigating measures, are the way forward. They are a necessity.

Quite often, there was poor communication on regular testing, and decisions were made that ignored the scientific evidence, such as the opening of nightclubs and high-risk venues. We cannot and must not make the mistakes that were made last year, when the DUP prematurely forced the opening of venues, which saw soaring rates and hospitalisations. Undoubtedly, for many, this a very difficult situation and a very difficult decision, but showing proof of vaccination and a negative test or high immunity levels can play a positive role in reducing hospitalisation. It will deliver what we want to do, and that is to reopen our economy and keep businesses and those who work in them safe.

We all must do what we can to halt the rise in cases and reduce pressures on our health service. The regulations that the Minister has presented today are minimal, and I hope that they will add a further layer of protection in high-risk settings, allowing businesses to remain open. That has to be the fundamental message going out from here today. This is not about attempting to damage or close down businesses; it is quite the reverse. It is about attempting to deliver a safe environment in which businesses can continue to proceed.

As we have all heard, Northern Ireland is not unique in its approach. COVID pass schemes are in place in many countries across Europe, including Ireland and France, as well as the rest of the United Kingdom. Nonetheless, I understand that some people have concerns, and those who refuse to get vaccinated have their reasons. The regulations ensure that proof can be provided in place of a vaccine for medically exempt people, but, for those who refuse the vaccine on other grounds or because of conspiracy theories, we have to act to mitigate their concerns. Getting a COVID pass is a reasonable and proportionate demonstration that people have behaved responsibly, either through vaccination or through testing.

While one of the positive spin-offs of COVID passes is an increase in uptake, there is still work to be done to combat vaccine hesitancy, misinformation and lack of access to people in hard-to-reach communities. I make a plea to the Minister that what he is proposing today is a small part of a much bigger issue that needs to be dealt with, which is how we use our public messaging to get across to everyone that we

are truly all in this together and that, if you can get vaccinated, you should get vaccinated.

The quick roll-out of the vaccine can be explained from the past SARS virus, which meant that a vaccine was already under way. Likewise, there was fear about blood clots: a genuine and understandable concern about a side effect. Out of 50 million doses of AstraZeneca, those have been extremely rare. More than that, the risk of clotting is much lower than with the contraceptive pill, and significantly lower than the risk of blood clots after the coronavirus infection.

6.45 pm

Handwashing, use of masks, social distancing and contact tracing have all been essential throughout the pandemic. What we are attempting to do today is to add one more piece in the wall to arm us against the virus. Often, we are affected by human error and behaviour. We know that transmission occurs before symptoms are apparent, and that many people could, quite simply, be unknowingly spreading the virus. Implementing COVID passes in high-risk, non-essential settings like bars and licensed restaurants creates an environment where favourable measures can be used to create optimal protection for the business, to keep it going, and for workers in situations where masks are down and people are moving around. That is the type of environment in which we have to work in the current circumstances. I do not believe that anybody in the Chamber would wish for or relish a further lockdown. However, if we are to navigate the omicron variant while maintaining an open economy and functioning health service, we need to use all the tools at our disposal. None of us wants to move to plan B or C.

From a personal perspective, I wear my mask and carry my COVID pass to protect others — the stranger in the shop, on the train and in those places where we are required to by these regulations. It is important to me, as a cancer survivor, to provide that security to others. My plea is that they do the same for me. I went through chemotherapy and surgery. I am vulnerable, and remain so post that activity. I look to other people around me to protect me in the same way that I look around to try to protect others. I wish that we would all work to protect one another.

This is not coercive legislation: it is humanitarian. It is about ensuring that, after months and years of hardship, businesses can remain open and we can protect our loved ones and ourselves. Of course, no one can be forced

to get the vaccination. However, as we have seen across the globe, COVID passes provide a carrot-and-stick approach. I do not believe that they are negative. I believe that they are part of the armoury that we can deploy to help to protect one another. That is what I want to do for every single Member in the Chamber: I want us all to protect one another. I truly believe that we are all in this together.

Mr Deputy Speaker (Mr McGlone): I thank Mr Dickson for that personal testimony and wish him well, as, I am sure, does everyone else in the Chamber.

Mr Weir: At the outset, I join with other Members who have thanked front-line staff who have worked throughout the pandemic, such as health and social care workers. From personal experience over the past few months, I know the dedicated work that those professionals are doing. Whatever our views are on the particular subject of the debate, I think that we all join in sending out that unified voice of support to those people.

I welcome the opportunity to speak in the debate. Again, without labouring the point that others have made, it is somewhat disappointing that we are left, to some extent, with those regulations being effectively a *fait accompli*. Having been in Government, I know that, at times, Departments need to move quickly. That is particularly true in dealing with the pandemic. However, it is the case that in Wales, Scotland and Westminster, there was the opportunity for their respective Parliaments to give their direct views before regulations took effect. It is disappointing that, in effect, we are doing this a couple of weeks after the initial proposals were brought forward and, indeed, before —. I think that the Minister is looking to intervene. I will give way.

Mr Swann: I thank the Member for giving way, because this issue has been raised a number of times. The Member knows me well enough from serving with me in the Executive. When the paper went forward, one of my requests to my Executive colleagues was that the matter should be debated and brought to the House as expediently as it could be. There is another Minister in the House who could assent to that. That is what we have done, and that is what I had hoped to do. Members who sit on the Business Committee will have seen the draft Order Papers and will know that I had hoped that the regulation would be debated last Monday. It did not happen, but that afforded two weeks for the Health Committee and the Examiner of Statutory Rules to scrutinise the

regulation. I draw that to the Member's attention.

Mr Weir: It is not appropriate or in the spirit of the debate to personalise the matter at any stage. I am not throwing out accusations against any individual. I am indicating that something was able to be done in all the other jurisdictions, but it is disappointing that our processes and systems were not able to do that in the Assembly for Northern Ireland. I welcome the ruling of the Deputy Speaker. I know that he has encouraged us towards brevity, which is often the soul of wit, and that can be somewhat lacking in the Chamber. It is also important that every Member be given the opportunity to fully express their position. I welcome the ruling that should we not reach a point at which the debate can be concluded by a particular time, that it is not a question of a guillotine coming down. It is important that there is maximum opportunity for debate on this most critical of subjects.

It is about trying to be pragmatic and sensible in the approach. We know that the biggest single intervention to deal with the threat that COVID poses — still poses and has posed — is the vaccination programme, and particularly ensuring that we have maximum uptake of the booster vaccination with the maximum speed. We know that that is particularly important, as has been highlighted. We are still developing a certain level of knowledge about the omicron variant. One of the early indications seems to be that, while someone who is double vaccinated has a certain level of protection, that protection appears to be considerably boosted when a third dose is given. I spoke in the Chamber, a while ago, about not doing as I do but doing as I tell people to do. However, last week, I received my booster vaccination. I encourage people to get the booster vaccination, not just for their sake but, as Mr Dickson pointed out, because of the impact that it has on others.

In taking that reasonable and responsible approach to our interventions, we need to ensure that it is weighed against a number of criteria. We need to look at whether any actions that we take are for the overall public benefit and are weighed against the full implications for public health. That is not simply about the indicators for purely COVID; it is about the wider public health implications. There has sometimes been a tendency for some to pitch economic considerations against health considerations. However, economic considerations are a key driver in public health considerations. We know that, if we create the conditions that cause major economic damage and jobs are lost and poverty is driven in our

society, while it may not lead to someone appearing immediately at the front desk of a hospital, in the long run, creating poverty and unemployment leads to much poorer public health outcomes and to deaths. Therefore, it is important that we protect both lives and livelihoods. When making that judgement, any intervention has to be focused, proportionate, effective and evidence-based. Today, the problem that we face with COVID certification is that, when it is measured against that threshold and yardstick, the policy falls short.

Let me take each of those aspects in turn. I indicated earlier that the key focus has to be on the speed of delivery and the numbers who can get the booster jab.

As a society in Northern Ireland, we have to admit that we have been behind the curve with the booster programme. We have been slower than other parts of the United Kingdom. Again, that is not an attempt to have a go at any particular individual or group; it is a fact. We were slow in September. From the figures that I have received, the number of people who received the booster in the first couple of weeks that it was available was in double figures. While there has been a ratcheting up of the process, one thing that concerns me is the number of booster jabs that were given in the first week in November and compare it with the number that were given in the first week in December.

Mr Stalford: Will the Member give way?

Mr Weir: I will in a moment.

The figures for the first week in December are lower than they were a month earlier, which should concern us. Those are the latest figures, which were provided on 8 December in answer to a question for written answer.

Mr Stalford: I am grateful to Mr Weir for giving way. The Member served in government from the start of the COVID crisis until relatively recently. He will recall that, at various stages when restrictions were being introduced, the Minister or someone else at a press conference usually told us, "This measure will have x impact on the R number. It will help to reduce it and bring it below one". I may be wrong, but I have not seen anywhere anyone saying, "This measure will have x impact on the rates of infection".

Mr Weir: I appreciate the point that is being made. One of the problems with this — I will come onto this later on the evidential side of

things — is a lack of driven data. It seems that one of the popular themes of the debate has been that there is a range of things that we need to do and this is one item in our armour. However, if we have no way of gauging whether the piece of armour is in any way protective of society or the level of protection that it offers, how can we judge the actions that we take? It is about focus.

I mentioned the booster jabs. If there is a commitment to having such an acceleration that we match the targets in other parts of the United Kingdom, I welcome that. It is critical that we match those targets so that the booster can be offered to all by the end of December. If that can be done, it must be done for the benefit of our citizens.

The JCVI was possibly a little slow off the mark. I was one of the first to call for the United Kingdom to follow the Republic of Ireland — this should not be ideological — and give parents the option for their children to receive the vaccination. That was eventually done, which was important.

Looking at where we are with regard to the boosters and initial doses, much has been made in the debate about vaccine hesitancy. Possibly 9% of people have not as yet received the double vaccination, and we do not know precisely how the figures will work out for the booster. In many ways, our level of vaccination in this country has massively exceeded the initial expectation. I am not talking out of class, but I remember an Executive meeting a while ago at which either the Chief Scientific Adviser or the Chief Medical Officer — I cannot remember which — was looking at modelling. At that time, he talked about 80% being the best that could be achieved and set out the implications of doing so. We have now reached 91%.

One of my concerns is that we have spent a lot of time concentrating on certain measures. For instance, today it has been on COVID certificates. However, there has not been the same amount of work done — if there has, I stand to be corrected — on a clinical and research-based assessment of why that 9% has not taken up the vaccine. We can all engage in point-scoring across the Chamber and blame the communication of one statement or another, but have we really drilled down into the 9% or 10% to see how we can reduce it?

Ms Bradshaw: Will the Member give way?

Mr Weir: Yes. I will give way.

7.00 pm

Ms Bradshaw: This is more of a point of interest. The Health Committee was advised that the Department had done some attitudinal surveys around why people have or have not taken the vaccine. That work has been done, and it was to feed into future communications.

Mr Weir: Perhaps it comes back to the point — I cannot remember who raised it initially; it might have been the Member — about a lack of communication. If detailed work of that nature has been done and there is knowledge about that, it does not appear to have been shared with the wider system.

(Mr Speaker in the Chair)

We know that 9% or 10% of people have not received the vaccination. My guess is that, in many of those cases and particularly among young people, there is a belief that it will have little direct impact on them and that it is an issue of not bothering to get the vaccine. A small minority takes particular objection for a range of reasons, whether they believe certain conspiracy theories or have particular principles. A very small percentage will simply refuse to take the vaccine. Therefore, the question is this: if we have perhaps 100,000-plus adults or a little more who have not received the vaccination, what are we doing directly to make that as easy as possible? While various methods have been used, such as walk-in clinics and things of that nature, we need a bit more thinking outside the box about how we can drive that. That is part of the focus that we should have —

Mr Wells: Will the Member give way?

Mr Weir: Yes, I will give way briefly.

Mr Wells: The Member will know that I am one of the 9%; I am not vaccinated. I have made it clear why I am not vaccinated. On Thursday, I am meeting Dr Chada, who is a deputy chief medical officer, with a deputation to offer a solution to the problem for some people who cannot take the vaccines that are presently offered in Northern Ireland. One of the difficulties is that we have signed up to three major suppliers: Moderna, AstraZeneca and Pfizer. If a wider range of vaccines were available, it would solve the problem for a significant proportion of the 9%.

Mr Weir: I appreciate the position —

Mr Swann: Will the Member give way?

Mr Weir: I will give way in a moment. I am conscious that a number of Members want to speak.

I do not necessarily share the Member's position. I have taken the vaccine. I do not have the scientific data to show it, but I suspect that, when it comes to actual numbers, the Member's rationale is not one that is a major driver for the 9%. Until we have done the scoping work and we start applying the lessons of that, we cannot say that actions will be taken.

I think that the Minister was looking to come in, but he has now withdrawn the point that he wanted to make.

There is a third bit that we need to focus on. There is a constant and understandable focus on hospitalisations. If we talk about the demand side, it is about keeping the numbers down and preventing people getting to the point of hospital. That is fair enough in and of itself, but it is also crucial that we do not miss the other part of the equation, which is supply and availability. COVID in and of itself has a public health impact when it comes to deaths, but there clearly is another complication when it comes to hospitalisations, given that it denies hospital beds to people who come in with other conditions. While some work has been done on increasing the supply of beds in our hospital system, we need to ratchet up our focus on how we do that and how we look at more flexible workforce planning to ensure that we have the staff to do that. Critically, the slow discharge of patients has been a major problem, and, therefore, we need to ensure that action is taken on the social care side of things. Those critical issues need to be focused on.

Mention was made that, whatever the implication, the impact of certification may well be minimal. We need to focus on where we can get the greatest level of delivery.

Again, there is the issue of proportionality. When we talk about impact, it seems that there is an understandable concern, which has, at times, been expressed by the hospitality sector, that every time that action needs to be taken, that sector is at the front of the queue. There is no doubt that, given the lack of information about what the impact would be on the R number or on the number of cases, there is a disproportionate level of impact on the hospitality sector. That will lead to additional costs and perhaps to its having to try to find people who can service the front desk or the front door. Whether that is 19 doors or one

door, that will create a level of financial burden and, indeed, may create simple practical difficulties.

We also know that it is undoubtedly the case, either from the information coming from international experience or from what has been said here, that there is clear evidence to show that there will be a loss of trade and the double whammy of additional costs and lost income. We have seen that in the figures that have been quoted from Quebec, where there has been a 40% reduction. There has been a relatively unified voice from Hospitality Ulster, which has given that information, and the FSB. I do not intend to repeat the detail of that, as Mr Frew already read it into the record. On proportionality, however, my question is this: if we are to look at what the impact is on wider society, where is the economic cost-benefit analysis? If that has been produced, let it be published, in order for it to show us what the impact is compared with the potential benefits.

There is also the issue of efficacy and evidence. There is a lack of direct evidence as to what the impact of the regulation will be. The one bit of evidence that we have is that, where this has happened — in the Republic of Ireland or Scotland, for example — case numbers have further risen. If we are to drill down and have effective data, simply to say, "We believe that the situation would have been even worse had this measure not been in place" does not strike me as being a particularly strong argument or one that is data-driven.

It is undoubtedly the case that, logically, the level of efficacy will lead to some additional people being vaccinated. I do not dispute that. It is also the case, however, that there are potential downsides, even from the vaccination programme and the spread of the disease. What are those? First, the Imperial College London report, which Mr Frew quoted from earlier, indicated that vaccine hesitancy has created some reaction amongst some of those who have not been vaccinated to be stubbornly opposed to it. There is no reason to believe that that stance will not be shared in Northern Ireland, where thranthness is often a well-credited virtue. Undoubtedly, although the measure will lead to some people getting the vaccine, others will be more and more determined not to get it.

That is not my principal concern, however, about the behavioural aspect. Mention has been made of the fact that, if we have some form of check, the environment will be safer. In many ways, from the point of view of those who are gaining access to premises, I am not disputing that. My concern is that it will be

viewed by many who are entering a licensed premises, a cinema, a theatre or a nightclub as their having a golden ticket and that, once they enter, because of those processes, they are effectively insulated from COVID. Sadly, we know that that is not the case. There is a danger that, where certification has been brought in, it breeds a sense of complacency amongst those who go into establishments and, indeed, that it creates a feeling, from a behavioural point of view, of a certain amount of carte blanche once people are in. There is therefore a level of danger there.

At this critical time, particularly with the additional risk from the omicron variant, and we do not know precisely how that will play out, we should build consensus where we can, not on the basis of division but on what are, potentially, ineffective interventions that, on an evidential basis, appear to be unproven. We must concentrate all our efforts, where we can, on the key interventions that will make the difference in booster numbers and the actions we can take within our hospital system.

That is the real advantage. That is why we need to pause today and use that opportunity to ensure that we have evidence and can, therefore, move ahead on the basis of what actually makes effective intervention. I am sure that that is something we all share, irrespective of our difference of views.

Mr Catney: In 1976, I was 22. I left the rural security of Moira to buy a little bar, down by the docks in Belfast, called the Liverpool Bar. I want to speak for a couple of minutes on bars and the problems that family and friends who still work in that business tell me about.

The Liverpool Bar was at the bottom of Donegall Quay where it touches Corporation Square, in the shadow of the Belfast Harbour Commissioners' office. There used to be two boats that sailed from there, one from Belfast and one from Liverpool, and they crossed in the Irish Sea. One was called the Ulster Prince and the other the Ulster Queen.

On my very first day and night in the Liverpool, I witnessed something that shocked me. On the shore, families were coming down to say cheerio to their loved ones. Those loved ones were young ones leaving Northern Ireland on the £20 passage to Australia. They got the boat to Liverpool and a train to Southampton and set off. When they were saying cheerio on the docks, they thought that they would never see their loved ones again. They were 100% convinced that they were saying goodbye.

I want to move from there to when I moved to where my parents were, at The Kitchen Bar. I am telling these stories simply to remind us that we had hard times, and we have come through real hard times. Belfast, back then, was surrounded by what some called the ring of steel. There were two gates, one at High Street, which was open 24 hours a day, seven days a week, and one at Castle Street, opposite the City Hall, that closed at 6.00 pm. People who went through them into the city centre were searched, but only four people lived in that square mile. There was the caretaker of the Masonic lodge in Cornmarket and his wife, and the other two were my mother and father above The Kitchen Bar.

In all the businesses, those were the only two in which people lived, but they carried on. They did their best to keep their doors open. We all remember when awful tragedies happened — that is a debate for another day — there were signs that stated, "Business as Usual". They tried to pick themselves up out of the rubble or the shooting that took a loved one, to reopen and get going again.

Given that context, I made the shortest speech that I could today to condense that to see what we are going through now. The pandemic is worldwide, and we are suffering from it greatly here.

7.15 pm

Minister, I also want to thank the front-of-house staff, the hospital staff, the doctors, the nurses, the porters and all who are there doing a great job, but I also want to thank all the people who find themselves in businesses that will be asked to do all these checks. I ask all of us to send out a message that there is no need to give anyone abuse, especially those young people at the front of house. They will be doing whatever is passed in here today, and they will do their best. I know of pubs where they have been abused, and I know of pubs — I can quote them to you — where damage has been done to windows and doors and where staff have been given abuse.

Despite what I have said, I always believed that, if my doors were open and customers were able to come in, I had a chance of trying to make some money. We have asked a lot of our business owners over the past two years, and many have struggled to make ends meet and keep their businesses afloat. I fully believe in doing all that we can to keep the public safe and in trying our best to keep businesses open and functioning. We have heard from the Minister about the terrible impact that the

current surge and the new COVID variant, if left unchecked, will have on our health service. We cannot just sit by while more and more people get sick. That is not to say that the vaccine certificate will be able to reverse the surge by itself; no one who has advocated for certification has said that that is the case. It is just one tool, as we have heard in the House today, that must —

Mr Weir: I thank the Member for giving way. At the start of his remarks, the Member rightly highlighted the pressures on businesses. Part of the issue is weighing up the costs and the potential damage to businesses, and he talked about the extent to which businesses have had to try to soldier on over the last number of months. One of the major problems that we are facing now is that a lot of the tools that were available at earlier stages of the pandemic through the largesse that came from the Exchequer nationally, which was then distributed to us, particularly the furlough scheme, are no longer available to the Executive. That makes it increasingly difficult to be able to respond and give protection to businesses.

Mr Catney: Yes. Thank you for the intervention. I have to agree with what you said. I sit on the Finance Committee. There is a shortfall of £50 million in the Department of Finance. It is not a shortfall, but it is to compensate people who are trying to claim back rates paid for business that was lost because of COVID-19, and that not being allowed for in the rateable valuation of that business. I hear what you are saying and I accept that, but we have to do everything that we possibly can to keep our businesses open and allow them to at least try to trade. That is my belief. I am not saying that it is the right one.

Anyhow, as I said, certification is only one tool to be used, and the combination of stricter adherence to social distancing and the use of face coverings are all ways to reduce the risks of people getting sick and to reduce transmission of this virus.

COVID certification has been used across Europe for many months now. Democracy has not fallen. I have spoken to businesses that had been using certification in advance of today's decision, and, yes, more needs to be done, particularly with those who are older, to help them with the process of getting their domestic certificate. My office has been working with many constituents each day to help them with that process, and I hope, and I know, that all other Members in here are doing the same.

To those who do not want to see the certification and to those who do not want to get the vaccine, let me say this clearly: you have every right to your opinion. However, you have no right to attack business owners and young staff by threatening them with fake legal action just for implementing the rules. They are trying to do their best and to make a living, and some of the staff are starting out in their little careers.

They do not deserve to be attacked for sticking to rules that are set to try to make our lives safer.

Restrictions on the public should not be implemented unless completely necessary. Once again, we find ourselves in a situation where they are required. We have to come together, folks, in these times, to do what is right, and I hope that that is what happens today. I will support the regulations, as proposed by the Health Minister.

Mr Speaker: I remind Members that, as the Deputy Speaker announced a while ago, tonight's sitting will conclude by 9.00 pm. That means that any Members who have been unable to contribute will have their contributions deferred until the Business Committee schedules another sitting to resume the debate. If Members try their best to keep their remarks as succinct as possible, while protecting their right to speak on the issue, of course, we can conclude at that time.

Mr Catney: On a point of order, Mr Speaker. I am not sure whether it is a point of order. You can help me with that.

Mr Speaker: I will, very quickly.

Mr Catney: I tried to keep my little speech as short as possible. Had you been here 20 minutes ago, you would have heard some of them.

Mr Speaker: It is not a point of order; you are right. *[Laughter.]* On that note, I call Jim Wells.

Mr Wells: This is one of those debates where the eyes of the country are on us. Many will be watching, and they will be disappointed that so many Members stood up with typewritten text, got their heads down and read. It was interesting that perhaps the youngest Member of the House, Mrs Erskine, did not do that. She took interventions and is to be applauded for that. However, I was disappointed that other, experienced MLAs could not take a point of information or an intervention on an issue that requires mature debate in the House.

I am particularly disappointed that the Chair of the Health Committee, who is an experienced campaigner in the House, did not have the confidence in his arguments to take an intervention. To be fair, I was disappointed that my old friend Mr Frew, one of the most experienced and able debaters in the House, chose not to take interventions. He used the point that he was ambushed early on by Mrs Mallon and turned down her intervention and, therefore, turned down even friendly-fire interventions like mine. That is disappointing.

What I will say will be controversial, and, unlike other Members, I am not scared, when an intervention comes, to sit down and take the flak. The Minister has been listening, and he is not scared to take interventions. I want to forewarn him of a point that I will raise in my speech, so that he can give some thought to it. The one phrase that has not been used in this evening's debate is "sunset clause". It would reassure an awful lot of people — MLAs and members of the public — if, during his summation at the end of the debate, he could suggest a —.

Mr Swann: Will the Member give way?

Mr Wells: Certainly.

Mr Swann: I thank the Member for giving way. The Member has asked the question directly, and he has taken interventions. This regulation comes under the coronavirus regulations that fall on 23 March next year, should there be no other interaction. To address the concerns that were raised specifically by the FSB, that is the sunset clause for the entirety of the regulations. However, our regulations are reviewed by the Executive every four weeks as part of our standing process to make sure that they are still proportionate and necessary. Any Member of the Executive, either current or previous, will justify that. That is the time when any Minister has the opportunity to say, "Can we question that one? Can we look at that one?". I give the Member that.

Mr Wells: That is an extremely helpful intervention by the Minister. However, does that mean that, on 23 March, if he wishes to continue vaccine passports or "certification", as he calls it, he has to come back to the House with fresh legislation that has to be voted for by Members?

Mr Swann: This regulation is part of the entirety of the coronavirus regulations, which have a sunset clause for 23 March. The whole lot falls

at that point, unless, along with the Executive, the House gives the go-ahead for continuation.

Mr Wells: I welcome that. Many are concerned that the regulations will take on a life of their own and will expand and increase in intensity; that they will become like a juggernaut; and that we will not be able to bring them under control. I am pleased about that, and that has reassured me.

As I said, some of what I will say is controversial. As far as I am aware, I am one of only two Members of the House who is not vaccinated. That does not make me irresponsible, it does not make me a second-class citizen and it does not make me someone who should be discriminated against or shunned in public. Like a significant number of people in Northern Ireland — 9% — I have taken the decision not to be vaccinated. My decision on that is because all of the three vaccines that are available in Northern Ireland have been tested on the cell lines of an aborted fetus. When I made that point to the Department, it came back to me and said, "That is wrong, Mr Wells. None of our vaccines contain the cells of an aborted fetus". That is true: they do not. It was never claimed that they contained the cells of an aborted fetus. What I am saying, and this has been backed up by leading academics, even those who work for Mr Swann, is that the three vaccines that are available in Northern Ireland — Moderna, AstraZeneca and Pfizer — have all been tested on the cell lines of an aborted fetus; a young Dutch girl who was aborted in the 1970s. That is a fact. Morally, I have spent all of my adult life campaigning against the evils of abortion. This is a personal decision for me, and it is not one that I would try to impose on anybody, but I am not under any circumstances going to benefit in any way from anything connected to the abortion industry. I am sorry. That is my view, and I am sticking to it. It is a view that I have stuck to throughout the past 12 months during which we have had vaccinations.

There is a solution to my dilemma and that held by a small number of people. I am not going to say that it affects thousands — it may be a few thousand — but there is absolutely no doubt that a small number of people in Northern Ireland find the situation difficult. They tend to be from the devout Roman Catholic community and the evangelical Protestant community. That is why I welcome the opportunity on Thursday to meet Dr Chada, who is the Deputy Chief Medical Officer of Northern Ireland. I will suggest to him is that there is a solution to the problem, namely the vaccines that are available in Europe that have not been tested on the cell

lines of aborted children. All I am asking is that those vaccines be made available in Northern Ireland.

There have been developments that could assist the Department in that respect. The first development is that — the vaccines, by the way, are quite hard to pronounce — Sinopharm and Covaxin, which contain none of the problems that I have with the others, are being used in scores of countries throughout the world. Recently, they were recognised by the World Health Organization, which is important. The overarching body for health across all of the world has said that those vaccines work and have been clinically trialled and that it is content that they are a major step forward in protecting the community against coronavirus.

The second major development is that National Health Service England has said that it will recognise any vaccine that is on the WHO's list of approved vaccines. For instance, if someone was vaccinated in Egypt or Hungary and came to live or work in England, their vaccine would be recognised as far as vaccine passports etc are concerned. I have asked the Minister this question: will he extend to Northern Ireland the recognition of WHO vaccines that has been implemented in England? He knows where I am going with that. If he does extend that recognition, someone who had taken one of those vaccines would be on exactly the same footing in Northern Ireland as someone who had taken the AstraZeneca, Moderna or Pfizer vaccines. That would also mean that several thousand people who have a deeply difficult moral issue with the three vaccines that are available could get vaccinated and not be regarded as second-class citizens.

I am not anti-vaccine. I have heard some of the most extraordinary stories and read some of what has been stated on the internet. Some of it is absolutely fanciful.

I would want to be at the door of the vaccine clinic on the day that a vaccine is available in Northern Ireland that I can take, and, what is more, if it would help things, I would make a song and dance about it to encourage others to do so.

7.30 pm

We have talked about the 9% who have made that decision. Some of them have made an ethical decision, as I have done. Some have made a scientific decision. You could argue about whether they are right or wrong. Some have read about the side effects of vaccination,

and some have heard stories, some of which are true and some of which are very dubious. I suspect that there are a lot of people who just have not bothered to be vaccinated, particularly younger people. I think that anything that engenders confidence in the vaccination programme has to be a good thing. As the Minister has confirmed, 91% of adults in Northern Ireland have been vaccinated. That is an astonishing performance. There is no other word for it because I remember Patricia Donnelly saying that they were aiming for 80% to 85%, and they now have 90%. I have to say, however, that, at the time that vaccination was brought in, we were told that an 85% rate would effectively bring herd immunity and wipe out coronavirus. Sadly, that is not the case. Sadly, infection rates are still sky high in Northern Ireland, and we have to accept, unfortunately, that the effects of these vaccines wane over time. Indeed, some of the manufacturers are saying that the impact of the vaccination dissipates after three months, and some are saying that that happens after six months. That is why, of course, we need a booster campaign.

Therefore, I am saying that I hope that the meeting goes well on Thursday and that we can solve this problem. Of course, some people have misunderstood the purpose of the meeting and have tried to distance themselves from it immediately. Even though they were not invited, they have distanced themselves from it because they think that it is an anti-vaccine campaign. It is not. It is a pro-vaccine campaign. It wants to increase the number of people who are vaccinated, but I suspect that the problem that we have in the United Kingdom is that the National Health Service in England has signed massive contracts with the three providers, which may be very reluctant to allow even small doses of alternative vaccines into the United Kingdom. They may see that as a breach of contract.

I would like confirmation from the Department about a situation where, if someone goes to the Continent and receives what they perceive to be an ethical vaccine, when they come back, they will be treated exactly the same as someone who has had AstraZeneca, Moderna or Pfizer. That is an important issue. I would be minded, if needs be, to hop on a plane somewhere just to get this issue off my back. People have been critical of me, but I hope that people will at least understand that it is based on a sound understanding of the science and a strong moral objection to anything connected with the abortion industry.

Tomorrow, we will discuss those with severe fetal disabilities, and we wish to protect them.

Sadly, in sworn testimony to a United States Congress session in 2018, a leading scientist admitted that 76 fetuses had been aborted at three months in order to produce vaccines in the United States. Three months old. A child of three months is very well developed. I think that it is very sad that that has happened, and I want absolutely nothing to do with that. However, I will not be judgemental. I will not criticise anybody who has looked at the facts and has said that, morally, they feel that they can have a vaccine. Everyone has to make their own judgement on such a decision, and I will not judge.

Many party members in the Chamber have taken a different view. They are perfectly entitled to that view, and I will not criticise them. However, some of them have said that they did not know the facts before they took the vaccine. Therefore, I am not shining my halo and being holier than thou. That is totally wrong. It is a deeply personal decision, but it is worth saying that, when I dared to go on the radio in July, having not put out a press release and having not tried to broadcast the fact, a certain radio journalist whom I will not name but who is on at 9.00 am on Radio Ulster and is paid a fabulous salary casually asked me whether I had been vaccinated. I said no and explained why.

From that, I have heard from an amazing number of people throughout Northern Ireland — even today, two have emailed me, saying, "That is where I stand, and I was scared to say it, because I thought that no one else had the same view as me, but you stand for my point of view" — who want to be with me in the queue for that vaccine when it becomes available. The sooner, the better.

I will not labour the point, Mr Speaker, but, as you are in power in your seat, or on your throne, as it were, I will say that, when it comes to a deeply moral and difficult and complex issue such as this, the days of standing up and reading a tightly typed script into the record and handing it to your local paper are over. We are here for a minimum of two years each — in my case, it has been 27 years — and it is time that we learned to stand up and have a rational debate, to take points and to argue what is a very complex issue.

Miss Woods: I am grateful for the opportunity to speak on the regulations. To touch on a point that Mr Wells raised, I may have a different speaking style from his, but I struggle with public speaking, so I have to type everything out. I hope that he does not mind that I have written my speech for today.

Mr Wells: Will the Member give way?

Miss Woods: I will indeed.

Mr Wells: You could have fooled me. I have listened to you speak here for a couple of years, and you are certainly full of confidence. You may feel that you have an impediment, but no one notices.

Mr Speaker: I remind Members that it is not their business how other Members conduct their business, as long as they do so within the rules governed by Standing Orders, procedures and the Chair at the time.

Miss Woods, continue with your presentation.

Miss Woods: Thank you Mr Speaker. You took the words right out of my mouth.

Mr Speaker: You do not need to repeat them.

Miss Woods: You will not be surprised to hear that I will focus on the hospitality sector, as Mr Catney did, after I make some other brief remarks.

The Green Party does not sit on the Executive. We do not sit on the Health Committee. We do not sit on the Economy Committee. The Green Party has not had the opportunity to scrutinise COVID-19 regulations before they are laid. I have not contributed regularly to the debates, because they have been retrospective. The regulations are already in force.

I have, however, had numerous conversations with constituents to try to explain the rationale behind and outworkings of the Executive's policy and subsequent legislation. That has proved difficult at times, and it is worth raising today. Every time that COVID-19 regulations were introduced, amended or updated, with changes to restrictions being announced, we had answer questions from those whom we represent. We have all had to do that with a very limited amount of information, if any. A number of us rely on BBC news or Twitter for our updates for constituents.

Like many others, I have, for almost two years, defended measures to protect public health, and I will continue to do so. We are mindful, however, that we are not being issued with the full evidence that forms the basis on which the decisions are taken by the five-party Executive. I am asked for documents, papers, minutes of meetings, agendas, proof and evidence. I am asked for the details behind policies and the

basis on which the Executive have made their decisions. Those are details that I do not have and will never receive, because Executive documents are not shared with members of the unofficial opposition, who are expected to explain the decision-making of Executive Ministers without sufficient clarity and the transparency that we need before the regulations come into force.

It is on that basis that people ask, rightly, for full transparency and accountability. They are in the same position as we are. They have a right to know what data and what information are being used to develop all COVID-19 policies and regulations. That is not new, and it is not specific to today's regulations. From the start of the pandemic, we have all asked for information and effective and clear communication, and I do so again tonight. I say this to the Minister of Health: these comments are not for you but for the Executive as a whole. It is about collective responsibility. There are a number of Ministers in the Executive, and they all need to get on the same page.

People have a right to ask, and they have asked, these questions: what are the projections for transmission? What are the quantifiable effects of each restriction or measure on the R rate? What set of criteria was used to determine when COVID-status certificates should be adopted and what sectors they should apply to? Is that based on scientific and medical factors? Can we see and make sense of all the data? How has it been used to develop all policy? Have we learnt nothing from the past year and a half?

I re-iterate this point and would welcome some clarity if I am wrong, but it appears that the regulations that we are being asked to discuss today are retrospective. They are already law, and the motion is on regulations that have already been bought in. The regulations were not shared with or developed in conjunction with the very people who will be tasked with enforcing them and who will be affected by them the most.

A few weeks ago, I received an email from an hotelier in north Down to ask for a copy of the regulations to help him to develop policy and guidance for the workplace. I could not deliver on that because the regulations had not been laid.

One of the main points that I wish to make to all Executive Ministers is about the experiences of the workers and staff in the hospitality sector with whom I have engaged on this set of

regulations and from my experience as a former worker.

I am sure that most people will have seen hospitality businesses posting on social media over the last number of weeks about the changes that the Executive agreed. A number of those posts read the same and set out that, beginning on Monday 29 November, they would be requesting customers to present the necessary documentation to show proof of vaccination or a negative result from a lateral flow test. The posts go on to say that the businesses hold no opinion, as establishments, on the current requirements and that they must comply with them to continue trading.

Underneath many of those posts are messages of support for the establishments. Other messages are not so kind. One business in my constituency was apparently "enforcing communism" by sharing information on the regulations. Its owners were also told that, if they refused entry to the premises based on those unlawful acts, they would be actively participating in a crime, that their compliance would be its downfall and that they should have their legal team on standby. The business owners were called "lying filth", as well as being accused of receiving thousands of pounds from the Government to enforce COVID certification. If only. Last week, members of staff on the door were told to prepare for legal action to be taken against them personally and were told that they had no moral compass. Another establishment received comments, such as, "You should be ashamed of yourselves" and was told that customers would never be back to the restaurant. This morning, I spoke to another business owner, who has bars in Belfast and further afield. I was told that he would not put anything out on social media because he knew what would happen, having seen what others have had to deal with. I could go on, but I think that we get the idea.

Businesses should not have to post on social media that they hold no opinion on the matter. They should not have to defend the decisions made by the Executive, try to answer people's questions or spend time, which they should be using to serve customers and deal with staff, explaining how it will work, when the regulations are not even published. Staff in pubs and restaurants already have to deal with very challenging people and circumstances. They do not need to be told that they will be sued or closed for implementing the law.

Members will have received an email from Hospitality Ulster today. I know that Mr Frew

quoted some of it. I will quote another bit of it. It states:

"After two weeks of developing operational procedures and training of staff for 'Proof of Covid Status', on the weekend before penalties begin the legislation gets changed from 'check as soon as reasonably possible' to 'check at point of entry'"

I would happily take an intervention from the Minister to clarify whether, indeed, legislation was amended over the weekend to say that. When was it amended and why? The sectors are looking for information.

Mr Swann: Will the Member give way?

Miss Woods: I will give way. Yes.

Mr Swann: Clarification was provided. A reinforcement of the legislation and what it meant was made on Friday. There was sectoral engagement on Friday morning between officials, the hospitality industry and the PSNI about what they sought in that reinforcement so that we could provide clarity to those who have to implement and enforce the regulations. There was a request for sectoral engagement. That was led by the Executive Office and the Executive's COVID task force. There was an ask for additional clarity.

If there is anything further, I will provide the Member with an answer in writing. I know that she asked a specific question when I made my contribution. I apologise for not getting back to her at that point.

Miss Woods: I thank the Minister for his intervention. I would certainly welcome that. The question was about the regulations that apply to premises that are licensed but are also takeaways. There is a number of those across my constituency, but they are especially in our cities. They serve alcohol but are primarily takeaways. That was a point of confusion that was brought up with me today.

The mixed messaging and lack of consistency from a number of Ministers has meant that it is the staff who are bearing the brunt of people's anger and frustration and are being drawn into ethical debates online. A member of staff in a pub in my constituency said:

"It is unfair to ask hospitality to take the front line on this issue after all that's happened in the last two years without having you needing to be a bit more vocal on the fact that this is not our fault or decision. There

seems to be this idea that we're getting money to do it too, and I think there's going to be aggressive people to deal with".

7.45 pm

Others whom I have spoken to, today and over the weekend, have said that their experience so far is that customers have been receptive when they have tried to implement the regulations before they came into force today. That is welcome. People have been willing to work with it and understand that it is not the staff member's fault, and are happy to show a negative test. I, for one, have been doing that over the weekend, as well as show my COVID cert. They say that customers feel safer being out, and have welcomed the fact that businesses have put in the measures to allow them to get used to them before they were enforceable. Others have said that this kind of certification scheme is better than being shut or subject to further restrictions. They have said, yes, it is extra work at the front door, but that it is way better than being closed or being in a position of:

"having to sell your home, as that was the position I was in last year".

They have asked why we do not make everybody do a lateral flow test.

So the experiences have been varied, but why are we in a situation in which Executive decisions regarding COVID regulations have resulted in the hospitality sector having to develop protocols to deal with abusive customers and advise staff when it is appropriate to call the police for assistance? Why is there an expectation that they will have to deal with aggressive behaviour? That is not OK. How is a licensed premises, such as a small bar or club that has one staff member or volunteer on a shift, supposed to check at a point of entry? Do they have to stand outside, run in, serve a drink and then go back out again? Where is the support for the sector — for the staff who have to implement this, and for the businesses that could lose income because of these regulations? Generally, staff in hospitality, and in other sectors, are not allowed to carry their personal mobile phone with them — that is part of workplace policy — so where are the scanners coming from? I welcome the comments that have been made by the Health Minister, and I completely support him in that regard: a scheme of support should be forthcoming. I urge every Minister to make that possible. As far as I am aware, there is nothing coming from the Executive for the businesses that I have spoken to.

Furthermore, there has been no response to questions that I have asked Ministers. A number of weeks ago, I asked the Economy Minister what he intends to put in place to help the sector should it experience issues or be adversely affected. Nothing. I asked the First Minister and the deputy First Minister what they have done. There has been no response. What was, and is, the role of the COVID-19 task force regarding the implementation of support? How many times has it met and engaged with the many voices of the sector that have been affected — not just a call outlining what is going to happen, but actually listening to the practical needs of this industry and addressing its concerns? The sectors that are affected need to be around the table. Speak to the people who work in the industry so that the issues are overcome at the outset, before regulations are implemented.

The debate around this is yet another example of how the Executive are not equipped to deal with a crisis. The divisions and splits between Ministers have been laid bare. They cannot even roll out an agreement that the Executive made only weeks ago — the so-called plan that the First Minister stood in this Chamber and spoke to, and answered questions from Members on, and which took weeks to unravel. I am really confused here, Mr Speaker. We have a party speaking against the motion, asking for more information, suggesting that it is some sort of pet project and saying that the information is not there. Why on earth is the First Minister's signature at the bottom of the plan? Why would you sign your name to something you are not willing to implement? Who suffers from this constant dysfunction in the Executive? The very people who elected us to represent them and take the difficult decisions that are needed to protect public health.

Where are the press conferences? Where is the communication strategy — the clear, unified messaging that we need to get through the latest wave of COVID transmission? Those press conferences used to be weekly. I reiterate my continued call, which was never facilitated, for the Executive to hold regular and meaningful press conferences for our children and young people. Their voices must also be heard on this. Where are the statements that were made to the House regarding the Executive's decision-making in response to the pandemic? The Ad Hoc Committee on COVID-19 has not met in eight months. Communication around COVID certification has been abysmal. It has resulted in widespread confusion, and that was not helped by the fact that it was to apply to all premises, then just to those that were licensed,

or those in the arts — the cinemas, the theatres, the conference halls. Nor was it a good idea to have the media forewarn people that the scheme was going to be introduced on a certain day and not publish regulations or guidance as to what would be in it until the very end of that same day.

I will give an example of why communication needs to be clear and issues around accessibility must be considered. I give you the example of my grandmother. She is 93 years old. She watches the news, listens to 'The Nolan Show' daily — other commentators are available — and reads the papers. She has had information on downloading an app; on getting a certificate added to the app if you already have one for international travel; on how, if you have access to the internet and know how use it, you can go online and find out how to apply for a paper certificate; and on what ID she needs. I sent her information on the paper certificate that she could get to enable her to go out for lunch in particular places where she would like to see some of her friends after nearly 18 months in lockdown. The questions remain, however. Does she need to bring her passport? What about her driving licence? Does her electoral ID card stand? She has many questions that need to be answered, and she does not have the internet to go on in order to find out for herself, so she must rely on other people. What if you do not have a smartphone, the internet or somebody to ask?

How are the Executive communicating and ensuring that older people, those who are vulnerable, those living on their own and those without the tech know what to do, how to do it, and which places may require them to bring their certificate or lateral flow test? How is the Executive's engagement around the regulations with those who are disabled, are deaf or have hearing or sight loss? I observed the first Disabled People's Parliament earlier this month, and I heard, loud and clear, that more and better communication is very much needed. Joe Kenny highlighted the impact of the restrictions on people with sight loss — for example, changes to shopping and accessing supermarkets — and explained how he was locked out of a world that had changed.

Mr Speaker: Sorry. May I interrupt? I remind you to stick to the issue of vaccine certification. I take the point that you are making — that there is a whole range of issues around the regulations and communication — but please focus your remarks on the subject at hand.

Miss Woods: Thank you, Mr Speaker. I was speaking to the communication on the

certification scheme. I will bring my remarks to a close very shortly.

I was about to speak about Diane Marks, who has sight loss. She specifically outlined the difficulties in accessing information independently. She described her partner's experience of downloading COVID certification as "pulling teeth". From talking to people, I know that they have limited understanding of what they need, how they can access the certificate and where they do and do not need to show it. We are getting calls from the carers of elderly people who are isolating and are not able to get their certificates because they do not know that they can order a physical one. Again, I have raised the issue in questions, but we need a public awareness and information campaign that really gets to people who do not have social media, internet access or smartphones or who do not watch the news daily.

Not everyone has to have an app, as we know, but much of the focus has been on that. It is important to clarify a number of aspects of the regulation. Yes, you can go to a licensed premises or theatre with a paper certificate; yes, you can go with proof that you have recovered from the virus; yes, you can go with your lateral flow test, taken on that day, showing a negative result. No, you do not need to have a QR code with your face beside it if you want to go to a pub.

I am disgusted that I even need to say this, but I think that we have all had the accusation: supporting COVID certification is not equivalent to supporting the Nazis. I am not a member of the SS. It is not OK to send MLAs pictures of swastikas or to abuse Ministers — or any other person, for that matter — online or to issue death threats to anybody. This is a global health pandemic.

Mr Dickson outlined a very personal testimony, and I know a great number of people who share his experience and thoughts. I thank him for sharing that. I urge everyone to act responsibly. Wear your face covering if you can. Wash your hands, keep safe, look after each other, and please be kind to one another. Our front-line health and care workers have worked and worked, and they are expected to keep going. We have all made sacrifices, and family and friends are grieving because they have lost loved ones.

Last Christmas was horrendous for everybody. I go back to the example of my gran. Last year, I stood outside her house, waving at her. It was the first time that she had ever spent Christmas

away from family. I do not want to do that again, and I do not know any other member of our society who would want to do that either. As we move into another phase of the pandemic with new variants, and the Executive consider further responses, they must provide clear communication and guidance. Please provide detail and information, and please provide support to those being affected.

Mr Beattie: I shall be mercifully brief. We all know why the Minister has proposed these regulations. He has done so because we are in the middle of a global pandemic that has killed over five million people. We all know what we are trying to achieve. We are trying to safeguard the health of our people in Northern Ireland. That said, I know that we are divided. We are divided in the Chamber, we are divided within some political parties, we are divided within society, and we are even divided within families.

There is no point in vilifying or mocking somebody just because they do not support COVID certification, because that will not change anything. In the same way, there is no point in vilifying or mocking those who support COVID certification. Neither approach will move this issue forward. These are difficult decisions for us all. I thank Robin Swann for his steadfastness and moral courage. I am grateful to the Minister for standing up and taking the flak for this — alone, in many cases — while other Ministers hide in the shadows because they clearly do not want to take the flak for some of these regulations. That is fine. I know that the Minister is up to the task.

We need to use everything at our disposal to tackle COVID-19. Nothing stands alone. All the measures work together: face masks, hand washing, hand sanitiser, lateral flow tests, PCR tests, social distancing, vaccinations — doses one and two, and the booster — proof of vaccination and COVID status certification. Nobody is being forced to get a vaccine — absolutely nobody. They have choice, and it is right that they do.

What, then, is the problem? Is the problem just with showing proof? I was at the Balmoral show in the summer. It was wonderful. I queued up, showed that I had had my vaccinations, and I was allowed in. Nobody complained. People queued up to go to the Northern Ireland match. They knew that they had to show their proof of vaccination. Some of them did not show it, because they were not asked to, but they knew that they might have had to. There were no complaints. It was the same with Ulster Rugby and Irish Rugby.

It is the same for those who go to concerts: to get into a concert, they show their ticket, and then they show their proof of vaccination. There is absolutely no issue with that. Those who are luckily at the age at which people want to check whether they are old enough to get into a pub have to show proof of age. There is no issue with that. People who are disabled and need disabled tags for their car have to show proof. I do not see what the issue is with showing some form of certification or proof that you do not have COVID.

If having COVID certification saves lives, saves our people from getting sick and allows the freedoms that they enjoy today, I will support the regulations. I will, of course, support the regulations, and I will support our Minister. At times, we have to have a degree of trust, and I trust our Chief Medical Officer and our Chief Scientific Adviser, whose advice we ask. We have empowered them by putting them in a place from which to advise us. I do not look at Twitter or Facebook to give me the information that I already know from looking at expert advice and talking to experts. We can all present comments from various sources, and, at times, we present those comments without context.

We have to understand that Northern Ireland does not sit in splendid isolation. We are part of a world; we are part of a United Kingdom; and we are part of an island. We have to understand, therefore, that what happens outside our borders affects us. If you want to watch Manchester United play in England, guess what? You will need some form of certification. If you go to Glasgow and want to watch Glasgow Rangers or Celtic, you will need some form of certification. A while ago, I went to France for the 100th anniversary of the Ulster Tower. I needed certification to get on to the plane; I needed certification at the other side; I needed certification to get into the event at the Ulster Tower in Thiepval; and I needed certification to get into every single pub and cafe that I went to in France. There was not a single issue. My heart did not miss a beat. It was simple. All the people just got on with it.

8.00 pm

I was also very lucky to go to New York and Washington. Likewise, while I was there, I had to show certification for everything that I did. Again, people just got on with it, and there was no issue. Some of those people who are looking to go on holiday to Spain next summer will have to have certification. We are part of a global world where we want to make sure that our people have freedoms.

I view certification in a different way. I think that it is helping us to keep our economy open. It does not sit in isolation, and I have said that. It is linked to everything else. If it all comes together and all our people look at this and say that what we are trying to do is inherently good and not inherently bad, and they just work with us, we will keep our economy open.

Nobody wants to force certification, and nobody wants to do it. We are doing it because we think that it is the right thing to do for our people. I support certification, and I support my staff who get abusive emails and phone calls. Swastikas and Stars of David are sent to them. They get absolutely mad emails, but I will not mock people if they do not want to get a vaccine. I will not mock people if they do not want to get certification. I will use the power of persuasion. When those people want to go to Spain in the summer, they know what they will have to do, and they will make up their own minds.

Mr Allister: As we debate this legislation tonight, it is highly probable that criminal penalty notices have already been issued in respect of legislation that we have not even voted on. It offends me as a Member of the House and as someone who is elected to be a legislator that legislation is taken for granted. At this very moment, a police officer or someone else could be issuing a penalty notice on proposals that we have yet to vote for. That is not right, and it cannot be right, yet it is the persistent system that we have followed in the House. It is a system that is contemptuous of the House and has been tolerated and, indeed, embraced for far too long.

I come to this debate as someone who is double vaccinated and with a booster, convinced about pro-vaccination. I have no difficulties with that at all. Yet, for me, the certification proposal is a step too far for a number of reasons.

My starting point is this: up to this point, every COVID regulation applied equally to us all, whether it was wearing a mask, socially distancing, not going here and not going there. It was universal. The problem that I have with the regulation is that, first and foremost, it causes distinction and differentiation. It picks out those in our community who, for whatever reason — good, bad or indifferent — have chosen not to be vaccinated. It sets them apart as people who cannot go to certain places if they do not go through the hoops of certification.

For the first time, we are making a real, tangible, visible difference between people.

That is a wrong step. It is the fundamental reason that I find the idea of COVID passports unacceptable.

Other matters trouble me. In order for certification to work, it inevitably requires access to what should be private and confidential health information. It provides government access to very personal data. It requires the sharing of very personal data. Surely, in our health regime, we have a fundamental right to privacy and confidentiality, yet that is unsustainable in the face of the regulation. The First Minister has told us that, although he signed off the winter plan, which, apparently, anticipated certification, no evidence has been presented to the Executive to justify certification. I hear the Health Minister say, "Oh, yes, there has". The First Minister replies, "Oh, no, there hasn't". It is a bit pantomimish: I have heard others say that it is all there to be read on the Department's website.

Mr Swann: Will the Member give way briefly?

Mr Allister: Yes, I will give way.

Mr Swann: On that specific point about other Ministers saying that there was no evidence, or that they had not had sight of it, on 29 November, I wrote to all my Executive colleagues to invite them to individual briefings, if they so wanted, with my departmental officials and Executive Office officials who were involved in the drafting of the policy, subsequent regulations and the evidence that had been presented. It had been brought forward through the Executive paper. Yes, some Members and Ministers have said that they have not seen the evidence. I can assure you, however, that Ministers were invited to come and see it, question it, discuss it and talk about it. I would like to thank both Ministers who took up that invitation.

Mr Allister: I have to say that I would have expected that, if the Executive were making a decision, they would not have to go looking for that evidence but that it would have been presented to them. If that was not so, perhaps the First Minister has a point. It still does not explain, however, why one would sign off a winter plan anticipating such a thing. Perhaps there is a bit of ambiguity about that issue.

For me, Mrs Erskine asked the key question. She posed a pertinent question about the regulation that you are bringing in: what are the criteria by which you will judge its success or failure? What does it have to show? Does it

have to show a reduction in the R rate, in hospital admissions or in deaths? What is the benchmark for the success or failure of the regulation? When the Minister comes to answer, he needs to tell us how the regulation will be judged. What are the criteria by which we will decide whether it is working or not? In a month's time, when the Executive review it, by what criteria will they judge it? That is the best question, and it is the critical question that needs to be answered here tonight.

We can look at Scotland. The evidence suggests that certification has not made any positive difference there. One might say the same about the Republic of Ireland. If that is right, what is it about the regulation that causes the Minister to think that certification will be different here? I am not so interested in what the Minister thinks will happen; I am more interested in knowing by what standard the Minister will judge the success or otherwise of the proposition.

That leads on to a point that many people have touched on: the critical question of who is going to enforce this. We have had pass the parcel from the Executive on enforcing face masks. Who is going to enforce this? The burden on business is indescribably high. If you are running a small hospitality business with a couple of entry points, suddenly, you need two extra staff for whatever hours you are open to do the checking. That has not been in your business plan; that has not been taken into account when the viability of opening up business was decided. However, suddenly, that is the burden and the reality. Frankly, the disproportionate burden on business has not been properly gamed out, and it is a gaping hole amongst some other flaws in the proposal.

Mr Stalford: Will the Member give way?

Mr Allister: Yes.

Mr Stalford: Will the Member agree with me that it is not good enough for Members who have imposed such additional burdens on business to stand up in this debate and say, "Oh, if the Economy Minister comes along with a plan to ease the burdens that we have imposed, I am happy to vote for it"? That is not good enough.

Mr Allister: It is not just about the Economy Minister coming along with a plan. It is about the Economy Minister and the Finance Minister finding the money for that plan, which is very often the greater stumbling block in all those things.

However, in the meantime, businesses are bleeding financially and will bleed financially both from the negative impact of people staying away and by the fact of having to equip themselves with staff to carry out the checks. It is a matter of very considerable concern, quite rightly, for business.

That brings me to question the worth of the passport or certification process. I will take a practical example. Someone goes into the centre of town who is not vaccinated. They have not taken the test; they cannot produce the certificate. They cannot go into a hospitality venue, but they can turn on their heel and get on a Translink or Glider bus. They can travel to Belfast City Hospital or the Royal Victoria Hospital and start a shift of work. Where is the logic of a system that lets you work in the health service and travel on packed public transport, and you do not have to have anything, but if you want to go into a hospitality venue, that is a no-no? Where is the logic in that?

Think of hospitality. In an earlier intervention, the Minister told me that employees in hospitality do not have to meet the certification. The customer base has to pass the certification to get in, but, once in, they can be served by individuals who are not vaccinated or carrying a test result or a passport. If the whole idea is to cocoon people from the risk of transmission in those hospitality settings, how is it that the very people who will serve in those hostelrys are exempt? Not only have you the situation where the individual can travel on public transport, work in the health service and not need any of those things — although they cannot go into a hospitality setting — if someone does go into a hospitality setting, the person who serves them does not have to meet any of those tests. That is why there are many flaws in this system which cause me to think that it is quite questionable.

8.15 pm

Mr Weir: I thank the Member for giving way. He has highlighted the particular issue about the different positions within hospitality. Does he agree that that will create an added danger that a lot of people entering hospitality would have a false sense of security and feel that they were completely safe within that environment, which, in and of itself, creates a greater risk of the spread of COVID-19?

Mr Allister: Yes, that is a point that carries on from the point that I am making. The certification, as I see it, is meant to do two things. It is meant to be a coercive persuasion

for people to get vaccinated and to build an air of confidence for people within certain settings. If, within one of those settings — the hospitality setting — the front-line staff who interface with the customer base do not have to meet these requirements, then it seems to totally undermine what lies within this proposition.

Another major concern is where this is ultimately leading. A year ago, the Minister told us that the exit out of COVID was vaccination. We have had vaccination — 90%. We were told, at one stage, that we have to learn to live with it. Now we are being told that we need certification. Is the next step that of Greece and Austria: fines on the unvaccinated? Is the next step, like some other European countries, mandatory vaccination? It seems to me that, in these circumstances, we have embarked on a process and, if it does not work, then the must-do-something syndrome gets even stronger. And the must-do-something syndrome could well lead to mandatory vaccination, fines for those who are not or something of that order. That is far too far down the totalitarian route as far as I am concerned.

Although I strongly urge people to be vaccinated, because it is about protecting yourself, your loved ones and your neighbours — there is an element of "love thy neighbour" in being vaccinated — it is a personal choice. Once you cross the line of refusing to acknowledge and respect personal choice and get into the compulsive, coercive steps that this is taking us to, in circumstances where there is no assurance that any of it is going to work, then we have impinged rights and freedoms by just a step too far. I will vote against this.

Mr Carroll: Once again, I rise in the Chamber deeply frustrated by the approach of the Executive. This has been a running theme from the very beginning of the pandemic, and I am sure that some are sick of hearing it, but time and time again, as failures of this Executive are exposed, the principled opposition in the Chamber has proven correct. Not only have vaccine passports already been implemented, so this debate and vote are effectively undemocratic and pointless in practice, but, in a totally farcical move, the Executive introduced the passports days after relaxing social-distancing and mask-wearing measures in the very venues where passports are being mandated. It is truly bonkers, if you ask me. This is a cynical attempt to shift the responsibility for limiting the spread of the virus from the Executive to ordinary people, and that is a strategy straight out of the Tory playbook.

I am doubly jabbed and, after last night's announcement, I will be urgently scheduling my booster. I have encouraged everyone who can to do the same since the beginning of the vaccine roll-out. However, I firmly believe that any strategy which is aimed at vaccine uptake alone while utterly abandoning the principles of social distancing, mask-wearing, ventilation and tracking and tracing is doomed to fail. Not least because vaccine uptake has already been very successful and only a minority of people have not been jabbed yet infection numbers are still high, but also because of the new variant that is already here, we need to maintain a focus on basic measures. The World Health Organization has been explicit about this. Vaccination is key but needs to be accompanied by a swathe of other measures.

If anyone needs a window into our future, look to where the path of vaccine coercion has been followed — in Scotland, the South of Ireland and a litany of countries across Europe — only to be met with discontent and further COVID surges. A different approach has been taken, for example, in New Zealand. People Before Profit has called, North and South, for this island to follow that model, where vaccine coercion has not been sought as a singular keystone or main strategy; virus suppression has. We have been proven correct in wanting to follow such global examples, given their successes compared with the disastrous record of the Executive and the Irish Government.

One has to ask why any Government would seek to mandate vaccine passports, while, at the same time, stripping back regulations and protections, pushing people into shops and removing financial support for workers to stay at home. If the Executive were honest, they would recognise their failures during the pandemic and not want to push the responsibility onto ordinary people.

We have already heard establishment politicians blaming people without vaccines for the spread of the virus, while pushing through the relaxation of social distancing without so much as a debate in the House. Those same politicians cannot even muster the will, as the virus spreads for the umpteenth time, to facilitate people to continue to work from home, to put the basic financial supports in place to help with that, to put basic ventilation measures in schools and essential workplaces or to maintain a track-and-trace system that is worth its salt. Those measures will suppress the virus and keep vulnerable people safe, and it can be done in a way that does not push small businesses to the edge or sink the economy. Again, we have seen that done more

successfully in other parts of the world and have not learned the lessons here.

As a socialist opposition in the Chamber and, indeed, Dáil Éireann, People Before Profit has been consistent in challenging the reckless approach of the Governments in the North and South. We have not gone along with their Tory tailing strategy, and we will not give cover to that hypocrisy today, nor will we give an inch to anyone in the DUP — arguably the most culpable party in the Executive's reckless approach in ignoring medical advice over the past two years — whose vaccine and mask scepticism has no place in the Chamber, and some of whom are opportunistically appealing to the right-wing element of certain anti-vax sentiments with their smoke and mirrors, petition of concern stunts and other activities.

I will be very clear. Those who stood outside this Building and in town centres across the North, likening COVID passports to Nazi measures, are not only totally inaccurate, but their actions are deeply offensive. While we do not believe that top-down, state-enforced, mandatory COVID passports in the absence of social distancing are a valid solution, we think that everyone who can get vaccinated should do so. We believe that everyone should test before entering venues and should not enter if they have COVID symptoms. Those are the basics of acting in solidarity to protect everyone, especially workers and those most at risk.

I do not understand why the Executive will not mandate businesses to provide lateral flow tests on-site on that basis, rather than making it optional. The Committee on the Administration of Justice (CAJ) has, rightly, raised concerns about how the scheme is exclusionary for those who do not have a home address, any form of ID or access to a smartphone. One measure to alleviate that would be to guarantee that every person has access to a lateral flow test on-site, but the Executive will not enforce that. I urge the Minister to come back and explain why that is the case.

Other members and I have asked at two successive Health Committee meetings why the vaccine certification policy was not fully equality screened, and I am yet to hear an adequate answer. I ask the Minister to address that concern, because it is a valid concern that is held by human rights groups and anti-racist organisations. For example, they have concerns around how BME community members may be further marginalised by that policy.

Finally, I make a fresh appeal to the Executive: do not embark on a strategy of "business as usual" and ask people to live with the virus while using those without vaccines as a scapegoat for the spread of the virus, especially as cases of the omicron variant rise. Instead, the Executive should do their job based on the best medical advice; protect communities and workers by financially facilitating working from home, introducing ventilation measures and getting back to the basics of distancing and mask wearing; do better in educating and encouraging those who have fears of vaccines rather than coercing them; and mandate venues to provide lateral flow tests on-site. In the absence of any of that, the vaccine passport scheme, in my view, is a shameless attempt to shift blame from the Executive's door to the public, who did so much during the first waves of the virus and, on the whole, have done their bit to protect others.

Mr Speaker: Two Members are yet to speak before the Minister concludes the debate. We need to allow the Minister an appropriate amount of time to do so. I ask the final two Members, without putting them under any pressure at all, to bear that in mind, and we may get finished by 9.00 pm this evening. That is unlikely at the moment, but we never know. I call Roy Beggs.

Mr Beggs: In preparation for this debate, I took a look at the Northern Ireland COVID-19 daily dashboard. I was very struck by the strategy at the front of the document. It highlights:

"Understanding measures to 'flatten the curve'".

How many have read that? Why is it important? If we do not flatten the curve, the NHS will not cope. The alternative is exponential growth. Our hospitals risk failure at that point. This is very serious. Measures to flatten the curve, as others have indicated — and which I fully support — include the washing of hands, social distancing, wearing a mask and vaccination, but other options include ceasing non-essential activity and staying at home. Certification is an alternative to those latter, drastic options. Let us allow our businesses to stay open and allow a degree of activity to mix with others in a safe environment. Let us allow hospitality to stay open.

There is almost an ignorance or a lack of understanding that doing nothing risks us going back to the very serious position that we were in a year ago. Members have paid tribute today to NHS doctors, nurses and support staff who

have all been under intolerable pressure since the outbreak of COVID. We now have vaccination, which is giving a degree of protection, and those who are vaccinated and contract the virus are more likely to have a relatively minor infection. However, that does not apply to all: some will require hospitalisation, and a further proportion will require ICU. With that, fewer operations will be able to occur in our hospitals and our waiting lists will grow. Ambulance attendance times will increase if we have exponential growth in infections. With those increased call times, there will be delays in meeting patients and delays will mount at our EDs. That is very serious; it is not just an academic debate. Look at what happened last January.

Our Chief Scientific Adviser and our Chief Medical Officer have advised that they need further help to stop another COVID wave. Let us remember that, over the past year, the SAGE modellers have been fairly accurate. They have told the UK regional Governments when they have needed to take action, and we have seen that that has generally worked and brought things under control.

Let us look at what happened a few weeks ago at a disco at The Elk in Toomebridge. Some 200 young people were infected in a single evening and took that home to each of their families, and perhaps even mixed at school. Undoubtedly, the venue's staff were also put at risk, and no business can survive when its staff become infected and have to take time off work. We must avoid an exponential growth in infections, and we must ensure that we can have a degree of normality.

Again, let us remember what happened last November. It was stop, go and stop again. Many people argued that we did not need restrictions, and that was the worst scenario for businesses. They stocked up, and then they were shut down again. It is important that we work together with businesses on the mitigations and that all Executive colleagues play their part. Why are we having this debate when, frankly, there is little alternative? We should be having a debate about the support that we are going to give to those businesses that will be adversely affected.

Christmas is a risk factor. Traditionally, we all meet our friends and colleagues at festive events and then we go home and mix with our family members. Look at what happened last year when there was an exponential growth in infections after Christmas. The further risk factor that we have this year is omicron, which we are all still learning about. It appears that the

infection transmits very easily and that it is not as serious in most people. However, we can expect large numbers of infections, and with that, we can expect large numbers to eventually end up in hospital. So, it is important that all of that is managed.

8.30 pm

Common sense would provide an understanding of the risks that we all face and why the modellers are indicating to Health Ministers that action is needed. What are we to do? Are we to ignore professional medical and scientific advice, or do we find a reason for doing nothing? I am not saying that what is being proposed is perfect. If it needs to be changed, I am sure that the Health Minister, under the regulations, can quickly adapt. That had to happen previously, but it is not good enough to do nothing.

Some people propose that we ignore SAGE advice. Some propose ignoring decisions that have already been taken in England, Scotland, Wales and the Republic of Ireland. Their experts have recognised that some form of certification is required to give protection and to prevent the alternative: lockdown. I do not want to go there. That is not good for our community or for anyone. Let us take mitigating action. Let us fight this disease and have some normality.

It is important that we act together as a community. It is equally important that the Executive act in a coordinated manner, not only in bringing in sensible measures and compensation but in providing enforcement. I wish that this legislation could have been brought in more quickly and that this debate had taken place earlier. However, processes have to be undertaken, sadly, and legislation has to be finalised.

We have reached that stage now. What do we do? Do we put it off and decide to wait for another two or three weeks? We do not have that choice. The mixing time and risk factors are in the here and now. Alternatives have been given. You can be double vaccinated and, like me, reach the booster stage and get your certification that way. There are other methods for those who object to vaccination or perhaps have a medical reason for not being vaccinated. We have to support those people in using alternative methods.

Everyone can find a method to get certification, so let us protect ourselves, our families and communities. Let us not find reasons for doing nothing and, potentially, reaching the scenario that we faced last year. I urge everyone to do

the responsible thing. Do the basics: wash your hands; wear masks; and try to socially distance as much as you can. Get vaccinated and get that protection, and then, if we want to go out, let us use our certification to protect ourselves and those with whom we may be in close contact.

At Halloween, I visited my son in London. Last Christmas, he did not make it home; lockdown hit one day before he was due to fly. Thankfully, this year, with certification, I was able to visit him. I was able to show my certification and get into a show with him. There was some normality. I hope that we all take reasonable actions so that, this year, families will once again be able to meet safely.

If any alteration is needed, that can be done. As I see it, we have no time and no choice. I support the Minister and the Executive, who approved these mitigations so that we do not have to face business closures and the inevitable difficulty that would follow. I urge the Executive, in particular the Economy Minister, to look at what compensation can be put together to support the businesses that will be adversely affected.

Ms Sugden: I am incredibly frustrated by the debate. This is secondary legislation empowered by primary legislation. On reviewing the regulations, I noted that they are not empowered by the Coronavirus Act, which I assumed, but by public health legislation that has been on the statute book for a considerable number of years.

I find it interesting that some Members point to the fact that we had not debated the regulations before they came into effect. The House passes statutory rules and secondary legislation. Correct me if I am wrong, but I think that the number is 351 this year; maybe I am wrong. A considerable number of statutory rules go through the House daily without being signed off or voted on. Tonight, to be honest, very much feels like theatre, and I will go into that point in a bit more depth in a minute, because I want to labour the point about statutory rules and secondary legislation. When the Northern Ireland Executive did not sit for three years, senior civil servants in various Departments were passing legislation like this. They did so because there was concern that we would not get through the legislation in the House. If we have issues with that, we need to look at our whole process and our whole system.

I mentioned tonight's debate being like theatre, and, if I am wrong, I would love someone to intervene to correct me. My understanding is

that a vote on these regulations was taken in the Northern Ireland Executive, and I accept that one party in that Executive did not vote for them. Am I correct in saying that that party could have backed up not voting for those regulations by blocking them? I am quite happy to take an intervention if someone wants to confirm that. If that is the case — I get that understanding from an occasion when the same party exercised that option last year — what is this debate about? Is it about posturing to the public and saying that you are trying to do something when, really, you could have done something that was more meaningful than the vote tonight, given that four of the five parties will vote for this? This feels like theatre.

Gerry Carroll MLA and I have been targeted by a worldwide campaign suggesting that there was a petition of concern that only he and I could have voted for. I have received over 1,500 emails from people from Northern Ireland since last night. It is probably getting closer to 1,700 at this point. Those emails have been from people in New York, people in London and people in Ireland, who have been saying to me, "Claire, please sign a petition of concern. You are the only person who can do this". There is some suggestion that I am the most powerful woman in the world. I wish that I did have that power, but I do not. Again, it is this theatre that suggests that this is more than what it is.

Miss Woods: I thank the Member for giving way. On a point of clarity, can a petition of concern be lodged on retrospective legislation?

Ms Sugden: My understanding is that it can. To satisfy the 1,700 people who have contacted me, I spoke to Members who had allegedly signed this petition of concern. They do not know anything about it. In fact, they were not even contacted, because, allegedly, they had already signed it. I contacted the Business Office to see whether the petition of concern had been laid there. It had not. No one had heard of it.

Mr Wells: Will the Member give way?

Mr Speaker: Sorry. Will the Member return to the matter at hand and not talk about a petition of concern? We are not dealing with a petition of concern this evening. Mr Wells, please resume your seat. I invite you to return to the topic at hand, Ms Sugden. We are running out of time. Thank you.

Ms Sugden: Thank you, Mr Speaker. I appreciate what you are trying to do, but the point of my raising the petition of concern is that

I am being coerced, as a Member of the House, to vote for these regulations on the basis that I am the most powerful person in the House, and that is simply not true. For my own integrity, I want to put on record that I do not have that power. Let us make it clear for the record, and let us make it clear for all those people who have contacted me about these regulations: 30 Members will not make the vote pass. A minimum of 45 votes will be needed. That means, again, that this is theatre, because anyone suggesting otherwise is suggesting something that is not true.

Mr Wells: Will the Member give way?

Ms Sugden: Go ahead.

Mr Wells: I asked the Member to give way on the petition of concern on the vaccine passport issue. Quite simply, a petition of concern can be tabled only if it has at least 30 Members' signatures. The reality was that, by Saturday night, it became apparent that the maximum number of signatures that could be obtained was 29. Therefore, people were ringing me and asking, "How do we get to 30?", and I suggested names of people who could be approached.

Mr Speaker: Before you respond, I want to make a point. We are not debating a petition of concern. There is no petition of concern. It is not on the agenda. Every Member in the House has been offended, abused on social media and all the rest of it. We all know that. We all understand that. It is totally condemned. Please stick to the matter under debate.

Ms Sugden: Thank you, Mr Speaker. I want to make the point that, in what happens here today, in the vote we will take after the Minister speaks, it will not be possible to overturn these regulations. Indeed, it is not even a standard thing. That is not to say that we should not debate it or have a conversation and vote on it. However, typically, this is a rubber stamp. A lot of the contributions that I heard are disingenuous. More could have been done, in practical terms, to stop these regulations rather than what is happening in this debate. That is an important point to put on record, and it is important for other Members when they consider how they will vote. What is this really about? I ask anyone listening to the debate from outside the Chamber to reflect on that.

I accept these regulations. I make a point of saying "these regulations" because I have pored over the legislation and have read what they say. I am not voting on what people

assume are in the regulations or on what could, potentially, happen as a result of them. I have heard Members talk about the thin end of the wedge and the slippery slope to something further.

Ultimately, what people are concerned about is mandatory vaccination. However, that is not what is in these regulations. It is not about mandatory vaccination. If we were voting on mandatory vaccination, I would be keen to understand whether it would require primary legislation rather than the regulations that are in place. If tonight, we were voting on mandatory vaccination, I would not support it, and I can wholeheartedly say that to everyone who has contacted me about that. However, that is not what this is. As Members of the House, we are debating very specific legislation, specific regulations. I have read through the regulations: this is not mandatory vaccination.

In fairness, I do not dismiss anyone who has raised concerns with this. If it were only one or two people throwing out wild accusations, maybe: but it is not. Thousands have contacted me in relation to this, so it is important that we listen and try to understand their concerns and, perhaps, dispel the myths that people are being fed.

Ms Woods made a diligent effort to describe what is happening. Ultimately, where we are in society is a result of shockingly poor communication from the Northern Ireland Executive. That is why people are contacting me about their assumptions on this and why they are concerned about mandatory vaccination. I have spoken to a large number of people in the past week and have described to them what the regulations are. Eventually, they say, "Actually, that is not too bad."

We have to be mindful of what we are voting on, not what is assumed, and not the slippery slope. I am sure that the Minister will assure us that, if he goes down the path of mandatory vaccination, he will not take that responsibility on his own. He will take it to the Northern Ireland Executive, I imagine. When he brings it to the House, that will be the point at which we vote for or against it.

I want to address all the concerns of the many people who have contacted me. I feel that I can address them. I say that in a limited way, because I am not fully versed in the way that some people are. Coercive vaccinations: are we creating a society where we almost discourage people from going out and having social interactions because of these vaccinations? I do not think so. Again, I come

back to this point: this is not mandatory vaccination. There are other mechanisms in these regulations by which you can demonstrate your COVID status. That is very important. When the Minister originally announced that he would be doing this, I was the first to say to him, "Hold on a minute." However, in fairness to him, he brought out other measures. It means that people are not being forced to get the vaccination. We do not live in a society where vaccination is mandatory, and that is right. There are many reasons why people cannot have vaccinations.

People should not take it on themselves to treat others abusively, incorrectly or make other people feel less than they are because they have taken a decision that they are entitled to take. That is another important point. Yes, the Minister and others are trying to encourage a roll-out of the vaccination, and it has been very successful — over 90% uptake. However, we should not undermine those who have chosen not to be vaccinated for various reasons.

I have heard a lot about discrimination. I am not legally trained, but my understanding of discrimination, particularly in Northern Ireland, is very specific in relation to the law.

This is not discrimination as I understand it, unless someone wants to describe it to me as having gender discrimination, sexual orientation discrimination or perhaps even disability discrimination. What people are really talking about is prejudice. If that is the case, we need to look at that. That again comes back to good communication more than anything else.

8.45 pm

I accept that there will be an impact on business. Again, we have to look at how it works in practice, rather than what we assume will happen. I attended the Christmas market a couple of weeks ago, and staff were enforcing COVID certification. It was simply a flash. It was a system put in place as outlined in the regulations, and my understanding — I am sure that the Minister will talk to this — is that it is nothing more than that. It is about businesses demonstrating that they are going as far as can be reasonably expected in order to prove that the people at their establishment, premises or event are unlikely to have COVID and are unlikely to pass it on. That is really important. Members have talked about the additional people who have to be put in place. Certainly, on licensed premises, people are asked for ID. If you go to the cinema, you are asked to show your ticket. When you go to an event, you are

asked to show your ticket. What will actually happen on the ground is minimal.

I accept that there are some challenges for older people. Generally, that comes down to the Executive's failure to pass age discrimination legislation on goods, services and facilities. We have to look at better ways of providing COVID certification for older groups. I hear that the turnaround times are significant. That in itself is not a good thing if we are trying to be fair to all in society.

Mr Allister, Miss Woods and even Mr Carroll made a point about the provision of lateral flow tests or rapid testing for everyone, rather than just the unvaccinated. Maybe we need to look at that so that there is not that differential. Again, we have to come back to the point of the regulations and why we are making them. From the outset, I have maintained that the COVID restrictions are not primarily about stopping people getting COVID but about stopping people getting COVID and adding further pressure onto an already overwhelmed public health service. People have said to me, "You have had 10 years to fix the service". Absolutely we have, and three of those years were completely wasted. We had a plan in 2016. I will come back to the point in hand, Mr Speaker. What I am trying to say is that, yes, there are winter pressures every year — absolutely there are — but COVID is an additional pressure, and we have to do what we can to remove that additional pressure, as well as others. I am sure the Health Minister is working through those too.

A lot of this comes down to personal responsibility. As someone said, you could flash a fake COVID cert at the door. Again, that is an offence under the regulations. Sure, you could go into a shop and shoplift. On that point, you have to recognise that there is an element of personal responsibility in this.

I want to ask the Health Minister about data protection and GDPR. I take the point in relation to having to flash your medical status in some way. I am curious to know how the Health Minister has looked at and considered that. Again, it is about the proportionality of what people are being asked to do and the risk that comes with disclosing or perhaps not disclosing such information. Again, for me, it is a positive thing to take a lateral flow test in order to know that, when I go into an environment, I am not potentially infecting people. I do not know why we are taking it in a personal and precious way. For me, it comes back to that sense of responsibility.

On enforcement issues, again I go back to the point in the regulations about having "a reasonable system" in place. Perhaps this is where we need better communication and guidance from the Department of Health and the Department of Justice on what enforcement has to look like and at what point it becomes a breach. If a business has a written statement, as provided for in the regulations, to say that the system is in place and is seen to be consistently applying that system, it is working within the regulations. This is not about strong-arming people out the door. It is not about having a heated conversation. Again, businesses need guidance on that. Miss Woods pointed to an awful lot of this. It all comes down to poor communication, with businesses not knowing what they can and cannot do and what the consequences will be.

I will wrap up my general comments. People have asked for the evidence. If it is there, show us it. If it is there, make it clear to people. Back up everything that we do with rationale. I am sympathetic to the Health Minister because I recognise that he is, to an extent, on his own in relation to the public health message. That has become clear in the past six months. At the outset, we saw all the Executive Ministers working together. We saw joint press conferences and a united message, but, as we have got closer to an election, he is on his own. I do not envy him in that task. I do not think that the Health Minister would do this if he did not have to. I reluctantly will support the regulations, but I do it only on the basis that they will be contained and will be kept under regular review with a mind that they will end when they are no longer appropriate. That is the basis that we keep having to come back to on all these things.

Speaking to the House and to the people of Northern Ireland, I know that this has been a really difficult two years with COVID and other issues, and we need to do all that we can to prevent deaths and sickness, ensuring that we have a public health service that can get to the other issues, because it is not right that we prioritise this over every other illness. We should prioritise every critical and urgent illness. I hate to use the phrase, "We are where we are", but, if this is about protecting the health service and stopping it becoming overwhelmed, this is not disproportionate. Minister, if you are coming back to me in a number of weeks and saying that there will be mandatory vaccinations, I put it on record now that I will not support that. That is not what this is, and the practicalities of it are not disproportionate to what people think.

Mr Speaker: Members, we have just about reached the time to which the sitting was extended by the Assembly earlier under Standing Order 10(3A), so we must come to adjourn. I certainly do not wish to disadvantage the Minister by asking him to start speaking now and then conclude at a later date. That would be completely unfair on the Minister. Standing Order 10(3C) requires that:

"Consideration of business on the Order Paper not concluded by the time the Assembly adjourns on a Monday shall be postponed until such time as the Business Committee determines."

I understand that the Business Committee may consider rescheduling the remainder of this business on tomorrow's Order Paper. If that is subsequently agreed, a revised Order Paper will be issued this evening, but that will be a decision for the Business Committee, hopefully, shortly. Unless the Minister has any contrary argument, I propose that we adjourn now and return when the Business Committee reschedules the sitting. The only Member left to speak is the Minister. The Minister may have a contrary view on that, but I believe that to expect him to finish before 9.00 pm would be impossible.

Mr Wells: On a point of order, Mr Speaker. Surely, with the leave of the House, we can extend the business to 9.30 pm. That seems logical because everybody has had their point of view and Mr Swann is ready to go. I do not think that anyone would object to staying here until 9.30 pm to hear him complete his speech.

Mr Speaker: We need to have a proposal from the Business Committee to the House for that, and we do not have that.

Mr Swann: Mr Speaker, can we seek a suspension? In all honesty, I would prefer to complete the business tonight. I think that the Members want to complete the business tonight, and I think that people who are watching and listening to know the decision that will be made in the House want to know it tonight. I am unsure of the procedures or the Standing Orders, but, if the Business Committee could meet in the next number of minutes to schedule another half hour of the sitting, I will give you a commitment that I will be finished by 9.30 pm.

Mr Speaker: I am happy that we suspend the sitting for 10 minutes while we seek to resolve that.

The sitting was suspended at 8.54 pm and resumed at 9.01 pm.

Mr Speaker: I have taken advice, and there is strong procedural advice that, given that we have already extended the sitting and are running out of time, we run the risk of a legal challenge. With such an important issue under debate tonight, I am not prepared to take the risk of a Minister, a Department or the Assembly being hauled into the courts for breaking the Assembly's own rules and regulations. On that basis, we will suspend the debate.

The debate stood suspended.

Adjourned at 9.02 pm.

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