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Northern Ireland Assembly

Tuesday 20 April 2021

The Assembly met at 10.30 am (Mr Speaker in the Chair).

Members observed two minutes' silence.

Ministerial Statements

2020-21 Further Funding Allocation

Mr Speaker: I have received notice from the Minister of Finance that he 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 the 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 who are participating remotely must also make sure that their name is on the speaking list if they wish to be called. Members who are present in the Chamber must do that by rising in their place as well as by notifying the Business Office or the Speaker's Table directly. I remind Members to be concise in asking their questions as this is not an opportunity for actual debate. I also remind Members that, in accordance with long-established procedure, points of order are not normally taken during a statement or the question period thereafter.

Mr Murphy (The Minister of Finance): Members will be aware of the additional funding allocations that were made since the 2020-21 January monitoring round. I advised the Assembly of those by written ministerial statement, and I undertook to provide an oral statement, once all further funding allocations were made, to allow questions to be asked.

At the conclusion of the January monitoring round, unallocated funding of £346.4 million resource, £28.3 million capital and £55.7 million financial transactions capital (FTC) remained. Ministers were asked to come forward with spending proposals to use that funding. As a result of that work, further allocations were agreed at four points since the January monitoring round.

Departments also took the opportunity to surrender reduced requirements for reallocation in those financial exercises. Details of the reduced requirements notified and allocations made at each of those points were appended to

my written ministerial statements and have been included again in the tables to this statement for completeness.

The final tranche of allocations was agreed on 25 March. While it is unusual to allocate funding at that late stage in the financial year, Members will appreciate that it was an unusual financial situation as a result of COVID, especially with the drip-feed of funding from London.

By the conclusion of January monitoring, the Executive had already allocated over £3 billion for COVID support and public services in 2020-21. Since January monitoring and taking account of additional funding provided by the Treasury, the Executive allocated a further £634 million, including £175 million for health PPE; £10.4 million for higher education student support; £12.4 million to extend the business support scheme and the large tourism and hospitality business support scheme; and £35.4 million to support a pay increase for teachers. A further £27.3 million was provided for student hardship and £25 million for the £500 payment to health workers.

My Department has received £231.6 million. That is not the figure in the statement, which was corrected just before I came to the Chamber. I apologise for the wrong figure being in the statement, and an amended statement will be sent to Members. The actual figure that we received was £231.6 million. That includes £51 million to extend the localised restrictions support scheme (LRSS) in view of the continued restrictions.

As result of the late announcements from the British Government, the Executive had a significant amount of money to spend in the last quarter of the financial year. I encouraged Departments to bid for that money, but I also developed contingency plans in case funding was at risk of being surrendered to the Treasury.

Once again, Land and Property Services (LPS) stepped up to develop three grant schemes for businesses. The total cost of those schemes is

estimated at £177.9 million resource DEL. That funding will sustain many businesses and the workers whom they employ.

Those are just some of the more notable allocations made since January monitoring, and full details of all allocations are in the tables accompanying the statement.

By the end of the financial year, the Executive allocated all available resource DEL funding. All spending proposals brought forward by Departments to provide COVID support to individuals and businesses since the conclusion of January monitoring were met in full.

Unfortunately, £55.3 million of financial transactions capital remains unallocated, and, while we can carry forward some FTC to 2021-22, it is again inevitable that some of that loan capital will be lost.

Due to the late surrender of capital funding by Departments, there remains £0.4 million unallocated in capital DEL. However, that is a small amount, which we will be able to carry forward to next year, provided that Departments do not return excessive end-year underspends. With the exception of the FTC lending, that position should mean that no funding will be lost to the Executive. However, that is dependent on Departments spending the allocations that they have been provided with.

Dr Aiken (The Chairperson of the Committee for Finance): I thank the Minister for his oral statement and for previous written ministerial statements and correspondence to the Committee in respect of the 2020-21 allocations. I think that the Committee — looking around me, most of its members are here — will welcome the fact that all the resources and most of the capital for 2020-21 appear to have been spent before the end of the financial year.

Members will, I think, also welcome the targeted support for the health service in extra PPE and, particularly, the bonus award for our much-valued and important staff; for our teaching professionals, who have done an equally outstanding job; and for the significant sums made available to hard-pressed local businesses as we emerge from the pandemic and start to tackle the economic consequences of COVID-19. I particularly note the £231.6 million, Minister, and thank you for making the correction before the House.

It has been difficult for Departments to spend those large quantities of money in relatively short timescales while ensuring appropriate

governance and robust adherence to the rules. The extent to which it has been successful is not yet entirely clear and will continue to be scrutinised by all the Statutory Committees. Will the Minister clarify the total amount of resource and capital that he expects to be carried forward from 2020-21 to 2021-22, assuming that Departments meet their commitments?

From the Minister's written statements on the 2020-21 allocations and the 2021-22 Budget, it would appear that there is still no explicit provision for the victims' pension scheme, better known as the Troubles permanent disablement payment scheme. The actuary's report shows that the cost would be £19 million in 2021-22, rising to perhaps £70 million in subsequent years. Can the Minister explain how these costs will be funded, given that the courts have ruled that the Executive are obliged to make the relevant provisions?

I would like to make a few remarks as the Ulster Unionist Party's finance spokesperson, particularly on the victims' pension scheme.

Mr Speaker: I remind the Member that this period is for questions to the Minister.

Dr Aiken: It is a question, Mr Speaker. I am sure that you will grant me this short indulgence.

There are indications that there is the potential for top-slicing the various Departments' budgets. Our concern is that, as per a commitment in New Decade, New Approach (NDNA), the Health budget is supposed to be ring-fenced. By my calculations, a considerable amount, maybe as much as between £35 million and £40 million, would be taken out of the Health budget. Bearing in mind that we are trying to get out of COVID, and particularly the implications that it has had for waiting lists, I would like the Minister to state whether that is the proposed course of action that he is likely to take.

Mr Murphy: I thank the Chair for his comments and questions. The normal Budget exchange scheme allows us to carry over a proportion of money at the end of the year: up to about £85.8 million resource DEL, £2.8 million ring-fenced resource DEL, £3.4 million student loan impairment, £22.3 million capital DEL and £29.2 million financial transactions capital. We also got permission, because we had a very late allocation from Treasury, to carry over until the next financial year a further £238 million non-ring-fenced resource DEL, £75 million

capital DEL and £14 million financial transactions capital.

The Budget provides £6.7 million to TEO for the implementation costs of the victims' payment scheme. As the Member is aware, the First Minister, the deputy First Minister, the Justice Minister and I have given an undertaking that the costs of the scheme will be met this year. Of course, the Executive's position is that those costs should be met by the British Government under their own statement of funding policy. We intend to continue that discussion with the British Government to ensure that they step up and meet those costs. I will engage with Treasury in the time ahead.

The Member referred to top-slicing Departments' budgets. That will be the outcome if the British Government refuse to honour their statement of funding policy and pay for the scheme that they devised and legislated for, which is outside what the parties agreed at Stormont House. If we end up in a situation where the Government refuse to provide some support to us to pay for the victims' pension scheme, the only alternative that the Executive will have to meet the payments is to take the money off Departments on a pro rata basis. That is certainly not where we want to go, because it pits the provision of vital public services against the needs of victims. This is not the space that any of us wanted to be in. It is the consequence of a Government deciding at the last minute, under pressure from its own Back-Benchers, to increase substantially the victims' pension scheme that the parties agreed at Stormont House and to heap the costs of meeting their policy and legislation on to the Executive.

We intend to continue to have that discussion. Top-slicing Departments' budgets would be the last resort. It is certainly not anywhere that the Executive want or intend to be.

Mr Speaker: I remind Members to be concise in asking their questions. We have quite a number of Members who want to ask questions.

Mr Frew: I applaud the Minister's statement. I applaud the efforts made by the Minister and the Department over the course of this very difficult year. I also applaud the Chairman's fine speech.

The Minister talked about the mistake in his written statement. I hope that it was a typo because, if not, it seems that we have lost over £20 million somewhere. Maybe the Minister can clarify how that mistake happened.

The Minister talked about £51 million to extend the LRSS scheme but clarified for the House that that is only £51 million of £230-odd million. Will he outline what other factors and spends are contained within that amount?

Mr Murphy: First, we checked the statement's figures against the table's figures. We continued to check them right up to the last number of minutes before I came down.

We realised that there was a miscalculation in the statement rather than in the tables. I have corrected it in the House, and we will send an amended statement round to ensure that Members are aware of that.

10.45 am

The £51 million was a carry-over. We knew that we were spending out in this financial year, but we also knew that the effect of COVID and the need for LRSS support would go into the new financial year and would, obviously, still be paid out and will be until at least the latter end of May. We wanted to ensure that we had money to continue that carry-over and, of course, for the COVID restrictions business support scheme (CRBSS), which the Department for the Economy will administer as well, and to ensure that money was retained there. Of course, a huge amount of LRSS money was paid out in the last financial year. That was, if you like, the buffer to ensure that, as we went into the new financial year and restrictions were still in place, we were able to continue to pay that out.

Mr McHugh: Gabhaim buíochas leis an Aire as a ráiteas. I thank the Minister for his statement. As he stated, resource money has been fully allocated. Is he confident that it will be fully spent by all Departments?

Mr Murphy: Our objective was to ensure that it was allocated, and it sometimes is. As the Chair and Deputy Chair acknowledged, it was a significant challenge to ensure that the additional £3.3 billion was spent out on top of the budgets that we had last year. It came in a haphazard fashion, which made that complicated. The lockdown restrictions changed and eased, and, then, they changed and went from lockdowns in council areas to a full lockdown of the Six Counties. It was a complicated process to try to get through. Nonetheless, we have allocated all available COVID-19 funding and have been assessing the position with regard to spending that right up until the last number of weeks of the financial year. I am confident that all Ministers

who bid for that money have been making all efforts to ensure that it is spent. We will assess that as part of the provisional out-turn later this year. Therefore, I do not anticipate handing any funding back. We still have some headroom in the normal Budget exchange scheme to carry over resource DEL, should that be required. We had conversations with Departments when they bid for money late in the year to ensure that they could spend that out. We expect that to be the case.

Mr O'Toole: I thank the Minister for coming to the House to update us. Further to the previous question, I obviously welcome the fact that resource allocations have been made in full. On FTC, it looks as though around £55 million will have to be handed back. Can the Minister clarify that? Earlier in the financial year, he and others talked about improving the use of FTC by Departments. We know that it has been a long-standing challenge. How is that work progressing? Is there a particular strand of work to make civil servants do better in spending that out, particularly as we come up to what will, hopefully, be a multi-year spending review from the Treasury later this year?

Mr Murphy: There is a provision to carry over some FTC, so it will not be the full figure of £55 million. I think that there is a figure of £29.2 million under the Budget exchange scheme that can be carried forward under FTC. Therefore, £55 million minus that figure is the amount that would be surrendered to Treasury. As the Member knows, financial transactions capital comes with a set of conditions attached and restrictions on how it can be spent. Therefore, it is not a straightforward matter of spending out capital money.

We encouraged Departments to come forward in the latter part of the year. Indeed, a number of Departments did so. Education and Infrastructure were looking at schemes. The Health Department looked at schemes that just did not make it. One area where we had sought to use it most related to the changeover arrangements in the Housing Executive. It came late in the year. Obviously, everything that Departments were doing was knocked sideways by the response to the pandemic. Our ambitions at the start of the year did not get the time and space to be fully developed. The Member is right: if we go into a multi-annual-Budget situation, we would have a better handle on it. I believe that there was a better approach to FTC this year than, perhaps, in previous years. We want that to improve and continue, because the amount that is available to us and the payback for Departments are fairly favourable.

There are strict parameters around how it can be spent, over what lifespan it can be spent and what assets it can be spent on, but it is an improving picture. If we get more space and time and move to a multi-annual budget, we will have a much better approach to spending out FTC.

Mr Muir: I thank the Minister for his statement. In the 2020-21 financial year, a significant amount of money was spent on non-domestic rate relief. For a number of sectors, that has been carried forward into this financial year. Over the past number of weeks, a number of businesses have contacted me with concerns about what will happen in April next year without a reform of our rating system. What actions is the Minister taking to ensure that our non-domestic rating system is reformed in this financial year so that people do not hit a cliff edge with their rates bills?

Mr Murphy: There has already been significant action taken. That has probably been missed in the course of all the rates holidays and rate relief, which I am glad that we have been able to extend for a full year, meaning that those businesses will have two full years without paying rates. Over the past year, I have carried out frequent engagements with businesses and business organisations, and that was one of their big asks. We were able to deliver on that, which has been gratefully received. That masked the fact, however, that there was effectively an 18% reduction in non-domestic rates in last year's Budget. That was a very significant reduction.

We continue to look at bringing forward revaluation exercises to make sure that there is no gap or huge change, instead of leaving them sitting for a number of years. We are therefore turning around revaluation exercises much quicker. We will continue to engage with businesses, and if LPS can get back to doing what it does, which is managing the rates rather than being the grant-giving agency that it has ended up being for most of the past year and will continue to be in the short to medium term ahead, we will be able to have a sensible discussion with business sectors in the time ahead to try to get a better outcome on rates for everyone.

Mr Givan: My question follows on from the question about the ending of support mechanisms and concerns the £51 million to extend the LRSS. The hospitality industry has raised concerns with me that, as businesses are allowed to reopen, they will not be viable until the social-distancing restrictions of 2

metres are gone. For how long can the Executive continue to provide financial support to the hospitality industry and other sectors that will be impacted on until the social-distancing requirement is removed?

Mr Murphy: The LRSS and probably the Department for the Economy's COVID restrictions business support scheme are governed by health regulations. That means that they can continue to be paid only if businesses are closed or very severely impacted on. For instance, we continue to pay retail businesses when they can offer click and collect and to pay hospitality businesses even though some outdoor opening will be allowed not this weekend but the weekend after. We will continue to pay those supports until all hospitality can open. We recognise that we are only in the middle phase of moving towards reopening, so there will still be mitigations and restrictions around how many people are allowed in premises and how those premises can do business, but those payments are tied to health regulations, which means that there is no basis for paying them out once premises reopen.

In response to the previous question, we will continue with the rates holiday for a full year, through to next April. That is of huge benefit to tourism and hospitality, and to retail in particular. We recognise that businesses will continue to struggle. That is why, as part of the COVID money for next year, I funded in full the bid from the Minister for the Economy for the economic recovery package. As a consequence, I hope to see some support going to the high street, as well as to tourism and hospitality.

We do not have anything like the amount of COVID money that we had last year. We are trying to continue providing support as best we can, but, next year, we will have a standstill Budget, with a limited amount of COVID money compared with last year. We will still try to give what support we can, but that will definitely happen in the context of much less generous financial circumstances.

Ms Dolan: I thank the Minister for his statement. I appreciate that this might be outside his remit, so I understand if he does not have the answer. Is there an update on the £25 million that is allocated for the £500 payment for health workers?

Mr Murphy: We made that funding available for the Health Minister's bid. He then asked us to engage with Treasury and DWP in London to

see whether that would be taxed and whether, at the lower end, people would lose benefits as a consequence of the payment.

We were told that that would be case and that HMRC was treating it as a gift and would tax it, so we provided additional funding to cover that to make sure that people got the £500. That is our contribution, if you like, and the Health Department is then responsible for paying out. The update would need to come from the Health Minister.

Mr McGuigan: I thank the Minister for the statement and providing the updated information. As other members of the Finance Committee have done, I commend the Minister and the Department for ensuring that the total resource budget was fully allocated to Departments.

Minister, in your statement, you say that there were four opportunities after January monitoring to look at spending and that Departments took the opportunity to surrender reduced requirements for reallocation in those four exercises. Can you confirm the total amount of reduced requirements surrendered by Departments since January?

Mr Murphy: I think that it is in the table. I am not sure that I have the exact figure to hand. It is broken down across a number of statements. With the four opportunities, it was, if you like, an open-ended opportunity for Departments to bid for money and to surrender money that they were not going to spend. For instance, in the statement on 2 February, there was £7.9 million, and then, in my last written statement in March, there was £7.2 million. Sorry, that was capital. I can get the total figure for the Member, but I think that there was £10 million and £21 million over the course of those four statements.

The Member asked about opportunities. We did some allocations, sent in a written statement and said at that time that we would do a complete statement and a question-and-answer session when that exercise was completed. There were a number of surrenders, and that meant that we had to try to reallocate as we went along. It was an open-ended process for Departments to bid, so, when we got a significant number of bids and allocated the funding, we did a written statement. We did that right up until the last allocation, which was the one that we took to try, as a contingency plan, to use up what was left at that stage. That was on 25 March. The statements are there. It is a matter of adding each figure from the tables in

each of the four statements and calculating the total.

Mr Catney: Thank you, Minister, for your statement. We have had a number of reports to the Finance Committee about how the end-of-year surge spending is not value for money and how some of that spending may go to the wrong projects. What are you and your Department doing to prevent that end-of-year spending and promote a better balance of expenditure throughout the year?

Mr Murphy: That is the perennial question. If we were in a multi-annual Budget situation aligned to a Programme for Government, we would get planned spending over a number of years. That is where we want to be. That is where, we were told over the last year, we would be following the comprehensive spending review, but that is not in our hands. The time frame of the budgets and the funding allocation itself are not in our hands, so you end up having to respond. In an annual Budget setting, the biggest sin for a Finance Minister or an Executive is not spending out. It is not ideal.

I would not say that we are spending on the wrong projects, but it does not necessarily align with long-term spending plans. It would be much more efficient if we were in a multi-annual Budget situation and could plan over that time and allocate accordingly to make sure that there is a more strategic approach to the spending of public funds than, perhaps, a rush at the end of the year to spend what is left. It is not ideal. The bigger sin, I suppose, is if we end up not spending it and giving it back, so it has to be spent on projects that, although they are not wrong, would perhaps not be a priority if we were in a much broader strategic framework. It is more about the things that are ready to go and are can be spent on.

Of course, that is the situation that we want to be in, and we will continue to press Treasury to get us to that situation. We expected, right up until the year of last year, that that is where we would be, and we had very short notice that we were into a one-year Budget again with a flat-cash situation. We will continue to engage with Treasury on that, and I know from speaking to my counterparts in Scotland and Wales that we are all on the same script in pressing for that outcome.

11.00 am

Mr Nesbitt: Returning to financial transactions capital, I sense that the Minister shares the frustration that the money is flowing in the

wrong direction, namely, largely back to Treasury. Minister, further to your answer to Mr O'Toole, can you explain where, you think, the fault line lies? Are you promoting this only to Executive Departments, or are you proactively targeting projects in the private and the third sectors? How many successful applications are there? Why do applications fail? Is it because of a fundamental misunderstanding of the qualifying criteria?

Mr Murphy: It could be a combination of those things. I do not think that there was, over the last number of years —. There was a much bigger return of financial transactions capital last year. It is a complex process, and therefore Departments try, in the first instance, to get straightforward capital for the projects that they want to do. When I was pressing Departments and Ministers over the last number of months to access this, some came forward with schemes, but some of them did not fit. That maybe points to Departments being not fully sure. The assets themselves have to have a time span of at least 25 years, so it cannot be spent on short-term repair work or short-term facilities. They have to be facilities with that type of time frame. It is much more restrictive than a straightforward bid for capital. I suppose that it is easier for most Departments to go for the easier source rather than to apply for it.

It is something that we have improved on. Even with all of the priority attached to the pandemic in every Department and the bandwidth that has been taken up with that response, there is an improvement. We will continue to press for a full understanding of how it can be accessed, what it can be spent on and what Departments need to come forward with. The rates are favourable. It is an asset, if you like — pardon the pun — that is available to the Executive. We have done better this year with it, but we are still surrendering some of it. We do not want to be in a position where we are not utilising things that are available to us.

Mr Newton: I thank the Minister for his statement this morning. It is important to get the clarity that Members around the Chamber have sought.

Regarding the £175 million for health PPE, we all know the history of PPE orders being placed, orders not being placed, orders that were in the pipeline and orders that never arrived. We know the history of that, but £175 million is a substantial amount of money. In the Minister's or his Department's allocation of those contracts, how can he encourage local companies to make the bids for that £175

million, rather than the PPE being purchased from China or other sources?

Mr Murphy: The Member makes a very valid point in relation to that. There are many lessons from the pandemic, and one of them is about security of the supply chain. The idea that "Cheap is best" means that you end up on the other side of the world trying to procure critical materials for the health service. Then, if there is a pandemic situation or some other unforeseen situation, we are left in a position where we do not have access to things that our population very badly needs.

Regarding the £175 million figure, Treasury made an allowance that, if money was being spent on PPE, it could be allocated in the last financial year but spent in this financial year. That is why we were able to allocate a significant sum to that.

We have been having this conversation in the Procurement Board, which I chair, but a further conversation needs to be had around the Executive table. Where companies stepped up and proved that they could provide us with critical supply and that supply was only an hour's journey by road away from us rather than thousands of miles away on the other side of the world, those companies need certainty that that sort of contract will continue. If they are going to repurpose manufacturing capability, they need certainty that there will be contracts to be bid for and won in the future. The procurement side in the Health Department should engage with the manufacturing sector, perhaps through the Department for the Economy and Invest and others, to say, "OK, the cost of those products may be more here, but, first, there are ethical issues in terms of their supply. Are all our supply chains on the other side of the world meeting the ethical requirements that we have and should continue to have? Is there security of supply?".

We need to reconsider whether cheap is king in all this. I hope that that conversation takes place; it needs to take place fairly soon, because if we want those people to stay in the frame so that they can step up and repurpose manufacturing, they need to have some sense that there is business for them in it.

Dr Archibald: I thank the Minister for his statement. I want to return to the LRSS, because it has been an absolute lifeline for businesses, along with the rates holiday. You said that it will continue for businesses until they open. Are you keeping that under review, and are you encouraging the Economy Minister

to look at other supports that might be needed to help businesses when we reopen?

Mr Murphy: As I said, they are governed by the regulations, which mean that if businesses can open up, the regulations do not permit them to continue to be paid beyond that, although all businesses will be subject to some kind of social-distancing restrictions.

We have declared that LRSS will continue to be paid. I am not certain what the position is with CRBSS; that might be a question for your Committee to ask the Department about. As you are aware, we fully funded the economic recovery package that the Economy Minister brought forward, and we will continue to support businesses through the rate relief for the rest of this financial year to next April. We are trying our best to continue to support them, albeit with much less resource than we had last year. We have fully funded that economic recovery package, and I hope that that has a beneficial effect for businesses as they begin to open up.

Mr Dickson: Minister, what discussions have you had with the Treasury, particularly with the Chancellor, who, according to some media outlets, has done a disappearing act since he produced his Budget? What discussions have you had about rebuilding our economy and our community and about how the various schemes will be tapered as a consequence of the reopening of services?

Mr Murphy: Officials continue to have that discussion, and I hope to get over there in the next week or two to have a discussion, certainly with the Chief Secretary to the Treasury if not with the Chancellor. You will know that the extension of the furlough scheme, which we pressed for a number of times, has now gone to the end of the summer, albeit, I think, with an increased employer contribution over the summer months.

There are some discussions about whether Treasury will try to amend the loan scheme slightly, I think. I have seen some reference to a sort of a pay-as-you-earn (PAYE) thing, so rather than businesses being expected to pay back loans, if they can demonstrate that they can afford to pay back more as they begin to do more business, there will be some flexibility. We will continue to press the case for that, because the furlough scheme in particular was critical, not only to businesses, but to workers.

While we hope to have a good summer, we are a long way from being clear of the pandemic and its impacts. I have spoken to banks and

other institutions, and there is expectation that maybe there will be a glut of spending when things open up but that that could taper off again in the autumn. I think that that is when businesses will face the real crunch. While we will be doing all that we can in the time ahead, as I said in the responses to the statement, clearly they will need continued supports, so we will continue that conversation with the Treasury and the Government.

Ms Flynn: I thank the Minister for his statement and his answers thus far. Will the Minister indicate when businesses can expect to be paid through the scheme that was recently announced on the COVID business support grants?

Mr Murphy: One element of that is the £50,000 grant for businesses that were above the net asset value (NAV) level last year and did not get that support. I think that some businesses started to receive that today. The other elements of that scheme will be done in the coming weeks. There are some further regulations that need to be sorted out on them, but we will do those as quickly as we can.

Mr McNulty: I thank the Minister for his statement and his answers thus far. Following on from the previous question and the £178 million that has been announced for three schemes, will you, Minister, give us greater detail on when you expect those payments to be made? When will the application process open for the schemes that require an application?

Mr Murphy: As I said in response to the previous question, the £50,000 scheme for businesses that did not get the £10,000 or £25,000 grant last year because they were too big has opened. I think that some of those are being paid out today. Regulations for the schemes need to go through the Finance Committee and be passed in the House to do that, and the portal needs to be up and working for the ones with an application. The intention is to have those done in the coming days or, at most, weeks and get the support paid out to those businesses as quickly as we possibly can.

Mr Allister: Given the rush to allocate and spend the further Treasury largesse before the end of the financial year, it is understandable that mistakes will be made. If funds are recouped from organisations that should not have received them, what is the destiny of those funds? Can they be retained? Do they

have to be returned? How much headroom do you have in your carry-over?

Mr Murphy: It is a separate exercise. You are right: the more schemes are done at pace, the more potential there is, human nature and systems being what they are, for mistakes to be made. The LRSS paid out hundreds of millions — I think that it was £290 million — and I think that 1.6% or 1.7% was identified as having been paid in error. That is remarkable, given the amount of money that was paid out and the haste with which those schemes were put in place. The Member is correct: there are attempts to recoup some of that. For some who received an allocation incorrectly but are due another allocation — the people who will benefit from some of the schemes that I just referred to did not receive LRSS — we can deduct the amount that they owe us from what they will get. It is complex and there is a different set of circumstances in each.

My understanding is that, because we have allocated that funding, we can retain it, but I will confirm that with the Member. The focus has been on ensuring that errors are corrected.

There is flexibility to have a working arrangement with those who have to pay back. There is also flexibility across other schemes to make sure that, if someone was paid out under our scheme and received money from another Department, they will be paid minus the amount they have already received so that we do not have to recover money from them directly. There is a range of measures. I know that LPS was in front of the Committee last week. I am not sure what level of discussion there was about that, but it is probably worth LPS coming back to the Committee, at some stage in the not-too-distant future, to brief you on that. A number of measures are in place so that we can work with other Departments to make sure that, if further moneys are due to them, they can be deducted from the payments. Some of it will be direct clawback. The question then arises of whether we can retain the money. My understanding is that we can, but, if that is incorrect, I will be happy to inform the Member.

Mr Carroll: Thanks to the Minister for his statement. Many people will be left scratching their head as the Executive once again struggle to spend money. At any time, that would be disastrous, but, when food bank usage has soared, workers are facing pay freezes and cuts, and child poverty is soaring, it is almost insulting. What would the Minister say to those who wonder whether the Executive are up to the task of meeting economic and societal

problems if they cannot even spend the money that they currently have?

Mr Murphy: The whole purpose of the statement was to say that we had spent the money that we currently have. I am not sure whether the Member was listening to the start of the statement. He should not underestimate what we managed to do. I am not blowing my own trumpet; it was departmental officials who managed to do it. We ensured that not only was the Budget that we were allocated last year spent but the £3.3 billion that we received on top of that was allocated. A lot of that money came at a very late stage with a lack of notice to us. It came after the summer, when we were told that that was all that we were getting for the year; we then received a further four tranches of money.

11.15 am

I get the political points that the Member makes about people who are struggling; I absolutely get that. The three priorities for this were protecting the health service, supporting vulnerable people and supporting businesses and workers, and that is what we have allocated the money for. He says that we cannot spend the money, but we have just spent the whole time for the statement speaking about how we have done so, against the odds and with warnings of doom from very many Members over the last three or four months that we would not spend it. We have managed to do that, and he should at least acknowledge that. I certainly concur with his points about people who are struggling, and we need to continue to provide support there.

Mr Speaker: That concludes questions on the statement. Members, please take your ease before the next item of business. Thank you.

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

Neurology Recall: Cohort 2 Activity and Outcomes Report

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

Mr Swann (The Minister of Health): Members will recall that, in December 2019, the Department of Health published the outcomes report relating to the initial recall of approximately 2,500 neurology patients who

had been discharged from the care of consultant neurologist Dr Michael Watt and whose treatment was reviewed by the Belfast Health and Social Care Trust. At that time, the Department provided a commitment that it would carefully consider anyone who had previously been seen by Dr Watt and discharged and then recall any key groups of people who, based on the advice of the consultant neurology team, required a review. A second recall was announced in October 2018, involving a further 1,044 patients.

I can announce that, today, the Department of Health has published the 'Neurology Recall: Cohort 2 Activity and Outcomes Report'. The patient group concerned comprises two subgroups. The first includes patients in high-risk groups who had been seen by the consultant between 2012 and 2017 but who were discharged back to the care of their GP. That group included patients who had been prescribed anti-epileptic drugs, immunosuppressants and disease-modifying therapies used to treat epilepsy and MS. The second group included patients of the consultant who had been referred back to the neurology service for review by their GP.

In line with cohort 1, the main purpose of the second recall was to ensure that patients were receiving the correct treatment. However, the clinicians conducting the review were also asked to consider whether the diagnosis was secure, whether proper management was in place and whether prescribing was appropriate. The purpose of the recall was to see and assess individuals to ensure that they were receiving the care and treatment that they required. It was not intended to provide a definitive assessment of Dr Watt's practice.

The cohort 2 outcomes report shows that, across both subgroups, of the 927 patients of Dr Watt who were assessed by the reviewing clinicians, 702 had a diagnosis that was considered to be secure and 181 had a diagnosis that was considered "not secure", while, for 44 patients, there was uncertainty in respect of whether the previous diagnosis was secure.

It is important to note that a diagnosis that is considered to be not secure does not automatically equate to a misdiagnosis. Other factors need to be considered. The patients involved have been advised of the outcome of their individual case. Although a higher proportion of the cohort 2 patients were assessed as having a secure diagnosis than for cohort 1, there remained approximately one fifth of patients with an insecure diagnosis. The

responses to the other questions relating to management plans and prescribing were broadly similar.

I put on record my appreciation for the work undertaken by the clinical and administrative staff as part of the recall. Important, too, are the neurology charities, the Patient and Client Council and the more informal patient support groups that contributed to this process.

I return to the report. In the context that a significant proportion of the cohort 2 patients had an insecure diagnosis, the advice from the reviewing consultants was that it would be appropriate also to review an additional cohort of Dr Watt's patients, cohort 3. These are patients who were discharged between 1996 and 2012 and who meet certain criteria, alongside a number of patients who had not been reviewed as young stroke patients in the previous recall cohort, due to the agreed criteria around age. The Belfast Trust, overseen by the Health and Social Care Board (HSCB) and the Department, undertook an initial stratification exercise to assess which patients would require a recall consultation with a consultant neurologist.

The 276 patients who need a consultation include those who had a continuing prescription of higher-risk medication — for example, epilepsy medication — prescribed by Dr Watt and who had not been subsequently seen by another consultant neurologist. Of the 276 patients, 209 are from the Belfast Health and Social Care Trust; 57 are from the Ulster Independent Clinic; and 10 are from Hillsborough Private Clinic. This process will commence imminently and conclude in a few months. In addition, for a further 495 patients who have been identified as currently being prescribed low-risk anti-platelet medication, the trust will require additional information from their GP to establish whether a further consultation is needed, and that process will also commence imminently.

In light of the ongoing pandemic, all initial recall consultations will take place virtually, with the reviewing consultant making a clinical decision at that stage on the requirement for a further face-to-face consultation. Affected patients have been contacted by the trust by letter to advise them of the arrangements and offer support where required, and a patient helpline — 0800 980 1100 — is available for them in this regard.

First, I thank the patients and families involved in cohorts 1 and 2. Their cooperation and patience in this most difficult of circumstances

is greatly appreciated. The process will have been enormously frustrating and, at times, distressing. I met patients and families affected by the recall in October last year, and I reiterated my apology to them for how they have been let down by the health and social care (HSC) system. I do so again here today. Whilst this report is statistical in nature, it deals with individuals, their families and their experiences. Many will have had their confidence in our health service shaken, and I remain committed to helping to restore it.

I acknowledge the delay in the publication of the outcomes report and any additional concerns that this may have caused. Whilst the cohort 2 recall and related outcomes were largely finalised last year, the pandemic, understandably, significantly affected the trust's progress on the identification, validation and preparatory work relating to cohort 3. The perspective of and impact on patients have been foremost in my mind in the timing of this announcement. It would not be acceptable, for instance, to announce that there is to be a third cohort but not advise patients whether they are to be involved.

In announcing a further recall, I also acknowledge the fact that more patients are affected. It is deeply regrettable that any of our patients had that experience. When I consider the total number of patients involved, I find it even more so. I therefore unreservedly apologise to those patients and to their families for any upset and distress that it has caused.

As Members will know, in order to address these issues, an independent public inquiry is investigating the circumstances that led to the neurology recall. In December 2020, I converted that inquiry into a statutory public inquiry to ensure that it could complete its work with unfettered access to all relevant information. The inquiry team has advised that it is at an advanced stage in fulfilling the remit of the terms of reference. I thank team members for their ongoing work, and I look forward to receiving their report in due course.

I also take the opportunity to update Members on a number of work streams that are connected with the neurology recall. The first relates to an epidural blood-patch review undertaken by the Belfast Trust, which is subject to independent verification by the Royal College of Physicians. The review focused on 66 patients who were not part of cohorts 1 or 2 because they had since been reviewed by a different consultant neurologist.

The initial review has been completed, and it has established that 46 patients had care that was unsatisfactory and fell below a standard that we expect. Additionally, the review established that, for 45 patients, there is no clinical evidence to support a decision that a blood-patch procedure was required. An interim report by the Royal College of Physicians to validate the trust's findings independently has indicated that their findings are generally consistent. The trust has contacted individual patients and offered them support. I am sure that all Members will agree that these are very concerning findings. I take this opportunity to apologise publicly to the patients for that and for the distress that it will have caused.

A second issue relates to redress. While the main focus over the past three years has been to ensure that Dr Watt's patients are receiving the correct treatment, it was also recognised that those who had suffered harm due to negligent treatment were entitled to compensation. The primary purpose of a redress scheme is to provide compensatory payments earlier than under normal arrangements for clinical negligence, with less distress to patients and lower legal costs. Options for a redress scheme were developed during 2019 and considered in early 2020. Further work on a streamlined process for neurology patients was commissioned but subsequently suspended owing to the need to divert staff resources to manage the response to COVID-19. That work has restarted in recent weeks, and I expect to receive an update on the latest position from the project board in June. I have specifically asked the project board to focus on an approach that, as far as possible, provides early resolution for patients who wish to avail themselves of it. In the meantime, all claims received to date in respect of the care provided by the consultant neurologist are progressing as quickly as possible under the standard arrangements for health service litigation claims.

Members will also be aware that, throughout the process, the Regulation and Quality Improvement Authority (RQIA) has been commissioned to undertake a number of reviews. I will first provide an update on the expert review of deceased patients. That review involves the clinical case notes of those of Dr Watt's patients who died in the 10 years prior to the neurology recall. The review was commissioned in 2018. It has been significantly delayed, initially owing to legal issues surrounding the sharing of sensitive information and more recently owing to the pandemic's impact on resources. The preparatory phase was completed in November 2020, with the

formal adoption of operational protocols and a legal framework to ensure access to the relevant deceased records.

Phase 2 will commence imminently and involve 45 patient records, including the records of those deceased patients whose family members have approached the RQIA with concerns about their care and the records of patients who were included in the Belfast Trust's cohort 1 neurology recall but unfortunately died before either attending or completing their reassessment. The RQIA has commissioned the Royal College of Physicians to establish an expert review panel of experienced consultants from outside Northern Ireland to review the records selected for phase 2 and, in addition, to consider any information shared with the RQIA by the families of the deceased patients.

11.30 am

On completion of the review of the records selected for phase 2, the royal college will provide the RQIA with a report on its findings, and those will then be shared with the Department of Health and published on the RQIA's website. I expect phase 2 to be completed towards the end of the summer. A decision on the roll-out of future phases of the review will be made following the completion of phase 2.

In addition to the deceased patients' review, the RQIA has undertaken two further reviews as part of the response to the neurology recall. 'Review of Governance of Outpatients Services' was published in February 2020 and the review of governance arrangements in independent hospitals and hospices in Northern Ireland has been completed, with final preparations being made to support its publication in the coming weeks.

Another piece of work that emanated from the events that led to the patient recall was the Department of Health's review of neurology services. The review commenced in December 2018 and produced an interim report in October 2019 that set out the case for change. Further work on the review was paused in March 2020, owing to the need to redeploy resources to respond to the pandemic. I anticipate that work restarting in earnest in the near future, with significant progress being made before the end of the year.

I will end by again thanking the patients and families who have been affected by the recall process. I acknowledge that there is a great

deal of work still to do in this area, but I am confident that we have the correct structures and resources in place to complete the work and improve services for patients. I commend my statement to the Assembly.

Mr Gildernew (The Chairperson of the Committee for Health): I thank the Minister for his statement and for meeting the Deputy Chair of the Committee and me earlier about it.

The neurology inquiry has again revealed more examples of a lack of transparency and deficits in governance arrangements and accountability in the health service. People's lives have been impacted on. Indeed, some people's lives have been devastated as a result of this scandal. I have met families and know that the lack of answers has been hugely traumatic and caused great anxiety.

What does the neurology inquiry and scandal tell us about how patients have been treated in the past by trusts? More importantly, what does it tell us about what lessons we need to learn and what changes we need to make and implement in future?

Mr Swann: I thank the Chair of the Committee for his comments about the work that needs to be done. In the statement, I indicated that the Belfast Trust, the RQIA and other bodies are already doing a specific piece of work on neurology.

Furthermore, a consultation was launched recently about the duty of candour. It will start to reshape and reassess some of the psychology in our health services across Northern Ireland. There is a realisation of the need to change, an indication of a willingness to change and an ability to change. Among all the professionals in our health service that I have met, that I talk to and that I deal with, there is a desire at their core to do right by their patients. This piece of work, along with the neurology inquiry, the urology inquiry, the inquiry into Muckamore and the work on the duty of candour all serve to reinforce and put structures around the need for us to ensure that our patients come into a health service that we can all be proud of: a health service that we all feel confident, safe and secure entering. That is what every patient should feel, and that is what the reviews that have been undertaken as a result of this piece of work and others will be able to achieve.

Mrs Cameron (The Deputy Chairperson of the Committee for Health): I thank the Minister for his statement. The announcement of a cohort 3 recall is a saddening but

necessary step towards ensuring patient safety for those who may have been affected under the care of Dr Watt. My thoughts are with the individuals and families involved in that horrendous experience.

The Minister mentioned a redress scheme to provide compensation to those who are entitled to it. Does he have any indication of the scale of resource required to provide redress to all those who have been affected, and when does he anticipate that such a scheme will be ready to open?

Mr Swann: The project board is due to report to me in June on an all-encompassing redress scheme so that some of those acknowledgement payments could be processed quickly without the long duress that is needed because of legal requirements. A number of claims have already been put through the normal processes, which will be supported. At this point, we do not have an indication of the financial commitment because the initial cases are coming through to the project board as to what assessment can or needs to be made.

However, there is an assurance that redress payments will be paid. This was a failure of our systems, which has to be corrected. I have apologised for it here today on behalf of our service. We also need to rebuild confidence in our systems, and that is why a cohort 3 is necessary. We need to make sure that anybody who was misdiagnosed during that period can receive a review from another consultant, so that they get not just the financial but the medical and psychological support that they require.

Ms Hunter: I thank the Minister for his statement. The experience has been very distressing for a large number of patients and their families. Recognising that it is an extremely traumatic experience for them, what mental health support is available for those patients?

Mr Swann: I thank the Member for that question. The issue that she raises was made very clear to me when I met the families and the patients involved towards the end of last year. That is why I encourage anyone who still feels that they need to reach out for help to contact the patient helpline: that is what it is there for. I remind the Member that the helpline number, which is being supported and facilitated by the trust, is 0800 980 1100. Furthermore, the Patient and Client Council is an independent

body whose services can be used by any patient or family that needs additional support.

Mr Chambers: I welcome this extremely significant statement from the Minister today. It is important and proper that it has acknowledged that the patients and families affected are more than mere statistics. The Minister will be aware that I have spoken with him previously about a constituent's treatment for spinal fluid leakage. There was previously a suggestion from a clinician that the ongoing inquiry may have proved a barrier to the treatment being available. Will the Minister confirm that, in fact, all trusts locally are providing a blood-patch service?

Mr Swann: I thank the Member: It is something that he has raised with me. I want to reassure him that I am aware of issues that have been reported about the local provision of treatment for cerebrospinal fluid (CSF) leakage. I want to be very clear about that matter. It can be a very serious and painful experience, and it is always a matter of clinical judgement as to the treatment provided, whether locally or through a referral to GB. Whilst issues around that treatment have been considered as part of the neurology inquiry, it is not accurate to say that that has halted the provision of the treatment in the health and social care system.

Where a CSF leak is clearly linked to a procedure such as epidural spinal anaesthesia during childbirth, it will be managed conservatively in the first instance. However, if that is unsuccessful, all HSC trusts provide a blood-patch service, which is normally performed by an obstetrician and an anaesthesiologist. Other types of leaks, where the cause is not apparent, are looked at on an individual basis, and, where clinically appropriate and the expertise exists, a small number of cases are treated in Northern Ireland. However, more complex cases need to be managed by a multidisciplinary team for CSF pressure disorders.

Mr Principal Deputy Speaker: Before I call the next person on my list, I have noticed that there are significantly more people in the Chamber than are on my list. I will call the names out. If you are not on my list, please, rise, and I will add your name. Thus far, I have: Ms Bradshaw, Mr Buckley, Ms Ní Chuilín, Ms Flynn, Mr O'Toole, Mr O'Dowd, Ms Kimmins, Mr Allister and Mr Carroll. If you are in the Chamber and your name has not been called, please, rise in your place, and I will add your name to the list.

Ms Bradshaw: Apologies, I was not here for the start of the statement.

Minister, thank you for your statement today. Of all the patients I have spoken to over the past few years about this matter, the most striking case was that of a woman who had been bed-bound for several years because she had been misdiagnosed and was on the wrong medication. When she raised that with Dr Watt, he said, "Sure, we are sorting you now". She, and many others, will be devastated that there has been very little progress made with the redress scheme today. I appreciate that we are coming through a pandemic, and, therefore, I urge you to seek to subcontract that work to one of the large consultancy companies. The Deputy Chair of the Health Committee, Pam Cameron has covered that matter.

I want to raise the issue of the epidural blood-patch review. What safeguards are in place to ensure that such an issue does not arise again?

Mr Swann: I thank the Member. As I said in my answer to the Deputy Chair, the project board for the redress scheme has restarted again. I do not intend to subcontract that work at this stage as that would involve restarting all that work, and that would further delay any completion of what needs to come forward.

The epidural blood-patch review focused on 66 patients who were not part of cohort 1 or 2 and had a procedure under the care of Dr Watt. The findings of the internal review indicate that 46 of the 66 patients reviewed indicated that their care was unsatisfactory and fell below standards. For 45 patients, there was no clinical evidence that a blood-patch procedure was required. The initial internal review by the Belfast Trust has been subject to an independent quality assurance process by the Royal College of Physicians, and that work is concluding. However, the college has been able to provide an interim update that there are findings are generally consistent with those of the Belfast Trust. The trust has contacted all its relevant patients and offered ongoing support.

Mr Buckley: I thank the Minister for the statement. A third recall will cause further distress to many patients across Northern Ireland, but, indeed, it is necessary. Within cohort 2, a subgroup of patients was assessed, and 75% were secure and 19.5% were not secure. Can the Minister elaborate on the other factors that must be considered, as is mentioned in the statement? There is also reference made to 5% where there is uncertainty. Can the Minister elaborate on

stage 2 of that process? What is the follow-up process when uncertainties like that are found?

Mr Swann: I thank the Member for that question. Those deemed to be uncertain will go through a further assessment process to see whether they fall into the other two categories. There are conditions that need to be taken into consideration other than the clinical diagnosis, the assessment of the patient for medication prescribed or not prescribed or the alternative treatments that could have been or were offered at that time. There is a further piece of work that goes on around those factors to make sure that all the prevailing circumstances to any diagnosis or reassessment of a diagnosis are taken into consideration.

Ms Ní Chuilín: Gabhaim buíochas leis an Aire as ucht a ráitis ar maidin. I thank the Minister for his statement this morning. I can tell from his tone that this is just another debacle that he and his Department have to fix. I am sure that he will appreciate that, for many people, it is stolen years. Their fertility has been disrupted; their intimate personal relationships are impacted, and that is only a couple of examples.

Can the Minister provide an update, particularly on the impact of the investigation by the regulator into the consultant who was appointed — Dr El-Naggar — to reassess patients affected by the Dr Watt scandal?

I am not being facetious, but can people now trust the trusts? To be frank, there is a series of reviews, and the public inquiry will start sometime, and I would appreciate the Minister providing clarification on that. While it was not on his watch when it started, it needs to be on his watch when it is concluded.

11.45 am

Mr Swann: I thank the Member. She knows me well enough to know that this is not work that I want to hide or brush under the carpet. I make the statement today to try to engender the trust in our health service that we all need to be part of. Those medical professions need our support to give reassurance to the public that, yes, things have gone wrong but the House is doing what it can to correct that and to support the people who have been failed. Our trusts are also doing what they can to correct that and to support the people who have been failed. There are a number of reviews and inquiries. The Member will be well aware that I have launched three public inquiries since coming into office in regard to what, I feel, needs to be brought out

into the open, because that is how we engender trust in our health service again. The people working in it, as the Member knows, are genuine and good people who, at their core, do their best for everyone. Have there been failings and mistakes in the past? Yes. Have they been on my watch or before my watch? That is not relevant. It is about how we correct them, get them right and re-engender trust in our health service.

The Member has raised the matter of the consultant with me before in the House. I am aware of a hearing by the General Medical Council (GMC) regarding the consultant who assisted the neurology patient recall review in 2018. The hearing relates to a case in a previous post in England. My Department has received assurance from the Belfast Trust in the context of the consultant's work as part of the neurology recall. It has advised that the matter has not identified a concern in the specific area of work that the consultant was asked to undertake as part of the recall or the ongoing follow-up of patients in his care. The consultant's recall-related work was done as part of a wider multidisciplinary team with the review of clinical findings being part of a key process. I understand that this may concern the patients involved in the recall, but I assure them that ongoing safety remains our focus. Patients and families impacted by the neurology recall will continue to be supported by the Belfast Trust. Any patient affected by the recall who has concerns can avail themselves of the neurology advice line. I have been given that reassurance by the Belfast Trust, which knows that this has to be got right and wants to ensure that it is done right. It is in its interest to get to the bottom of this to make sure that it does not happen again.

Ms Flynn: I thank the Minister for the statement to the House. The Minister mentioned that all the affected patients had been contacted by letter by the trust around making arrangements, providing support and all the rest. Can the Minister be sure that everyone has already received those letters? Is that the case, or may it be that some people are still falling through the gaps? What can the Department do to rectify that?

Mr Swann: I thank the Member for her comment. We wanted to ensure that this was managed, as much as possible, so that people who are waiting to see if they will be part of cohort 3 did not hear me announce the review of cohort 2 without us having done the preparatory work. Those letters have been issued and will arrive with people over the next few days. If people are still concerned and think

that maybe they should be part of that cohort, they can use that contact number through the Belfast Trust to seek reassurance. They can also contact the Patient and Client Council, which is leading on the engagement and support work for us. It is meeting the family groups and charity groups, while the statement is being made, to re-engage trust in the work that has been done and that will be done under cohort 3. That is to make sure that nobody hears about this in a way that they should not and that the information, which is highly sensitive, highly emotional and highly stressful, is managed as sensitively as it can be.

Mr O'Toole: I thank the Minister for a full update to the Assembly. Like others, I have dealt with patients or, in my case, families of patients who have suffered because of the actions of Mr Watt, so I welcome a lot of what has been announced today.

Of course, dealing with the cohorts and the further recalls will be critical, as is the broader review of neurology services. At the end of the process, we need to know that neurology services will be fit for purpose going forward.

I note that the statement refers to the review being paused in March 2020, but it does not give clarity. You have stated that you think that significant progress will be made before the end of the year, but it would be helpful if you could give a commitment on time. In a sense, the most important thing going forward is clarity. When do you anticipate publishing the final review?

Mr Swann: I do not have a firm date. If I had, I would have put it in the statement so that Members knew.

I reaffirm our support for the current neurology team and the neurology services that we provide. They are working in a highly stressful situation at this minute in time because of the public focus on this work, especially today, when the recall of cohort 3 and the review of cohort 2 have been announced. They are a group of professionals who are picking up many pieces, putting people's lives back together and still seeing their patients as effectively as they can. This has had a knock-on effect on our neurology services in Northern Ireland, and it will take work, input and strong leadership to bring the review about and to bring in people to fill the vacant posts in that service.

Mr Beggs: I thank the Minister for his statement. Regrettably, he has had to

announce further reviews of former patients of Dr Watt.

The recall runs the obvious risk of raising the anxieties and concerns felt by patients and their families. Will the Minister provide assurance that the necessary level of effective and sensitive support will be provided to those who might need it in this situation?

Mr Swann: Again, that is critical. When I met families and previous patients of Mr Watt, one of the main issues raised was the need for that support.

I appreciate the requirement for psychological support for neurology recall patients, given the distress that can be caused by the process. Access to psychological support has been put in place by the Belfast Trust to support patients who were affected by the neurology recall. That additional service, which has been provided to support patients affected by the recall, is not available to others. The Belfast Trust continues to support patients who attend the neurology service and those who were included in the neurology recall process. Members will be aware of the significant demand for psychological support across all areas of our healthcare system. There are long waiting lists, and the pandemic has made that much more challenging. That support is there through the Belfast Trust and the helpline.

Mr O'Dowd: Minister, it is shocking that you have had to come to the House again to update it on further developments in this case. I have raised with you before my concerns about the amount of power that consultants have in our health service. Undoubtedly, daily, if not hourly, consultants save people's lives or change their lives for the better. However, in any institution, when someone is deemed to be or seems to be unaccountable, mistakes will be made. Today, we have listened to a litany of mistakes and potentially huge errors that will have a detrimental impact on people's lives as a result of the work of one man — one man.

When will the public inquiry start, and what input will affected patients have into its terms of reference?

Mr Swann: I thank the Member for that question. Part of the work being done, even in the consultation that has been launched on the duty of candour, is looking at something that starts to change the psychology and the mental aspect of how our health service works.

As I said, I converted Brett Lockhart's work into a full-scale public inquiry. The basis for needing that conversion to statutory public inquiry was primarily to ensure that the Independent Neurology Inquiry team had access to all relevant information so that it could draw its conclusions, make recommendations to my Department and support a timely outcome for the report. The inquiry team is at an advanced stage of fulfilling its terms of reference, and the decision to convert to a full public inquiry has not adversely impacted on the work or timescales of the inquiry. I reiterate my thanks to the chair and the Independent Neurology Inquiry team for all their work to date. That work has been ongoing, albeit on a full independent public inquiry footing only after I converted it towards the end of last year.

Ms Kimmins: The statement mentions that a high number of epidural blood-patch patients had unsatisfactory care, and the Royal College of Physicians has confirmed that that amounts to almost 70% of those patients. What support is available to those patients? Has the trust offered them a full apology?

Mr Swann: The trust has engaged with and is reviewing the independent quality assurance process by the Royal College of Physicians, which is concluding its work. The college has provided its interim update, and the findings are generally consistent with what was found initially by the Belfast Trust. It is necessary for the Belfast Trust to apologise to those patients, but I will also apologise. I apologise as Minister of Health on behalf of the Belfast Trust and on behalf of the service for the disservice that those patients received at the behest or at the hands of Mr Watt.

Mr Allister: Ultimately, this pretty awful saga will result in a considerable draw on the public purse through the redress scheme and the private litigation that will undoubtedly be pursued. What redress will there be for the public purse? We know that Dr Watt has left the service of the Belfast Trust: is he on a full pension, paid by the public?

Mr Swann: I do not have that detail to hand to answer the Member, but I will answer him in writing.

Mr Carroll: I offer my sympathy and thoughts to all the people affected by the Dr Watt inquiry. My understanding is that some of the people affected by the recall have been told that, if they suffer from a functional neurological disorder, they may have to seek services in England. Will the Minister confirm whether that is the case?

How many people will be affected by that? Will one of the lines of inquiry include looking at pharmaceutical companies and their practices on pushing particular drugs, especially for epilepsy and other neurological issues, to doctors and patients?

Mr Swann: I will need to check the terms of reference of the public inquiry and get back to the Member. We will provide whatever support we can to patients, where and when we can, as quickly as possible. If that involves some people being offered medical procedures or medical supports in other parts of the UK, we will do that. We will support them while they do that, because it is important that we get as many people as possible seen as quickly as possible to make right what was done wrong.

Mr Principal Deputy Speaker: No other Members are indicating that they wish to ask a question. That concludes questions on the statement from the Minister of Health. I ask Members to take their ease for a few moments while we make a change at the top Table.

(Mr Speaker in the Chair)

12.00 noon

Private Members' Business

Conversion Therapy

Mr Beattie: I beg to move

That this Assembly rejects the harmful practice widely referred to as conversion therapy; notes that the UK Government National LGBT Survey in 2018 reported that 2% of respondents had undergone conversion therapy, with a further 5% having been offered it; acknowledges the damage that this practice causes to the mental health of those who are subjected to it; further acknowledges that this practice has been widely rejected by medical professionals; declares that it is fundamentally wrong to view our LGBTQ community as requiring a fix or cure; and calls on the Minister for Communities to commit to bringing forward legislation before the end of the current Assembly mandate to ban conversion therapy in all its forms.

Mr Speaker: The Business Committee has agreed to allow up to one and a half hours for the debate. The proposer of the motion will have 10 minutes in which to propose and 10 minutes in which to make a winding-up speech. One amendment has been selected and is published on the Marshalled List.

Mr Beattie: I thank the Minister for Communities for being in attendance and look forward to hearing her response to the debate. Although this is an Ulster Unionist Party motion, I accept that a lot of parties have fed into the debate on the issue, not least the Alliance Party and Paula Bradshaw, who only a number of weeks ago brought forward a petition asking for a ban on conversion therapy. Everybody therefore has a vested interest.

I have always been told that, when you open a debate, you should say something profound to engage everybody in the room. I do not have anything profound to say, but here is what I will say: I am a straight man. I was born straight, and there is no fix or cure for me or any therapy that will make me a gay man. Why on earth therefore would we say that a gay man was not born that way? Why would we say that a gay man can be fixed or cured? Why would we say that there is a therapy to change a gay man into a straight man? There is not. It is ludicrous. If you believe that being gay, lesbian, bisexual, trans or gender-diverse is a lifestyle choice,

there is nothing that I can say to you today that will change your mind. If that is what you believe, that is what you believe.

Conversion therapy is humiliating and harmful, and having listened to testimonies of individuals who have undergone conversion therapy, it is clear that it has far-reaching negative mental impacts. The continual promotion that somebody is broken or wrong leads them to feel that they are worthless, and extremes lead to suicide. The British Psychological Society for Northern Ireland chairperson said that conversion therapies are unethical and unsupported by psychological evidence and that her society is committed to ending the practice. She said that sexual orientation and gender identities are not mental health disorders. However, those subjected to exclusion, stigma and prejudice may well experience mental health issues as a result. She went on to say that it is important that the public are made aware of the risk and the harms of conversion therapies.

The UN independent expert on protection against violence and discrimination based on sexual orientation and gender identity said:

"actions to subject lesbians, gay, bisexual, trans or gender-diverse persons to practices of 'conversion therapy' are by their very nature degrading, inhuman and cruel and create a significant risk of torture."

"A significant risk of torture", "inhuman", "cruel": those are words that should shake us all to the core when we think that some of our people here in Northern Ireland — our brothers and our sisters, our sons and our daughters, our teachers, our policeman, our nurses and our doctors — are subjected, or could be subjected, to that. It should shake us all, yet it is happening here in Northern Ireland.

We have a charity, with charitable status and everything that goes with that status, conducting conversion therapies here in Northern Ireland. It is part-funded by the International Federation for Therapeutic and Counselling Choice, which says that witnessing domestic violence or suffering sexual abuse can make you gay. My word. So, if you are subjected to domestic violence or sexual abuse, it can make you gay.

I have to say to everybody here and to anybody listening that this needs to be stopped, and I will keep saying that. Those are inhumane, cruel practices that are detrimental to people's mental health.

We have issues of faith, and I do not want to get into a theological debate with anybody in the Chamber, as that would not be helpful. However, last year, just under 400 leaders of the world's main religions called for an end to conversion therapy, and every main political party in the Chamber has stated that it wants to ban conversion therapy.

Many have tried to frame this debate as an attempt to stifle religious freedom. That is not the case. The right to preach, pray or counsel somebody who seeks support should not be diminished. The intent of the motion is not to limit anybody's faith or belief or their ability to express them. I do not believe that private prayer about sexual identity, conducted in a supportive, affirming way, is conversion therapy, unless it is subversive and harmful. I do not believe that pastoral care is about changing someone's gender identity, unless it is deliberately targeting the young or the vulnerable with the intent to do so. The word "intent" is incredibly important. If the intent is to change somebody's sexual orientation or identity, it is wrong. It is trying to convert.

Mr Allister: Will the Member give way?

Mr Beattie: No, I am sorry, Jim, for time reasons, I will not give way, but I will listen to what you have to say.

A person of faith should support banning conversion therapy not in spite of their faith but because of it. The evangelical group Left Side Up said:

"To engage in activity to alter the sexual orientation or gender identity of a person is not an expression of religious freedom, but an abuse of power."

It also stated:

"There are compelling Christian reasons to celebrate the wonderful rainbow of human diversity."

That is an evangelical group. I understand that people have religious views, and I respect them. I have always respected them, and I will not denigrate them in any way.

I cannot support the amendment, because removing the line:

"it is fundamentally wrong to view our LGBTQ community as requiring a fix or cure"

promotes the idea that they do need a fix and do need a cure. That may not have been the intention, but that is what it looks like, that is what it feels like and that is what our LGBTQ community sees it as being. I cannot support it, and I will not support it. However, I ask respectfully, and I say this respectfully, with no political mischief to my friends in the DUP: do not move that harmful amendment. Do not move it. I will not play political mischief with you; I will applaud your moral courage. The amendment is damaging to the people of Northern Ireland. It is damaging to a community that has long been damaged.

A young female member of the LGBTQ community once said:

"It won't always be like this. It's going to get better."

I never knew Lyra McKee, and she will never see the "better" that she foresaw. As we remember Lyra McKee two years after her murder, it is incumbent on all of us to reach inside ourselves to change this practice of conversion therapy. Nobody is tackling anybody's faith, but if it is coercive and controlling, we have to stop it. I believe in the promotion and protection of all spiritual beliefs, unless they are coercive in nature and directed deliberately at the LGBTQ community to create a sense that they need that fix or cure.

We can all play with words today, and I hope that we can all look at each other at the end of this and say that we have been respectful to each other. I want to be respectful to everybody in this room. It does not matter what any of us say here today, because the reality for me will be what the Minister has to say and how she takes this forward. Conversion therapy needs to be banned, it needs to be banned now and it needs to be banned before the end of this mandate.

Please express your opinions, but do not paint this as something that it is not. This is not about attacking anybody's religious freedoms. This is about banning a harmful practice that is damaging our young and old alike.

Mrs Cameron: I beg to move the following amendment:

Leave out all after "professionals" and insert:

"recognises that legitimate religious activities, such as preaching, prayer and pastoral support, do not constitute conversion therapy, cannot be defined as such and must be protected; and

calls on the Minister for Communities to consult widely on the way ahead, including relevant legislative options, to ban the practice of conversion therapy."

Mr Speaker: Thank you. You will have 10 minutes in which to propose and five minutes in which to make a winding-up speech. All other Members who are called to speak will have five minutes.

Mrs Cameron: At the outset, I thank the Members who tabled the motion and state that I am in full support of a ban on the dangerous practices of conversion therapy in Northern Ireland. My party believes that discrimination against someone on the basis of their sexual orientation is wrong. We are all created equal and should be treated as such. No one should ever be forced into treatment for being gay.

I share the grave concerns of many Members at the various abhorrent practices that have been promoted under the umbrella of conversion therapy in the past and those that sadly still exist. Those have included electroconvulsive therapy, enforced isolation, aversion therapy, food deprivation, hormone therapy and hypnotherapy. Those and some other forms of so-called conversion therapy should never be allowed to harm our loved ones, friends and neighbours ever again.

As a party, we are firmly opposed to those forms of coercion and manipulation, because they do not respect human dignity. As a result, we are supportive of an appropriate response to prohibiting unsafe and coercive practices, including through legislation. However, we are concerned about the absence of any clear or evidence-based definition of conversion therapy in the motion.

There is a risk that such ambiguity, if translated into legislation, would criminalise legitimate activities or conversations. We simply want to avoid unintended and unjustified consequences. Therefore, we need to nail down what activities we seek to deal with not just to safeguard activities that cannot be reasonably be deemed to be harmful or coercive but to give the best protection to our LGBT community.

12.15 pm

Some Members disagree with our amendment because they want the ban to cover religious settings. Others object because they do not feel that the motion covers religious settings in the first place. That highlights the ambiguity that

exists without clear definition. The motion does not account for a complex legal landscape of competing rights, including freedom of religion and freedom of speech. It was for those very reasons that legislation in Germany was restricted to treatments in healthcare settings and for minors. That is why our amendment encourages the Minister to consult widely with affected stakeholders on plans for legislation. We want legislation to be ambitious and effective, but that cannot happen with unclear and sweeping definitions of conversion therapy. It is also important that we consider other dangerous, unregulated and unqualified pseudoscientific forms of treatment, counselling and healthcare for all manner of things, many of which have no foundation in any religious beliefs.

Let me be clear: I do not believe that members of our LGBT community should be fixed or cured. I might not agree, but I recognise that there are those with deeply held religious beliefs on sexuality who have differing opinions on how someone should live their life. The DUP wants to see progress on banning conversion therapy. Those appalling practices that still pervade our society today must be defined and made illegal if they are not already. We are committed to not just any legislation to ban conversion therapy but the best legislation — legislation that is fair and evidence-based. We ask Members to support the amendment. Good law is clear law. Effective law is law with clearly defined scope.

Ms Ennis: I support the motion and oppose the amendment tabled by the DUP. I am conscious that there will be people outside the Chamber watching the debate who have experience of the trauma of this kind of pseudoscientific malpractice. I hope that we all bear that in mind and are sensitive to it in our contributions.

It is hard to know where to start with a concept like this, which is so obviously morally and ethically wrong. It is so indefensible that it is really hard to get your head around the fact that it still happens here today. I will start with the term itself: "conversion therapy". The word "therapy" suggests something healing, holistic and restorative, so let us look at the therapeutic effects of attempts to change a person's sexual orientation. A recent 'Spotlight' investigation of conversion therapy reported that, in 2018, a UK-wide survey found that over half of those who had experience of attempts to change their sexual orientation had subsequently suffered mental health issues and one fifth had attempted suicide.

A UN expert recently reported to the Human Rights Council that conversion therapy inflicts "severe pain and suffering" on lesbian, gay, bisexual, trans and gender-diverse persons, often resulting in "psychological and physical damage" that is "long-lasting". When asked about their experience of conversion or "pastoral therapy", as it is sometimes called, participants in the discredited practice said that they were made to feel so degraded and ashamed and that their self-loathing became so great as a result of what they were being told by the people delivering the therapy that they wanted to end their life. If there are organisations in this jurisdiction exposing our citizens to behaviour that is so destructive that it makes them feel that they want to end their life, the Assembly needs to come down hard on them and work to eradicate the practice completely.

I thank the hundreds of people who have contacted me over recent weeks to show their support for a ban on conversion therapy. I do not think that I have been lobbied as strongly on any other issue. I want to make it clear that Sinn Féin unequivocally condemns the practice of conversion therapy and what it stands for. It is deeply damaging to the mental health and emotional well-being of the LGBTQ+ community as a whole. We are resolute in our opposition to homophobia and discrimination in all its forms.

Despite DUP attempts to suggest otherwise, it is fundamentally wrong to view the LGBT community as requiring a fix or a cure. That is why the Sinn Féin Communities Minister, Deirdre Hargey, is bringing forward legislation to ban conversion therapy in every way in which it masks itself. Like any new legislation, it will take time. I am sure that my colleague will, of course, want to ensure that no loopholes are made available by any changing of names or definitions. It is also important that those affected by conversion therapy and the wider LGBTQ+ community have their say when the legislation goes out to consultation. I have no doubt that they will do that.

As I said, Sinn Féin will support the motion as it stands but will not support the amendment. I urge other Members to reject the amendment. The toxic mix of heteronormative conservatism combined with religious fundamentalism that permeates the DUP is given voice in its attempt to amend the motion. The amendment seeks to provide cover for quacks and clerics to continue to damage and harm our LGBTQ+ citizens. Again, I urge Members to reject that fossilised thinking by rejecting the amendment.

I will finish by saying that I am sure that there are many eyes and ears on us today. There may be people watching the debate who are coming to terms with their sexuality. Maybe they do not have the right support system around them, and maybe they are not given meaningful, proper sex education in their schools that reflects their feelings and sexual orientation. If you are such a person and you take nothing else from the debate today, please know this: homosexuality is normal and natural. You cannot change or control your sexuality any more than you can change or control the colour of your skin, and anyone who tells you otherwise is nothing more than a snake oil salesman. No cure is required for being yourself, and you do not need to be fixed because you are not broken.

Mr Durkan: I want to start by saying that no one should be told that their identity — who they are as a person — is wrong or that it is something that must or even can be cured. It needs to be said emphatically and unequivocally that sexual orientation is not a sin to be confessed. The freedom to be oneself is something that most of us take for granted, yet, for some gay, lesbian, bisexual and transgender individuals, being themselves can be the most frightening step that they will ever take.

The practice of conversion therapy is not only abhorrent but barbaric and must be consigned to the past. The untold damage and trauma that it has caused people here will never truly be known. However, thanks to the bravery of victims — yes, victims — who have come forward to share their harrowing experience, a light has been shone on just how widespread the practice is here, with 7% of LGBTQ+ people having been offered or having undergone that deeply distressing practice. That abuse should not be tolerated, let alone provided for, under current legislation.

For too long, the LGBT community has been let down and has had to fight for the rights that are afforded to others and an equal place in society. While we have come some way in advancing LGBT rights, the fight is far from over. The Executive committed to a sexual orientation strategy in 'New Decade, New Approach'. The Minister has said that legislation to outlaw conversion therapy will be a part of that. However, the LGBT community wants a swifter and separate approach. We have seen too many strategies launched to great fanfare, only to sink without a trace.

Mr Catney: Will the Member give way?

Mr Durkan: Certainly.

Mr Catney: I am slightly embarrassed in front of those who are from the LGBT community, especially anyone who is in the Chamber, that we are debating the issue. I am 66-year-old happily married grandad: that is who I am. No one is trying to change me. Why is it right that some people out there should try to change anyone else? I have three little words: love is love.

Mr Speaker: The Member has an additional minute.

Mr Durkan: I thank the Member for his intervention. Love is, indeed, love.

Any strategy that is brought forward must focus on addressing LGBT health inequalities. Research from the Rainbow Project has shown that LGBT people are particularly vulnerable to developing mental health problems due to the homophobia, discrimination and oppression that exist in our society. It will, therefore, come as no surprise that that community is more likely to self-harm, to feel suicidal and to suffer addiction issues. Most shocking of all is the statistic that Ms Ennis quoted on the number of people who have attempted suicide. Consider those horrific statistics in the context of conversion therapy, in which organisations perpetuate the falsehood that sexual orientation can be controlled and prey on extremely vulnerable individuals.

Many victims have spoken of their struggle to accept themselves, and practices such as conversion therapy serve only to compound their feelings of self-hatred and shame. That discredited practice is completely unethical. No one should be put through that traumatic ordeal or be led to feel that they are deficient in any way. Put simply, it is abuse. The Governments here and in Westminster have not done enough to establish protections for the LGBT community. It is incumbent on us all to acknowledge and tackle all forms of discrimination in our society. We must find a way forward to protect victims and to send a clear message to practitioners that this so-called therapy is wrong. To do that, we need legislative backing in the form of an outright ban.

Some promote mental health and well-being but, in the same breath, support — well, tolerate — conversion therapy. Those viewpoints are completely incompatible. Tolerance of the latter is effectively a denial of the former, and we will oppose the amendment

today. Homosexuality is not a brokenness; rather it is the system and attitudes here that are broken. I apologise to every member of the LGBT community who has been failed by our system. Every citizen should be free to live and to love without fear of shame or judgement. We need to start from the premise of understanding and to champion inclusive education in our schools to allow young people to form healthy relationships with themselves and with others. By engaging and educating, we can create a society that works for all.

The SDLP is built on foundations of equality. We fully support the motion and the ban on conversion therapy.

Mr Muir: To start, I thank Doug and John for tabling today's motion. I know them as allies of the LGBT community, alongside others in the Chamber such as Carál Ní Chuilín, whom I have known for many years and who supported me when I was much younger and less grey-haired as an LGBT activist. I really appreciate them tabling today's motion, and I appreciate the work that so many have done, including my colleague Paula Bradshaw. I also thank, in particular, those who have been involved in a very successful, professional and well-organised campaign. I am impressed by the work that has been done. I speak as an Alliance Party MLA on behalf of the party. I am conscious of the need for a respectful debate, because people are watching, and the way that the debate plays out has impacts.

On Saturday, I was sorting out the books in my study, having got new shelves from a well-known furniture retailer. I found one of my books — 'Boy Erased' — which was given to me as a gift by one of my best friends, who was able to come to terms with his sexuality and with his friends and family in relation to that. I strongly recommend the book in relation to today's debate. Alongside the book, I found a postcard that was given to me in the late 1990s when I was at university in Derry. Things have moved on somewhat from then. At the top, it says, "Lesbians and gay men are". Well, we have moved on to be more inclusive than that, as the LGBT community. The postcard says that they are our daughters, sons, mothers, fathers, sisters, brothers, cousins, grandparents, uncles, aunts, in-laws, carers, cared-for, friends, work colleagues, customers and service users. That is whom we are talking about today. The issue that we are debating has a significant impact on so many people: not just my LGBT brothers and sisters but their wider families, friends and work colleagues.

12.30 pm

I am very fortunate to have had a very inclusive upbringing, a very supportive family and a mother who is probably more liberal than I am, but I am conscious of those who have not and of the impact of this debate on them, particularly the DUP amendment tabled on Friday. That amendment has caused hurt and offence, and people have contacted me saying that they have been re-traumatised by it, particularly the desire to remove the wording about a "fix or cure". I really regret that that has happened.

Ms Armstrong: I thank the Member for giving way. Does the Member agree that it has been heartbreaking to hear, over the last week or so, from people who have been so traumatised by the amendment? It has traumatised a vast part of the community, which did not expect this to happen.

Mr Speaker: The Member has an extra minute.

Mr Muir: Thank you, Mr Speaker. I agree with Ms Armstrong. All the amendment does is harm. The DUP needs to recognise that it is on the wrong side of history on this. The debate that we have had in recent days about the amendment has shown that society has moved on quite a lot. The idea that a ban on conversion therapy can be an attack on religious freedom is building a straw man. Any legislation that is passed by this place would have to be compliant with the European Convention on Human Rights, especially article 9. I am used to these straw men being built, especially in relation to equal marriage. We were told that the sky would fall in if we legislated for equal marriage. The reality is that people are a bit more equal and are happier in love. The sky has not fallen in.

For me, when we are debating conversion therapy, it touches the core of what is deep-rooted homophobia in our society. There is an idea that sexuality is a choice and a lifestyle. I chose to wear a bow tie today. That is a lifestyle choice; my sexuality is not. It also goes to the core of deep-rooted transphobia in our society. The reality is that it is perfectly good and normal for one man to love another man, for one woman to love another woman or for someone to fulfil their gender identity. The failure to recognise and accept that shows why we need an effective ban. We need that ban. This must not be symbolic legislation. That would be an insult and would allow the harm to continue.

A definition of conversion therapy is essential to allow that effective ban, and the Ban Conversion Therapy coalition of LGBT+

organisations has provided a recommended legal definition, which is about actions to encourage someone to erase, repress or change their sexuality or gender identity. Asking someone to repress, for example, their sexual orientation is deeply harmful. I know people to whom it has happened. I know people who suffered from the homophobia and transphobia in our society to such an extent that they took their life. We have a responsibility in this place to ensure that an effective ban is brought forward. Yes, it must be done through co-production and co-design with the LGBT community, but this Assembly mandate must end with an effective ban.

Ms Sheerin: As has been said, Sinn Féin will support the motion and reject the amendment. I preface my remarks with thanks to the UUP Members who tabled the motion. I place on record an acknowledgement of the huge amount of work done by Micky Murray of the Alliance Party through the online petition that he started last year and, of course, the Ban Conversion Therapy alliance for its work in bringing so many people together to call out the notion that gay people need a fix or a cure. I was happy to hear from my constituents, who lobbied me on this.

It is reassuring to see such consensus across parties for the banning of this cruel and inhumane practice. Work began last year when Carál Ní Chuilín met the Justice Minister and the Health Minister in the summer. Our party is working on this in the South through Fintan Warfield's Bill of 2018. From a rights perspective, this could not be more clear: banning conversion therapy is the bare minimum. This is not even about applying the conditions for LGBTQI+ brothers and sisters to live a life with equal opportunity; this is about removing a real and visceral barrier to a full and happy life.

Under article 3 of the European Convention on Human Rights, everyone has the right to live life free from inhumane or degrading treatment, which is what those so-called therapies clearly amount to. The testimonies from people who have been subjected to conversion therapy speak for themselves. Article 8 of the ECHR allows everyone the right to a private life. Imposing your views, whatever they are, on another person's home is a contravention of that. Conversion therapy, slurs daubed on walls and violent attacks are the physical outworkings of a much deeper problem: they are symptoms of homophobia. It is that discriminatory prejudice that we really need to address.

No one is born homophobic; it is something that is conditioned by society. Like any other form of discrimination, we need to challenge homophobia when we are confronted with it. Just as institutionalised racism survived the abolition of slavery and the ending of Jim Crow, the implementation of marriage equality did not fix all the issues that LGBTQI+ people face. Telling people that you regard them as equal is important, but, unless you actually treat them as equal, you have failed. Allowing language that ostracises and others people leads to those people being ostracised and othered. That requires ownership and acknowledgement.

I note that a proponent of those therapies, who was challenged this morning on radio, claimed that homosexuality or transsexuality is a lifestyle choice, as Mr Muir referred to. When he was asked whether people should be allowed to change from heterosexual to LGBTQI+, he faltered. Of course we know why: to change who you are and who you love is not possible. We are not having this conversation about people attempting to turn gay; we all know that those in our LGBTQI+ community have fewer rights and face more challenges. Our LGBTQI+ community has had to fight hard for the realisation of its rights. In doing so, that community faced stigma, shame and ignorance. Unfortunately, that is just the thin end of the wedge. There is also discrimination in the workplace, attacks on nights out, homophobic abuse on social media and threatening catcalls on the street. When we talk about those matters, I always think of people, particularly young people, growing up in rural areas such as my own who are grappling with their sexuality and figuring out that they are gay, lesbian or trans and all of the challenges that that can bring because of a lack of resources, education, community and support. Our LGBTQI+ population is dispersed by its very nature. That is felt all the more when you live in the country.

A few weeks ago, one of our councillors — Councillor Cora Corry — and I met Mid Ulster Pride, which is a group of young people trying to establish an LGBTQI+ network in their constituency. I learned a lot from our conversation. They listed concerns that never would have occurred to me as a young person. There is an additional layer of rural isolation with which I did not have to contend when I was growing up. The motion is a step in undoing some of that harm. It is about telling members of our LGBTQI+ community that they are valued and loved just as they are. The Assembly has not always been a friendly place for people who identify as LGBTQI+. That is the only thing that requires a fix.

Ms Ní Chuilín: I thank Doug and John for tabling the motion. This is a really important day in the Assembly. There has been a lot of debate, rightly or wrongly, since the motion was mentioned, as there was when Paula brought forward the petition on the issue and when Órlaithí Flynn raised it at the Health Committee. The message to me is that the issue will keep being raised while the practice exists. It needs to be banned.

No one in the House has an issue with the banning of torture. That is what conversion therapy is. I have spoken to people who have tried to be converted. What they experienced, particularly the older gentlemen, was nothing short of torture. I am the proud sister of a gay brother. I witnessed what my younger brother experienced when he grew up. My family were like many families. My father, Lord rest him, was a working-class engineer. He was certainly not politically correct, but he knew about the bullying that his youngest son went through because he was gay. My brother is happily married, but why did he have to go to London to feel included? Why did he feel that, as soon as he turned 17, he needed to get out of here?

That has happened to so many people. He was so lucky to have friends from Belfast and across the North who acted as a support mechanism for him. I spoke to some of them at his wedding and heard about some of the things that they had had to go through, which, I have to say, were and are shameful. What is even more shameful is the attempt to use religious belief to say that it is OK, when it is not.

I listened to Andrew, whom I have known for a long time. He said that he has grey hair now, and the fact that mine is not shows that I have been to the hairdresser while Andrew has not. The point of the matter, however, is that all denials of equality started in places such as this, and they need to end in places such as this. That is the only way in which we will protect people who face discrimination and bullying and will ensure that, as described in the European Convention under, as Emma said, articles 3 and 8, they have the right not to be tortured and the right to a private life. I could not help but be moved by what Andrew said on the radio this morning, and I was really proud of him. Like many people, he is saying, "When will this nonsense stop? How many more times do people have to ask to be treated fairly?"

We need to go beneath the skin of the amendment. The only way in which any of us will be taken seriously, when it comes to people's rights, entitlements and protections, is if we pass legislation to protect. In 2021, we still

have people saying, "Listen, I'm not a homophobe. I'm just not convinced that your notion of conversion therapy is the same as mine". The fact that you are even saying things like that in 2021 is ridiculous. I do think that that is homophobic. I accept that some of the people with strongly held religious beliefs are not homophobes, and I take your point about being respectful, despite being really annoyed. This needs to stop, however, and it needs to stop now. The only way in which we can put an end to people being abused and being made to feel different or less human is to bring forward legislation now.

To end on a positive note, it has been a respectful debate, and it will hopefully end as a respectful debate. In 2021, strategies and legislation are still being blocked, and commitments made by Governments have not been honoured. If we are still doing that in 2021, we need to ask ourselves fundamental questions. If you say that you are for equality, show me what that looks like. We know what it looks like when you are opposed to it. It means sending people to join a long waiting list for mental health support, if they can get it. Our brothers and sisters — either they are your brothers and sisters or they are somebody else's brothers and sisters — need our support, and they need it now.

Ms Hunter: I will start today with some direct quotations from Members and former Members from the party opposite.

Sammy Wilson, DUP:

"I don't care if they are ratepayers. As far as I am concerned they are perverts."

Thomas Buchanan, DUP, said that homosexuality is: "an abomination."

Edwin Poots, DUP:

"It is unnatural in the first instance, and abominable in the second instance."

Iris Robinson, DUP:

"Gay people are more vile than child abusers."

That last quotation is from 2005. Today, in 2021, as a young person, I am in genuine disbelief that we are here today even having to debate conversion therapy. People of the LGBT+ community need not our prayers but our respect and support.

I thank the UUP for tabling this important motion. I really am at a loss as to where to begin. Today's debate is the symptom of a very sick part of our society that believes that our LGBT friends, family and colleagues need to be cured. To be frank, I find the amendment insulting. It is a cheap tactic from the DUP, utilising religion as a veil for its evident and ardent homophobia. The idea that a young, vulnerable person who is looking for guidance on their sexuality is met with therapy is the real abomination.

12.45 pm

As someone with a strong faith myself, I am sick and tired of religious freedoms being used as a way to think that it is in any way acceptable to reject the LGBT+ community. Get real. The motion is not about criminalising prayer; it is about limiting harm to our LGBT brothers and sisters with these unethical therapies. Religious freedoms must be questioned the moment that harm is committed, and we know, from speaking first-hand to people who have endured conversion therapy, that many have experienced hurt and rejection from people who told them, "God condemns you because of who you are and who you love". That is shocking.

Has the LGBT community not been through enough, from the historic shame of the AIDS pandemic to delay after delay in the right to marriage equality? We do not want more young people, especially those in isolated rural communities, watching us today to experience more anguish. I cannot imagine how that must feel.

Looking back at our history in NI on LGBT issues, I remember, when I was growing up, looking round the table at lunchtime and thinking that it was so strange that half my friends would be able to dream about their wedding day and getting married while the other half would not. It makes me feel ashamed that, just a few years ago, that was the reality in my home, in our home.

What a shame it is that the party across from me, led by the First Minister, wants to amend the motion to take out:

"that it is fundamentally wrong to view our LGBTQ community as requiring a fix or cure".

What message does that send to the young people in our schools who are struggling or repressing their identity? They should not be

met with shame, stigma and, least of all, therapy. They should be met with love, understanding and respect. After all, is that not the Christian way? Research on the issue of family acceptance of LGBTQ youth showed that young people were eight times more likely to be suicidal, six times more likely to report high levels of depression, and three times more likely to use drugs.

I say to the DUP, and its actions today and its actions spanning decades, that using religion as a mask and a weapon to do your dirty work for you and to allow you to be freely and openly homophobic is a disgrace. To that end, as someone with a strong faith, I have to say that it is you and your mentality that are the problem, not members of the LGBT community. The SDLP strongly supports the motion and rejects wholeheartedly the DUP amendment.

Mr Allister: I have no difficulty whatsoever in condemning some of the gruesome practices that, historically, were associated with what has been called conversion therapy, including the use of drug and aversion therapies. All of that was obnoxious. My problem with the motion, however, is, very simply, its deliberate obfuscation by the fact that it fails to define conversion therapy. In fact, in its very last words, it embraces the banning of:

"conversion therapy in all its forms."

What are "all its forms"? If we take seriously some of the lobbying from the LGBT community, it patently and indisputably includes religious exercises. We have all received — I know that I have — lobbying from that community making it very clear that it wants a ban not just to extend to the gruesome and the horrible practices that I have talked about but to religious exercises. They want to criminalise preaching in accordance with the sexual ethics set forth in Holy Scripture; they want to criminalise praying in accordance with the sexual ethics set forth in Holy Scripture. Where there has been legislation, as in Victoria, Australia, that is exactly what happened.

Mr Wells: Will the Member give way?

Mr Allister: Yes, I will give way.

Mr Wells: Did the Member note this morning that a leading SDLP councillor made it very clear on 'The Nolan Show' that he wanted all forms of religious intervention to be banned and that a leading councillor from the Alliance Party on 'Talkback' made exactly the same point that

all religious intervention of any kind in this field must be banned?

Mr Allister: Absolutely. That is the nub of the matter. That is why I am astounded that Mr Beattie tells us that he is not in the business of suppressing religious expression and exercise but is opposed to an amendment that seeks to protect it.

A Member: Will the Member give way?

Mr Allister: In a moment.

We are in a situation where it is abundantly clear from the lobby groups that advance this motion that they are in no doubt that they want to suppress and, indeed, criminalise religious activity. By their standards, that giant of Christian heritage St Paul would be a most offending criminal. Anyone who has ever read — maybe not enough have — his letter to the church at Corinth, First Corinthians chapter 6, will know that he, apparently, could readily be accused, in the terms of the LGBT community, of conversion therapy. When he referred to changes in lives and said, "such were some of you", was that not conversion therapy in the terms that are being proposed? It seems to be.

It is critical that religious practices are protected. If a minister of religion is approached by a young person or an older person who wants counsel and guidance on sexual issues because they are a person of faith or who is attracted to faith, is that minister of religion to be criminalised? There is a great phrase to the effect that the Government should not intervene between consenting adults in the bedroom. Fair enough. Now, however, there is the desire to intervene between consenting adults in the minister's counselling room because it offends thought processes by daring to uphold what is clear to anyone who holds to Christian faith as set forth in the Bible. It is sad to me that those who want, rightly, to ban conversion therapy are not prepared to stand up and accept an amendment that would put it in the right context that preserves, outside that ambit, freedom of religion. That is protected as an absolute by article 9 of the European Convention on Human Rights but would be trampled by this motion if it got the sort of legislation that embraced its terminology of "in all its forms".

Mr Speaker, thank you for the opportunity to speak. I support the amendment because it does preserve the fundamental imperative of religious freedom, and I will oppose the motion because it does not.

Mr Speaker: I am going to have to give four minutes to all Members who speak next, in order to give the rest of the Members who wish to speak that entitlement. I rule that there will be four minutes each with no additional time for interventions. Be aware of that. It is to ensure that we give as many as possible of the Members who are listed to speak the opportunity to do so.

Mr Nesbitt: First, as a member of the Policing Board, I condemn without reservation the attempted murder of a police officer overnight. The PSNI, I believe, found a viable device and dealt with it. Whoever was responsible has no place in our society in 2021.

I thank my colleague Mr Beattie for tabling this motion. Once again, he demonstrates what an asset he is, not only to the Assembly but to society, in his fairness, his inclusiveness and his compassion.

The debate works on two levels. Obviously, there is the specific level, and I accept that we need to tighten up our definition of conversion therapy, but that is not something that we will do today in a private Member's motion. We will do it when we get to legislation. I note that Sinéad Ennis confirmed that the Minister is preparing to bring forward legislation, and I look forward to hearing from the Minister later.

Not only will that legislation need to define more closely conversion therapy but it will need to address the legitimate concerns of those who believe that it will have a negative impact on worship in this country. That is not what I am about in supporting the motion. I am about protecting the vulnerable and outlawing coercive practices. Everybody who has spoken so far agrees that there are and have been coercive practices. I simply want to put in place protections that I would want for me, my family and my friends if we were being pressurised to change against our will.

Yesterday, I listened to a member of the LGBTQ+ community talk about his experience of how he was made to feel ashamed of who he is. I have met many others who, like Carál Ní Chuilín's brother, have left this little part of Planet Earth not because they wanted to but because they felt that they had to as a result of who they are and of how we treated them. That is just wrong, and I am so sorry to hear that about your brother, Carál.

The debate is about recognising that we have not done well by our LGBTQ+ brothers and sisters. It is also about acknowledging that, as Peter Lynas of the Evangelical Alliance did on

the radio this morning, the Churches have not done well on occasions. That is a big statement, coming from Peter Lynas.

Most of the parties in the House, 23 years ago, agreed on a way forward on building a society that is inclusive, respectful, builds trust and recognises diversity. In fact, more than recognising diversity, it was changing the narrative from saying that we are a divided society that needs a fix and a cure to becoming a society where we recognise and celebrate our diversity. That is why I support the motion but not the amendment. That amendment implies that our LGBTQ+ brothers and sisters need to be cured and fixed.

For those who are listening to the debate who seek unionist unity and are wondering why we do not have it, the answer is very simple. Read the motion and the amendment. They are like chalk and cheese. That is why there is not and never can be unionist unity.

I support the motion. I do not support the amendment.

Mr Wells: Those who oppose conversion therapy have been utterly honest in their demands, and I applaud that. We all received a briefing last week from a group of LGBT activist organisations that made it absolutely clear that what they seek and that what, clearly, the motion seeks is a complete ban on all interventions by pastors, priests and ministers on the issue.

I am a married man of 38 years, and I have three children. If I were in a situation where I started to struggle with same-sex attraction — I am not, by the way — and I went to my pastor seeking spiritual guidance, the motion and the campaign would mean that the only thing that he could do is approve of my lifestyle choice, commend it and wish me all the best. If at any time he were to quote from his Church's teaching on this issue, which is clearly outlined by Paul, Leviticus, Jewish sacred writings and the Koran, and he indicated to me his Church's teaching, if reported to the police, that pastor, priest or minister would be up in the courts. People say that it has not happened, but it has. What about Pastor McConnell from Whitewell Tabernacle, who was up in court for articulating his Christian views on a certain subject? Therefore, it happens.

1.00 pm

Are Mr Beattie and Mr Stewart putting themselves into a position where they will put

pastors, priests and ministers into the dock? If they are not, they should not be supporting the motion. When people talk about conversion therapy, they talk about physically and sexually abusive practices that are appalling. We all oppose those: there is no difficulty whatsoever with that. However, they also talk about innocent behaviour, such as people praying or asking for prayer. Remember that we are not talking about coercion here: we are talking about adults who perceive that they have a problem and who go to their spiritual adviser to seek prayer and counselling. There can be no compulsion whatsoever.

I came across an article in 'The Guardian' recently, which shocked me. The journalist wrote:

"Some churches claim their prayer practices are not conversion attempts",

but the article quoted an activist who said:

"That's merely semantics ... Conversion practice is the oxygen you breathe the minute you go into a conservative religious environment".

'The Guardian' apparently endorses the idea that conversion therapy is the oxygen that conservative Christians breathe. So when they support banning conversion therapy, they and, presumably, Mr Beattie and Mr Stewart support the banning of conservative religious practices. I notice that neither of them have asked me to give way on that point.

Here in Northern Ireland, they are outlawing the beliefs of hundreds of thousands of people, including in Upper Bann and in East Antrim. Normal, everyday Christian practices and beliefs are being compared to bogus therapy and even rape, and that is considered as merely semantics. I am not sure that I have strong enough words to condemn that slur.

If you are gay and have never stepped into a church, the sort of news that you read and the picture that you get is that there are millions of Christians in the UK who are looking for opportunities to hurt you. You are told that if someone prays for you, it is actually a form of abuse. You are told that the entire religion of hundreds of thousands of people in Northern Ireland is so toxic that it should be outlawed. I put it to the proposers of the motion that that is incredibly dangerous language. It is a crude caricature of our religious communities —

Mr Speaker: The Member's time is up.

Mr Wells: — that seems designed to stir up hatred and suspicion against them and to justify taking away their basic human rights.

Mr Speaker: The Business Committee has arranged to meet at 1:00 pm. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2:00 pm. This debate will resume after Question Time, when the first Member to speak will be Rachel Woods.

The debate stood suspended.

The sitting was suspended at 1.02 pm.

On resuming (Mr Deputy Speaker [Mr Beggs] in the Chair) —

2.00 pm

Oral Answers to Questions

Finance

Zero-carbon New Builds

1. **Miss Woods** asked the Minister of Finance for an update on his plans to ensure that new buildings are zero-carbon. (AQO 1906/17-22)

Mr Murphy (The Minister of Finance): My officials continue to engage with the Building Regulations Advisory Committee (NIBRAC) and the specialist technical subcommittee to bring forward an uplift in that area as quickly as possible. There are a number of detailed and interconnected considerations on issues such as the assessment software, outworkings of proposals emerging from other regions, renewables and local grid consequences, which are being considered alongside a cost-benefit assessment of options. My officials briefed the Finance Committee on some of the details of that last week and have been invited to provide a similar briefing to the next meeting of the all-party group on climate change. Every effort is being and will be made to progress an uplift in this Assembly mandate, if possible. I will provide notice of any consultations in due course. I have also provided the Finance Committee with outline proposals for an ambitious phased plan of uplifts over the longer term. Those have recently been published in the Department for the Economy's energy strategy options consultation, and my Department will consult on them in due course.

Miss Woods: I thank the Minister for his answer. The Minister will be aware that the carbon footprint of construction is unregulated but can account for up to 70% of a building's emissions over its lifetime. Does the Minister intend to regulate embodied carbon in construction? Will he commit to meeting me and members of the Architects Climate Action Network Northern Ireland (ACAN) on the decarbonisation of the construction industry?

Mr Murphy: As I said, the Department's building regulations group is consulting on doing significant uplifts in relation to that and is addressing all the issues. We have to fit in with the Executive's overall carbon reduction targets. It is not just in the short term — we have some

catch-up to do in the short term — but in the long to medium term. The officials were to brief the Committee on the undertakings. However, we are more than happy to consult others who have an interest in the area. If the Member contacts the Department, I will be happy to meet her group.

Mr McHugh: Minister, if we are to become a zero-carbon society, we need to improve existing buildings as well as new structures. Is any work ongoing to retrofit existing buildings?

Mr Murphy: The building regulations set standards only for when building work takes place, and grant schemes and programmes to encourage retrofit are principally a matter for other Departments to lead on. The energy strategy cross-departmental group is looking at the matter. Our building regulations standards are for work to existing buildings and are largely in line with those in England. We will consider the standards in place in the South and any proposed uplifts in other regions that will come into effect in 2022 as part of our programme. We will also look at the issue of retrofit within that programme. We are mindful of the aim for zero-emission building stock by 2050 and that new buildings should not contribute to the need for further retrofit. Therefore, the regulations need to be right and issues with buildings need to be resolved. The uplift that we are looking at is considering significant improvements to the limiting fabric standards for new buildings, and it is anticipated that there will be further improvements in the subsequent uplifts with that in mind. Sudden and extreme uplifts in performance standards could halt the industry, and that is why a phased solution towards a very high standard is proposed.

Mr McGlone: Can the Minister advise what action his Department has taken to improve the existing energy efficiency of public buildings? Does the Minister plan to review the Department's 'Energy Management in Public Sector Buildings' manual? Apparently, it has not been updated since 2015.

Mr Murphy: My Department is responsible for managing the Civil Service office estate, which equates to around 4% of the total public-sector energy consumption here. Through the office estate energy efficiency carbon reduction plans, we aim to achieve cumulative energy savings and consequential reductions in carbon. Those savings support and feed in to the wider energy management strategy and action plan to 2030 for central government introduced by the Department for the Economy. The use of energy-efficient installations has been

incorporated into Civil Service accommodation and standards specifications. Furthermore, the Department's procurement guidance, which applies to all Departments, expects that any new or refurbished building should undergo the BRE Environmental Assessment Method appraisal. This seeks energy performance standards significantly in excess of the building regulations minimum.

Civil Service Homeworking: Productivity and Post-pandemic Review

2. **Ms Bunting** asked the Minister of Finance to outline the work his Department has undertaken to establish the impact on productivity of civil servants working from home (WFH). (AQO 1907/17-22)

11. **Ms Sugden** asked the Minister of Finance whether he will review working from home arrangements for the Northern Ireland Civil Service post-pandemic. (AQO 1916/17-22)

Mr Murphy: With your permission, a LeasCheann Comhairle, I will group questions 2 and 11. I place on record my continued thanks to civil servants for their hard work and flexibility in response to the challenges of delivering services during the pandemic. At very short notice this time last year, the majority of civil servants moved from the office to homeworking as the pandemic emerged. I am encouraged by feedback from my Department on the positive impact of homeworking on many of our staff, who feel that they now have a better balance between work and home commitments.

Responsibility for the performance and productivity of all staff, including those who work from home, rests with managers in each of the Departments. Staff in the Department of Finance have continued to deliver essential services while also delivering to thousands of businesses unprecedented support through COVID funding, including rates relief, a range of business grants and support for airports and hospices. The Civil Service will adopt a blended approach to home and remote working, which will depend on the individual departmental requirements and job role. A remote and homeworking policy is being developed in consultation with trade unions. The Department also recently announced plans for a number of Civil Service regional hubs. These will enable civil servants to work closer to home, reduce travel time and promote regional economic balance.

Ms Bunting: With your indulgence, Mr Deputy Speaker, I will take this opportunity to condemn the attack on a police officer. It is important, as a member of the Policing Board, that I do that and send our best wishes to her and her family.

It is clear that working from home cannot continue ad infinitum. Given the need to open the economy and instil confidence in the community, and given the extent of the vaccine roll-out, should the Civil Service not lead by example and return those who do not fall into a vulnerable category to the workplace as quickly as possible?

Mr Murphy: First, any return to the workplace will be guided by the health advice that the Executive as a whole will agree. The advice from the Department of Health and the health adviser in the Executive is still to work from home where possible, so that continues to be the case. Undoubtedly, the whole experience of the pandemic has accelerated a trend that was already developing in how people work, and we have to be mindful of that. Civil servants can now work in a blended situation: they can be at home, in a regional location or in headquarters. It will not significantly affect the Civil Service footprint in Belfast, for instance, as there will still be a requirement for a large number of civil servants to work out of offices. However, it changes the office accommodation requirements, and we have a responsibility to look at that.

We must look at not only the benefit for individual civil servants and workers but what the Executive are required to spend on the Civil Service estate. If the nature of work is changing and technology allows more remote working, we have a duty, for the public services that we want to support, to ensure that we are not spending money on the Civil Service estate that is not required. It is a balance between all those things. No doubt, people will go back to work in the not too distant future, but we have to ensure that it is in line with the health advice and that the new way of working will, ultimately, be of benefit to public finances and individual workers.

Ms Sugden: I also put on record my condemnation of the attack in my constituency.

I see opportunities in working from home. I also recognise that there might need to be a hybrid model. What savings can we identify? Moving forward, what lessons can be learned from the positive benefits for family life and for getting women back into the workplace?

Mr Murphy: It is very hard to quantify savings. If you put out a figure, that becomes the target. This is much more than that, as the Member identified. It is about the responsibilities that people have at home and in caring situations. Perhaps, in the longer term, it will be about the willingness of people to apply for jobs that are Belfast-based and involve travelling for an hour or two a day, and it could be even more than that if they are coming from further west to work five days a week in a Department's headquarters. I have no doubt that this will change the nature of work. It will open it up more to women to whom, unfortunately, the primary caring function falls and to people who live in the further regions of this part of Ireland and who are further away from their workplace than those living in the urban centres.

It will open up a lot of opportunities. It will, undoubtedly, allow us to rationalise the Civil Service and save more. It should yield savings, but that is not the primary driver behind all of this. We want a more effective and productive working environment. Regional hubs will not only allow that and contribute more to local economies but allow an exchange between local government and central government personnel to create more space for joined-up and connected government.

There are real benefits to come from this. I am loath to put figures on it. It will undoubtedly yield savings, but its major importance relates to how people work and how a greater variety of people, particularly women and those who are under-represented in the Civil Service, can access potential opportunities.

Mr Butler: What analysis has the Department done on levels of sickness-related distress and on whether homeworking or remote working have improved productivity?

Mr Murphy: The Department of Finance has done an analysis, or survey, of its staff. There has been an overwhelmingly positive response to homeworking across most of the Department's workforce. I am sure that that is not unique and is reflected across the Civil Service in general. With the challenges of the pandemic and lockdown, people have recognised the fact that blended working, where some work can be done from home, some in the regional hubs that will be developed, some in headquarters or some in city or town centres, affords staff more scope to manage their responsibilities. It has been positive and positively received. It accelerates lessons that were already beginning to be learned, and it will probably accelerate a response to those lessons in future workforce planning.

Ms Armstrong: The Minister mentioned hubs. How many people will the Connect2 hubs hold?

Mr Murphy: That will depend, because they are all different set-ups. The Member may be more familiar with the hub in Downpatrick, which we intend to do at an earlier stage. Some are in development phase, and we are talking to some councils about future development. The initial 10 hubs in the roll-out are almost ready to go or expected to be ready within two years, I think. The response has been overwhelmingly positive, because the hubs not only allow people to work closer to home, save travel time and help to reduce carbon emissions but allow them to contribute to their local economy and manage their work-life balance better given that they are not spending as much time in cars. We will look forward to assisting and improving productivity. I expect that, when we get those 10 hubs in place, we will look at more in the future. Each one is different and probably has different accommodation requirements. They are based on studies from where people were travelling into Belfast. That focused attention on where the first run was needed. There will not be fixed desks, so it is not an alternative place to work. It is somewhere where people can work for a number of days a week.

Mr O'Toole: I agree with the Minister on the value of flexible working. I do not agree with the original questioner that it is something of which we should be suspicious. Will it be tied into the broader and more urgent look at the structural flaws in the Civil Service? We know that 80% of our senior civil servants are over 50, for example, and that we have high vacancy rates. How will any measures be linked to the workforce strategy to give us the Civil Service that we need in the years to come? I am sure that the Minister will not disagree that there are major, serious structural flaws in our Civil Service.

Mr Deputy Speaker (Mr Beggs): That goes way beyond the issue of working from home, but the Minister may wish to comment.

Mr Murphy: It is a very broad issue, and we could spend a long time talking about it. These things are interrelated and complement each other. In the longer term, people will not need to spend a couple of hours a day travelling to work, which will allow more people and a greater variety of people, such as those who are under-represented in the Civil Service, to apply for jobs. We are looking closely at all the issues that the Member mentioned. There is a need, and a number of reports, such as the RHI report and the Audit Office report, looked at the

make-up and capacity of the Civil Service. Significant work needs to be done, and we intend to bring that forward. These developments will assist with that, because they open up more opportunities for a broader range of people to be employed in the Civil Service.

2.15 pm

'The Dublin-Belfast Economic Corridor: Current Profile, Potential for Recovery & Opportunities for Cooperation'

3. **Mr McGuigan** asked the Minister of Finance to outline his next steps following the launch of 'The Dublin-Belfast Economic Corridor: Current Profile, Potential for Recovery & Opportunities for Cooperation' report. (AQO 1908/17-22)

Mr Murphy: First, I commend the eight councils and two universities along the corridor for coming together to produce this landmark report, which showed the significant opportunities to be gained from working together in that way. It is important that the corridor drive balanced economic growth across the island. For example, a high-speed Belfast-to-Dublin train should be part of an all-Ireland rail network that includes Derry, Cork and Limerick.

I understand that the councils' next step will be to establish an oversight and governance board that will develop a programme of works. That is what is needed now alongside an action plan so that the corridor can form part of an investment-led recovery from COVID and Brexit. My Department is, of course, content to play its part as the councils take their economic development work on the corridor forward.

Mr McGuigan: I thank the Minister for his answer and look forward to seeing the report's outworkings and the benefits for citizens and businesses along the corridor.

The Minister mentioned a high-speed train from Belfast to Dublin: as part of that work and work on an all-Ireland rail network, will he outline some of the benefits of having such a train?

Mr Murphy: The benefits have long been recognised. Back when I was the Minister with responsibility for transport, it was recognised, particularly at North/South engagements, that the ambition for a high-speed and more frequent service between Dublin and Belfast would be beneficial to both cities and all of the areas in between. With that and with a broader

rail development from, as I said, Derry to Dublin, Cork, Limerick and other destinations, there will be opportunities to grow indigenous businesses, establish clusters of key sectors, lever the appetite for collaboration and use the corridor as a driving force for economic development in that region and across the island generally. It should assist with securing high-value-added jobs while enabling a balanced distribution of its benefits and equality of opportunity for all our citizens.

These are ambitious plans that have been talked about for a long time. I hope that the involvement of the councils and universities and the endorsement of and encouragement from the Administrations North and South will see some advancement of the plans. The benefits that will flow from them across the Belfast-to-Dublin corridor and beyond are undoubted.

Mr Catney: Given your Department's role in relation to financial services, Minister, what action will it take to mitigate the damage being done to the all-Ireland economy by Brexit and the disinvestment by banks such as Bank of Ireland and Ulster Bank on both sides of the border?

Mr Deputy Speaker (Mr Beggs): That question strays way beyond the issue of the economic corridor. I will let the Minister decide whether he wishes to comment.

Mr Murphy: My answer will be a broad one, because the question goes beyond the detail of the substantive question that I was asked.

I very much recognise that. It is an Executive responsibility, alongside the Government in Dublin and the British Government through the North/South and east-west arrangements, to ensure that the damage that has been done by Brexit be mitigated as far as possible. In that regard, the agreement between the British Government and the European Commission on protocol arrangements has gone some way to undoing some of the damage. Undoubtedly, Brexit will have a negative impact across this island in particular and, I imagine, in the longer term, in Britain, although that is very much a matter for it.

We need to be protective and ensure that the arrangements that we have work. We also need to ensure that financial institutions that, not that long ago, were the beneficiaries of support from public finances make decisions that are in the interests of the economic recovery from Brexit and the pandemic and continue to hold them to them. We do not have regulatory authority over

financial institutions here, but we need to ensure, as we have been doing, that we engage with them and encourage them to see the role that they have to play in the economic recovery. When they were in difficult positions, everyone moved to support them, so there is a requirement on them to do something similar at this time.

Mr Muir: This is an important report. As we seek to recover our economy, it is vital that we have good North/South and east-west cooperation.

I am aware that the Minister has a meeting scheduled, potentially for this week, of the North/South Ministerial Council with the Economy Minister. Will he give us an update on the scheduling of that meeting? Are there any potential diary clashes for the other party?

Mr Murphy: The Member will know that I will be the accompanying Minister on that. The Minister for the Economy and I, along with our counterparts from the South, had to signal to the North/South Ministerial Council administration sector that we were available. As far as I am aware, the signal was given last week that all Ministers would be available for the meeting, so I expect it to go ahead on Wednesday afternoon as scheduled.

LRSS: Payment Delays

4. **Mr Harvey** asked the Minister of Finance why applicants to the localised restrictions support scheme (LRSS) are experiencing a delay in payment. (AQO 1909/17-22)

Mr Murphy: To date, over £272 million has been issued to almost 13,000 businesses through the localised restrictions support scheme. Almost every one of the eligible businesses is now fully up to date with the payments that they are entitled to for the period of restrictions up to 14 April. Land and Property Services (LPS) will issue further payments this week to cover businesses for their entitlement up to the reopening dates agreed by the Executive last week.

Payments are on hold to a small number of applications that are being investigated because a concern has been identified about their eligibility or the possibility of double funding with another grant scheme. LPS has issued correspondence to those businesses explaining the situation and providing them with the opportunity to appeal or to provide additional information.

Mr Harvey: I thank the Minister for his answer. Does the Minister plan to continue providing localised restrictions support scheme payments to businesses that are working at a limited capacity?

Mr Murphy: Yes. We had money set aside because, until last Thursday, we were not sure what decisions the Executive would take on reopening. In previous experience, when retail had some partial reopening and could do click and collect, we continued to pay out to the retail sector under LRSS because we recognised that it was still significantly hampered from doing full business. Similarly, with hospitality and, I think, gyms, we have recognised that, even if there is a partial or outdoor reopening or, in the case of gyms, an ability to do one-on-one training, they continue to be substantially restricted in the time ahead. So, up to 24 May, which is the indicative date that the Executive have given for a full reopening of hospitality, we intend to pay out to those businesses.

We also recognise that there will continue to be mitigations for all businesses and that will restrict them, but we are limited in what we can do. LRSS is based on regulations, so, if a business is open, it is not entitled to payment. However, the Minister for the Economy's economic recovery plan received full financial support from the Executive, so we expect that and a combination of the ongoing rates relief to be of some assistance to businesses in the time ahead.

Ms Hunter: Areas such as Benone and Magilligan and ports in my constituency are heavily dependent on tourism to thrive. Has the Minister had any conversations with the Minister for the Economy or the tourism sector to help those towns build back better after COVID?

Mr Murphy: As the Member will know, the primary responsibility for tourism and the economy is with the Department for the Economy. We have had discussions on the large hospitality support scheme that the Minister for the Economy is running. That has expanded somewhat, and we keep in close contact because, at various times, there has been overlap or, certainly, close contact between some of the schemes that we have been running. Bear it in mind that the Department of Finance does not do economic support — that is not our job — but we have taken it up during the pandemic. We have kept in close contact with the Department for the Economy, and we supported in full the bid that

the Minister for the Economy made for economic recovery.

I recognise that a lot of the hospitality sector, particularly in the Member's constituency on the north coast, is very reliant on tourism.

International tourism will be restricted again this year, but there was a substantial benefit last year that the Minister for the Economy advised us of, which was that a substantial number of visitors came to stay north of the border, many for the first time. It is in all our interests to have a peaceful time in the run-up to summer and a peaceful summer and not to discourage visitors from coming north, because a lot of those businesses will be very reliant on business on the island of Ireland this year. We need to do all collectively in our power to make sure that we have somewhere that people want to come to over the summer months and that businesses can get the best benefit that they can from that.

Ms Armstrong: I thank you and your Department for the help that you have given my office to assist businesses.

In mid-March, there was an announcement about top-up payments, but they are yet to be paid. When will businesses receive them? Additionally, where can businesses get an update on when their payment will be made?

Mr Murphy: Payments have been made basically every day. Some were held back because there were queries about whether people had been paid wrongly, had perhaps been overpaid or had benefited from two different sets of grant support. In a number of cases, Land and Property Services informed people that they were investigating that and gave them an opportunity to provide additional information. In some cases, there will have to be a recovery of money, although, if another grant is available, they can offset that payment and basically deduct it from whatever grant they may well get.

There is ongoing work. It is a marginal amount. In the overall scheme, about 1.6% of payments were possibly made in error, and there is an effort under way to recover that. That has slowed down some of the top-up payments. Rather than continue, when a question arose, LPS was obliged to investigate whether the payments had been made properly. I know that that raises concerns for a lot of businesses, but we also have a responsibility to the public purse to make sure that payments are made correctly and that, where they have been made in error, there is an attempt to recover them.

NICS Vacancies

5. **Mr Stalford** asked the Minister of Finance how many vacancies there are in the Northern Ireland Civil Service (NICS). (AQO 1910/17-22)

Mr Murphy: Each Department is responsible for managing its resources, both financial and staff. When a Department identifies a vacancy that it needs filled, the request is referred to NICS HR in my Department to initiate the process to fill the post. At the end of March, my Department had been asked to fill over 3,000 posts across the Civil Service that had been confirmed as affordable by the relevant Departments.

Approximately 1,900 of those posts are general service posts. Around 1,000 are at administrative officer, staff officer and deputy principal grade, for which there are live recruitment competitions with available appointees and/or selection activity in progress. A further 1,250 posts are a wide range of non-general service specialist posts. NICS HR continues to plan and deliver recruitment competitions to fill those vacancies, working with Departments to seek to prioritise, agree and plan to fill the most urgent posts. Since November, NICS HR has filled over 1,500 vacancies.

Mr Stalford: At various Committees it has been outlined to us how difficult it has been for Departments to deliver on their priorities because of shortages in the Civil Service. What steps will the Minister's Department and, indeed, the Government take to advertise Civil Service careers to young people coming through as an attractive prospect for them to build their lives on?

Mr Murphy: That is part of the ongoing work. It is up to Departments to identify their individual workforces. We have a broader responsibility in the wider reform of the Civil Service to make sure that it is accessible and that we are trying to attract younger people. We have been having conversations about the idea of apprenticeship schemes in the Civil Service, and I know that the Department for the Economy is keen on that. We want to encourage a uniform approach across all Departments so that here is not an ad hoc approach to this.

There is a recognition that the recruitment exercise that is required can infuse more diversity and, I suppose, alter the age profile of the Civil Service as a whole. There is a recognition, as I said in answer to a previous

question, that there is a substantial amount of work to be done there. This exercise, along with other exercises in terms of the Civil Service estate and a new approach to blended working arrangements, can contribute to that idea of recruiting more people but with more diversity in age and other profiles such as disability and ethnic minorities — the type of diversity that we need in the Civil Service to reflect society as a whole.

Dr Aiken: Has a detailed assessment been made of the voluntary exit scheme's impact on Civil Service vacancies so that we can look closely at its impact on efficiency and whether there is a read-across to the current vacancy problem?

Mr Murphy: I am not aware if that has been done. I imagine, given that the scheme was put in place, that an assessment of not only how it ran its course but its impact would be available. I am happy to talk to officials and provide the Member with some material, if it exists.

Mr Deputy Speaker (Mr Beggs): That is the end of our period for listed questions. We now move to 15 minutes of topical questions. Question 6 has been withdrawn.

2.30 pm

PSNI: Budget Allocation

T1. **Mr Humphrey** asked the Minister of Finance for an update on the final Budget allocation for the PSNI and to state how many new police officers that will mean, given that some 700 extra officers were promised in New Decade, New Approach (NDNA). (AQT 1211/17-22)

Mr Murphy: That figure eludes me just at the moment, but I can provide it for him. Between the initial Budget outline of what was available for next year and the final Budget paper, which will be brought to the House very shortly for discussion and questions, we had a lengthy discussion on improving the position on the number of police officers that can be recruited. There has been an improvement. As he will know, once you recruit somebody and put them in post, that becomes a recurrent cost year-on-year. In some sense, while we can find money next year, that commits us to year-on-year recurrent expenditure. That is what the Executive have agreed to in its final Budget position. I will get the actual figures that are involved to the Member, but it is an

improvement on the draft Budget position that was outlined previously.

Mr Humphrey: I thank the Minister for his answer. It is disappointing that we are not able to get confirmation that the 700 extra officers will be in place. Will the Minister inform the House how and when he will allocate funding to victims' pensions and how he will restore confidence in his Department given the recent damning court case?

Mr Murphy: I am not certain that there is a lack of confidence in my Department. I am representing the Executive's view on the funding arrangements for that. As he will know, the British Government's own statement of funding policy states very clearly that, where a Department has developed and legislated for a policy, it has responsibility for paying any costs that accrue from it. The victims' scheme that the British Government brought forward is vastly different from the scheme that was agreed by the parties at Stormont House. They have added very substantially to the scheme's scope and, consequently, to its cost. While the First Minister, the deputy First Minister, the Minister of Justice and I have committed and given undertakings to the court to ensure that victims' payments are made — we have always wanted a scheme to be running to give victims certainty — we will continue to have a discussion with the British Government about the responsibility for the funding. However, the Executive will ensure that payments are made to victims.

Business Support Schemes: Allocations

T2. **Ms Brogan** asked the Minister of Finance for an update on when businesses are likely to receive allocations from the new grant schemes that he announced, which are very welcome, particularly now that we are moving towards economic recovery. (AQT 1212/17-22)

Mr Murphy: There are a number of schemes. In my enthusiasm, I announced this morning that applications opened today for the scheme for businesses that have a net asset value (NAV) of above £50,000 and were not able to avail themselves of business grants last year. They can actually apply to that from tomorrow. There are schemes to support manufacturing. There are top-up schemes of £5,000 and £10,000 for businesses that were not able to avail themselves of the localised restrictions support scheme (LRSS) or other supports over the last number of months.

Those schemes were developed because we know that there is an ongoing need for business support and to ensure that the COVID money that we had was allocated and would not be returned to Treasury. There will be further detail on those in the coming weeks. We hope to see them paying out as soon as possible because, while there is optimism that things are opening up again and that people will be able to get back to business, we recognise that the effects of the pandemic will be with us for a long time and that people's ability to get back to the normal way of trading is some time off as restrictions will continue to apply in some shape or form for the foreseeable future. The schemes will be very important to try to support those who did not have the ability to apply to the LRSS and various other support schemes.

Ms Brogan: I thank the Minister for his comprehensive answer. It is also welcome news that most businesses now have a date for reopening. Will you confirm that LRSS payments will continue to be made to eligible businesses until they can legally resume trading?

Mr Murphy: Yes. When click and collect opened up for retail, we recognised that, although people could trade in some fashion, they were still a long way off normal trading and still significantly impacted by the restrictions that continue to exist.

Similarly, with hospitality and gyms, even though hospitality can operate outdoors, in a country like this, where you can never be certain about the weather, that can still be a very restrictive area in which to operate. Gyms, while they can open up for one-on-one training, as those of us who frequent them would know, a lot of the finance that they accrue is mainly from classes and the ability to take in groups of people to do training. Therefore, they continue to be significantly restricted. However, the Executive have given the indicative date of 24 May for full reopening of both hospitality and gyms. We sincerely hope that we are able to meet that date. That is the Executive's clear intention. We have given an undertaking to continue to support them through the LRSS up to that point.

Procurement Board: Environmental Criteria

T3. **Ms Armstrong** asked the Minister of Finance for an update on the work being done in his Department to ensure that procurement processes are changed to keep environmental practices to the fore, given that although we

have an environmental target of achieving net zero emissions by 2050, we might be able to do that a bit earlier if we were to change our procurement requirements to ensure that not only do our public services purchase environmentally friendly and environmentally improving items but that other companies that are funded by government follow that procurement path also. (AQT 1213/17-22)

Mr Murphy: As the Member will know, we have recently reconstituted the Procurement Board. We have added many more people with direct experience, both those who have procured in various Departments and those who have been at the business end of that, in order to try to improve the overall procurement function. We are looking very closely at that.

I intend to bring in policy on social value, which can look at a whole range of measures, including environmental issues, and ensure that we achieve the best outcomes and actually meet the Executive's targets in other areas, such as the reduction of carbon emissions, as the Member mentioned. We are happy to take all those issues on board. Not only am I open to looking at how we do our own procurement, but we have been looking closely at supply chains and ethical policies within them. "Ethical" can relate to policies on anything from the use of slave labour, basically, to production methods that are challenging or damaging to the environment and contribute to the climate change crisis. The Department wants to look at all those areas. Even though, in global terms, we are a very small procurer, I believe that we have a responsibility to lead by example on those matters. Therefore, I am keen that we bring policies on social value and ethical procurement very much to the fore in the time ahead.

Ms Armstrong: I thank the Minister for his answer. In the run-up to Earth Day, I am keen to ensure that, where we are talking about reducing carbon emissions, the Government are actually seen to do that. There are many car parking spaces at Civil Service and public buildings across Belfast. As new building regulations come forward, is consideration being given to whether people who put up new buildings will have to consider public transport access to them? Can it be a cross-government and cross-departmental commitment that all new buildings that follow the building regulations will have reduced car parking spaces in order to build upon public transport services?

Mr Murphy: My Department has responsibility for the Civil Service estate. We have put a proposition to Departments to reduce car parking spaces in Belfast city centre. There are very decent — some would say excellent — public transport facilities available to get people into the city centre. We have done that. We are doing it. Unsurprisingly, people who have been used to driving their cars and parking in the city centre sometimes take issue with that. Nonetheless, if we want to achieve the type of outcomes to which the Member refers, we have to look at our own house in the first instance. The logical follow-through of that is that, when we are planning any new building, we must ensure that public transport access is a feature. That follows through on something that we have already been developing.

Victims' Payment Scheme

T4. **Mr Lunn** asked the Minister of Finance how he came to his assessment that the Troubles-related victims' payment scheme, which is to open to applications next month, will be funded, given that, at the moment, three Departments, including his, plus the British Government are telling us that they cannot afford to fund the scheme, albeit the Executive Office and the Department of Finance have said that the scheme will be funded and payments will be made on time. (AQT 1214/17-22)

Mr Murphy: The British Government have not said that they cannot afford to fund the scheme; they have simply said that they are not going to fund it. They are well able to afford to do that, and, according to their own statement of funding policy, it is right that they do that. That is part of the rules that they established for their Departments and which, in this instance, they are disregarding. It is not a question of affordability for them. It is a question of affordability for us, but we have given an undertaking that it will be done however we find the resource to do it. Over the last two financial years, we have provided expenditure for administration, so we have already contributed to getting the scheme up and running. We have given an undertaking to the court that payments will be made and will be made on time, and we will hold to that commitment. We will continue to engage with the British Government regarding their responsibilities in relation to the matter. Under their own policy, they are responsible for meeting the cost of the scheme.

Mr Lunn: I thank the Minister for that answer. He will be familiar with the Government Actuary's Department's estimate for the cost of the scheme. At the top level, that is £1.2 billion,

although I appreciate that that is over a large number of years. Minister, I wish you luck in your current activity with the British Government.

Is it possible that you, as the Finance Minister, will have to consider revenue-raising possibilities that have hitherto been turned down? I am thinking of water charges and the rates cap on domestic properties, and there are probably one or two others that I cannot think of. Is it possible that you might have to delve into those sorts of possibilities?

Mr Murphy: We have always wanted the scheme to be up and running and to be fully funded. We have never wanted a situation in which victims end up having to go to court to resolve those issues, creating further distress and uncertainty for dependants. We have never wanted to be in that place. We have tried to have logical discussions with the Secretary of State and others over a period of time, but those discussions were fruitless, have been difficult to arrange and continue to be difficult to arrange, so we have ended up in a situation that was not what we desired and was not of our making, but we have given undertakings to try to give that certainty to victims.

If we cannot resolve that with the Government, the Executive will undoubtedly have to meet the cost, which, as the Member said, will be anything between £600 million and £1.2 billion, according to the Government Actuary's Department. Then it will be a question for the Executive of how to find the resources to do that. If there is no additional support from Treasury, one way to do that is to top-slice from Departments and to take the year-on-year funding for the scheme off departmental budgets pro rata. Another way is to look at fundraising, but the cost associated with the scheme will be so significant, certainly over the first four or five years, that I doubt whether there is any fundraising capability in the Executive that would match it.

Procurement Board: Efficiency

T5. **Mr Storey** asked the Minister of Finance — after asking him to join with him, as a member of the Policing Board, in condemning the murderous attempt on the life of a part-time police constable in Limavady in the past few hours, to whom he sends his thoughts; welcoming the fact that the Minister will open the business fund tomorrow; and placing on record his appreciation to Land and Property Services (LPS) for the outstanding work that it has done — whether, in light of the fact that he

has made changes to the Procurement Board, introduced social requirements and even thrown in climate change, he will also include efficiency measures, given that, already this week, two cases have been brought to him in which the problem has been procurement. (AQT 1215/17-22)

Mr Murphy: First, I concur with the Member's remarks about the incident in Limavady. I appreciate his remarks in relation to LPS and the work that it has done. I think that, like the Department, LPS is looking forward to getting back to what it is supposed to do, which is collecting rates. There is still some more work to be done to get support out there, and it has performed that function very effectively.

We of course want to make procurement as efficient as possible, and we are not looking simply at social value and how procurement can be of benefit more broadly. Procurement has to be done efficiently. We have to make sure that there is value for money and that the relationship between the way in which government awards contracts and the people who are in the sphere to try to provide services to government is as efficient as it can be. That is why we took the permanent secretaries off the Procurement Board and put in practitioners from various fields, including from construction, the social economy and a range of areas with direct experience of dealing with government. We did that to make sure that people are talking the same language and so that we can get an efficient outcome from procurement policy.

2.45 pm

Mr Deputy Speaker (Mr Beggs): That is the end of the period for questions to the Minister of Finance. I ask Members to take their ease for a few moments as we change places.

Private Members' Business

Conversion Therapy

Debate resumed on amendment to motion:

That this Assembly rejects the harmful practice widely referred to as conversion therapy; notes that the UK Government National LGBT Survey in 2018 reported that 2% of respondents had undergone conversion therapy, with a further 5% having been offered it; acknowledges the damage that this practice causes to the mental health of those who are subjected to it; further acknowledges that this practice has been widely rejected by medical professionals; declares that it is fundamentally wrong to view our LGBTQ community as requiring a fix or cure; and calls on the Minister for Communities to commit to bringing forward legislation before the end of the current Assembly mandate to ban conversion therapy in all its forms. — [Mr Beattie.]

Which amendment was:

Leave out all after "professionals" and insert:

"recognises that legitimate religious activities, such as preaching, prayer and pastoral support, do not constitute conversion therapy, cannot be defined as such and must be protected; and calls on the Minister for Communities to consult widely on the way ahead, including relevant legislative options, to ban the practice of conversion therapy." — [Mrs Cameron.]

Miss Woods: I thank the Members from the Ulster Unionist Party for tabling the motion and for giving us a chance to reject conversion therapy and expose the damaging practices that some have supported and continue to support.

I do not have enough time today to outline my reasons for supporting the motion. It is 2021, and it should not need to be debated. The Green Party has been highlighting conversion therapy in the Chamber since 2012. Nearly a decade later, a ban is still not a reality, but I welcome the commitment from all those parties that support the motion. It is time for some action. Legislation must be passed in this mandate.

I thank those who have got in touch to lobby about this matter, and I also thank the Ban Conversion Therapy group and all others who have campaigned for years to advance LGBTQ rights. We will continue to campaign to show

people that minority orientation or gender identity is normal; that you can be happy, healthy and accepted as an LGBTQ person in Northern Ireland; and that your life needs no cure.

There have been previous attempts to carve out circumstances for exemptions, and we have one such example today. I will not get into a debate about religion, although I am happy to have such a debate. We know that this is not about imposing on religious freedoms.

Mr Wells: Will the Member give way?

Miss Woods: I will not. We all know how far we need to go in recognising and positively acting on LGBTQ rights in Northern Ireland. We need to look at the lived experiences and the health inequalities, and we need to talk about bullying, HIV, stigma, trauma, shame and the impacts of such on everybody in our society, but especially those whom we are talking about today. Anyone who watched 'It's a Sin' recently will know exactly what I am talking about, and, for those who have not watched it, I suggest that they do.

Mr Deputy Speaker (Mr Beggs): I advise the Member that, whether she takes interventions or not, she has four minutes.

Miss Woods: Thank you, Mr Deputy Speaker. I will not take my four minutes.

We need proper mandatory and comprehensive relationships and sexuality education that reflects the lives of everybody in our society.

Let us look at the mental health impact of continuing to stigmatise those who identify as LGBTQ, even the young people in our schools. The Department of Education's research into post-primary school experiences showed that two thirds of LGBT young people did not feel welcomed or valued in their post-primary school. Some young people decide not to come out because of the negative attitudes of others, and I know this well through personal experience. So many of my friends have experienced this through secondary school. One of my friends was ganged up on after coming out and had rocks hurled at him. With another friend, I had to call 999 after they took a drug overdose because of bullying.

This is the reality of the school system that we have here. This is the reality of the attitudes that a lot of people have and continue to portray. These attitudes, it appears, are based on a lack of understanding of LGBTQ people,

leading to stereotypes and, in some cases, intolerance. Some 88.6% of LGBT people heard homophobic or transphobic language in schools. Two thirds heard people receive verbal threats. Some 88% of respondents to the Rainbow Project's survey reported that teachers rarely talked about LGBT issues sensitively.

Banning conversion therapy is one step that needs to be taken, but we need to do a lot more to right the wrongs and provide support. Previous Executives and Governments have failed queer people. The sexual orientation strategy, promised since 2007, still has not been delivered —

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

Miss Woods: — and no funding from Departments with responsibility for equality has been provided to LGBT groups since Peter Hain was Secretary of State. Progress on equality has come through the courts or Westminster. Today is an opportunity to begin to redress that and send a clear signal of support. We will support the motion but not the amendment.

Ms Hargey (The Minister for Communities): Thank you to everybody who has contributed to the debate today.

Mr Carroll: On a point of order, Mr Deputy Speaker. The Speaker said previously that all Members on the speaking list would be called in the debate. I was on the speaking list, and I think that others might have been. Can you advise on that point?

Mr Deputy Speaker (Mr Beggs): I have been given direction that there is a time allocated for this debate, and I have exercised that direction. The Minister has attempted to allow as many people as possible to speak, but I was advised by the Speaker's Office before coming in here that it was to be four minutes, with one more person to speak. Apologies for that, but the Business Committee allocated an hour and a half for this debate, and that is what has been afforded to Members. If, in future, you wish to have more time in the debate, it is important that those representatives in the Business Committee decide such things.

Ms Armstrong: On a point of order, Mr Deputy Speaker. I do not mean to question your ruling on this. However, as a member of the Alliance Party, under d'Hondt, I would have been entitled to speak as the second Member speaking for the Alliance Party. I was not

brought into the debate today. I ask that you take that decision back to the Speaker's Office to review.

Mr Deputy Speaker (Mr Beggs): Members, your comments are on the record and will be fed back. I repeat that there is a limited time opportunity, and I have been operating under the appropriate direction from the Speaker himself.

Ms Hargey: Thank you again to all the contributors today, and to John and Doug for tabling the motion. I agree wholeheartedly that so-called conversion therapy is a cruel and inhumane practice, and it should be ended now. Legislation to ban it should be introduced as soon as possible. Indeed, I am exploring all legislative options available to me.

This is an abhorrent practice, and it is cross-cutting: there was the potential for it to be caught up and lost between several Departments. To ensure the protection of our LGBTQI+ community, my Department has taken the lead in this policy area. I call on everyone around the Chamber to support our work in bringing a ban into effect. We need to do this properly, through research, consultation and producing effective legislation, and we need to make sure that we get the policy right. We can learn from the experience and situation of other jurisdictions. We will work to ensure that we avoid the pitfalls and shortcomings that they faced, and I do believe that we can lead the way in producing a model of best practice and provide the best possible protections for our community here. We need to hear from those who have lived experience of this so-called practice, in whatever form it took, by listening to and involving those impacted by discrimination and injustice and by working with them through a co-design approach, which we are using to take forward the LGBTQI+ strategy on behalf of the Executive.

Last year, the Department established an expert panel as part of the development of the strategy. One of the recommendations put forward by the group was the ban of this practice. That is a recommendation that I wholeheartedly support. I have listened to the lived experience and stories of those who have been impacted by the practice. Those emotional and traumatic experiences should guide us as we move forward to protect our community by bringing in a ban.

I know how huge the hurt and damage to people can be when they are told that they need to be fixed or cured. We have heard that hurt again from many in recent days. That

language and behaviour are unacceptable and should not be tolerated. Such language will not be included in any proposals that are put forward by my Department. We need to accept people for who they are, and that is what I will be sure to do.

I know that this has been touched on, but who are they? They are lesbian, gay, bisexual, transgender, queer and intersex. As was said, they are family members, loved ones and neighbours in our community. They are those who treat us and who teach us. Indeed, they are our co-workers in this very Chamber.

I have also engaged political reps and parties to listen to their views, concerns and lived experiences. I welcome their support and look forward to working in partnership with them. My officials have commenced policy work to inform the drafting of the legislation alongside work that we are doing on the LGBTQI strategy. We need to identify the facts —.

Mr Wells: Will the Member give way?

Ms Hargey: No, you are OK, thank you.

Mr Wells: Are you scared to give way?

Ms Hargey: No, I am not. I am definitely not.

Mr Deputy Speaker (Mr Beggs): Order.

Ms Hargey: We need to identify the facts, such as how widespread the practice is and the forms that it takes. We need to look at legislation in other areas by pulling out what has worked and what has not worked. We need to be clear on what we are going to ban, and we need to look at what is already in place. Just as importantly, we need to consider how we can help and support those who have been most impacted on and start to repair the damage of this so-called conversion therapy.

As we work through the drafting and, ultimately, the passing of legislation, there are things that can be implemented now. The strategy aims to tackle the wider inequalities that LGBTQI+ citizens face at every stage of their lives, promoting acceptance and recognising and enhancing the visibility of our LGBTQI community. I encourage all aspects of our society to take what action they can on this. I welcome —.

Mr Wells: Will the Member give way?

Ms Hargey: No, you are OK, thank you. I listened to your contribution.

As was said —.

Mr Wells: On a point of order, Mr Deputy Speaker.

Mr Deputy Speaker (Mr Beggs): I hope that this is a point of order.

Mr Wells: Have we got to the stage in the Assembly that a Minister cannot even take a legitimate intervention?

Mr Deputy Speaker (Mr Beggs): As the Member will recognise, that is not a point of order, but his comment is on the record.

Mr McCrossan: On a point of order, Mr Deputy Speaker.

Mr Deputy Speaker (Mr Beggs): Order, Members. The debate has gone quite well. Members have generally been respectful. Please do not let it descend into lots of points of order.

Mr McCrossan: Thank you, Mr Deputy Speaker. Mr Wells has been bouncing around the Chamber and has not sanitised a single desk today, including this one, that one and the one behind me. Perhaps you could remind him about safety —.

Mr Deputy Speaker (Mr Beggs): Order. That is clearly not a point of order. Members, you are making this trivial. Please allow the Minister to make her response. *[Interruption.]* Order.

Ms Hargey: There has been good conversation and debate, and I hope that that is the train as we move through in looking at the ban. There were impassioned contributions and, indeed, personal experience as well. Again, I welcome all those. I know that Members talked about this also being a torture treatment, and I completely recognise and understand the impact that that has had.

My father was tortured before I was born. I know the impact that that had on him and that torture and that type of treatment have on families. I also know the ripple effect that they have on wider families and, indeed, friendship groups and circles. For those cruel reasons, it is a practice that we need to end.

3.00 pm

I also note that theology and religion were mentioned during the debate. This is not about religion or theology; it is about human rights. Indeed, the UN special rapporteur on the freedom of religion or belief said recently that attempts to change someone's sexuality or gender identity were "chilling" and that a ban on those practices:

"would not violate freedom of religion or belief under international law".

Some Members mentioned —.

Mr Wells: Will the Minister give way?

Ms Hargey: No, thank you. I have already said that I will not give way. I listened to your contribution, and I know that there will be more in the time ahead.

Some said that they want an effective ban. I want that as well. I want to make sure that we do not leave any loopholes in any legislation. As we move ahead, I want to make sure that we engage with the community, particularly those who have been affected by the practice.

I also note the words of those who said that lobbyists are engaged on the issue. I do not see that as lobbying in the same way as the recent story about Greensill, in which big corporations wanted to profit from lobbying Ministers. Those who emailed me and, I am sure, other Members are people who have been impacted. Their lives have been put at risk by this cruel practice. I welcome their lobbying and know that they will continue to do that. I want to listen to and engage with those members of our community as we go forward.

As was touched on in Members' contributions, homophobia is in our society. Just like racism, sectarianism, sexism and ageism, we need to challenge it where it raises its ugly head and face it down. That is by —.

Mr McCrossan: Will the Minister give way?

Ms Hargey: I will not give way to anyone. I have not given way, and I want to be fair across the board, but thank you.

The strategy looks at protections, support for the community, visibility — that is also important — and, indeed, inclusion as citizens in our society.

As Members touched on today, society is changing. Andrew Muir mentioned marriage equality, and the same applies to language and

other rights. The sky did not fall in when changes were made in that area, and they did not infringe on other people's rights; other people's rights were not put at risk by those changes.

We can lead the way. We can provide a rights-based approach that is framed in an international human rights framework. I look forward to working with all who support the motion and making the ban a reality. I will work to ensure that we bring it forward in the right way and work with the co-design group and the wider community. We need to ensure that the legislation is robust enough to protect those whom we wish to protect. I commit to doing that.

Mr Newton: The motion starts by rejecting the:

"harmful practice ... referred to as conversion therapy".

Of course we do that. There are some appalling stories of techniques that were used in conversion therapy, and we do not speak without compassion for those who suffered in those appalling situations.

The motion ends with the words:

"to ban conversion therapy in all its forms".

Members across the Chamber have made much of the clumsy positioning of the DUP amendment, but, if you believe Mr Beattie's remarks, he has also been clumsy in the construction of the motion. He said that it is not about Christian beliefs and so on, but he used the words:

"to ban conversion therapy in all its forms"

in the motion text. I will deal with that at a later stage.

A Member: Will the Member give way?

Mr Newton: No, I will not give way.

If the Northern Ireland Assembly is to make law, we have to be very clear about what we are and are not banning. As a party, we do not support gay conversion therapy, and we are clear that no one should be forced into any treatment against his or her will.

Our approach to any legislation that may come forward will be an adherence to that principle. In equal measure, we believe that there must be a balance between safeguarding against

dangerous practices and any attempt, deliberate or otherwise, to restrict the freedom of religious belief, speech or association.

Mr Wells: Will the Member give way?

Mr Newton: I do not have time, Jim. Sorry.

We retain a level of concern that the debate on this important issue has at times become conflated with efforts to restrict those freedoms and constrain legitimate activities by religious organisations or others that cannot reasonably be deemed to be conversion therapy. In striking an appropriate and balanced outcome, we will continue to take account of the views of professional bodies on issues relating to conversion therapy and appreciate what future steps should be guided by such relevant expert advice.

I have, as, I am sure, others have, received an increased postbag on the issue. I received a letter from the general presbytery of the Free Presbyterian Church in which it expressed its concern. It states:

"Some activists are deliberately confusing conversion therapy with Christian conversion. Becoming a Christian leads to changes in behaviour. Repentance is central to our theology. A conversion therapy law must not criminalise Christian conversion."

I note the article in the 'News Letter' on Saturday by Dr Mike Davidson of the Core Issues Trust, who expressed his concern about:

"intelligence gathering and tracking systems to identify individual [sic] and groups that are continuing to carry out conversion therapy".

He asked:

"Could this lead to a mole in every church and classroom?"

One of my constituents who is concerned wrote:

"In the media, the concept of conversion therapy seems to be conflated with the idea of religious conversion. At the very least, this conflation of ideas could cause confusion, and, at the worst, would make it difficult for a believer to share their faith with an enquiring individual."

My constituent also cited the case of Nelson McCausland, who was hounded because he mentioned an individual who wrote a book. It

was said that the Minister should get rid of him from the Education Authority. My constituent stated:

"A catch-all therapy would turn all ministers into criminals for preaching about Christian views and marriage. It is also amazing that many of those demanding a ban even want to outlaw praying with people who have asked for prayer."

Another constituent — an elderly lady — stated:

"I am writing in respect to the debate concerning conversion therapy. This therapy would turn Christian ministers into criminals for preaching the gospel and teaching about the Christian view of marriage."

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

Mr Newton: Mr Deputy Speaker, five minutes is nowhere near adequate. I am sorry that I did not get to the contributions made by the many Members who spoke during the debate. We are coming at this with a very sympathetic ear to the concerns over what is known as conversion therapy.

Mr Deputy Speaker (Mr Beggs): I now call John Stewart to conclude and wind on the motion. You have up to 10 minutes.

Mr Stewart: Thank you, Mr Deputy Speaker, for the opportunity today, on behalf of the Ulster Unionist Party, to wind on this important motion. I thank my party colleague Doug Beattie for moving it.

I will address at the outset the issue of the DUP amendment. The Ulster Unionist Party will not be supporting that amendment to the motion, as my party colleague stated, because of its omission of the following important phrase:

"it is fundamentally wrong to view our LGBTQ community as requiring a fix or cure".

We, as a party, stand by the rights of ministers and people of faith to give pastoral care and religious guidance and to offer prayer to those who seek it.

Mr Wells: Will the Member give way?

Mr Stewart: I am not giving way, Jim. The motion does not inhibit those rights.

Mr Wells: You do not even know what I am going to say.

Mr Stewart: I know.

Mr Deputy Speaker (Mr Beggs): Order.

Mr Stewart: I have 11 minutes of a speech and 10 minutes in which to give it, Jim. I do not get an extension.

Mr Wells: Thirty seconds.

Mr Stewart: I will carry on. You will have plenty of chances.

We seek a ban on harm being caused. I thank everyone today for what, for the most part, has been a well-natured debate. I think that we can all agree on that. Many have spoken with compassion and empathy about this truly emotive subject. I also thank the many thousands of people from across the country who have emailed as part of the Ban Conversion Therapy campaign to lobby their MLAs. I would say that that has happened on both sides of the argument but particularly as part of that campaign.

It was not just members of the LGBTQ+ community but their families, friends and allies.

Mr Wells: Will the Member give way?

Mr Stewart: Jim, please. I am just carrying on with my speech.

Mr Wells: Are you scared to give way?

Mr Stewart: I am not scared to give way.

Mr Deputy Speaker (Mr Beggs): Order. I ask Members to stop commenting from a sedentary position.

Mr Stewart: With respect, Jim, I will happily chat to you any time, but the last four or five Members have not given way to you.

As I say, I thank everyone for that.

What an amazing age we live in. Recent years have seen unbelievable advances in our thinking and in our society. We have seen huge progress in technology and in our ability to communicate across the globe. In many ways, this is an age that would have been unrecognisable 30 or 40 years ago. Paradoxically, though, it is an age when some in our society cling to a nonsensical belief that

they can convert or cure gays. Can we just take a moment to reflect on how primitive that concept really is? It is cruel; it is outdated; and it is a hangover from a darker time when to be LGBT was to be flawed or inadequate and in need of being fixed. Rather than the offer of re-enforcement through love, compassion, tolerance and understanding, the offer of LGBT conversion therapy is the very antithesis of that. Our LGBTQ people are not sick, so they do not need a cure; our LGBT people are not broken, so they do not need fixed. Changing people's sexual orientation is scientifically impossible. LGBT people are who they are in the way that we all are who we are; it is what we are. If anybody has a problem with that, I am sorry, but that is their problem; it is not the problem of members of the LGBT community.

Many of the Members who spoke today have set out with passion, emotion and clarity the barbarity of conversion therapy, a sad and widespread coercive practice that seeks to erase, repress, cure or change someone's sexual orientation or gender identity. Conversion therapy causes severe physical and psychological suffering, violates the human rights of the LGBT community and is, for good reason, considered by some to be a form of torture. The testimonies of many people who have been through those forms of treatment are often stark and unsettling. There is strong evidence of the harm that conversion therapy inflicts. More than half of those who have gone through it report mental health issues, including breakdowns, eating disorders, substance abuse, suicidal thoughts and suicide attempts. Evidence also suggests that it is being inflicted mainly but not only on vulnerable LGBT teenagers. We must treat the term "therapy" with the contempt that it deserves. We must be clear: it is not a therapy. It is a pseudo-psychiatric 21st-century snake oil, nothing more.

Despite all major counselling and psychotherapy bodies in the UK, the Royal College of General Practitioners, the NHS and hundreds of charities and health bodies around the world condemning LGBT conversion therapy, it is still legal, and LGBT individuals in the UK are still exposed to that psychological, physical and emotional abuse to this day. In 2017, the Church of England also passed a motion condemning such practices and called on the UK Government to ban them. That call has now been echoed by over 370 religious leaders and organisations worldwide, and that is growing by the day.

I want to finish by saying that there is a misconception that a ban on conversion therapy

somehow impinges on the practice of religion: it does not.

Mr Wells: Will the Member give way?

Mr Stewart: Please, Jim.

Mr Deputy Speaker (Mr Beggs): Order. A Member has the Floor. If the Member wishes to give way, he may do so. Mr Stewart, please continue.

Mr Wells: On a point of order, Mr Deputy Speaker. The Member said that he is going to run out of time. He has only reached half his time and he says that he is about to finish, so he can take points of order.

Mr Deputy Speaker (Mr Beggs): Order. The Member will know that that is not a point of order. It is up to the Member who has the Floor to decide whether they wish to give way.

Mr Stewart: Thank you, Mr Deputy Speaker. With respect, Jim, you had your chance to speak. Everyone else has had their chance to speak, and now it is my chance to speak.

There is a misconception that banning conversion therapy somehow impinges on the practice of religion. In my opinion, it does not. My colleague Doug Beattie has actively sought to allay the concerns of those inside and outside the House that a ban on conversion therapy could lead to the criminalisation or sanctioning of religious leaders in the routine work of pastoral care, prayer or spiritual guidance. It will not, and any form of legislation should reflect that. Religious freedom is fundamental, but so too is people's freedom and right to live their life free from intolerance and identity-based violence and abuse. We must protect the conversations between Church leaders and members of their flock. This should not be a fight between faith and non-faith; rather, it should be about protecting the freedoms of the LGBT community and stopping those who abuse their power.

This is not just not a motion. It may be non-binding, given that it has no legislative framework at this stage, but it will deliver a strong vote, hopefully of unanimity, that will be a powerful signal to the LGBTQ+ community, their families and their allies that we are willing to do what is needed to protect them against these awful, coercive practices. I commend the motion to the House and urge you all to support it.

3.15 pm

Question put, That the amendment be made.

Mr Deputy Speaker (Mr Beggs): The Question will be put again in three minutes. I remind Members that we should continue to uphold social distancing and that Members who have proxy voting arrangements in place should not come into the Chamber.

Before I put the Question, I remind Members that, if possible, it would be preferable if we could avoid a Division.

Question put a second time.

Mr Deputy Speaker (Mr Beggs): I remind Members that, as per Standing Order 112, the Assembly has proxy voting arrangements in place. Members who have authorised another Member to vote on their behalf are not entitled to vote in person and should not enter the Lobbies. I remind all Members of the requirement for social distancing while the Division takes place. I ask you to ensure that you maintain gaps of at least 2 metres between yourselves and other people when moving around in the Chamber or Rotunda and especially in the Lobbies. Please be patient at all times, observe the signage and obey the instructions of the Lobby Clerks.

The Assembly divided:

Ayes 28; Noes 59.

AYES

Mr Allister, Mr M Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mrs Cameron, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Easton, Mrs Foster, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr Lyons, Miss McIlveen, Mr Middleton, Mr Newton, Mr Poots, Mr Robinson, Mr Stafford, Mr Storey, Mr Weir, Mr Wells.

Tellers for the Ayes: Mr Givan and Mr Newton

NOES

Dr Aiken, Mr Allen, Ms Anderson, Dr Archibald, Ms Armstrong, Ms Bailey, Mrs Barton, Mr Beattie, Mr Blair, Mr Boylan, Ms S Bradley, Ms Bradshaw, Ms Brogan, Mr Butler, Mr Carroll, Mr Catney, Mr Chambers, Mr Dickson, Ms Dillon, Ms Dolan, Mr Durkan, Ms Ennis, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney, Mrs D Kelly, Mr G Kelly, Ms Kimmins, Mrs Long, Mr Lunn, Mr Lynch, Mr Lyttle, Mr McAleer, Mr McCann, Mr McCrossan, Mr McGlone, Mr McGrath, Mr McGuigan, Mr

McHugh, Ms McLaughlin, Mr McNulty, Ms Mallon, Mr Muir, Ms Mullan, Mr Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Mr Swann, Miss Woods.

Tellers for the Noes: Ms Ennis and Ms Sugden

The following Members' votes were cast by their notified proxy in this Division:

Ms Armstrong voted for Mr Blair, Ms Bradshaw, Mr Dickson, Mrs Long, Mr Lyttle and Mr Muir.

Mr K Buchanan voted for Mrs Dodds, Mr Dunne, Mrs Foster, Mr Lyons, Mr Middleton and Mr Weir.

Mr Butler voted for Mr Aiken, Mr Allen, Mrs Barton, Mr Chambers, Mr Nesbitt, Mr Stewart and Mr Swann.

Mr O'Dowd voted for Ms Anderson, Dr Archibald, Mr Boylan, Ms Brogan, Ms Dillon, Ms Dolan, Ms Ennis [Teller, Noes], Ms Flynn, Mr Gildernew, Ms Hargey, Mr Kearney, Mr G Kelly, Ms Kimmins, Mr Lynch, Mr McAleer, Mr McCann, Mr McGuigan, Mr McHugh, Ms Mullan, Mr Murphy, Ms Ní Chuilín, Mrs O'Neill, Ms Rogan, Mr Sheehan and Ms Sheerin.

Mr O'Toole voted for Ms S Bradley, Mr Catney, Mr Durkan, Ms Hunter, Mrs D Kelly, Ms Mallon, Mr McCrossan, Mr McGlone, Mr McGrath, Ms McLaughlin and Mr McNulty.

Question accordingly negated.

Mr Deputy Speaker (Mr Beggs): We will now pause briefly to allow Members who wish to return to the Chamber for the next vote to do so.

Mr Wells: On a point of order, Mr Deputy Speaker. I assume that we are going to move to the substantive motion.

Mr Deputy Speaker (Mr Beggs): We have a vote to take.

Mr Wells: Further to that point of order, Mr Deputy Speaker, I understand that the amendment has fallen. Am I therefore right to believe that the substantive motion is before the House and that there should be a vote on it?

Mr Deputy Speaker (Mr Beggs): Sorry. To be clear, we are pausing in case some Members who went out whilst proxy voting was taking

place wish to come in prior to the next vote. We are moving to that stage as I speak.

Main Question put.

The Assembly divided:

Ayes 59; Noes 24.

AYES

Dr Aiken, Mr Allen, Ms Anderson, Dr Archibald, Ms Armstrong, Ms Bailey, Mrs Barton, Mr Beattie, Mr Blair, Mr Boylan, Ms S Bradley, Ms Bradshaw, Ms Brogan, Mr Butler, Mr Carroll, Mr Catney, Mr Chambers, Mr Dickson, Ms Dillon, Ms Dolan, Mr Durkan, Ms Ennis, Ms Flynn, Mr Gildernew, Ms Hargey, Ms Hunter, Mr Kearney, Mrs D Kelly, Mr G Kelly, Ms Kimmins, Mrs Long, Mr Lunn, Mr Lynch, Mr Lyttle, Mr McAleer, Mr McCann, Mr McCrossan, Mr McGlone, Mr McGrath, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr McNulty, Ms Mallon, Mr Muir, Ms Mullan, Mr Murphy, Mr Nesbitt, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Ms Rogan, Mr Sheehan, Ms Sheerin, Mr Stewart, Ms Sugden, Mr Swann, Miss Woods.

Tellers for the Ayes: Ms Sheerin and Miss Woods

NOES

Mr Allister, Mr M Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Clarke, Mr Dunne, Mr Easton, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr Lyons, Miss McIlveen, Mr Middleton, Mr Newton, Mr Poots, Mr Robinson, Mr Stafford, Mr Storey, Mr Wells.

Tellers for the Noes: Mr Newton and Mr Wells

The following Members' votes were cast by their notified proxy in this Division:

Ms Armstrong voted for Mr Blair, Ms Bradshaw, Mr Dickson, Mrs Long, Mr Lyttle and Mr Muir.

Mr K Buchanan voted for Mr Dunne, Mr Lyons and Mr Middleton.

Mr Butler voted for Mr Aiken, Mr Allen, Mrs Barton, Mr Chambers, Mr Nesbitt, Mr Stewart and Mr Swann.

Mr O'Dowd voted for Ms Anderson, Dr Archibald, Mr Boylan, Ms Brogan, Ms Dillon, Ms Dolan, Ms Ennis [Teller, Noes], Ms Flynn, Mr Gildernew, Ms Hargey, Mr Kearney, Mr G Kelly, Ms Kimmins, Mr Lynch, Mr McAleer, Mr

McCann, Mr McGuigan, Mr McHugh, Ms Mullan, Mr Murphy, Ms Ní Chuilín, Mrs O'Neill, Ms Rogan, Mr Sheehan and Ms Sheerin.

Mr O'Toole voted for Ms S Bradley, Mr Catney, Mr Durkan, Ms Hunter, Mrs D Kelly, Ms Mallon, Mr McCrossan, Mr McGlone, Mr McGrath, Ms McLaughlin and Mr McNulty.

Question accordingly agreed to.

Resolved:

That this Assembly rejects the harmful practice widely referred to as conversion therapy; notes that the UK Government National LGBT Survey in 2018 reported that 2% of respondents had undergone conversion therapy, with a further 5% having been offered it; acknowledges the damage that this practice causes to the mental health of those who are subjected to it; further acknowledges that this practice has been widely rejected by medical professionals; declares that it is fundamentally wrong to view our LGBTQ community as requiring a fix or cure; and calls on the Minister for Communities to commit to bringing forward legislation before the end of the current Assembly mandate to ban conversion therapy in all its forms.

Mr Muir: On a point of order, Mr Deputy Speaker. I ask that you review the Hansard report of today's debate because Mr Wells consistently and repeatedly sought to intervene when a number of Members were speaking. Whilst those Members did not accede to those interventions, he persisted. It was grossly discourteous, and it is important that you review Hansard in order to ensure that Mr Wells's conduct was in line with the standards that we expect in the House.

Mr Deputy Speaker (Mr Beggs): Members are entitled to seek a Member to give way. That is in order, but when they persist, having been declined, it becomes an issue of order. The Member has made his point, it is on the record and I am sure that the Speaker will review it. However, when I saw that there was a need to intervene, Mr Wells ceased making such interventions. The Speaker may wish to review that and perhaps come to a different view, but there is an issue with Members' behaviour generally, so I ask Members to continue to be courteous with each other so that we can have constructive debate.

Mr Wells: Further to that point of order, Mr Deputy Speaker, we have reached a stage in the Chamber where we have a Minister who does not allow one intervention throughout her

entire speech. Equally, the seconder to the motion did not allow an intervention. Surely, in any democratic Chamber, we have to have the situation where people have the courage of their convictions and take interventions.

Mr Deputy Speaker (Mr Beggs): The Member has made his point. I am not sure that it is a point of order. It is a point of debate, and it is up to those who have the Floor to decide whether they wish to give way.

Mr Frew: On a point of order, Mr Deputy Speaker.

Mr Deputy Speaker (Mr Beggs): Please let us not go on and on with points of order.

Mr Frew: On a point of order, Mr Deputy Speaker. It is most disappointing and incredibly sad that the House has not been able to find common ground and that the amendment tabled by my party and the genuine concerns motivating the amendment were not accepted. Nonetheless, my party voted against the motion because our very serious concerns were not addressed, not because we support conversion therapy. We do not.

Mr Deputy Speaker (Mr Beggs): Clearly, that is not a point of order, but you have made your point, and it is on the record.

I ask Members to take their ease while we move to the next item of business.

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

4.00 pm

Cancer Services: COVID-19 Recovery Strategy

Mrs Cameron: I beg to move

That this Assembly recognises the serious and negative impact of COVID-19 on cancer diagnosis, treatment and surgery across Northern Ireland; notes with deep concern that, during the pandemic, tests, treatments and clinical trials have been disrupted or cancelled, with many patients not accessing help for possible cancer symptoms; highlights in this context the need to place the restoration of patient-centred and high-quality cancer services at the heart of the recovery from COVID-19; endorses the statement by 47 cancer charities, under One Cancer Voice, which seeks to plot a course out of the pandemic towards world-leading cancer services; stresses the need to

direct resources to clear the cancer backlog as quickly as possible, drive faster and earlier diagnosis and encourage people with signs and symptoms of cancer to seek help; and calls on the Minister of Health to publish urgently an ambitious and fully funded road map for restoring and enhancing local cancer services.

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

Mrs Cameron: I am sure that few Members will not have been contacted by a family impacted by the cancellation of cancer treatments during the pandemic. I have had many heartbreaking moments in the past 12 months speaking to those living with cancer and facing an uncertain treatment plan, a last-minute cancellation of surgery and the reality of a worse prognosis because services had been withdrawn or delayed. Today, I endorse the call by One Cancer Voice to address the crisis in cancer care that affects those in our constituencies and communities.

I do not use the word "crisis" lightly or as an exaggeration: the statistics prove it to be just that. Since March, cancer detections have dropped by 15%, with a shortfall of around 1,400 patients. Since the start of this year, the number of patients with suspected cancer has dropped by 76% at Altnagelvin Area Hospital and 26% at Craigavon Area Hospital. Those with suspected lung or prostate cancer have been disproportionately affected, with over 40% reduction in detections since January. Over 70% of breast cancer referrals recorded in January were deemed to be urgent. The 95% and 100% targets for patients starting initial treatment or being seen by a specialist were unmet. A particularly stark statistic is the figure suggesting that 4,630 urgent red-flag procedures were cancelled between March 2020, the start of the pandemic, and January 2021, which is the highest in the UK.

While we can recite figures all day, we must remember that each statistic represents a family — a mum, dad, brother, sister, son, daughter, granda, granny — a friend, a community leader, a loved one. Many families have lost loved ones to cancer in the last 12 months. It has been a difficult experience. Diagnoses, sometimes terminal, have been given to people who were all alone and were denied visits in the aftermath. From diagnosis to surgery to results to chemotherapy, this is too

much to do alone. Children have faced cancer treatment on their own, too tired or sick to talk to family on iPads. We need to restore compassion in our cancer care as we restore the full suite of interventions available to medical professionals.

I put on record my support of the Health Minister, Robin Swann, on his announcement of £10 million for the cancer charities support fund. For many local charities working with patients and families affected by cancer and mental illness, that funding represents much more than a recognition of their efforts during COVID-19; it will provide a vital lifeline for continuing that critical work during the recovery. The pandemic has had a deep and personal impact on those diagnosed with cancer. While the overriding priority must be scaling up diagnostics, treatment and surgery, the investment in areas such as psychological support and palliative care will help countless families living the reality of this terrible illness every day. The Minister also announced that progress continues to be made on the cancer recovery plan, which we all hope to see published soon.

Macmillan Cancer Support, in its briefing on rebuilding cancer care in Northern Ireland, made three core recommendations. First, there must be a cancer recovery plan that delivers additional, sustained capacity to address the backlog and prioritises a regional approach and recurrent investment in oncology and haematology services to ensure that cancer care can be rebuilt. Secondly, Macmillan calls for a fully funded cancer strategy that delivers a shift to integrated personal care and provides an effective recovery package for people living with cancer. Lastly, it recommends long-term investment in a workforce plan that creates a sustainable cancer workforce to meet current and future demand.

In Northern Ireland, we are blessed to have world-leading cancer experts: consultants, doctors and nurses. We need to ensure the swift return of those professionals to front-line cancer care as soon as possible from deployments elsewhere in our health service. We need a more sustainable approach to retaining time-dependent surgery and procedures that, if left for a protracted time, will become critical. Central to this is that we need safe spaces. COVID-free centres already exist in England. Such centres could act as hubs for the treatment of cancer patients while other facilities continue to treat those with COVID-19. The Minister must examine all resources in the health estate to take forward such plans in Northern Ireland, building on the existing day

procedure unit at Lagan Valley Hospital, which has been operating as a COVID-light site

We recognise that the key to success will be transformation, and we recognise the need for strategic funding to provide the impetus. Cancer recovery needs more than a quick fix. It will require consistent and incremental financial backing, and the Finance Minister must take account of that. We owe it to our dedicated and skilled Health and Social Care (HSC) staff to look urgently at workforce planning and give them the additional support and resource needed to reduce in-work pressures and maximise capacity in the health service. That means looking at how we train and equip our nurses, consultants, surgeons and anaesthetists and ensuring that such roles are attractive. When you speak to nurses on the front line in cancer care, you hear the stresses and pressures that they face daily. We need to look at staff numbers. We also need to ensure that the nurse banding of those in cancer care reflects their duties. Is it right that, today, band 5 nurses are asked to do what was the role of a band 6 or band 7 five years ago? No, it is not.

A specific issue that I want the Minister to look at is the continued closure of cancer units on bank holidays. Those holidays fall on a Monday, which can lead to undue delays in the treatment of those who are scheduled to attend on a Monday. That is deeply unfair and needs to be remedied.

We very much welcome the focus of One Cancer Voice on harnessing new ways to provide personalised and tailored cancer care to patients as part of the recovery. We need to draw lessons from the pandemic on what worked well and what could be done differently.

The emphasis on care at home and in the community, for example, is welcome. In equal measure, we would warn against large-scale reconfiguration of services without serious consultation with communities and professional bodies.

We also have to acknowledge the barriers to detection and diagnosis that have been presented by the loss of face-to-face contact. Surgeries have been at the forefront of the public health response. For many people, they will be the first port of call when they raise concerns about their health. There needs to be a clear framework and effective links between GPs and diagnostic or outpatient services in order to maximise early detection and referral of patients with suspected cancer and to ensure that services are accessible.

There is much to be done, but we must restore equality of care and access to treatment for those who are without COVID but face a threat to life and for those who are battling COVID. The Minister has my full support in doing that.

Mr Gildernew (The Chairperson of the Committee for Health): I start by thanking the Deputy Chair for tabling this important motion. I welcome the opportunity to make some initial remarks on behalf of the Health Committee before speaking as my party's health spokesperson, if I may.

As the motion outlines, there is no doubt that COVID-19 has had a negative impact on cancer services, including diagnosis, treatment and surgery. As MLAs, we are only too aware of the experiences of our families, friends and constituents who have been impacted by the disruption in accessing cancer services. Our thoughts are with all those families who have lost loved ones to cancer over the past year. It has not been easy for them, and we feel their sense of frustration.

While we can blame the pandemic for the disruption and cancellation of cancer services over the past year, it is not the sole reason that waiting lists are lengthening. We also need to look at the delivery of cancer services in the North and ensure that we are doing all that we can to deliver reactive and responsive services to those who are most in need of them. Services are a key priority for the Committee. It is concerned that a number of cancer diagnoses have been missed, which will lead to cancers showing late, worse outcomes, inevitably, for patients and more difficult treatments for health services to provide. That has been outlined to the Committee on a number of occasions. Last Wednesday, the Committee held an event with a number of cancer charities and support groups. It was a good opportunity to listen and to hear at first-hand about the impact that COVID-19 has had on those groups and how they have had to change the way in which they deliver their services.

We also held an informal meeting with the Royal College of Surgeons to discuss the disruption and waiting lists. Surgeons are taking a number of innovative approaches under current conditions, which include moving to available theatres in order to maximise the number of surgeries that take place in the North. That is to be welcomed. I hope that that approach will continue beyond COVID. The Committee also had a briefing from the Royal College of General Practitioners and the British Medical Association on GP services. It took the

opportunity to discuss cancer referrals and GP experiences over the past year. During all those sessions, there were two very clear themes. The first is the need for significant investment in cancer services, and, secondly, there is a need for a multi-year budget with recurring funding in order to make inroads into the vast waiting lists that patients are experiencing and to give them the opportunity for better outcomes.

I will now make some remarks in my role as Sinn Féin's health spokesperson. I take the opportunity to acknowledge the work of various cancer charities and support groups, many of which I have met over the past year. Their work on behalf of cancer patients and their families is important and invaluable. They, in turn, deserve all the support that they need in order to provide their services to patients.

According to Macmillan Cancer Support, pathology data from across the North shows that around 1,300 patients missed a diagnosis between March 2020 and February 2021. During that same period, over 5,000 red-flag cancer surgeries were cancelled. On 25 March, the Minister of Health announced that his Department was finalising a cancer recovery plan to address the backlog that was created by the COVID-19 pandemic. That plan must be fully resourced if cancer patients are to receive the attention that they urgently need. No effort can be spared in providing those patients with relief from the trauma that they have endured.

We are aware that, as was mentioned, long delays for services are not totally explained by the COVID-19 pandemic. Like in every other part of our healthcare sector, there were already worrying waiting lists associated with cancer services, and patients across the North were left worried and stressed by delays to their vital cancer treatment. Tory austerity had seen to that.

4.15 pm

The New Decade, New Approach agreement contained a new, 10-year cancer strategy to help cope with the shortcomings in our cancer care. Macmillan estimates that, in 10 years' time, there will be 40% more people living with cancer than there are today, so we must get the strategy right. At its core, the new strategy must be developed through partnership working and reflect the views and needs of patients, carers, cancer charities, cancer experts, medical professionals, unions and so on. If the strategy is to be effective in its task of providing optimal cancer care to patients, it cannot be a top-down approach, with Department heads designing another inadequate service.

Mr Deputy Speaker (Mr McGlone): I ask the Member to bring his remarks to a close, please.

Mr Gildernew: Rather, the strategy must be co-designed and co-produced by its users.

The issue of oral health inequalities also needs to be addressed, but I am out of time. I commend and support the motion.

Ms Hunter: I welcome the opportunity to speak on this most important of issues. I thank Pam and Jonathan for tabling the motion. I know that Mr Buckley is very passionate about the issue. We have seen that over a number of weeks at the Health Committee. Thank you both for bringing it forward today.

We all know or love someone who has had cancer. It is a difficult, scary and traumatic time for the patients and families involved. That is the case at any time in their lives, but throughout the COVID pandemic especially it has filled patients and families with fear and, as Colm said, deep frustration. We all feel that and share their concern.

Over the past year, the pandemic has impacted on almost every aspect of our lives and of society. As we have seen, nothing has been impacted on by it as much as our health service and, in turn, its staff and patients. I take the opportunity today to pay tribute again to the amazing work that we have seen from the health service over the past year. It has truly been incredible. Of course, we recognise that the public health crisis of COVID-19 has had to be at the forefront of the NHS and trusts' priorities over the past year, but, equally, we recognise that it has come at a huge cost to other services and health conditions, not least to cancer services, including diagnostics, treatment and surgery.

Recent cancer figures for Northern Ireland are very alarming. They include only over half of patients who were given an urgent referral for suspected cancer by their GP in December of last year commencing their treatment within the recommended time. The Northern Ireland Cancer Registry's estimation that 1,600 cancer patients have been missed owing to the pandemic is similarly concerning. That includes 200 bowel cancers, 200 lung cancers and 100 upper gastrointestinal cancers. Behind all those figures are individuals and their families. The impact that that has had not only on cancer patients' physical health but on their mental health and well-being has been deeply significant. For many cancer patients and their

families, I am sure that it has been a very daunting experience and time, exacerbated by the uncertainty around a return to normal services as well as the enforced isolation that has become a part of our daily lives. I welcome the fact that, in his statement last week on trust rebuilding plans, the Minister confirmed that the cancer recovery plan will be accompanied by an important mental health support scheme. I hope that that will go some way towards supporting those patients' well-being.

I am concerned that, over the past year, many people have put off seeking medical help and attention for symptoms because of the fear of contracting COVID-19. I understand that fear, but, in line with public health advice, I urge anyone with symptoms, whether or not those are cancer-related, to seek the necessary medical attention and to contact their GP immediately.

Although I recognise, as we all do, that much needs to be done to address the issue, I also recognise the wonderful work being done in the cancer field in Northern Ireland and, in particular, the work of the North West Cancer Centre at Altnagelvin, from whose care many of my constituents and family have benefited.

The health service in Northern Ireland has been in crisis for many years, and the pandemic has greatly exacerbated that crisis. I welcome the fact that the Department is working on finalising the cancer recovery plan and hope that the Minister can bring it before us very shortly. Beyond that, in line with the cancer strategy, which I understand is due to go out for consultation this summer, we are presented with the opportunity, as we hopefully begin to emerge from the pandemic, to shape a very different and better health service for the future, not just in cancer services but across the health service.

In conclusion, I concur with the motion that cancer services must be put at the centre of the COVID-19 recovery.

Of course, there will be many competing priorities for the Minister, the Department, the trusts and, indeed, the Executive as a whole to decide upon in the coming weeks and months. I know that these will be difficult decisions to make, but the experience of cancer patients, these recent figures, and, sadly, often the severity of a cancer diagnosis makes it imperative that cancer services be a top priority.

Mr Chambers: I welcome the opportunity to debate this vital topic. Cancer is a callous disease that afflicts the young and the old. It

has become increasingly common and is particularly cruel as it can develop and grow without any symptoms. That means that, by the time it is discovered, it, sadly, comes too late for some people. It is also a disease that thrives in any period of delay, and, sadly, despite the best efforts of clinicians to protect cancer services as far as was possible, the pandemic has undoubtedly stretched our already incredibly fragile cancer services. I pay tribute to the clinicians who have worked tirelessly over the last 14 months, and, whilst there have been some delays, I also welcome the fact that many key services were protected. Fortunately, no chemotherapy or radiotherapy treatment has been cancelled in any trust, and both services have been maintained throughout the pandemic.

Of course, the best way to protect cancer treatments and operations was to drive down COVID infection rates. That was a point repeatedly made by cancer specialists. As the number of cases and hospitalisations grew over each of the waves, hospitals had to scale up ICU capacity. They could do that only by taking specially trained staff from other parts of the hospital. The health service has only one workforce, and it can be stretched only so far. Staff were under incredible pressure, and yet they stepped up once again. Our hospitals, from our consultants to the hospital cleaners, did their absolute best to facilitate and care for everyone, including treating the sickest patients quickest. The system responded in a way that, only a year or two ago, would never have been envisaged. Staff are now travelling the length and breadth of Northern Ireland to deliver care in COVID-light sites, and many patients agree that getting treatment now — when it counts — is more important than where the treatment is delivered. The damage that COVID has inflicted on our key services is undoubted and, unless we take swift action, will be very long-lasting.

When we draw on hindsight to pass judgement on difficult and life-and-death decisions made during a deadly and unprecedented pandemic, it is easy to forget the millions who have lost their lives to COVID worldwide and the multi millions who have suffered life-changing illness. It is easy to forget the terrible images from Italy in the early days of the pandemic, with very ill people drawing their last breath as they lay on the floors of hospital corridors and their bodies being transferred to military vehicles that had been converted into temporary morgues. Indeed, it is easy to forget the clamour locally to secure additional ICU beds and to source the all-important PPE to be worn by our health professionals. It was in that context that heartbreaking logistic decisions had to be made

that we can now pick over, if we wish, in hindsight.

Last year, the Department published a policy statement setting out its approach to the rebuilding and stabilisation of cancer services. The plan represented a major programme of modernisation and improvement, but it will not be cost-free. As the Executive sometimes grapple even to properly spend emergency funds from the UK Government, I hope that, this time, all Ministers accept that, whatever the recurrent costs may be, the programme will be delivered. Saving lives from cancer must now trump all other political demands and red lines. No other issue is more important than the health and well-being of our population.

I look forward to the weeks ahead, as the Minister lays out even more detail on his plans to restore better elective services. Doing more of the same will just not cut it. We had appalling waiting lists before COVID, and they are even worse now. Unless we tackle the root causes, such as by better supporting our staff and addressing the extensive gap between demand and capacity, we will be doomed to repeat the failures of the past. As patients wait longer, not just for cancer treatment, there is a greater risk of them coming to long-term harm. I hope that the House commits to doing whatever it takes and spending whatever it takes to properly support our health and social care system. The Minister spelt out last week what we need to do.

It is all contained in the statement that he gave to the House.

I finish with this challenge: will all parties in the House support the Minister's road map?

Ms Bradshaw: I support the motion. I welcome the efforts of the One Cancer Voice campaign to raise awareness and better inform us of the challenges and potential opportunities that are ahead. It is a strong statement when 47 charities and organisations come together behind a single, well-informed campaign that provides a clear statement of intent and direction.

We cannot be under any illusions about the scale of the challenge. On top of the horrendous pre-existing waiting lists, we are likely to have around 1,400 people in Northern Ireland who should have started cancer treatment but did not. I therefore highlight a line in the motion, which reads:

"the restoration of patient-centred and high-quality cancer services at the heart of the recovery".

What does that mean in practice? One Cancer Voice has some excellent ideas, but they are UK-wide and will need specific application in Northern Ireland. Merely clearing our backlog will take years and will require not only the support of the independent sector but learning to ensure that diagnostics, treatment and procedures are carried out efficiently. There is a specific challenge here. Alongside the ambition that is sought in the motion, there needs to be clarity about exactly what role the independent sector will be expected to cover for the rest of the decade, not just the rest of the year.

We also need to be very careful that our communications about the virus do not continue to suggest to people that they cannot and should not seek assistance. The Department needs to put in place an urgent and high-profile campaign to state quite the contrary: that the health service is open and that anyone with concerns should seek medical advice without delay.

When transferred to Northern Ireland, much of the work mentioned by the campaign is essentially about speeding up transformation. We need to be faster in reforming workforce planning and ensure that we have the most up-to-date equipment and the means to provide services in the home or via telemedicine, where appropriate. We need a greater focus on and investment in palliative and end-of-life care. Very specifically, we need to ensure that those in communities with traditionally lower levels of uptake of health and social care services do so faster.

Last week in the Chamber, the Minister provided us with an outline of the broad recovery plan. In fairness, it prioritised cancer, but it could be noted that what he said about cancer services applies to many other services.

Service delivery during the pandemic, in some ways, took us away from Bengoa and Donaldson and, broadly, an intentional change was made to prioritise urgent cases only. The difficulty that that causes is that a whole host of interventions that could have been made swiftly earlier will now need to be made later, with the potential for cases becoming more complex in the meantime.

Mr McCrossan: I thank the Member for giving way. It is a very important issue for all of us.

The Member will agree with me that early intervention is key and that we should send out a message from the House that, no matter what age or how healthy you think that you are, if there is any change to your body, you find any lumps or you feel unwell, you should get checked immediately. It is vital that people seek support straight away.

Mr Deputy Speaker (Mr McGlone): The Member has an extra minute.

Ms Bradshaw: Thank you, Mr Deputy Speaker. I am not sure that I will need it.

I very much agree with the Member. I will come on to the point about patients presenting at GPs, but I very much commend our local charities that provide very useful online resources to those who are waiting for appointments so that they can get some information about potential changes and symptoms.

In other words, if we do not treat non-urgent cases, they will soon become urgent. It might also be emphasised that those who are living with chronic pain, uncertainty about the impact of their condition or, indeed, a diagnosed cancer for which they are getting no treatment because of clinical decisions will regard their cases as urgent.

The Minister and some of his party colleagues talked encouragingly about what, essentially, is a new and clear understanding, among public service users and medical professionals alike, of what a Bengoa transformation process would look like. With cancer and other services, the emphasis in the trust plans is, rightly, on regional prioritisation of clinical need to avoid any postcode lotteries. That includes patients and staff travelling to ensure that the highest quality of specialist care is provided. In other words, delivering a universal, high-quality health service at the point of access is not a matter of defending the status quo. It is about embracing reform and transformation.

4.30 pm

A lot of very useful work has already been done on prioritising proposals and assessing what constitutes an efficient way of improving cancer services. Given that the UK lags behind much of Europe on cancer outcomes, it is welcome that work has already begun on learning from elsewhere. As such, I hope that the forthcoming cancer strategy is set in the overall context of Northern Ireland and takes account of where we are in practice in areas such as past

investment, workforce planning and data. We also need, as a matter of priority, to get GPs back seeing the vast majority of their patients directly. As beneficial as telemedicine is, some people need face-to-face appointments. They can be a vital early intervention.

I hope that, in his response to the debate, the Minister will provide more detail about the rebuilding of services on a regional basis; what the assumed scale of the challenge is, given that people have not necessarily sought medical assistance during the pandemic; how rebuilding dovetails with reforming; and, perhaps notably, a public awareness campaign to ensure that, as the motion says, people with signs and symptoms of cancer seek help quickly in the right place.

Mr Deputy Speaker (Mr McGlone): Bomaite amháin sula dtosaí muid. Just before you start, Fra, it would be very remiss of me not to wish you and your wife all the very best on your recent marriage. Comhghairdeas libh bhur mbeirt. *[Applause.]*

Mr McCann: You are too kind, a LeasCheann Comhairle. Thank you very much. Go raibh míle maith agat.

I support the motion to put cancer services at the heart of our recovery from the COVID-19 pandemic. I thank my colleagues in the Assembly for tabling the motion; it is timely and warranted. As most of you know by now, I have been on my own personal journey with cancer since the autumn of 2019. My diagnosis predates the COVID pandemic. In that regard, I am very conscious that I was fortunate; I was able to access the services that I needed at the time. Back in 2019, when I was first diagnosed, I knew that I was up for the fight, and I stated as much publicly. However, naturally, a diagnosis of cancer is a frightening development that causes a whirlwind of emotion and self-doubt. It is at such a time that you fully understand the importance of your family and friends, who become the pillar of strength that you need. I thank my wife, Janette, my children, my grandchildren, my party colleagues and my wide circle of friends for their ongoing solidarity in supporting my battle with the disease. It would be remiss of me not to take this opportunity to pay tribute to everyone involved in my care from the day on which I was diagnosed until now. I have received world-class care from all those whom I have encountered across the health and social care sector. I have been treated with the utmost respect and compassion. I and my family are forever indebted to you all.

It is with deep gratitude that I realise how fortunate I have been. I am conscious that a similar diagnosis during the pandemic would have brought an additional level of stress and worry due to the cancellation of the various services and the disruption that that has caused to timely diagnosis and treatment for many. To those who have endured those circumstances, I express my solidarity. The negative impact of the COVID-19 pandemic is being felt across our entire society. However, the disruption to health, particularly cancer services, is deeply felt, especially by the patients involved. The cancellation of surgery, particularly red-flag cancer surgery, is deeply troubling. It is vital that we fully resume those services immediately. I support the calls contained in the motion for high-quality patient-centred cancer services to be at the heart of our COVID recovery. I urge the Department of Health to direct all necessary resources to clearing any backlog that has developed so that cancer patients can be treated with the urgency that is warranted in each case.

Mr Deputy Speaker (Mr McGlone): Agus arís eile, déanaim comhghairdeas libh. My sincerest congratulations to you both.

Mr McCann: Thank you.

Mr Robison: Mr Deputy Speaker, prior to making my contribution and with your indulgence, I take this opportunity to totally condemn the reckless and life-threatening leaving of a viable device outside a policewoman's house in my East Londonderry constituency. I send our best wishes to the policewoman and her family, including her wee three-year-old child, after their frightening ordeal.

A Member: Hear, hear.

Mr Robison: Thank you very much.

I will go on to my contribution. First, I add my sincere thanks to all healthcare staff, including cleaners and domestic staff, for their dedicated service during the COVID-19 pandemic. Their excellent work is greatly appreciated by all.

I want to concentrate on one particular aspect that I believe is vital in the overall debate, and that is diagnosis. Without early diagnosis, there is no treatment. It is simple. I have been approached on a number of occasions by constituents who had difficulty gaining a GP appointment and were concerned about a cancer diagnosis due to symptoms that they had been experiencing. Our GPs have much to

deal with, but if a patient is displaying symptoms of cancer, it is critical that they are seen face to face by their GP as a priority. That is the best starting point for a plan to restore treatments, care and clinical trials.

Our local hospitals, such as the excellent Causeway Hospital in my East Londonderry constituency, could be used to help to alleviate the urgent cancer waiting lists in one way or another. We need good-quality diagnoses to ensure that life-saving treatments can be implemented as speedily as possible, considering how cancer can spread throughout an individual's body. In order to help to ensure that maximum awareness is gained of available services, the Health Department needs to fund an awareness campaign of the symptoms of cancer and encourage people to see their GP ASAP. That takes me back to my opening statement about the fact that the availability of GP appointments is essential for early diagnosis and subsequent early treatment.

I take this opportunity to ask the Minister to invest in diagnostic equipment that will enable our GPs to deliver speedier and more accurate diagnoses. In my opinion, that will save lives. A major concern is that there appears to be a reduction in the number of people seeking diagnosis, as the decrease in samples shows. That must be addressed if we are to ensure that our magnificent cancer services are not overcome in the future. I congratulate the Western Trust, which is in my area, for providing the magnificent new cancer centre at Altnagelvin Area Hospital, which is doing such sterling work for all its cancer patients.

Minister, perhaps in discussion with other devolved Administrations, we in Northern Ireland could develop a targeted plan to enable speedy diagnoses and provide further cancer treatment services. While COVID-19 is undoubtedly the main concern at present, it is essential that we do not take our eye off the ball of life-saving diagnoses and treatments. The full reintroduction of cancer services must be considered as a matter of urgency so that lives can be saved.

I fully support this very worthwhile motion, which has been tabled by my DUP colleagues Pam Cameron and Jonathan Buckley.

Ms Ennis: No one will forget the past year. COVID has impacted on so many aspects of our lives, and none more than those people who, during this time, have had enough cause for concern to go to their GP. Imagine for one minute what that is like. I know that there are Members who will know exactly how that feels,

and we are truly delighted at their recovery and wish them well post-surgery and with their ongoing treatment. I assume that, under the law of averages, one in four of us will be impacted by cancer and that someone right now is fretting over something that is not right, either with themselves or with a loved one, and is worrying about having to go to their GP to have those conversations.

Last week, the Minister of Health made a statement on hospital waiting lists. The intention to tackle that mighty challenge was definitely there but was perhaps a bit lacking on the detail of how it will happen. Take, for example, red-flag cancer treatments. That should promote a sense of urgency, and plans need to be published to deal with red-flag cancer services. Individuals and families need to know that the Minister has their back and that they will be supported.

We will hear the phrase "COVID recovery" a lot, and that is a good thing, but we will also need to see what that recovery looks like. There is currently a target waiting time of 62 days for first treatment following an urgent GP referral for suspect cancer. For some forms of cancer, that is a dangerously long time. With pancreatic cancer, for example, people have died within a few weeks from diagnosis, and some have died within days. There are forms of cancer that are aggressive in their nature and, therefore, an aggressive approach is needed. So, while the 62 days is a benchmark, I ask the Minister to clarify what steps or actions will be taken in the context of those aggressive cancers.

Screening is also key, and that often starts with the GP. Given the impact that COVID has had on getting access to our GPs, I am very interested to hear what the Minister will do regarding anyone with a fear of having a lump or bump and how they will be seen in a timely and speedy way.

Paediatric cancer services also need greater clarity. Are paediatric patients on a list for surgery and is it the same list as that which exists for adults? What is the situation there? I appreciate, Minister and Deputy Speaker, that I am asking more questions than giving a speech as such. The Minister also knows that I am not a member of the Health Committee, but I, like other MLAs, have been asked questions by constituents. If there is anything that we can do of a positive nature today, I think that it is to give greater clarity on what the next steps are.

I also understand that there have been workforce planning issues regarding getting consultants, and the issue of recruitment and

retention of staff is nothing new. However, if we are to restore the much-needed services and supports to pre-pandemic levels, we need to ensure that the right staff, including nurses and theatre staff, are secured.

I look forward to hearing what the Minister has to say in today's debate. With the announcements by the Executive on easements of some restrictions, it is vital that those in most need are given support and treatment at the point of need and as soon as they need it. Access to cancer services, in my opinion, is one of the most important issues.

Mr McCrossan: Thanks to the Minister for being here today to respond to this very important debate. First, I want to thank our hardworking NHS staff, including nurses, doctors and domestic staff. They have made huge and considerable sacrifices throughout the entire pandemic and also beforehand. Members have referenced that, prior to the challenge of the COVID crisis, our society and our health service were crippled with considerable challenges. There was a need for change, reform, investment and a full review of services. Bengoa did provide the map, but COVID has delayed the progress. I trust that this Minister, given his very positive record over the past year, will prioritise cancer services and the many challenges that our health service faces, but, at the centre of this, it is important that, at the outset of each debate, we reflect, as Members have done, on the huge and considerable sacrifices made by the beating heart of our NHS, which is our staff. They are the people who get up every day and do so much to save lives and to support our families. During the pandemic, they are there with our loved ones when many of us cannot be due to restrictions.

I want to follow what Mr Robinson said about the North West Cancer Centre in Derry. It is a fantastic resource that was long overdue and long needed and is absolutely playing a vital and key role in helping to battle that deadly disease. It supports all those who find themselves in those very difficult circumstances.

I made reference to those who may have changes in their body, be it lumps or feeling unwell. There is a whole range of issues. Some will have no symptoms whatsoever, but those who do, regardless of where we are in the pandemic, should always, always come forward and seek medical opinion and advice and support. In recent months, during the pandemic, a close friend of mine had a mole on his neck, and it changed throughout the pandemic.

It was noticed by another person. He went and got tested. It was cancer. He was fortunate that it was noticed at a very early stage. Otherwise, it could have been much more severe. The treatment that he received was second to none. He received first-class professional care from the start of the process to the end, and he got reassurance as well. He also received the vaccination as a priority.

4.45 pm

Huge numbers of positive things are happening, but, equally, in our society, we know — Members have referred to it — that there are those who say, "Sure, it'll be all right. I'll be grand." A year, if they are lucky, or maybe months later, they may not be here because they did not act swiftly enough. That message needs to go to loved ones as well to ensure that, if their child, son, daughter, grandparent or other family member is unwell, they get them checked immediately. They will be given the necessary priority.

Age does not matter. That is an important message to put across. It does not matter how young, old or healthy you are. The slightest change in your body could point to a very serious signal of change and to very difficult news indeed. Everyone wants to avoid that news. No one wants to be told that they have cancer, but we need to send out a message from the House: if you go early, as soon as you have noticed any changes, your life could be saved.

Many people are not with us today because they did not have symptoms or maybe because they felt that they would be OK. I have lost family members in those circumstances. Many across the House have lost loved ones in those tragic circumstances. It is vital that the necessary investment is put into cancer services. If you are too late, there are no second chances. We need to do all that we can to battle this terrible disease. As I have said, I know that this Health Minister will do everything that he can, and the House must support him to deliver and to invest properly and fully in cancer services.

My final point is that the role of the House, the function of the Assembly, is vital to saving lives

Mr Deputy Speaker (Mr McGlone): Will you draw your remarks to a close, please?

Mr McCrossan: — and it will save lives if it works together, collectively, on the challenges.

Mr Dickson: In supporting the motion, I welcome the opportunity to speak. First, I declare an interest as a member of the board of Oesophageal Cancer NI, which is a cancer charity in Northern Ireland.

I have experienced cancer. I received a diagnosis and treatment under two years ago. I have first-hand knowledge of the concerns and challenges of the journey and, indeed, of the continuing journey that diagnosis and treatment can be. All my treatment was free on behalf of our National Health Service. I did not have to worry about paying for the treatment that I received. All I had to be concerned about was my journey to get through the treatment that I was to have.

The concept of a free health service at the point of delivery is one that, as we must emphasise, is so important to retain. We need to fund our health service properly. No one should be left behind without care. People should not need to have private care. We need and must maintain our universal healthcare system.

I was impressed by and thankful for the professionalism of the exceptional and compassionate care that I received. Other Members have spoken of that care today, and I know that many others receive it from staff across our health service. I place on record my thanks to the healthcare staff. I recognise the challenging work that they undertake every day.

Unfortunately, our health service is not, to put it mildly, in a good place. Even before the pandemic, waiting lists were at unacceptable levels. Too many people were living in pain or worrying about the waiting times for procedures and tests. The pandemic has put on pause or, in many cases, put a stop to our system of treating patients with cancer, meaning that waiting lists have grown even more. We have heard some of the figures set out in the Chamber today.

It is time to press play again. In fact, we need to press the fast-forward button.

When it comes to effective cancer services, we must start with early diagnosis. That often means not keeping suspicious pains, lumps or bumps to ourselves but discussing them with our GP and attending screening appointments when they are offered.

At the briefing by Macmillan Cancer Support to all MLAs today, it was noted that the pathology

data suggests that some 1,300 patients missed a cancer diagnosis between March 2020 and February 2021. That is extremely worrying.

Most diagnoses start in primary care. I am concerned, and I ask the Health Minister directly, about the level of GP services that are available in Northern Ireland today. I understand, as everyone does, that, at the beginning of the pandemic, it was necessary to adapt to fewer face-to-face interactions to protect our services. However, today I asked my charity colleagues what was the key question that they wanted me to ask in the House. It was that GP services be opened up as quickly as is practicably possible. It is very difficult to listen to lengthy telephone messages and be told that, if the GP is able to call you back, all that you can have is a telephone triage call. Those are time-limited and difficult services for people to work in and understand. Quite simply, they put people off. People are not availing themselves of the services at the point at which they need to most — that is, to see a GP.

I can honestly tell you that it is so difficult when you do not see a GP. The first line of your conversation with your GP will not be about a lump or a bump; it will quite often be the second, third or fourth part of the conversation. It may even happen as you are going out the door. I know that our GPs understand, but it is vital that we return this service as quickly as possible.

Mr Deputy Speaker (Mr McGlone): I ask the Member to draw his remarks to a close, please.

Mr Dickson: Very briefly, I must say that we need to recover a world-class service in Northern Ireland. We need to deliver these changes quickly, but there are things that we need to do now in order to save lives in the future.

Mr Carroll: I send my best wishes to my fellow West Belfast MLA Mr McCann. I hope that he gets a honeymoon sometime soon.

Today's motion is important in supporting the provision of services for all those people in my constituency and beyond who need important and urgent cancer treatments. We heard figures from Mr Dickson, the Chair of the Health Committee and Macmillan Cancer Support that show that, last year, 1,300 patients missed a cancer diagnosis appointment. Moreover, 5,000 red-flag cancer procedures were cancelled. Those are, to be frank, very stark and worrying figures. It goes without saying that the past year

was incredibly difficult for many people, none more so than for people who have or who may have cancer and issues connected to it. We have to take every measure possible to ensure that those who were failed before are not failed again.

While it is true that anybody can face a cancer diagnosis, there is a greater risk of cancer for people living in deprived or working-class communities, and that has to be inserted in the debate. People in those communities face greater levels of stress and are under greater economic pressure and so on. They face greater barriers in accessing healthy, nutritious food supplies. They face greater levels of pollution from motorways, traffic jams, industrial pollution and so on.

In theory, everybody could get cancer. Hopefully not, but it is a possibility. However, communities in which there is deprivation and underinvestment are more prone to cancer, and members of those communities have shorter life expectancy than people in more affluent parts of Belfast and across the North.

Unless we address low pay, poverty and economic insecurity, health disparities will continue. We can have the best cancer strategy in the world — I hope that we do — but it will be built on sand if we do not tackle those issues. This is a political issue as well as a health issue.

To do that, we will need to change tack from the approach that had been adopted for too long before the current Health Minister's tenure. That approach was to speak about and focus mainly on budget limits and constraints, the need for rationalisation and the need to live within our means. Such figures were trotted out too often. If we are to deal with the waiting lists, we need an urgent and rapid recruitment plan for NHS nurses and staff so that people are not forced to wait 10 years or longer for various treatments.

In coming out of a deadly pandemic, what better way to show all the health workers and all the people who have had appointments delayed or cancelled than by saying that we will rapidly recruit more NHS staff to deal with the waiting lists and also to give health workers a break. We were thousands of nurses short before the pandemic, so we have a big gap to fill at the moment.

So far, the Executive have been bereft of any transformative measures to deal with those problems. Rather, they have continued on as usual. Frankly, we also need to bin strategies that further chop up, restrict, rationalise or cut

back our health service, be they Bengoa or whatever else. The health service saved many lives this year, and so many people are forever indebted to those who work in it, so invest in it and stop starving it of essential funding. That is a fundamental and important point.

I am also concerned about an over-reliance on what is often called the independent sector. It is not, in fact, independent but heavily reliant on public money. From what I can see, there is a pervasive idea from some quarters in the House that it is OK to funnel large sums of public money through private healthcare providers whilst, at the same time, claiming that we do not have enough money for our health service to treat people who are on waiting lists. We are chasing our tail around in circles, and that needs to be addressed. We need to invest in public services and the NHS.

Finally, how obscene is it that people can get access to cancer services if they have several thousand pounds in their bank account? To me, that suggests a two-tier health service, and that needs to come to an end immediately.

Mr Deputy Speaker (Mr McGlone): I call the Minister of Health, Robin Swann, who will have up to 15 minutes to respond to the debate.

Mr Swann (The Minister of Health): I thank the signatories to the motion, because it gives me the opportunity to discuss the impact of the COVID-19 pandemic on cancer services and treatments, the measures that we have taken to manage the impact of COVID-19 and the plans for moving forward.

Let me start by saying that I am incredibly proud of the dedication and hard work of the highly trained doctors, nurses and other medical professionals who have provided care to our people in unprecedented circumstances. I am determined to work with colleagues and stakeholders across the services to deliver the improvements that we need to rebuild cancer services following the devastation of the pandemic.

Like others, I am all too aware of the challenges that cancer presents us with in Northern Ireland, especially in the aftermath of COVID-19. I commend all the cancer charities for joining together in the One Cancer Voice coalition, as outlined in the motion. That truly demonstrates the solidarity that is needed in order to continue to improve clinical cancer services and patient care nationally and to foster joint collaborations in cancer research and development. It is only by working together

that we will succeed in providing the support that patients have the right to receive.

More than 26 people in Northern Ireland are diagnosed with cancer every day. Almost 10,000 people are diagnosed with cancer annually. The number of cancer cases diagnosed has increased by 54% over the past 25 years, and, as was said earlier, that figure is projected to double by 2040, primarily as a result of our ageing population. In the first COVID-19 surge, many screening services were temporarily suspended. In addition, we know that many people with potential symptoms were reluctant to attend their GP practice and that access to dental care was very limited. Consequently, the number of red-flag referrals dropped. Although they have recovered somewhat for some cancers, and in some trusts, by the end of December 2020, they were still lower than in the equivalent period for 2019.

The impact was most severe for patients with cancers that have poor survival rates, such as lung cancer, where the timing of diagnosis and treatment is critical.

There is a clear need to take immediate and sustained action to recover our referral rates and to do what we can to smooth referral pathways so that we can support more timely care. Of course, it goes without saying that early diagnosis is vital if we are to improve cancer outcomes.

5.00 pm

The pandemic has had a major impact on already unacceptable waiting times. Unfortunately, that includes some cancer services. Elective activity had to be reduced, as we had no choice but to redirect resources to respond to the increasing unscheduled pressures. That has also impacted significantly on access to surgery. Unfortunately, that included particular specialist cancer surgery, which is often reliant on access to those all-too-precious intensive care unit beds. Let me be absolutely clear: patients have been and always will be treated according to clinical priority as determined by specialist clinicians. At the height of the recent surge, our hospitals did their absolute best to care for everyone, and that included treating the sickest quickest. Whilst I am well aware of the accusation, it would simply be untrue for anyone to accuse my Department, our trusts or our front-line staff of prioritising one condition over another. Our clinicians were faced with impossible choices almost daily. I, for one, sincerely hope that they never find themselves in such a position again.

Thankfully, the COVID-related pressures on the system have since greatly reduced, and that has allowed us once again to focus on time-critical patients. I can also confirm to the House that, for patients scheduled to be admitted in the period from 1 January to 11 April 2021, there were 1,177 suspected or confirmed cancer procedures cancelled by HSC trusts and, of those, over 93% have since had their treatment completed or been given a confirmed treatment date.

As we continue to rebuild services, it will be critical that we move forward on the basis of two key principles. The first is care being delivered on the basis of clinical priority rather than the order of waiting. For cancer surgery, clinical prioritisation is based on Federation of Surgical Specialty Associations (FSSA) guidance. Additional surgical capacity has been provided through the independent sector and other UK and Republic of Ireland providers.

The second principle is equality of waiting across Northern Ireland. We must ensure that each cancer patient has the same opportunity to receive the same high level of diagnostic treatment and care available no matter where they live. The Health and Social Care Board (HSCB) has established a new regional approach to the prioritisation of surgery. With that approach, any available theatre capacity across Northern Ireland is allocated to the patients in greatest need. That includes maximising all available in-house Health and Social Care and independent sector capacity. That regional approach will ensure the allocation of capacity on clinical priority and avoid any postcode lottery. We have utilised every resource that we can access from 1 April 2020, and approximately 5,000 patients have benefited from additional diagnostic and treatment capacity secured through the independent sector.

It must also be recognised that cancer services were challenging before the pandemic, with unacceptable waiting times and significant capacity and workforce challenges across a range of areas. COVID-19 has led to a worsening of waiting times, but the problems have been building for some time. I am committed to dealing with the problem. To that end, I am finalising a cancer recovery plan, 'Building Back: Rebuilding Better', to make recommendations to redress the disruption to cancer services caused by the pandemic. The cancer recovery plan is also fully aligned with the short-term recommendations in the cancer strategy and will focus on a three-year period until March 2024. The recommendations cover 11 key areas from screening through to

palliative care and have been developed with clinical and professional colleagues from across the health and social care trusts.

I assure you that the issues outlined by the coalition will be fully addressed in the new cancer strategy for Northern Ireland. The development of the new strategy is entering the consultation stage under the direction of a steering group led by Northern Ireland's Chief Nursing Officer, Professor Charlotte McArdle.

The development brought together healthcare professionals, cancer charities and service users and will set the direction of travel for the next 10 years. Currently, strategy recommendations are being reviewed with internal stakeholder groups. Several events have already taken place, including a charity forum, two lived-experience events and two children-and-young-people events. It is anticipated that a full external consultation will take place over the summer.

Additionally, cancer charities are struggling to deliver current services and develop new services for those suffering from cancer while managing the impact of falling income streams. To support cancer services, I have used both transformation and COVID-19 funding to set up two grant schemes. In the last financial year, my Department administered a discretionary, non-recurrent grant to help cancer charities continue to enhance the delivery of key services and provide support and advice to patients following the pandemic. That grant, using transformation funding of £600,000, covered the period from December 2020 to 31 March 2021 and enabled charities to deliver a range of key services to support people living with cancer during the pandemic.

I have followed this with a larger grant scheme, using COVID-19 funding of £10 million. This will be available over the three-year time frame of the cancer recovery plan. The funding will not only support charities in the delivery of cancer services but allow them to deliver on the recommendations outlined in the cancer recovery plan. This funding will be managed through an intermediary funding body and, as such, will not impose any additional administrative requirements on trusts or the Department.

We are also building for the future. In March, I re-signed the All-Ireland Cancer Consortium. This is a multilateral partnership between the American National Cancer Institute and the health services of the Republic of Ireland and Northern Ireland. The agreement forges strategic alliances among the three jurisdictions

to improve clinical cancer services and patient care on the island of Ireland and foster joint collaborations in cancer research and development. The consortium contributes to cancer control by focusing researchers on specific areas of care and research. That includes clinical trials, information technology, epidemiology, cancer registries, prevention, nursing, health economics, scholar exchange and training.

The focus of this motion is on cancer services, and rightly so. Lengthy waiting lists are not good enough. Patients have a right to have services there when they need them. Health and social care services have already put in place innovative solutions to work together to address the situation whilst maintaining safety for patients. We have made a great deal of progress but must acknowledge that our services are not where we need them to be. We are all aware that we have limited resources and that it will take time to build capacity. Therefore, we have no choice but to make sure we keep doing the best that we can with the resources we have.

Members should be under no illusion. For far too long, Northern Ireland has been presiding over a decline in performance for cancer and other key health services. That is unacceptable. People from across the system have been working to develop a recovery plan and map out our ambition for cancer services over the next 10 years through the upcoming cancer strategy. However, Members must also understand that there is no quick fix to these issues. They will require significant and recurring funding to implement. There are substantial costs associated with the delivery of the recovery plan and the strategy. However, that is the price that we must be prepared to pay if we truly want to provide a high-quality service to people with cancer.

The Executive and the Assembly need to come together and make sure that we can deliver these plans and create a world-class cancer service that the people of Northern Ireland deserve.

Mr Deputy Speaker (Mr McGlone): I call Mr Jonathan Buckley to wind up the debate.

Mr Buckley: As I rise in the House today, I thank every Member who has contributed to the debate. Members across the House, including you, Mr Deputy Speaker, will know my passion for this issue, particularly during COVID-19. You have afforded me considerable latitude to discuss it in previous debates, and I thank you for that.

We watched as a pandemic hit these shores, and we listened to the stories and testimonies of people across our land who were dealing with a cancer diagnosis and felt that they had nowhere to go. It was heartbreaking. I have had many personal testimonies, as, I am sure, have other Members. I went on record in the House previously to state that one of the greatest costs of COVID has been the neglect of cancer patients. I cannot help but feel that, as a society, we have, in some way, failed those patients at a time when we were, in fact, trying to save life. I know that the health service had to adjust to work in ways in which it had never worked before, under incredible pressure — many Members have mentioned the challenges that staff faced — but cancer is something on which, collectively, we have to do better.

This has been a wonderful conversation and debate. It has been wonderful to hear Members talk about their personal experiences, all politics being removed as Members have talked about the situation that we find ourselves in. I pay tribute to Fra McCann and Stewart Dickson for putting on record their own personal stories. I say this to both of them: while we may not agree on many political issues in this place, I stand four-square behind you in your fight against this terrible disease. Thank you both for putting on record your stories, because, for every story that is told in this place, there is the opportunity for another person to hear it, get themselves checked and, hopefully, receive the life-saving surgery or healthcare provision that they require.

We on this side of the House have our own stories that we could tell of colleagues. Our thoughts and prayers are with them as they go through this terrible ordeal. When all is said and done, and when we look back on this period, it will be our response to this issue that can define this place in a positive light. I encourage every Member to engage on the issue in that manner, as you have done today, because there continues to be a real and palpable anger regarding the plight of cancer patients who are awaiting critical, time-dependent surgeries and facing cancellations and prolonged delays in the most crucial of stages. In January of this year, it was revealed that 275 people in Northern Ireland had had their red-flag cancer surgery cancelled.

I was particularly struck by Stewart Dickson's comments in relation to GP provision, because that is something that I have grappled with in my constituency and in stories that I have heard. Evidently, there is a great difference in experiences across the board in GP provision. I

put on record the life-saving work of many of our GPs who have gone above and beyond during COVID-19, but it is fair to say that, across our constituencies, patients in GP practices have had very different and diverse experiences in their journey.

I listened at the Health Committee and read out an account of a gentleman who talked about the experiences of two of his close friends who wanted an urgent face-to-face appointment. These are things that you cannot diagnose or have a conversation about over the phone. You want to see somebody, face to face; you want to tell them the experiences; you want to talk about your anxieties. They were failed because they could not access that. The two friends died.

I listened to health chiefs talk to us at the Committee of experiences of late presentations at A&E, when, sadly, little to nothing could be done. It is essential that GP referrals are addressed as early and efficiently as possible so that cancers can be detected and the best possible course of action taken to alleviate the diagnosis. Many Members talked about early diagnosis, and it is so true: if we catch it early, there is a chance. I recognise that these issues were prevalent before COVID-19 and have only been exacerbated by it, but, for many people, if their condition is not caught early, it is too late.

5.15 pm

The Chair of the Committee, Colm Gildernew, talked about MLAs' experiences. Being able to talk about those experiences will provide powerful testimonies. There is a need for clear investment — the Minister and many Members across the House outlined that — but we really need to focus on where our energies and finances must go in order to help those who are in need.

We also heard about a multi-year Budget. I am sick hearing about that in this place. It is time to deliver it. If we cannot put that provision in place for the health service in particular, we are only papering over the cracks. That is something that there is no political difference on in this place, but it is a real point.

Cara Hunter talked about the pandemic coming at a huge cost to other services. Since she came to the House, she has been on record championing the mental health needs of our community. Let us think of that in relation to our cancer patients. Just imagine the mental turmoil that many of them go through. That has been exacerbated by COVID-19.

Alan Chambers said that cancer thrives in periods of delay. How true. We have all heard about that. Paula Bradshaw talked about One Cancer Voice requiring a Northern Ireland-specific focus. I pay tribute to her for her work throughout the pandemic and before it as the chair of the all-party group on cancer. It truly has been great to see that work continuing, and I thank her for that. I also thank my colleague Joanne Bunting for her work on the all-party group on terminal illness. Quite often, we talk about failures in early diagnoses and about treatment pathways that have not worked out, but we need to address the conversations that charities that deal with terminal illness have. We need to address that because it is a bigger problem that is coming down the line. Members can grasp that.

I really thank Members for their points. Each one of you has a powerful story that you can tell, but please let us work together and do what we can to help on the issue. I want to see this place adopting the same vigour in fighting cancer that it adopted in fighting COVID-19. It may not be you today, but tomorrow it could very well be you, your family member, friend or child. Cancer is something that very few families escape. We must take it upon ourselves to work with everyone who wants to come forward in order to put a stamp on transforming our services and on the experiences of cancer patients. If we do that, it will be a true and lasting legacy of the Assembly.

I thank Members again, and I thank the Minister for his comments. He put on record his serious dissatisfaction with and alarm about the current waiting lists. We all have that concern, and Sinéad Ennis was absolutely right when she outlined that we have heard a lot of words about it. We need to see the plan before we can put it in action and collectively work together to achieve its aims.

Question put and agreed to.

Resolved:

That this Assembly recognises the serious and negative impact of COVID-19 on cancer diagnosis, treatment and surgery across Northern Ireland; notes with deep concern that, during the pandemic, tests, treatments and clinical trials have been disrupted or cancelled, with many patients not accessing help for possible cancer symptoms; highlights in this context the need to place the restoration of patient-centred and high-quality cancer services at the heart of the recovery from COVID-19; endorses the statement by 47 cancer charities,

under One Cancer Voice, which seeks to plot a course out of the pandemic towards world-leading cancer services; stresses the need to direct resources to clear the cancer backlog as quickly as possible, drive faster and earlier diagnosis and encourage people with signs and symptoms of cancer to seek help; and calls on the Minister of Health to publish urgently an ambitious and fully funded road map for restoring and enhancing local cancer services.

Mr Deputy Speaker (Mr McGlone): I ask Members to take their ease before we move to the next item of business.

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

Motion made:

That the Assembly do now adjourn. — [Mr Principal Deputy Speaker.]

Adjournment

A5 Dual Carriageway

Mr Principal Deputy Speaker: In conjunction with the Business Committee, Mr Speaker has given leave to Mr Declan McAleer to raise the matter of the progress of the A5 dual carriageway. The proposer of the topic will have 15 minutes, and all other Members who speak will have four minutes.

Mr McAleer: I welcome the opportunity to raise in the Chamber the need for progress with the A5 dual carriageway, and I am delighted to see that the Infrastructure Minister has joined us. Members will be aware that this is something that we have been highlighting for many years. The A5 is a hugely important infrastructure project in the west to connect the west and the east in the North of Ireland and, indeed, the north-west to the South as well. It is also an Executive flagship project. It is hugely important for connectivity in the region and for our North/South links.

Importantly, the project is vital for saving lives. The A5 transport corridor, as it stands, is not fit for purpose. It is very dangerous, and the interface between strategic traffic and local traffic causes a lot of difficulties, which has resulted in a lot of accidents, and, unfortunately, we have seen many lives lost over the years. The Department for Infrastructure has projected that the new A5 could prevent 2,877 casualties and 19 fatalities over the next 60 years. I believe that that is a conservative figure, when we look at the number of lives that have sadly been lost over the decades.

It is clear that the A5 is fundamental for improving road safety and improving the economic fortunes of the west. Members will have heard us say many times here that we have a huge infrastructure deficit. We do not have trains in the counties of Tyrone or Fermanagh. Obviously, into north Derry, there is a connection there. The interim Planning Appeals Commission (PAC) report that was recently published restated some things that we have known for a long time. For example, the

A5 is hugely beneficial for the north-west for road safety, journey times, facilitating economic growth and combating regional inequality. However, following last year's inquiry, the recent PAC report was not satisfied with a number of issues, particularly the Department not being properly prepared for the scheme's construction, for example, by not taking into account the most recent flooding data. It also wants the Department to engage in further, more robust environmental assessments. The report also states that DFI needs to further demonstrate that the current design of the scheme is the best option for the north-west.

That is despite the fact that we know that the benefits that the A5 dual carriageway will bring to the west, and indeed to the wider north-west, cannot be matched.

In fact, the PAC report, and the previous public inquiry held in 2016, concluded that the A5 was "of major public significance". The public inquiry was not persuaded that the alternatives were:

"reasonably capable of achieving the same scale of benefits"

as this proposed scheme. We need clarity from the PAC on the change of tune.

We also need to ask why the issues that need further consideration were not sufficiently examined in the previous environmental statements or by last year's public inquiry. People are frustrated that a project that has taken so long to get to this point now needs even more documentation and consultation. Inevitably, that will lead to an inquiry and further delay, and it might be another two years before there is a chance to get construction under way.

This is the third public inquiry into the A5 project, the first being 10 years ago in 2011. Unfortunately, the scheme has also faced repeated legal challenges from a small and unrepresentative minority acting against the interests and wishes of the wider area. The overwhelming majority of people here in the North want safer roads, and they want regional development and economic opportunities to extend into the west as well.

The purpose of the debate is to express the frustration of the people west of the Bann at the fact that the scheme has not yet got off the ground and to stress its absolute importance. I appeal to the Minister to ensure that the A5 scheme is properly prepared going forward so that this latest delay, which has come as a massive blow to the project, will be the last.

Mr Principal Deputy Speaker: Very generously, Mr McAleer did not use all his time, so I will exercise my right to discriminate in favour of Members from West Tyrone. Instead of having four minutes to speak, they will all have five minutes.

Mr T Buchanan: I thank the Minister for being here this evening as we discuss the A5. When it comes to such important issues, it is always good to see the Minister in place, even at an Adjournment debate.

To say that I am disappointed at the progress made to date on the A5 western transport corridor would be a gross understatement. In October this year, it will be 14 years since the project was first agreed, and Mouchel was appointed to undertake a detailed study of the potential dual carriageway upgrades to the A5, including highway design, traffic and economic appraisal. Yet, 14 years later, we are standing here again in the House. After much debate over those 14 years and at a cost to the public purse of £83.407 million, not as much as one sod has been turned or square metre of tarmac laid. That is a matter of grave concern. This is public money that we are talking about, and, 14 years later, we have spent over £83 million with nothing really to show for it.

Another alarming factor — if my figure is not right, I stand to be corrected — is that £51 million has been spent on consultant fees. While this delay in progressing works continues, those fees continue to increase, and there is nothing to show for it. I note that the Minister —

Mr McCrossan: I thank Mr Buchanan for giving way. Does the Member agree that a lot of those costs have got way out of control because of the continuing legal actions by the Alternative A5 Alliance? Does he agree that we, as MLAs for the constituency and recognising the importance of the project, should stand together and call it out, tell it that this needs to stop and that it should let the road go ahead?

Mr T Buchanan: I fully agree with the Member. However, it is important to highlight the costs associated with the project at the minute, with nothing having been done.

I note that the Minister has instructed her project team to prepare a further addendum to an environment statement for further consultation later this year and even more consultation due next year.

I have to ask: when will this all end and work be allowed to begin on the ground?

5.30 pm

The issue also begs this question: who is benefiting from the project? Who has benefited from it over the last number of years? It is certainly not the business community, which is crying out for the new road in order to increase its businesses. It is not benefiting our large companies, which depend on the roads network daily to move their products to the ports to be exported. It is not benefiting our daily commuters, who continually struggle with the slow-moving traffic on the A5. It is not benefiting our local people. We can conclude, therefore, some 14 years later, that the only beneficiaries have been the consultants and solicitors who are involved in a project to the tune of £83.407 million on which no work has been done on the ground as yet. After 14 years' consultation, the Minister is asking for more of the same. I do not know of any other country in the world where progress on such a major road infrastructure project has been so slow.

Minister, you, and, indeed, every politician in the House, will be aware of the importance of the A5 project for the entire western area of Northern Ireland. It is important for a number of reasons, and I will touch briefly on a few of them. The first is road safety. The A5, as we know it today, has been branded one of the most dangerous roads in Northern Ireland. Time without number, we hear on the news of certain stretches of the A5 being closed due to a serious road traffic accident. Unfortunately, in most of those cases, someone loses their life or sustains serious injury. It was recorded that 30 people lost their life on the A5 in the 10-year period between 2006 and 2016. A number of families have lost loved ones and a number of businesses have perhaps gone to the wall because of a poor road network. We do not enjoy the same road network as the rest of Northern Ireland in the form of a dual carriageway. The loss of life speaks volumes about the dangers associated with the road network and the urgent need for the project to proceed.

Then, of course, there is the economic benefit. Businesses in west Tyrone, in Omagh and Strabane, have been struggling for many years to get their products to the ports to be exported. The Minister will know that west Tyrone is known for its engineering industry. That involves the moving of large items of machinery daily, yet the current conditions on the A5 create all types of problems for those companies. In the absence of a dual

carriageway, traffic movement is slow and there are often delays. That is piling extra costs on our companies. They could use that money for further investment to expand their businesses, create more jobs and strengthen the economy. I pay tribute to Houston Precision Engineering in Donegal. That manufacturing firm is looking at setting up in Strabane Business Park. It wants to bring its business into Northern Ireland from Donegal and expand there.

Mr Principal Deputy Speaker: I am afraid that the Member's time is up.

Mr T Buchanan: Despite our road network, we still see that interest. I have a lot more here, Minister, but I hope that you will step up to the plate and ensure that this road is delivered without further delay.

Mr McHugh: Minister, as we all know, the A5 is an arterial link to the north-west. It links Dublin, Belfast and Derry in particular. It goes right through the county of Tyrone and services the people of Fermanagh and Donegal. If one includes Donegal, the population of the north-west is almost 500,000. We are talking about a road that could create opportunities for businesses to locate in the north-west. I had the pleasure, which I enjoyed thoroughly, of representing the north-west region, along with representatives from Donegal County Council, when we went to America to argue the case for investment in the north-west. I also went to China and presented the same argument. We also argued for the north-west in London, at the heart of government in Westminster.

For the north-west to be attractive, it all very much depends on connectivity, not just through broadband or by air or sea but by road in particular. The people of the north-west deserve that type of service. They deserve to have a road that will open up opportunity for all: for businesses and for people to come and live, build their home and rear their family there. Our message got through, because we now have the city deal that provides for the north-west region. Not only do we have the city deal for the Derry City and Strabane District Council area but we have the Dublin Government now recognising the potential of the north-west in every respect. They will complement that city deal investment with investment on the Donegal side of the border, particularly in education at the Letterkenny Institute of Technology, and in our education establishments in Derry. One can therefore see just how vital that is in every respect for all the people of the region.

We must ask ourselves the question that has been suggested by other Members: if it is so obvious and clear, why has it taken so long? There has been one obstacle after another. This is not the time for finger-pointing at Ministers or whoever was in charge at a particular time. I know, as do all Members, that, irrespective of whose name is on the door, the Minister will be confronted with exactly the same problems that are instigated in particular by people who are able to use the legal system. Although we appreciate that that instrument of democracy is there to allow a citizen to challenge decisions one way or the other, there is no doubt about it, and I have to make the point, that, at present, the same system is there to abuse the democratic wishes of many people who live in the north-west region.

Serious questions have to be asked, even in the Chamber, about judicial reviews and how easy it is for people to bring one in the North of Ireland. The faceless people of the Alternative A5 Alliance, as it is called, seem to be so well funded that they are able to bring one judicial review after another. There are serious questions to be asked there. People have to confront that. I know that, given her statements to date, the Minister is quite prepared to confront it and move the issue on. I am a wee bit afraid to say "Get your ducks in line", because, if I mention ducks at all, there will probably be another judicial review on the environmental impact on those same ducks. *[Laughter.]* That is essentially what is required, however, to ensure that we realise all our ambitions for the north-west region. We need to get our ducks in line, deal with the environmental issues that have been raised and be prepared to deliver the project.

Mr McCrossan: I follow other Members in welcoming the Minister and thanking her for her presence at this all-important debate.

This has gone on for far too long. That has been well said in the Chamber. There is a sense of unity of purpose around the need and desperation to deliver that vital roads project, which runs right through the heart of our constituency, from Derry right through to Ballygawley, right through the very core of West Tyrone. It does affect us. It affects each and every person whom we represent in our constituency, the majority of whom are rightly overwhelmingly frustrated and demanding that the road be delivered. Equally, they are frustrated by the continual delays and, as Mr McHugh rightly pointed out, the ease with which troublemakers can, because of faults in the legal system, bring forth challenges that run

against the greater interests of the people whom we represent in West Tyrone.

I admit that I am sad that there is a lapse in the sense of unity as the UUP continues to support calls to scrap the scheme. That is not what people in West Tyrone want. Mr Beggs would do well to understand what the people of West Tyrone want: they want that road. I welcome that Mr Buchanan had the courage and conviction to speak up and say that the delay over the last number of years has been fundamentally flawed and that he and his party support the project, as do the other parties.

Mr Beggs would do well to learn from the mistakes of the past, when, for over 50 years, he and his party presided over the neglect of the north-west. It is unfortunate that I have to say this, but the statements released by his party are hugely unwelcome in West Tyrone. In saying that, I speak for every person from every part of every community in West Tyrone, with the exception of the small minority that speaks out against it under the mask of the Alternative A5 Alliance.

Let us address the elephant in the room. The biggest hurdle to the project is a small minority who, day and night, spend seven days a week, 365 days a year, finding reasons —

Mr Beggs: Will the Member give way?

Mr McCrossan: I will not. You will have your opportunity.

They spend that time finding reasons to object to the project and to delay its progress. People have died in the time that has passed. In the past few years, 15 people have died. Sinn Féin and I have our fights and our arguments, as do the DUP and I, but we are all united to our core regarding the need to deliver this absolutely necessary infrastructure project. I am sick, sore and tired of constantly having to repeat my support for the project. Minister Mallon, thank God, is totally committed to the project. It could easily have gone into the hands of another party across the Chamber, which, as is clear from recent statements, would not have delivered it.

To put it clearly: we need these roads so that our constituents can prosper and develop, our young people can stay at home, and our families enjoy better infrastructure. Unfortunately, looking at a map, it is as clear as the nose on my face that something went wrong many years ago when railways were removed from a specific section of Northern Ireland,

never to be replaced. We now have a Minister who has the courage, foresight and vision to start talking about reconnecting this island, North and South.

No one in the House can disagree that my community, my constituency and my people have suffered considerable neglect for many decades. That is changing. I am delighted to hear that Sinn Féin, the DUP, the SDLP and the Alliance Party can stand together in support of this road project. It will not be a silver bullet, but it will be a launching pad from which we can transform the lives of the people whom we represent, attract business, investment and opportunities, and give people a reason to stay at home in Northern Ireland.

The A5 is vital. The SDLP is committed to the project, and Minister Mallon is dedicated to delivering it. With support across the House, we need to join together, with no jibes or bickering, to challenge our biggest opponent: the Alternative A5 Alliance.

Ms Brogan: I thank the Minister for attending the debate this evening. I also thank my colleague Declan McAleer for bringing the debate to the Assembly.

As a representative of West Tyrone, I am here to express my frustration and, more importantly, that of my constituents, at the delays that continue to thwart progress on the delivery of the A5. I also reiterate the resolute support across the north-west for this flagship Executive project.

As it stands, the A5 transport corridor is not fit for purpose. A significant portion of the road falls well below current road standards. I urge the Minister to commit to using all measures to ensure that the scheme experiences no further unnecessary delays. The latest delay to the project has to be the last, because every delay costs lives. As has already been mentioned, far too many lives have been lost on the A5; far too many people have been seriously injured while travelling along it — some left with life-changing injuries. It has been calculated that upgrading the A5 to a dual carriageway could prevent over 2,800 casualties and 19 fatalities over the next 60 years.

That is why it is so important that we come together and ensure that this project is progressed and completed.

5.45 pm

The upgrade of the A5 is also crucial to unlocking the economic potential of the north-west, and it will go some way to addressing the regional imbalances and infrastructural deficit that exists west of the Bann, which is part of the legacy of partition. It should provide access to greater education, training and employment opportunities for the local population, and it will enhance social inclusion, with improved access to wider services.

The most recent delays and the announcement of yet another inquiry are disappointing and frustrating, to say the least. The scheme has faced repeated legal challenges from a minority group that does not represent the interests of the wider public and the local people. It is the responsibility of the Department for Infrastructure to present accurate, relevant and contemporary data so that the entire scheme stands up to scrutiny. According to the interim PAC report, that seems to have been a major stumbling block for the scheme. The PAC report was extremely critical of the Department and suggests a failure by the Department to prepare the scheme for construction. One obvious example is the flood risk assessment. It was outdated and did not take into account the most recent flooding events affecting the A5. The PAC made 30 recommendations, most of which required additional information on the environmental impact. There are significant questions as to why those issues were not sufficiently examined in previous environmental statements and at the inquiry last year.

Today, I urge Minister Mallon to ensure that her Department is properly prepared going forward and that there are no more delays with the A5.

Mr Principal Deputy Speaker: I have a bit of housekeeping. Under the rules, the Minister should be called no later than 6.11 pm. Three Members are left to speak, so we have time enough to allow those Members to have five minutes each, rather than the four minutes that I had originally intended.

Ms McLaughlin: All Members in this debate can agree on one thing: the A5 scheme has been plagued by setback after setback. Back in 2007, the new A5 road scheme was championed as the flagship peace-dividend project attracting cross-border government funding. As we have heard many times in the House this evening, in the past 14 years, not one metre of road has been built, despite huge amounts of money being spent on design schemes, multiple public inquiries and five Ministers working towards the development of the scheme.

There has been a lot of finger-pointing over the years about the lack of progress on this project, and, indeed, a lot of lessons should have been learned by our roads authority, as the scheme is the perfect example of how not to do road planning, community consultation, environmental impact assessments etc. The history of mistakes at key moments of the scheme has been well and truly discussed over many, many years. In my past life as chief executive of a Chamber of Commerce, I gave evidence to support the scheme progressing.

Another thing that we can all agree on is that the current A5 is not fit for purpose and needs to be upgraded. It cannot be overstated enough — I make no apologies for repeating what others have said — that the current A5 is one of the most dangerous roads on this island, with countless lives lost as a result. Far too many people have died on the road over far too many years. Too many of my constituents' families have been bereaved because of this dangerous road, and the slow journey times have played a significant role in others dying because it takes so long to get to any of the major hospitals in either Derry or Enniskillen. All Members will also agree that the A5 scheme will significantly boost connectivity, connecting the north-west and the west to Dublin and Belfast alike. The scheme will be a major boost to local economies and will be a vital catalyst in attracting jobs to and creating jobs in the wider north-west area.

The A5 is an absolute priority for the SDLP as a strategic road scheme, and I do not think that anyone would dare question my colleague Dan McCrossan's doggedness, tenacity and passion on the issue, but we need to do it right, because too many mistakes have been made in the past.

My biggest regret is that when the scheme actually got the final green light to go ahead back in 2016, the institutions collapsed in early 2017. As a result of it not commencing at that stage, we are now facing further challenges and delays on this scheme.

Finally, I hope all Members might be able to agree that we have the right Minister, in the right position, who will seek to move this project forward with due diligence and determination to ensure that it is delivered properly both for citizens and the environment. Much valuable time has been lost in progressing this project over many years. Inheriting problematic schemes is never an enviable position for any Minister to be in, and this scheme has been problematic. It has been on the books for 14 years, as we have heard, and our Minister has been in place for 14 months. However, I am

confident that the matter is now in hand, and I look forward to hearing from the Minister towards the end of this debate.

Mr Beggs: I too thank Mr McAleer for raising this issue. I think it is important to discuss the issues and to try to get a solution and bring about improvement.

Everyone recognises the need for significant improvements to the A5. They are badly needed. The A5 provides an essential principal road linking Omagh and Strabane, onwards to Donegal and down to the M2 and, indeed, the road to Dublin from the north-west region. It is a significant route. The route is virtually entirely single carriageway, and there are limited overtaking opportunities. Delays occur. As others have said, there are serious accidents, serious injuries and even death. Improvement is badly needed. There is also traffic congestion in the urban centres of Omagh and Strabane, and there is an urgent need for new bypasses to reduce traffic delays and congestion in those town centres.

However, gaining planning permission for the dualling of the entire A5 route has been problematic, to say the least. I urge everyone, if they have not done so already, to read the entire report. I have read it. I urge you, in particular, to read the two and a half pages of the summary, to which I have not heard reference to date. Mr Buchanan has indicated that the scheme has been delayed for 14 years; actually, there have been plans to upgrade the A5 dating from even before that, since 2005. That is 16 years ago.

Minister, can we not at least get road improvements under way in uncontroversial sections of the A5, such as the town bypasses? In the report, the commissioner states that some sections indicate six times better economic value than others and that some are uncontroversial. In fact, the commissioner recommends that the Minister considers phasing. It is not guaranteed that the scheme will ever proceed in the current format, but:

"If the scheme is to proceed, phasing needs to be reviewed and priority given to those stretches of the proposed road that offer greatest benefit. Phase 3 is unjustifiable and should be removed."

What do you think a court would do with that being the view of the planners? We need to reboot on this issue and get improvements under way where they can be achieved.

Regarding the funding of the scheme, initially the Republic of Ireland offered some £400 million, and it was going to cost the Northern Ireland Executive £600 million. The Republic's Government have reduced that now to £75 million: that means that there is a cost of £1.1 billion, almost doubling the cost to this Executive. Worse than that, all that money is not in place. Some are advocating that land should be vested when there is no money to buy it all and no money to build it all. Blighting would occur: that would be a human rights issue, and that is highlighted in the report.

I urge people to look at the recommendations. There are many environmental issues still to be addressed in detail. There is the issue of the absence of the full funding from the Northern Ireland Executive. There is also the issue of building on the flood plain, the fact that flooding has recently occurred there and the need for modelling in terms of how this scheme will further contribute to flooding. Then there is the large-scale compulsory purchasing of land to consider — I am not saying this; the commissioner says it in the report — as well as the human rights issues that are involved in vesting excessive areas of land.

The commissioner then highlights that:

"Phase 3 ... offers no significant benefits and represents overprovision."

Minister, will you review the phasing of the scheme and enable badly needed sections of road improvements to get under way whilst you continue to strive to gain planning permission for the rest of the scheme? The word "if" was in the commissioner's report, and I fear that if you continue to push for the entire route, you may never get full planning permission for it. I urge that phasing progresses and that urgently needed improvements are put in place.

Mr Muir: I thank the Member for West Tyrone for bringing this important matter for discussion in the Assembly. The Alliance Party is fully committed to delivering connectivity west of the Bann. Partially as a result of decisions that were made under the old Stormont Parliament and that were continued under direct rule, roads and public transport networks in the west have been subject to endemic underinvestment for decades. That is unacceptable, and it has to change.

The Alliance Party supports major infrastructure projects that will deliver for the west. However, the Alliance Party cannot support spending over £80 million of public money, primarily on consultants, without a single centimetre of road

being delivered. Yet that is the story of the A5 to date.

The people in the west are tired of watching their politicians use the scheme as a stick to beat each other with. That approach has not delivered for anyone other than consultants and lawyers over the past decade. A different approach is required if we are to deliver the improved connectivity that is so desperately required.

The chief planner's interim report spelled out as clearly as it could that committing to the current design of the scheme, including the existing phasing proposals, is suboptimal, to put it mildly, and has a very poor chance of success. The Alliance Party wants to get the A5 done, but it is my sincere and genuinely held view that the current way will not succeed. I worry that that approach will just perpetuate delays and result in not one inch of tarmac being poured.

There is an alternative to the impasse through which it is more likely that some road will be built to the benefit of communities west of the Bann. If we continue with the current approach, I worry that all we will have are further legal challenges in court and potentially more road traffic collisions (RTCs) with injuries and fatalities, plus additional psychological strain for local residents and more money spent on expensive consultants. We must deliver the A5. I urge all parties to step back and look at different options in order to ensure that we fulfil that commitment.

In conclusion, I will touch upon judicial reviews. The Northern Ireland Audit Office is reviewing judicial reviews. It will be important to have sight of that report when it is published and to give it full scrutiny, because how judicial reviews have impacted upon major capital projects affects not only the A5 but many other projects. It is important that we consider that.

Mr Beggs: Will the Member give way?

Mr Muir: Yes.

Mr Beggs: Does the Member agree that there are legitimate concerns about the route, particularly if there is to be compulsory vesting of homes, land and property, when there is overprovision and no justification for sections of the route, particularly the Aughnacloy to Ballygawley section, and that there are basic human rights issues that need to be respected? There needs to be careful examination of the commissioner's comments, and they must all be adequately addressed if we are to proceed.

Mr Muir: I thank the Member for his intervention. Of course I believe in upholding human rights. I wish that others in the House had the same view. For me, the issue is that we have seen how judicial reviews have had significant impact financially upon not only major capital projects but people. I uphold the right to be able to take a judicial challenge to court, and I think it is important to be able to do that.

However, we need to look at why it is such an issue in Northern Ireland compared with the rest of the United Kingdom.

6.00 pm

Mr Principal Deputy Speaker: The Minister for Infrastructure, Ms Nichola Mallon, will have 10 minutes to respond to the comments made in the debate.

Ms Mallon (The Minister for Infrastructure): First, I thank Mr McAleer for instigating this important debate on the progress on the A5 dual carriageway. I listened with interest to the comments of Members and the issues that they raised, and it is clear that the delivery of the A5 project is of huge importance to them, as it is for me, as the Minister for Infrastructure. I wanted to come to the House today to reiterate my commitment to the project.

As all Members have highlighted, this is a project of huge significance. It is of significant strategic importance to the north-west region and our wider island, and it is strategically important if we are serious about tackling regional imbalance, improving the economy, job prospects and prosperity and connecting communities. Of course, as all Members have highlighted, it is also hugely important for road safety. I have met families who have lost loved ones along that stretch of road, and road safety is a key driver in ensuring that we see delivery.

I very much share the frustrations of people west of the Bann and those expressed by Members today at the time that it is taking to get this transformative scheme through the statutory processes. However, my Department and I must follow due process and apply due diligence.

As all Members have highlighted, it is a long-standing project. As Mr Buchanan said, it can be charted back 14 years, if not further. It is an Executive flagship project, with its origins in the St Andrews Agreement, and it was agreed through the North/South Ministerial Council in 2007. As a project to deliver 85 km of new dual

carriageway between New Buildings and the border at Aughnacloy, it is a significant and ambitious project by any standards and the biggest road project ever undertaken in Northern Ireland.

Following the first public inquiry in 2011, the statutory orders to allow the A5 to proceed were made in 2012, but those were subsequently challenged by the Alternative A5 Alliance, a group that has opposed the scheme from the outset. That challenge led to the quashing of the statutory orders in April 2013, as it was judged that the Department had not fully met its obligations under the habitats regulations. That was unprecedented and set a new compliance benchmark in the development of all major infrastructure schemes from that point on. Lessons were learned from that ruling, and further development work to address the deficiency followed, leading to the publication of and consultation on a new environmental statement and draft statutory orders in February 2016. With almost 1,000 representations made, a public inquiry was deemed necessary, and that second inquiry took place in the latter half of 2016.

The PAC report from that inquiry, which was received by the Department in May 2017, concluded that the scheme should proceed. That was a hugely significant step forward for everyone committed to and in full support of the scheme. In the absence of Ministers, a formal decision to proceed with the scheme was made in November 2017 by the then permanent secretary of the Department. That decision, if unchallenged, would have represented the completion of the statutory procedures and allowed the project to move to the construction phase. However, the Alternative A5 Alliance again legally challenged the decision in December 2017. Ten grounds of challenge were listed, including the power of the permanent secretary to make the decision in the absence of a Minister. Following careful consideration of the relevant High Court decisions made during 2018 in Buick, as well as the provisions of the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018, legal advice provided to departmental officials indicated a high likelihood that the permanent secretary's decision would be quashed. It was concluded that it was not therefore in the public interest to continue defending the legal challenge, and the decision to proceed with the scheme was consequently quashed, taking effect from 16 November 2018. Essentially, the quashing of that decision took the scheme back to the February 2016 position, effectively knocking it back three years.

Since November 2018, the Department has been carrying out work to enable a new decision by a Minister. It is a requirement when assessing environmental impacts for decisions to be based on up-to-date environmental information. With that in mind, updated environmental information in the form of an environmental statement addendum was published for consultation in March 2019. By necessity, that information continued to relate to the base data contained in the original environmental statement of 2016. It is important to note — Members raised this point — that, with the passage of time, new and updated environmental standards are being continuously introduced through legislation and other technical guidance. That presents a risk of challenge on the grounds that base data can be perceived as being out of date. With 264 representations made to the 2019 consultation exercise, departmental officials concluded that a further public inquiry was necessary. That third inquiry took place over seven days during February and March 2020.

In September of last year, my Department received an interim report from the PAC on its findings from the inquiry — not a final report, as would be normal procedure. It contained two recommendations on the need for further assessments of the flood risk and scheme alternatives. The PAC recommended that those assessments be incorporated into a further addendum to the environmental statement and made available for further public consultation. The PAC has therefore adjourned the inquiry, indicating that it can be reconvened when the Department has taken those steps.

Since September, officials have carefully considered all of the recommendations made by the commissioner and taken legal advice. A number of potential options for taking the scheme forward were developed and presented to me. I assure Members that I gave careful consideration to all of the advice given, including legal advice, and decided, on a balance of risk against time, to comply with the key recommendations of the PAC and move towards a reconvened public inquiry in the shortest timescale possible.

Members have rightly expressed frustration at how long it has taken us to get to this point. My job as Minister is to do everything that I can to ensure that we develop the project and get it to the point of construction at the earliest opportunity. I assure Members that my officials have been working and will continue to work at pace towards the publication of a new environmental statement addendum later this year, followed by a mandatory six-week

consultation period. Mr Buchanan indicated a concern that a second round of consultations may be required the year after: I assure him that that is not the case. It is anticipated that the public inquiry can be reconvened in early 2022, and it is hoped that the PAC will then be in a position to provide the Department with its final report later in the year. That should allow a new decision by a Minister later in 2022, and, subject to the successful completion of all of the necessary statutory processes and environmental assessments, as I have outlined, the construction of phase 1A, from New Buildings to north of Strabane, could commence during 2023. In recent years, the programme for scheme delivery has alluded to full scheme completion by 2028: although some slippage has occurred, that time frame remains achievable.

This is an issue of huge frustration locally, and I understand that. However, I take heart from the unity of purpose — I think that Mr McCrossan referred to it — that has been shown across the House. Mr Beggs raised some questions about my commitment to phase 3. My response to him is that the Northern Ireland Executive and the Irish Government are committed to upgrading the A5 in full. My Department considers that it continues to be appropriate to implement that commitment, including the delivery of phase 3 of the scheme. There are many benefits to implementing phase 3, such as the continuity of route to meet the border and providing a high-quality link to the adjoining proposed improvements to the N2 in the Republic of Ireland. Further, the A5 is one overall project, and the Department considers that its stated aims and objectives will not be fully realised until the completion and linking-up of all of its phases. Mr Beggs also raised the issue of funding. The Irish Government have reiterated their commitment to the A5. He will also be aware of the Shared Island Fund. I will continue to engage with all partners, North/South and east-west — it is a strategically important corridor for Northern Ireland — to ensure that we get delivery in the earliest possible time frame.

Members referenced the frustrations around legal challenges. I, of course, uphold people's right to challenge, but there is an onus on us as an Executive to have a look at the judicial review process and, as Mr Muir said, at how the impact of it compares with that in other places.

In concluding, I reassure Members across the House that, for as long as I am the Minister for Infrastructure, I will do all that I can to see this long-overdue project realised for local

communities, local businesses and all representatives who live in the constituency.

Adjourned at 6.10 pm.

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