



Northern Ireland
Assembly

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Woods, Miss Rachel (North Down)

Northern Ireland Assembly

Monday 22 November 2021

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

Members observed two minutes' silence.

Members' Statements

Mr Speaker: If Members wish to be called to make a statement, they should indicate that by continually rising in their place. Members who are called will have up to three minutes in which to make their statement. Members are reminded that statements will not be subject to debate or questioning and that interventions will not be permitted. I will take no points of order on this or any other matter until the item of business has finished.

Smithborough-Middletown Greenway

Mr Boylan: Ba mhaith liom cúpla focal a rá. I would like to say a few words. A Monaghan-Middletown greenway would be a positive boon for the local area. It would be important for health, tourism and the economy. In short, it would be a real game changer. I am grateful for the opportunity to speak on this subject today. I am calling for the delivery of this section of the Ulster canal greenway. This North/South project would be key in connecting communities across the border with walking and cycling infrastructure. The Smithborough-Middletown greenway would be a huge boost to the area by promoting a healthy, enjoyable form of travel and enhancing tourism opportunities. The project, funded by the EU's INTERREG programme, would see the existing Monaghan town greenway extended eastwards towards Middletown, with the opportunity to extend further north in the future. Such a North/South project should be celebrated as it would enhance connectivity between local communities through sustainable infrastructure.

It is imperative that the right infrastructure be in place if we are to see more people adopting cycling as a mode of travel. Cyclist safety is a real concern, and this greenway, separate from traffic, would go a long way in addressing the issue. Unfortunately, the original target date set for this scheme was 2021, and this will now be missed. After writing to the Infrastructure Minister, Nichola Mallon, on the issue, I was

informed that there have been inflationary increases and increases in construction costs, which have resulted in an additional funding request for the project.

This is an important project for the local area, and I have worked on it with my council colleagues for a number of years. I will endeavour to call for its delivery as soon as possible.

World COPD Day

Mrs Cameron: I will speak not only as a Member of the House but as chair of the all-party group on lung health.

Last Wednesday was World COPD Day. This afternoon, I raise the issue of the need for better services for all those in Northern Ireland who live with that disease. Chronic obstructive pulmonary disease is the name for a group of lung conditions that cause breathing difficulties. COPD is a permanent narrowing of the airways. It is a progressive condition with no cure, but it can be controlled with treatment and self-management. COPD is a common condition that mainly affects middle-aged or older adults with a history of smoking, although many people who never smoked have COPD. It can also be caused by air pollution or occupational exposure to harmful fumes or dust. Genetics can also play a role. Roughly 43,000 people here have been diagnosed with COPD, but it is believed that thousands more live with COPD without a diagnosis.

Last week, as part of World COPD Day, Asthma UK and the British Lung Foundation released a landmark UK-wide survey of COPD care titled 'Failing on the fundamentals'. The findings of the survey that related to Northern Ireland were stark. Most remarkably, only 13.5% of respondents from Northern Ireland stated that they had received all five of the fundamental aspects of COPD care that are recommended by NICE. That is the worst rate of care in the UK. The survey also found that fewer than two thirds of those living with COPD

in Northern Ireland know what to do when their condition badly flares up.

This is not a problem without a solution. Northern Ireland urgently needs a new lung health strategy that creates a long-term vision for respiratory health. Northern Ireland also requires meaningful action to be taken towards a renewed tobacco control strategy to carry on the positive work over the past decade on tackling smoking and the effects of smoking. We also need better access to spirometry tests in primary care; training of our technicians in the fundamental elements of COPD care; and to establish people's right to rehab and to live stronger, longer lives.

In conclusion, I make a plea to everyone. Perhaps there are people listening now, even in the Chamber, who experience breathlessness. I strongly encourage them not to ignore that. Needing to catch your breath can be an indicator that things are not right, so speak to your GP. You are not being a burden or wasting your doctor's time; you are taking the first crucial step towards getting the help that you need.

Food Waste

Mr Catney: Over one third of the four billion tons of food produced each year is wasted. That chilling statistic has a huge impact economically, socially and environmentally. The cost of food waste to the economy is estimated to be £530 billion a year. Socially, the United Nations World Food Programme points out that, if we tackled the problem of food waste, we could feed nine billion people a day. The UN Environment Programme estimates that global food production accounts for 70% of freshwater used and 80% of deforestation. Food production is also the largest single driver of biodiversity loss and creates at least 30% of global greenhouse gas emissions.

Those statistics can be hard to get your head around, so let me try to give some context. The nearly 30% of the world's agricultural land that is currently occupied with the production of food that is never consumed is equal to an area that is three times the size of the European Union. Twenty-eight million tons of fertiliser is used annually to grow that wasted food. Growing the £133 billion worth of food that retailers and consumers discard in just the United States uses more than 70 times the amount of oil that was lost in the Deepwater Horizon disaster in the Gulf of Mexico.

Food waste accounts for about 10% of total global greenhouse gas emissions. That means that the contribution of food waste emissions is almost equivalent to global road transportation, which would make food waste the third largest emitter in the world, if it were a country. If Northern Ireland households had access to the more than 66 trillion gallons of water that goes towards producing wasted food each year, it would take us over 550 years to use it.

Let me talk about one area of food waste. UK consumers throw away 10 million tons of food every year, most of which could have been eaten. That shocking statistic costs the average UK family £700 a year and equates to six meals a day. Good work has started. WRAP, the Waste and Resources Action Programme, is a charity that works with organisations across the food and drink industry, as well as with local authorities, Governments, non-governmental organisations and others, to create economic and environmental value in reducing food waste and greenhouse gas emissions and to tackle issues of water stress across the supply chain. Many restaurants work with food banks to use potential food waste to feed those who cannot afford it. Apps and other technologies are being used to contact consumer groups about food that would otherwise be wasted. To find new and innovative ways of doing that, however, leadership must come forward. Without fully considering food waste —

Mr Speaker: The Member's time is up.

Mr Catney: Thank you very much, Mr Speaker.

Electric Vehicle Charging Points

Dr Aiken: Today, the Prime Minister is announcing that he is bringing in legislation in England that will make it the law to install electric vehicle (EV) charging points at all new buildings, new-build supermarkets and workplaces, and buildings that are undergoing major renovations. It is a move that will see 145,000 new charging points installed each year. Regrettably, that change in legislation is happening in only England. We in Northern Ireland are, again, lagging very badly behind. The move towards the ban on the sale of internal combustion engine vehicles is changing the market for domestic vehicles and is to be warmly welcomed. That that will occur by 2030, which is just over eight years away, shows that a forward-leaning policy can do much to tackle the climate emergency. In Northern Ireland, however, the story is very different. The lack of a joined-up approach means that we have a much-delayed energy strategy that still has to

appear from the Economy Minister, Gordon Lyons. We have a chaotic attempt, or, I should say, a virtually non-existent attempt, by the Infrastructure Minister, Nichola Mallon, to hold to account the monopoly supplier of public charging points, the Electricity Supply Board (ESB), for even maintaining the charges that it was subsidised to provide in the first place. We have planning regulations coming from the Finance Minister, Conor Murphy, that should be amended to reflect all the changes that are needed in order to allow us to future-proof our housing and building stock. As we on the Finance Committee know, however, we have seen no evidence of that so far.

Adding to the chaotic, bureaucratic mix is the barely believable fact that, having been the only place across these islands with no climate emergency legislation, we are now trying to pass two Bills, with their sponsors, including the Agriculture Minister, Mr Edwin Poots, seemingly unable even to agree to merge the requirements to get a workable piece of legislation in place.

The time is now for the Executive to demonstrate some joined-up thinking. While the rest of our nation is — pardon the pun — powering ahead, we continue to wallow and to grasp at platitudes rather than take action. Here is a suggestion of a simple action: the Finance, Economy and Infrastructure Ministers should replicate the legislation from England, make a commitment to match the English roll-out programme and commit to holding the monopoly supplier, ESB, to doing what it was supposed to do. More importantly, they could even, given the huge expanse of EV charging that is needed, break that uncompetitive and, frankly, anti-environmental contract, open up the market to others and look at how we might incentivise others to compete effectively.

Protocol: Northern Ireland Fishing Industry

Mr Allister: In Northern Ireland, we have a very vibrant and successful fishing industry. It employs some 1,200 people in processing and fishing. We land approximately £40 million of fish a year. At the weekend, however, we had a wake-up call from one of the industry leaders about the disastrous effect that the protocol is having on the industry. Whitby Seafoods is one of the leading scampi processors. The head of that company warned that it may have to switch all its production in Northern Ireland to Scotland because of what he called the "utter madness" that the protocol is imposing on it, whereby veterinary checks are required on fish caught in

British waters and returned to a British port, such as Kilkeel.

12.15 pm

Further, the Fish Producers' Organisation warned that that would be catastrophic. Mr Wick, the leader of that organisation, said:

"the protocol's Irish Sea customs border treats NI fishermen as though they have come from a foreign country when they return to their own ports."

Alan McCulla described them as being treated as foreigners in their own land. Mr McCulla further said:

"We were told the matter would be resolved through the Joint Committee, which didn't happen. We read with interest the latest proposals from the EU to resolve the impasse. There was nothing there."

Of course, there is nothing there because the protocol, by design, treats Great Britain as a third or foreign country and annexes Northern Ireland as part of the EU's jurisdiction. Hence the lunacy of veterinary checks being carried out on our fish, and hence the disastrous economic consequences that will flow from this if a key component of our processing industry moves from Northern Ireland to Scotland, as it is threatening to, because of what it calls "madness". It is time for the Government and business to wake up and recognise the detriment that the protocol is causing to our industry. That example is but one small segment of that industry.

UCU Strike Action: Solidarity

Mr Carroll: I offer my full solidarity to the lecturers, researchers, PGCE students and all workers who are members of the University and College Union (UCU) and who will take strike action next month to stand up not only for themselves but for our entire education system, which is often bragged about in the House. I offer my solidarity and that of my party to those workers; I will be proud to stand with them on the picket line again, as I have done over the years.

The UCU will strike as part of its Our Four Fights campaign. Every one of those issues is worthy, in and of itself, of strike action and dedicated focus. The union is fighting against pay inequality. There has been a drop of over 17% in salaries since 2009, when measured against inflation. It is fighting to do away with a

fixation on zero-hours contracts, which sees 3,500 staff in universities and colleges employed via them. It is highlighting the mental health impacts of increased workloads; 86% of staff have been referred for mental health support due to the effects of the their workloads. It is fighting against pay discrimination, which sees women, disabled people and black and Asian workers all being paid substantially less than their colleagues.

Those issues are not the only ones that those workers are fighting for. In addition, they are taking a blow against the idea of students as consumers and the full-scale marketisation of our education system, where the price of everything and the value of nothing are measured, where financial barriers are repeatedly erected for students and where students leave university with a mountain of debt.

As with every strike, there have been attempts to pit groups of workers or people against each other. Some are trying to suggest that the experiences of students, lecturers and education workers are different and unconnected. The threat, if you will, to students does not come from striking workers: those are the people who provide education on a daily basis and even did so during a pandemic, putting themselves in harm's way when summoned back to work when the virus was still circulating.

Sean O'Connell, a lecturer at Queen's, put it well recently when he said:

"The strike is about issues that are damaging for students as well as staff. We all co-exist in the same learning environment. The student experience is damaged when lecturers are overworked and stressed. The student experience is damaged when casualisation is a central factor in QUB employment policy."

The casualisation of staff has seen a huge impact, in the first instance on staff, but also on the form of teaching and support that students receive from staff who are in full-time employment and have fixed contracts, often overworked and doing the work of several people. There are also people working for below the minimum wage in universities when their full labour time is calculated, whilst vice chancellors earn close to a quarter of a million pounds. That is not saddening; it is revolting and it turns the stomach. When universities like Queen's University have some £647 million in reserves, it is even more sickening that it is preaching frugality to its workers who keep the

place running. This week, there is a referendum in Queen's to support the strike action.

Mr Speaker: The Member's time is up.

Mr Carroll: I encourage every student to support the strike and to support the UCU workers who are taking action.

Mr Speaker: The Member's time is up.

Mr Carroll: Stand by your staff, and they will stand by you. Solidarity for the workers.

Grey Point Fort

Mr Easton: I want to inform the House of a serious incident that happened at Grey Point Fort in Helen's Bay, which is a Northern Ireland Environment Agency site. Anyone who knows the history of that site will know that is to do with the First and Second World Wars and will know the importance of the forest and wildlife around that fort. Therefore, they will be alarmed to hear that dozens of mature trees, species such as oak, sycamore, birch and elm, with no disease have been cut down. That has had a serious impact on the protected wildlife that lives in that forest.

I want to bring to the attention of the House today that I have contacted the Minister of Agriculture, Environment and Rural Affairs, the council and the Northern Ireland Environment Agency because there needs to be serious investigation into why healthy trees are being cut down when this Assembly is meant to be taking climate change seriously. We are meant to be planting more trees, yet we find that, on a government agency site, healthy, mature trees are being cut down, affecting protected wildlife. It is a very serious incident indeed.

Concessionary Fares Scheme

Miss Reilly: It is recognised across the board that the concessionary fares scheme has a key role to play in improving connectivity and helping people to access transport services.

Belfast black taxis are a vital transport service for my constituency, improving connectivity for all. Many older people use and depend on that vital service. However, they cannot access the concessionary fares scheme when they use the service. For a while now, representatives of Belfast black taxis have been involved in numerous meetings with the Department for Infrastructure on the implementation of

concessionary fares in community black taxis in west and north Belfast.

The Minister for Infrastructure met Belfast black-taxi drivers and Paul Maskey in July and said that she would look favourably on them being included in the concessionary fares scheme. She said, at that meeting, that she would look at putting a bid in to one of the monitoring rounds to make that a reality. However, since there has been no update from the Minister, Paul Maskey recently asked for an urgent meeting with her to respond to that request. That has been outstanding for far too long and needs to be addressed as soon as possible.

The Department for Infrastructure recently published a survey that outlines the benefits of the concessionary fares scheme in increasing mobility for the over-60s. Some of the key findings from that survey show that 88% of respondents agreed that having a SmartPass had increased their use of public transport, 86% felt that the SmartPass had enabled them to be more active, and 85% were able to make more social visits. So, it is vital that black taxis are included in the scheme as soon as possible to help improve connectivity in north and west Belfast, particularly for those who are most at risk from social exclusion.

I thank the black-taxi drivers who have been working tirelessly to provide a first-class service to the people in west and north Belfast for almost 50 years now.

Ulster Tower

Mr Dunne: Friday 19 November 2021 marked the centenary of the opening and dedication of the Ulster Tower in the northern fields of France, close to Thiepval Wood. Standing 70 feet tall, the Ulster Tower is a replica of a well-known local landmark, Helen's Tower, which was built in 1867 and is situated in the heart of the Clondeboye estate in the North Down constituency.

The Ulster Tower is a lasting and very poignant tribute to the men of Ulster who gave their lives during the First World War and is a permanent reminder of their heroic charge at the Battle of the Somme, with an estimated 5,000 casualties on the first day alone. For many of the men of the 36th (Ulster) Division, the distinctive sight of Helen's Tower rising above the surrounding countryside was one of their last abiding memories of home before their departure for England and the subsequent Western Front. Many of those who gave their lives were drilled

and trained in the shadow of Helen's Tower, which is some 10 miles from this Building. Much has changed over the last 100 years in Northern Ireland, but we must never forget the service and sacrifice of those who gave up their lives for the freedom that we enjoy today.

I would like to take this opportunity to acknowledge and commend the work of the Somme Association, which has worked so hard to maintain the Ulster Tower and Thiepval Wood for so many visitors every year and for future generations, as well as maintaining the excellent Somme Museum in Conlig. Having had the privilege of visiting the Ulster Tower — I know that many colleagues here have also had the honour — it is right and proper to commend Carol Walker, MBE, director of the Somme Association, for all her efforts, along with her parents, Teddy and Phoebe, and the whole team, whilst also acknowledging the work of the late Dr Ian Adamson, who was a former Member of this House, for his work over many years in ensuring that that very important and special memorial remains for generations to come. On the centenary, we say thank you. We will remember them.

Care Home Facilities: Disabled Children

Mr McCrossan: I rise to give voice in the Chamber to a young constituent of mine. I do so with the full permission of his mum, Ciara. Members, especially those from West Tyrone and Foyle, will have seen in local newspapers today the outcry and pleas of a mother from Victoria Bridge whose disabled son Ben needs permanent residence in a care facility. Ben is 13 years old and has Kabuki syndrome, which is a rare genetic disorder that results in learning disabilities as well as many physical difficulties. He is non-verbal, incontinent and has a number of behavioural issues. Ben has spent the past few weeks in short-term respite facilities in Omagh and Derry. His family have now been told that he needs longer-term care in a care home facility.

His distraught mother has told me that she was absolutely shocked and heartbroken when officials from the Western Health and Social Care Trust approached her to tell her that the only facilities that are available to her son Ben are in either Dublin or Meath, hours away from where they live in Victoria Bridge. That has absolutely floored Ben's family, particularly his mother. To be honest, I was quite shocked to hear the details of that particular case, and about the trust's plans to relocate Ben, a vulnerable child, hundreds of miles away from

his family, friends and support network. The proposal would even move Ben hundreds of miles from his school, Knockavoe School in Strabane town — a school that I know well — which is delivering for many disabled children across the wider area. It is unacceptable for trust officials to simply come to the family of a disabled child and tell them that they plan to move their child so far away. It must be addressed. In correspondence with the Health Minister, we have asked that he intervenes immediately to ensure that proper, full facilities, care and support be provided to Ben and his family.

As an institution, we must ask ourselves whether we are doing our best to look after the most vulnerable and marginalised people in society. Indeed, the measure of a society is how it treats its most vulnerable. When I delved into the matter further, I found that quite a significant number of families in Northern Ireland are affected in this way. It is not good enough. The Minister of Health and the Western Trust need to intervene to ensure that Ben can be looked after close to home, where there is support in place and his mum can see him as often as she would like. It is also important to note that many children like Ben who are non-verbal cannot express how they feel or what is annoying them, or communicate. Indeed, that is a form of communication. Where those children are voiceless, we need to be their voice. That is why I am asking in the House that the Minister of Health hears that mother's pleas —

Mr Speaker: Time is up.

Mr McCrossan: — and responds to the needs of that child.

MOT Testing Capacity

Mr Beggs: I wish to take the opportunity to highlight once more the difficulty for drivers in getting their cars an MOT. I declare an interest because, like most drivers in Northern Ireland, my car is required to pass the MOT. The Driver and Vehicle Agency (DVA) NI is the monopoly provider in Northern Ireland. It is not providing adequate test opportunities for its customers. I am concerned that the MOT waiting list grew by some 36,000 vehicles during September, and a further 22,000 vehicles in October. In fact, if someone wants to go online and try to book a slot for their vehicle, they may have to wait some 10 weeks. There is the odd cancellation in the meantime.

It is disappointing that staffing levels have not enabled testing capacity to return to the pre-COVID testing capacity of 2019. Hardworking MOT testers are carrying out additional shifts and working evenings and Saturdays, but are still unable to meet demand. Meanwhile, it is increasingly difficult for members of the public to get their vehicles on the road. The figures show that, during October, there was an increase to some 73,000 in the number of vehicles that were tested, and I welcome that. However, between January and November 2019, between 75,000 and 85,000 vehicles were tested each month. Therefore, we are still operating at a lower level than in any of those 11 months of 2019.

The problem needs to be addressed by the management or by the Minister.

12.30 pm

The issue has been known about for some time. The first question is this: why have sufficient additional recruits not been put in place to ensure that testing can occur? Secondly, given the failure to carry out the required quantity of tests, why are temporary exemption certificates not utilised to take off some of the pressure? Extending an MOT certificate by even three months would create additional capacity until the problem with staffing levels can be resolved and the number of tests increased to meet demand.

The problem causes huge stress for drivers, fearing that their car may be taken off the road. Yes, they can drive and be insured without an MOT, provided that they have a valid appointment, but they cannot get their car taxed, and there is no way around that. They then risk being fined for failure to notify under the Statutory Off Road Notification (SORN) regulations. That is a major problem that needs to be addressed by the DVA or by the Minister to enable members of the public to get their MOT and get their car on the road.

Driving Theory Test Centres: County Fermanagh

Ms Á Murphy: I will address the lack of driving theory test centres in County Fermanagh. Fermanagh is the only county in the Province that does not have a theory test centre. Many of my constituents have to make a round trip of approximately 68 miles to Omagh, County Tyrone, to sit a driving theory test. Let me put that into perspective for many Members in the Chamber: it is the equivalent of driving from Stormont to Dundalk in County Louth.

In past months, I have been contacted by countless constituents who have been unable to book a test at the Omagh centre, which leaves them only with options that are further away, such as Portadown, Ballymena or Belfast. With the lack of public transport, many have to organise their own transport to and from the centres. That puts many people out of pocket, as well as forcing many parents to take time off work to transport their son or daughter.

County Fermanagh depends heavily on the need for driving licences being met, owing to its rural nature. A test centre in Fermanagh would alleviate the backlog and waiting times and would mean that many would be able to sit their theory test without having to depend on others for transport. It is a glaring example of regional imbalance, with the Department showing little understanding of the needs of the people in rural Fermanagh. I call on Nichola Mallon, the Minister for Infrastructure, to introduce a theory test centre in County Fermanagh immediately.

Mr Speaker: That concludes Members' Statements. I ask Members to take their ease for a moment or two.

Ministerial Statement

Charlotte's Law

Mr Speaker: I have received notice from the Minister of Justice that she wishes to make a statement. Before I call the Minister, I remind Members in the Chamber that, in light of the 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 make sure that their name is on the speaking list if they wish to be called. Members in the Chamber who wish to be called must indicate that by rising in their place or notifying the Business Office or the Speaker's Table directly. I remind Members to be concise in asking their question. I also remind Members that, in accordance with long-established procedure, points of order are not normally taken during the statement or the question period afterwards.

Mrs Long (The Minister of Justice): The Assembly debated a motion in September 2020 to have legislation similar to Helen's law and inspired by the campaign by Charlotte Murray's family introduced in Northern Ireland. Responding to that debate, I committed to giving careful consideration to the need for change and, if change was appropriate, to determining how it could best be tailored for Northern Ireland. My statement today is an opportunity for Members to hear the outcome of that review and my planned next steps.

Members will recall that Charlotte went missing in October 2012 and that, despite her body not being found, her former partner John Miller was convicted of her murder in October 2019. It is impossible to imagine what a devastating impact Charlotte's death and subsequently not knowing what happened to her or where her body lies has had on her family. It is greatly to their credit that, following the sentencing in 2020, Charlotte's family launched a campaign to have Charlotte's law introduced in Northern Ireland. Her family was joined in that campaign by the Dorrian family, who continue to campaign to find Lisa and get justice for her. Lisa Dorrian disappeared on 28 February 2005 after a party at a caravan park in Ballyhalbert. Despite offers of rewards and numerous appeals for information, her body has never been found and, to date, no one has been prosecuted in connection with her disappearance.

Having followed the long and determined journey of Helen McCourt's mother in England,

which eventually resulted in the Prisoners (Disclosure of Information About Victims) Act 2020 or "Helen's law", the families here called for similar legislation in this jurisdiction. Helen's law is aimed at encouraging the disclosure of the location of victims' remains in no-body cases. It does that by placing a requirement on the Parole Board to consider the prisoner's failure to provide information. That failure then becomes part of the deliberations on whether the prisoner is suitable for release on licence at the end of the life sentence tariff period.

It was a bittersweet win for Helen's family, as her murderer was released from prison shortly before the new law came into force. However, their campaign was not in vain. While it was too late to help in Helen's case, it was not long before the new provisions were used. In October 2021, the media reported two separate cases where Helen's law had played a part in the parole decision to refuse prisoners release.

My Department has completed a thorough review of the position in Northern Ireland, engaging with victims' families and the agencies and bodies involved at every stage of the criminal justice process. We have looked at the potential reasons for non-disclosure, and we have looked in detail at every opportunity where disclosure could be encouraged. We have identified a range of creative options unique to Northern Ireland that build on and go further than the provisions of Helen's law.

A report detailing those options has been produced. It highlights the potential for encouraging disclosure at the investigation and prosecution stages; at conviction and in the pre-sentence and sentencing stages; early post-conviction; during the tariff period; and during the parole process. The report, which is detailed and informative, is available from the Assembly Library. Its proposals include a number of administrative measures, some of which build on existing arrangements, while others introduce a new approach and a range of potential legislative measures on which I intend to consult.

Starting with the investigation, I believe that, from the outset, there is value in unequivocally making the suspect aware of the importance to victims' families of disclosure and of the potential consequences for the suspect of failing to disclose vital information about what happened to the victim and the location of their remains. I have agreed that suspects should be given a written notice making that clear. The importance and benefits of effective communication between the family liaison officers and the victims' families were

highlighted in the review. A strong focus on that relationship must be maintained so that all relevant information is shared between the police and the families and is fully considered. At the prosecution stage, contact between the prosecution and the defendant is normally limited. However, the prosecution would normally make the point to the judge about the non-disclosure being a relevant issue in sentencing.

The review considered whether suspects should be charged with offences in addition to the murder charge and, dependent on a conviction for murder, offences such as concealment of a body or preventing burial. Such an approach was not recommended as, in practice, a life sentence must be imposed where a murder charge is sustained and, consequently, further concurrent sanctions would have no effect.

The importance of the Public Prosecution Service (PPS) helping victims to navigate what can be an unfamiliar and daunting prosecution process was recognised. I support that work and the PPS's continuing investment in it.

The next opportunity to persuade the defendant to make a disclosure is at the point of conviction. At that stage, I consider that a clear indication given by the court to defence counsel on the need to address the failure to disclose could focus the defendant's mind on disclosure. My officials will explore the scope for that with the Lady Chief Justice's office. After conviction, a pre-sentence report is compiled by the probation officer assigned to the case on the basis of interviews with the convicted person. That is a further opportunity to impress on the offender the likely impact of non-disclosure on the sentence that the court will impose.

Sentencing for murder is a complex process. A life sentence must be imposed, together with a tariff as the minimum period the prisoner must spend in prison before he or she can be considered for release on licence. The tariff is decided after choosing the correct starting point for the category of murder and adjusting that to take account of aggravating and mitigating factors. I propose to consult on the current approach to sentencing for no-body murders. The consultation will also explore the possibility of an early post-sentence review of tariff for cases where a prisoner may wish to reconsider his or her position early in the sentence. The consultation will also seek views on the application of any such new arrangements to existing prisoners so that the measure would be meaningful to Charlotte's family.

I believe that there are opportunities for working with prisoners during their sentence. In that regard, I want to explore an earlier focus on rehabilitation work and the potential for third-party intermediaries to engage with prisoners to encourage disclosure. The important facility provided by the Crimestoppers confidential telephone service was also highlighted during the review. I support the ongoing programme of prison improvements, including the provision of in-cell telephony, which may further reduce reluctance to provide information and may result in more reports being made to Crimestoppers. As a prisoner approaches the parole stage, the probation officer has another chance to encourage them to think about the failure to disclose and should be required to explain the possible impact of continuing non-disclosure on the parole decision.

The parole stage is the stage at which Helen's law activates in England and Wales. I propose to consult on the introduction of provisions similar to Helen's law. In addition, the introduction of a requirement on the Parole Commissioners to address specifically how the non-disclosure impacts on the risk that the prisoner continues to pose would have value. I propose to seek the public's views on such a requirement.

Finally, the review recognised the important work being taken forward elsewhere in the Department to assist and support victims and witnesses. I encourage victims and witnesses to engage with us in those programmes.

My intention is to launch the public consultation in the week beginning 29 November and to run it for an extended period of 10 weeks to take account of the Christmas period. The Department will be happy to engage with consultees during the consultation period, giving respondents the opportunity to speak to or otherwise communicate with the review team and discuss the best way forward. A summary of responses and a "Way forward" report will be prepared, with a view to developing any recommended legislation for introduction early in the next mandate. The planned miscellaneous provisions Bill or the sentencing Bill have been identified as potential legislative vehicles.

Before I finish, I pay special tribute to the Murray and Dorrian families. I have been struck by the dignity and patience that they have shown throughout my Department's review. I have met them on several occasions, and I express my genuine gratitude for their ongoing engagement.

Their input helped to shape the recommendations and gave me a better understanding of the issues and concerns that we need to address. I hope that my statement will open the conversation again and provide further opportunities for the families to appeal to anyone who has information that may help to locate the remains of their loved ones to come forward.

12.45 pm

Mr Storey (The Chairperson of the Committee for Justice): I thank the Minister for her statement to the House. There can be nothing more devastating for families than not knowing what happened to their loved one and the victim's body never being found. I concur with the Minister's final comments about those two families, and I add the Arkinson family. Obviously, these are issues of grave concern, particularly for those families. On behalf of the Justice Committee, I welcome the review and the Minister's statement. Indeed, officials from her Department are due to come to the Committee on Thursday to discuss this very issue.

Minister, as well as consulting on the potential legislative measures, you are looking at a number of administrative measures. Some of those build on existing arrangements, and others introduce a new approach. What are the timescales for putting the administrative measures in place, particularly the use of third-party intermediaries to engage with prisoners to encourage disclosure?

Mrs Long: I thank the Chair of the Justice Committee for his question and for meeting me this morning to discuss the statement, as I was aware that the matter was to come to the Committee this week. I appreciate his flexibility in that regard.

Many of the proposals will not require legislative change and can therefore be taken ahead through the rest of the mandate. Obviously, for the proposals that require legislation, it is important that we consult on those and get them right. A number of the non-legislative changes can also be very influential. In particular, the ability of prisoners to contact Crimestoppers and to use third-party engagement is critical. There are, of course, already points of contact that people can use if they wish to make disclosures. We will try to highlight those opportunities and ensure that, where prisoners wish to make disclosures or have information that they can share that may be of help to the families, they are facilitated in

doing that. I expect the administrative measures to make the required changes to be taken forward immediately and concluded in this mandate. The legislative changes will then follow.

Ms Dolan: I, too, commend the courage and perseverance of the Murray and Dorrian families in their campaign. Minister, what weight will the proposed statutory requirement on the Parole Commissioners to address the non-disclosure of a victim's remains carry compared with, for example, the weighting of good behaviour?

Mrs Long: The weighting of different issues is a matter for the independent Parole Commissioners. We cannot prescribe the weight that they will give to the various elements of their consideration. However, it is encouraging that, in England and Wales, Helen's law has already been used on two occasions and had the effect of contributing to decisions not to release a prisoner. Part of the discussion and consideration by the Parole Commissioners will relate to whether the individual has been so rehabilitated that they no longer present a threat to the general public. It is questionable whether someone who continues to withhold information about a victim's remains has been so rehabilitated as to fulfil that requirement.

From our perspective, the important thing is to ensure that we facilitate victims and their families to put forward their victim impact statement to the Parole Commissioners for consideration and that we require the Parole Commissioners to consider non-disclosure as one of the factors in their decision, which is currently not the case and which, as I said, appears to have had at least some impact in England and Wales.

Ms S Bradley: I also acknowledge the Murray, Dorrian and Arkinson families, but, Minister, it is hard to visit this topic and not be mindful of the families of the disappeared. Although they will not find any redress via these measures, they are certainly living with that same pain and injustice.

Does the Minister agree that every single torturous day of non-disclosure should weigh against the murderer in such cases during any parole deliberations? By every day, I mean from the day on which the person disappeared to the day on which there is, hopefully, disclosure. Furthermore, will the Minister look at how we can leave enough of an incentive on the table to make that self-serving murderer eventually do

the right thing and disclose, even if it is done late in the day?

Mrs Long: The Member has raised a number of things with which I agree. The first is the anguish of families who have not been able to afford their relative a Christian burial, with the impact that that has on their ability to grieve and find peace, so that they can overcome the trauma of having lost a loved one, not having had the ability to do that with even the smallest dignity, by putting flowers on a grave or making some kind of recognition of their loss.

In all those cases, the families were clear that they want to receive that information at the earliest possible time. We have looked at the entire process from start to finish, in order to see where we can drive the incentive for disclosure, not by way of offering people, if you like, a discount on their sentence but by trying to encourage them to come forward because of the risk of a negative influence if they do not. I do not think that someone who takes a life should benefit, simply because the person did the most minimal of dignified things and helped with the recovery of remains.

One of the areas that we have looked at is at what can be done with those who may be further through the process. I mentioned the tariff review and the sentencing review immediately post-conviction, if someone then gives up the information. That is specifically designed to look at cases in which, throughout the process, people have continued to hold that they are not guilty, up until and including sentencing, but where perhaps, in the wake of sentencing and faced with a life sentence and a high tariff, they may then decide that it is the time to give up that information.

There is the possibility, where they have been sentenced for a murder with no body disclosure, that they can have that sentence reviewed at that point if they do come forward and that that can be taken account of in a retrospective review. We hold that out, even at that late stage, for someone to come forward. Frankly, I would far rather that people came forward in the immediate aftermath or during sentencing than have them wait 16, 17, or 18 years before they come in front of the Parole Commissioners, when they will have another opportunity to make that disclosure. It is much better for the families that the information be disclosed as early as possible.

Mr Beattie: I thank the Minister for her statement, which is really important. There is an evilness to murder, and there is a double evilness to murder when you do not give up the

body. Anybody who supports that adds to that evilness. You mentioned the proposal to consult on the current approach to sentencing for murders with no body. Is that going to be part of the public consultation, which starts on 29 November, or is it to be a separate process?

Mrs Long: It will be part of the consultation. There are different categories of murder, as the Member will understand, and one of the options that we are considering is that, if you have not disclosed the whereabouts of the body, that should automatically fall into the highest category and therefore attract the highest tariff on which the starting point for sentencing begins. That is one of the issues on which we want to consult as part of the wider process. Doing that will require legislative change, so we have put all of that into the public consultation that will start at the end of this month. That will allow us to look at having a legislative vehicle in the next mandate. It will probably be in the sentencing Bill, because it seems to fit in there, but it will potentially be in the miscellaneous provisions Bill, depending on timing. Doing that will allow the proposal to be brought forward and the legislation changed.

The Member is right that this is a package of measures. It is therefore important that we consult and then legislate in one block rather than tamper and tinker with small parts of the system. It is important that this be seen as a cohesive package, which is there specifically to meet and address the needs of families who not only are grieving but are tortured by the fact that they do not know what happened to their relative's remains.

The impact that that has cannot be overstated. When you meet those families and listen to their experiences, it is absolutely grim that they are still wrestling with this, often in their older years and often having almost given up hope of the opportunity of having a Christian burial for their loved one. I appeal to anyone who has information about the whereabouts of anyone who has been disappeared to come forward and give up that information, because the families deserve at least that.

Mr Muir: I welcome the Minister's statement and the proposals she set out. My immediate thoughts today are with those families that have been unable to give a Christian burial to their loved ones, particularly the Murray and Dorrian families. Running through Castle Park in Bangor yesterday afternoon, I saw a bench and flowers to remember Lisa, but still no body has been recovered and no funeral has been possible. Will the Minister join me in calling for anyone with any information whatsoever to

come forward with that today? No more delay. Bring that information forward, whether to the police or Crimestoppers, to ensure that the families can have peace.

Mr Speaker: I call Linda Dillon.

Mrs Long: I absolutely concur with my colleague. Yesterday was Missing Persons Day in the South. The families have worked through that to try to raise awareness and to challenge the consciences of those who know where Lisa's body is, who know what happened to her on that fateful night, and who are deliberately and wilfully withholding that information from her family — her parents, sisters and loved ones. I beg people who might know something to come forward and ease the pain that the family has gone through.

These two families that we have dealt with directly are just two examples of many families that suffer this same indignity. They have shown huge grace, courage and resilience in the face of unimaginable pain. I appeal to those who are withholding information and continuing to do so to stop, think what it would be like if it was their nearest and dearest, and come forward and give the families the information that they desperately seek.

Mr Speaker: Thank you. I apologise to the Minister for moving on too quickly earlier. Linda Dillon.

Ms Dillon: I thank the Minister for her statement and concur with all the remarks that have been made with regard to the Murray and Dorrian families. I met them when I was on the Justice Committee, and the Minister is quite correct in what she says about the dignity with which they have held themselves.

Minister, in relation to the requirement on the Parole Commissioners to address how non-disclosure of a victim's remains impacts on the risk that a prisoner continues to pose, the motion that was passed acknowledged that such matters are already routinely considered. On that specific point, what has actually changed?

Where an appeal is ongoing, we know how slow justice can be in this jurisdiction. Is there a way to speed up those appeals? If an alleged perpetrator thinks that they still have an opportunity to be found innocent, they may not be willing to disclose information.

Mrs Long: Answering those in reverse order, the Member is, of course, right that, unless

justice is able to be speeded up, we will have continuing delay in getting justice for families and resolution through the courts. We will also then have a continuing period where people may be claiming that they are innocent when, indeed, they are guilty.

Tomorrow, we are due to debate the Criminal Justice (Committal Reform) Bill. That will be an opportunity for the Assembly to show clearly that it does want to speed up justice and to move forward in that respect. We are also investing significant resources to speed up justice right from the beginning, in terms of the exchange of information between the various parties, and right through the process. None of this is to remove the right of individuals to get justice, whether they are the accused or the victim. It is to say that there can be, I think, additional haste in how we resolve these issues, and we are working hard with our partners in the justice system to achieve that.

1.00 pm

With respect to the parole review process, as things stand, it is a matter for individual parole commissioners to decide what issues to consider. This may be one of a number of issues that they will consider. The difference is that we are making it a statutory requirement to consider it as part of this. We also know that the registered victim or their nominated representative have a statutory right to have a victim impact statement submitted to the parole panel. However, that option is not always taken up, so it is important that, as part of the wider work around this, we try to encourage victims and their families to make use of that statutory right and to exercise it so that, when it comes to parole, it is about looking at whether the person can be managed in the community and also whether that person has rehabilitated to the extent that one would expect before release. That is the key message that we want to send.

Mr Weir: I thank the Minister for her statement. I welcome the step forward that has been taken today and join others in appealing to anyone who has information on the Dorrian case, the Murray case or, indeed, any of the myriad of cases, in which such heartache is being caused to the families by not even knowing where the remains of their loved ones are, to come forward, even at this late hour. In terms of the centrality of the position of victims' families, are there any plans to have a bespoke and focused role and input for victims' families, either in the consultation or as we move forward with the legislation?

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

Mrs Long: I very much appreciate the Member's question. Victims' families have been at the centre of how we have taken this forward. We have worked very closely with the relatives of Lisa Dorrian and Charlotte Murray and consulted them about what they desire as a result of the justice process while also considering the complexities around how that can be delivered without biasing the system so far against a defendant that it would be counter to natural justice. The families have been incredibly patient with and understanding of the legal position and the challenges that it creates in terms of what we can do, but they are certainly very supportive of what we have done.

Of course, we are happy to meet other families who may have similar experiences. In the last number of weeks, for example, I met the family of Arlene Arkinson, who disappeared and whose body has never been found. I would welcome anyone who finds themselves in that situation getting in touch with the Department and my officials and giving us their feedback on how this process may or may not be able to assist them in recovering the bodies of their loved ones.

No-body murders are, thankfully, a fairly rare occurrence in our society at this time, but that does not make it any less important that we ensure that, at every stage of the system where those examples happen, we are able to do all within our power to assist the families in finding the truth and in finding the location of their loved ones' remains so that they can offer them the burial that they wish and have somewhere to grieve.

Mr Boylan: I welcome the Minister's statement. Minister, what engagement have you had with your Southern counterpart in developing these proposals?

Mrs Long: At this point, I have not had any engagement with my counterpart in the South directly about this set of recommendations because, obviously, they pertain to cases going through the Northern Ireland court system, and our rules, regulations and so on are entirely different. However, I was due to meet my counterpart this week. That meeting has been postponed, but I hope, in due course, to discuss with Minister McEntee the potential, when a disclosure happens on a cross-border basis, for us to be able to pick up that information and make use of it.

It is incredibly important that we recognise that, in a number of cases, whilst the murder may have taken place in one jurisdiction, the body may have been located in another. Therefore, it is important that we continue to work on a cross-border basis. However, as these proposals relate solely to elements of the justice system in Northern Ireland, I have not consulted directly with my counterpart in the South on them.

Mr Newton: I, too, welcome the Minister's statement. This is a very welcome piece of work. I imagine that the meetings that the Minister has had with the Dorrian family and Charlotte Murray's family were emotional and painful all round. I pay tribute to those families.

Aspects of Helen's law have been criticised by eminent QCs in England. Can we learn from what has happened there, even at this early stage? Can we develop the legislation that will give the families of the Northern Ireland victims even greater hope?

Mrs Long: I thank the Member for his remarks. He is right: the families are incredible people with a huge amount of courage. They have an intimate understanding of the challenges that the justice system faces and take a reasoned approach to where, they believe, a difference can be made. I am hugely indebted to them for their engagement.

We want to learn from the experience of Helen's law. In the proposals that I have announced, we aim to go further. Nevertheless, we want to learn about the implementation of Helen's law in the courts in England and Wales. Their parole commissioners system differs from ours and so not everything is immediately transferable. However, we should look carefully, as we did in producing these recommendations, at what happens in other jurisdictions, as well as at the opportunities that exist here. If there are lessons to be learnt, concerns that have been raised and ways that this can be improved, the consultation period is the right time for people to bring that to our attention, so that we can engage with it.

One of the reasons why it is so important to carry out this consultation is that, if we are going to change the law, it is important to do so as part of a considered and thoughtful process, not as a knee-jerk reaction, albeit with good intentions, that has not been properly weighed and measured in its applicability and the impact that it would have on the justice system as a whole. That is the intention of going to consultation: to ensure that we get it right.

Mrs D Kelly: Minister, I welcome your statement and join with others in paying tribute to the families of Lisa Dorrian and Ms Murray. I also pay tribute to the families of those who were disappeared by the Provisional IRA — Columba McVeigh, Joe Lynskey and Captain Robert Nairac — who have waited almost 40 years for the return of the bodies of their loved ones. I, again, call on the republican movement to return their remains.

Minister, in your statement, you talked about incentivising the offender. Indeed, the power continues to rest with the offender, to a point. I wonder whether you have given any thought to taking the stick approach of a whole-life tariff, the ultimate penalty that any offender might pay, regardless of what some might call rehabilitation. As you recognised, how can rehabilitation be thorough if the offender has not returned the body?

Mrs Long: I thank the Member for her question. A whole-life tariff was considered and discussed with the families. However, they were clear that their objective is not to seek that the person responsible for the murder never sees the light of day again. That is not their primary objective. Rather, their primary objective is to recover the remains of their relative, and be allowed to bury them. That is their focus. Unfortunately, with a whole-life tariff, there can be no incentive for someone to give up that information because they would be beyond the reach of the Parole Commissioners as they would not be released at any time. That would take away our opportunity to work with the offender and ask them to give up that information.

A whole-life tariff is there for a reason: some murders are so egregious and depraved that a whole-life tariff is required; the individual may be beyond rehabilitation. However, the best place for this lies with the more serious category of murder, where the tariff is set at a relatively high level and has to go in front of the Parole Commissioners in order to have any prospect of parole. In doing that, at least two, if not three, additional opportunities are introduced into the system to get this information for the families that would not be there with a whole-life tariff. It is not simply that I would object to a whole-life tariff when a murder has been particularly egregious. Indeed, that may be appropriate in some cases, but not all. The key thing is to use our sentencing system to ensure that we maximise each opportunity to get the information that the families wish to have.

Mr Chambers: I welcome the proposed Bill that has been brought about mainly by the dreadful plight of the grieving and dignified families of Charlotte Murray and Lisa Dorrian. Whilst the proposed new law will offer hope to the Murray family that the remains of their loved one could be recovered and given a Christian burial, due to the fact that someone has been convicted and is serving a sentence for that murder, could anything be incorporated into the new law that might encourage those with information about a case, such as Lisa Dorrian's, to come forward with that information? In a just world, doing the right thing would remove any need for any such encouragement to conclude Lisa's case. It is not too late for someone to do the right thing.

Mrs Long: The retrospective review of the tariff applying even after a person had been sentenced and its ability to be reviewed if they subsequently gave up that information was one of the things that we considered very carefully. We made that retrospective specifically to ensure that in situations such as that of Charlotte Murray, there would still be an incentive for anyone who had been sentenced and had information to come forward.

The incentive for those responsible for Lisa Dorrian's murder and, indeed, who are aware of where her body is buried, comes much earlier in the system, in that, if they were eventually brought to court and found guilty, giving that information would have an impact on their sentencing and tariff. We made that clear in the report. However, there will be those who think that, if they stand by and say nothing, they will be able to evade the courts and to evade justice. It is true that there may be some people out there who have committed atrocious crimes and will never be held to account for them. The justice system can take us only so far.

I would not necessarily appeal to people's better nature, because somebody who would withhold that kind of information from a family perhaps has very little of a better nature to appeal to. However, I would ask those in the community who know where Lisa's body is, who know what happened to Lisa, who know who was involved in that evening's events and who were responsible for that to search their conscience, to consider the impact that they are having on her family and to come forward and give up that information at the earliest possible point. You do not need to go to the police to do that. If you are afraid and feel that you may be intimidated, you can phone Crimestoppers. It is an independent charity, and you can give that information entirely anonymously. I encourage anyone in the community with information that could assist with the recovery of Lisa's remains

to do the right thing, to come forward and to help her family with one of the most tragic situations that any family will ever face.

Ms Kimmins: I thank the Minister for her statement. Minister, the statement references the potential for the court to give:

"a clear indication ... to defence counsel on the need to address the failure to disclose".

I would be grateful if the Minister could elaborate on what that would mean in practice and how it differs from the written notice at the investigative stage. Would there be any opportunities to provide that at a pre-court stage?

Mrs Long: We will explore that element with the Office of the Lady Chief Justice. It is important that that message is reinforced at every stage and throughout the system. Accused and convicted persons need to be made aware that, if they continue to withhold information about the location of victims' remains, it will have a negative impact on their sentencing and the tariff.

In a murder case, the sentence will always be life. The question is how soon they will be able to seek parole in that life sentence. We need to make it very clear at that time that withholding that information is likely to cause the tariff to be set at a higher rate. As I mentioned, depending on the outcome of the consultation, that may in some cases result in a murder being put into a more serious category automatically. That would also need to be reinforced with persons facing sentencing.

It will not necessarily mean that every person who is responsible in a case like this will give up that information — some people will continue to withhold it for whatever reason — but it is about creating the incentive at each stage for whomever is involved to give consideration to the impact they have on not only the families but themselves if they continue to withhold that information.

1.15 pm

Mr Dickson: Thank you, Minister, for your statement. It is an important one today, particularly for families in Northern Ireland who find themselves in such circumstances.

Minister, Helen McCourt's parents have been actively involved in the group Support after Murder and Manslaughter (SAMM); in particular, they have been exploring an area of

law regarding the crime of prevention of burial. That does not require perpetrators to indicate where or how they have disposed of remains, but it is a crime in itself and carries the penalty of life imprisonment. What action is the Department taking to ensure that it sits alongside all the actions that are taken to encourage and support the families?

Mrs Long: I thank the Member for the question. We looked at whether additional offences should be created in that area. Given that in Northern Ireland there is automatically a life sentence for people convicted of murder, there would be little incentive created by having a separate conviction that would run concurrently with that life sentence. Essentially, someone would be given concurrent sentences and there would be little more incentive for that person to give up the information than there would be with a single life sentence. We considered it, and we will continue to watch developments in that area in other places.

Wider support for victims of murder or manslaughter is a huge issue for families. Whilst we hope that the court system contributes to the grieving and healing process, going through the system can often be traumatic in itself, and not every family will get to go to court because some perpetrators will not be caught. There is a real challenge in how we better support those who have lost relatives in such circumstances.

We had that conversation last week. It was the fiftieth anniversary of Victim Support. We were looking at how, throughout the justice system and beyond it, Victim Support could better support families and victims who have been affected by particularly heinous crimes. That job is not just for Victim Support but for us all as a community. It is a job to help people find meaning in what has happened, find resolution and be able to come to terms with the fact that, when you have suffered that kind of loss, the old you has gone. You are a different person; you are irrevocably changed by experiencing an event like this. You are grieving not only the loss of the person whom you love but the loss of yourself, because your self has been changed so much by those events. What we need to do not just in the justice system but beyond, including in Health and Communities, is look at how we better support those who have been victims of crime in their journey towards finally finding some kind of peace with what has happened, because it is certainly not an easy journey.

Mr Catney: I also thank the Minister for her statement and acknowledge the Murray and

Dorrian families for being here today. I welcome the Minister's step towards embracing Charlotte's law. Will she give the House an assurance that robust safeguards will be put in place to ensure that false or misleading disclosures do not benefit those who make them or lead to any reduction in the time that is due to be served?

Mrs Long: I can give that assurance. There will always be cases where the passage of time and, indeed, a change in the environment will make it difficult to locate remains. We saw that in the case of the Independent Commission for the Location of Victims' Remains (ICLVR), where, even when people engaged with goodwill, it was unable to locate where bodies had been disposed of. It often happens in haste, under cover of darkness and hidden from public view, so, even if someone intends to give the right information, it can be difficult for them to do so accurately. However, it is important that we recognise that you should not benefit from any such reductions unless the information that you give is bona fide and leads to some progress in recovering the remains. To do otherwise would be unfair on the families and would only create more upset and distress.

Miss Woods: I thank the Minister for her statement today. My thoughts are with the families of Lisa and Charlotte and others affected by this. I appeal again to anyone with any information to please come forward.

What does the Minister mean by an "early post-sentence review of tariff"? Does that imply that it could be applied retrospectively? If so, does she support that?

Mrs Long: Yes, it does imply that it would be retrospective. The idea is that, if somebody who has received their sentence and their tariff in the courts decides that, on reflection, the "Not guilty" plea that they have maintained up to that point as being in their interests may no longer be so, it would be within the gift of the courts to reconsider their sentence, if they were to come forward and give that information freely to the family and allow for recovery of the remains. That is important. We will consult on the notion of whether a murder in a no-body case should be automatically considered as one of the more serious cases of murder. That could then determine the tariff. It is important, even at that early stage, that there be the opportunity for review.

We listened carefully to Charlotte Murray's family in particular, because they are in that post-sentence, pre-parole space now. We have

looked to see how we would do that. In that case, we propose that it would work retrospectively so that, if someone comes forward at this point with that information, that would be taken into consideration when looking at their tariff.

Mr Allister: I join in the tributes to the courage and tenacity of the Murray and Dorrian families and, indeed, others. So that I can better understand the Minister's thought processes, I put this to her: if someone duly convicted of murder has withheld information and been sentenced on that basis with an enhanced sentence and the body is then found without their help, do they get any advantage from that? In other words, is the determinant the withholding of the information or the absence of the body? Can the Minister help me in that?

Mrs Long: The determinant is the withholding of the information in such cases. Were the location of the body to come to light by other means, the person who had been convicted of that murder and had withheld the information would not receive any benefit from the fact that the whereabouts of the remains had been disclosed. It is important to note that we are trying to incentivise the person most likely to know where the remains are — the person convicted of the murder — to come forward and give that information. We make the wider appeal to everyone in the community, because there may be other people — friends, relatives, acquaintances — who have information that would help to locate the remains. We, of course, encourage those people to come forward also, but we are looking specifically here at those responsible.

Mr Easton: I welcome the detail in the Minister's statement. Having spoken to the Dorrian family this morning, I know that they feel the same as I do about your statement, so thank you.

Minister, you mentioned legislation similar to Helen's law. Can you outline the differences between your proposals and Helen's law across the water?

Mrs Long: The key differences will be to allow for the different sentencing structures and parole issues here. If the Member reads the report, which I have left in the Assembly Library for Members, he will see that we are also looking at how sentencing will be structured in the initial stage. All of that will be slightly different from the arrangements in place in England and Wales, but it is not a major deviation from the basic requirement that the

parole body, whether that is the Parole Board in England or the Parole Commissioners here, has a statutory duty to consider the non-disclosure of that information.

Mr Principal Deputy Speaker: Members, that concludes questions on the statement from the Minister of Justice. Please take your ease for a few moments before we move on to the next item of business.

Executive Committee Business

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021

Mr Principal Deputy Speaker: The next items of business are motions to approve two statutory rules (SRs), both of which relate to health protection regulations. There will be a single debate on both motions. I will call the Minister to move the first motion. The Minister will commence the debate on the motions as listed in the Order Paper. When all who wish to speak have done so, I will put the Question on the first motion. I will then call the Minister to move the second motion, and the Question will be put on that motion. If Members are clear enough, we shall proceed.

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

That the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021 be approved.

The following motion stood in the Order Paper:

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment) (No. 7) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]

Mr Principal Deputy Speaker: The Business Committee has agreed that there will be no time limit on the debate.

Mr Swann: Today, the House is considering two statutory rules that were introduced following decisions of the Executive taken on 7 October and 21 October. Again, I lead on behalf of the Executive.

As a result of the amendments, nightclubs reopened for the first time since March 2020, and social distancing requirements were removed from the legislation. When taking the decisions, the Executive issued guidance, as they did for the large events sector, that premises should make use of COVID status certification in a voluntary capacity. The large events sector, for the most part, complied with the guidance, but, unfortunately, from the

Executive COVID task force reporting, we have not seen the same level of compliance from some in the hospitality sector. Therefore, whilst it is not inevitable, if the current trajectory of increased cases continues, we may once again face the possibility of venues being asked to close their doors during the Christmas season. Let me be clear: it is not inevitable, and I do not want to have to reintroduce further restrictions unless that is completely unavoidable. However, I am disappointed that some in our hospitality business sector have not acted as responsibly as the Executive had hoped when the rules on social distancing were removed at the end of October.

Mr Principal Deputy Speaker, you and Members will be aware of the escalating pressures being experienced across our trusts, particularly in the Southern Trust, and additional measures are now required. For that reason, Ministers have agreed to introduce regulations making mandatory the requirement for COVID status certification to enter certain events or settings. Members will know that I have stated on many occasions that I want to see only mitigations that are proportionate and necessary to control the risk of transmission and to prevent the Health and Social Care (HSC) system from becoming overwhelmed while enabling life to continue as normally as possible.

In the meantime, our health service will continue its efforts to deliver much-needed health and social care services, especially to our most vulnerable citizens. Our vaccination programme continues to offer us the best way forward. I urge everyone to get their vaccinations and boosters as soon as they are able to. That will boost immunity, reduce virus transmission and help us all get through the winter in a safe and enjoyable way.

1.30 pm

I now turn to the regulations being debated today. SR 2021/292, the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021, was made on 28 October 2021. The second set of amendment regulations, SR 2021/291, the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment) (No. 7) Regulations (Northern Ireland) 2021, commenced on 31 October 2021.

The first set of regulations for debate is the amendment (No. 18) regulations, which commenced on 31 October 2021 and made the

following changes: people are no longer required to be seated in hospitality premises, which applies to pubs, cafes and restaurants, as well as theatres, concert halls and other indoor venues, enabling people to stand whilst eating, drinking or watching a performance; indoor dancing is permitted; the requirement to maintain social distancing in hospitality settings has been removed and moved to guidance; and nightclubs are permitted to reopen. The regulations also removed the requirement for a ticket to be purchased in advance of an outdoor event, which aligns with the position on indoor events.

The wearing of face coverings regulations were made following Executive agreement on 21 October 2021. The amendment (No. 7) regulations removed the requirement to wear a face covering when eating or drinking, not seated, in an indoor setting or when dancing in an indoor venue.

Each of us must continue to keep our guard up against the transmission of the virus that causes COVID-19. We must also follow the public health advice and the Executive's guidance in order to help reduce the risk of transmitting the virus between us and to allow people to gather more safely in settings that would otherwise be considered high-risk. Both personal and public responsibility are required as we step our way out of restrictions. I take this opportunity to urge everyone to continue to make safer choices and to follow the public health advice. Doing that will not only help keep you, your family and others safe but undoubtedly help you play your part in keeping our society and economy open and reducing the pressures that our health system faces as we move towards the time of year during which pressure on our health service and its workers increases. I commend the regulations to the Assembly.

Mr Principal Deputy Speaker: There are considerably more people in the Chamber than are on my speaking list. If Members wish to speak, I ask that they rise in their place to indicate so. Thank you.

Mr Gildernew (The Chairperson of the Committee for Health): Once again, I am regrettably in the position of having to condemn threats made against the Minister and threats and abuse that have been directed towards other Members of the House in the course of doing their duty. I particularly underline the fact that disgraceful graffiti that appeared in my constituency is in no way reflective of people in that constituency's views. I express my solidarity and support for the Minister in his

work and condemn the disgraceful, faceless attacks that continue to circulate.

I will make some very brief remarks as Chair of the Committee and then some comments as my party's health spokesperson. This is the twenty-sixth occasion on which I have spoken on behalf of the Committee about health protection regulations related to the pandemic over the past 21 months. The pandemic has had a major impact on many people in our communities. Many have lost loved ones, and our thoughts are very much with each and every one of them and their families.

We have seen the impact of the pandemic on our health and social care staff. They have done an amazing job in very difficult circumstances. I thank those staff for their hard work and continued dedication throughout the past 21 months.

We have seen the impact that the pandemic has had on our already creaking health system, and there remain a consistently high number of people with COVID in our hospitals. Indeed, we now see increasing pressure on our hospitals as we once again move into the winter period. That is why it is important that people continue to follow the rules and the guidance in place. By following them, we will save lives.

It is of the utmost important that we see the successful roll-out of the booster programme over the coming weeks, as that will help cut the risk for some of the most vulnerable of contracting COVID-19. I encourage anyone who is eligible to get the booster vaccine to get it as soon as they can.

In relation to these regulations, it would be good to hear from the Minister today about what the impact has been since the relaxation of the restrictions. Has there been any impact on the number of cases or, indeed, the numbers in our hospitals? The Committee remains concerned about how information and modelling is used to make decisions in the Executive. We would like further information to be provided to the Committee when we are considering these rules in order to allow us to apply full scrutiny to decisions that have been taken.

The Committee also highlighted some concerns in relation to the enforcement and monitoring of the adherence to rules and guidance. Members of the Committee highlighted the need for a more robust process of gathering information on enforcement and adherence. We are concerned that enforcement is largely left to individual businesses to take forward, which can put business owners in a difficult position. I

would appreciate it if the Minister outlined his views in relation to how we can enforce rules at this time.

The Committee also states its concern about the legislative process. We, as a Committee, often see the rules only after they have been made. That has caused some issues; members have had questions that officials have not been able to answer. I encourage the Minister to bring back the SL1 stage to allow the Committee sufficient time to consider any changes. I am thinking especially of rules related to possible COVID certification. The Committee agreed to recommend that these health protection regulations be approved by the Assembly.

I will now make some remarks in my role as Sinn Féin spokesperson for health. It is important that the regulations are considered in the context in which they are made, and with the desired outcome understood. Last year, almost to the day — 23 November — the Assembly passed a Health Committee motion in relation to an updated strategy, but we have not really seen an updated strategy to date. That motion called on the Minister to:

"bring forward a robust, scaled-up find, test, trace, isolate and support ... strategy based on international best practice as part of a wider Executive strategy to help avoid a cycle of lockdowns and the particular negative impacts on mental health and well-being." [Official Report (Hansard), 23 November 2021, p75, col 1].

As restrictions are being lifted, what is the goal and strategy of the Minister's Department? How does that match up with the pressures that are facing health services today and in the months ahead?

I asked the Minister in September how the Department monitors face-covering compliance and enforcement. It was disappointing to hear that there are no formal measures in place. Does the Minister believe that compliance can be reliably monitored and, if so, how might that be done?

I draw attention to a recent study that received considerable attention, and I want specifically to make the House aware of it today. It was in the 'British Medical Journal', and it found that mask-wearing cuts COVID-19 incidence by 53%. We need to send a very clear message to the public about why we are asking them to continue to abide by that guidance.

That is a considerable impact that is related to just one measure, but, of course, we know and understand that it takes many layered, interwoven and interdependent measures to create a credible public health response. That is why an updated strategy is needed. It was needed before the winter of 2020, and it is still needed today, before the winter of 2021.

I will also very briefly touch on the issue of the misinformation that is circulating in the community. Disgraceful and shameless lies are being told at gatherings by people who claim to have scientific knowledge. Those people need to reflect on the impact of what they are saying and causing, but I also think that there should be a more structured response around tackling and challenging that misinformation.

My experience is that the vast majority of sensible people understand that this is a global pandemic that continues to rage around the world; continues to affect our people here; continues to cause people to become seriously ill; continues to cause people, particularly young people, to develop long COVID; and continues to take the lives of members of our community. In that circumstance, I believe that people understand that we have an obligation and a duty to act and to do something about that. That requires clear messaging, clear communication and clear leadership by the Department of Health, in the first instance, and by the Executive. I hope that we see that clear leadership emerging as we enter a difficult winter period.

Mrs Cameron: I express my solidarity and support for the Minister and his ministerial colleagues. Whether we agree or disagree on topics, there is no place in society for intimidation and vile threats.

I support the motions, which, once again, look at the easements to restrictions. Once again, we are belatedly debating changes that have already come into effect. To that end, this is just a formality. The changes provided a timely boost to our hospitality sector. As we all know, cafes, restaurants, pubs and bistros across our constituencies have had a horrendous time as a result of the pandemic, and a drop in footfall and restrictions on capacity as a result of social distancing have caused a significant drop in their revenue. Added to that are pressures on staff to enforce restrictions and the cost of same. Of course, we also need to consider the rising cost of doing business due to issues with supplies and the cost of energy.

There has been a perfect storm for the hospitality industry. Some have not been able

to withstand it and have had to close their doors, and long-standing family businesses have been lost from town centres across Northern Ireland and will, sadly, never return. Thankfully, the resilience and support of local communities has seen others pull through in this difficult period. Those businesses had been scraping through to pay bills and keep local people in local jobs, so they needed light at the end of the tunnel, not more tunnel. Therefore, the regulatory amendments before us offered a great deal of hope for the industry and were a timely injection of impetus.

The end of the furlough scheme meant taking decisions on staffing. Reaching the point at which capacity could be restored and drinking at the bar in pubs was made legal once again meant the restoration of a more viable business model. Likewise, the removal of the requirement to wear a face mask in certain venues, which we also have before us, is another psychological boost to the patrons who visit those venues.

One of the more controversial relaxations was the reopening of nightclubs. I recognise that the amendments before us deal with the practicalities around the return of nightclubs. With hindsight, that relaxation may have been ill-timed. Although many venues took the opportunity to reopen and acted responsibly by adhering to guidance and risk assessments, some venues, one of which has been the epicentre of a serious outbreak, acted anything but responsibly. If we are to emerge from the pandemic and the cycle of restrictions, we need everyone, not just some, to act responsibly or, sadly, everyone will lose out. That is a message that everyone should listen to and they should then act accordingly.

We are, once again, reaching a difficult place in the pandemic, and, once again, I implore our population to take the available flu and COVID vaccines that can help us emerge from restrictions and get us back to normality. If you are eligible for the booster, then do your bit for society and take it. Let us remember the basic tools in all of this: hygiene, mask wearing, ventilation and the general use of common sense. By now, none of us should need to be told how to behave in a pandemic. Let us do our bit to support our mentally and physically tired healthcare workers and allow them to continue taking care of us. The alternative is more and longer restrictions, which, in the mouth of Christmas, none of us want. Let us take our own personal responsibility seriously.

Mr McGrath: I welcome the opportunity to speak to the Health Protection (Coronavirus,

Restrictions) Regulations 2021 (Amendment No. 18) Regulations and the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 7) Regulations. Although those amendments were made back in October, daily infection figures have been over 1,000 per day every day since the beginning of July. On Friday past, there were 1,690 infections and seven deaths. We remember those who have lost their lives to the virus and the families that they have left behind.

Amidst all the political discussions here, the protests at the weekend and the messaging and tweeting from political figures, we must always remember that the issues that we discuss are matters of public health. We are talking about protecting life in the face of a virus that has swept the world.

1.45 pm

It is because of that desire to protect life that, when the amendments were brought before the Executive in October, the Infrastructure Minister, Nichola Mallon, said that we could not support them without the necessary mitigations being in place to protect life. The mitigations were straightforward. We were talking about COVID vaccination certificates. Regrettably, we find ourselves in the position where the amendments were agreed by the Executive and we are now being asked to rubber-stamp them. While the mitigations have been agreed and put in place, the introduction of the COVID certificates will not be enforceable until 13 December. Who knows how things may change by then?

As I said, the amendments that we are discussing date back to 21 October. Some of them came into operation on 31 October. Somehow, after 18 months of living with the virus and the pandemic, we still find ourselves in the absurd position where we enact laws and then debate them. It is a bit like the process in the TV series 'Married at First Sight'. It flies in the face of logic, and I have been consistent in saying that for the last 18 months. Because of the process of enacting laws first and then debating them, elected representatives are not given the opportunity to scrutinise the legislation and make sure that we are enacting the right legislation. Had we debated the amendments before enacting them, I would have opposed them without the proper mitigations being in place.

In legislation, communication is key. Just last week, we had agreement at the Executive table for the COVID certification scheme, which included the use of lateral flow testing or

recovery from COVID-19. That is a fair compromise, yet, because the DUP opposed it — though the DUP did not provide any substantial alternatives — the public messaging on it has been somewhat contaminated.

We have all seen the abuse that elected representatives have had to take in the past 18 months. Staff in my office, who deal with people in dire need on issues such as housing or universal credit, are having to do so while taking phone calls in which we are called Nazis, communists and traitors to the people, and told that we are promoting apartheid and that John Hume would be turning in his grave. Individuals have come into the constituency offices of elected representatives to serve written notices on them for crimes against humanity. At this stage, I express my solidarity with the Health Minister and other colleagues who have received substantial abuse from people as they go about their work. It is not acceptable, and it can never be condoned.

While those who oppose our COVID-19 regulations, such as those that we are debating, remain, thankfully, a very small minority, because of the messaging that has come from some quarters, their conspiracy nonsense has been given room to breathe. When the First Minister said at the Executive Office Committee back in October that some people may not receive the vaccine because of ethical reasons, it did not do anything to help us to increase our rate of vaccination. He also said that businesses would be encouraged to request proof of vaccination when people tried to enter an event, so I do not know why he did not support the introduction of COVID certificates last week. It is, after all, the same thing.

Let the message to those who call us Nazis and say that we are promoting apartheid be very clear: your civil liberties are not at stake. Nobody is trying to coerce you into anything. You insult the memory of those who died as a result of the holocaust and the South African genocide by the parallels that you are shamefully drawing. It is pathetic, it is factually incorrect and it is dangerous, and I ask people to stop.

Let me come back to the issue that we are discussing and it, as I said, being a matter of public health. No one in this place is trying to coerce anyone into taking the vaccine, so let us park that line. What we want is for our regulations to help to prevent our health service from being overwhelmed. We have a health service that has been decimated as a result of 14 years of the DUP and Sinn Féin running it down. Unless we take the hard decisions,

things will only get worse. You can call that politicking if you want, but that does not change the fact that it is true. It is time that we had some grown-up mature politics in this place. As political parties, we do not have to agree with each other. However, we do have a responsibility not to contaminate the legislation that we are enacting with ill-thought-out messages or tweets, or messages that just play to people's fears but do nothing to quell them. Grown-up, mature politics may also mean that the Justice Minister and her Department will have to take the lead in managing compliance around face coverings. It will probably not be popular, but it is the right thing to do. Grown-up, mature politics would also mean that we get out of the situation where we enact legislation first and debate it afterwards. Regrettably, however, that is what we have to work with right now. I will support the amendments that have been presented to us today in the spirit of protecting the public and our healthcare service.

Mr Chambers: I listened to the news last evening and this morning, and I was disappointed to hear that a Minister appeared to be seeking a way out of working in a cohesive and collective way to deal with the pandemic. If ever there was a need for the public to see collective leadership in the Executive, it is now. We must always be guided by the medical and scientific advice of qualified, professional experts. Given the number of anti-vaccination emails that I and, no doubt, the rest of the House have received, there seems to be an army of virus-control experts out there. However, I will continue to rely on the Chief Medical Officer and Chief Scientific Adviser to guide my actions. My party will continue to support any measures that the medical and scientific advice say are required to protect the health of our population.

As others, such as the Chair of the Health Committee, have said, the pandemic is worldwide. It is not just restricted to Northern Ireland. It is real. It is killing people and leaving behind tragedy and sadness in families. It is making many people very ill, and it is also putting tremendous pressure on hospital admissions, with the effect that that has on hospital staff. Thankfully, however, vaccination has helped many people, including vulnerable people, to fight off the worst effects of the virus. I certainly encourage anyone who has not been vaccinated to get vaccinated. Further regulations are possible. However, we can all contribute to stop them from happening. We need to go back to the basics: mask wearing, good hand hygiene, social distancing, and congregating only in well-ventilated places.

One email that I received within the past few days — again, I think that all Members received it — accused me of being a war criminal. The person got it partially right: we are in a war. It is a war that we can win if we all work together. I certainly do not concede that I am a criminal by the actions that I take, or the House takes, to protect the health of the people of Northern Ireland. I can understand and appreciate that an individual may have grounds or personal reasons for not wishing to take up the vaccination. It is their right to hold that position. What I cannot understand is why many people feel the need to, openly and actively, campaign to discourage and stop other people from taking the vaccination.

Ms Bradshaw: Thank you, Mr Principal Deputy Speaker. I was not sure whether you would call me before Question Time.

At this stage, there is no point in forcing a Division to oppose those regulations, as they have already applied for three weeks. My party's ongoing objection to their proceeding without mitigation should be noted for the record, however. Frankly, given the most recent evidence that has emerged from the Department of Health, the decision to proceed with those regulations from 31 October genuinely defies belief. As my party's Minister made clear at the time, it was clearly unwise to abandon further restrictions from 31 October without putting in place appropriate mitigations. We can already see in the numbers and evidence that to do so was an error. Indeed, it does not take a genius to work out why.

What kind of message did it send out that there is an exemption from wearing a face covering for eating, drinking and dancing? Can anyone show me the medical evidence that suggests that a face covering is absolutely essential while we are slowly walking or browsing in a shop but not while we are dancing on a crowded dance floor? It is nonsense, and everyone knows that it is nonsense.

As I said right at the outset of these debates last summer, either face coverings are an essential protection or they are not. Either they are required in all indoor venues to reduce risk or they are not. If they are essential but, for whatever reason, cannot be worn, other mitigations must be in place. Those mitigations

Mr Frew: Will the Member give way?

Ms Bradshaw: I do not have time. I am sorry.

Those mitigations, as the whole Executive have finally accepted, may include certification demonstrating that people entering premises present lower risk because they are fully vaccinated, they have recently recovered from COVID or, best of all, they can demonstrate a recent negative test. It would be logical to say that any venue in which face coverings are impractical should be subject to such certification, meaning that entry to essential services such as retail would not be subject to checks additional to those currently in place but that people could make their choice about hospitality, particularly in high-risk indoor settings such as nightclubs.

To be clear, however, the mitigations need not and probably should not consist solely of certification. Ventilation systems would count as a mitigation. Limits on numbers in locations where face coverings cannot be worn would count as a mitigation. Earlier closing times would count as a mitigation. Distancing, which was, bizarrely, removed from the regulations while cases were rising, would count as a mitigation. To go on with no mitigation is not an option.

Let us be clear: this is not an either/or situation. Inaction now comes at grievous cost later. We must put mitigations in place precisely so that we can relieve the pressures in our hospitals without the need for further lockdowns and closures. It is increasingly evident that the choice is to act now, for minimal imposition, so that people can get on with their lives through Christmas while the health service is protected or to stick our fingers in our ears and face similar chaos next year, with people being unable to socialise in the run-up to Christmas while others are being turned away from A&E. I ask Members this question: who wants the latter? The time to be proactive is long past.

In closing, I put on record my support for the Health Minister and my opposition to the abuse that he has taken in recent weeks. His is probably the toughest job in government right now, and he has my full support.

Mr Principal Deputy Speaker: As Question Time begins at 2.00 pm, I suggest that the House takes its ease until then. The debate will continue after Question Time, when the next Member to speak will be Ms Carál Ní Chuilín.

The debate stood suspended.

2.00 pm

(Mr Speaker in the Chair)

Oral Answers to Questions

Health

Mr Speaker: Questions 2 and 7 have been withdrawn.

Healthcare Staff Recognition Payment

1. **Mr McGlone** asked the Minister of Health for an update on the £500 health and social care (HSC) staff recognition payment to independent healthcare staff. (AQO 2753/17-22)

14. **Mr Frew** asked the Minister of Health when will the first payment be made of the £500 HSC staff recognition payment to the independent sector healthcare workers. (AQO 2766/17-22)

Mr Swann (The Minister of Health): Mr Speaker, I will answer questions 1 and 14 together. I ask for a bit of additional time.

Special recognition payments for health and social care statutory sector employees were paid in July. As I have previously said, delivering the payment to those employed in the independent care sector has proved to be a complex and more challenging issue. I confirm that progress has been made on making the payments to those who work in the independent sector. On 29 October, a letter was issued to all independent sector care home and domiciliary care providers who are registered with the Regulation and Quality Improvement Authority (RQIA), inviting them to identify their qualifying employees. The letter provided details of the eligibility criteria and how employers should claim on behalf of their staff.

Further to the initial letter on 29 October, my Department wrote again on 12 November to provide additional clarity about the data to be shared, which took recent data protection advice into consideration. Employers are required to complete and submit claims no later than 30 November. As expected, payments will be made by the Business Services Organisation (BSO) within a maximum of four weeks after receipt of a verified claim that is accompanied by the correct background documentation to support the payment process. Where staff worked for an independent care provider during the qualifying period, whether

for the full qualifying period or part of it, it is that provider's responsibility to ensure that a claim is submitted and to make subsequent arrangements to pass the payment on to the relevant individual.

As of this morning, I confirm that 247 claims have been submitted to the payment shared services. Of those, 129 have already been opened and are progressing through the various stages of prepayment checks. That figure includes 46 suppliers that have responded to the payment shared services request to submit sample P60s. Of those suppliers, payments have been made of £1,041,855.39, and that is in recognition of 1,675 individual employees. I remain personally committed to ensuring that the recognition payment will be paid to the independent sector staff as soon as is practicable.

Mr McGlone: I thank the Minister for the detail. Can he give an assurance that the people who have waited for 10 months while those protracted machinations have been worked through will get their payment before Christmas?

Mr Swann: The Member referred to 10 months and the machinations. From the initial announcement, I had to bid to the Department of Finance for the moneys. There were then additional queries and requests to make sure that the £500 would not be susceptible to tax liabilities. Again, we worked through HMRC and the Department of Finance. However, that guarantee could not be provided, and another bid had to be initiated to the Department of Finance to make sure that additional moneys were paid to the employers so that recipients received as near to the equivalent of the £500 as possible. That is where a lot of the time was taken.

Furthermore, the payment processes for the independent sector proved to be more complicated than was originally envisaged and by comparison with the system for our own staff. However, in recognition of that, we have already started the process, and, as I indicated, 247 claims have already been submitted. We have already paid out more than £1 million. The time frame for getting the payment into individual pay packets depends on the data coming forward in a reckonable and reconcilable format because the process is subject to audit.

We are processing claims as soon as we get the information.

Mr Frew: It seems to be the case that healthcare staff will be disadvantaged because of their shift patterns. Does the £500 payment reduce if the Department deems that workers have not worked what it classes as full-time? If that is the case, what does the Minister deem "full-time"?

Mr Swann: The £500 has always been indicated as being a payment that will be according to the number of hours worked. That is what makes the submission of claims from the independent sector more challenging. We have time sheets and the ability to verify that data for those who work in the Health and Social Care system, but we require that additional data to come forward for those in the independent sector so that we can verify the spend and payment, which is public money. It is a pro rata payment, and the £500 payment is for full-time employment.

Ms Ní Chuilín: I thank Patsy McGlone for submitting the question. The Minister mentioned that HMRC has already made its call on the tax. I am sure that the Minister will agree that HMRC is not slow in taking the money out of our pay packets but rarely gives it back. The Minister has given some figures. Will he try his best to press upon his officials the need to get the payment made before Christmas? I am not counting, but it is 33 days until Christmas. A lot of the people who work in the sector are women and are low-paid. I am sure that they would appreciate our doing everything that we can so that they get that payment.

Mr Swann: Having to pay tax and National Insurance on the £500 is frustrating. That was raised by the Scottish and Welsh Administrations, and we got support from the Minister of Finance in putting forward an ask on that. As I said in response to Mr McGlone, we have already paid out over £1 million for applications that have come forward. When people get the verified data to us, we will process it as quickly as we can. The Member said that there were 33 days left, but there may be an opportunity for two pay packets, because the December pay packet, for those who are paid monthly, comes earlier. We are doing our best to meet those commitments.

Mrs Cameron: Given the pressures on the healthcare sector, particularly in domiciliary care, and the pressure on hospitals to release people to their own homes on the back of care packages, will the Minister give a commitment and an assurance to all of those from supported living and the domiciliary care sector who have worked the qualifying period through the

pandemic but may have moved on to other areas of employment outside of the health sector that they will feel the value of receiving the recognition payment? If so, when will that process begin?

Mr Swann: The challenge with people who have changed employers during the eligibility period or with those who worked for one employer through the eligibility period and now work elsewhere is that their identification and application for the payment have to be cross-referenced. It is becoming more challenging. They will be part of the second tranche. I cannot guarantee that they will be paid before Christmas, due to the gathering of that information, but we are working with trade unions and employers to make sure that the process is as seamless as possible and that, when we capture the data, it is auditable, because we are conscious that it is public money. We want to get it into as many people's pockets as we can as quickly as possible.

Dr Aiken: We welcome the steady progress that has been made in issuing those important payments. Will the Minister provide an update on how many claims in addition to the independent sector, he expects, will be received from contractors such as GP practices, dentists, pharmacists and opticians?

Mr Swann: I thank the Member for his question. Although most of the questions have been on the independent care home sector, the sector that the Members mentions accounts for over 1,500 employers, and we expect claims to come from there. We have already received 145 valid claims from that sector. I encourage those employers to get applications in as soon as possible so that we can get them processed.

Ms Bradshaw: Minister, I go back to Pam Cameron's question. I have a constituent who has since left her place of employment and has been told that her previous employer is not going to apply on her behalf. Is there any recourse for people who find themselves in such a dispute?

Mr Swann: I thank the Member for that point, because we will get queries about those individuals as well. There is no reason why the initial employer should not make an application, apart from an unwillingness to do so. That is our preferred way in which to do it, because that employer holds the data on how many hours the person worked, where they worked and for how much they are eligible. The application should be made through the original employer.

I have also been made aware of a small number of circumstances in which an employer does not want to go through the processes almost out of spite, because an individual has left. To those employers, I say this to those employers: please do not do that, because those individuals worked for you during the qualifying period and are entitled to the payment as much as those who are still working for you.

Minor Injuries Unit: Bangor

3. **Mr Easton** asked the Minister of Health when the minor injuries unit in Bangor will reopen. (AQO 2755/17-22)

Mr Swann: I thank the Member for his question. The South Eastern Health and Social Care Trust, which is responsible for the Bangor minor injuries unit, has advised that the consolidation of the Bangor and Ards minor injuries units on the Ards Community Hospital site remains under continuous review as part of the trust's plans for rebuilding services. Owing to the ongoing impact of COVID, however, the trust is not able to provide a definite date for the reopening of the Bangor minor injuries unit at this time. Despite being unable to confirm when the Bangor minor injuries unit will reopen, the trust has provided assurances that patients continue to receive appropriate care in the Ards minor injuries unit, and feedback from patients has been favourable.

Mr Easton: I thank the Minister for his answer. I asked that question and have raised the matter on numerous occasions with him because of my deep concern at the number of patients attending the accident and emergency department in the Ulster Hospital. It is continually overflowing. We have the situation in which GPs send people to A&Es because of the COVID crisis, when, in the past, they may have seen them —

Mr Speaker: Will the Member move on to his question, please?

Mr Easton: Does it not make sense to reopen the Bangor minor injuries unit and take the pressure off the Ulster Hospital accident and emergency department?

Mr Swann: I thank the Member. The South Eastern Health and Social Care Trust has informed me that it has analysed the data on attendances from Bangor area postcodes at the Ulster Hospital emergency department. There has been no increase following the

consolidation of the minor injuries units in Ards. The South Eastern Trust has done that work. The trust is confident that patients receive an effective service and has received some positive feedback on the service at Ards minor injuries unit. It is nurse-led. Emergency nurse practitioners provide expert advice to ensure that clinical practice and patient care is delivered to the highest standards. They are accountable for assessing, diagnosing, advising, treating and discharging patients and for providing high-quality specialist care. The injuries that are being treated at the minor injuries unit at Ards Community Hospital include cuts and grazes, sprains, strains, sports injuries, limb injuries, bites, stings, burns and the removal of foreign bodies from ears, eyes and noses. Up until this month, the Ards minor injuries unit treated almost 1,500 patients a month. The consolidation of the two units still covers a large number of patients.

Mr Gildernew: Minister, over recent weeks, there have been significant and worrying increases in pressure on a range of emergency departments, including the Royal Victoria Hospital, Craigavon Area Hospital, Antrim Area Hospital, Altnagelvin Area Hospital, Enniskillen hospital and the Ulster Hospital. Will you confirm whether minor injury units at hospitals have experienced similar pressures?

Mr Swann: When it comes to additional pressures, they see an increased number of people presenting to them, and those people are getting turned around more quickly if they are seen at the right place at the right time. We also see that from the introduction of our Phone First model, which has been rolled out across a number of departments as part of the response to the No More Silos plan.

It is about making sure that people are directed to the right place at the right time to be seen. That is the challenge that we face in the use of health resources in general, especially as we enter a busy winter period. I encourage people to make sure that they access health services at the appropriate place and time and help us to look after them.

2.15 pm

Mr Chambers: I look forward to the reopening of the Bangor minor injuries unit when circumstances allow. In the meantime, I commend the work of the Ards minor injuries unit. Will the Minister consider coming with me one day to visit Bangor Community Hospital to meet the staff and hear of the many services that it currently very effectively provides?

Mr Swann: I thank the Member for his kind and public invitation. Because it is kind and public, I can hardly say no, so yes, I will. *[Laughter.]*

Ms Armstrong: I pay tribute to the staff of the Ards minor injuries unit and hope that their leaking roof gets fixed soon. We are talking about reopening, Minister, but I have asked you before about day centres and respite care. Those centres have still not fully reopened, and carers are exhausted. Is there any update on when those centres will be fully opened by the trusts?

Mr Swann: I thank the Member for her question. I know that the subject is dear to her heart, as it is to mine. I asked the chief social worker, along with the Public Health Agency, the Regulation and Quality Improvement Authority and a number of other agencies, to review how we can open up those places and processes more safely. I expect an announcement in that regard in the coming weeks. I will keep the Member up to date, because I know that she has continued to press on the matter and has a particular interest in it.

Cancer Operation Waiting Lists

4. **Mr O'Toole** asked the Minister of Health for an update on cancer operation waiting lists. (AQO 2756/17-22)

Mr Swann: I thank the Member. According to the latest statistics, in June 2021, 93.4 % of patients received their first definitive treatment within 31 days of a decision to treat. In that context, treatment can mean surgery, drug therapy, radiotherapy, specialist palliative care or active monitoring. There is, however, no doubt that, despite the incredible efforts of our front-line workers, the current extreme pressures on our hospitals are already having an impact on the system's ability to deliver planned surgery. Clinicians and health and social care trusts will continue to prioritise time-critical patients, and available capacity will be allocated on a regional basis in order to ensure that patients from across Northern Ireland have equity of access to surgery. Whilst we continue to try to protect elective care as much as possible, the stark increase in hospitalisations has, undoubtedly, seen an impact on delivery. It is expected that surgical capacity will continue to be constrained for as long as that level of pressure persists.

Mr O'Toole: I thank the Minister for that answer. I agree with him that one of the reasons why we need to manage COVID pressures on our hospitals is because of the

pressure that it puts on cancer care. Does he or his Department have any data on how many patients have required more complicated treatment or, indeed, have suffered from reduced life expectancy as a result of delays in treatment because of COVID? Does he also agree that those who do not think that we need to reduce pressure on our hospitals should go and say that to people who are waiting for cancer care and tell them that their procedures are not vital?

Mr Swann: I thank the Member. Since coming into this post, I have repeatedly said that the pressures we are currently seeing are not solely caused by COVID but are being highlighted by it. The pressures that we are seeing across our health and social care system are due to 10 years of underinvestment in the structures and in our workforce. In order to make sure that patients are seen as effectively and efficiently as possible, I announced and produced the elective care strategy back in June, which contains a number of additional steps that can be and are being taken by our reprioritisation organisational group, which is looking at waiting lists across the entirety of the region, rather than being simply based through trusts.

That elective care framework outlines the different scenarios and procedures in different locations that we are doing to keep the COVID-light sites as open and effective as possible. It also highlights our waiting list initiatives with regard to the funding that we have in place to support additional services, either in the independent sector or in other places.

Ms Flynn: Given the pressures that the system is under, particularly in relation to cancer healthcare, which is, obviously, time-critical for a lot of people, will the Minister confirm whether patients have been referred to other jurisdictions for treatment via an extra contractual referral (ECR) process or healthcare directive?

Mr Swann: I thank the Member for her question. I do not have those specific numbers with me. I can update the Member on waiting list initiative programmes that we have taken forward, which, as she will be aware, have been based on different monitoring round bids.

Just shy of 81,500 people have received additional elective activity outside our normal services that we were able to provide by additional payments to trusts, through GP federations or in the independent sector. We are using every available resource that we can. Our health and social care consultants continue

to utilise local independent sector theatres at the Ulster Independent Clinic (UIC) and Kingsbridge to ensure that priority patients can be treated. We are looking to utilise resources in the Republic of Ireland and elsewhere.

What the Member is, I am sure, realising, and it was part of the debate earlier, is that COVID is not happening solely in Northern Ireland. When we look to the additional capacities that we could buy outside Northern Ireland, a lot are being taken up by those regions themselves.

Mrs Barton: Thank you, Minister, for your answers. You spoke about elective care. There has been an initiative in the South West Acute Hospital in relation to elective care surgery. Will you comment on the success or otherwise of that, please?

Mr Swann: What the Member is referring to is what we have seen over the last 18 months, and that is about looking at our operational ability across the region. We are looking at the regional prioritisation oversight group coming together weekly to look at the long-waiters — those most in need of time-critical and time-pressured surgery — to make sure they are seen and operated on as quickly as possible.

We have looked at a number of initiatives across Northern Ireland. At one point, Belfast surgeons were operating in the South West Acute Hospital to make sure that we were getting the maximum utilisation of those theatres. We are looking at the additional capacity that we may use in Omagh Hospital as well, to make sure we are using and making available every square foot of health estate across Northern Ireland.

Mr Blair: Does the Minister agree that taking steps beyond merely voluntary vaccination, such as prohibiting high-risk venues from opening without mitigations, would reduce coronavirus infections and COVID-19 hospitalisations, and, therefore, facilitate a refocus on waiting lists? That is why new actions have been identified and why we should stick to them.

Mr Swann: I thank the Member for his question. The utilisation of COVID certification is a conversation that is ongoing in the Executive. That will be part of a wider debate at another time with regard to where that comes in and where it can be of benefit.

NHS Dental Services

5. **Ms Bunting** asked the Minister of Health what measures he is taking to ensure people have access to NHS dental services. (AQO 2757/17-22)

Mr Swann: I thank the Member for her question. The need for enhanced infection prevention and control measures in dental practices includes the need for fallow time between appointments. That has resulted in practices operating at around half of the activity levels seen prior to the pandemic.

Dentists are prioritising patients requiring emergency or urgent care to ensure that that more time-limited capacity is targeted appropriately. If a patient is not categorised as high-risk, has a diet low in sugar, no history of dental disease and has good oral hygiene, they will be judged as low-risk and able to safely wait longer for a routine appointment. Patient registration time frames have been extended to ensure that nobody becomes unregistered because they cannot access their dentist due to the pandemic.

The financial support scheme for general dental services has helped to ensure the sustainability of general dental practices during this uncertain period. At the same time, a network of urgent dental care centres was established across Northern Ireland to cater for patients who, for various reasons, could not receive care in general dental practice. As a result of both initiatives, patients with pressing oral health issues continue to receive vital healthcare.

Whilst the picture varies across Northern Ireland, practices dealt largely with those patients who experienced symptoms, and they are now in a position to offer appointments for check-ups and routine treatment.

In addition, in February this year, I provided a further £1.5 million to help improve patient throughput at dental surgeries throughout Northern Ireland. That funding helped practices to reduce the fallow time between patients by investing in improved ventilation or through the purchase of high-volume suction devices.

Revisions of the UK infection prevention and control guidance are the subject of a review. The proposals may increase the capacity in a practice by small amount, but my expectation is that, unfortunately, activity will remain unavoidably impacted for many months to come.

In June this year, I established the general dental services rebuilding stakeholder group, which provides a focus and momentum in

addressing the challenges facing the sector in the coming months and years. That group includes representation from the British Dental Association (BDA) and continues to explore ways to increase capacity in the sector so that practices can see more patients.

It is also important that we continue to review our treatment priorities to ensure that we are using the available capacity in the best way possible. I met the BDA on 21 October to discuss these issues and the ongoing challenges facing patients. My resolve and commitment to rebuild dental services and improve access to patients remains.

Ms Bunting: I am grateful to the Minister for his answer. However, the nub of my question was that there is any amount of private appointments available but none for NHS patients. The Minister will be aware that I have a number of questions pending on that.

I will cite the example of one elderly constituent whose family had to ring 10 dentists across numerous constituencies, none of which were accepting NHS patients including transferring patients. The only way that that person was able to get an appointment was by accepting a private one. We know that poor dental hygiene leads to poor health. Does the Minister recognise the full extent of this problem? Does he accept that expedient action is required before dentistry is the next crisis and before dental treatment becomes unaffordable for many people?

Mr Swann: I thank the Member for her point. I do not know whether she has written to me about that specific constituency case, but, if she wants to raise it with me, I am happy for her to do so.

Most dentists in Northern Ireland spend part of their week doing health service work and part of their week doing private work. One of the conditions of our financial support scheme for health service dentistry is that dentists maintain their pre-pandemic health service/private split during the pandemic. Dependent on the current relative demand for care from health service patients and private patients, it may be that, in a given practice, waiting times are longer for health service care than for private care. It is, therefore, possible that a dental practice with high demand for health service appointments but low demand for private appointments has longer waiting times for those health service slots and much shorter waiting times for private slots.

I can assure the Member that the Department of Health and the Health and Social Care Board advise dentists to prioritise patients based on clinical need, with patients in pain being high-priority cases. That is the conversation — it is a supportive position — between my Department and the British Dental Association. The Member can write to me about the specific case that she raised.

Ms Brogan: Given my former role as a manager of a dental practice, I am acutely aware of the pressures that dentists and dental staff face, particularly throughout the pandemic, but I also know how important it is for people to get access to dental care quickly. Can the Minister outline from where he has sought to source temporary capacity to address the pressure on NHS dentistry in particular?

Mr Swann: I thank the Member. She will know, from her previous role, that the amount of additional capacity is not the same as we have in the independent sector in other health provisions as well. It is about working with the British Dental Association and dentists on how we can support them to increase the amount of work that they do internally. In early February, we gave £1.5 million in support payments to help practices reduce fallow time through improved ventilation and through the purchase of high-volume suction devices. The ongoing conversation between our newly appointed Chief Dental Officer, the BDA and me is about how we maximise capacity in our current dental provision.

Mr McCrossan: Minister, how swiftly do you intend to conclude this review with dentists and ensure that they have adequate funding to survive?

2.30 pm

Mr Swann: Is the Member asking about the dental contract?

Mr McCrossan: I am.

Mr Swann: The Member knows that that has been an issue for the past decade. My Department is working with the British Dental Association. I am hopeful that we can move to a swift resolution, but I doubt that that level of negotiation and contractual engagement is possible this side of the election. However, we have commenced that work, and we are working in partnership with the British Dental Association and dentists on how we prioritise the Department's work in supporting National Health Service patients and, as I said to the

Member who asked the previous question, to make sure that we have a dental service in future. We are aware of the pressures that dentists are under.

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

Domiciliary Care Sector: Additional Funding

T1. **Ms Bradshaw** asked the Minister of Health, in the light of his recent response to a question for written answer that asked for a breakdown of the £12 million for the social care sector for the winter, in which he said that the funding was mostly for PPE and hygiene-control measures, and given that the domiciliary care sector has never been more vulnerable and has never had so many vacancies, to state whether more money will be allocated to that sector to prop up the service. (AQT 1801/17-22)

Mr Swann: I thank the Member for her question that relates to the support, recruitment and retention of domiciliary care workers. That workforce is under pressure because of its work and its numbers. That is why, as the Member is aware, I established a fair work forum for the independent care sector. That has now met. It was chaired by the Chief Social Worker from my Department, but we have identified the need to appoint an independent chair, who will look at that overarching piece of work. As I announced last week, we are looking at a number of options whereby we can provide additional financial supports to the domiciliary care sector. My intention is that those additional financial supports should go directly to the workforce.

Ms Bradshaw: Thank you, Minister, for the work on that. When I speak to people in the sector, not least those who manage the home care packages, they tell me that they want to train up their staff to be the eyes and ears going into homes and reporting to GPs, for example, if they think that people are fragile on their feet. What work is being done to create a more integrated health and social care service here?

Mr Swann: The Member raises a valid point. We saw that, during the pandemic, with in-reach hospitalisations, where we had GPs and hospital consultants reaching into the care home sector, giving medical advice and support. We want to build on that. We saw it as useful and supportive.

One of the biggest challenges is that in care homes with many residents, many GPs are involved in supporting their individual patients. We are looking at how to streamline that interaction. Rather than a number of GPs supporting the home, we could take a more focused approach that allows a consistency of care and enables primary care to work with secondary care. Making a connection with the care home and the people working in it gives a more integrated approach, support package and mechanism for people in the care home sector.

COVID Certification Scheme: Hospitality Sector

T2. **Mr Catney** asked the Minister of Health to provide an update to the hospitality sector on the practical implications of the COVID certification scheme, particularly the operation of lateral flow tests (LFTs). (AQT 1802/17-22)

Mr Swann: I do not think that I can go into such detail in the time that the Speaker would allow me to answer that question. I can update the Member that the Executive COVID task force, which is leading that engagement, met the hospitality sector last week. This morning, I was told that they will meet again today. As the regulations draw out and come to a firm position, there has been engagement not just with Hospitality Ulster but with the Hotels Federation. The task force is listening to their concerns and seeing how the scheme can be practically utilised.

A point was made in the earlier debate that this is not solely about COVID certification. There are the options of lateral flow devices and providing proof of having had a positive PCR within the past 30 to 180 days. It is not solely about the focused utilisation of vaccination. Many seem to be focused on that since last week, deliberately, mischievously or to prove an ideological point that they have taken a stance on.

Mr Catney: Minister, I have to agree with the last part of your answer. Will you ensure that there is robust communication about the implementation of the scheme? It must work and provide safety, but community support and buy-in are essential. A clear communication process is also essential.

Mr Swann: I agree with the Member. The scheme must work, and communication is essential. That is why it is particularly frustrating that many of the conversations among the public and the media are about partial papers

and conversations that have been leaked. That continued up to this morning, prior to the Executive meeting at 9.30 am. Putting partial information out in order to establish a position that individuals have already taken is not a conducive way to do business.

Hospital Discharge Arrangements

T3. **Mr Clarke** asked the Minister of Health to state the number of people who are waiting on domiciliary care packages or other arrangements to allow them to leave hospital, albeit we are all acutely aware of the difficulties that he is experiencing with the Health portfolio and, indeed, the pressures that hospitals are under. (AQT 1803/17-22)

Mr Swann: I do not have the exact, up-to-date number, but I know that, often, in the region of 300 people are waiting each day for assessments so that they can leave hospital.

It goes back to an earlier question about the availability of domiciliary care packages. In lieu of those packages, we have supported care homes as step-down facilities for patients. In the past, care homes would have charged for that after six weeks. We have now waived those charges, so if people seek to use care homes as step-down facilities, families will not be charged. That will allow us to make sure there is throughput of patients from hospital beds back into the community.

There are many challenges with the low number of workers in the community domiciliary care sector. We are seeing that workforce decrease since decisions were taken in regards to Brexit. That concern was shared with your Minister in DAERA. Previously, when the husband, son or father worked in the food processing sector, the mother, wife or daughter worked in the domiciliary care sector. There has been a double hit on our available workforce. As I said to another Member earlier, we have established a number of support mechanisms and are looking at ways of enhancing our workforce so that we can keep it in place.

Mr Clarke: I thank the Minister for his answer. Minister, I visited an establishment in Ballyclare in my constituency just over a week ago. It can accommodate seven patients, yet five of its beds are vacant. I was told that the reason why those beds are vacant is because people are blocking hospital beds and there is nothing in place to allow five patients to leave hospital and go to that one facility alone. Will you, Minister, take a serious look at what can be done in the short term to try to expedite the opportunities

for those people to get out of hospital? That would allow those who are waiting to leave hospital to do so and the capacity to remain in hospitals to treat seriously ill patients.

Mr Swann: I thank the Member. He makes a valid point. As late as last week, my Department and the Health and Social Care Board wrote to all the trusts again to reinforce that exact position. The phrase that used to be used was "bed-blockers". We are now seeing families and even elected politicians getting involved and telling or advising patients not to leave their hospital beds until enhanced or suitable care packages are in place. On many occasions, facilities such as the one that the Member talked about may provide the step-down facility that the health and social care sector needs and patients could go there first while entire care packages are sourced and put in place. I encourage as many Members as possible to support the health service so that we can get the seamless transfer of people from hospitals to the care home sector and back into their own homes.

This is a challenging time in what we are seeing. Unfortunately, it is not new to the health service in Northern Ireland, but we are working to address how we support that sector, which was largely forgotten about, with people being kept in the dark about its workforce and who was in it.

COVID Passport Technology

T4. **Mr Dickson** asked the Minister of Health to outline the resource that his Department is putting into the technology behind the COVID passport applications, given that he will be aware of the difficulties that it experienced in the early part of the summer in delivering the COVID travel passport, albeit the difficulties seem to be behind us, with the system appearing to work, and it appears to be working for domestic COVID passports as well. (AQT 1804/17-22)

Mr Swann: I thank the Member for his question. The first international COVID certification that we developed had to meet data requirements not just for the United Kingdom but for the EU and the World Health Organization. We had to make sure that, if it were being used as an international travel pass, it embedded all the security measures that were needed to meet all the international requirements that had been agreed, which included data on the second vaccination, security and that the certificate could not easily be counterfeited. If the Member has

downloaded the international pass, he will have seen that it has a 2D barcode and a reflective hologram that carries the data necessary for the international travel pass.

For the domestic pass, which we launched at the start of the year, it was deemed, through interaction with the Information Commissioner's Office and other bodies, that that level of information should not be accessible to anyone requiring it in a domestic setting. That is why the domestic certification carries the simple 2D barcode, a photograph and the holographic HSC logo so that screen grabs cannot be taken and certificates cannot be passed from one individual to another. A lot of information technology was used to make sure that the passes are not easily abused in relation to their primary purpose.

Mr Dickson: I appreciate the work that the Minister's Department has put into that. There is, however, one recurring issue for many of my constituents and for me, which concerns instances where people have received their vaccinations in Northern Ireland, the Republic of Ireland, other parts of the United Kingdom or, indeed, overseas. One constituent received one vaccination in Canada and another in Northern Ireland. At the moment, it appears technically impossible for them to get the full international travel or, indeed, domestic passport because of where they received their vaccinations. Having one vaccination in one jurisdiction and one in another does not seem to match up. What is the Department doing to deal with that anomaly? It is of extreme urgency, given that many people will wish to download a domestic passport but require proof of two vaccinations and, indeed, of a booster vaccination.

Mr Swann: I thank the Member. The issue of having received one vaccination in one jurisdiction and the second in another should largely be resolved. If people applying go on to the nidirect website where they apply for the COVID certificate, and go to, I think, the second screen and scroll down a bit, they will see that there is an application through which they can ask for a letter of proof that they have been vaccinated in a different jurisdiction. It is a more manual process, not an automated one, to match the two things together to produce the certificate, but there is a process. I am happy to talk the Member through it and give him an explanation. That process is still there.

Verifying international second doses, such as the one that he mentioned in Canada, is not as seamless a process as when the second dose has been given in a United Kingdom

jurisdiction, where we can verify certification. It is not in place yet, but it is being worked on.

Mr Speaker: I call Rachel Woods. The Member may not have time to ask a supplementary question.

Abortion Services

T5. **Miss Woods** asked the Minister of Health for an update on the commissioning of abortion services in Northern Ireland. (AQT 1805/17-22)

Mr Swann: I thank the Member for the question. The Abortion Services Directions 2021 came into force on 23 July and required my Department to have commissioned abortion services in place by 31 March. They include requirements for the provision of information, contraception and a regional telephone-based, non-biased advice and referral service, all of which are elements of the ongoing planning work and will form part of an overall draft service specification. The draft service specification will be subject to Executive approval in due course and is expected to be completed and issued to the Executive in early 2022 for approval.

As I have stated previously, under the ministerial code, I am required to bring any matter that is significant or controversial and clearly outside the scope of the Programme for Government to the Executive for consideration and agreement.

2.45 pm

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

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

Infrastructure

Roads (Miscellaneous Provisions) Act (Northern Ireland) 2010

1. **Mr M Bradley** asked the Minister for Infrastructure for an update on the review of the Roads (Miscellaneous Provisions) Act (Northern Ireland) 2010. (AQO 2767/17-22)

3. **Mr Dunne** asked the Minister for Infrastructure for an update on the review of the special events legislation Roads (Miscellaneous Provisions) Act (Northern Ireland) 2010. (AQO 2769/17-22)

Ms Mallon (The Minister for Infrastructure):

Mr Deputy Speaker, with your permission, I will answer questions 1 and 3 together.

The Roads (Miscellaneous Provisions) Act (Northern Ireland) 2010 amended the Road Traffic Regulation (Northern Ireland) Order 1997 to provide the specific power to hold special events on public roads. The legislation puts in place a framework so that special events can be held in a safe and controlled way. Special events are defined in the legislation as:

"(a) any sporting event, social event or entertainment which is held on a public road; or

(b) the making of a film on a public road."

The legislation was enacted after being subjected to a public consultation and the full Assembly legislative process. The special events provisions were subsequently commenced in September 2017.

Concerns were raised by councils, sporting bodies and other organisations about the legislation, so, in response, I asked my officials to carry out a review of how the legislation is operating in practice, with a specific objective of identifying areas in which possible improvements to the process and to how events are delivered can be made.

The opportunity to provide the Department with views on the legislation, using the online questionnaire, closed in September 2020. There was a large response: 795 online submissions and 14 pieces of correspondence. Although the online questionnaire included a range of set questions, most respondents also took the opportunity to add comments in the free text area. A detailed analysis of the information submitted on the operation of the legislation is complete, and a findings report has been prepared. I am working with officials to finalise the departmental response report. As soon as I am in a position to do so, I will make those reports publicly available.

Mr M Bradley: I thank the Minister very much for her answer. A number of local sporting clubs have been in contact with me for an update on the review, which you have clearly said will be coming very shortly. Those clubs are in need of some guidance now so that they can move forward and plan their future events.

Ms Mallon: I thank the Member for his question. It has taken this length of time

because of the volume of responses and the way in which they were being provided. Most recently, the PSNI Chief Constable also highlighted some issues about the adequacy of the legislation that governs the holding of cycle races on roads, which dates back to the 1980s. My officials therefore wanted to give very careful consideration to the inclusion of cycle races in any revised special events legislation, and that has taken time. I assure the Member that I initiated the review because I recognise the concerns about the impact, particularly on smaller community-based organisations. I have asked officials to take a fresh look at the report that they provided me with, because I want to make sure that we are doing what we can to ensure that such events are safe, while ensuring that we are not putting too much of a burden on local and small organisations, thereby preventing them from holding those important events.

Mr Dunne: I thank the Minister for her answer. Given the range of concerns about the outworkings of the legislation from community groups, sporting bodies and others since it took effect over four years ago, does she recognise that many small community organisations are simply put off organising those events owing to the red tape and prohibitive cost involved, particularly for advertisements and traffic-management signage? Will costs be looked at for anything that is taken forward?

Ms Mallon: I am aware of those issues, and I met a number of organisations before initiating the review. The review has also identified the concerns that the Member highlights. The issue of cost is being looked at as part of the review, because I recognise that employing temporary traffic-management companies in particular puts an additional burden on the smaller organisations. That is why I want to get the right balance between ensuring that those important events take place safely and the burden not being so great that it puts off the smaller community-based organisations from holding them. They are important for health and well-being but also for community spirit.

Mr Boylan: I welcome the Minister's comments, because the likes of road bowls and events put on by smaller organisations in my area have had serious problems with cost. To give assurance to those people, can you, first, give us a time frame and, secondly, give us some early indication of what the proposal might look like? People are keen to get going with the likes of the 10-kilometre charity runs and everything else that are not able to be facilitated currently.

Can you give us an early indication of what is coming down the track?

Ms Mallon: Officials have looked at issues around the advertising requirement, the cost, and the burden of traffic management. They have also been engaging with the PSNI, which has raised concerns that it does not have the resources to be able to revert to the original situation. I assure your constituents and the organisations in your locality that I am very focused on making public the review report as soon as possible. I have asked my officials to look at it again, because, at this time, I am not convinced that we have got the balance right between making sure that it is safe, acknowledging the challenges with resourcing in the PSNI and, importantly, making sure that the burden on community groups is not too great. I am therefore awaiting a further submission from officials, and, at that point, I hope to be in a position to make the report public. I recognise that organisations want clarity.

Ms Hunter: I thank the Minister for her work on the review, and I recognise that she is focused on finding a solution. Minister, can you provide Members with a little more insight into the main concerns that were raised?

Ms Mallon: As part of the review, the impact of costs, time and temporary traffic-management plans were all mentioned as being significant issues. The need to use dedicated temporary traffic-management companies was also raised, and there were a number of suggestions that the police should resume their previous role by managing the traffic at special events, particularly smaller community events. The need for the legislation itself was also questioned, with many respondents asking for it to be suspended or revoked.

Mr Chambers: The burden of the 2010 Act can inhibit localised community activity. Can the Minister outline whether an update to the Act would enable more community road closures, such as for local community celebrations to mark the platinum jubilee in 2022?

Ms Mallon: I do not have specifics on that. The "special events" are those that are defined in the legislation, so, if it was a social event or entertainment that was held on a public road, it would fall within the special events legislation, and so they would be involved in the review and in any changes that I bring forward.

Mr Muir: I welcome the Minister's review. For the review to be fully effective, it needs to

attract the widest possible support. Is the Minister amenable to meeting the key sporting organisations to get their views before the review is finalised and published? Does she agree that the police also have a key role to play in this and reviewing their stance in relation to special events?

Ms Mallon: I agree with the Member about the need to engage with the PSNI. There is a balancing act there in policing resources. For me, being part of these events is a key cornerstone of community-based policing and is a very effective way to demonstrate how intrinsic the Police Service of Northern Ireland is to local communities. It will be beneficial for all concerned if we can get the right balance. When it comes to meeting those groups, I originally met with the different sporting organisations, in particular, in advance of the review. I think that you were at that meeting, Mr Muir. As soon as I get clarity and am content that we have the right balance for the review report, I will be happy to engage with those groups again.

On-street Parking: Newry

2. **Ms Kimmins** asked the Minister for Infrastructure whether she will meet local businesses regarding on-street parking rules in Newry city centre. (AQO 2768/17-22)

Ms Mallon: Officials from my Department met the managing director of Newry business improvement district (BID) in March of this year as part of wider discussions on the issue of on-street parking both in Newry city centre and in Lisburn. I understand that the views of Newry's business community were set out at that meeting. Those views have also been brought to my attention in subsequent correspondence. The current controlled parking zone supports the vision of Newry, Mourne and Down District Council, as stated in its regeneration plan for Newry city, which aims to:

"make Newry more open, and visitor friendly, less car dependent and therefore more sustainable for future generations."

The current proposals encourage and support that vision by engaging with visitors who cannot use public transport or sustainable travel to encourage them to park their private vehicles at the edge of the city centre. As part of Newry, Mourne and Down District Council's local development plan, my Department will work to develop a parking strategy for Newry city. Views will be sought from local residents and businesses as part of that process.

Ms Kimmins: I thank the Minister for her answer, but the document that the Minister referred to is over a decade old, so, unfortunately, a lot of it is outdated. A recent survey by the Newry BID showed that the parking situation in Newry is a major deterrent to people coming to Newry. With that having been said, I ask the Minister to listen to those local businesses and review her decision not to implement the on-street parking trial as a pilot, to try to support businesses going forward.

Ms Mallon: I thank the Member for her question. Although the vision may be a number of years old, I argue that it is particularly pertinent. We have just come from COP26. We are talking about the climate emergency and the need to encourage people out of their private vehicles to use public transport. I am very keen to work with councils, business representatives and local communities so that we have people-centred place-shaping and maximise the opportunities for pedestrianisation in the area, for example.

In respect of on-street parking, charged on-street spaces currently account for only 10% of Newry's available city centre parking. Parking surveys carried out by my Department show that many off-street car parks are underutilised and that parking in itself does not cause significant difficulties. Further, almost 2,000 of the 4,000 parking spaces in Newry are currently uncharged. I will, of course, continue to work with councils towards people-centred place-shaping. I am very conscious that, through the local development plan and the parking strategy, my Department and officials will work with local stakeholders to ensure that we get that right. I have no doubt that this issue will be reviewed as part of that process.

Mr McNulty: Minister, thank you for meeting with Newry BID, the council and other stakeholders in relation to parking, greenways and cycleways, and for giving them a road map for the resolution of this matter. Parking is an issue for some traders and businesses, but there are other issues. Furlough has ended, the high street voucher scheme has, for a large part, displaced Christmas shopping, and meanwhile the costs of living and of running a business are spiralling. It looks like it will be a bleak first quarter of trading for 2022. Can —

Mr Deputy Speaker (Mr McGlone): Will the Member come to the question, please?

Mr McNulty: I am getting there.

Mr Deputy Speaker (Mr McGlone): Please do, or move over. *[Laughter.]*

Mr McNulty: Can the Minister give any assurance that she will engage with the Minister of Finance and the Minister for the Economy to take action that will really make an impact and a difference for businesses and traders alike?

3.00 pm

Ms Mallon: The Member is right to highlight that this winter is, in many respects, a perfect storm, particularly for households. While a number of the issues that he has highlighted fall outside my remit as Minister for Infrastructure, I assure him that I, as a Minister in the Executive, will work with Executive colleagues to ensure that we get support to our businesses and households as we face a very difficult winter.

Ms Armstrong: Minister, Newry, like many of our larger towns, has a huge problem with parking. What consideration has your Department given to expanding the successful park-and-ride facilities for those who want to commute to not just city centres but our larger towns across Northern Ireland?

Ms Mallon: The Member may know that, since taking up post as Minister for Infrastructure, I have announced progress on a number of park-and-ride schemes. They are an important part of the answer. If we are really to get people out of their cars, we need to make sure that they have accessible public transport that is affordable and reliable. A key part of that journey is making sure that park-and-rides enable people to make the majority of their journey via public transport, so I will continue to progress that agenda. As with all of these things, it largely depends on the funding that is allocated to the Department. The expansion of public transport, park-and-rides and active travel are all critical pillars of my commitment to tackling the climate emergency.

Unadopted Alleyways: North Belfast

4. **Mr Humphrey** asked the Minister for Infrastructure what progress is being made to address the difficulties experienced by residents as a result of poor maintenance of unadopted alleyways in North Belfast. (AQO 2770/17-22)

Ms Mallon: In certain circumstances, my Department can adopt existing streets that have not previously been determined for adoption under article 9 of the Private Streets (NI) Order

1980, provided that they meet certain criteria. The criteria require that my Department is of the opinion that the street should become a public road; that a majority of the owners or occupiers of the land in or adjoining the street consent in writing; and that the Department is satisfied that the street is, in all respects, fit and proper to become a public road.

I recently launched the alleyway transformation initiative, and I wrote to all councils, inviting them to scope the opportunities that exist for interventions of that nature and to apply to my Department for funding. That funding can be used directly by the council, or it can be provided to communities to carry out work to improve back entries, alleyways and similar open spaces to help to enhance community pride, reduce antisocial behaviour and generally improve the environment and help to promote walking, cycling and other activities. The funding is available irrespective of whether the site has been adopted by my Department.

Mr Humphrey: Minister, the question was specifically about alleyways. It is clear that what we have at the moment is not working for our constituents, taxpayers and ratepayers. We need a better, joined-up approach between the Assembly, the Executive and local government. You will be aware of the issues at Harmony Bridge, which you visited. I pay tribute to DAERA —

Mr Deputy Speaker (Mr McGlone): Does the Member have a question, please?

Mr Humphrey: — Belfast City Council and the Housing Executive. I am aware of many —

Mr Deputy Speaker (Mr McGlone): Question, please.

Mr Humphrey: — entries across north Belfast that are overgrown. People have to bring their bins —

Mr Deputy Speaker (Mr McGlone): Will the Member resume his seat, please?

Mr Humphrey: I am asking a question.

Mr Deputy Speaker (Mr McGlone): That was not a question; it was a speech. If the Member has a question to ask, I will allow him to do so. He has a moment in which to do that; otherwise, I will move to the next Member.

Mr Humphrey: Given the number of overgrown entries in north Belfast, what are the

Department and Belfast City Council doing to address the issue, with people having to bring their bins through their living rooms? In this day and age, that is not acceptable.

Ms Mallon: In recognition of the fact that the issue impacts on local communities, I brought forward the greening of alleyways scheme. To my knowledge, it is the first time that the Minister holding this portfolio has tried to address the issue. My officials are working with councils across Northern Ireland to encourage them to draw down the funding that has been made available for the transformation of those alleyways. We have had feedback from four of the councils. I look to Members across the Chamber to engage with their council colleagues to encourage them to apply for the funding.

I agree wholeheartedly with the Member: it is about partnership working. That is why my officials have been working and positively engaging with councils on the issue. It is also my understanding that Belfast City Council is initiating its own pilot in the area. I have no doubt that, if the Member speaks with his council colleagues, they will be able to update him on the matter.

Mr G Kelly: Minister, the last time that I raised the issue with you, you indicated that the Department did not keep any list or record of the number of unadopted alleyways. The original question was about alleyways. You know that, while the greening of alleyways is helpful, it does not deal with the problem. Some of the places cannot be accessed by residents, so I ask —

Mr Deputy Speaker (Mr McGlone): Do you have a question le do thoil, a Ghearóid?

Mr G Kelly: I thought that I would get away with it. I ask the Minister what will be done and whether the Department will adopt the alleyways, because that is the step that is necessary to make anything out of them.

Ms Mallon: I refer the Member to the greening of alleyways initiative. We are trying to find creative solutions to a difficult issue, working with councils and community groups. This is the first time that capital funding has been made available for communities to transform their entries. I have seen unadopted alleyways in operation in north Belfast: I have seen the good and the bad and have met residents who are tormented because of the issue. That is why I have been pushing my officials to engage proactively with Belfast City Council in

particular. I have also been in Ardoyne, where residents transformed an alleyway, and I have seen the transformation of alleyways in south Belfast. I am keen to support that work and ensure that we do what we can to address the issue whilst empowering local communities.

Mr O'Toole: Minister, as you said, we should take advantage of the greening of alleyways project and fund. Wildflower Alley in the Holylands in my constituency, which she alluded to, is an extraordinary example. Is the Minister confident that enough councils and local representatives are properly pushing the potential of the greening of alleyways funding and project?

Ms Mallon: I wrote to the councils on 22 January, inviting them to submit proposals to my Department for the greening of alleyways and similar spaces in their jurisdictions. Since then, my Department has been contacted by four councils on that, and my officials are working with them to develop their proposals. I would have liked all the councils to have been in touch to seek funding. I reiterate the point and ask Members across the House to engage with their party colleagues on councils and encourage them to apply for the funding. The criteria for the funding is not complex — it was deliberately made straightforward — so accessibility should be easy. It is really about getting engagement from local communities and making sure that they feel part of the initiative and feel a sense of ownership over it. Any assistance in raising the profile of that funding with councils would be much appreciated.

Road Resurfacing Contracts: Legal Challenges

5. **Mr Buckley** asked the Minister for Infrastructure for an update on the number of legal challenges affecting road resurfacing contracts. (AQO 2771/17-22)

Ms Mallon: Earlier this year, my Department received legal challenges preventing the award of resurfacing contracts in four council areas. In my statement to the House on 15 June, I indicated that officials were working at pace to develop a new interim procurement strategy for resurfacing contracts consisting of term contracts supplemented by one-off contract packages. That strategy has been finalised following a pre-market engagement exercise that took place over the summer.

The strategy consists of four phases with six new-term contracts in each. I am pleased to

announce that my Department published for tender the first phase last week, and that includes the majority of the four areas impacted by the legal challenge. The Department anticipates being in a position to award the contracts in January to allow much-needed resurfacing to resume in those areas. Work on the next phase of term contracts is at an advanced stage with this and subsequent phases, which will follow at three-month intervals. In addition, two one-off contract packages are being tendered and a number of others are being prepared.

I recognise that there has been historical underinvestment in the maintenance of our road network for a significant number of years and that many rural roads are in need of repair. The Member will be aware that, in response, I allocated £12 million of my 2020-21 capital budget to a roads recovery fund, of which £10 million was specifically directed towards rural roads. Following the success of last year's investment, I increased that funding to £17 million, of which £15 million is specifically directed towards rural roads, which is a 50% increase on last year.

Mr Buckley: I thank the Minister for her answer. Legal disputes sound boring, but this is deeply serious. This is about the taxpayer in County Tyrone, County Down and elsewhere being unable to get substandard roads resurfaced. For many, the traffic-calming in those areas has become the potholes, and it will become even more worrying as we reach winter with the damage that that can inflict on our rural road network.

Mr Deputy Speaker (Mr McGlone): Does the Member have a question, please?

Mr Buckley: How has the Department arrived at a place where we have so many legal disputes ongoing? Will the Minister commit to a judge-led inquiry to ensure that we never have so many legal challenges affecting our rural road network across Northern Ireland?

Ms Mallon: The Member raises an important point. In general, Northern Ireland construction has a significant number of legal challenges to public procurement competitions. For road contracts, it is an extremely competitive and specialist market with little opportunity to work for private clients. Unfortunately, legal challenges of many forms have been part of that area of work for over 10 years. However, following a legal challenge preventing the award of asphalt resurfacing contracts in four areas, the Department has considered legal

advice and has been working at pace to develop and implement a new interim strategy for asphalt resurfacing term contracts. It has made sure to have ongoing engagement with legal advice so that contract documents are robust. While it is not possible to completely eliminate the risk of legal challenge, I hope that the new approach, which offers an increased number of term contracts and one-off packages, will provide the market with greater opportunities to bid for the work.

The Member will also be aware from when I made the statement in the House in June that I have also initiated an independent investigation, and I expect to have an update on that next month.

Mr Delargy: As Mr Buckley referred to, there has obviously been a huge backlog and a huge impact because of the legal challenge, particularly in Newry and mid-Ulster and in my constituency in Derry. Those areas have now gone for a year with no progress. I think that I am right in saying that you have clarified that the work will begin in January. Will it be accelerated to address the backlog?

Ms Mallon: I thank the Member for his question, but I have to point out that it is not the case that no work has been carried out. Ongoing maintenance work has been carried out; in fact, the 50% increase in the rural roads fund has been able to roll out and is not impacted by any of the legal challenges. I hope that that provides some reassurance. Officials are working at pace to go out to tender to ensure that we get the resurfacing projects on the ground as quickly as possible.

I share the Member's frustrations. I did not anticipate a legal challenge. The fact that there is a legal challenge has meant that that course of action has had to be taken, but I have been clear to officials that we have to work at pace to make sure that we get those resurfacing schemes in your constituency and others on the ground at the earliest opportunity, while making sure that, when we devise the new interim strategy, it is as robust as it can be to protect against any further legal challenges.

Mrs D Kelly: Since the Minister took over the portfolio, she has had huge problems to fix. If it is not MOT lifts, it is legal challenges or the collapse of the institutions for three years, when no decisions were made. Will the Minister confirm whether she has received adequate financial support from the Minister of Finance to fix all the problems with infrastructure, particularly our road network maintenance?

Ms Mallon: It is abundantly clear that we need to increase investment in the structural maintenance of our infrastructure: pavements, roads, cycle paths and public transport. I have been consistent in making that point. For road maintenance, the recommendations contained in the Barton report and the Northern Ireland Audit Office report broadly confirmed the need for much higher levels of investment, with £143 million per annum — that was based on 2018 prices — being identified as the minimum amount that we should spend on structural maintenance activities such as resurfacing, surface dressing and structural drainage. It is also clear that not spending at that level can often represent poor value for money, as repairs in settling claims inevitably cost more in the longer term. The truth is that budgetary constraints mean that we cannot do all that I or members of the public or elected representatives would like. Our ability to increase the level of structural maintenance not just in roads but across our transport network and our capacity to deliver it is directly linked to the resources made available to my Department.

Mrs Barton: Minister, you spoke about increased budgets for rural roads. In the west, rural roads are in a dreadful condition.

Only two thirds of all potholes are mended. We are left with a third that go unmended. When will basic contracts be put in place so that there will be adequate funding for the maintenance of those roads?

3.15 pm

Ms Mallon: I thank the Member for her question. What we are dealing with is the result of years of underinvestment, which began under the stewardship of your party colleague Danny Kennedy when he held the portfolio and huge cuts were forced on him and his Department. The outworkings of that are coming to pass, because not only was there not enough investment but the fact that we are not investing in our road network means that it is deteriorating further. I continue to make the case for funding at the Executive.

As I outlined in a previous response, we hope to be in a position where contracts are awarded in January. We are very focused on doing what we can to make sure that the contracts are in place, the contract documents are robust and, importantly, we can get the resurfacing and asphalt schemes on the ground as quickly as possible.

Mr Deputy Speaker (Mr McGlone): There is time for a brief question.

Mr Blair: I thank the Minister for the clarification she has been able to give so far on the current legal challenges. When will the independent investigation that is under way into the botched procurement process be published? Will any aspects of it be redacted?

Ms Mallon: As the Member will be aware, when I became aware of the issue, I came to the House to make a statement, because I viewed the matter as very serious and wanted to be open with Members. I intend to take the same approach as I did when dealing with the DVA issue, when I initiated independent investigations and then published the reports on my departmental website. I intend to take exactly the same course of action. The investigation team has been appointed. The work has commenced. The investigation team has indicated that it will provide an update next month. Once I have that update, I will be happy to update Members right across the House.

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

Disability Modifications: Public Portal

T1. **Mr Allen** asked the Minister for Infrastructure, after welcoming the Department's Think Before You Park awareness campaign in relation to pavement parking and stating that another issue experienced by many wheelchair users is the lack of dropped kerbs on some footpaths, to outline whether the Department has considered a public-facing portal where requests for such modifications could be made. (AQT 1811/17-22)

Ms Mallon: I thank the Member for his question and for his support in trying to address pavement parking. The Member will know that on 1 November I launched the Department's Think Before You Park road safety campaign, which aims to highlight the dangers that are associated with pavement parking. I believe that it has been broadly welcomed and has started an important and healthy debate. I want to update the Member and say that, in parallel to that campaign, because I want to do more to tackle the issue, I will also go out to the public to seek views on how we deal with inconsiderate and obstructive pavement

parking. I will produce a paper, make it public and invite the public to comment.

I am happy to take the issue of dropped kerbs and the portal away and speak to officials, and I will provide a written update to the Member afterwards.

Mr Allen: I thank the Minister for her answer and commitment to look into the issue. When will the consultation on obstructive parking go live?

Ms Mallon: My intention is that I will be in receipt of the paper and that, early in the new year, I will make it public so that we can invite comments and get stakeholders' views from right across the North to inform the way forward. I am frustrated that I have not been able to make more progress on the issue, because, in my view, it will require legislative change, and that is not possible within this mandate. However, I am focused on ensuring that we move the issue forward so that the Infrastructure Minister in the next mandate can take the action that is required.

The important point here is that the majority of pavement parking is done because people do not think. They do not realise the impact that it has on people with mobility difficulties and people who are pushing prams and how it forces them out onto the road and makes them more vulnerable. We need to look at education, informing behavioural change and enforcement. We also need to look at the legislation to ensure that it is fit for purpose in tackling the issue.

NI Water: Funding Crisis

T2. **Mr Muir** asked the Minister for Infrastructure what she is doing to address the funding crisis in Northern Ireland Water, given that the soaring energy costs are hitting households, businesses and public bodies, including Northern Ireland Water, resulting in a bid of £20 million in the October monitoring round, of which only £1.5 million was received, and it has been detailed by the Minister that the impact of that could be pollution and issues with the quality of tap water. (AQT 1812/17-22)

Ms Mallon: The Member raises a crucial issue. Northern Ireland Water is the largest electricity consumer in Northern Ireland, and, as a consequence of rising power costs, it has reported an increase in requirement of £19.7 million to cover the rising cost of energy. Northern Ireland Water submitted a bid for that amount in October monitoring, but, as Mr Muir

highlighted, its resource budget was allocated only an additional £1.5 million. Northern Ireland Water indicates that, should power costs remain at record high levels, there could be further resource pressure of as much as £5 million before the end of the financial year.

The constrained October monitoring outcome significantly increases the risk of Northern Ireland Water not being able to deliver core services in the event that it cannot be sufficiently funded for the remainder of the financial year. The impact of rising energy costs has placed the sustainability of an effective and efficient water and sewerage service under extreme pressure. Living within current budget allocations during this period of unprecedented rising energy costs significantly increases the possibility of a detrimental impact on the delivery of that essential public health utility.

With just over four months of the financial year remaining, it is clear that that level of pressure cannot be absorbed without serious consequences and major impacts. I am engaging with the Minister of Finance and other Executive colleagues to ensure that they are fully aware of the consequences of the decision not to allocate the required funding to Northern Ireland Water.

Mr Muir: I thank the Minister for her response. I find it incredible that, just a few weeks after COP26, we in this place are debating funding for water and sewerage infrastructure and also for public transport. In the Minister's recent correspondence with the Infrastructure Committee, she said that the impact of the lack of funding on Translink's financial resilience and on the organisation as a going concern were major concerns for the board.

Mr Deputy Speaker (Mr McGlone): Does the Member have a question?

Mr Muir: Does the Minister agree that, in discussions about funding, prevention is sometimes much better than cure? Looking at public health around Northern Ireland, we see that we need to embrace funding for cleaner alternatives.

Ms Mallon: Our public transport network is a critical public service. It is key to protecting our environment and to tackling social injustice, because many people who are reliant on our public transport network cannot afford cars. If we are serious about tackling the climate crisis, we absolutely should invest in and expand our public transport network. Across all parties, we talk about the importance of the climate

emergency and making sure that we deal with it robustly, but we will not do that if we do not invest in our public transport network.

I will therefore continue to make the case at the Executive for public transport and for Northern Ireland Water. Particularly in the case of Northern Ireland Water, unless additional funding becomes available, there will inevitably be service reductions. The greatest impact is likely to be seen in waste water treatment, creating possible pollution and other environmental impacts. I look across the House and to the Committee in particular to make the case for the critical investment that is required in our public transport network and in Northern Ireland Water.

Residents' Parking Schemes: Update

T3. Ms Bunting asked the Minister for Infrastructure for an update on the review of residents' parking schemes. (AQT 1813/17-22)

Ms Mallon: The Member will be aware that the review was carried out. Officials have prepared a report on the assessment, and we are reviewing that report. I hope to make the findings public shortly.

Ms Bunting: I am keen for the Minister to indicate the time frame for that. Across Northern Ireland, in places such as Ballyhackamore, where parking is limited but there are many businesses, there is difficulty with access for bin collections, emergency services and so on because of inconsiderate parking. Is the report likely to include anything that will assist residents in individual streets, or — this is the problem — is the policy likely to remain focused on general areas?

Ms Mallon: The report reviews the residents' parking schemes that are in place to see what works and how that learning can be applied to other circumstances. I have also asked for consideration to be given to the role of councils, because the challenge is whether to have a one-size-fits-all scheme or try to tailor schemes to local areas, which increases the complexities involved. That is the piece of work that is being given some consideration.

The challenge is that everyone wants a residents' parking scheme. However, when you start to delve into the details of what that might look like, it becomes quite problematic. For me, it is about getting as many people on board as we can, particularly at a local level so that we are investing time and resource in devising schemes and working with local communities.

Those are the schemes that have the best chance of coming through the process to delivery on the ground. The time frame is that we hope to publish the report early in the new year.

North-west Transport Hub: Active Travel

T4. **Ms Ferguson** asked the Minister for Infrastructure to state whether the north-west transport hub will include an active travel hub as previously suggested. (AQT 1814/17-22)

Ms Mallon: I thank the Member for her question. The active travel hub is a crucial component of the hub in Derry. The funding for that is under consideration by the Special EU Programmes Body (SEUPB). There have been a number of overspends and underspends, and my understanding is that SEUPB is considering what funding might be made available. I have asked my officials to keep in close contact with SEUPB so that we can get regular updates. It is important that we have clarity and that we get that moving.

Ms Ferguson: Thank you for that update. The rail line in the north-west needs to be improved to tackle regional inequalities and, obviously, to cut transport emissions. The Minister previously stated that a review would be completed this month, but delivery is key. Will the Minister detail what action will be taken to deliver improved rail services for the people of Derry?

Ms Mallon: Since taking up post, I have been very clear that rail is an untapped opportunity. In fact, you need only look at a map of the north-west to see the unjust lack of rail connectivity. To try to address that, I got phase 3 back on track. The report is due to be with me this month. There is no slippage on that. It is on course.

The Member will know that I have initiated work on additional rail halts and a half-hourly service to improve rail connectivity to the north-west. I am working with Minister Eamon Ryan on the all-island strategic rail review. That will look at the existing rail networks on the island to see where they can be improved, the opportunities for new rail connections and the rail connectivity to our ports and airports. It will also examine the potential of rail for freight. Those strands of work are ongoing. If we follow through on that work, we will be able to maximise the many opportunities and benefits to be had from a strong rail network across the island. We can see how that works in other places around the

world where there is significant investment in rail.

Mr Deputy Speaker (Mr McGlone): The Member who was to ask question 5 is not available.

Road Resurfacing Delays: Omagh

T6. **Ms Brogan** asked the Minister for Infrastructure how much funding Omagh has lost this year as a result of ongoing road resurfacing delays. (AQT 1816/17-22)

Ms Mallon: I do not have that information to hand. Officials and I have allocated £80 million across all divisions, and we are working at pace to provide solutions for the contracts that have been affected as a result of the legal challenges. As part of that process, we were able to allocate an additional £5 million from October monitoring. I have asked officials to keep the financial situation under review so that we can maximise the investment going into our road network. Of course, the rural roads fund has had a 50% increase, and Omagh is benefiting from that. The legal challenge does not impact on that fund, and we will continue to roll that out in Omagh and across the North.

Ms Brogan: I thank the Minister for her answer. The Minister will know that many of the roads in and around Omagh are in a terrible state. The longer the delays go on, the worse the roads get. Has the Minister assessed the road safety impact of the delays to resurfacing work?

Ms Mallon: Roads are inspected as part of the maintenance cycle and process undertaken by the Department, and any defects identified are marked for treatment. A priority is allocated to the level of the defect so that the most serious are fixed in the quickest possible time frame.

That work is therefore ongoing. It is not impacted on by the legal challenges. Of course, it again comes back to the nub of the issue, which is the historical underinvestment in our road network and the fact that that has prohibited a lot of work from taking place over many years. That underinvestment is also contributing significantly to the ongoing deterioration of our road network. We need to make sure that we have sufficient funding going to our roads. The Barton report identified a minimum requirement of £143 million per annum. That is at 2018 prices, so we will need to be looking at a much higher figure. By not investing in our road network, we are only making the situation worse.

3.30 pm

Mr Deputy Speaker (Mr McGlone): I have time for a brief question from John Blair and a brief answer from the Minister.

Glider Route: Glengormley, Mallusk, Carnmoney

T7. **Mr Blair** asked the Minister for Infrastructure, given that she will be aware of growing public demand in the Glengormley, Mallusk and Carnmoney areas of his South Antrim constituency for the extension of the rapid transit system to serve the many thousands of people who live, work and go to school there, to state whether there has been any progress in reaching those areas in the plans for the extension of the Glider route. (AQT 1817/17-22)

Ms Mallon: I thank the Member for his question. He will be aware that the consultation period has closed. Officials are assessing all the responses. My understanding is that they will prepare for me a report to identify the next steps. I have not received that report as yet. There were a significant number of responses to the consultation, and officials are working diligently through them. I hope to be in a position to receive a report and to give clarity on the situation. Again, it comes back to the question that Mr Muir posed. If we are serious about tackling the climate emergency and connecting our communities, particularly to opportunities, we need to invest in and expand our public transport network.

Mr Deputy Speaker (Mr McGlone): Time is up. Members, take your ease until we move on to the next item of business.

Executive Committee Business

The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021

Debate resumed on motion:

That the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021 be approved.

The following motion stood in the Order Paper:

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment) (No. 7) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]

Ms Ní Chuilín: Before I discuss SR 2021/292 and SR 2021/291 — the amendment (No. 18) and amendment (No. 7) regulations — I put on record my solidarity with Robin and his family, Naomi and her family, and all other Ministers, in particular, who have received abuse. Death threats go well beyond abuse. I want put on the record that it is ridiculous that we find ourselves in this situation again.

When it comes to the health protection regulations and amendment Nos 18 and 7, I also place on record my absolute opposition to the rally in Belfast on Saturday. I had some buck eejits on Twitter who tried to tell me that it was a circle with a "v" in it. They were swastikas. That was highly offensive. I have also had people saying that people have a right to protest about the health protection regulations and the COVID certification process. They absolutely do, but we all have to take our rights with responsibilities. The fact that we saw crowds gathering outside Belfast City Hall, calling us Nazis and linking our attempts to protect the health of people here to apartheid was not lost on me or my family members who were walking through the town after a 12-hour shift in health and social care. Like Colin, I have had people saying things like, "If Martin McGuinness was here, this would not happen". That sort of stuff is absolutely ridiculous.

From the outset of the pandemic, every Member — well, most Members — and I include all the Executive in this — have done

their best to protect people. More often than not, our ability to scrutinise legislation is probably the most pressing thing that we need to do, despite all the other pressing and urgent issues that we need to deal with, not only as Ministers but as MLAs. Like many people, I get frustrated when we get pieces of legislation after the fact, but, given that we are in a global health pandemic, these things happen. I am looking forward to the day when we are able to scrutinise legislation and then have our debate, rather than the other way round. We are trying to take that in our stride but, at the same time, get a balance.

Minister, for the next set of regulations and discussions that you have, that would be helpful, particularly given the fact that, first of all, compliance has always been key, but it has not always been where it needs to be. For me, the whole issue around wearing face coverings and how that is implemented is critical. When people have the ability to open up their businesses, in my opinion, they need to take responsibility for those protections in their businesses. I have personally seen, albeit a few months ago, young female staff being abused at a local supermarket because they asked people to use a face covering if they were not exempt. Big stores in particular have a responsibility to put staff on to make sure that younger staff members are not getting abused because people cannot be bothered. There is a difference between people who cannot be bothered and people who cannot.

Equally, I ask the Minister to look at better messaging from the Department and the trusts, but mainly the Public Health Agency (PHA). I have spoken to some younger constituents, and, like Colin said, the level of abuse that some staff members in our constituency offices have received in this past week or fortnight is off the charts. It is ridiculous, and it needs to stop. It is not us. We are not there to take it most of the time; it is them. It is not that staff are shrinking violets; they are not, but they really do not deserve that. All our staff go above and beyond, and, to be honest, some of the stuff that they repeated to me was absolutely ridiculous.

I followed up with a couple of constituents who were not abusive but who had concerns. They would be deemed as hesitant about the vaccine, rather than opposed to it. It is around the area of fertility. They were young women who were concerned about fertility and things like that. Equally, I have had two young men who were concerned about fertility, and pregnant people as well. Better messaging needs to be considered in and around that. Our

constituency staff, like the rest of us, got up the next day, went in and did the same thing, despite the abuse that they were taking, but seeing swastikas or photographs of swastikas at the City Hall on Saturday was absolutely outrageous.

Equally, one thing that I am glad about is that some of the people who have contacted us have said that health and social care was always underfunded. It absolutely was, and this is where I am going to disagree with Colin. This came from the Tories, OK? I know that you have to make party political points, but the Tories have starved those budgets for decades and they are going to do it while they are in power.

Again, to be political, the next time that we have a debate about revenue-raising and tax-varying powers, I hope that your party supports them, because that is the sort of mature discussions that we need to have. I agree with all the rest of the stuff about what people can take in the rough and tumble of politics and what they cannot, and death threats cannot be a part of that.

I also want to go back to some of the things that Members have said in the House, because they also need to take responsibility. I clearly recall one Member in particular saying that we need to save the population from the Executive. That was reckless, in my opinion, and some of his language is irresponsible. People have different opinions but people in our positions of leadership need to take responsibility. OK? If we say things, they are going to have an impact on others. I am sorry that Paul Frew is not in the Chamber; what he says in North Antrim is going to have an impact on Robin Swann, Naomi Long and the rest of us, and, in my opinion, he needs to knock it on the head.

I want to turn to the vaccinations and the booster. Some people are now, thankfully, starting to get their vaccinations. I do not know whether that is to do with the COVID certificate process or not. Part of it is, but mostly it is because of better information. I would like the Minister to look at encouraging role models, particularly for young people, to talk positively about protecting themselves and their families. There are some role models who are anti-vax, and we all know who they are. I would not ask them to have the vaccine. I am not asking anybody to have it, whatever views they have. I appreciate that they have their views, but there are many others whose voices are not being heard.

We have experts on Facebook and Twitter now. Those are the only social media outlets that I am allowed near. My kids have warned me not to go near TikTok or anything else, so I am going to respect them. I know that there are expert epidemiologists on those social media sites, as well as scientific modelling experts and virologists who are at the top of their field. I am being flippant, but the point is that positive voices and the voices of reason are not getting out there. Each and every one of us has a responsibility in that regard. Given the recent climate, particularly in the past fortnight, we all need to step up. I ask the Minister, whether in the next Executive meeting or, certainly, when we look at the next set of regulations, to have a look at those issues.

Our health and social care system has been on life support for a long time. That may be hyperbole, but we have struggled, and some trusts have coped better than others. Health and social care staff have been in a battle since the onset of COVID, with no sign of any let-up. Given that situation, it is our absolute duty to go for as much public protection as possible.

I would like a bit more information and guidance in relation to both of the amendment regulations. None of us wants a situation where a teenager has to face a six-foot-two man giving off to her. That is wrong, but the big supermarkets and shops have a responsibility, because they have the money to put staff on who have the wherewithal to ask people to use a face covering, where appropriate, even if it means providing face coverings for people to use. When you get on a bus, face coverings should be available. The smaller shops are doing it; my local shops are doing it. If you go into a pharmacy or somewhere else, even though there are screens, they are inviting people to take face coverings with them.

In conclusion, I know that it is being rolled out, but even a bit more information would be welcome about what you need to do in the event that you have not had vaccinations or you need your booster: where do you go, and can you get your booster and your flu jab all in one? That would be really helpful. I will leave it there.

Mr Allister: Often in these debates in the House, I have been very critical of the fact that these are all retrospective approvals, and that weeks after the various changes have been implemented, we, the legislative Assembly, are asked, in circumstances where you can hardly do anything else, to approve and give a veneer of legitimacy to the regulations.

That, of course, routes back to the power that was granted in the very first oversight regulations. On this occasion, though, the fact that, several weeks later, we are debating these regulations illustrates the farce into which the Executive have got us on COVID. It was the Executive who decided that nightclubs should open, and we all saw the debacle of The Elk on the back of that. Then, having opened the nightclubs, the Executive now say, "Oh, to deal with an action we took in opening the nightclubs and other aspects of hospitality, we now need COVID passports". Perhaps if they had not taken the first step, they would not think that they need the second.

3.45 pm

Of course, within all that, we have seen the division and rancour of the Executive on the issues. We have had some "Pass the parcel" today. We had the Justice Minister saying, "Oh, no, no. Don't stop the music with me when it comes to the enforcement of face coverings. Pass it to someone else". We had the Economy Minister saying that the Health Minister's latest paper calling for a return to working at home is an overly simplistic approach. We had the four DUP Ministers in the Executive voting against but not blocking the passports; willing to wound yet afraid to strike.

My primary question to the Minister is probably this: given the radical move that COVID passports is, will the House be afforded the function of having a vote on it before it comes into effect? Is it too much to ask that we, at least, should have the right to vote on such an extensive and, indeed, oppressive step as COVID passports? Surely it is not too much to ask that the legislative Assembly should, at least, be given a vote on that so that we can all declare ourselves at a meaningful time before the regulations come into effect.

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

I have a number of issues with moving towards the passport scenario. Until this point, all measures taken by the Executive applied equally to everyone. Everyone, unless you had a medical exemption, had to wear a mask. Everyone had to do the various things that were required, but, in taking the step on passports, we step into the arbitrary territory where we will divisively enforce difference of treatment of the unvaccinated. I am fully vaccinated — indeed, I look forward to getting my booster on Thursday morning — so I have no hesitation, difficulties or reservations about vaccination. However, some people have. The people who have are

not some sort of lesser individuals. They are not people who are to be treated as some sort of alien race. They are not pariahs. They are not lesser citizens. They are possessed of the same civil rights and liberties as the rest of us. However, in taking the step of introducing passports, we consciously treat them differently, and that is the issue with passports. Of course, that is of its essence divisive and, to some, provocative and has given rise to some crazy utterances, but it is also a distraction from the fact that successive Executives in this place, since devolution came back in 2007, have overseen a monumental rundown of our health service to the point where it cannot cope. We have 2,000 fewer beds than we had and fewer intensive care beds than Romania. That all happened under devolution. The passport issue, to me, is something of a diversion and distraction from the fact that there has been a lamentable failure to sustain, support and fund our health service in —

Mr Deputy Speaker (Mr Beggs): Order. As ever, I am giving considerable flexibility and allowing the Member to stray off the legislation that is before us, but I encourage him to reference the legislation that we are here to debate and take a decision on.

Mr Allister: The first regulation that we are approving is the one that throws open the nightclubs and dispenses with all the safety measures therein. It flows from that that the next step of passports is being ushered in, so I have been asking whether that was the right step in the first place or an ill-considered, precipitate and premature step. Without it, would we now be where we are?

Where, ultimately, are we going? I remember, probably about a year ago in the House, asking the Health Minister, "What is your exit strategy from lockdown?", and his answer was clear: "My exit strategy is vaccination". Well, we now have 90% or thereabouts of our adult population vaccinated, but, nonetheless, we seem to be going backwards on this. If the exit strategy was vaccination and we have 90% vaccinated, what reason is there to think that, suddenly, passports are the exit strategy? It seems to me that there are fundamental questions that need to be addressed.

I say to the Minister that the Executive collectively need to lead on the issue. You cannot lead on the issue by going in diverse directions, but that is undoubtedly what is happening. You have stirred up a hornets' nest amongst genuine people who feel that their civil liberties are suppressed by the fact that they are to be treated differently because, for

ideological, medical or other reasons, they decline a passport.

The passport is anything but foolproof. One of its limbs is that you produce evidence of a test, but what you produce, as I understand it, is a scan of the little barcode on the box. Whether you ever took the test is another matter. The efficacy of the passport needs to be addressed.

At the end of it, are we doing something for the sake of being seen to be doing something, or will we do something that will work? Make no mistake: we are doing something that certainly involves the suppression of fundamental liberty. That is somewhere where the House should always be slow to go, particularly when we do not bring the very proposition to the House until we have done it. Can the Minister give us an assurance today that there will be a vote in the House on passports, so that, without the limitations imposed by the Deputy Speaker, we can debate the issue fully and properly?

Mr Carroll: I want to talk specifically about the amendment (No. 18) regulations. I do not believe that now is the time to end all social distancing in hospitality venues. I have concerns about how that might impact on staff and service users alike. Protecting workers is key for me. I am concerned that, over the next month, hospitality workers will bear the brunt of another failed COVID strategy that is being embarked on by the Executive. Some 1,400 new cases and 13 deaths have been recorded this week alone. I sympathise with all the people affected.

We also have a situation where the Executive are throwing away the very basics of social distancing and are, presumably, counting on the vaccine strategy to work. As WHO medical experts realise, vaccination should always be used in a persuasive way alongside other measures to track, trace and reduce the spread of the virus. To be clear, I am an enthusiastic supporter of vaccines, although I do not believe that they should be mandatory or forced on people. Vaccination should be used alongside the health advice that has worked so far: social distancing; mask wearing; ventilation of workplaces; and working from home where possible.

The Executive need to get back to basics and support businesses and workers to protect themselves from the virus, especially as we peer into a winter that will be extremely difficult for our hospitals. The problem is that the Executive have too often been doing the opposite. On too many occasions, they have thrown small businesses and workers under the

bus, and now they are creating a scenario where people may be crammed into indoor spaces in a dangerous way. We now find ourselves in a situation where the Executive will, presumably, bring forward a vaccine passport scheme to allow people to enter venues while all social-distancing measures inside those venues are discarded. I remind people that vaccination is not a magic bullet for dealing with the virus indoors this winter. Let us remember that, in recent weeks, we saw that up to 170 COVID cases were linked to an indoor venue in County Antrim at a teen disco. That event happened after the retrospective regulations were brought in. In the same week, the Executive want us to retrospectively approve that decision. Discarding social distancing is dangerous and a bad idea. Once it is legislated for, it will be difficult to go back on and will only add to people's growing confusion about and distrust in Stormont's approach. I ask the big parties to reconsider that approach.

The pattern is the same as the one we saw with the relaxations last July and last Christmas. There is no democratic decision-making process. Instead of decisions based purely on the science, we get the Executive wrangling behind closed doors and compromises that leave us with cases surging all over again. How long are people expected to accept that?

Much as I and my party have issues with the COVID certificate passport scheme, people who link it to the attempted genocide and real oppression faced by Jewish people in the 1930s and '40s in Germany are not only wrong but insulting and offensive and face falling into the dangerous, deadly trap of the far right, which is pushing some of this anti-vax, anti-Semitic stuff. We have no truck whatever with that approach.

Mr Deputy Speaker (Mr Beggs): I call the Health Minister, Robin Swann, to conclude and wind-up the debate on both motions.

Mr Swann: I welcome the debate on the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021 and the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 7) Regulations (Northern Ireland) 2021. As always, I thank Members for their contributions. I will turn to some of the points that have been made.

I thank Members for their messages of support and solidarity, but it is a damning indictment of where we are that they are necessary. There are those who, rather than have a democratic,

legitimate debate, resort to what we have seen over the past few days, which are the threats and intimidation that, they think, can divert me from carrying out this role or change my mind about the direction of travel simply by raising the level of threat against me. The unfortunate thing is that some in society now think that my family members are also legitimate targets. I ask anybody involved in that, supporting it or supporting the dog whistle behind it to cease and desist because it does none of us in the House any service.

With regard to comments from the Chair about how we treat these debates — this starts from where Mr Allister left off — I do not widely discuss or disclose discussions that have been had in the Executive or papers produced for the Executive.

It is usually left to others to do that quite actively or openly, often before Ministers see or hear them. I will say this: following the paper that I presented on COVID certification and the updated paper this morning, I recommended that Executive colleagues support me in writing to the Speaker, as an Executive, and to apologise to the Health Committee about the enforcement date for COVID certification of 12 December. I believe that there is time and an opportunity for the regulations to be discussed at the Health Committee and debated in the Chamber before they are enacted.

4.00 pm

Mr Allister is correct: the premise on which the regulations have been delivered and how they have operated since we entered the pandemic has been a mechanism of the Executive. Unfortunately, it has been left to me over the past number of months to appear here and debate the changes that have been brought in. I assure the Member that I asked for that debate and vote in the House to be put in place as part of the process of taking forward that specific ask from my Department, as was done in other jurisdictions where the same mechanism was brought in. That will involve the Executive Office engaging with the Speaker's Office and the Health Committee to see whether that can be done.

The Chair of the Health Committee asked how I can provide the necessary level of enforcement and adherence and whether I can provide the evidence. The Executive COVID task force was set up at the start of this year. That was meant to take all the different strands and pieces of work that cut across Departments or arm's-length bodies and bring them together in one

place. I share the Chair's frustration. We do not see an openness about the three Es — education and encouragement before we have to finish up with enforcement — on the regulations that are in place and how they can be developed.

The Chair also made the point about my Department's response to managing the pandemic. I point him to the surge plans that each of our trusts developed at the end of last month. Those detail how they see themselves managing the pressures that they will be under over the next three months. I also point him to the Executive's autumn and winter plan and response and the four steps that they thought would possibly be needed should situations arise.

Members, we do not find ourselves in a unique scenario or place with the virus. Unfortunately, we are trying to challenge a pandemic. That is why there have been discussions about responsibility and who should have the lead responsibility on enforcement. That discussion was had by the Executive this morning and will continue at another meeting, I believe, this afternoon.

The Chair also made comments as Sinn Féin's spokesman on health and asked about our test, trace and protect system. I have, I suppose, a continuing update about how that works. Our test, trace and protect programme incorporates our contact-tracing and testing service. It remains at the core of our public health response to the COVID virus, along with our vaccination programme. In the last number of weeks, testing and contact tracing continue to experience a significantly high demand, which is in line with increasing case numbers in the community, but still to a level that up until —

Ms Bradshaw: I thank the Minister for giving way. Minister, on your last point, you will have seen today's figures, and there has been a spike or large rise in the number of people aged 40 to 59 who have tested positive. I am due my six-month booster vaccination during Christmas week. Will there be any flexibility? My point is that we are starting to see a rise in numbers in that age group, and a lot of them will be due to have their booster doses in the month of Christmas. Will there be any flexibility in the five-month to six-month period? We do not want people heading to their Christmas dinner without having their immunity built up by the booster.

Mr Swann: I thank the Member. I will get on to that point as well. She may be aware that I have had my fiftieth birthday, so I fall into the

age range that she is reaching. I am not as far advanced in the booster programme as Mr Allister, but I welcome his active support in getting it.

I go back to where the Chair was on the test, trace and protect system and to the increase in numbers. Some 9,732 people were referred to our test, trace and protect system the week before last, 89% of whom were contacted successfully. Over 27,000 contacts of the original positive cases were updated, and 99.4% of them were contacted and given the advice that they needed. Our test, trace and protect system still serves us well and still completes the job that it was intended to do.

Mr Gildernew: Will the Minister give way?

Mr Swann: Yes.

Mr Gildernew: Will the Minister clarify whether those 84% were contacted personally or via a text message?

Mr Swann: It was a mix. As the Member is aware, there is now a dual platform that allows people who receive a positive result to provide their contacts through a telephone message or a text service. That has been developed, and it ensures that people still get the advice that they need. As I said, from those 9,732 positive cases, over 27,000 contacts were identified. That is about the same ratio as we were getting before — between 2.5 and three contacts per positive case — and 99.4% of those people received the update that a contact had tested positive.

I return to where the Chair was going with where we are on compliance with face coverings and the work of the Executive COVID-19 task force. There is no single measure, silver bullet or single lever to be pulled. I remember well the Chief Medical Officer's words at the start of the pandemic. When addressing a GP federation, he said that this would be the first pandemic that we would fight alongside social media. Many of the challenges lie in seeing through misinformation, misrepresentation and the undermining of public messaging.

The Deputy Chair commented on the superspreader event in The Elk, and Mr Carroll referred to it as well. It was a teenage event, so many of those attending were either unvaccinated or not eligible for a vaccine or a passport. The event had a considerable effect. It reached into 20 schools and many homes across Northern Ireland. It goes back to the

Chair's query about the test, trace and protect system and being able to contact many of those families to make sure that they had the advice and guidance that they needed.

Mr McGrath referred to this as being a public health issue. It was never more so, but the challenges that we face and the importance of public messaging are a worldwide public health issue. There is a certain déjà vu in the public messaging that we have seen in the past week and a half from the Executive and where we were this time last year in the approach to a very challenging winter. The simple ask, and I have made it numerous times, is that Executive colleagues come together on a shared platform and send the clear message that although the things that we do may be challenging, they are to progress Northern Ireland and keep us moving in a direction that means that we do not have to go back to the lockdown scenarios that we had in the past. It is about going back to the basics — I think that that phrase was used earlier — of good hand hygiene, good respiratory hygiene, face coverings, keeping your distance when you can and getting your vaccine.

Mr Chambers talked about the importance of the same message coming from a collective leadership. It is challenging. It is not easy in the format of government that we have, but the Executive and this place have a duty to tell the people of Northern Ireland not only what we expect of them but what we have to do.

This is a global pandemic, yet some seem to think that it is happening solely in Northern Ireland. They think that somehow it is of our creation and our doing, or that it is because of our approach, but we are not in this alone. It is about looking at what has happened, at what been done elsewhere and at what additional supports or learning can be drawn on. I go back to Ms Ní Chuilín's point: it is not about where our health service currently is but about from where we started pre-pandemic. We were not in a good place. I have said that many times in here. The challenges that we are seeing are not because of COVID. They were there long before COVID. It also goes back to Mr Allister's point about the funding of our health service, on which he knows that I will not argue with him.

In response to Ms Bradshaw's comments about the six-month gap between the second vaccination and the booster, again, that advice came from Joint Committee on Vaccination and Immunisation (JCVI) guidance and is based on its assessment of when maximum effect can be gained from a booster. I have never deviated from the JCVI guidance that we have received.

In order to do so, I would need to get more guidance or someone would need to change that decision. The time between people getting their second dose and receiving their booster is therefore still six months. I am conscious that, in England, people have been allowed to book their booster appointment from five months after, but that does not mean to say that they are receiving it before the six-month window is up. We always keep the JCVI guidance and advice under review.

Ms Ní Chuilín said something similar to what Mr McGrath said about the abuse that our constituency staff have taken. The language that has been used towards not just constituency staff but departmental staff is despicable. People now seem to think that they have free rein to say whatever they think or believe. Again, that abuse is unacceptable. Mr McGrath mentioned the language used about John Hume when people rang the SDLP offices. Ms Ní Chuilín mentioned the language used about Martin McGuinness when people rang the Sinn Féin offices. I have been told, because of the sacrifices that people made, never to show my face again at a Remembrance event. The people who said that are probably the same individuals who were waving swastikas on Saturday. It is about understanding the messaging, our history and what we are doing to challenge a global pandemic. Mr Chambers talked about the war that we are currently fighting against the virus. We can win the war and beat the virus, but we have to do it together. That goes back to what Carál said about there being:

"people who cannot be bothered and people who cannot."

It is about how we support those people who cannot at this time.

That, in turn, goes back to a point that Mr Allister raised. There have been deliberate and mischievous utterances and messaging about what was intended and what we presented on COVID certification. It was done through engagement with Scottish and Welsh colleagues. It is not solely about certification showing proof of vaccination. People can provide a negative lateral flow test or a positive PCR test taken in the previous 30 to 180 days. There was and is the intention to provide that basket of measures that people can utilise over the time frame in which we see the measure being in place. In the regulations that have once again been left with my Department to draft, there will be a four-week review period. Our COVID regulations have to go through that to ensure that they are fit for purpose and

proportionate. I have asked again that that four-week review period be built into any regulations that are drafted.

Mr McGrath: Will the Minister give way?

Mr Swann: Yes.

Mr McGrath: Does the Minister agree that what he said hits on a point that many of those who attack us as MLAs go to? You can have a COVID certificate or passport. If you do not want to have a vaccination, you can go down the lateral flow avenue, or if you have had coronavirus, you can use that evidence. Nobody is being forced. Nobody is having their rights suppressed. That large crowd out there is making a lot of noise and cherry-picking the bits of information that they want to throw back in our faces for the decisions that we are making. You are accommodating all people. That being the case, what is their problem?

4.15 pm

Mr Swann: In answer to the last question, I do not honestly know, and I think that that is part of the challenge. That is why we looked at that three-stranded approach of what COVID certification will be. As I said to the Member, I hope that we are in a position where it can come back to be debated.

Mr Allister: Will the Minister give way?

Mr Swann: Yes.

Mr Allister: Just so that I understand properly the idea of the triple dimension of COVID certification. Vaccination, I understand. When you proclaim that you have had a negative test, is that a self-certifying proclamation? If so, what is the efficacy of it?

Mr Swann: It is self-certification. It goes back to the Member's question about who is going to be applicable. It is not a simple self-certification. You have to go through the Government's website to record a negative test, so it is not an easy, simplistic process of self-certification. There is a process to go through, but there is currently no validation from a third party or a photograph or having to go to an approved site. Other jurisdictions have looked at that, even with regard to travel certification, where they are now accepting lateral flow tests that have to be done having been observed or with a third-party certification. The reason for that is not to take away from what we are trying to achieve here but to allow that other avenue for people

who cannot or will not take a vaccine. It is not about denying them the right of access. Again, it goes back to the Member's point about cherry-picking. That is what we have seen with a lot of the utterances and leaking of certain papers or parts of papers over the past few days that are either about establishing a position or reinforcing a position that many have already taken.

On Mr Allister's point, I seek and continue to work for the Executive leading collectively on this issue. This is a challenging issue regarding how we manage our response to COVID. Many papers and strategies have been produced as to things that need to be done, but the proof of the pudding often comes when people have to enact what they have put on paper regarding the necessity. Part of the Executive's autumn and winter plan was about producing COVID certification, should it be needed.

On Mr Carroll's closing point about the venue that we are now looking at as having been, basically, a superspreader event, I note that the local licensing authority is also looking at that venue with regard to what actually happened in the premises with the numbers and how they were managed internally. Outside COVID certification and all the rest of it, I think that there are concerns that have been raised there as well.

I hope that I have answered as many Members' queries and questions as possible. In closing the debate, I remind Members that the choices that we make now will be crucial in ensuring that the virus does not begin to spread once more. As we continue to remove the remaining restrictions that are in place, our society moves closer to a return to normal life. By making safer choices, following public health advice and complying with the regulations, we can all play our part to help to lower the spread of COVID-19. I commend these regulations to the Assembly.

Question put and agreed to.

Resolved:

That the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 18) Regulations (Northern Ireland) 2021 be approved.

The Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment) (No. 7) Regulations (Northern Ireland) 2021

Mr Deputy Speaker (Mr Beggs): The second motion on the health protection regulations has already been debated.

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

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment) (No. 7) Regulations (Northern Ireland) 2021 be approved.

Question put and agreed to.

Resolved:

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment) (No. 7) Regulations (Northern Ireland) 2021 be approved.

Mr Deputy Speaker (Mr Beggs): I ask Members to take their ease for a few moments before the next item of business.

Private Members' Business

Hospital Parking Charges Bill: Second Stage

Miss Reilly: I beg to move

That the Second Stage of the Hospital Parking Charges Bill [NIA 40/17-22] be agreed.

Mr Deputy Speaker (Mr Beggs): In accordance with convention, the Business Committee has not allocated an overall time limit for the debate. In recent correspondence, however, the Speaker outlined that, in order to help to manage plenary time between now and the end of the mandate, the Business Committee has agreed to allow an upper time limit for contributions to Second Stage debates on Bills that are not proceeding by accelerated passage. The sponsor of the Bill will have up to 15 minutes to move the motion and 10 minutes to make a winding-up speech. All other Members will have up to 10 minutes.

Miss Reilly: I thank all Members for being here for the Second Stage of my private Member's Bill to abolish hospital car parking charges. I look forward to your contributions and will welcome your comments on the Bill. I also look forward to speaking with and working with everyone to ensure that the Bill is passed.

I give a special mention — a míle buíochas — to Fra McCann for his work on the Bill before his retirement. Fra was vital to the research and consultations that were needed to move the Bill forward. I also thank Catherine Kelly and Ciarán O'Connor from the party policy team, the Assembly Bill team and Assembly Clerks who, while dealing with a vast workload, supported me, as the Bill sponsor, and guided me through the process. Go raibh míle maith agaibh uilig.

This is a relatively short Bill of three clauses, which inserts new article 3A into the Health and Medicines (NI) Order 1988, preventing the Department, trusts and other health service bodies from imposing charges for parking for staff, patients and visitors to hospitals. This is a stand-alone Bill that should not interfere with the pay negotiations between the Department of Health and health and social care workers. One measure has nothing at all to do with the other.

The policy objective for the abolition of hospital car parking charges is to provide free parking for workers, patients and their families at all the public hospitals in each of the five health and

social care trusts. Free parking at public hospitals will reduce the burden on patients and visitors who are already physically, psychologically and financially impacted on by the experience of ill health. Additionally, it would reduce the financial burden on health and social care hospital workers, many of whom are underpaid for their work in the health service.

Free hospital car parking would provide a fairer and more consistent approach to public hospital car parking policy. Since I have taken over the Bill, I have engaged with the constituents whom it would most affect. In my engagements, I heard several comments on the difference that abolishing hospital car parking charges would genuinely make for workers, patients and families. The charges are, quite simply, an unfair additional tax. Some workers are paying £60-plus a week in hospital car parking charges. Whether to pay the bills, provide heat, put food on the table or go to work should never be a decision that any worker has to make, especially when those workers make such a huge contribution to our society. We talk about valuing our healthcare workers. Let us show that by putting that money back into their pocket and putting an end to public hospital car parking charges.

Patients and their families who are already stressed because they are sick should be focused on their health and recovery as a priority. They should not be further burdened by hefty hospital car parking charges. Car parking charges disproportionately impact those from our rural constituencies, who are, largely, reliant on a car for transport. For many of our rural constituents, public transport connectivity to hospitals is simply not sufficient as a means of getting to work for certain shifts or for accessing treatment at specific appointment times. Similarly, the option of active travel to work, such as walking or cycling, is not practical for people in rural communities, given the longer distances to travel.

We conducted a consultation on free hospital car parking charges via the SurveyMonkey site. It ran for eight weeks, starting on 8 January 2021 and finishing on 8 March 2021. There were 842 responses in total. The outcome of the consultation was that a clear majority of the respondents agree that public hospital car parking should be free for all users. Out of 677 who responded on free parking for all, only 16 respondents answered no, meaning that over 97% of respondents think that hospital car parking should be free for all users.

Our research has highlighted inconsistencies in car parking charges across hospitals and trusts.

There are differences in hospital car parking charges across the trusts, but there are also differences within health and social care trusts, which, in themselves, create inequality and pay parity issues for workers, patients and their families. For example, the Royal Victoria Hospital has an all-day fee of £5, the Mater Hospital charges £1 per day, Belfast City Hospital charges £11 a day, and Omagh Hospital and Primary Care Complex charges £1 for up to one hour — four hospitals; four different charges. The disparity in those charges reveals that nurses in one trust pay more than nurses in other trusts, and also that nurses in the same trust are charged differently.

I have engaged with unions, health groups and rural networks on the Bill. Macmillan Cancer Support has called for the end of hospital car parking charges; it called them morally wrong and unfair for those who must attend hospital for treatment, especially time-sensitive treatments. Macmillan reported that four out of every five cancer patients whom it surveyed were worse off because of the charges. Some reported spending up to £500 monthly. Whether you are a visitor to someone who is unwell, or you are working tirelessly to care for patients, free car parking would mean one less thing for you to worry about. It would ease an unnecessary financial burden.

The Royal College of Nursing fully agrees that valuing workers should be a priority and that the charges are causing real financial hardship for some of its members. The Rural Women's Network also fully supports the Bill. It agrees that rural workers, patients and families are disproportionately affected by hospital car parking charges. Unite the Union members in the Royal Victoria Hospital have previously campaigned for free hospital car parking. They cited an example of health and social care workers floating between hospitals to care for their patients being faced with multiple charges to park as they go about their job. Our health and social care workers are among the lowest-paid workers in our society. They do some of the most important and necessary work, but they are paying to park their cars in hospital car parks.

The main theme throughout our engagements so far has been that the charges are causing real financial hardship for patients, their families and workers. We are aware that there are some —

Ms Bradshaw: Will the Member take an intervention?

4.30 pm

Miss Reilly: If you let me finish, you can come in at the end.

We are aware that some exemptions from hospital car parking charges exist for patients who are receiving radiotherapy, chemotherapy or renal dialysis and their families. Partners and relatives can also avail themselves of free car parking if they are transporting a patient who is receiving any of those treatments. However, those exemptions do not cover all the areas of treatment. For example, according to Macmillan, going to the hospital for associated blood works does not entitle you to free parking. It is also true that members of the same household who travel separately to visit or attend appointments have to pay for car parking, which means that the household does not benefit from free car parking.

I thank the Minister of Health for being in the Chamber. He ensured that hospital car parking charges were suspended for periods during the COVID-19 pandemic. Through that action, Minister Swann recognised the sacrifices that our Health and Social Care workers made for us during the pandemic. We know that it can be done, and, with that political will and creativity, we can abolish hospital car parking charges, as has been done in other jurisdictions.

Scotland and Wales have abolished public car parking charges at their hospitals. They have been able to accomplish that in cities that have much larger populations than ours, with larger hospitals and more traffic. We can learn from the systems that those countries have in place and how they regulate parking. Our public hospital car parks are operated under PFI contracts, just as they were in Scotland and Wales. Scotland abolished hospital car parking charges in 2008 and finally settled the remaining PFI schemes in 2021. In Wales, parking at all NHS hospitals is free.

To conclude, I reiterate that my private Member's Bill to make hospital parking free will take a weight off the shoulders of workers, patients and families, put money back into the pockets of workers and incentivise the recruitment and retainment of our Health and Social Care workforce at a time when it faces an unprecedented shortage. Creating better work conditions for workers and showing them that they are valued and easing the burden for patients and their families should be a priority for all of us in the Assembly.

Mr Gildernew (The Chairperson of the Committee for Health): I welcome the opportunity to make some initial remarks on behalf of the Health Committee, outlining our

consideration of the Bill, before speaking as my party's health spokesperson.

As the Bill sponsor has outlined, this is a relatively short Bill of three clauses that essentially inserts a new article 3A into the Health and Medicines (NI) Order 1988, preventing the Department, trusts and other health service bodies from imposing charges for parking for staff, patients and visitors to hospitals. The Committee was briefed by the Bill sponsor on the principles of the Bill at our meeting last Tuesday. The Member provided the Committee with an overview of the need for the Bill and the consultation that had been undertaken. She also outlined that a significant number of health workers have to pay an additional charge of approximately £60 a week to safely park at their place of work. She indicated that the cost can vary between trusts and even within trusts. For example, to park for the day at the City Hospital costs £11, whereas, at the Royal, it costs £5. That is a significant amount for some of our lowest-paid health workers to pay and has resulted in many staff having to park off-site, which has its own health and safety implications. The Member outlined that parking costs for patients and visitors were adding to already difficult situations when the focus should be on getting better. Aisling also outlined the significant impact that parking charges have on rural dwellers who cannot rely on public transport to attend hospital. Finally, she highlighted that charges have already been abolished in Scotland and Wales.

Members asked questions during the briefing, including on the financial impact of the Bill. The Member outlined that the annual cost to trusts would be approximately £8.8 million per year. Members asked how trusts could ensure that free parking would not be abused and become an option for commuters. Members outlined that they wanted to ensure that parking was available to those who needed it most. There was a discussion on the use of technology to ensure that parking is not abused. The Member explained that number plate recognition was used in Scotland, which is something that the Department and trusts could consider. There were also questions about current concessions for free parking in hospitals and whether or, indeed, how they could be expanded to include other patients and visitors.

Providing that it passes Second Stage, the Committee looks forward to engaging with stakeholders and scrutinising the Bill in further detail.

I would now like to make some remarks as Sinn Féin health spokesperson. First, I thank my

colleague Aisling Reilly for bringing forward this very important Bill. Car parking charges create inequalities for patients and their families who access hospital facilities. In particular, car parking charges cause inequalities for those from rural communities, who have poor infrastructure and cannot easily access buses or trains. A large part of my constituency is rural, and I know that there are constituents who are in poor health and can ill afford charges, with the impact of reduced income, additional travel and all that flows from that. By way of example, in Brantry, County Tyrone, which is in my district, if you do not get on the blue bus at 8.15 am, you are not getting the bus, and there is one bus home in the evening. That highlights the real inequality for those rural dwellers in certain areas who have a lack of access to public transport. Patients and their families in rural areas of Fermanagh and Tyrone who have to access treatment in Belfast, Derry or Enniskillen have significant additional travel costs in fuel and wear and tear to their cars. Asking those families to then pay exorbitant rates to park their car at a hospital is often a matter of asking them to make hard choices in their family budgeting.

Hospital car parking charges are an unfair tax on our already burdened Health and Social Care workers. At a time when we are working to retain and recruit key front-line healthcare staff, passing the Bill would be a practical indication to them that we support them and will ensure they are not being unfairly taxed. It also needs to be set in the context of the number of weekends over the past month or two that staff have been asked to come in from their leave, to leave their families, to abandon their break and to come in to pull the health service out from pressure. For those people to then be faced with a barrier going in and having to pay for parking is an additional pressure that we should address.

The other thing I want to say clearly is that the abolition of hospital car parking charges must be a stand-alone measure. It can have no impact on negotiations for a pay settlement for the health and social care sector. It is entirely separate from that, and it is important that we send a message from the House that we genuinely value Health and Social Care workers, we will demonstrate that value and we will tackle the inequalities that flow from hospital car parking charges.

Mrs Erskine: I support the progress of the Bill to the next stage. The broad aim of the Bill to alleviate the unnecessary financial burdens facing our NHS staff and patients is one that we absolutely support. However, when it comes to

achieving its aim, a number of challenges need to be addressed. We must ensure that the arrangements that follow the Bill are sustainable and avoid the creation of additional pressures or problems elsewhere in our system. We, as a party, want to engage constructively with Members from across the Chamber and with interested stakeholders to ensure that any proposals from the Bill are informed and effectively address the issue without the creation of further problems.

As Members have stated, the disparities in car parking fees between trusts have created regional inequalities for those who face a trip to the hospital. The Bill would ensure an end to those regional inequalities, ensuring that patients and staff, regardless of where they live, receive fair and equitable access. However, we have to be open and honest about our budgets. Have the costings been worked through by the Bill sponsor? The Department could be taking on a cost that has to be taken out of our services elsewhere. In 2018-19, it was reported that the health service hospital car parks in Northern Ireland generated around £7.5 million from charges but the cost of operating the car parks was approximately £8.8 million. That is a difference of £1.3 million. Our health service could be taking on a colossal cost, and I would have reservations about that.

Despite that, I fully accept that ensuring that hospital staff no longer face the burden of the extra cost of car parking is a small but symbolic recognition of the critical work that they undertake every day. Ending car parking fees for visitors would also provide the possibility for the loved ones of a patient who is undergoing cancer treatment or palliative care to spend more time with them without the burden of excessive costs afterwards at such a difficult time. For both those circumstances, the Bill is definitely worthy of consideration.

As was mentioned, Scotland and Wales have already taken steps to abolish hospital car parking charges. Where that has been implemented elsewhere, we need to see its full impact. We need full scrutiny of the differences between the model and regional delivery and how we do business in Northern Ireland. When I look at the delivery model in England, I do not believe that full, blanket, free-for-all car parking is in place; instead, there are differences — for instance, for family members who are gravely ill. On the one hand, the complete abolition of hospital car parking charges would address the complexity of the provision of concessions for the patients who most frequently attend appointments for treatment. However, that could, perhaps, shift the problem elsewhere.

Several points need to be considered in greater detail as the Bill progresses. First, the case for waiving fees for patients and staff is stronger than for doing the same for visitors. There needs to be open discussion of whether the use of financial resources for individuals not in receipt of patient care is the most effective use of public money. As the Bill progresses, we need to establish what impact a universal ban on car parking charges would have on our clinical care budgets on a day-to-day basis. If the scheme would cause a shortfall in maintaining car parking facilities, it must be stipulated that the cost must not be borne from funds allocated to support front-line services. That is critical.

Secondly, the Committee will need to explore the potential for free car parking provision to be exploited by commuters for other purposes, particularly when it comes to hospitals in Belfast city centre and other central locations. Free car parking could have knock-on consequences such as, potentially, the obstruction of emergency vehicles, disruption and impediments to disabled patients and visitors. With universal provision, how the aforementioned problem could be prevented is a problem. Universal free car parking should prevent the creation of any administration costs. However, they may in turn be required to prevent commuters from abusing such a provision and to ensure that patients and visitors can avail themselves of the spaces.

Thirdly, it is possible that the Bill would represent a retrograde step away from encouraging better uptake of public transport and sustainable transport by incentivising car usage with free parking. Does that undermine the Executive's commitment to the environment and to tackling emissions?

I am sure that the House will support the Bill's general aim. However, several concerns need to be addressed through engagement with relevant stakeholders to ensure that the Bill is up to the required standard to ensure a lasting and successful outcome for the people whom it aims to support.

Mr McGrath: I welcome the opportunity to speak on the Bill. It is important legislation and, if enacted, will go some way to addressing the major issues that our healthcare staff, in particular, face at present.

The Bill's straightforward principle is to:

"Prohibit the imposition by Health and Social Care hospitals of charges for car parking".

I do not think that anyone would object to that principle.

There may be some issues with translating that principle into practice, but I am sure that they are not insurmountable. There will be an opportunity for us to discuss them in Committee and other ways of finding solutions.

4.45 pm

We face two important considerations: how the Bill will impact on and affect staff; and how it will affect visitors. Our healthcare system is in a precarious position. The issues that we face predate the emergence of COVID-19. They stem from the mid-2000s. If we look at our nursing sector in particular, we see that several themes are raising their head. Nurses' pay is low, and their career progression is restricted; however, nursing workload just goes on and on and builds. When I say that, to be clear, I know that trusts are doing their absolute best to meet the needs of our nursing staff. We need to look at how to complement that and support the trusts in their support of staff.

Healthcare staff stood on picket lines from 25 November 2019 to call for an increase in pay and improvement in working conditions. Many Members were proud to stand with them. We can be certain that we were shoulder to shoulder with them there. Many argue that those staff were the impetus for this place to come back after three years.

Unfortunately, we have not seen the pay increase that staff require. At present, I understand, a nurse's starting salary in the North is about £24,000, and the average salary is about £31,000. Given their vast workload, that is not much. Compare that with the UK average salary of £40,000. In the South, it is £35,000. In Luxembourg, which is first in the OECD by that measure, the average salary for a nurse is about £78,000. The recent pay increase of 3%, which was lauded as magnificent, works out as a pay cut in real terms.

We now see that the typical age of staff is approximately 45 to 55. In many days —

Mr Carroll: Will the Member give way?

Mr McGrath: Yes. Go ahead.

Mr Carroll: Does the Member share my concern about reports released today that nurses and healthcare workers may be leaving the NHS and going to the private sector

because the pay is significantly higher there than it is in National Health Service trusts. Is he concerned about that issue too?

Mr McGrath: Yes, and I know that we are rehearsing issues with nurses' pay and conditions that many of us know about. We want to see improvement, because we can see how that directly impacts on the amount of money that nurses have and their ability to pay for things such as car parking that add to the drain on their money.

On any given day, our nurses may have to get their kids up in the morning, get them washed and fed and drive them to school. They then have to travel to work, and, depending on the trust that they work in, they may have to park on-site. In considering the conditions that healthcare staff had to work through during the pandemic, it should be noted that Minister Nichola Mallon led the way by establishing a free parking facility for NHS staff at Crumlin Road Gaol and by providing free public transport for staff.

Looking back at those really awful days last year, however, we see by comparison the position that we are in now. Car parking charges have been reintroduced, and staff are living with the physical, psychological and emotional effects of the pandemic. For some, it has been noted, it has been akin to the symptoms of PTSD. Anything that we —

Mr Clarke: I thank the Member for giving way. On the point about what Nichola Mallon did, did she continue to allow free transport? What did the Minister do about a better timetable for staff to permit them to use the car parks? Surely that would have been the better form of action, as opposed to encouraging people back to their cars. The Member previously made a point about public transport; surely Minister Mallon could have put on a better timetable for staff to suit them and, indeed, members of the public.

Mr McGrath: I thank the Member for his intervention. In a debate in which we are all coming from roughly the same direction, it is great to see that he did not take the option to be divisive and political. Any significant drain on the budget required by Translink and others would require a whole-Executive approach and funding to be made available to the Department. I am sure that the Executive can have that discussion.

Support, however, for the abolition of car parking costs at hospitals should in no way be seen as a substitute for implementing the

proper pay increase that is needed. There are some internal trust imbalances, and the Bill sponsor has referenced and highlighted the fact that there are issues in the Belfast Trust. In the South Eastern Trust in my area, there are no costs if you work at the Downe Hospital, but there are costs if you work at the Ulster Hospital. During the pandemic, many staff were relocated from the Downe Hospital to the Ulster Hospital, which meant that, when costs were reintroduced, staff had to pay car parking charges that they would not have had to pay had they been working in their original workplace. Although the Bill will be of great benefit if enacted — I hope that it will help people — there is still much work that needs to be done for our healthcare staff.

I have no doubt that the Bill will be of tremendous benefit to patients and visitors to hospitals. If we look at the period 2016-19, however, we will see that visitors paid almost £13 million to our trusts for car parking. I appreciate that there is a financial cost for operating and maintaining the car parks. The Bill's explanatory and financial memorandum notes:

"In 2018/19 ... the cost of operating the car parks was circa £8.8m".

It would be helpful if we could get some clarity about from where those costs are coming. It would be particularly helpful for the Department to see where it might need to find additional moneys and what it might ask Finance Minister Murphy to provide to help alleviate those costs. Today's report by the Comptroller and Auditor General, however, has shown that we have incorrectly paid out £9 million through the localised restrictions support scheme. If we can claw back some of that money, it will help if that could go to the Department.

The final area on which I seek clarity from the Bill sponsor is how we ensure that the scheme is not abused. Essentially, how will we prevent our hospital car parks from becoming free park-and-ride facilities? Some of them are located very close to town and city centres —

Mr Gildernew: Will the Member give way?

Mr McGrath: Sure.

Mr Gildernew: Will the Member accept that the Bill sponsor has indicated that, in Scotland, number plate recognition is being used to address that issue.

Mr McGrath: Absolutely. My notes were written before the speech was made. I am sure that it is something that the Committee will be able to address. It will want to get that type of clarification so that it can get full support for the Bill's progression.

In conclusion, if the past eighteen months have taught us anything, it is that money can be found for essential legislation, and quickly. It can be done. If the political will exists, and given that we are approaching the legislation with the right intentions, there is no reason that the funding for it cannot be found. It would be appreciated if we can get clarity on the points that I have highlighted. I look forward to further scrutinising the Bill in the Health Committee. I wish its sponsor well with its progression. She has certainly hit the ground running since becoming an MLA. I am content to support the Second Stage of the Bill.

Mr Chambers: I have sympathy with the concept of the Bill. It is certainly well-intended. I have reservations about some of the suggested logistics for its implementation, however. I know that 97% of the people who responded to the consultation agreed that it was a good idea. It would therefore be a popular idea. I have a lot of sympathy for free car parking for staff. There have been some very well made points about what it costs nurses and healthcare staff, particularly those who are working overtime and are having to fork out to park their car. I have a lot of sympathy for that. Those well-made points will not be lost on the Minister.

It is also critical that we can guarantee that staff who are going to a hospital have a safe car parking space available to them. The thing that worries me a little bit about the Bill is the opportunity for abuse. Hospital car parks could become park-and-rides. That would be completely unacceptable. As I said at the Committee meeting last week, the concept of on-street car parking charging is to guarantee that people will not stay in a car parking space for any longer than they need to. They will go to their high street, go into a shop, spend their money, come out, get into the car and go away, and that opens the space for somebody else to come behind them. In any car parking situation, it is vitally important that there is turnover and that you do not have people taking up spaces for long periods and preventing other people from being able to use the car park.

At the Health Committee meeting, we talked about the various logistical solutions that would be available. I thought that we were a bit light on detail, but no doubt, as the Bill progresses, we will get more meat on the bones, as it were,

as to how it could be implemented and how it would work. Number plate recognition was mentioned. We were told that that works very well in Scotland. Maybe they have bigger car parks — I do not know — but those are the sorts of things that we need to look at. We also need to know how much it is going to cost to introduce new logistical schemes and systems.

We also have to explore the unintended consequences of free car parking at our hospitals. There might be consequences for visitors coming to the hospital. They will have to wait for a space due to either intentional or unintentional abuse of the car parking. People who come for an outpatient appointment at the Royal Victoria Hospital or the Ulster Hospital might arrive in what they consider to be good time — maybe 45 minutes or half an hour before their time — but find themselves in a queue with 50 cars in front of them, praying that another car will come out so that one more car can go in and they get closer to the top of the queue. Inevitably, they will end up going into the outpatients department 10 or 15 minutes late, have their blood pressure taken, and it is through the roof. I use the excuse of the white coat syndrome, but maybe there will be a new condition here — car park syndrome — for high blood pressure readings when you eventually get into an outpatient department.

It could also have implications for —

Mr Gildernew: Will the Member give way?

Mr Chambers: Yes.

Mr Gildernew: I recognise the point that the Member is making around capacity. However, does he agree that it is not up to the sponsor of this Bill, necessarily, to deal with the capacity issues, and that, by and large, no one is parked at a hospital unless they need to be there, either by reason of visiting a loved one, receiving treatment or working, so the capacity issue is one for the Department to address? Does he agree that the unfair taxation on workers and those people who have to access the car parks by car is more for the Department?

Mr Chambers: Thank you for that. I accept the Member's points.

Free car parking could also have a knock-on effect, albeit it would be an unintended consequence of the Bill, on the routine of clinics. If people are routinely turning up late because of issues around the car parks, that

could have an impact on the good working of the clinics.

The other issue that I raised at the Committee meeting, and to which I do not think we have had an answer at this stage, is, if you go into the car park, having applied the day before through the number plate recognition system, or whatever the methodology is, I do not see how there can be a compulsion on you to leave at a particular time. There could be two or three people in the car, with one going to the outpatients department, and when they come out of there, they could say, "It would be a good idea to go down into the city centre and do a bit of shopping, or maybe get a bit of lunch. We'll just leave the car here because it's not costing anything". That is another issue that will need to be addressed as the Bill moves forward.

Another issue that I have not heard any talk about is the fact that, at the moment, trusts may be tied into contractual arrangements with an outside operator who is operating the car parks.

The Minister may be in a position to tell us whether such contracts exist, how long they have left to run and the costs of buying the operator out, if we wanted to move to free car parking; no doubt, there would be a penalty clause. That all adds to the cost of introducing such a scheme. We will tease out all those questions as the Bill moves on to Committee Stage, but, although it is well intentioned, it will require quite a bit of scrutiny to find a scheme that works.

5.00 pm

Ms Bradshaw: I thank the Bill sponsor for introducing the Bill. Unfortunately, I was unable to get to the Health Committee meeting, as it clashed with another meeting. I have some queries that, no doubt, I could have asked at that stage, but I look forward to engaging with the Bill sponsor going forward.

As a party, we will support the Bill today, although we have some queries and, I will go so far as to say, difficulties with some of the principles in the Bill, not least because we are debating it in the very week following the conclusion of COP26. We certainly endorse the Member's contention that the financial burden on patients and visitors, who are already physically, psychologically and financially impacted by the experience of ill health, should be reduced and that we should do all that we reasonably can to reduce those burdens. However, more needs to be done to address those issues in a fair and targeted manner, and,

indeed, the way in which we achieve that may not necessarily be through legislation. As I said, that does not mean that we oppose the Bill. It means that we think, as others said in their contributions, that more thinking and scrutiny around it is required.

The Bill sponsor is correct to say that there is an element of lottery, given the differentials in charges between trusts and, in the Belfast trust, between hospital sites. It seems very unfair that staff who work in one trust and earn the same wage for the same work may face car parking charges at one location but not another. It is worth emphasising that the nature of health and social care work can be shift-based, thus a public transport system that is based primarily around nine-to-five working may not always present a serious option for them to get to work. That is where the argument arises that car parking charges are something of a tax or levy, charged effectively at random.

It may be noted that car parking charges are not necessarily an effective way to raise income, given their administrative cost. If the purpose was to raise money, other things such as on-site advertising would be considered. We can see, therefore, that charging does not exist for the purposes of significant revenue raising. Although the Bill sponsor did not take my intervention, it was around her mention of having had significant engagement with people who use car parking and the unions who represent them, but I did not get a sense that she had had significant engagement with the trusts about how they manage their estates. The Bill sponsor used the word "creativity" around the matter. There is the potential to raise revenue in other ways, so I wonder whether the Bill sponsor, who I know adopted the Bill, or her party have considered other ways in which the costs could be recouped, as opposed to coming directly out of the trust's pocket.

Ultimately, the question arises about whether the legislation solves the problem or creates others. Mr Chambers indicated some of the problems that, I agree, exist and certainly need to be teased out. First, taking steps towards abolishing car parking charges would be to the advantage of those who have cars, even if it were done in a targeted way, which, in fact, is not what the legislation does. The Bill sponsor's constituency has some of the lowest rates of car ownership in the UK. Those people without access to a car, who are, perhaps in many instances, reliant on taxis to get to and from work, are not helped at all by the legislation and, in effect, end up subsidising those with cars.

Of course, that brings us to the main issue with the legislation: prohibiting fee-paying car parks near hospitals will simply lead to them being used for other purposes. At the Health Committee, I want us to look at the costs of the car licence-plate recognition system and how that would be enforced in law. I know that I am comparing apples to pears, but, when it was introduced in Forestside shopping centre a few years back, many constituents got a penalty notice and wondered whether it was legally enforceable. There are, potentially, lots of headaches for the trusts with people appealing penalties that arise from misuse of the scheme.

It should be emphasised that, in Belfast, the City Hospital is on the railway line, and the Ulster Hospital and the Royal are directly served by Glider halts. A general prohibition on car parking charges could discourage people from using public transport alternatives, even when they can. In the case of those with no access to cars, that must run contrary to Executive policy; someone from the DUP Benches mentioned that earlier. I have no doubt that my colleague John Blair will pick up on that.

The other issue is that the Bill does not demonstrate any clear evidence that all options have been considered. It looks like the options are either do nothing or total abolition. I wonder whether the Bill sponsor looked at abolishing charges just for workers and not for visitors. That said, I have spoken publicly about my father's experience when my mum was in the last months of her life. He was going up twice a day to bring soup, clean pyjamas and whatever; in some ways, he was almost like an unofficial carer, taking the burden off the staff. He had to pay the cost of car parking twice a day, which he did not mind, because he was in a position to do that. However, I recognise that, where people have to stay in hospital for a long time, the charges can mount up for their relatives.

Fundamentally, the issue is about whether legislation should be used to dictate how trusts, with funding from the Department of Health, manage their estate. That is where we have a bit of difficulty with the proposal being in legislation as opposed to policy. We are concerned about unintended consequences, the unclear financial impact, including the potential, in practice, for poorer workers to be subsidising better-off workers, and the anti-environment impact of the Bill as it stands. Those concerns show clearly that the Bill needs a good bit of work. If legislation in this area, such as it is, is to be supported, it must not remove the flexibility of the Department and the trusts to manage their estates as they see fit,

and it must focus on the actual issue. I will leave it there.

Ms Dolan: I welcome the opportunity to speak on Bill, and I congratulate the sponsor, Aisling Reilly, for taking it forward. It is an issue that may affect some of us more than others but it will affect all of us at some point. We all have many constituents who, unfortunately, have to attend hospital frequently and who know only too well that car parking is very costly. For example, on average, cancer patients make 60 trips to hospital from initial diagnosis through to treatment and follow-up consultations. For patients and their family members, those charges place unnecessary stress on people who are in ill health.

Looking at the issue from a worker's perspective, removing parking charges will reduce the financial burden on hospital workers, many of whom are underpaid for the work that they do as it is. Parking charges at hospitals are an unfair tax on workers; it is an unacceptable situation that needs to change. According to the RCN, some nurses are paying up to £18 a day for parking at hospital facilities in Belfast. As has been said, there are considerable inequalities and inconsistencies in charging rates across the North.

The offer of free parking during the pandemic proved that it can be done. When the Health Minister, Robin Swann, made the announcement that free parking was coming to an end, he said:

"Due to the challenging financial situation facing the health service at this time it was simply not possible to continue to provide free car parking".

Surely if the staff who were receiving the free parking are struggling to pay for their parking, the health service would not be able to function. Upon that announcement, Dolores McCormick, the associate director of the RCN in the North, said that nursing staff would be:

"deeply disappointed at the reinstatement of car parking charges across health care trusts ... this will do nothing to improve morale or retain staff."

As has been said, with the crisis that our healthcare system already faces, we need incentives for staff, not barriers. The abolition of car parking fees at all hospitals would also address another deep inequality between the experiences of rural and urban patients, due to the lack of available and efficient public

transport in rural areas. For rural patients who are attending an appointment, usually in a hospital in an urban setting, costs include running a vehicle, in addition to hospital car parking charges. To use my constituency as an example, the South West Acute Hospital is on the outskirts of Enniskillen and, even for Enniskillen workers and patients, getting there involves at least one bus journey. For someone coming from my home area of Belleek and Garrison and surrounding areas, getting public transport simply is not an option.

At the weekend, I was talking to one of my constituents whose little boy requires a lot of hospital appointments due to his medical condition. The doctors in the local hospital cannot treat him. Therefore, he is being treated between the Royal and Altnagelvin. She lives 65 miles from Altnagelvin Area Hospital and 92 miles from the Royal. She told me that 20 minutes in Altnagelvin car park last week cost her £1. She reckons that car parking charges at hospitals are higher than at shopping centres. She said that, between fuel and car parking, it really was brutal, and that was on top of the worry about her little boy's condition.

Abolishing hospital parking charges will promote equality of access for rural patients and workers. A major concession that those of us who work in the Assembly enjoy is free car parking. It is only appropriate that those who use hospital car parks enjoy the same concession. Charities such as Macmillan have called for the end of hospital car parking charges, calling them morally wrong. Therefore, I ask you all to support the Bill.

Mr Harvey: First, let me be absolutely clear: we share the same common purpose as the Bill sponsor, that being to alleviate the cost for those who work day after day in the health service and for those who, in the midst of illness and requiring the health service, also face hospital car parking costs when attending for care. That is a commendable objective. We do need to support staff. My goodness, after the 18 months that they have endured, they deserve absolutely everything that we can possibly do to support them. For those visiting hospitals or other care sites, we want no obstacle — certainly not a financial one — to their attendance and receipt of the care that they need.

We look at the Bill and say, "Yes, we support the objective, but do also look at the Bill". As it is right to do with any Bill that has such financial implications for the public purse, we have to ask ourselves whether this is the best approach. If it

is feasible, what are the unintended consequences of the Bill's admirable aims?

I want a fair system, and the current system is unfair. We have disparity in costs between sites, with someone in Ards paying a different fee from someone in Armagh or Antrim. That is wrong. After all, the health service is about equal access to healthcare. The Bill would streamline arrangements across the board and ensure that patients and staff, regardless of where they lived, the distance they travelled, the nature of their illness or the length of shift, received fair and equitable access.

This party recognises the need for reform. We regret that free parking offered to healthcare staff at the start of the pandemic was withdrawn by the Minister. That was premature and, at a time of such pressure, exhaustion and self-sacrifice by staff, sent the wrong message. Nurses and others on the front line look at car park charging policy and say that it would mean a lot if parking was free. It would be a gesture that reflects our gratitude to them. We should be looking at that. It would be a timely boost to terms and conditions and an added incentive to attract more people into the service. Let us not forget that our cars are parked outside this Building free of charge, so why should a nurse pay while on a 12-hour shift of mayhem?

We need to consider the service user, too: the patient and, indeed, their loved ones. Do the concessions that we already offer go far enough and include the right people? Might a better approach be to look again at the concessions available and seek to increase them, rather than lose all the revenue garnered through charging some users?

5.15 pm

I believe that we need to do much more research into the impact that these charges could have, and we should look at an options paper that considers possibly listing a range of free users and those who would continue to pay. We need to see how that would work in practice and look into the administration of such a scheme while being cognisant of its cost burden. Certainly, the case for staff and chronic care patients is much more robust than that for irregular users and occasional visitors.

Of course, behind those questions lies this one big question: what is the impact of losing that revenue stream from the services provided by our health service? We cannot ignore the fact that while our desire is zero cost, zero cost does not come with zero impact on income and zero impact on how that income is then spent

on delivering care. We need to establish how a blanket ban on charging would impact on clinical care budgets on a day-to-day basis. At the very least, there needs to be a stipulation that any shortfall in funds for maintaining free parking facilities cannot be made up from funds allocated to front-line services. The Committee might wish to explore that during its deliberations on the Bill.

I suspect that another consideration that may need attention is how hospital car parking, if free, would be policed. In many towns, HSC sites are in locations that are tempting for shoppers or commuters, with many car parking sites under capacity pressures. Their use would only exacerbate the problem. We need answers about how that would be managed in order to ensure that the generosity offered to staff, patients and families will not be abused. Furthermore, as we seek to entice more people out of the car and on to public transport, it may be counterproductive for how we green that journey to the hospital.

I will conclude my remarks. I trust that we can tease out some of the issues further in consultation with staff and all other stakeholders. Our ambition through the Bill is to have fairness for all users of the health service, but we need to look more closely at how that is best delivered and protect our services. As we transform our healthcare, the conversation can be had across a range of services. We are up for that debate, and we hope the Minister can lead the debate sooner rather than later in order to bring about the changes that are so badly needed.

Ms Kimmins: I thank my colleague Aisling Reilly for bringing forward this important Bill today, and I commend her for her work on it. I also commend Fra McCann for his work on it previously.

As others have said, every Member has publicly commended, and rightly so, the fantastic health and social care staff we have working across the North in our health service, yet many of those staff are having to pay a fee in the form of car park charges to enable them to carry out the invaluable roles of caring for patients and saving lives in our hospitals. As others have pointed out, we would be having a very different conversation if we were talking about the implementation of charges on car parks outside this Building. By the same token, patients and their families, particularly those who have to make frequent visits to hospital, are faced with huge parking costs, which mount when accessing that hospital care.

I know that some Members have expressed concerns about the cost of removing car parking charges at hospitals, but the reality is that it is an unnecessary tax on healthcare workers and a disincentive for recruiting and retaining staff. Putting money back into the pockets of our workers will go some way to make staff feel valued and encourage them to want to work in our health service.

(Mr Speaker in the Chair)

In an ideal world, as many have said, public transport networks would enable the majority of staff, patients and families to travel to and from hospitals with ease. However, that is not the reality. Our infrastructure is not adequate, and many people have no option but to travel by private car. Daisy Hill Hospital in my constituency of Newry and Armagh serves a significant rural area across south Armagh, south Down and, indeed, serves cross-border patients and workers from nearby Louth and Monaghan. The vast majority of patients and staff travelling from those rural communities will have no choice but to do so by private car and are essentially penalised for doing so. Workers who are working long shifts saving lives and providing essential care for us and our loved ones should not be faced with additional costs. Patients who travel for cancer treatment, dialysis or other regular medical treatments, or their families who assist them and provide much-needed support during their illness, should not have to pay for car parking.

Like many in the House, I have close family members who, unfortunately, have had to go through extensive cancer treatments, spending months on end visiting hospitals and in hospital, which has a massive impact on household income for the patient and, in many cases, their spouse, who has to take a lot of time off work while faced with additional car parking costs every day over long periods. At a stressful and anxious time for many patients and their families, we should do all that we can to alleviate additional pressures. Having to worry about the financial implications of being sick should not be a factor for anyone.

Another issue in my area is car parking outside hospitals, which impacts on local residents as staff, patients and families have to park in nearby residential areas because they simply cannot pay the costs incurred in the car parks. We also need to take the impact on nearby local communities into account.

It would be remiss of me not to mention the fantastic home to hospital service provided by Bolster Community in Newry. It is a volunteer-

led service that brings patients from rural areas across Slieve Gullion and the Mournes to hospital appointments because of the barriers faced in accessing hospital care from rural areas. I know at first hand of the huge benefits of this service. However, it is a limited resource, and, if anything, it identifies the crucial need for better connectivity to our hospitals, which requires significant investment and longer-term planning.

The Bill presents a real opportunity to support our health and social care staff in hospitals, making them feel valued, and to support patients and families during some of the most difficult times of their lives. I encourage all Members to support the Bill throughout each stage.

Mr Clarke: When it is this late in the debate, it is hard to say something that other Members have not said. I support my colleagues' contributions, which indicate that our party supports the principles of the Bill. However, we have reservations.

Hospital car parking charges have been in existence for a long number of years now, and I was concerned when they were introduced. However, the Chair of the Committee responded to Mr Chambers by saying, basically, to disregard the consequences and let someone else pick up the bill. Mr Chambers was teasing out some of the issues, which is what Members are supposed to do. It was disappointing to hear him closed down by the suggestion that the House should decide what it will do and someone else will foot the bill. That is reckless. One could be forgiven for suggesting that we are a few months away from an election and that this is a popular thing to do at this time.

Mr Gildernew: Will the Member give way?

Mr Clarke: I will indeed.

Mr Gildernew: My intervention was not about that; it was about capacity. The suggestion was that charging might be used to manage capacity rather than developing the necessary capacity.

Mr Clarke: I understood the intervention differently from the way in which it is now being explained.

As a representative of the Antrim area, I remember when hospital car parking charges came in. At the time, I thought that excuses — I described them as such — were being made for

the introduction of charges. It was said that people were using hospital car parks as long-stay car parks in order to commute to work or for any number of reasons. However, I have to say that, when charges came in, we went from having to park almost at the roundabout near the hospital to parking in the car park. The car parking charges met their intended purpose: they helped those going to the hospital to help their loved ones.

I have the greatest sympathy for the staff. I do not believe that they should ever have to pay. However, I enjoyed Mr Chambers's contribution, and, as he said, we have to look at all the consequences. Ms Bradshaw made the same points. What are the consequences? Where does the money come from? How do we fund it, and what do we end up with afterwards? Those issues greatly concern me.

I have the greatest respect for the staff, and I do not believe that they should ever have had to pay. However, if you make the car park free for staff, there is another consequence. Will the public car park and the staff car park be free? There was a time in Antrim when many staff parked in the front car park and the back car park was left unused, narrowing the window of opportunity for people who had only a limited time to see their loved ones. That was at a time when you could visit people in hospital. Those who were late, rushing in at the last minute for an appointment, could not get those car parking spaces.

Whatever is done on this and whatever the Committee agrees and brings back to the Assembly, I have the greatest respect and sympathy for the staff. It would be easier for the Committee, as it takes forward its deliberations, to provide free car parking for staff, but I do not know, and I stand to be convinced, how we can have an entirely free system. As a regular user of hospital services, I baulk at the thought of going in to see a consultant and paying £1.00 when I come out. However, I pay it, because I know that I can park conveniently to the hospital, I can get in and out, and it costs £1 or £1.50.

We have to be very careful of the consequences of these decisions. Without teasing out all of those consequences between now and the Bill's next stage, we run the risk of bringing in very bad legislation, because it is ill-thought-out legislation. Indeed, take the Chairperson's point: infrastructure comes at a cost, but who will pay for it?

It is also interesting to note that the Bill sponsor's party leader in the House was the

Minister of Health, but she never thought of bringing forward such a proposal in her time. Maybe, when the current Minister of Health speaks, he can indicate whether the suggestion of removing hospital car parking charges was brought to the Executive previously. I look forward to his contribution.

As I said, we support the Bill's principle, and we will certainly not stand in the way of its going to the next stage. We have the greatest respect for the staff and think that something should be done for them, but we need to be very careful about how we take this forward.

Mr Delargy: I thank my colleague Aisling Reilly for sponsoring the Bill. Of course, I also acknowledge the brilliant work that Fra McCann did to bring it to the Assembly.

As a representative of Derry, I often meet health and social care workers from Altnagelvin Hospital. A lot of my friends and relatives are junior doctors or nurses in the hospital and across the city. I know that workers in the sector are exhausted, drained and have very low morale.

The Bill, which will abolish hospital car parking charges, is for everyone. It is one of a list of Bills that my party will bring to the Assembly to address the challenges that our constituents face each and every day. One of the Bills that I am sponsoring and that I will bring to the Assembly in the coming weeks is about the disconnect that workers should have from their workplace. Gemma Dolan will sponsor a Bill on zero-hours contracts. We are committed to making a real change in people's lives, to bringing Bills to the Assembly that protect workers and families, and to continuing to work for the betterment of people across our society. What those Bills have in common is a desire to put money back into the pockets of our workers, particularly those who went above and beyond throughout the COVID pandemic.

I have constituents who travel to Belfast and other centres for healthcare each and every day. This week, I was in contact with a few constituents who travel up to see relatives and loved ones in hospital many times a week. Hospital car parking charges come on top of the burden of the price of accommodation and the cost of petrol to get up and down the road. It is yet another cost for them when they get to the hospital.

Finally, with the unprecedented workforce pressures that we face, we need to be creative about how we attract and retain workers in our healthcare sector. Retaining experienced

workers with the skills and knowledge that they have developed over the years is vital in attracting young people and making sure that not-so-young people can become nurses, doctors, specialists and so forth. It is as important now as it will be in the years to come as we rebuild our workforce. We have a better chance to recruit and retain workers who are well paid and have good working conditions.

Abolishing hospital car parking charges will have a significant impact on people's lives, for the better. That is why I support the Bill.

5.30 pm

Mr Blair: I have no intention of hindering the Bill's progression to Committee Stage. From the outset, however, I want to outline my concerns at some of its principles. Those concerns are in common with those expressed often in the Chamber when we discuss climate challenges. I address them for every service and sector, and, to be honest, I express them not to be popular but to be consistent, in the light of what I have just said about climate challenges.

Like previous Members to speak, I acknowledge the huge contribution made by our NHS workers to all our lives, not only in recent, COVID times but at all times. There is, however, a wider conversation to be had on free parking and how it conflicts with efforts to reduce the use of the car. It is as simple as that. It is a conversation that we have to have.

I fear that steps towards abolishing car parking charges, as outlined in the Bill, would promote driving and discourage public transport use. Free parking comes at a price, and it is a high environmental cost. Transport has become the largest contributor to UK greenhouse gas emissions, contributing 28% of UK domestic emissions in 2018. Locally, transport accounts for 35% of all consumed energy in Northern Ireland and 23% of all greenhouse gas emissions. It has to be said that the majority of that comes from private car use as a result of chronic underinvestment in public transport over the years, which has created a highly car-dependent society in Northern Ireland, where over 70% of all journeys are made by motor car. If we are serious about a green recovery, and I hope that we are, Northern Ireland must contribute to UK commitments and move to decarbonise our transport sector. Significant infrastructure investment will be vital in the transition to a clean, sustainable transport system that works for everyone.

Parking has an incredibly powerful impact — we have seen it illustrated today — on people's

decisions on whether to drive. Studies have found that underpriced or free parking encourages people to drive, even in areas where there are good alternative transport options. That, in turn, leads to increased congestion and pollution. It could therefore be suggested that a general prohibition on car parking charges at hospitals would discourage people from accessing public transport links to them. The Belfast City Hospital is on a railway line. The Ulster Hospital and the Royal Group of Hospitals are on the same Glider route. In my constituency, the Antrim Area Hospital is serviced by Goldline Express and Ulsterbus, as well as being within walking distance, albeit not a short walk, from the local rail station. I should, however, point out, and I accept, that there are challenges for workers under the current systems. Not all shift patterns at my local hospital are adequately serviced by public transport. That is one of the examples of the new thinking, coordination and forward planning needed.

The debate on actions required to tackle climate challenges is not limited to the health sector. Rather, it is relevant to all areas of public service and all sectors. The debate needs to be for every service, every car park and every associated public transport route. Rather than subsidising free car parking and creating an excess, we should be moving towards investment in our public transport links and making systemic changes to the way in which we get around, in order to curb carbon emissions in line with net zero commitments. As the time that we have left to limit the impact of the climate crisis effectively dwindles, every ton of greenhouse gas that we do not emit counts, and counts seriously.

I am, along with Alliance colleagues, happy that the Bill proceed to the next stage. I sincerely hope, however, that those global issues will be considered alongside local issues as we try to protect our planet in the reviews and debates ahead. Processes should, in every way, be interdepartmental and joined up.

Ms Ní Chuilín: Ar dtús, ba mhaith liom mo bhuíochas a ghabháil le hAisling agus le Fra as ucht an Bhille. I thank Aisling and Fra McCann for bringing forward the Bill.

None of us pays for car parking here. Anyone who works on this estate does not pay, in old money, a sprasey for using the car park, so the idea of poor or really sick people paying for infrastructure, although the infrastructure needs to be considered, is slightly bizarre. Not one red cent do we pay for the privilege of coming to work, and we are very well paid. I have to say

that I baulk at the idea. I understand some of the concerns that Members have raised; they are valid. That is what you do when you debate legislation. Some Members, however, are dancing on the head of a pin. They talk about the impact of climate change, yet they drive here to work and do not pay a penny for the car park.

Anyway, I will go through some of the other issues. The Bill has three clauses. Aisling and Catherine came in front of the Committee last Tuesday. I thought that some of the questions that were asked were really reasonable, because they are the questions that we are all going to be asked. Again, I am sure that Aisling will take away some of the comments made at Second Stage and provide answers where she can. There is probably some heavy lifting for the Department and the Minister's officials to do in scoping out the potential cost. I imagine that the five trusts will, equally, put out an estimated cost of either running down or buying out a PFI and what their infrastructure will look like. I also think that the trusts will do as much as they can to support the workers and the families who use their services.

I live right beside the Mater. I do not know anybody who would go near the Antrim Road, the Crumlin Road or Clifton Street around visiting time, let alone abuse the car park — I am just saying that — even at £1. Even if the car park was free, they would not go near those roads. It is absolute bedlam. Unfortunately, when people are looking to park to go into town, they park in constituencies like mine, rather than going near the hospital. I want to put that on the record. It is the same for the Royal. Anybody who goes to the Royal, or any hospital, does so because they have to. I do not know anybody who would go to a hospital for the craic, to sit in the car park and read the paper or drink a coffee. No one goes to a hospital unless they need to. Even though visiting has been reduced because of the pandemic, with health and social care staff saying that there has been a noticeable difference, there are still queues into the car parks, particularly at the big regional hospitals like the Royal and the City, which has the cancer centre. The City car park is £11 a day. That is where you will see a big difference for people in terms of the money in their pocket. I honestly do not think that it will be abused, based on the experience at the minute. We have to get more detail on the Welsh and Scottish examples to try to allay some of the fears. From my experience living beside the Mater Hospital, I do not think that anybody would throw their car in the car park to dander into town. It just does not happen, as far as I

am aware. If it ever did, you would be talking about 0.01%, because the traffic in the area is that bad.

I want to make a distinction. Macmillan and others have been saying this for a long time. They were saying this about car parking charges when we were suspended. Unfortunately, this place only lasted for, I think, eight months before it was suspended, so the honest answer is that I do not know whether Michelle O'Neill was ever going to bring it forward, but I know that Fra McCann was determined to try to do it. When Fra himself became ill, he spoke to many people in the hospital and their families, and none of whom were local to Belfast. They came from everywhere. If any of us were ever on Zoom with the Health Committee, we saw Janette, Fra's wife, who is a constant feeder. Fra would invite people to his home to feed them — Alec knows him well — simply because of the costs that some families were facing in travelling in for specialised treatment, particularly for cancer, as well as for blood treatments that they needed that are not exempt at the minute. It is a really big burden on people.

We need to make a difference for health and social care workers. This is not to supplement the 3%. It is not about that. We need to make that clear. The calculation on the 3% is probably around an additional £45 a month. In her opening comments, Aisling said that — I think that this was from RCN — some are paying £18 a day and that, for some health and social care staff, that could amount to £60 a week. That is what we are talking about here, and it is a lot of money. It really is a lot of money. I mean this sincerely: God help anyone, let alone their family, who has had to go to a hospital daily and pay for the car parking. By the time they travel in, particularly from Derry or Fermanagh or whatever it is, there is a cost. When someone is unwell and there is a lot of uncertainty around their life, the last thing that people need to be worrying about is money to pay for car parking charges.

Yes, there are consequences for us all. We need to look at better infrastructure so that we can have better park-and-ride facilities. We need to have lots of things to get us from one point to another in our lives, whether we are going to hospital, work, school or wherever else. This policy has worked well in other areas with far bigger populations than ours, and, while I am hearing that most Members will not oppose the Bill at this stage, they reserve that prerogative for a later stage. Again, that is legislation. It is really, really important, after all that our health and social care staff and,

indeed, their families have been through, and what visitors have been through, particularly in this pandemic, that we factor that in.

We also need to factor in the differences between car parking at the RVH, the Mater and the City in Belfast and car parking at hospitals in other trusts. I imagine that that is down to PFI arrangements, which I believe are wrong anyway. Financing using PFI and PPP for what should be essential public services needs to be examined.

Having come out of COP26, I am not being flippant about climate change, but people who do not have a car are going to rely on public transport. If we do not have enough public transport, we are back to somebody stepping up to give a lift to somebody who is ill. That is what families do, particularly families living in rural communities. Colm outlined that, if you are not on the 8.15 am bus in the Brantry, you do not go anywhere. I am lucky enough to live on the doorstep of the city centre, but I know what it is like from talking to other people through the course of life. I know that it costs them £30 to get up the road, before they even put money in the meter for the car park, and that is before they even buy a sandwich. These are real things for health and social care workers who are getting called in by trusts as we go through this surge and into a deepening crisis with health. We are calling staff in and asking them to forgo their time with their family at the weekend, and a lot of them have done it. We are also asking them to pay for the privilege. This is like an additional tax. It is like a stealth tax on health and social care staff, and I do not believe that anybody in this House could support that.

I pay tribute to Aisling for stepping in. I was going to say that she has stepped into Fra's shoes, but you cannot. In a matter of weeks, she has stepped in to sponsor a Bill. Deborah has joined the Committee, and she has been hit with a raft of legislation. One of the good things about the Health Committee is that, even when members disagree, we always try to get a good approach and a good outcome. I believe that people want us to deliver good outcomes — that is what legislation is about — and health and social care workers and their families deserve nothing less.

Mr O'Dowd: Apologies to the Bill sponsor and others who have contributed to the Bill that I have not been in the Chamber throughout the debate. I commend Aisling for stepping forward and taking this Bill forward. Anybody who deals with legislation knows what an onerous task it is. I had to mention Fra because if I had not, he

would remind me of that. So, I have mentioned his name. Well done, Fra.

The principles of the Bill have to be examined. I was listening to Trevor when I came into the Chamber, and it is quite right that Members will scrutinise and ask questions about the Bill as it goes through Committee and the various stages. That is what the scrutiny phase is for. Members should seek to find any unintended consequences of this Bill, but I do not think that anybody can argue against the point that healthcare workers should not be paying for parking at their place of employment to go in and deliver healthcare.

When I look at Craigavon Area Hospital and the widespread catchment area, not only for patients but the staff who work at that hospital, I can see that public transport is not an option.

Colm mentioned the Brantry: people travel from the Brantry not only to seek care in Craigavon Area Hospital but to work there, and public transport is not an option for them. For constituents in Upper Bann — from Banbridge, Derrymacash, Derrytrasna, Lawrencetown or Gilford — public transport is not an option at many hours of the day, so those workers and patients have to drive to the hospital. If I succeed in my campaign to get a rail halt built in the centre of Craigavon, maybe that will assist many people to travel to the area by train. At the moment, however, driving is the only option available to them. When they get there, should they be charged? They should not.

5.45 pm

No one will park at Craigavon Area Hospital to do their shopping. There are a few local shops round there and I commend those local shops, but nobody will travel to Craigavon Area Hospital, park up and leave the car there to go into Portadown, Lurgan or Rushmere to do their shopping. That is just not feasible or practical. It is difficult enough to get a parking space at Craigavon Area Hospital when you pay for it. I do not think that there will be a widespread rush to park at Craigavon Area Hospital if you do not have to pay. Those concerns need to be examined by the Committee, but I do not think —

Mr Clarke: Will the Member give way?

Mr O'Dowd: Yes.

Mr Clarke: I accept the Member's point about Craigavon, but the legislation is uniform in the

way that it is framed. What happens in Craigavon will be different from what happens at Antrim. Antrim Area Hospital is right on the edge of the M2. Given its convenience for the M2, the consequence there will be entirely different from the consequence at Craigavon. Does the Member accept that there is disparity from site to site?

Mr O'Dowd: As I said, Trevor, it is only right and proper that the issues are raised and that the Committee examines them. From some of the information that I have at hand, I know that Scotland and Wales, which have introduced free car parking, do not see the system being abused at their hospitals. If the Bill passes through all its stages, the Department will have to look at that to ensure that the system is not abused. I hope and trust that the general public will not abuse it.

I do not intend to speak for too long about the matter, other than to say that I support the principles of the Bill. It has a worthy purpose, particularly in supporting our healthcare workers. Carál mentioned some of the costs involved for parking, and they are just not acceptable. In this day and age, it is just not acceptable to charge healthcare workers those rates to park at the site of their work, particularly given the hours and unsociable hours that many of them work.

I commend the sponsor of the Bill. I hope that the Bill gets through to Committee Stage, and I look forward to the Committee examining it in greater detail.

Mr Carroll: I say “Fáilte romhat” to the Member. I know that she has been here for a while, but I have not been in direct debate with her. I wish her well in her role as an MLA.

I welcome the legislation. We in People Before Profit have been calling for this since before the pandemic. With the added toll on health workers during the pandemic, however, there is even more reason to remove hospital car parking charges. The Minister should never have attempted to reintroduce those charges, especially not before the pandemic was over. I hope that we can see them scrapped for good.

I will put car parking charges in the wider context. Health workers and their unions are demanding a fair pay offer. What they have been offered is, effectively, a slap in the face after the work that they have done over the past two years. Again, the Minister should never have gone along with that and the disrespect that it represents. I recently tabled a proposal to the Health Committee to reject that offer in

favour of a better one. Shamefully, that proposal did not get the support of other parties.

From A&E to ICU to GP offices and beyond, our health staff work under immense pressure. The pandemic has intensified that pressure, but underfunding, low pay, privatisation and a failure to bolster staffing levels over 10 years are at the heart of the conditions that our health workers face. In essence, the neoliberal agenda at Stormont and across the water at Westminster means that the Executive spend £1 million per day on PFI and public-private partnership (PPP) schemes. Moreover, with fuel price hikes and absolutely no action from the Executive to protect people, thousands on low pay in our health service will be hit hard. Many of those workers rely on the welfare system when they should not have to. Every time the welfare system is cut back by the Tories or the Executive, those workers suffer again. That constitutes a litany of attacks on health workers, and those on the lowest pay will be the hardest hit. It is an added affront that they are also expected to pay into NHS car parks just to get into work. This — clear and simple — is a cut against wages. Of course, it is also an unnecessary burden for those who are ill or visiting sick relatives. For those who can afford to pay it, it may seem like a small burden, but, for many who are looking down the barrel of one of the hardest winters in years, it is a financial burden that they should not have to face. I support the Bill; it would put that right. Moreover, we would like to see public transport for hospital workers being written in to law instead of being offered temporarily. As Members have said, many healthcare staff cannot travel to work via public transport, which is a failing of the Executive, not those workers. Workers who are able to use public transport should be encouraged to make that choice.

I have a final question for the Member who is sponsoring the legislation. The Bill is, obviously, clear in stating that it prevents the Department, health and social care trusts and other health service bodies from imposing charges for car parking by workers, patients and visitors to hospitals. Does the Member know whether any private organisations are imposing charges at car parks in any health service facilities across the North? If so, would that be allowed to continue if the Bill were passed? I would appreciate an answer on that, if not today then maybe in writing.

Mr Speaker: I call the Minister of Health, Robin Swann. The Minister has up to 15 minutes to respond.

Mr Swann (The Minister of Health): I congratulate Miss Reilly on her willingness, as a new Member, to take on the difficult task of sponsoring a private Member's Bill. Legislation is no easy responsibility — nor is following Fra McCann, as, I am sure, she is well aware — but it is what the House does best.

The current policy — as Ms Bradshaw pointed out, it is policy, not legislation — on car parking provision and management in the Health and Social Care sector was published in 2012 and has not been amended since. It sets the direction for car park management, including charging. The policy states that it is for each health and social care trust to determine the way in which the car parking policy is applied to each of its sites to enable it to take account of local issues. That is why the picture varies across Northern Ireland. It is only the Belfast Trust and the South Eastern Trust that charge staff for parking: the Northern Trust, the Southern Trust and the Western Trust currently do not routinely charge staff for car parking. However, there are voluntary pay schemes in the Northern Trust and the Southern Trust, and some staff have chosen to pay £30 a month for a designated car parking space. I appreciate that that variability can, at times, be a source of frustration for staff and patients, but it is important to clarify that.

While I do not for one moment doubt the good intentions behind Mr McCann and, now, Miss Reilly's Bill, we need to ensure that, during its consideration, all factors and possible consequences of any decisions are carefully reflected. Legislation should not be developed or delivered in isolation and without considering further implications. For instance, charging for car parking in hospital sites where physical space is limited has been utilised as an effective mechanism in encouraging turnover in the use of spaces, which, in turn, helps to ensure that parking is available for patients and visitors. I look to the Royal Victoria Hospital in the Member's constituency as an illustration of that. While I fully recognise the current parking pressures at the Royal, the situation would possibly be even worse if the existing parking were free.

I note the Chair of the Health Committee's comments about the development of infrastructure being the responsibility of the Department. Given the capital spend pressures that are currently on the Department and are devolved to the trusts, I know where I would rather concentrate capital spend, rather than building more car parks. We have a large sustained underinvestment in the capital infrastructure of our hospitals and the

equipment that we could be developing and using.

The policy on car parking provision and management includes the criteria for the provision of free and concessionary parking for patients on a particular care path, such as cancer. In addition, our health and social care trusts can exercise discretion to apply the eligibility criteria in other situations where the duration and/or frequency of visits leads to significant charges being incurred by patients or their relatives.

That includes a patient who has a number of outpatient appointments over an extended period; a patient who may benefit from lengthy or frequent visits from relatives or friends in order to help them adjust to a new environment; a patient who falls outside the prescribed treatment categories, who has to make lengthy and/or frequent visits for treatment; or someone who attends in a voluntary capacity, for example, as a blood donor or as a member of the volunteer driver service for patients. People in those circumstances should fall within the free car parking eligibility criteria.

All trusts have advised that they have the above free and concessionary plans for parking in place. The hospital travel cost scheme helps people who are on low incomes or income-based benefits and who may be able to reclaim car parking charges or other travel expenses for hospital treatment. Another point to keep under consideration as the Bill takes its further steps is that, if universal free car parking is provided for patients, visitors and staff, the full cost of running the hospital car parks will have to come from the Health budget. Whilst car parking charges should not be considered to be a revenue-raising tool, they generate around £9 million per year, which is then reinvested into the maintenance and security of our car parks. If that money does not come from charging, it will have to come from elsewhere in the budget. Has the Bill sponsor considered where the money would come from? Reference was made to the removal of car parking charges in the last financial year due to COVID, but I utilised COVID support moneys in order to do that.

Mr Speaker: I will just interrupt the Minister for a moment. As the business on the Order Paper is not expected to be disposed of by 6.00 pm, in accordance with Standing Order 10(3), I will allow business to continue until 7.00 pm or until it has been completed. I thank the Minister for taking that interruption.

Mr Swann: No problem. Thank you, Mr Speaker.

The Bill raises a number of reasonable questions, which have been articulated in the Chamber. I welcome the Bill sponsor and the Committee being given the opportunity to engage further with my Department and the trusts directly on the possible environmental and financial implications that the Bill may bring as unintended consequences.

Miss Reilly: I thank all my Assembly colleagues for their contributions and remarks on my Bill. I extend a comhghairdeas mór to Gerry, who became a daddy in the past couple of weeks. I also welcome Deborah. I know that we spoke at the Health Committee, but I want to welcome you.

The debate has created great dialogue, and issues were raised that I will certainly take away and look into, because we want to make the Bill work. I have an extensive list here, and I want to touch on some of the concerns that people raised. If there is anything that people need further information on, I am happy to iron any issues out in the coming days and weeks.

Most Members raised the possibility of the abuse of free car parking. We need to remember that workers, patients and families are going to the hospital because they have to and need to, whether it is to go to work for a gruelling shift, to access emergency care, to attend a follow-up appointment or to visit a loved one. As Carál touched on, it is very unlikely that people are heading to hospital for a day out, to meet friends, to have a coffee or to read the paper. I certainly do not know any constituents of mine who do that. Their main objective is to get into work or to get in and out as fast as they can, either for treatment or an appointment.

During my engagement with Unite, I was informed that staff have passes to get in and out of departments and to access wards, so with political will and some creativity, car parking can maybe be accessed in a similar way. We can also look at how Scotland and Wales regulate their free car parking. It was mentioned that they use automated car registration technology, which is one avenue that could be explored. I have been looking for evidence that car parking abuse is a problem in Scotland and Wales, but I have not found any to date, which is remarkable considering that their cities are much larger than ours.

6.00 pm

The possibility of increased environmental congestion and climate concerns was touched on a few times. I stress again that the Bill is not enticing or encouraging any more people to go to hospital than those who already have to go to hospital. People travel to hospital out of necessity, and they are being unfairly charged for that necessity. We absolutely should encourage people who are able to walk, cycle, use public transport and be more environmentally conscious when they go about their daily lives, but we cannot penalise those who simply have no option but to drive due to the poor public transport services that they endure. That is especially true for our rural constituents.

The loss of revenue and the potential to take away from front-line patient care was also raised. It is not for workers to pay an additional tax simply to go to work. It was touched on several times that Members do not pay to park here, so I do not think that it is fair that health and social care staff should pay to park to go to work.

Patients who are ill and receiving treatment or are in the process of receiving a diagnosis should not pay. Families who visit, care and are with their loved ones day after day should not pay. Sometimes, that can be day after day — five, six, seven days a week — for weeks upon weeks.

The Executive have been prioritising Health in their Budget. I want to iron out the issues that were raised and work with other Members and the Department of Health so that we can ensure that the money that is needed is set aside.

I am conscious that I do not want to keep you much longer.

Ms Bradshaw: Will the Member give way?

Miss Reilly: Yes. Go ahead.

Ms Bradshaw: On the point about the abuse of car parking, I represent South Belfast, and you will be aware of the geography and the layout of the City Hospital site. You come off the motorway, up the Donegall Road, and there is a big multistorey car park there. I do not suspect that any patient, visitor or member of healthcare staff would abuse that, but how would you prevent people from driving in, parking in the car park and walking into the city centre? That is my concern about the abuse of the car parking facilities, given the pressure on the Donegall Road at present with people doing that already.

Miss Reilly: I thank the Member for that intervention. I will take that away. We can look at that issue further and scrutinise it as the Bill progresses, but I really do not know anybody who would park in the hospital car park and go about their shopping and have a coffee, but that is not to say that it could not happen. You are right: it needs to be looked at.

I mentioned that I will not keep you much longer, so, just to wrap up, we are still very much in the midst of a pandemic, and now we are facing a global energy crisis that is causing prices to soar and is adding hardship to many families who really are facing financial hardship.

Our health and social care workers, who stood on the front line day after day during the pandemic and make enormous sacrifices for us all every day, deserve the best that we can possibly do for them. The Bill is an acknowledgement of their dedication to us all.

Question put and agreed to.

Resolved:

That the Second Stage of the Hospital Parking Charges Bill [NIA 40/17-22] be agreed.

Mr Speaker: That concludes the Second Stage of the Hospital Parking Charges Bill. The Bill stands referred to the Committee for Health. Congratulations, Miss Reilly.

Adjourned at 6.03 pm.

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