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Sugden, Ms Claire (East Londonderry)
Swann, Robin (North Antrim)
Weir, Peter (Strangford)
Wells, Jim (South Down)
Woods, Miss Rachel (North Down)

Northern Ireland Assembly

Monday 30 November 2020

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

Members observed two minutes' silence.

Assembly Business

Budget (No. 3) Bill: Royal Assent

Mr Speaker: I wish to inform the Assembly that the Budget (No. 3) Bill has received Royal Assent. The Budget (No. 3) Act (NI) 2020 became law on 25 November 2020. It is chapter 6.

Committee Membership

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

Resolved:

That Ms Nicola Brogan be appointed as a member of the Committee for Education and as a member of the Committee on Procedures. — [Ms Ennis.]

Mr Speaker: I welcome Ms Brogan to the Committees.

Ministerial Statement

NSMC: Languages Sectoral Format

Mr Speaker: I have received notice from the Minister for Communities that she wishes to make a statement. Before I call the Minister, I remind Members that, in light of social distancing being observed by the parties, the Speaker's ruling that Members must be in the Chamber to hear the statement if they wish to ask a question has been relaxed. Members still need to make sure that their name is on the speaking list if they wish to be called, but they can do that by rising in their place as well as notifying the Business Office or the Speaker's Table directly. I remind Members to be concise in asking their questions.

Ms Ní Chuilín (The Minister for Communities): With your permission, Mr Speaker, I wish to make a statement regarding the North/South Ministerial Council (NSMC) Language Body meeting.

The meeting was held virtually on 27 November 2020. The Executive were represented by me, as Minister for Communities, and by Minister Lyons. The Irish Government were represented by Jack Chambers TD, Minister of State with responsibility for Gaeltacht Affairs and Sport, who also chaired the meeting. This statement has been agreed with Minister Lyons, and I am making it on behalf of both of us.

The meeting dealt with issues relating to the North/South Language Body and its two constituent agencies, the Ulster-Scots Agency and Foras na Gaeilge. The following topics were discussed and decisions were taken where appropriate. As part of their opening remarks, Ministers acknowledged that it would have been preferable for the first NSMC sectoral meeting since June 2016 to have been held in the NSMC secretariat offices in Armagh. However, it was recognised that the meeting was being held remotely in support of the current public health efforts.

Following the opening remarks, Minister Chambers introduced the remaining items for discussion at the meeting. I will begin with the response to COVID-19. Ministers welcomed the continued commitment of all staff and organisations in both jurisdictions who have worked to promote and provide support to the Irish language and Ulster-Scots sectors during the COVID-19 pandemic. Ministers noted the impact of the pandemic on the sector and the measures put in place by both Administrations to prevent the closure of key organisations, stabilise the sector and support longer-term recovery, renewal and change. Ministers noted the productive, ongoing cooperation between both Administrations and the North/South Language Body in relation to supports for Irish language and Ulster-Scots communities facing challenges arising from the COVID-19 pandemic.

Ministers noted that the agencies that comprise the North/South Language Body will continue to work together with both sponsor Departments to consider the impact of withdrawal from the EU. Ministers noted that the body does not anticipate significant impacts on the sector and that the matter will be kept under review at future NSMC meetings in the sector.

The Council noted the progress reports for 2017-2020 that were received from the chief executive officers of the Ulster-Scots Agency and Foras na Gaeilge, and the key achievements of the North/South Language Body since the last sectoral meeting. Those achievements include the distribution of more than £4 million in grant aid to support Ulster-Scots cultural activities across Ulster; the development of the Discover Ulster-Scots centre in east Donegal and refurbishment of the Monreagh Ulster-Scots Heritage Centre, Carrigans; the publication by Foras na Gaeilge of the online English-Irish dictionary and subsequent launch of the print version, which is being distributed to bookshops; the support provided by Foras na Gaeilge to some 400 organisations annually, through 23 schemes and funding provided to approximately 170 groups under the schemes for young people, some 50 groups supporting festivals and 18 drama companies.

The Council approved the appointment of Daithí Mac Cárthaigh, Dr Neasa Ní Chiaráin and Ola Majekodunmi as board members of the North/South Language Body. The Council agreed to hold its next language body meeting in early 2021.

Ms P Bradley (The Chairperson of the Committee for Communities): I thank the

Minister for her statement to the House. The statement talked about the response to COVID-19 for the various sectors. That was very welcome. We know that the £660,000 to the Ulster Scots resilience fund and the £1.2 million to the Irish language fund — I stand corrected if either figure or the date is wrong — is due to close on Wednesday. Has the Minister had any indication of whether those have been oversubscribed? I hope that they have. If so, will she look at putting more money towards both organisations to help anybody who did not receive any?

Ms Ní Chuilín: I thank the Member for her question. The COVID pandemic has been a challenging time for the Ulster-Scots Agency and Foras na Gaeilge. The figure for the Ulster-Scots Agency is slightly higher — it is £850,000 — and everything is on track. I will be talking to the Ulster-Scots Agency, Conradh na Gaeilge and Ciste na hInfheistíochta. Foras na Gaeilge did not administer the Irish language funding because it said that it could not deliver on time, which would have meant a bigger delay between Ulster Scots getting funds and the Irish language getting its funds. The other two groups were therefore supported by Foras na Gaeilge to deliver. I look forward to getting a report when the applications have closed to see what additional support, if any, they need.

Mr Speaker: I thank the Minister and the Chairperson of the Committee for Communities.

Mr Lynch: Gabhaim buíochas leis an Aire as a ráiteas. I thank the Minister for her statement. What impact has the COVID-19 pandemic had on the operation of the North/South Language Body and its ability to continue to support its lead organisation?

Ms Ní Chuilín: That relates to the question that was asked by the Chair of the Committee, which I have responded to. The numbers that both bodies had in through their premises and, indeed, in some of their groups have obviously decreased. A lot of online and virtual events have taken place, including Irish language classes, musical tuition for the Ulster-Scots Agency and lots more. It has been very challenging, and fair play to both bodies, which have done their best throughout the pandemic and worked very hard to support the groups and the sectors within each body throughout the pandemic. All the feedback that I have received, from groups on the ground during the pandemic, about the work of the Ulster-Scots Agency and Foras na Gaeilge has been positive. They were heartened to hear that at the meeting on Friday.

Mr Durkan: Go raibh maith agat, a Cheann Comhairle agus gabhaim buíochas leis an Aire as an ráiteas. What consultation has there been with the Irish Government around developing a legislative programme on language development of an Gaeilge?

Ms Ní Chuilín: That was not discussed at the meeting on Friday. As the Member will appreciate, a lot of the items for discussion were retrospective and related to the recent absence of the Assembly. The Irish and British Governments are sponsors of New Decade, New Approach agreement. We will be bringing forward legislation very soon.

The Member also knows that my Department has responsibility for the Irish language strategy and the strategy for Ulster-Scots culture and heritage. Those panels have been appointed, and they will be brought forward soon.

Mrs Barton: I thank the Minister for her answers so far. Minister, in your statement regarding the language body progress reports, you talk about the distribution of £4 million in grant aid to support Ulster-Scots cultural activities across Ulster. You go on to talk about the support provided by Foras na Gaeilge to 400 organisations in 23 separate schemes, but I see nothing in relation to the finance there. Can you give me some idea of how much that has cost?

Ms Ní Chuilín: Sorry, I am not clear.

Mrs Barton: How much are you are putting towards that? You talk about the £4 million that went towards the Ulster-Scots culture. How much did the support to the 400 organisations annually through 23 separate schemes etc cost?

Ms Ní Chuilín: I do not have all those details to hand, but I will write to the Member. Just to be clear: the Member asks what each of the groups in Ulster Scots got under that funding. I do not have that information, but I will certainly provide it to the Member.

Mrs Barton: Sorry, but I wanted to know about the other one — Foras na Gaeilge; those are the groups that I asked about.

Ms Ní Chuilín: No bother. I will get the Member that as well.

Mrs Barton: Thank you.

Ms Armstrong: Thank you very much, Minister. You are right to pay tribute to Foras na Gaeilge and the Ulster-Scots Agency for all their work during COVID and beyond.

You said that the North/South Ministerial Council wants to provide for and promote the Irish language and Ulster Scots. We know that legislation needs to be brought forward for the commissioners for both. Will the Minister confirm how soon that legislation will come forward? Will it be under accelerated passage, or will it just come through as normal?

Ms Ní Chuilín: I thank the Member for her question, but that was not covered as part of the NSMC meeting. The NSMC, last Friday, took a retrospective look at the work of both bodies from 2017 to 2020. Perhaps the Member should ask TEO to answer her question. In my response to Mark Durkan's question about the legislation, I said that I am responsible for the strategies for both. I am working on those and trying to make as much progress as possible, because it is quite clear that legislation is needed to protect both.

Mr Newton: I thank the Minister for her statement and answers so far. Was the Northern Ireland centenary and the positive role that both organisations might play discussed? If not, will the Minister place it on the agenda for next meeting?

12.15 pm

Ms Ní Chuilín: I thank the Member for his question. It was not discussed. Had it been discussed, it would have been in my statement. I know that Foras na Gaeilge and the Ulster-Scots Agency are working on a programme for 2021 and beyond, and I have absolutely no doubt that it will be included in their forward work programme.

Ms Ennis: I thank the Minister for her statement. What measures are in place to ensure public accountability for the funds allocated to the North/South Language Body's agencies to deal with the COVID pandemic?

Ms Ní Chuilín: I thank the Member for her question. There were places that needed to be filled on some of the bodies, and that has been done. They are filling the rest of the places, so that is the accountability. While Foras na Gaeilge and the Ulster-Scots Agency's chief executive officers report directly to the NSMC sectoral meeting, they are held to account by their board. Once their board membership is completed, that will ensure full scrutiny.

Mr Easton: I thank the Minister for her statement so far. Minister, in your statement you mentioned that:

"Ministers noted the impact of the pandemic on the sector".

Will you outline some of the impacts that were discussed?

Ms Ní Chuilín: I thank the Member for his question. He probably knows from work in his constituency that there were festivals, face-to-face classes, dance and music tuition, work on historical documents, heritage classes, events and seminars that all had to be cancelled as a result of the pandemic. The face-to-face work at least had to be cancelled. As far as was possible, the Ulster-Scots Agency and Foras na Gaeilge did a lot of virtual stuff with groups. An Cultúrlann in west Belfast has lost a lot of money as a result of the restrictions, and other events have been hit financially. I felt that it was important that the Ulster-Scots Agency and the Irish language were supported out of the money for arts, culture and heritage because their financial loss as a result of COVID needed to be reflected in the overall arts, culture and heritage package.

Mr Sheehan: Gabhaim buíochas leis an Aire as ucht a ráitis inniu. I thank the Minister for her statement today. Will the Minister tell us when we can expect to see a business plan for 2021 and a corporate plan for the 2020-22 period?

Ms Ní Chuilín: I thank the Member for his question. Early in the new year, if not sooner, corporate and business plans will be brought forward by the bodies. The next sectoral meeting is in the new year, and we will have a full NSMC, so outstanding documents such as those can maybe be brought forth. My information is that, because we had to clear a lot of the retrospective documents, both agencies have been working on their business and corporate plans. I anticipate that those will be almost good to go.

Mr McGlone: Gabhaim buíochas leis an Aire as an ráiteas fosta. An féidir leis an Aire a insint dúinn cén cineál malartaithe tuairimí agus malartaithe taithí atá tosaithe le Rialtas na hÉireann i dtaobh fhorbairt na Gaeilge? Will the Minister tell us what sort of exchanges of information, views and experiences on the development of Irish language legislation there has been with the Irish Government?

Ms Ní Chuilín: I thank the Member for his question. Had the development of the Irish

language been part of the NSMC, it would have been in the statement. In response to another question, I know that the Irish and British Governments are, as we speak, fulfilling their NDNA commitments with regard to the funds that are coming forward. My Department has responsibility for the Irish language and Ulster-Scots culture and heritage strategies, and I assure the Member that I am making good progress on them. That is a question that the Member needs to ask TEO. Had it been discussed at the sectoral meeting, it would have been in the statement.

Mr Beggs: I thank the Minister for her statement. It refers to Foras na Gaeilge supporting some 400 organisations annually; 23 separate schemes; 170 groups under the schemes for young people; 50 groups supporting festivals; and 18 drama companies. Can the Minister provide a detailed breakdown showing how all that funding is used and indicate the numbers of organisations, schemes, groups supporting young people, groups supporting festivals and drama companies in the Ulster-Scots community as well those in the Irish language community?

Ms Ní Chuilín: I thank the Member for his question. As it is almost identical to his colleague's, I will give both sets of breakdowns to both Members from the Ulster Unionist Party.

Mr Frew: I thank the Minister for her statement. Have the Ministers in either country conducted any detailed impact assessment of how cultural activity and sport have been impacted by lockdowns? Has the Minister identified the long-term damage involved, and has she been able to adapt her strategies to suit?

Ms Ní Chuilín: I thank the Member for his question. Each of us will have looked at the overall impact of COVID-19. That is why I brought forward money for the Ulster-Scots Agency and, indeed, for Conradh na Gaeilge and the Ciste Infheistíochta Gaeilge. A lot of the work that those groups do, particularly with youth groups, normally happens in halls, so the halls have lost money, the caterers have lost money and the freelancers involved in those events have lost money. They are all part of the fabric that makes up Ulster Scots and, indeed, the Irish language. That is why it was critical that, when we were investing money in arts, culture and heritage across the board, those two were not left behind. There has been substantial financial loss, but I want to put it on record that both agencies have gone above and beyond to try to keep, as much as possible, the links to the groups that they have worked with

for years and have done their best to keep communication going in very difficult circumstances.

Ms Bradshaw: Thank you, Minister, for your statement. There appear to be four vacant positions on the board of the Ulster-Scots Agency. I think that you touched on it previously, but could you give us some details and timescales for the appointment process to fill those vacancies?

Ms Ní Chuilín: I thank the Member for her question. I expect all those positions to be filled early in the new year and those people to have had their governance training, orientation and everything else before the next NSMC sectoral meeting.

Mr Allister: Can the Minister clarify this: is there still an active board in respect of Foras na Gaeilge? I ask that because, according to its website, there has been no board meeting for which minutes have been produced since January 2019 and, indeed, no minutes have been produced in English since 2018. Why is that?

In respect of the assistance given to the Irish language groups to disburse COVID-19 money, can that money be spent outside the jurisdiction of Northern Ireland?

Ms Ní Chuilín: I thank the Member for his questions. They are good questions — not that the Member ever asks questions that are not wonderful. It is a matter of public record, so we need to know why the minutes have not been on the website. I will certainly ask about that.

The COVID-19 money that the Assembly and Executive have given to groups is spent in the North. If the Member is suggesting differently, he needs to bring examples to me.

Mr Speaker: That concludes questions on the statement. Members should take their ease for a moment or two before we move to the next item on the Order Paper.

Executive Committee Business

Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020

Mr Speaker: Members, the next items of business are motions to approve three statutory rules (SRs), all of which relate to the health protection (coronavirus) regulations. There will be a single debate on all three motions. I will ask the Clerk to read the first motion and then call on the Minister to move it. The Minister will then commence the debate on all of the motions that are listed on the Order Paper. When all Members who wish to speak have done so, I shall put the Question on the first motion. The second motion will then be read into the record, and I will call the Minister to move it. The Question will then be put on that motion, and that process will be repeated for the remaining statutory rule. If that is clear, I shall proceed.

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

That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020 be approved.

The following motions stood in the Order Paper:

That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 12) Regulations (Northern Ireland) 2020 be approved. — [Mr Swann (The Minister of Health).]

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 3) Regulations (Northern Ireland) 2020 be approved. — [Mr Swann (The Minister of Health).]

Mr Speaker: The Business Committee has agreed that there should be no time limit on this debate.

Mr Swann: The three sets of regulations before the Assembly make specific amendments to the Health Protection (Coronavirus, Restrictions) Regulations and the Health Protection (Coronavirus, Wearing of Face Coverings) Regulations, but, before I move to the detail of

each of the SRs, I must place on record my disappointment that neither the Minister for the Economy nor the Minister of Education agreed to my request for either or both of them to lead on the Assembly's scrutiny of the changes — changes, I might add, that were primarily made only following direct requests from those Ministers on specific and detailed amendments.

Were I not to move the regulations today, they would have fallen, yet, despite their not being my Department's amendments, I suspect that Members will agree that it was important that such an outcome should be avoided. Whilst, in their virtually identical responses to me, both felt that they were not accountable for the regulations, I have already expressed my belief that, during an unprecedented global public health crisis, there should be no space for Ministers or Departments to work in silos. That is why I especially welcomed the previous commitment from the First Minister and deputy First Minister that regulations would be tabled and led in the Assembly by the relevant Minister. Although that was, regrettably, not the case today, I thank the Ministers who have shown or are shortly to show generosity with their time and support, namely the two junior Ministers, the Communities Minister and the Justice Minister.

I will move on to the issues at hand. SRs 232 and 239 amend the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations in a specific and narrow way. The amendments achieve the following. The amendment No. 11 regulations ensure, first, that the categorisation of tourist accommodation within the restrictions regulations follows the existing formulations in the Tourism (Northern Ireland) Order 1992. That will simply ensure clarity around types of accommodation that were not explicitly set out in the original drafting, such as hostels. Secondly, they ensure that people who rely on a carer are not prevented from taking individual exercise. We have made sure that, where a person needs assistance in entering a swimming pool, for instance, that is not inadvertently restricted. Thirdly, they ensure that the restrictions on the close-contact sector do not extend so far as to prevent make-up and hairdressing for film and television production that is under way during the period of the restrictions.

My Department was made aware of the impact that the restriction would have had on ongoing productions and responded by making the exception on the condition that extensive protective measures were in place. The industry standards are high, and I understand that this has allowed those productions to continue.

Fourthly, they ensure that motorhomes are categorised with touring caravans in the regulations, so that, where sites for touring caravans are closed, the same restriction is placed on the sites for motorhomes.

12.30 pm

The amendment No 12 regulations ensure that there is no restriction on school physical education as a consequence of the restriction on sports events. That would, clearly, be an inappropriate restriction on children's education and a barrier to schools delivering the curriculum. They ensure that, where tables are set up outside a bar or café, they are treated as part of the premises and are subject to restrictions as much as where there is outside seating. We were made aware of instances of businesses seeking to subvert the intention of the original restrictions by having stand-up tables that would have allowed customers to loiter around the premises as much as if there had been seating and, thereby, undermining the effectiveness of the original restriction.

These may be small matters in themselves, but they are intended to ensure the integrity of the Executive's restrictions and reflect our understanding of the impact that they are having on people. Some of the amendments tighten the restrictions slightly, and others loosen them slightly. In anything that we have done, we have sought to assess the risk — the risk of increased infection associated with loosening restrictions and the risk of serious negative consequences for individuals and the community if legitimate and valuable aspects of life are restricted.

SR 233 amends the wearing of face coverings regulations. The amended regulations were made on 29 October and came into force immediately. Their purpose is to mandate the use of face coverings by post-primary pupils on home-to-school transport and public transport. Previous amendments to face coverings legislation had extended the requirement to use a face covering on all buses, coaches and taxis but not school transport. An exemption existed for children under 13 years of age. The amendments to the regulations has been made so that only children who are not yet at secondary school are now exempt from wearing a face covering on school transport or public transport. The term "junior pupil not yet receiving secondary education" exempts children under 11 years and six months old who are not yet at secondary school from wearing a face covering. The exemptions from medical and other requirements remain unchanged. The

regulations were put in place before school resumed on 2 November 2020.

Mr Gildernew (The Chairperson of the Committee for Health): Go raibh maith agat, a Cheann Comhairle agus gabhaim buíochas leis an Aire. Thank you, Mr Speaker and my thanks to the Minister for his statement.

The Health Committee was briefed by departmental officials on the three statutory rules on 12 November and agreed to recommend that they be confirmed by the Assembly. With regard to amendments No. 11 and No. 12, to the No. 2 regulations, members raised issues of process, inquired about consultation and alignment between Departments and asked about equality considerations.

On process, the Committee asked officials about the potential, moving forward, for the Department to resume its engagement with the Committee at the stage of policy development, although, clearly, that would be subject to a degree of uncertainty, given the circumstances. No assurance was offered on facilitating better scrutiny, something that remains of concern to the Committee. The number of sets of amendments and the volume of technical amendments were also raised. Officials explained that that results from working at speed to respond to rapidly changing circumstances. We were informed that a cross-departmental working group meets weekly to consider the policy detail resulting from Executive decisions but, given the time constraints, gaps are hard to avoid, although they can be plugged quickly via amending regulations such as we have today. It was suggested to officials that further consideration be given to cross-departmental considerations of policy alignment in the current context. One member cited an example of street furniture being installed during a period of restrictions on hospitality.

The Committee also probed consideration of equality issues in the absence of formal equality impact assessments. Officials advised that the human rights context and the proportionality of restrictions were considered in respect of each statutory rule and that the Department sought to strike a balance between the impact on rights generally and the impact of not imposing restrictions, given the nature of the pandemic. Pressed on the adequacy of the current approach, officials conceded that there was recognition of the need for more granular consideration of equality issues and that how that might be approached was under consideration.

I now turn to the face coverings amendment. Members were advised that the percentage of passengers wearing face coverings on public transport had gone up from 10% to 85% as a result of them becoming mandatory in that setting. On that basis, it was hoped that the rule would also prove effective in extending the requirements to post-primary school children on home-to-school transport and public transport. It was suggested that officials consider the inconsistent messaging in continuing to exempt children from wearing face coverings in retail settings. The rationale offered was that social distancing is more feasible in many retail settings, unlike public transport, but the director of population health undertook to consider the messaging point further with the face coverings working group chaired by the Executive Office.

Officials were also asked about any potential harm deriving from unhygienic practices in the use of face coverings. They advised that, on balance, research showed that there remained a net benefit from the wearing of face coverings.

Agreeing on the evidence in favour of face coverings, members enquired about plans to widen requirements to use face coverings in indoor settings generally and the extent of the Department's research on international experience and best practice, particularly that of south-east Asian countries that have successfully reduced transmission of the disease and where face coverings have been routinely used for some time. The Committee intends to seek a wider briefing on the evidence in the new year.

On foot of questions about the links between sets of regulations, officials confirmed that almost all regulations on face coverings are now separate and will not fall with temporary additional restrictions.

If I may, a Cheann Comhairle, I will say a few words as Sinn Féin spokesperson on health. The statutory rules were made and came into force in late October and early November, with much of the content relating to clarifications, for example, on close-contact services working in TV and film production. The House must take the measures and restrictions seriously, as they impact in many ways on the lives and livelihoods of the public, even if those restrictions are time-limited and subject to change in a few weeks' time.

Two things are vital: communicating a plan, purpose and strategy; and, importantly, putting in place the means to achieve that strategy. I welcome any clarifications that can be made. It

is better that they are not needed, but, when they are needed, it is right to get them made and put through.

On achieving the desired outcome, I raise the issue of compliance. We have heard how, with face coverings on public transport, we saw compliance increase to an estimated 85%. I would like that to be further increased where possible, which means enforcement. It also means — this is a crucial point — that we need to ensure that everyone is aware of what is required and, importantly, that there are no barriers to compliance. That, for example, means supporting business with grants, providing workers with statutory sick pay and ensuring that people have masks or something to cover their nose and mouth where needed. When people are struggling financially, we need to consider the cost of masks.

As we enter the winter months, those remain some of the challenges and tests that will not go away. We must work together effectively to meet the challenges in the weeks and months ahead.

Mrs Cameron: I intend to be fairly brief. At the outset of yet another coronavirus health restrictions debate, I put it on record that my thoughts are with those families who have been bereaved — the number is nearing the 1,000 mark — and very much affected by the pandemic.

Obviously, the restrictions and regulations put barriers in the way of normal everyday life, of the right to work, the right to family life and, indeed, even the right to public worship. The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020 set out the changes to the places where restrictions will apply and gives additional clarity, including some exemptions, to the restrictions, with the biggest restriction, obviously, to business. It is worth remembering that businesses have bills to pay and food to provide. In recent weeks, many businessespeople across South Antrim have contacted me in utter despair at not being able to pay the bills and feed their families. That is a reality, not an exaggeration. While we can produce restrictions, it appears that we cannot produce money in a timely manner to support those people, of whom we ask so much at this time. It is right that we put on record the sacrifice that they are making. In my book, it certainly is not good enough, and I appeal to the Finance Minister to do more and do it faster.

Ms S Bradley: Will the Member give way?

Mrs Cameron: I will indeed.

Ms S Bradley: I appreciate the Member's words. As an MLA, I am inundated with calls from businesses that genuinely do not know whether they can keep their doors open. Will she be fair and make that call to the Department for the Economy and her party colleague, who absolutely needs to step up quickly?

Mrs Cameron: I thank the Member for the intervention. Certainly, I welcome the cross-Executive work that is going on, and we ask all Ministers who have responsibility in areas of support to put their shoulder to the wheel.

Once again, there is a great deal of confusion, which has not been helped by the ambiguity in the regulations and their late publication. Businesses that have multiple facets are unsure whether they can open at this time and whether they can sell non-essential goods. On the other hand, businesses that sell entirely so-called non-essential goods are watching their high-street competition selling the same products as they are forbidden to sell.

I welcome the fact that the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 12) Regulations provide for physical education to take place in schools and other educational settings. We know how important that is as part of a child's school day, given that exercise brings physical and mental benefits.

Mr Buckley: I thank the Member for giving way. I totally agree with her about the need to focus on children's physical activity to ensure their mental and physical well-being. Does the Member for South Antrim concur with me that it is also important that we look at the adult population's mental and physical well-being in relation to the restrictions? I think particularly of the many thousands of gym attendees across the Province at the moment. For many of them, their only form of exercise is in a gym setting. With the onset of winter, dark nights and, indeed, adverse weather, sometimes, that gym setting is the only way in which they can get physical exercise. Does the Member agree with my call and, indeed, the Committee's call for dialogue between the Minister and the Department and gym businesses and attendees to ensure that we can find physical and mental well-being in the winter months?

Mr Speaker: I remind Members to stick to the scope of the regulations in hand this afternoon.

Mrs Cameron: Thank you, Mr Speaker. I thank the Member for his intervention. I see his point completely. Certainly, from my view, even while out walking the dogs yesterday, I was very aware that the fairly small path that I took through a forest and down to the lough was very crowded. That is the knock-on impact that the closure of the likes of gyms has created, with cyclists, runners and entire families out doing their best to do something healthy, to get out there and to look after their physical and mental well-being. The closures are certainly having a knock-on impact as well.

We have had these debates on many, many occasions. To be honest, much of this is repetition. Maybe that is because we as a society are in a cyclical crisis. We make progress, and then we regress, but we want to break this cycle and the current lockdown. The restrictions, albeit that they are flawed in many ways, are rightly aimed at driving down the number of cases, saving lives and protecting our health service from being overwhelmed. I very much welcome it that our clinicians are doing their utmost to keep as much of our health service as possible going throughout the second wave of coronavirus. We all must look on the restrictions as an opportunity to do the little bit that we can to support our NHS staff in keeping as much of the health service open and operational as possible. We can all help by restricting our movements. This is another chance for us to do the right thing now. Otherwise, we will be back in that cycle once more.

Amendment No. 3, which refers to the wearing of face coverings, extends the requirement to wear a face covering to post-primary school children on school transport and on other public transport.

I finish, yet again, with an appeal to all to wash your hands, wear a mask, keep your distance from others, including family who do not live in your house, and cut down on your contacts to protect your friends, your family and your colleagues. That is what we ask of everyone. If we all do that, we can indeed break the cycle.

12.45 pm

Mr McGrath: I welcome the opportunity to participate in the debate. I acknowledge the Minister of Health's insight into the DUP's ministerial version of teamwork, but we all know that a team is only as strong as everybody playing their part. I hope that all Ministers will do what they can to try to help with the workload of responding to COVID.

The three regulations that we are being asked to ratify are those that were laid before the Assembly on Thursday 29 October. I pay tribute to our healthcare staff who continue to fight the invisible enemy in the wards and corridors of our hospitals, in care homes and in houses. I extend my deepest sympathies to families impacted by the passing of loved ones.

Members will be all too familiar with the process by which regulations and amendments are laid in the Assembly. Some of the regulations that we give consideration to today, as we try to wrestle with the decision of whether to agree with them, have actually lapsed. Surely, there must be a better way for us to carry out this business. A better approach would be that, when the amendments are drafted, they are brought to the Chamber for debate and discussion, so that we can interrogate the decisions taken and ask questions about their various impacts, in order that we understand the process and can go back to our constituents with the details of those decisions.

Mr Buckley: Will the Member give way on that point?

Mr McGrath: That is not surprising from the Member.

Mr Buckley: I thank the Member for giving way. He has passionately articulated that point at the Committee. Does the Member agree that one of the increasingly difficult parts to justify in relation to the delay in regulations coming to the Committee and the House is the fact that, for example, on a Thursday when the Health Committee meets, we have a situation where new regulations will come in on the Friday morning? That results in a communication breakdown as to what should apply and what has previously applied.

Mr McGrath: I thank the Member for his intervention. To simplify it, I think that there is a better way of doing it. It would not take much to sit down with a blank page and to work out the best process for making sure that we can participate in the decision-making and understand it. If we understand it, we can articulate that to our constituents. How often have Members had a phone call or email about a regulation from a constituent and said, "I do not know the answer to that" and then set about the difficult process of trying to find out that information?

On the regulations themselves, the first of the issues clarifies what was lacking, specifically in regard to self-catering accommodation, indoor

exercise, closure of hostels, caravans, clarity on where close-contact services can operate and some restrictions on outdoor seating. The second provides clarity for physical education to take place in an educational setting and clarity on facilities adjacent to hospitality premises. The third legislates that post-primary schoolchildren must wear a face covering on school and public transport.

I place this on the record: what does it say about us that we are legislating for children to wear face coverings, when an MP who sat in this House and was a Minister in the Executive, once upon a time, continues to throw this back in the face of those children, in believing that he is above such practices, whilst taking the money from the parents of those children via their taxes to pay for the face masks that he does not wear properly? I implore his colleagues opposite to get this knocked on the head, even at this late hour, eight months into a world-wide pandemic.

Many changes have been made to the regulations from the ones that we are discussing today. We are in a period of lockdown, with non-essential retail closed and many other elements of daily life restricted. My experience of the most recent regulations is that they have been as unhelpful as past ones. What is non-essential? What is homework? How much of your produce constitutes "significant"? What about car washes? Are music lessons educational? Are Irish dance classes different —.

Mr Speaker: Sorry, could the Member get back to the scope of the regulations? You are straying well beyond those and into the new ones.

Mr McGrath: Thank you, Mr Speaker, but the regulations —.

Mr Allister: On a point of order, Mr Speaker. I am obliged. I would like clarification. We have debated a sequence of these regulations for many successive weeks. On each of those weeks, the Chair, in recognition of the reality that events have moved on, has permitted discussion that brings the matter more up to date. Are you today making a contrary ruling so as to restrict us to regulations, some of which are no longer extant or even relevant?

Mr Speaker: First of all, let me assure the Member that I am fully aware of the rulings on scope and how the Speaker or Deputy Speakers will conduct debates. I am involved in the decision-making for making the call on that,

so I am fully aware of the nature of the debate and how it should be conducted.

Very often, Ministers and others have widened the scope of the regulations. That is why we have been giving Members the latitude that is necessary for them to do their best to explore the issues and to allow them robust scrutiny. I am reminding Members to stick to the scope of the regulations that are on the Order Paper today. That is not a new regulation. The Deputy Speakers have tried, on a number of occasions, to bring Members back to the debate at hand.

We give latitude and we will always give latitude to allow Members to do their job of exercising full scrutiny and accountability. By the same token, it is reasonable to keep people within the scope of the regulations, and the Deputy Speakers and I frequently and routinely do that. I hope that that assures the Member.

Mr McGrath: Thank you very much, Mr Speaker, and I will, of course, comply with your ruling, but it shows once again the farcical nature of the debate that we must curtail ourselves when the public are suffering from the regulations that have been enacted over last number of weeks. They have questions and concerns about regulations, but we cannot discuss them here in a timely manner.

That is quite sad, because it raises question after question. We are sent an email on regulations to seek out that information, but sometimes it takes days if not weeks before you get an answer. The communication from the Executive Office about restrictions lacks detail and information, and it creates more questions than answers.

The only thing that is certain about the Executive Office's communications on regulations is the eye-watering budget that it has to spend on that communication. The businesses that are impacted make an application for help, and, for some, that application falls into a big, dark hole and they do not see or hear anything about it for weeks, not knowing if they will or will not get financial assistance so that they can comply with the regulations.

People are hurting. The Executive supply financial help, but it appears that not everyone is getting it in a timely manner. The Department for the Economy and its Minister need to pull up their socks and get their part of the COVID response right. People's livelihoods are depending on it.

I continue to accept the need for these regulations and their amendments, even if they have lapsed. The health and well-being of the public at this time remain my number-one priority. While I support the motion, I continue to implore the Health Minister to examine whether there is a different way that we can do these regulations.

Ms Bradshaw: I do not intend to speak for long. All that needs to be said about the regulations that we are talking about today was said at the Committee in a very long, interesting session with departmental officials about the challenges of developing such regulations at speed.

I very much appreciate that what we are discussing today are, in some ways, technical amendments in order to give clarity. I want to pick up and go into greater detail on the point that the Chair of the Committee raised when he talked about a need for greater cooperation across Departments. In my constituency of South Belfast, the Department for Infrastructure introduced what are called parklets outside a coffee shop, where people have seating that they manage and are now using. It is not businesses providing the seating but the Department.

That issue was raised with me in the context that coffee shops down the road that are doing take-away coffees feel a wee bit aggrieved. That initiative speaks to the need for Departments to work together so that anything that is taken forward is about trying to achieve compliance with the public health regulations. I also place on record my appreciation of the fact that the wearing of face coverings has now been extended to all post-primary pupils. It was confusing and difficult for people on trains to decipher who should be wearing them and who should not.

That brings us to the wider chaos that has surrounded the development of the regulations. At the Committee session, it was pointed out that a period is required between the Executive agreeing and announcing new restrictions and the regulations being drafted to put them into effect, and that there is a further period while they are ironed out by further amendments such as Nos. 11 and 12, which we are nominally debating.

I will not say much more, but I want to pick up on a point made by Jonathan Buckley, who joined the Health Committee recently. I am one of those gym goers who try to go every morning, although I probably only make it about four or five mornings a week. Maybe it was just

at the gym that I go to, but, last Thursday morning, there was a strong sense that we are closing for only two weeks. They understand, given the capacity of our health service, the need to get this right so that we do not have a lot of infections over the Christmas period. I have a great deal of sympathy for people who run independent gyms, whose salaries may be affected. However, I think that, amongst gym goers —

Mr McGrath: Will the Member give way?

Ms Bradshaw: Sure.

Mr McGrath: The Member's point is very relevant. I am another one of those gym goers, although it may not show. I have heard from one-on-one trainers and from gym owners that, if they can get financial help in a timely manner, they will comply. It is not an issue of closing; they understand what they have to do. It is about getting the financial help in a timely manner that would help them to do it.

Ms Bradshaw: Absolutely. That goes to the heart of it. They do not want outbreaks in gyms; they do not want anybody who they work with to be affected. They see the benefits —

Mr Buckley: Will the Member give way?

Ms Bradshaw: Go ahead.

Mr Buckley: I do not want to stray, but I have spoken to many gym users. I had correspondence from a nurse who finds that the gym is the only place that she can take care of her mental and physical well-being. I understand where some are coming from, but there are many gym users and gym owners across Northern Ireland —

Mr Speaker: The Member is now straying.

Mr Buckley: — for whom it is not financial; it is mental and physical well-being that is the concern.

Ms Bradshaw: I will bring it to a close. I was walking along Loughshore at 6.45 am today and nearly got the head blown off me, so I do understand why it does not suit everybody to go out walking early in the morning.

Lastly, I urge the public to stick to the regulations that have just been brought in. I understand the frustration at the situation and at our politics, but there is no reason for us to introduce such tough measures other than to

protect public health and our Health and Social Care system. Instead of seeking loopholes, let us understand one thing: the more closely we stick to the regulations, the sooner we can ease them.

Mr Middleton: Like others, I pay tribute to our health staff, and to all our front-line workers, for the tireless work that they have been doing, and my thoughts and prayers are with all those who are affected by COVID-19. As others have said, it feels repetitive to be speaking on these issues, given that the restrictions have already been implemented. Nonetheless, it is important that we say a few words on them.

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

The Health Minister made a point in his opening remarks about silo mentalities. We need to be mindful that working in silos is not helpful. I have said in the Chamber before that, given how the Executive work, when the Executive take decisions, uncomfortable as those decisions may be for individual Members, including me, it is important that we show a united front when we deliver those messages. However, that also applies to the schemes. I see Members across the Chamber who will trip over themselves to welcome initiatives from the likes of the Economy Minister and then trip over themselves to be the first to criticise. We need to work collectively to ensure that we can deliver the outcomes that we want to see.

Mr McCrossan: I thank the Member for giving way. The Member will appreciate that this is not about anyone tripping over anything. This is about ensuring that those who are most in need receive financial intervention in a timely way to ensure that they can make the best decisions in the interests of the public and of their own businesses.

That is why we are "tripping over" things: to ensure that they get the necessary financial intervention.

1.00 pm

Mr Middleton: I thank the Member for that. I do not disagree, in that what we do —.

Mr Clarke: Will the Member give way?

Mr Middleton: Go ahead.

Mr Clarke: The Member will note that, when the previous Member who spoke was on his

feet, he was not tripping over himself to defend Belfast International Airport. Until last week, his Minister had not made any intervention there but had rushed to get money to the City of Derry Airport.

Mr Middleton: I thank the Member for that. The point that we are all trying to get to is that we all want to get the best for our constituents and businesses. We do not want to see the continuing politicisation of a lot of the issues. Point-scoring, Facebook posts, Twitter videos and all that — the public can cut through that stuff. It is important that we support the Ministers, who are trying hard, and particularly the officials, who are doing their best to support those who need to be supported.

Amendment No. 11 brings some welcome clarity to the issues and the regulations. It is fairly self-explanatory.

Amendment No. 12 relates to physical education in educational settings. It was vital that that be rectified, and I welcome the fact that that was pushed forward by the Minister of Education. We know that physical education goes beyond physical exercise and good health: it has a mental health impact for young people.

I want to come on to indoor exercise, which is relevant and has been mentioned. I take issue with the fact that gyms have not been able to operate for that indoor exercise piece for adults. Despite what some Members have said, it is not a financial issue for gym owners. They place the well-being of their customers above the financial incentive that they would have gained from the two weeks. That is a frustration that I have, and the many gym owners who have contacted me are deeply frustrated and very concerned about their customers. Many of them are assisting their customers with recovery from various issues. That is a point that I wanted to —.

Mr Buckley: I thank the Member for giving way. I will not labour the point, but many gym users and owners would like to have a conversation about whether there is a way forward that could allow gyms to reopen in a safe and compliant manner to ensure physical and mental well-being.

Mr Middleton: I agree completely with the Member. As the Minister stated at the outset, the regulations deal with cross-cutting issues. They go across Departments, so it is important that all Departments have a say. It goes back to the restrictions themselves: we need to ensure

that the views of all Ministers are taken on board. We know that the Economy Minister has been fighting hard for businesses and to get them reopened in a safe and timely manner, but that is a cross-cutting issue. We need all Executive Ministers to be heard on it.

I go back to the amendment on face coverings. It was important to give clarity, particularly to post-primary pupils, and I know that many principals welcomed that. Concerns were raised at the time about the enforcement of that on buses, for example, and on their way, but there seems to be a level of compliance around that.

It is important that we try to have a consistent approach. As I said, if we allow physical education to take place in schools, which is the right thing to do, we also need to allow for that exercise to take place in indoor and safe settings. I urge that that be allowed to happen. I remind Members that it is important to get out of this endless cycle during the next number of weeks. The way to do that is to adhere to the guidelines and ensure that we keep one another safe.

Mr Sheehan: I welcome the opportunity to speak in the debate. We have been here before and have covered a lot of ground.

I always think that it is important to contextualise why the restrictions are needed. The simple reason is that we need to protect our health and social care system. We cannot allow it to be overwhelmed in the face of the pandemic. Years of underinvestment in the health system have meant that we do not have the capacity that we might like to have to deal with the upsurge in the number of people who become ill as a result of the pandemic. It should never be the case that groups of people with one illness are pitted against groups of people with another illness. The fact is that there are people who are ill and they have to be treated. Unfortunately, clinicians have to make ethical decisions on who should be treated first. However, basically, the restrictions are in place to protect life, to try to reduce the rate of transmission, to protect our front-line workers and to protect society in general.

Drafting legislation is not easy at the best of times, but it is all the more difficult when all this legislation comes at us in haste and we do not have time for the usual scrutiny that would take place. It is inevitable that anomalies will sometimes appear, mistakes will be made and clarification will be needed. However, it is disappointing when some prominent people speak out angrily and, sometimes their language is, maybe, not as diplomatic as it

ought to be. If we were using similar language, we would be castigated from the high heavens. Some of those people may be brilliant musicians, fantastic chefs or people who can run great hospitality businesses, but I would love to see their credentials on public health and dealing with pandemics. I say to everyone that we have a difficult job. Some people are more concerned about their own narrow interests, but political leaders have to take account of society in general, the needs of all of our citizens, the need to protect our health service, the need to save people's lives and the need to stop people becoming ill. Those are issues in the context of the restrictions, even today's restrictions, that we need to be cognisant of.

One of the amendments that we are dealing with today is around the issue of masks. I say to the Minister that I have been banging on about the necessity of wearing masks from as far back as late March and early April. The evidence that was mounting, particularly in other countries, and the science that was coming to the fore told us that the wearing of masks reduced transmission, and I am glad to see that we implemented legislation to make it mandatory to wear face masks in certain circumstances. That is good, but there is an issue — my colleague raised it earlier — about the cost of face masks. We have seen that, in many other countries, face masks are free for the population. The Minister should consider making face masks available free of charge, at least in some circumstances.

Another issue that we should all welcome — it has been welcomed by a number of Members — is the clarification around physical education in schools. We came in for some ridicule around the issue of PE in schools when the legislation was first mooted. Clarification was absolutely necessary, and I welcome that. We had a ridiculous situation where fewer students could take part in outdoor physical education than were allowed indoors in the classroom. That issue needed to be rectified, and, thankfully, it was.

I do not intend to go on for much longer today, a Phríomh-LeasCheann Comhairle, you will be glad to hear.

However, there are compliance and enforcement issues about these restrictions and restrictions in general. Without wishing to stray off the focus of the amendments, a good example of "compliance" and "enforcement" issues was shown on last week's 'Spotlight' programme about the contact-tracing system in Wales. When contacts were traced by the

contact tracers, they were followed up with phone calls. If they did not answer the phone during their period of isolation, contact tracers called to their homes. Essentially, the rationale for calling to their homes was to see whether the person who was isolating needed support. However, I am sure that everyone can easily imagine that there is an element of enforcement there too, because, if the person who was supposed to be isolating was not there, that raised further issues. That is an issue with contact tracing. The Minister knows my views well on that. I will just leave it there rather than drift off further on the issue.

I have one final question for the Minister, to which many people out there need to know the answer: when will the Executive announce what the situation will look like post 11 December? I advise the Executive that, rather than leave it to the last minute, and us all end up on the cliff edge as we did during the past number of weeks, an announcement should be made here today about what the situation will look like after 11 December.

Ms Anderson: Before I talk about the amendments and restrictions, I, like others, want to send my heartfelt sympathy to the loved ones of all those who have died of COVID on the island of Ireland and, indeed, across the world, and also to the many more people who have ended up in hospital. We know that people are struggling with what is now called "long COVID". We also know of young people in particular who had COVID and thought that they had come through it OK, but now we hear that a pattern may be emerging with some young people ending up with pneumonia and other illnesses.

It is in that context that we all remember that the five parties in the Executive have to make difficult, challenging decisions that impact on our daily lives. They all agreed that more interventions were necessary before the end of November in order to curb the spread of coronavirus and prevent hospitals from becoming overwhelmed. Before COVID, hospitals like Altnagelvin Area Hospital in Derry were already struggling with awful waiting lists and, at times, people being left on trolleys or being taken home by their families rather than having them left there waiting to be seen. It is without doubt that COVID has made a bad situation worse.

The journey to the restrictions in amendment Nos. 11, 12 and 3 was somewhat unedifying. We witnessed the DUP, the largest party in the Executive, use a veto to hinder the majority of the power-sharing Executive, who represent the

overwhelming majority of people in the North, from taking that decision forward sooner.

People to whom I have spoken in Derry oscillate when they talk about further restrictions coming in. I am sure that many Members have found the same. There are people who are absolutely fed up after nine months of restrictions after restrictions coming in. When they think that things are moving on, they have to be rolled back. At the other end, I meet people who just say, "I want a total lockdown. Lock us down for three or four months, try to sort this out and see if we can get back to some kind of near normal". They do not want to see any more of their loved ones ending up in hospital. Thousands and thousands more people have ended up in hospital, and, as we said, unfortunately — tragically — many of them ended up in the morgue.

1.15 pm

Mr McCrossan: I thank the Member for giving way. Will the Member agree with me that there needs to be a strong, unified message coming from the Assembly and the Executive on the importance of these restrictions? Behind every single number is the death of a loved one. Family members — wives, husbands, children, grandchildren, brothers and sisters — have been left heartbroken by this virus. They could not see their loved ones from the time that they entered hospital until they were carried out.

Ms Anderson: I thank the Member for that intervention. I am very conscious of Mr and Mrs Ward from Strabane. That family has been left devastated by the parents' deaths within 12 hours of each other. It is a very sobering thought for us all. How could anyone not come together and have a unified position on these kinds of restrictions? The hope is that the vaccines that have been or are being clinically trialled will receive authorisation and soon become available for us to use safely.

As other Members have said, once again, we find ourselves in the Assembly talking about regulations that are already in place. There is not one Member in the Chamber who is not frustrated at that kind of process, because it is not how we want to do scrutiny. That all goes without saying, but we recognise that we are in the middle of a global pandemic, and things do not move in the way that they should.

Yesterday, 351 people tested positive for COVID-19. Unfortunately, some of them will end up in hospital beds and in intensive care.

NISRA confirmed that, within a one-week period, 100 people died, and we all heard that last week. However, some people have questioned the COVID-19 death rate. I mentioned Mr and Mrs Ward in Strabane, and other family members have died within hours of one another. We all should challenge those kinds of questions. Of course, people have the right to question, but the evidence on the number of people who have tragically lost their life is there for us all to use.

We also know from the COVID-19 inequality report that the infection rate in the 10% most deprived areas has been one fifth higher than the rate in the 10% least deprived areas and that the hospital admission rate of patients with COVID-19 in the 10% most deprived areas was almost double the rate in the 10% least deprived areas.

Mr Buckley: Will the Member give way?

Ms Anderson: Yes.

Mr Buckley: On that very point, the Member will understand that there is a lot of scepticism. Indeed, there is anger about the side effects of lockdown. Professor Jack Lambert, the leading infectious diseases expert in the Republic, who leads an Irish doctors' group, presented a "white paper" to the Government. It states:

"It is concerning that a single-minded fixation on lockdowns and Covid-19 persists ... to the exclusion of too many of the other crucial facets of population health and wellbeing."

Another doctor in the group stated:

"Lockdowns as we have seen from the analyses severe [sic] nothing other than to punish the most vulnerable in society".

While we have learnt a lot about COVID-19, its effects and how to treat it, we must move on in how we respond to that. Lockdowns are not always the simple answer. The House must take their significant side effects into account.

Ms Anderson: Of course, we must take all of that into account. We all have people in our family settings who are struggling with lockdown, but poverty is not new, inequality is not new and vulnerable people are not new. We know that we have to have greater interventions. When we look at the inequality report, we can see how the 10% most deprived areas have been affected. Why do we have to tackle regional equalities? Why do we need an

anti-poverty strategy? Why do we need collective agreement to tackle all of that? So that people can cope a bit better. No one is making a decision to try to keep people away from their civil liberties. I find it quite challenging that we have removed people's civil liberties, but we are doing it because we are in a global pandemic. Of course, it is about getting a balance, and we have to try to get it right.

When we talk about poverty killing people, we know that those on low incomes who work in the high-exposure facilities do not feel like, "We are all in this together", and some of them feel quite offended when they hear some of us say it. If you are a key worker on a low wage who is living in poverty or you are a porter in a hospital or a domiciliary care worker and, thus, are more exposed to catching the virus, you do not feel like we are all in this together.

The chair of the BMA, Dr Black, told us that some hospitals are hanging together by a thread. It is hoped that the amendments and restrictions that we are dealing with today will take the pressures off Altnagelvin Area Hospital in Derry and other hospitals across the North, where we know that hundreds of staff members are off sick or self-isolating, which is putting further pressure on the health service. So, whilst some of the amendments before us, including the amendment No. 3 and No. 11 regulations, are tough, staff in hospitals, who have been on the front line for nine months, are demanding that they be supported.

During debates like this, as MLAs, we raise impacts that COVID and the restrictions have had on people's lives and livelihoods, and we have heard some of that today. The amendment No. 11 regulations clarify what businesses can and cannot open and is already in place. This is not about singling out a Minister, but I want to add my voice to those who have been calling for the Economy Minister to get schemes in place for the newly self-employed and sole traders. Regardless of what constituency you come from, you must all be being lobbied by people who fit into those categories and want to work but are prevented from doing so by restrictions like these. The delays in devising a scheme are unacceptable.

Mr Buckley: I thank the Member for giving way. She strikes the right tone when she says that we are all being lobbied about getting grants out to those who in the most need as quickly as possible. However, does she accept that the actions of some in her party in terms of the misuse of public money, when we saw COVID grant money going to non-elected and elected officials within Sinn Féin's constituency offices,

have meant that significant checks and balances have had to be applied, which has sadly meant a slowing down in the time to get grants out?

Ms Anderson: I am very conscious of what the Audit Office said in relation to the schemes and the kind of mistakes that were made. We know what happened, and we know that apologies were given for the three Sinn Féin offices that received those grants. I do not know what has happened with the other 450 or so people who received grants by mistake; I assume that all of them have returned the money. The Audit Office says that the percentage of risk was small. There are thousands of businesses and people out there who are desperately looking for and need some help. As we stand here talking about the restrictions, representatives from Excluded NI, which is one campaign of many that I could name, feel like they are howling at the moon, because — this might be uncomfortable for you — almost daily they are calling on Minister Dodds to introduce new schemes for businesses that have been left out and that the Minister herself said have fallen through the cracks, yet they see nothing coming forward.

Given that the Minister has received substantive funding for such schemes from the Finance Minister to implement the amendments that are before us today —.

Mr Principal Deputy Speaker: To be fair to her, I appreciate that the Member is responding to a point. However, I am afraid that the debate is now veering away from the regulations. We should try to return to the regulations.

Ms Anderson: Amendment No. 11 closed down an awful lot of the hospitality and other sectors. That is why those people are desperately trying to get access to a scheme. They feel that there has been a protracted delay in getting money into the pockets of their workers and their workers' family. Those are the people who are calling on us, as we come forward with restrictions like those in amendment No. 11 and others, to take account of the fact that there are people who have not received a single penny in nine months.

When we are talking about trying to get collective support in the Chamber, we need support for amendment No. 11, amendment No. 12 and amendment No. 3 on face masks from the people outside who are listening to us. We need to demonstrate competence and ability and to show that we can act fast and smart, all within due diligence, and get financial support

into the pockets and purses of those who need it the most.

If any Minister is struggling with trying to do that, the Executive should look at giving that Minister a helping hand to see whether that can be brought forward. Life is challenging enough, so in order for the five parties in the Executive to ensure that people get support to live with this deadly virus and these terrible restrictions on people's civil liberties and their life, we need to make sure that the labels of effectiveness and efficiency are the by-products that are worn by all Ministers.

Take amendment No. 11, for instance. The Committee for Infrastructure this morning had an informal meeting with taxi drivers. Once again, taxi drivers lost work overnight, and just as they thought that they were getting things together, along comes amendment No. 11. Further restrictions were put in place, and their customer base is no more. Once again, bars, restaurants and hotels are closed, and that is having a knock-on effect on taxi drivers, who, like other people, want to work, but these necessary restrictions and the public health message are preventing them doing so.

Even though the restrictions mean that they have no income, they play their part. Many of us know taxi drivers who, throughout the pandemic, especially when people were shielding and even now when we are dealing with closures under amendment No. 11, have taken workers to hospitals and people to care homes. They have delivered food parcels and medicines, and they have done their best. We all know how they are valued, yet they asked us whether we valued them at all. Some drivers downgraded their insurance but still have a taxi policy. Yet, before the restrictions in amendment No. 11 were introduced, taxi drivers were promised that they would be included in the Department for the Economy's COVID restrictions business support scheme. However, just as amendment No. 11 was announced, they were told that they were excluded from that scheme too. They have been excluded from a scheme that was put in place because of decisions that they had to make because of their insurance, and now they have been excluded again.

We need to make a call and let taxi drivers know that while amendment No. 11 is going to have an impact on their businesses — we have asked people to stay at home, and, as a result, there is no one on the streets or to take to and from the pubs, restaurants and hotels — we are aware that they need support.

Generally, people are fed up and frustrated with two more weeks of these amendments.

People have listened to the chair of the BMA, Tom Black, say that reopening the hospitality industry would be:

"an act of careless vandalism".

Mr Allister: Will the Member give way?

1.30 pm

Ms Anderson: That is hard for —.

Mr Allister: I have listened patiently to the Member, but the thought that keeps occurring to me is that she is lecturing us through the surrogacy of Dr Tom Black about doing the right thing. Did she think of any of that when she was leading the colour party at a funeral that was attended by thousands of people? Did she ever think of doing the right thing? Or is what she says for everyone else but not her and her cronies?

Ms Anderson: We have all listened to Tom Black and heard what he said. Bobby Storey has been dead for five months. As other Members would, we send our thoughts and sympathy to his family, because what happened is something on which there has been an ongoing, daily exchange of views. Sinn Féin has made it clear that we are aware of the impact that it had on the public health message and has apologised for it.

Tom Black is an eminent doctor; of course, we would listen to him. It was hard for people in the hospitality industry, for instance, when they heard about more restrictions and amendment No 11 coming into place. They had hoped that they were going to open, only to be told that they were not. They had spent thousands on putting measures in place. When they opened in the summer, they tried their best to keep people safe by putting those measures in place. I assume that other Members have heard from people in the hospitality sector, and many others, who, when they heard about amendment No 11, further restrictions and the fact that they were not going to be allowed to open as they had hoped, question why schools are open. There is no doubt that children in school —.

Mr Allister: On a point of order, Mr Principal Deputy Speaker. Will you advise the House if amendment No. 11 says any of the things that the Member says it does?

Mr Principal Deputy Speaker: The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020:

"clarifies the meaning of self-catering accommodation.

... provides for a person to take part in indoor exercise or sport with a carer or carers.

... requires the closure of hostels and similar establishments, with certain exemptions.

... provides that an exemption in relation to caravans also relates to motorhomes.

... provides that hairdressing, makeup and other close contact services may operate in film and television production, and defines certain terms."

Amendment No. 12:

"provides for physical education to take place in schools and other educational settings."

and:

"provides that tables or other facilities in an area adjacent to hospitality premises are to be treated as part of the premises."

Amendment No. 3 extends:

"the requirement to wear a face covering to post primary school children on school transport and on other public transport."

It has been read into the record, and everybody knows what we should be talking about.

Ms Anderson: Thank you. It is in that vein that I talk about amendment No. 12 and children at school, because that has provoked some conversations. We need to ensure that children have playtime at breaks and lunch rather than having to remain in one small room for up to six hours. That relates to amendment No. 12.

There is no doubt that children's education is paramount, but the point that I want to make about playtime and amendment No. 12 is that it can be challenging, because staff absences are placing a huge strain on schools. That is what is happening in Derry and across the North. The staff who are left in schools are trying to cater for blended learning, or making sure that

children get outside for exercise and all that amendment No. 12 deals with.

During the two weeks of restrictions, when other places are closed, anxiety is fuelled among staff members by that. The staff feel somewhat isolated and a bit at risk. That is something that we need to acknowledge, because we are talking about mental health and the levels of anxiety, which are not good for staff or pupils. If, as the Deputy Chair of the Health Committee has said, we do what amendment No. 3 encourages us all to do — wear a face covering, coupled with washing our hands and keeping social distance — hopefully, businesses will see the opening of their premises on 11 December.

However, I echo the question that Pat Sheehan asked as to whether the Health Minister will bring forward recommendations to the Executive about further restrictions post 11 December. The industry needs to know that now, not on 10 December, and not at lastminute.com. We all want to be able to have some form of "new normal" exchanges with each other as we continue to practice these measures. No one wants these restrictions that we are discussing to be in place. No one wants to catch the virus, either. However, given the death toll that we have all mentioned, the pressure on hospitality settings and the real pressures on hospitals, those extra two weeks offer us the chance of pushing the community transmission as low as possible to allow, hopefully, for a safer Christmas for everyone.

I support the amendments.

Ms S Bradley: On behalf of the SDLP, I acknowledge what are, ultimately, clarifying amendments that have come to the House. I recognise that we are in a global pandemic and that we are working a system that is far from perfect or ideal. Decisions are being made at Executive level, announcements are being made and I — like every Member of the House, regardless of party — will be inundated, almost instantaneously, by text messages and emails asking, "What exactly do these regulations mean for me, my business, my school or the organisation that I represent?" I appreciate that the piece of work in front of us is almost the latter end of that process. Today we are looking at the amendments that were required to bring in to check the regulations that were quite hastily, in many cases, put on paper and brought through the House.

That said, many amendments that come to the House in this form are a result of those phone calls, texts and messages that we get from

people on the ground who are going to be affected by the announcements that have been made. Therefore, I get frustrated, as I am sure many Members do, that, when the announcements are made, the clarity is often not there. As a Member of this House, I have yet to find the correct, quick, swift way of getting that clarity. The goalposts keep moving as to what emails I should be using and what websites I should be visiting. It is a movable feast. There is a huge piece of work — a problem that has to be ironed out — as to how we communicate better, from the point when the announcement is made right through the process to this point, where we have clarifying amendments before the House. I say, and I know, and I have heard — and I would like the Minister, as a Member of the Executive, to clarify for me — that money was set aside for that purpose. Money has been set aside purely for communication. I have yet to see the outworkings of that. I would appreciate it if the Minister were to enlighten me on that.

I will speak about the process that brought these amendments to the House. On this occasion, it happens to be the Departments of the Economy and Education that are the foundation Departments behind these amendments. It would be a helpful part of that communication tool, regardless of who the Minister is or which amendment is in front of us, to use the House as the place to speak directly to not just Members but the media and public who are watching and give the rationale behind the amendments, the voices or stories that they heard that brought the Executive to a consensus and explain that for people to understand.

I have noted that, while there have been very harsh regulations imposed on almost everyone in some form, when the logic behind the regulations is communicated, people are very understanding because business people are also mothers and fathers. No one stands alone in any part of their life. COVID-19 rippled through every part of our economy and community, and it touches every house, household and individual. We are definitely failing in our communications and the way in which we explain the rationale behind a lot of the amendments and, indeed, the original regulations.

Mr McCrossan: I thank the Member for giving way. The Member has hit on a key point. As has been rightly pointed out, a lot of us have been inundated with questions from businesses every day. Does the Member agree that a helpline should be established for MLAs to get the information quickly and in one place? Does

the Member also agree that communication is not rocket science? Communication should be very clear. This is a relatively small region of six counties, 11 council areas and 18 constituencies, and communication should be very manageable and doable very quickly.

Ms S Bradley: I thank the Member for his contribution. It is a very clear ask, and a helpline would help every Member, as they will, ultimately, spread that information very quickly to those who need to know it.

I appreciate that sometimes the logic or the nuance behind some of the amendments is quite complex, and it is not black and white or simple to relay. However, when we take the time to do that, people do understand it. They do get it. Ultimately, we have these clarifying amendments in front of us, and there is detail against each of them. However, I have to admit that, while the last Member was speaking, I revised whether I was looking at the right amendments. While I would love to be speaking about the high-street voucher scheme, I see that it is not part of the No. 11 amendments; nor is the scheme for taxi drivers, which is a very important cause. However, I would be swerving far from the amendments in front of me if I were to bring that to the Floor. I will not confuse matters further.

I thank the Minister for Health for coming forward with these amendments today. However, I am not sure that his doing so is good practice, to be quite honest. I would have liked an opportunity to have the Minister behind the amendments in front of us. We know we missed a lot of the scrutiny and that had to happen due to the speed that was required. That being said, this was an opportunity to put on the public record —.

Dr Aiken: Thank you for giving way. Today, the Education Minister was on a Zoom call that he was pushing out on Twitter. Do you think it would be more appropriate if the Education Minister were to take the time to be here to explain the regulations to Members?

Ms S Bradley: I take the Member's point. I am not privy to where the Education Minister is today. I do not say that to get at the Education Minister or the Economy Minister. I genuinely say, across the House, that it would be best practice to have the thinking and the logic delivered by whichever Minister is behind the amendments. I appreciate that, even had the Ministers been here today, they would be speaking retrospectively. The Ministers will be bringing something that has already happened,

and that is difficult to iron out of the system, but a Minister's being here would have had great value.

Based on that, I do recognise and note the clarifying detail in these amendments. Like other Members, I urge the public to remember that this is about you. It is about you, your family, your neighbourhoods and your community. While there is no denying that the credibility of some of the people in this place who have to step forward and deliver this has been shaken, ultimately, the people of Northern Ireland know better. They know that this is about them standing up for their communities, their loved ones and the people around them, and they ultimately know how thankful we genuinely all are to those healthcare workers who are stepping up day and daily and putting themselves at risk for the safety of others.

1.45 pm

I will close my remarks by offering my condolences to all those families who have been affected by the loss of loved ones during the COVID-19 pandemic to date.

Mr Chambers: I was disappointed to learn from the Minister's opening remarks that two Ministers in the Executive declined to accede to his request for one or both of them to lead on the Assembly's scrutiny of amendments — those in front of us today — that they had specifically requested. I understood that the Executive had pledged to move away from the ministerial silo mentality and to take collective decisions and, more importantly, collective responsibility. It did not work before, and, to echo the words of Mr Middleton, it is not helpful now. Surely, if ever there was a time for such a united and collective approach, it must be in the middle of a second surge of a worldwide deadly pandemic, and that should include the House and not just the Executive.

Tomorrow, the House will discuss a private Member's motion on the roll-out of the COVID vaccine. That enormous and unprecedented exercise will require the full support of the Executive. It will not benefit from any Minister going on a solo run to sow seeds of doubt, nor the intervention of elected Members from outside this House voicing bizarre opinions.

The failure of Ministers to take a degree of responsibility for regulations that they have called for is at odds with the previous commitment of the First Minister and deputy First Minister that regulations would be tabled and laid in the Assembly by the relevant

Minister. There also seems to be confusion among some Members that all the regulations and guidance issued during the pandemic have been other than decisions taken by and on behalf of the Executive.

It is very noticeable that some Members appear to target the Minister of Health when demanding answers on various elements of regulations, and it seems to me to be a classic case of shooting the messenger. Minister Swann is normally the conduit to the Executive for the current medical and scientific advice, but the decision on whether to accept or ignore that advice lies with the democratic vote in the Executive or, as happened recently, can be rejected by use of the cross-community vote veto. That decision may still have negative consequences for the health of the people of Northern Ireland.

The regulations before us have been in operation for a few weeks. They were scrutinised by the Health Committee a few weeks ago, and, as such, it is a bit of an academic exercise coming before the House today, but protocol has to be followed and satisfied. As we, hopefully, move into the phase of beginning to vaccinate, we must congratulate the scientists who have brought the vaccine forward in such a timely manner. All of us in the House need to commit to supporting the efforts to vaccinate our entire community and the efforts to restore all other services offered by our NHS.

Maybe those who hurl from the ditches will stop trying to outdo each other in sniping at the Minister and his Department and will accept the fact that the DUP and Sinn Féin had two opportunities to take the Health portfolio. That was before we fully understood the implications of the pandemic that was coming towards us at that time. Tackling growing waiting lists was the major challenge back then. I am grateful that my colleague Robin Swann had the courage to take up the challenges when others ran away from them, and I think that the work that he has done to date has been recognised by the vast majority of the public.

We know that other hospital services have been curtailed.

That is a regrettable consequence of this virus. It is also the stark reality of the price that we are having to pay because of this virus. That reality seems to present difficulties for some Members to accept or to understand. I am sure that the Minister, in his winding-up speech, will have no difficulty in confirming that no urgent or immediate life-saving medical intervention has

been or will be denied to anyone. If these regulations, along with others, are followed and a reduction in the rate of COVID transmission is reflected in a reduction in the number of hospital admissions, normal services can be fully restored across all medical disciplines.

I listened today, and on Thursday at the Health Committee, to Mr Buckley passionately making the case for gyms to reopen. I wonder whether he has taken advice from Professor Gabriel Scally on this issue. I know that he holds the professor in quite high regard. The professor advocates total lockdown. I take Ms Bradshaw's point that it is only for two weeks. Lockdown is only until 11 December, and it will be reviewed.

Mr Buckley: Will the Member give way?

Mr Chambers: No, I am just finishing.

In the meantime, my party and I fully support the regulations that are before us today.

Mr McCrossan: Minister, first I wish to put on record my sincere appreciation and thanks to you and your private office for your helpful intervention last week in relation to a constituent of mine. It came as a great comfort and support to Frank Tracey and his family. It is with much regret that I say that Frank lost his battle with this virus in the early hours of Saturday morning, leaving behind his lovely wife, Jude, his daughter, Anita, and his two sons, Matthew and Darren. I can safely say, Minister, before discussing these regulations, that the journey that I have been through with the Tracey family in the past 10 days has brought this virus home hard. I heard a wife on the other end of a phone cry and plead. A daughter and two sons knew, as their father's condition worsened in Altnagelvin Hospital, that they would never see him again. In the early hours of Saturday morning, the nurses in that hospital held Frank's hand and sung to him to comfort and calm him in the final minutes of his life. It came as a great comfort, Minister, to Frank's family to know that those nurses went the extra mile to support their father and husband in the final hours of his life.

Frank called me last Tuesday when I was on my way to the Assembly, knowing that his battle with the virus was coming to an end. He had this to say:

"Please get the message out there loud and clear. I have done everything, as have my family, to ensure that we followed the regulations and kept safe."

He admitted that he could not beat the virus. He was a man who was very fit, healthy and able. He was energetic, loved life and loved his family. He asked that people take this seriously and said that it could end a life very quickly. In Frank's case, it was just over one week.

I put on record my sincerest appreciation of the healthcare staff who have to comfort people in their final hours and who ensure that they are at peace and not alone, which is very difficult indeed. Minister, I thank you, because I know the difficult job that you have and the burden that is on you to try to help and support people throughout this pandemic.

The message is simple: wear masks, wash hands and keep your distance. I was a personal friend of Frank, and he was very much loved in the community of Strabane. This is the third death in just over a week. Ms Anderson, rightly, mentioned the Ward family who lost their mother and father. Nothing halts complacency like a sudden and painful death, and that family have suffered incredibly. That is why these regulations, which clarify measures that are in place, are so important and essential. We all tend to forget that our actions and our complacency can have dire consequences for another person or their life. Society needs to hear these stories about the journeys that families are on and the coldness of the process and the journey. When a person is taken, quite ill, into the care of the hospital, the family may not see that person again. That is a very harsh and very painful reality. They were not allowed a wake and no wider family or friends can attend the funeral. I can tell you, Minister, that I have been helping people throughout this pandemic and that opened my eyes this week. I have never had a phone call like it.

In Frank's honour and memory, it is important to put on record just how important our healthcare staff are and to offer the condolence of the House to his family — his wife, Jude, daughter, Anita, and two sons, Matthew and Darren. I urge the Assembly to work, as strongly together as we can, to protect human life. Nobody wants these regulations; nobody wants businesses closed; but nobody wants to lose a father, a mother, a daughter, a son or a grandparent. That is what is most important. They are irreplaceable. Thank you.

Mr Principal Deputy Speaker: Question Time begins at 2.00 pm. I suggest that the House takes its ease until then. This debate will continue after Question Time, when the next Member to speak will be Dr Steve Aiken.

Members, please take your ease. Do not forget to clean the surfaces if you are leaving the Chamber. Thank you.

The debate stood suspended.

2.00 pm

(Mr Speaker in the Chair)

Oral Answers to Questions

The Executive Office

NDNA: Rights, Language and Identity Update

1. **Mr Muir** asked the First Minister and deputy First Minister for an update on the introduction of legislation on commitments related to the rights, language and identity section of New Decade, New Approach (NDNA). (AQO 1201/17-22)

Mrs O'Neill (The deputy First Minister): We are committed to the development and implementation of the rights, language and identity proposals in the 'New Decade, New Approach' document. The delivery of those priorities will be important in building our shared future based on mutual respect and parity of esteem.

While the COVID-19 pandemic has undoubtedly delayed the speed at which we would have liked to see these issues progressed, it has certainly not deterred us from delivering them as quickly as possible. Officials are undertaking the necessary preparatory work to legislate for the core elements of the Bills, and we intend to progress legislation during 2020-21 and to create the relevant bodies as quickly as possible thereafter.

Mr Muir: Thank you, Mr Speaker, and I thank the deputy First Minister for her response. On 3 September I tabled a question for oral answer to the Executive Office that asked:

"in light of delays encountered to date, whether they intend to publish revised timescales for the implementation of New Decade, New Approach."

It is now the end of November, and I still have not received a response. Will the deputy First Minister give a commitment that new, clear and firm timescales will be given for the implementation of the rights, language, identity and all other aspects of 'New Decade, New Approach'?

Mrs O'Neill: I thank the Member for the question. I am sorry; I do not understand why

you have not had a response, but I am happy to give you the commitment that, when we introduce the Bills, they will be laid out with a very clear time frame for delivery and you will be able to chart their way through the rest of the mandate. It is my intention that we deliver on the New Decade, New Approach issues, which, obviously, brought us all back together and brought about the restoration of the Executive. This is a really important piece of work that needs to be brought to the House in the imminent future.

Mr Lynch: Do the joint Ministers agree with me that all 'New Deal, New Approach' commitments, not just those on language and rights, need to be delivered? However, critically, is she concerned that the British Government have failed to implement their commitments on legacy, including a public inquiry into the murder of the human rights solicitor Pat Finucane, which is a decision that we await today?

Mrs O'Neill: Thanks to the Member for his question. As he and everybody in the House know, 'NDNA' committed all the parties to working together and to doing everything possible to heal wounds and eliminate the issues that always divide us. Core to NDNA was that the British Government would:

"within 100 days, publish and introduce legislation ... to implement the Stormont House Agreement, to address Northern Ireland legacy issues."

They would also "start an intensive process". Clearly, to date the British Government have failed to bring forward any meaningful proposals on legacy, and there has not been any intensive process. To my mind, the failure to progress the commitments that were made demonstrates shocking levels of bad faith, particularly as those commitments have been outstanding since the Stormont House Agreement back in December 2014.

I spoke today to the Finucane family, who will this afternoon receive next steps from the British Government. It is their view, which I certainly share, that all state agencies must be accountable to the law. It is my clear view that the British Government have no alternative but to direct a public inquiry into the murder of the human rights lawyer Patrick Finucane. I believe that it is also in the public interest to do so.

The failure to honour political commitments and to uphold legal obligations in legacy matters will have far-reaching implications that affect

victims and public confidence in the rule of law and the administration of justice. If we are going to continue to build the peace that we all must work very hard for every day, however difficult and challenging, in order to collectively heal all the wounds of the past we must continue to do that together.

Mrs Barton: Deputy First Minister, you will know that the Ulster Unionist Party is against this aspect of the New Decade, New Approach deal given that language and culture were already catered for as part of the Belfast Agreement. Minister, will you outline the overall cost of implementing this section of the agreement?

Mrs O'Neill: I am aware that the Ulster Unionist Party is against introducing legislation that delivers parity of esteem for those who have an Irish national identity. That is regrettable, and I ask you to reconsider that position. No one has anything to fear from legislating for the language or from allowing children who are educated through the medium of Irish to live their life through Irish. I again ask the Ulster Unionist Party to perhaps rethink its position and perhaps join everybody else who is trying to deliver this legislation, because I believe that it is in society's wider interests.

When we bring forward the proposal and the time frame for the delivery of the legislation, we will also bring forward costs for the various elements, including those for the office of identity, as well as details on what that will look like. I am very happy to provide that information to the Member.

Mr McGlone: Will the role of the commissioners for languages be clearly defined in the legislation governing languages?

Mrs O'Neill: The Member will be aware that the legislation has been published as part of New Decade, New Approach, so he will be aware of what has been legislated for. Obviously, there are provisions in the Bill on the office of identity, and more meat has been put on the bones of that. Again, I hope to bring forward the legislation very soon and have a comprehensive conversation about the shaping of it.

Border Checks

2. **Mr Robinson** asked the First Minister and deputy First Minister for their assessment of whether the change in approach in relation to border checks as previously intimated by the Minister for Foreign Affairs will be beneficial to

the working relationship between Northern Ireland and Dublin. (AQO 1202/17-22)

Mrs O'Neill: The protocol commits to avoiding the need for any customs and regulatory checks or controls and related physical infrastructure North/South. As such, there is no change in the position of the Irish Government. The recent statement from Minister Simon Coveney clarifies that that will remain the case, even if, notwithstanding, the controversial clauses in the Internal Market Bill are reinstated when it returns to the House of Commons. I welcome that clarification.

Mr Robinson: Does the deputy First Minister agree that, compared with previous statements, the more cooperative tone from the Republic's Minister for Foreign Affairs is welcome, particularly for Northern Ireland businesses?

Mrs O'Neill: We have to continue to work together. It is in everybody's interest that we work together North/South and, indeed, east-west, on the taxing issue of Brexit. As I said, the clarification from Minister Coveney is welcome.

Mr Allister: How does the deputy First Minister feel about the guarded border that is being provided by the Republic of Ireland in respect of COVID-19? Does that not illustrate the faux anger and farce of opposition, both from Dublin and politicians such as herself, to as much as an extra camera on the border when it came to Brexit? Is she so wedded to an ideology that she does not care whether restrictions on imports into Northern Ireland cripple the Northern Ireland economy, or, in fact, is that what she is looking for?

Mrs O'Neill: I remind the Member that the majority of the House reject Brexit. The majority of the parties and the majority of MLAs reject Brexit; it is being foisted upon us against our wishes. We set ourselves a task at the very start of the Brexit debacle to try to afford ourselves some protections, and those were achieved in the form of the protocol and the withdrawal agreement. Albeit far from perfect, they at least provide us with some guarantees and assurances, particularly in relation to there being no return to a hard border and protecting the all-island economy.

Whilst there is no meeting of minds in the Executive on Brexit, there is a joined-up approach insofar as we want to minimise disruption and minimise costs being pushed on to the consumer. We have worked very hard to make sure that that is front and centre of the debate.

I say clearly to the Member that I have worked very hard to protect the interests of the people who live here. I have looked to Dublin to afford some protections to people in this jurisdiction, and we need to continue to do that.

Mr Sheehan: I want to pick up on the issue of borders and border checks. Does the joint First Minister share my concern about the uncertainty facing cross-border workers in the context of Brexit?

Mrs O'Neill: Yes, I certainly do. There are an estimated 30,000 cross-border workers in Ireland, many of whom cross the border, back and forth, every day as part of their daily routine. The loss of protections at the end of the transition period in just over one month's time — that is fast coming towards us — will have a huge impact on people's everyday lives.

I am concerned about the flaws and shortcomings in the British Government's frontier workers' regulations. I note that several trades unions, the Committee on the Administration of Justice (CAJ), the Centre for Cross-Border Studies and various migrant welfare associations have also recently raised those concerns with the British Government. As the Brexit negotiations enter the endgame, it is not an acceptable nor a tenable position that cross-border workers are still in limbo at this stage of the discussions.

Any frontier schemes must be accessible for, and cognisant of the special needs of, cross-border workers in Ireland. The British Government must fulfil their legal obligations as contained in the Good Friday Agreement and the EU withdrawal agreement.

Mr Blair: Can the deputy First Minister confirm that all Departments have been working collectively to ensure that they are ready for the post-transition period and to deal with all possible outcomes of the negotiations?

Mrs O'Neill: A cross-departmental group has been set up. It looked at the areas of concern and what we need to address. Six high-level impact risks have been identified and will need to be addressed: food supply; highly regulated goods, such as medicines; business preparedness; data flows; sanitary and phytosanitary checks; and transport. Everyone is working together on a cross-departmental basis to try to address those. I can assure you that there is a long list beyond those six things that also needs to be resolved. There are significant challenges, and significant

preparation is under way. As we come to the crunch period — we have been told it is a crunch for a number of weeks now — we are now in the realm of the endgame for where Brexit is going to land. These are big challenges for the Executive and the Assembly, and we are going to have to embrace them and take them on.

Mr Stalford: The contents of the Internal Market Bill represent a “backstop to the backstop”, to use a phrase. Given the reaction that there has been to the content of the Internal Market Bill, does it not expose just how false the claim that “best endeavours would be used” has proven to be? By what torturous logic does the deputy First Minister of Northern Ireland say that a proposal that cuts Northern Ireland business off from its largest market represents a good outcome for us?

Mrs O'Neill: The Member will know my views on the Internal Market Bill — they are very clear. This is the British Government trying to rewrite a deal which they had previously made and reneging on a commitment which they made to the EU, only to then legislate and to breach international law. That does not bode well for anybody looking for a future trade relationship. When it comes to the interests of businesses here, there will not be very many opportunities if the British Government continually breach their own obligations that they themselves signed up to.

COVID-19 Recovery Plan

3. **Ms McLaughlin** asked the First Minister and deputy First Minister to outline the work their Department has undertaken in preparing an Executive-wide COVID-19 recovery plan. (AQO 1203/17-22)

COVID-19: Task Force

14. **Mr Butler** asked the First Minister and deputy First Minister what discussions have taken place with Executive colleagues and other relevant agencies in relation to establishing a monitoring, compliance and enforcement task force to address COVID-19. (AQO 1214/17-22)

Mrs O'Neill: Mr Speaker, it is my understanding that question 12 has been withdrawn. With your permission, I will answer questions 3 and 14 together.

The Executive's response to, and recovery from, COVID-19 continues to be focused on the

health and well-being of our citizens, our economic well-being, revitalising the economy and our societal and community well-being. A large amount of public health evidence is considered, much of which is publicly available. Papers from the Scientific Advisory Group for Emergencies (SAGE) are published on a publicly available data repository, and reports of independent SAGE and original scientific publications are considered, along with other evidence. The Executive are placing a particular emphasis on people and families, and we know how important this is to everyone. Any decisions on the Executive's next steps, therefore, will be informed by the impact that they may have on us as individuals, on families and on the wider communities within which we live. We are committed to ensuring that support packages meet the needs of those who need our help.

Looking towards 2021, the Executive have approved a recovery framework which is aimed at progressing a cohesive approach across the whole of Government that will deliver an economic, health and societal recovery, with citizens at its core. This work will complement the longer-term Programme for Government which is currently being developed and which we are aiming to have in place by April 2021. The junior Ministers currently lead a strategic enforcement group comprising local government and PSNI representation, as well as TEO, Justice, Economy and Communities officials. We are also looking at additional ways in which we can encourage all citizens and sectors to adhere to regulations and public health advice.

Ms McLaughlin: Thank you, Minister, for your answer so far. We are 10 months into this pandemic, Minister. Can you give a guarantee that, following the current lockdown, we will get a very clear recovery plan? The Republic of Ireland, England and Scotland have plans, and the people of Northern Ireland deserve one.

Mrs O'Neill: As I set out in my original answer, we are very much looking towards recovery. We are still in the midst of the pandemic, and we have to work our way through the latest phase that we are in.

We are really hopeful that the measures that have been brought in will bring us to the other side of Christmas. Most people will have noted over the past number of days that the figures for positive cases are going in the right direction, and that is welcome.

2.15 pm

We have to look towards recovery. We have, as you know, appointed an interim head of the Civil Service, which will help us in our recovery. We want Jenny Pyper to focus on COVID, Brexit and recovery: those are the three things at the top of her in-tray, working with us.

We have to work our way out of this. The Treasury's announcement last week was disappointing for our ability to invest in recovery. The Executive are and will be focused on recovery into the new year. We will have to pick up an awful lot of broken pieces, because that is the reality. Economically, a lot of sectors are in tatters and need the Executive's support.

Ms Dolan: Minister, our priority must be to find new ways to minimise the impact of the pandemic, save lives, reduce the spread of the virus and protect the capacity of our health service. Is the joint First Minister optimistic about the potential for a mass vaccination and testing programme?

Mrs O'Neill: Thanks to the Member for that question. Most of the questions that I was asked over the weekend were about the vaccine, because everybody is looking for hope and a way out of the pandemic.

We had a good presentation at the Executive last Thursday from the head of the Department of Health COVID-19 vaccine programme. It is really heartening that plans for the roll-out of the vaccine are at an advanced stage. I hope that some of the most vulnerable will be the first to receive the vaccine. It will be laid out in five phases. The first phase includes our healthcare staff, care home residents and those over 80 years old. Early in 2021, those over 65 and vulnerable people under 65 will receive it. In spring 2021, those over 50 who have not been vaccinated should receive it. By the summer of 2021, we hope to see mass vaccination rolled out to the general public. That is a hopeful position to be in. Necessary alongside that will be the rolling-out of mass testing. That will be an important part of our management of COVID until we get to the point where we have widespread vaccination in place.

The roll-out of both of those programmes will be challenging. They present us with a huge logistical challenge, but core to our approach to all of this is the establishment of a task force, which we announced last week, to take forward this essential work. There is no doubt in any of our minds that the delivery of a mass testing programme and of the vaccine are transformative in our battle against COVID.

Mr Beattie: Thank you, Minister, for your detailed answers. Could you expand slightly and let us know what role the Department for the Economy and the Department for Communities will have in any recovery plan/framework?

Mrs O'Neill: Any recovery plan or any plan for the future will involve every Department because everyone will have a part to play. Work has been done on that over the past few months. Whether it is the Department for the Economy supporting or investing in businesses or the Department for Communities supporting people, individuals or the community and voluntary sector, everybody has a part to play in society.

We aim to deliver a balanced and proportionate response. Dealing with the here and now is about supporting people economically and financially. However, recovery is not about just getting us back to where we were; it is about how, maybe, we can do things better. Can we have societal reforms that help us to deliver better? It is a combination of supporting individuals, workers and businesses and that wider societal approach. It is not for just the Executive to deliver that: we will very much look to wider societal input. We will not be able to do this together, because we will be recovering from such a massive shock: COVID and Brexit together — a double dunt. That will hugely shake the foundations of life as we know it, so we have a big job of work in terms of recovery.

Mr Dunne: Can the deputy First Minister elaborate on the need to support businesses — for example, those on the high street and those in the tourism and hospitality sector, such as hotels — that are hardest hit and really are in need of support through recovery?
[Interruption.]

Mrs O'Neill: I do not know what was going on with that noise, but I will carry on.

You are absolutely right: some of the financial packages that the Executive were able to announce last week were hugely significant. We are trying to reach people who have perhaps not had funding previously. We are conscious of the fact that the tourism sector has been completely decimated. Tourism and COVID just do not go hand in hand. We know that we need to support people to stay still until we come out the other side of this and they can start to operate again. We hope that a number of the things that we brought forward last week will go some way to supporting people right now, everything from the rates holiday and the

voucher scheme, which will get our high street running again, to the support that we announced for tourism, hospitality schemes and bed and breakfasts and the additional support for pubs. All those things are really important to keep people afloat until we get to the other side of this.

Brexit Negotiations: Update

4. **Ms Rogan** asked the First Minister and deputy First Minister for an update on preparations for the outcome of Brexit negotiations. (AQO 1204/17-22)

Mrs O'Neill: Over recent weeks, negotiations have intensified with the aim of securing an agreement. Discussions on the future relationship have continued since then. We welcome the commitment to continue discussions, but we recognise that the talks could still result in a non-negotiated outcome. We are therefore continuing our operational readiness planning to include that possibility. The key challenge for Departments in this planning process is the urgent clarity that is needed to implement the protocol and any agreed deal with the EU. Our officials have undertaken bilateral meetings with officials from other Departments in order to scrutinise readiness issues and identify possible mitigations, including where interventions would be required from the British Government, and assurances around continuity agreements or bilateral agreements.

Ms Rogan: Ministers will be aware that the lack of clarity and preparedness on the implementation of the protocol will have a real impact in economic terms. Can the joint First Minister set out the primary issues of concern at the minute?

Mrs O'Neill: Thanks for the question. I said in answer to an earlier question that this is a crunch week. It appears that we are edging closer to an outcome. As I said, we have been told for some time that this would be crunch week, but it is clear that time is running out. It appears that things are edging closer — at least, the issues are narrowed down — to reaching an agreement. There is no doubt that we and all Departments face significant challenges in undertaking all the readiness planning, including the lack of clarity on issues in relation to the protocol, which will have wider implications for operational readiness. As a result, the EU future relations programme has been refocused on readiness activities. The Executive have agreed to focus on the six high-priority, high-impact risks identified by the

Departments: food supply; flow of highly regulated goods; business preparedness; data flows; sanitary and phytosanitary (SPS) checks; and transport. To ensure that those are considered concurrently, that planning is being taken forward in parallel with the COVID-19 response and recovery. We have in place a hub structure, which exists to respond to both COVID and EU exit, should it be required. All of that speaks to the need for immediate clarity and certainty and for the British Government to fulfil their legal obligations as contained in the Good Friday Agreement and the EU withdrawal agreement.

Mr Beggs: The outworkings of Brexit and the Northern Ireland protocol are slowly becoming apparent to Northern Ireland consumers and businesses. Many retailers are already indicating that checks on food products will add to costs and delays and that some products will not even be placed on shelves from 1 January. Has the deputy First Minister, along with the First Minister, vigorously lobbied the EU to minimise delays on our goods moving to GB and to minimise the bureaucracy, costs, delays and inconvenience for Northern Ireland consumers?

Mrs O'Neill: I can say to the Member — we have spoken about it in the House before — that, yes, we have. We have raised it at every opportunity. We do not have a meeting of minds on Brexit, but we have a meeting of minds in trying to limit disruption to our local businesses and in making sure that costs are not passed on to consumers. Over recent weeks, we have heard at length about the issue of food supply, and I have said that that is one of the high-risk areas that we have identified. We will continue to raise that issue until we have clarity on all of these things. It is about time that businesses here had that clarity. We have been calling for it for a considerable time.

Mr McGrath: The deputy First Minister will be aware that today begins the last three weeks before Christmas recess. Does she have any indication of the legislative timetable that will be required to deliver the Brexit legislation that is required before 31 December? As nothing is planned for this week, how will we fit that in to the two weeks that are left?

Mrs O'Neill: The Member has set out the challenge. With all the work and preparedness that is being done cross-departmentally by Departments, there is no doubt that there will be a legislative burden on us. Even if it does not come before the end of the year, it will carry us through the rest of the mandate. We will be

bringing forward legislation because, I think, there will be things that come in the aftermath as well.

We have set out the legislative programme. Once we have clarity — hopefully, we will get that one way or the other this week — we will, at least, be able to set out clearly what the legislation looks like and get a timetable for its delivery.

Ms Bunting: The deputy First Minister mentioned the importance of relationships during this crucial period. In light of that, does she concur that recent tweets from Sinn Féin TDs about a terrorist campaign have been immensely hurtful and damaging to relationships at home?

Mrs O'Neill: A Cheann Comhairle, the question is about Brexit. The Member may take the opportunity during topical questions, but this question is about Brexit.

HIA Redress Funding

5. **Mr Clarke** asked the First Minister and deputy First Minister for an update on discussions with church organisations in relation to the funding of redress for historical institutional abuse (HIA). (AQO 1205/17-22)

Mrs O'Neill: Payments of compensation to victims and survivors of historical institutional abuse began in May, and, as of 19 November, redress panels had made 219 determinations, totalling £5.9 million. A total of £4.3 million has been paid out. While redress can never fully right the wrongs of the past, it is an acknowledgement by the Executive of the harm done, harm that must never happen again.

Contributions from institutions found responsible for systemic failings by the Hart inquiry would defray some of the costs of compensation. That is a key Hart recommendation. Officials have engaged in a further round of contacts with the institutions to affirm the Executive's intentions. To proceed, we are seeking a round-table meeting with the relevant institutions to emphasise the seriousness of the negotiations and the urgency of making progress and to agree the fundamental principles that would govern the negotiations.

Mr Clarke: The latter part of the answer answered my question in the sense that no discussions have yet taken place. It is important for many in the House that the financial burden is laid on the institutions that were responsible

for the hurt caused to those people. Minister, I urge you to update the House on your commitments to make sure that those institutions pay for the damage that they did to individuals who were supposed to be in their care.

Mrs O'Neill: There is no question about that. Although there have been contacts at an official level, I am quite frustrated that there has not been a further meeting. I assure the Member that I have raised with officials the need to have that meeting now. We need to progress the issue now.

Mr Nesbitt: Given that we know the institutions that will be liable to contribute to redress, will the Minister consider asking them to make substantial deposits immediately, deposits that could be refunded if they had paid excessively? Such a scheme would take much of the pressure off the public purse.

Mrs O'Neill: As I said, they have a role to play and have to contribute financially. I take on board what you said and will speak to officials to see whether it is possible. If it would help to prevent further delay, I would be more than open to looking at it.

Ms Ennis: Will the joint First Minister provide an update on the timeline for delivery of the new HIA support services?

Mrs O'Neill: I am delighted to say that we will launch the service tomorrow. It will build on what has been achieved for HIA victims and survivors and on the interim service for counselling and emotional support that was established in the early summer. This is certainly another milestone in the implementation of the Hart report.

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

2.30 pm

COVID-19: Vaccination Roll-out

T1. **Mr McCrossan** asked the First Minister and deputy First Minister to detail the roll-out of the COVID vaccine and to reassure those living in rural areas that they will have access to the vaccine, particularly those people who have no access to cars or public transport. (AQT 741/17-22)

Mrs O'Neill: As I set out earlier in Question Time, the vaccine programme certainly offers us the best hope in our fightback against the pandemic, and great strides forward have been made. There will be a roll-out plan over five different phases, with the first phase being nursing homes, care home staff and over-80s. That is deemed to be the most vulnerable category. It moves on to over-65s and under-65s who are vulnerable.

The roll-out of the vaccine is very positive news. I do not want anybody to get carried away, because it may take us until next summer to have it fully implemented, so we still need to be vigilant and to follow the public health advice. However, this is a brilliant step forward, great strides have been made, and I commend all those who got us to this point. We will have a range of vaccinations, with access, I think, to seven different vaccinations. We will receive our Barnett consequential for all that. A mass vaccination society offers us the best protection against COVID and the best hope for moving beyond COVID.

Mr McCrossan: I thank the deputy First Minister for the answer to the question. It is a very positive step forward, and it is very reassuring that there is light at the end of the tunnel. Hopefully, 2021 will be a much better year for our society than the one that we have all endured this year.

Can the Minister outline whether councils will have a particular role in administering the vaccine to ensure that its roll-out is done swiftly and quickly? Does the Minister foresee that the army will be required in order to get the vaccine out?

Mrs O'Neill: Last week, the First Minister and I announced the task force, and the task force is about bringing together all the Departments in looking at how they can play their role in making sure that we deliver mass testing and a vaccine right across our communities. We have excellent infrastructure here to be able to deliver both programmes. We want to bring Departments together, and councils will certainly have a role to play. We have so many community facilities to use if required. Councils have played their role, as have communities, the whole way through the pandemic. It will take cross-departmental work and a huge lift on behalf of everybody, but that is why we announced the task force to do that very piece of work.

Brian Stanley TD: Narrow Water Tweet

T2. **Mr Robinson** asked the First Minister and deputy First Minister to outline the deputy First Minister's reaction to the comments of her Sinn Féin colleague, Brian Stanley TD, on the horrific Narrow Water atrocity. (AQT 742/17-22)

Mrs O'Neill: Brian Stanley deleted his tweet, which was inappropriate and insensitive; he has apologised, and I accept that. We all have a responsibility in this decade of centenaries to remember and commemorate the past in a respectful manner. There is an onus on all of us in positions of political leadership to do our utmost to move this society on, to avoid refighting old battles of the past and to conduct our politics in a way that is respectful and which does not threaten anyone.

During this decade of centenaries, we are marking the key seminal events that have clearly shaped the direction of Ireland and the relationship between Ireland and Britain, over the past 100 years. We must set out our analysis, experience and narrative of the past 100 years in a way that is honest, while doing so in a way that does not deepen division. As an Irish republican, I will contribute constructively by setting out, with confidence, our inclusive, positive vision for the future, where our mission is to bring all the people of this island together, not to keep us apart.

Mr Robinson: Given previous incidents, such as the gesture by Sinn Féin's Barry McElduff about Kingsmill, what action would the deputy First Minister take if a Member from her Assembly team was to make insulting remarks that were similar to those of Mr Stanley?

Mrs O'Neill: As I said, I think that all of us in political leadership have an onus to do our utmost to move society forward and to make sure that we avoid refighting battles of the past. I encourage all of us in the Chamber, as political leaders, to do so.

Santa Claus

T3. **Mr Lyttle** asked the First Minister and deputy First Minister, given that it has been a challenging year for children in Northern Ireland, with many, including two little people in his house, really looking forward to the hope and gifts of Christmas, to confirm, for younger — and some older — constituents, that the Executive guidelines will allow Santa Claus,

insofar as is possible, to deliver some presents to children this Christmas. (AQT 743/17-22)

Mrs O'Neill: That is an excellent question, and I am quite sure that —

Mr Speaker: He is asking for a friend. *[Laughter.]*

Mrs O'Neill: — all the little boys and girls out there will really want to know the answer. I can confirm that the elves have confirmed to the Executive that Santa is getting ready, Dancer, Prancer and Rudolph are ready to go, the presents are packed and Santa will be here. They also said that all the boys and girls need to be very good, because there are just 25 more sleeps before Santa is here.

Mr Speaker: I call Chris Lyttle to follow that one with a supplementary question. *[Laughter.]*

Ms Bailey: Have you been good? *[Laughter.]*

Mr Lyttle: I have tried my best this year. I thank the deputy First Minister for that confirmation that Santa Claus will be allowed to work in Northern Ireland this Christmas, and, indeed, I wish all children a really happy end of term and Christmas this year.

Will the deputy First Minister ensure that the Executive work together, as best as they possibly can, in order to make 2021 a better year for all children in Northern Ireland?

Mr Speaker: I will check Hansard to see whether I can give you a reference. *[Laughter.]* I call Kellie Armstrong.

Ms Armstrong: Thank you very much, Mr Speaker. I thank the deputy First Minister and my colleague for that —.

Mr Speaker: I am sorry, Ms Armstrong; I neglected to let the deputy First Minister respond to the previous question, if she wishes to do so.

Mrs O'Neill: I will just concur with Mr Lyttle. Absolutely, and 2020 has been a desperate year all round on many fronts for many people. We all acknowledge readily that many people are struggling right now as a result of everything that has happened this year. Let us all hope that next year will be a better year, and let us all work together to make that the case.

Mr Speaker: I now call Kellie Armstrong.

Commission on Flags, Identity, Culture and Tradition: Final Report

T4. **Ms Armstrong** asked the First Minister and deputy First Minister, given the previous question about presents, to confirm when the flags, identity, culture and tradition report will be published or brought to the Executive for discussion, particularly because she received a present at the weekend, which concerned her slightly, in that it was the image of a flag that is being designed to commemorate the 100th anniversary of Northern Ireland, which looked to be very one-sided. (AQT 744/17-22)

Mrs O'Neill: As the Member knows, we received the report back on 17 July. It covers a wide range of complex and challenging issues that have remained unresolved and have impacted on our society for many years. The junior Ministers met the former joint chairpersons of the commission in order to discuss the report, and we are considering the final report. We will decide on the appropriate next steps, including a decision on the publication of the commission's report, in due course.

Ms Armstrong: As I mentioned, next year brings forward the 100th anniversary celebrations and centenary, however people want to recognise it. Given that Northern Ireland has come so far in the last couple of decades, can the deputy First Minister confirm whether, moving forward into next year, any considerations will represent all the citizens who live in this place, including those of us who designate as "both" and "other", in order to ensure that, if there is any production of flags, memorabilia or anything, it is actually inclusive?

Mrs O'Neill: I am on public record as saying that the decade of centenaries opens up the debate on all the seminal events that shaped the direction of Ireland and, indeed, Britain, and the relationship between the two islands. For me, 2021 should be inclusive. It should be about how we include everybody in the conversation about the continued transformation of society and how we can make things better. For me, it certainly presents an opportunity. Whilst I will certainly never say that there is anything to celebrate about partition — it has failed everybody across the island — I do not want 2021 to be defined by rancour or division. I certainly want it to be about a forward-looking conversation, the future and how we can do that and make things better together.

Mr Speaker: I advise the House that questions 7 and 9 have been withdrawn.

Smaller Retailers: Frustrations

T5. **Mr Irwin** asked the First Minister and deputy First Minister whether they accept the frustrations of smaller retailers such as toyshops when they see large supermarkets selling the same products that they have been prevented from selling. (AQT 745/17-22)

Mrs O'Neill: Yes, I certainly can. It is such a frustrating time for many people. There are many contradictions and anomalies in the regulations, so I share those concerns. We tried to mitigate that somewhat by allowing click and collect in order to allow people some opportunity to be able to sell. However, I fully accept the challenges that there are for the business community right now.

Mr Irwin: I thank the deputy First Minister for her response. Can she confirm that such businesses that have to close will receive support through the Department of Finance scheme in a timely manner?

Mrs O'Neill: A number of schemes are paying out grant aid at the moment, and whilst we are asking people to close their doors, it is vital that they be financially supported. We hope that continued progress is being made on both schemes across the Department of Finance and the Department for the Economy. We need to get that money into people's pockets now. I assure the Member that those who have been affected by the recent wave of restrictions will also be included in the financial support package.

Bobby Storey Funeral: PSNI Contact

T6. **Mr Storey** asked the First Minister and deputy First Minister, given that the deputy First Minister has stated in the House that all state agencies must be accountable to the law, whether, as one of those state agents — a Minister of the Crown — the deputy First Minister will outline accurately what contact she has had with the PSNI in relation to the Bobby Storey funeral, unlike when she appeared before the Executive Office Committee on 1 July, when she stated that republicans would have come in even larger numbers from across this island and further afield to the funeral had that been possible and had Sinn Féin not actively discouraged people, given that we now know that that discouragement was not the case. (AQT 746/17-22)

Mrs O'Neill: I have come before this House and the Committee on many occasions and have amply dealt with the issue. On the PSNI inquiry into the funeral, I have cooperated from the outset and will be available to the PSNI when it sets a date for a discussion.

Mr Storey: Does the deputy First Minister accept that it has been hugely frustrating for the public to see this fiasco being played out for the last number of months when, at the weekend, in north Down, people were put off the beach for going for a swim? She and her colleagues, some of whom are in this House, attended a funeral in breach of the regulations, and, months later, we are still playing out this pantomime of giving the right, accurate account to the law.

Mrs O'Neill: My position is very clear. I have stated very clearly that I am more than happy to speak to the PSNI when something is arranged. At the weekend, people were asked to leave the beach for a reason, which is that COVID-19 is rife and we need to try to get on top of it.

Christmas: Advice

T8. **Mr McHugh** asked the First Minister and deputy First Minister, as Christmas is fast approaching, what advice the joint First Minister has for families. (AQT 748/17-22)

Mrs O'Neill: It is such an important time, and I am grateful for the earlier question from Chris Lyttle. It is important that we give people hope. I am glad that, last week, we could announce that the Executive have agreed that up to three households will be able to form an exclusive bubble for five days between 23 and 27 December. For us, that is a balance, as we know that any relaxation comes with an increased risk.

Our health service is still under huge pressure, as we know, and that will be the case into the new year. Even at Christmas, we are asking people to be sensible and to please prevent the virus from spreading. So be as safe as possible if you get together. Some people will not take advantage of the relaxations, but it is for everybody to make up their own mind, based on their personal circumstances, and decide what is right for them and their families. Our message is that we are allowing some flexibility, but please think of the health service and think about the implications for what might come in January if we let our guard down too much.

Mr McHugh: I thank the joint First Minister for her answer. My question is probably very

appropriate, as my mother is in a care home and was only recently diagnosed with COVID-19. Can she confirm whether decisions on Christmas arrangements have been made for care homes and for students?

Mrs O'Neill: I wish your mother the very best and hope that she comes through COVID-19. Last week, the Executive looked at a whole range of questions and answers that we can put into the public domain to help people to understand and make their own plans for Christmas. One of the areas missing last week, which the Health Minister told us he would bring a proposal on this week, is what visiting will look like for nursing homes in the Christmas period.

We hope to have that information this week, and then we will be able to collate it and put it into the public domain.

Also, the issue of students needs to be clarified again. The universities are doing great work on testing to allow students to come home, but, again, we should put that out there in black and white so that people can see in one source exactly what the current circumstance is.

Mr Speaker: Time is up, Members. Please take your ease for a moment or two.

2.45 pm

Health

Carrickmore Health Centre

1. **Mr McAleer** asked the Minister of Health for an update on the plans to develop Carrickmore health centre. (AQO 1215/17-22)

Mr Swann (The Minister of Health): The Health and Social Care Board, through the primary care infrastructure development programme, is taking forward planned investment in primary care premises across Northern Ireland. That will be based on a hub-and-spoke model. Carrickmore health centre is a spoke of the Omagh hub, and it is recognised that, due to the growing size of the GP practice, it is now operating in a space that is well below its capacity requirements. It has, therefore, been identified as a priority for capital investment. However, due to many competing priorities across Northern Ireland, it is likely that new provision in Carrickmore will be a longer-term priority unless significant new capital funding can be provided.

In 2019, the Western Health and Social Care Trust carried out work to convert two old dental rooms to provide additional GP practice space in the Carrickmore health centre to meet the urgent and immediate needs of the practice. A requirement for funding to commence new health centre provision in Carrickmore was identified by my Department as part of a recent Department of Finance-led four-year capital budget information-gathering exercise. However, since that exercise, the Chancellor of the Exchequer's November spending review now covers the 2021-22 year only. Therefore, my ability to take the project forward is subject to the confirmation of future budget allocations. However, once a capital budget is available, the Health and Social Care Board will work with the Western Health and Social Care Trust to take forward the preparation of the business case to identify the preferred option.

Mr McAleer: I thank the Minister for his answer. I declare an interest as a registered patient at the Carrickmore health centre. I am glad that the Minister has identified this as a priority for capital investment, albeit in the longer term. Does he recognise that, given that we have an ageing population and that the Carrickmore health centre serves a very large and dispersed rural population, that has huge implications for rural isolation and ambulance response times? Given that we are amongst the furthest away from acute services, does the Minister not agree that this particular health centre should be prioritised for investment?

Mr Swann: As I said in my initial answer to the Member, I do. But, as I also said, the recent funding allocation only being for one year puts pressure on that.

A number of hubs for the Tyrone and Fermanagh area are envisaged in the strategic implementation plan, including Omagh, Enniskillen, Lisnaskea, Dungannon, Strabane and Cookstown. The hubs in Omagh and Enniskillen are operational. The business case for the hub in Lisnaskea is under review and will be followed by a business case for the Dungannon hub. The Health and Social Care Board is also investing in the development of spokes, which will take the form of smaller health centres, and is working with the Western Health and Social Care Trust to explore the need to invest in trust-owned health centres. In addition, GP practices in GP-owned or leased premises can also apply to the Health and Social Care Board for grants to support the development of their premises.

Mr Butler: I thank the Minister for his update on those hubs. Can he update us on the activity of the GP COVID centres?

Mr Swann: I thank the Member for his question. The establishment of primary-care COVID centres was an urgent and immediate response to the challenges that were posed by the COVID-19 pandemic. They ensured that primary care services could be maintained by enabling patients who have COVID-19 symptoms to be treated separately from patients who have other conditions that require assessment or treatment in primary care. The staffing and operation of those centres is managed locally by GP federations in response to local demand.

Primary-care COVID centres have been crucial in ensuring that GP practices have been able to continue to deliver vital services and face-to-face appointments for patients and have greatly reduced the flow to emergency departments. Between 6 April and 22 November this year, there were 109,697 COVID-related queries to GP practices. Of those patients, 23,022 were triaged and referred to primary COVID centres, with 15% of patients assessed at those centres and, then, referred to secondary care. The week from Monday 19 to Sunday 25 October saw 1,045 referrals — the highest weekly number of referrals since the centres opened.

Mr McCrossan: I thank the Minister for his answers so far. First, it is important to acknowledge the important role that health centres play, right across our respective constituencies and particularly in rural constituencies such as mine and Mr McAleer's. Are there any projected costs for the necessary works at the health practice in Carrickmore?

Mr Swann: I thank the Member for his question. The answer was in the final sentence of my answer to Mr McAleer. Once a capital budget is available, the Health and Social Care Board will work with the Western Health and Social Care Trust to take forward the preparation of the business case in order to identify their preferred option. As I said, because the Chancellor of the Exchequer's spending review will now only cover 2021-22, my ability to take that project forward is subject to the confirmation of future capital budget allocations.

Baby Scan Studios: Regulation

2. **Ms Armstrong** asked the Minister of Health to identify the body with responsibility for

regulating private baby scan studios operating in Northern Ireland. (AQO 1216/17-22)

Mr Swann: I thank the Member for her question. Private baby-scan studios are not included in the list of regulated establishments and agencies as set out in the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. However, if ultrasounds are carried out in those studios by radiographers, the radiographers are regulated by the Health and Care Professions Council (HCPC). Independent hospitals and clinics may carry out private baby scans, and those establishments are regulated by the Regulation and Quality Improvement Authority (RQIA) under the 2003 Order and the Independent Health Care Regulations (Northern Ireland) 2005.

Ms Armstrong: I thank the Minister very much. As he is probably aware, the Care Quality Commission had growing concerns about failures to discover serious medical issues during private baby scans in England. While he says that some of those places are not regulated but that radiographers may be, what assurances can he give to families here that serious medical conditions will not be missed?

Mr Swann: I thank the Member; she has made a valid point, and her question gets to the heart of it. There is a risk that those private baby scan studios do not tell women about an abnormality or a serious condition. Pregnant women are offered at least two ultrasounds during pregnancy by health and social care staff through our systems, and that includes an anomaly scan at 18 to 20 weeks. All private scans are in addition to that.

When it comes to the specific regulatory framework, RQIA's regulatory activity is determined by the 2003 legislation, which reflects departmental policy at that time. Since then, the health and social care system has changed dramatically in how we access care and in the type of care that is available. That includes the rise of services that are available on the high street and online. Statutory health and social care providers such as trusts, which run our hospitals as well as some primary care services such as GP surgeries and community pharmacies, are not regulated by the RQIA. However, the professional staff who work in those services are regulated, so that carries across with regard to my initial answer.

Ms Flynn: The Minister will be aware that the paediatric pathology service here collapsed a few years ago and is currently accessible only

in Liverpool. Will the Minister explore, with the Health Minister in Dublin, the provision of an accessible paediatric pathology service on the island or an in-reach service into the North?

Mr Swann: I thank the Member for the point. She has raised the issue with me previously, and I know that she works on that area continually. We have been exploring a number of options, but the biggest challenge not only across these islands but across parts of the world is the availability of paediatric pathologists. It is an acquired skills set. There is an opening call for recruitment for our Health and Social Care service in Northern Ireland, and we have explored models with the Republic of Ireland, but the model that we operate at the minute involves being able to work with colleagues in the United Kingdom. It is not satisfactory; it does not provide the emotional support that parents often need when they lose a child. We are acutely aware of that in the Department and across the health and social care sector. We are working hard to correct that, but the availability of paediatric pathologists is the biggest challenge to us all.

Ms Bailey: Is the Minister aware of any instances of women trying to access baby scans at NHS or other premises being blocked from doing so, so they have to go to a private provider? If that is the case, what can be done in such circumstances?

Mr Swann: I am not aware of that having happened. If the Member knows of any examples, I would appreciate it if she highlighted them to my office, because the Health and Social Care system — the equivalent of the National Health Service in Northern Ireland — is available for those who need it, free at point of use and point of delivery. That is something that I stand over.

Test and Trace: Update

3. **Mr O'Toole** asked the Minister of Health for an update on the test and trace programme. (AQO 1217/17-22)

Mr Swann: I thank the Member for his question. Our testing and track and trace programmes continue to evolve at pace. As part of the UK-wide programme, we are continuing with the implementation of a number of new testing interventions (NTIs) in Northern Ireland — for example, the testing of asymptomatic healthcare workers will begin this week. That NTI will enable the early identification of the SARS-CoV-2 virus in healthcare staff who do not have symptoms, which will ensure that

front-line staff self-isolate early, thereby reducing the risk of the onward transmission of infection. Testing of asymptomatic students also commenced this week at Queen's University with the use of lateral flow devices, and plans are progressing to offer testing, where needed, to the wider population of students. Learning arising from those NTIs will help us to better understand how the new asymptomatic testing technologies can be implemented and extended more widely.

With regard to the contact-tracing service, in addition to a number of digital enhancements, including a new self-trace platform, the Public Health Agency commenced enhanced contact tracing on 16 November. That is a significant development in our approach to combating the virus and will ensure a strong focus on identifying the likely source of a case of infection and potential common exposures, which can lead to clusters. My staff and colleagues in the PHA are continuing to work on a range of options to ensure that our contact-tracing service is well positioned to deal with the pandemic in the coming months. That will involve the development of a hybrid model, with a focus on further digital solutions to deliver early messages to contacts and cases, while allowing the health professional staff in the contact-tracing service to risk-assess and deal with more complex cases and with clusters and outbreaks.

Mr O'Toole: I thank the Minister for his answer. May I ask a couple of very brief follow-up questions? First, students who are travelling back to Northern Ireland ahead of Christmas, particularly from England, Scotland and Wales, have thus far received very limited information from the Executive. I realise that that is in part the responsibility of the Economy Minister, but the Health Minister has a slightly better record of giving us straight answers. Will he update the House on whether there will be specific testing and tracing advice to students travelling here for Christmas?

Secondly, in relation to the end of the transition period and Brexit — we have talked about this before — has the Minister had clarity on whether there will be complete certainty around cross-border data flows if there is not a deal on comprehensive data-sharing equivalence by the end of this year?

Is he assured of that? Can he be confident that contact testing and tracing between Derry and Donegal, for example, will not be jeopardised on New Year's Day?

3.00 pm

Mr Swann: I thank the Member for his two supplementary questions. On the first, information will be provided to students who are coming home from England, Scotland and Wales by the university at which they are studying. The advice, the testing method, the approach and the guidance that they must follow will be provided by the location at which that testing is being provided. Therefore, information on their travel corridor will also be established.

For students who are currently domiciled in our universities and are returning to England, Scotland or Wales, advice will be given through our testing system and the NTI that started in Queen's University at the beginning of last week. That will be expanded to students studying at Ulster University so that we can let them travel home safely.

Data sharing and contact tracing are health based, like the information that is transmitted about patients who use the cancer services in Altnagelvin and the parents and patients who use the children's cardiology service in Dublin. That is an agreement between the Irish Government and the Northern Ireland Assembly's Executive, and it will not be affected by the General Data Protection Regulation (GDPR). The current challenge in the sharing of information is a difficulty that I have experienced with the Irish Government's sharing of data, specifically in relation to travel locator forms. It has been the basis of many conversations and much correspondence, but it is a difficulty that I have still not found a satisfactory resolution to.

Mr Gildernew: We know that the contact-tracing model and preparations were inadequate to meet the increased demand at the start of this surge and that the inadequacies stemmed from poor modelling. Has the Department now addressed that inadequacy?

Mr Swann: I challenge the Member's use of the word "inadequacy". I have challenged it in the past, as the Member knows. I see Mr Sheehan, who has developed expertise in that area, looking at me. From the onset of the pandemic to where we are now, we have seen significant changes in the contact-tracing system. Originally, the system was used to identify sexually transmitted infections and food poisoning, and a small team was based in the Public Health Agency. Now, we are always learning, and we are developing the system on the basis of what we see across best practice. We have increased the scale of the system,

and we continue to increase the number of contact tracers who follow up on that service. We are developing digital and online platforms to allow that information to be gathered at a rapid pace, because we know the value of contact tracing.

In Northern Ireland, we have always been clear that our contact-tracing system will be health based. It will remain embedded within our healthcare system. It is not part of any private, for-profit industry. We value what it brings to our health service as part of how we combat the spread of COVID-19 in Northern Ireland.

Mrs Cameron: I thank the Minister for his answers thus far. I declare an interest, in that a family member is working in the current test, trace and protect scheme.

I certainly would not describe the programme as "inadequate", but we could do better at times. Has the Minister looked at the Welsh model of contact tracing with a view to upscaling ours? Has he looked at how we can have more meaningful communication, with checks and updates, with people who have tested positive, or people who have come into close contact with those who have done so, in Northern Ireland?

Mr Swann: I thank the Member for that. A TV programme compared our service with the Welsh model, and you will appreciate that the service models for contact tracing in Wales and Northern Ireland have their differences. As you are aware, the service provided by the Public Health Agency in Northern Ireland is staffed by health professionals focusing very much on a person-led approach. That manual element is augmented by a number of digitally-enabled solutions, including the recently introduced self-trace platform and the StopCOVID NI app. In Wales, contact tracing is provided through local authorities and health boards, which are supported by Public Health Wales.

Despite the differences in the models, it is still possible to draw some high-level comparison on performance. For example, in Wales, during a seven-day period in mid-November, according to the most recently published Welsh Government data, 92% of positive cases and 82% of contacts were reached. In Northern Ireland, if we look at a seven-day period around the same time, we can see that 94% of positive cases and 98% of contacts were reached. There are, undoubtedly, aspects of both models that work particularly well and other areas that will require further refinement, and we have been open about that. I am satisfied that, in Northern Ireland, the measures that I recently

discussed with the Health Committee and the Executive, with an increased focus on a hybrid model, involving manual contact tracing services supported by digital solutions, will ensure that we are positioned to deal with any further increases in numbers in the months to come.

Mr Chambers: Can the Minister provide any update on his previous request to the UK Government for 4 million lateral flow tests?

Mr Swann: I thank the Member for his question. We continue to be in discussion with DHSC. Ministers from all four nations of the United Kingdom have a very close working relationship. Matt Hancock has congratulated us on what will be an ambitious programme. He is willing to discuss how that programme will work out in Northern Ireland as we take it forward. We have yet to see the outworkings of the pilots that have been taking place in Liverpool and in Merthyr Tydfil in Wales. In our system, it will be piloted at Queen's University and rolled out across our Health and Social Care system to make sure that, if we receive that number of lateral flow devices, we can utilise them in the best and most effective way.

Students: Health Advice

4. **Mr Middleton** asked the Minister of Health what guidance his Department is issuing to students prior to the second semester of this academic year. (AQO 1218/17-22)

Mr Swann: I thank the Member for his question. I will answer the question in respect of students at the local universities on healthcare courses commissioned by my Department. It is very important that reassurance and support is provided to healthcare students, so that they can pursue their studies despite the challenges created by the ongoing COVID-19 pandemic to learning on placements. Placements are a fundamental dimension of much preregistration learning across the health professions. Officials in my Department are working closely with key stakeholders, including the higher and further education providers, to ensure that students are made aware of the key messages, and that includes guidance specific to each subject area issued by their university or education provider and the overall health guidance issued by the Public Health Agency.

A joint statement from the four UK Chief Nursing Officers (CNOs) and the Nursing and Midwifery Council (NMC) was issued on 23 November to clarify the principles for nursing and midwifery students during the next phase of

the pandemic. The overriding objective set out in the statement, which I consider to be paramount, is to continue to support students to complete their programmes on time, so that they can enter the workforce as registrants as quickly as possible. My officials have shared that statement with the local universities and have asked them to ensure that it is communicated to all students.

I am also fully committed to supporting the continuation of medical and dental education. Accordingly, my officials continue to work very closely with Queen's University and other key stakeholders on the practical and financial implications of delivering education in clinical environments and complying with social-distancing protocols. I have also confirmed to the universities that all such healthcare students will be entitled to avail themselves of the free healthcare car parking at HSC trust premises that has been made available to HSC employees up until 31 March. In addition, the universities have been advised that their healthcare students are key workers and are entitled to free public transport when travelling to placements.

Mr Middleton: I thank the Minister for his response. The Minister will be aware that there is a lot of frustration among students about the lack of guidance, particularly when it comes to travelling home for Christmas and as they enter their second semester.

Will the Minister commit to working with the Executive to issue guidance similar to that which has been issued by his counterparts in the UK?

Mr Swann: As the Member will be aware, I work with all my Executive colleagues to bring forward the necessary guidance, but in those regions and areas where other Ministers have policy lead, it is helpful to us if they bring forward that policy for discussion. We can then provide information and guidance rather than my Department leading on areas that are outwith our policy area.

Mr O'Dowd: Minister, several weeks ago, the Scottish Government introduced about £1.3 million for mental healthcare and well-being for students. I raised the matter with the Economy Minister a number of weeks ago, and I got a positive response. Will you approach the matter positively to see whether you can identify specific funding for our students for their mental health and well-being?

Mr Swann: Certainly. The Member well knows my commitment to mental health since coming into office. In fact, when the pandemic first hit Northern Ireland, I gave assurances to the Committee, its members and the House that mental health would not go off my Department's agenda, and that is why we continued with the development of the mental health strategy, which will lead to the mental health action plan. Within that, we worked on the support mechanisms that will be needed for mental health specifically due to the fallout from COVID. I have no hesitancy in giving the Member that reassurance, and, equally, I am keen to work with and to support the Economy Minister on the issue in support of our students.

Ms Bradshaw: Minister, I take you back to my South Belfast colleague's question about students travelling home. I have been contacted by parents who are concerned that their children may get a negative test on campus, but, between then and arriving home to their household bubble, they will be on a tube, a train, a bus or other mode of transport and could well pick it up on their journey home. Is there no way that you could work with Queen's University so that some of that testing could take place when the students return home as well?

Mr Swann: I thank the Member, but the testing that is being completed to allow our students to travel home is done with the lateral flow devices that are being set up in the mass testing centres in our universities. It is not practicable to move that testing centre closer to home for the second test because such diverse geographical regions are involved. I say to the students who are returning home that, when using public transport, they should follow all public health guidance, such as wearing face coverings and as much social distancing as is practicable. If there are alternatives to using public transport, they should explore those. They should avoid car sharing, because we have seen from previous studies in other places that car sharing has become a source of infection. I am afraid to say to the Member that, because of the utilisation of the lateral flow devices in tests and the way that the test works, it is not possible to move that second test closer to home.

COVID-19: SWAH Use

5. **Mrs Barton** asked the Minister of Health for an update of the utilisation of the South West Acute Hospital (SWAH) during the COVID-19 pandemic. (AQO 1219/17-22)

Mr Swann: I thank the Member for her question. As Members will be aware, over the last number of months, the COVID-19 pandemic has had a significant impact on the delivery of some services in our Health and Social Care system. As a result, it is critical that we make the best use of all available capacity in the system.

The Member will recall that she kindly invited me to the SWAH earlier in the year. During that visit, I saw at first hand the opportunities presented by the hospital. I am pleased now to be able to confirm that a number of new initiatives have been taken forward to support service delivery as we work to maximise the use of all available capacity in the system. A key initiative that is being developed is on the delivery of elective surgery services, with surgeons from across Northern Ireland travelling to Enniskillen to provide surgery that cannot be provided at other sites due to the number of COVID-positive inpatients. In the initial phase, that work has understandably been focused on high-priority patients who require surgery. The initial sessions have been offered to the Belfast Trust for surgical lists and time-critical treatments that have been displaced by the activation of the Belfast City Hospital Nightingale. Throughout the coming months, the position will be kept under review, and further work is under way to explore options for maximising the availability of capacity at the SWAH in the longer term.

3.15 pm

Mrs Barton: I welcome that information. Minister, will you agree that having the extra facilities in the SWAH will make it even more attractive for new staff to work in it?

Mr Swann: Very much so, and the Western Health and Social Care Trust is working on that. We have seen that come about in other areas and in other facilities. However, the biggest deterrent in attracting staff to some of our excellent hospital and healthcare facilities is often that Members and other elected representatives start to talk about a service being downgraded or a location closing. That deters and disenfranchises people who may be interested in going to one of those sites to seek further employment. The implementation of what will be elective surgery lists in the SWAH is a further enhancement and something that makes it attractive for people to work there as well as giving them the opportunity, of course, to live in the Member's constituency.

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

AstraZeneca Vaccine

T2. **Ms S Bradley** asked the Minister of Health, given that the AstraZeneca COVID-19 vaccine is to undergo a new global trial to further determine its efficiency, what effect that will have on the vaccination programme here. (AQT 752/17-22)

Mr Swann: I thank the Member for the question. I am assured by colleagues that it will not have any effect on or cause any setbacks to our vaccine programme, because our assessment will be done by the Medicines and Healthcare products Regulatory Agency (MHRA). Once that assessment comes forward, we will, hopefully, utilise that vaccine in a safe and appropriate manner. Only when that guarantee and assurance come forward will we utilise it in Northern Ireland.

Ms S Bradley: Thank you, Minister. A few weeks ago, you gave a welcome reassurance to the House regarding concerns about the flu vaccination. Can you give that same assurance that all the logistical operation required for a COVID-19 vaccination programme will be in place and will in no way delay the vaccination programmes that are being rolled out?

Mr Swann: I thank the Member for a topical and apt question about the vaccine. As I have said, while the vaccine is part of the solution, we still have to follow the guidance that we have. That is why our regulations are still needed, and it is why all the good health advice regarding social distancing, face coverings, hand hygiene and respiratory hygiene is crucial.

I give the Member the reassurance that, until the MHRA says that the vaccine is safe to use, we will not use it. Developing the roll-out of the vaccination programme is a large logistical operational challenge. My Department gave a presentation to the Executive last week highlighting the preparations that we have already made. I can tell the Member that those preparations are impressive. We have offered that same presentation to the Health Committee. The detail that it has taken to get to this stage has involved overcoming a large number of logistical challenges.

One of the biggest challenges is that the AstraZeneca vaccine comes in batches of 975 vials per pack, and it will be highly challenging, if not impossible, to break those down into

smaller packs. It is a vaccine designed for mass vaccination and mass vaccination centres, and that will pose an initial challenge to the delivery of our vaccine programme in Northern Ireland. That is why we are also looking to the development and the coming on schedule of other vaccines so that we can utilise them fully as well in the different models that we are working up.

Since taking on the post of Minister of Health, I have been greatly impressed by the people across the Health and Social Care service. Their dedication and the detail that they have put into preparing for the vaccine mass delivery is impressive, and I look forward to sharing that with the Health Committee and in the debate tomorrow in the House, where, Mr Speaker, I am back again.

Mr Speaker: You will be more than welcome, Minister.

Cancer Treatment: COVID-19 Delays

T3. **Mr Irwin** asked the Minister of Health for his assessment of the delays to cancer treatment services due to COVID-19 and to state whether preparation for the second wave has been adequate. (AQT 753/17-22)

Mr Swann: I do not think the Member is implying it, but I take exception to that. I have said it before in the House, in response to a question for urgent oral answer. There is ongoing work and challenges with the delivery of our cancer services. I will be clear — it was made clear when we were discussing our regulations — that those decisions are being made by clinicians on the clinical need of patients. Casting any aspersion on the professionalism or the work of our health professionals is unfortunate. I know the Member well enough to know that that is not his intention.

There are ongoing capacity challenges across the cancer pathway that the service is actively managing. A surgical oversight group has been established in the Northern Ireland Cancer Network with the aim of optimising capacity, now and through any potential surge, and to provide ongoing clinical advice to the cancer reset cells.

I reassure the Member and the House that all possible steps are being taken to maintain services during the second surge. However, it is likely that the redeployment of staff, staff absences, reduced access to theatres and patient reluctance to attend hospital will all

contribute to delays in pathways. Experience from the first surge suggests that the greatest impact is likely to be on invasive diagnostics and surgical treatment. Depending on the scale and continuing duration of this surge, there may be a requirement to increase independent sector capacity beyond the current contracted level.

Mr Irwin: I thank the Minister for his response. On Friday past, I spoke to a constituent who was diagnosed at the beginning of last week with cancer. He was told by medical staff that they were not sure when treatment could start, but they advised him to contact his MLA to see if they could help in some way. Does this not tell you that there are problems, Minister? Obviously, when medical staff are advising people diagnosed with cancer to go to their MLA for help, there is an issue.

Mr Swann: As I have said to the Member, I am not denying that there is an issue; I am saying that the challenge is that we have an already overstretched health service. It was stretched before the pandemic and COVID. Patients and members of the community were already approaching elected representatives about access to surgeries and to the health service. What the Member indicates is not new. It is something that I have experienced and that, I am sure, every Member of the House has experienced. The way to get those members of the public seen quicker is to reduce the number of COVID patients that we are supporting within our health and hospital services. Again today, we are still sitting at over 400 inpatients, with 39 in ICU. If we take all the steps and measures that we can in the House to reduce the rate of transmission and infection, we can get those services and provisions back on track as soon as is practical, possible and safe.

IVF: Update

T4. **Ms Mullan** asked the Minister of Health for an update on the IVF operational group and its work to date. (AQT 754/17-22)

Mr Swann: I thank the Member for her question. Pre COVID and pre pandemic, it was one of the things that we had set up to meet the commitment under 'New Decade, New Approach' to increase to three cycles of IVF. Unfortunately, one of the victims of COVID-19 was our IVF service in Belfast. It was paused; it was stepped down for months. It has now recommenced working, on a reduced capacity. The IVF working strategic group on how we build up to those three cycles has not met as we are trying to get the IVF facility, procedure

and service back up to scale as soon as possible to meet the already latent demand that we unfortunately missed over a couple of months.

Ms Mullan: I thank the Minister for his answer. As you rightly highlighted, COVID has delayed many treatments. Unfortunately for those awaiting IVF treatment, it has added further to delays that, in some cases, are now running into years, Minister. Will you assure us that you are looking at all available options and will you look at directing investment into fertility services to improve and speed up the journey?

Mr Swann: That was one of the things that the working group was specifically asked to look at because, as I said, it was a commitment under 'New Decade, New Approach' that we would move to the offer of three IVF cycles. One of the challenges as well was moving to the age profile of women coming forward so that they could access the service. It is something that we are looking at because of the delays and knock-on delays that have been caused due to the pandemic and the service being paused. We want to make sure that nobody misses out because of steps that were taken by us rather than through any fault of their own. That work is all ongoing.

There was a significant financial commitment under 'New Decade, New Approach' to move to those three cycles, so if the Member can support me in that ask to the Finance Minister, when my budget asks come forward, it would be appreciated, because it is definitely an ask that we are prepared to make.

Face Coverings

T5. **Dr Archibald** asked the Minister of Health whether he will bring forward proposals for the introduction of free face coverings for lower-income families. (AQT 755/17-22)

Mr Swann: I thank the Member. That was one of the matters touched on during the debate on regulations. The provision of free face coverings is not something that my Department has looked at. There is guidance as to how the public can go about making their own cloth face coverings from the utilisation of T-shirts and other pieces of clothing. That advice and guidance was there from the early introduction of regulations on face coverings. What I would say to those in workplaces is that there should be provision of free face coverings.

I am not sure whether the Member is aware of this, but there is a proposal to put 20% VAT

back on PPE, which would have a significant impact not just on individuals or businesses but on our care homes and our health sector. I am working with the Member's colleague, the Minister of Finance, to try to challenge that at Westminster, because to put that additional cost on PPE, as we enter a second surge, would be unconscionable.

Dr Archibald: Particularly given that there are younger people for whom face masks are now mandatory, I urge the Minister to continue to look at that.

Given the correlation between areas of higher deprivation and higher incidences of COVID, what learning has been gained by the Department of Health and by the interdepartmental work on high levels of COVID in more deprived communities?

Mr Swann: I thank the Member. That is a valid point that has been recognised in discussions with your ministerial colleagues, the Minister of Finance and the Minister for Communities. It is about the inequalities that COVID has highlighted across our society. We have a duty to tackle those inequalities and, going forward, that should be looked at, across the Executive, in the development of a Programme for Government.

One of the strengths of our National Health Service is that it is free at the point of use and free at the point of delivery, and you do not have to pay, for example, €50 to see a GP. Where there are financial challenges in areas of high deprivation with regard to access to work and to other supports, one of the big benefits that we have here is our National Health Service.

Urology Inquiry: Patients

T6. **Mr O'Dowd** asked the Minister of Health, in light of the fact that, last week, he announced an inquiry into a consultant urologist at Craigavon Area Hospital, for an update on how many patients, private and NHS, will be involved in that inquiry. (AQT 756/17-22)

Mr Swann: I thank the Member for his question. As he said, I provided an oral statement to the Assembly on this matter on 24 November and announced my intention to establish a statutory public inquiry. In July, the Southern Health and Social Care Trust notified my Department of clinical concerns in relation to the work of a consultant, who, as the Member said, no longer works in the health service.

To date, 1,159 patient records have been reviewed, 271 patients or families have been contacted and the equivalent of nine serious adverse incidents (SAIs) have been identified.

The work of the trust in safeguarding patients and identifying further concerns continues, with oversight being provided by the Department's permanent secretary, who is leading the urology assurance group.

3.30 pm

As regards private patients, the Department is working closely with the Southern Trust to ensure that there is a process in place for follow-up to ensure that they can be confident of any healthcare services with which they were provided. Any private patients who are concerned should contact their GP or the trust's information line in the first instance.

Mr Speaker: There is one minute left for a supplementary.

Mr O'Dowd: I thank the Minister for his answer. Is he in a position yet to announce the name of the inquiry chair? Will he ensure that patient voices are involved in the design of the terms of reference?

Mr Swann: In quick response, I am not in a position to name a chair, but I give the Member a guarantee and assurance that patient voices will be heard as we establish and finalise the terms of reference of the public inquiry.

Mr Speaker: Members, time is up. Please take your ease.

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

Executive Committee Business

Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020

Debate resumed on motion:

That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020 be approved. — [Mr Swann (The Minister of Health).]

The following motions stood in the Order Paper:

That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 12) Regulations (Northern Ireland) 2020 be approved. — [Mr Swann (The Minister of Health).]

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 3) Regulations (Northern Ireland) 2020 be approved. — [Mr Swann (The Minister of Health).]

Dr Aiken: I thank the Minister for his forbearance and for his remarks so far. I want to say this before I specifically ask the Minister a question. Just before questions to the Executive Office, there was a very powerful testimony from Mr Daniel McCrossan MLA about the Tracey family. I do not think that any MLA who was in here to hear those remarks could fail to have been moved by compassion not only for that family and all the families who have suffered from COVID but, above all, for the excellent staff who went above and beyond the call of duty to support that person in his need. I put on record from the Assembly — all Members of the Assembly — our condolences to the family and our thanks to the staff of the NHS for their outstanding work and for what they do.

I note that, today, the Economy Minister and the Health Minister should have been here to provide —

Mr Swann: I am.

Dr Aiken: Did I say the Health Minister? My apologies to the Health Minister. The Economy Minister and the Education Minister should have been here to answer questions. There are particular areas in amendment Nos. 11 and 12 that should have been dealt with by them. All MLAs cannot fail to be concerned about the lack of information, particularly from the Department for the Economy. Some businesspeople in Northern Ireland have been excluded, and other businesspeople have been waiting seven to eight weeks for any guidance or support.

Minister, since it seems that only you have the courage to come to the Assembly to answer questions, even for other Departments, can you specifically ask the Minister for the Economy to expedite the movement of payments to those who need them and to those who have been excluded? Will you also ask her how she can give out advice, through her Department and Invest NI, that those people should just wait until the website updates itself? That is the level of guidance being given. That is not the kind of thing that we expect —.

Mr Deputy Speaker (Mr Beggs): I draw the Member back to the restrictions in front of us.

Dr Aiken: That is, indeed, within the restrictions, Mr Deputy Speaker.

Mr Deputy Speaker (Mr Beggs): Order. I ask the Member to draw his comments back to the particular regulations that we are debating.

Dr Aiken: Thank you very much indeed, Mr Deputy Speaker. In that case, I have made my point about the Minister for the Economy.

I will move swiftly on to the Minister of Education, who also should have been here to present these rules to us. I declare an interest as a school governor. I have been struck by the paucity of information and communication from the Department of Education to MLAs. Minister, since you are the only one who seems able to come and explain the regulations to the Assembly, will you take that point back to the Minister of Education and ask him to come before the Assembly or, better still, to talk to the schools of Northern Ireland and give them the information that they are due?

On that point Mr Deputy Speaker, and before you bring me back to the rules and regulations, I will finish by saying that the Ulster Unionist Party fully supports the amendment No. 11 and amendment No. 12 regulations.

Mr Deputy Speaker (Mr Beggs): The remaining Members who indicated that they wished to speak and who should be here are not present. I return to the Minister to respond to the debate.

Mr Swann: I had written in my notes, "Mr Speaker", then "Mr Principal Deputy Speaker" and then "Mr Deputy Speaker". You are the third one in the Chair since we started the debate, Mr Deputy Speaker.

I am grateful to Members for their contribution to the debate. I appreciate the degree of goodwill that the Assembly shows to this unusual process whereby the role of legislative scrutiny is applied only after the event. Nevertheless, it is important that scrutiny takes place in order that Members can examine and comment on the measures that have been taken.

In the current context, things move fast. The observations and concerns of Members are taken on board as we develop policy and work on the next set of amendments. The public must have confidence that the Executive are not acting without scrutiny. For that reason, I will respond to a number of questions raised by Members during the debate.

Comments were made by the Committee Chair on the policy development of the regulations. I have had useful conversations with him. The amendments are led by policy asks from other Departments and Ministers. We follow those up and attempt to put them into regulations that are not only understandable but legally enforceable.

There are challenging equality issues within these regulations. We all recognise that, in normal situations, I would not bring them forward. It is about seeking a balance of detail and proportionality. The Member also made a comment about the benefits that face coverings bring to post-primary and home-to-school transport.

Mr Gildernew moved on to comment as a Sinn Féin MLA on the challenges of communication. The Member and I have had many conversations at Committee on the importance of communicating the regulations, why they are necessary and the benefits that they bring in supporting an already overstretched health service. I thank him for his continued stance as Chairperson of the Committee on putting forward out the single, unified message that he and I have been able to achieve: the need for these important regulations.

In response to comments made by Pam Cameron, the Deputy Chair of the Committee, I thank her for her commitment and support and for the role that she continues to play in supporting the health service. She commented on support for businesses and individuals who are going through tough times. As I have often highlighted, the unity of message and purpose coming out of the Executive at this time is more crucial than ever. The Member mentioned the amendment made at the request of the Education Minister in regards to PE in schools. When the regulations were laid, it came to the attention of the Department of Education that the restrictions on sport did not exempt school PE. Until that issue was resolved, the Department of Education advised schools that PE was to be paused. A resolution was provided by these regulations as quickly as possible. It was neither the intention nor the spirit of the regulations to stop PE.

Colin McGrath commented on how the regulations were handled and brought forward. He said that the general public were "suffering" under the regulations. I say to the Member that the general public are suffering the regulations so that we can ensure that fewer members of the general public suffer COVID.

As regards timing, it is the Assembly's requirement for the input of the Examiner of Statutory Rules and the timing of scrutiny provided by the Health Committee that allow us to set the process. Any process that would bring regulations to the House before that work was completed would meet with equal and opposite complaint. There is a challenge with regard to the speed and detail of some regulations, and it is a challenge that we all want to see rectified and bettered.

Ms Bradshaw spoke of the technical nature of the regulations, because that is what they and all the regulations are. They are technical amendments that were necessary to correct anomalies and queries that were raised. Sinéad Bradley said it was only when people questioned how the regulations affected their daily lives that we could fine-tune them and have them in place so that, if they are ever needed again, and hopefully they will not be needed again, we will have got over those hurdles.

I agree with Mr Middleton that there is a need to move away from the politicisation of this issue. I have been calling for that for some time. He said that, on these issues, all Ministers needed to be heard. I will give way quite happily to any of my ministerial colleagues who want to step in

and move any of these regulations in the coming days.

Mr Sheehan spoke of the protection of the health and social care system and the realisation that that is the driving force behind these regulations. At present, we have 427 COVID inpatients. In the first wave, our maximum number was 322, so we have over 100 additional COVID patients being supported across our hospitals today. That is the reason for these regulations. Ms Anderson also spoke about the pressures that the healthcare system is under.

Queries were raised about time frames and legislative timetables. COVID does not respect any timetable, calendar or plan that we set. If only it did, it would be far easier for me, my health service and the healthcare workers to work with. I have said this many times, and I am echoing Mr Sheehan's comment when he talked about siren voices who seem content with undermining what is a sound health message. That does not come out of just frustration. Sometimes, it comes out of pure bloody-mindedness, Mr Deputy Speaker, if you will excuse my language, because that is what I often get from our front-line healthcare workers when they hear those who are determined to undermine what is a sound health message.

It is a sound health message that does not necessarily always have to come from our political leadership, although it is welcome when it comes from that leadership with a united front. However, it is a message that comes from all our healthcare workers, no matter where they are across the system.

3.45 pm

Mr Sheehan also asked whether I could set out today what it will look like following 11 December —.

Mr Sheehan: Will the Minister give way?

Mr Swann: I will.

Mr Sheehan: I was getting a bit ahead of myself. I meant to say "this week" rather than "today".

Mr Swann: I thank the Member for his latitude. If he gives me a week, I would be more than appreciative. I was going to say that setting something out today would be highly challenging given that we are working through these regulations, which came into effect some time ago. I wish I could set the Executive's

timetable — if only I could — and I am sure the Member wishes that I could as well.

With regard to where we are, Ms Anderson raised the prospect of a vaccine. One thing that I ask is that the House gets behind the delivery of a vaccine and shares the benefit that it will have for the people of Northern Ireland in returning to the normality that we all know and want. I will be back in the House tomorrow afternoon for a debate specifically on that point. Sinéad Bradley asked about communications and whether the money for that is being well spent and how it is spent. The communications budget for COVID sits in the Executive Office and has been utilised to bring forward social media, TV and print adverts.

Following up on Mr Sheehan's point, Mr Chambers talked about the hurlers in the ditch, who are often mentioned here. They are the individuals who seem to be able to sit back in comfort and combat COVID-19 with 20/20 vision and the clarity that are provided by educational degrees and qualifications that they received on social media. I only wish that I had the gift and the power to combat COVID-19 and the pandemic in the comfort and security and with the 20/20 vision that many of these people do. I assure you that, if I had 20/20 vision, 11 January would have been a different day in here.

Mr McCrossan and my party leader, Dr Aiken, summed up the experiences of the Tracey family. Unfortunately, they are not on their own, as so many families across Northern Ireland have had to endure that suffering. As Mr McCrossan explained, Frank's message should be one for all of us: we should thank our health service and support it to deal with the terrible virus that COVID is. I thank Members for their acknowledgement of the dedication of our healthcare workers, who are still having to go the extra mile. Healthcare workers across the healthcare family, should they be our GPs, community pharmacies, nurses, doctors, porters, cleaners or canteen workers, all play a part in our tackling of this dreadful pandemic and this dreadful virus. Hope comes with the opportunities that a vaccine and mass testing may bring, but we still need to get through these next few days, weeks and months while the virus is still with us.

The last contributor, Dr Aiken, made a number of calls to the Minister for the Economy and the Minister of Education. I am sure that those Ministers will hear those calls.

I am sure that, if they do not hear them from the Member directly, they will hear them from their departmental staff and advisers.

We all have a responsibility to help to curb the spread of the virus. We do that by maintaining social distancing and good hand and respiratory hygiene; wearing face coverings; self-isolating immediately if we experience any symptoms, including a new persistent cough, a fever or a loss or change of smell or taste; seeking a test if we experience any of those symptoms; downloading the StopCOVID NI app; and complying with the restrictions. By following the advice as we go about our daily lives, we can protect ourselves and others from serious illness, protect our health service and our economy and help to avoid further prolonged and more stringent restrictions.

Question put and agreed to.

Resolved:

That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 11) Regulations (Northern Ireland) 2020 be approved.

Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 12) Regulations (Northern Ireland) 2020

Mr Deputy Speaker (Mr Beggs): The motion has already been debated.

Resolved:

That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 12) Regulations (Northern Ireland) 2020 be approved. — [Mr Swann (The Minister of Health).]

Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 3) Regulations (Northern Ireland) 2020

Mr Deputy Speaker (Mr Beggs): The motion has already been debated.

Resolved:

That the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 3) Regulations (Northern Ireland) 2020 be

approved. — [Mr Swann (The Minister of Health).]

Mr Deputy Speaker (Mr Beggs): I ask Members to take their ease for a few moments.

Medicines and Medical Devices Bill: Legislative Consent Motion

Mr Deputy Speaker (Mr Beggs): I call the Minister of Health to move the legislative consent motion for the Medicines and Medical Devices Bill.

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

That this Assembly endorses the principle of the extension to Northern Ireland of the provisions within the Medicines and Medical Devices Bill dealing with human medicines, veterinary medicines and information systems as amended at Committee Stage in the House of Lords.

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

Mr Swann: Members agreed legislative consent to the Medicines and Medical Devices Bill on 16 June. It allows the existing regulatory frameworks for medicines, medical devices, clinical trials and veterinary medicines to be updated or amended by subordinate legislation. The need for a further legislative consent motion has arisen because of an amendment made to the Bill at the House of Commons Report stage on a medical devices information system and, more recently, government amendments agreed at the House of Lords Committee stage concerning human and veterinary medicines. I will now expand on those areas in more detail.

A government amendment to the Medicines and Medical Devices Bill was made during the Commons Report stage on 23 June 2020. It provides a power by regulations to establish a medical device information system operated by NHS Digital. The amendment was in response to the report from the Independent Medicines and Medical Devices Safety Review, chaired by Baroness Cumberlege, entitled 'First Do No Harm', which was published on 8 July 2020.

The aim of a medical devices information system is to improve the safety and standards of medical devices by ensuring that better

information can be captured and shared on implanted devices in order to identify much earlier the risks posed by specific devices. The medical devices information system will provide critical benefits to patients who have been or will be implanted with medical devices. They include the collection and storage of information linking unique device identifiers to patients, clinicians and the specific surgical procedures that implanted the device. It also establishes the systems that will enable health providers to trace patients who have been treated or implanted with a medical device so that they can be provided with appropriate medical treatment if a safety issue occurs with the device. That will be a huge step forward for patient safety, will assist with the timely identification of the patients affected and will help to manage any risks to patient safety.

It is important to ensure that the regulations developed to implement the information system take account of Northern Ireland's information governance and code of practice on the sharing of patients' identifiable information, both for direct care and secondary use. I wrote to Lord Bethell on that point in July 2020, and an amendment to the Bill has been agreed so that, when making regulations, the Secretary of State is required to consult Scottish Ministers, Welsh Ministers and us in Northern Ireland. In addition to that statutory obligation to consult my Department, a separate non-legislative commitment has been given by the Department of Health and Social Care (DHSC) to ongoing discussions on the medical devices information system's governance arrangements and other operational details. It will ensure that the Department of Health in Northern Ireland is engaged in relevant policy and operational discussions and the development of draft regulations. It is important that we are included in the UK-wide medical devices information system, and I welcome the amendment to the Bill that provides for a statutory duty to consult the devolved Administrations in the development of the regulations and any amendments. Scotland has already given its legislative consent on the matter, and legislative consent is being considered by the Welsh Government in the coming days.

I now turn to the other amendments that have been agreed at Lords Committee stage and require legislative consent from the Assembly. The first of those is on the disclosure of information in accordance with international agreements. In order that the UK, particularly the regulators — namely the Medicines and Healthcare products Regulatory Agency (MHRA) and the Veterinary Medicines Directorate (VMD) — can continue to work with

international partners to ensure the safety of medicines in the UK, there is a need to strengthen the legal basis for sharing information internationally. That will be in the form of a statutory information gateway inserted into the Bill to ensure that vital information can be shared with bodies outside the UK, such as overseas regulators, in pursuance of international agreements and arrangements.

There has been much discussion at Westminster and among Assembly Members about the potential for regulatory divergence between Great Britain and Northern Ireland with regard to medicines and medical devices. Currently, responsibility for medical device regulation is reserved in respect of the whole of the UK. However, human medicine regulation and veterinary medicine regulation are both transferred matters in relation to Northern Ireland. The MHRA and the VMD regulate those areas UK-wide on a day-to-day basis, and, after the end of the transition period, with regard to human and veterinary medicines and medical devices, under the terms of the Northern Ireland protocol, Northern Ireland will continue to follow the EU acquis. However, the MRHA and the VMD will continue to regulate human and veterinary medicines and medical devices for the whole of the UK and will continue to ensure that patients and animals in Northern Ireland receive the safe and effective medicines and devices that they need.

While there are some concerns about the implementation of the NI protocol, formal channels are in place between officials here and their counterparts in the UK. Officials also meet regularly in the Ireland/Northern Ireland Specialised Committee. The Specialised Committee reports to the withdrawal agreement Joint Committee and provides advice on the decisions to taken by the Joint Committee under the protocol.

The issues of the falsified medicines directive and the regulatory importation requirements for medicines moving from Great Britain to Northern Ireland after the end of the transition period have been raised with the EU through the Specialised Committee.

A 12-month period of flexibility has been agreed with the EU to implement the regulations. That will ensure that there will be no disruption to the flow of medicines to Northern Ireland at the end of the transition period.

4.00 pm

A further amendment that was agreed at the Lords' Committee Stage in respect of the Medicines and Medical Devices Bill can also be used as a vehicle to address any concerns on possible divergence. A reporting obligation on the Secretary of State is to be provided for in the Bill that will consider the operation of regulations for human medicines, veterinary medicines and medical devices once every two years. That sets out the view of those who have been consulted, whether change has been a made a result of that consultation and includes a look ahead at further proposed regulatory change known at the time within the forthcoming reporting period. Any issue of possible regulatory divergence can be raised within that reporting mechanism.

I have also agreed that a separate report will be taken forward by Northern Ireland Departments in respect of regulations that are made only by Northern Ireland Departments. That will be laid before the Assembly.

Another amendment to the Bill has also been agreed at the Lords' Committee Stage that provides for a public consultation on regulations under the Bill, and that, again, can be used as a vehicle to address any possible issues of regulatory divergence.

In addition to those amendments to the Bill, other amendments require legislative consent from the Assembly, including applying the draft affirmative procedure to human and veterinary regulations, except for those solely relating to fees, when the negative resolution will be applied, and for emergency regulations, when the confirmatory procedure will be applied. That will allow for greater parliamentary and Assembly scrutiny on the making of those regulations.

Before regulations are made to change the existing regulatory framework, three considerations are applied that assess the safety, availability and attractiveness of the relevant part of the UK to develop and supply those products. In the application of those three considerations, it has been agreed to provide an overarching duty to have regard to the importance of promoting the health and safety of the public and, in relation to veterinary medicines, the health and welfare of animals. A summary of that assessment must be included in any public consultation on the regulation for human medicines, veterinary medicines, and medical devices. That will strengthen provisions around the exercise of those regulation-making powers and provide reassurance that it is intended only to make regulations to amend the

current regulatory regimes where those changes promote health and safety.

To respond specifically to concerns that have been raised about the absence of a definition of "attractiveness to the UK", it has been agreed in an amendment to the Bill to clarify that that is a consideration of the likelihood of the relevant part of the United Kingdom to be seen as an attractive or favourable place in which to supply and conduct clinical trials for human medicines and to develop and supply veterinary medicines.

Finally, with regard to offences, an amendment has been agreed to make it clear that the powers that are provided under human medicines and veterinary medicines cannot be used to provide for an offence to be punishable with a sentence of imprisonment of more than two years. That maximum will then apply equally to penalties for new and existing offences. The Department of Justice has previously considered the Medicines and Medical Devices Bill and, more recently, the amendments that are being proposed. It is content that the current offences and penalties are necessary and commensurate with the current offences and penalties framework in Northern Ireland.

I trust that Members will understand the importance of Northern Ireland being included in those additional provisions to the Medicines and Medical Devices Bill, as, ultimately, those amendments seek to improve patient safety as well as allow the Assembly greater scrutiny in the regulation-making process. That is why I ask Members to support the motion.

Mr Gildernew (The Chairperson of the Committee for Health): I wish to speak on the Committee for Health's report and summarise our consideration of the matter. First, I want to thank the Committee for Agriculture, Environment and Rural Affairs for its prompt consideration of the legislative consent motion and contribution to the report. I will leave it to my colleague, the Chairperson of the Agriculture Committee, to address the issues around veterinary medicines.

This is the second legislative consent motion on the Bill. The Committee did not come to a view on the first one due to the limited time available for scrutiny. The Minister of Health first wrote to the Health Committee on 15 July advising us of the need for a further legislative consent motion to take account of a recommendation included in the report of the Independent Medicines and Medical Devices Safety Review, chaired by Baroness Cumberlege.

The Minister wrote to the Committee on 5 October and again on 15 October, advising Members of further amendments to the Bill being considered by the House of Lords, which would also require legislative consent. The memorandum was laid on 5 November, and departmental officials briefed the Committee on 12 November.

The briefing from the Department focused on the amendments to the Bill, as outlined by the Minister. Those include: the power to establish a medical devices information system (MDIS); provision for an information-sharing gateway to allow for information to be shared with overseas regulators; and a statutory requirement that the devolved Administrations be consulted on any regulations made regarding the amendments.

Officials advised the Committee of the non-legislative commitment from the British Government's Department of Health and Social Care (DHSC) to engage with the Minister of Health on the MDIS policy and operational discussions and the development of any draft regulations.

Members were also briefed on the amendments to the Bill that were tabled in the House of Lords. Those were tabled in response to concerns raised by the Delegated Powers and Regulatory Reform Committee about the scrutiny and oversight of the use of delegated powers in the Bill. Those include increased requirements on consultation and reporting on proposed regulations and a move from negative to draft affirmative or confirmatory resolution for regulations made under the Bill.

The Committee raised a number of issues with officials, mainly around the operation of the MDIS and the transfer of data from the Department of Health to NHS Digital. Specifically, the Committee enquired whether the Department had any concerns about the collection and sharing of patient information with NHS Digital and data security and ownership of the data.

In the Department's response, it advised that the purposes for which data can be shared and the types of organisations that can receive that information will be specified in the regulations made under the powers in the Bill. The Department further advised that the Minister will be fully consulted in the making of the regulations, which will determine the scope and limitations on data sharing.

The Committee asked whether the Minister was content with assurances received from DHSC on governance arrangements and patient safety

issues around the MDIS. In the Department's response, it referred to the statutory duty to consult Ministers in Scotland, Wales and the North, which will be written into the Bill.

Mr Stalford: Will the Member give way?

Mr Gildernew: I will.

Mr Stalford: The Chair of the Health Committee touched on the most crucial issue here: that people have absolute confidence that their data will be secure and only used responsibly. Does he agree that it is really important that we have the list of the organisations that will have access to people's sensitive medical data so that they know exactly what the situation is that confronts them?

Mr Gildernew: I thank the Member for the intervention. Yes, I agree that the security and protection of data is absolutely essential, and I am sure that the Minister will address that issue.

The Department also advised the Committee that it was content with the assurances received.

Members raised a number of issues relating to Brexit and the protocol on Ireland/North of Ireland in relation to the MDIS and whether any of the amendments to the Bill had implications for the protocol and the contingency planning around that. The Department advised that there were no such implications for the amendments for which legislative consent was being sought. The Department confirmed that medical devices appear in the list of subject areas in annex 2 of the protocol and that it had given consideration to whether the amendment to provide for an MDIS may be subject to a different regime here but stated that that will not be the case.

The potential for future divergence, as touched on by the Minister, was also considered by the Committee. The Department advised that the North's involvement in the MDIS will not be affected as the Medicines and Healthcare products Regulatory Agency will continue to regulate devices in the marketplace, which should mitigate any potential divergence in standards. The Department referred to a number of actions that, in its view, will mitigate the risk of divergence in regulations for patient data, such as the inclusion in the Bill of a statutory duty to consult and the non-legislative commitment by the DHSC to engage with the Minister of Health. The Department also advised that, as the EU does not require the

storage of patient data at a central level, it is not the case that we would be subject to two different information-sharing systems.

Finally, the issue was raised of the supply of medicine and medical devices and the attractiveness of the North, as referred to by the Minister, as a favourable location for clinical trials. The Department advised that there are long-term implications for the supply and regulation of medicines in the North and referred to the recent agreement between the British Government and the European Union to allow the pharmaceutical industry 12 months from 1 January 2021 to comply with the new regulatory requirements, which, as a consequence of the protocol, will apply only here in the North. The Committee also raised that issue with departmental officials in relation to Brexit, and it will continue to keep a close watch on that in the months ahead.

The Committee has ongoing concerns about the impact of Brexit on medicines and medical devices. The pressures of COVID-19 have restricted the time available to the Committee to scrutinise the motion that is before us today. However, in view of the importance of the issues addressed by the amendments, the Committee agreed that it was content to support the motion in relation to human medicines and medical devices.

The Committee notes the recommendation of the Cumberlege review that a central patient-identifiable database should be created by collecting the key details of the implantation of all devices at the time of the operation and acknowledges the role that the MDIS will play in patient safety in the event of a recall of a medical device. The Committee also supports the inclusion of the statutory duty on DHSC to consult the Minister of Health on any regulations made in connection with the MDIS and welcomes the improved scrutiny of regulations that is provided by the proposed amendments. We trust that the Minister will engage with the Committee on these matters in the future.

Now, I will make some very brief remarks as Sinn Féin health spokesperson. Although this is largely a technical issue, a series of such issues faces us in the days, weeks and months ahead. It must be very challenging for the Minister to have to deal with COVID-19 and the secondary tsunami of Brexit, which is coming down the tracks at us. There is very little good for us from Brexit. It creates uncertainty, difficulty and, potentially, unforeseen consequences.

We did not vote for Brexit in the North, and what we face, regardless of the protocol, is a loss of freedoms, a loss of rights and other immeasurable losses to our citizens brought on by the unwanted exit from the European Union. We have no guarantees of anything. On the supply of medicines, we still have no guarantee; the only thing that we know for sure is that we have been given an extra year to try to arrive at a solution, but the solution is not apparent.

We are left at the whim of a Government who have told the world that they have no difficulty with ignoring or breaking international law. We have been left at the mercy of the worst instincts of an English nationalism that is pessimistic —

Mr Buckley: I thank the Member for giving way. Does he recognise that the main danger in this legislative consent motion is, in a sense, the Northern Ireland protocol? The Member can bash Her Majesty's Government, who put forward the protocol, but will he say that it was wrong that Members and parties in this House supported said protocol? In this instance, it pertains to medical devices and equipment, but will he acknowledge the damaging impact that it could have on a variety of sectors?

Mr Deputy Speaker (Mr Beggs): May I draw Members back to the legislation in front of us? Let us not have a prolonged debate on the protocol or Brexit. Keep remarks relevant to the regulations.

Mr Gildernew: I have no difficulty whatsoever in totally disagreeing with what the Member just said about the protocol. It is not the protocol that is creating the problems here; it is Brexit. The protocol became necessary to try to mitigate some of the negative impacts of Brexit for business.

We have been left to the whims of a pessimistic and inward-looking Government whom many of us here in the North reject and who will create serious problems.

4.15 pm

Mrs Cameron: Mr Deputy Speaker, you will be glad to know that I will be brief.

I support the motion. The Government have stated that the aim of the Bill is as follows:

"Our goal is this: we want the UK to be the best place in the world to design and trial the latest medical innovations. This Bill gives us the powers we need to make that

happen. It will mean that the NHS has access to the most cutting-edge medicines and medical devices, with enhanced patient safety; it will help our life sciences seize the enormous opportunities of the 2020s, supported by a world-leading regulator".

That is a worthy goal, and we hope that it is realised. We support the legislative consent motion. It is a sensible piece of legislation that is intended to delegate powers to make changes to medicines and medical devices regulation in a way that provides a consistent UK-wide approach. The amendments will allow the free flow of data on patients with medical devices across the United Kingdom.

However, the true test of the Bill and, indeed, any common UK framework on medicines is how it interacts with the terms of the NI protocol and the potential for divergence between Northern Ireland and Great Britain's statute books in future. We accept that, in the main, the Bill deals with the safety of medicines and devices rather than trade in those goods. Nevertheless, we cannot ignore the fact that the two are interlinked.

The recent 12-month derogation that was agreed by the Joint Committee provided immediate relief but is not a permanent panacea. The key priorities for us are patient safety, continuity of supply and supporting businesses to innovate. The attractiveness test must benefit Northern Ireland; we cannot have a situation where Northern Ireland cannot benefit from United Kingdom clinical trials or advances in technology because we are tied to the European Union. I am sure that no Member of the House would want such a situation to come to pass.

The Bill will ensure that, in making regulations, Ministers have to examine the potential impact of decisions on the attractiveness of different parts of the UK. We want Northern Ireland to play a leading role in advances in those areas, and we want patients and bodies to have access to exciting clinical trials that are being led on a UK-wide basis.

It is crucial that mitigations are put in place via agreements with the EU so that Northern Ireland can continue to play a full and vibrant part in UK initiatives in those areas. Northern Ireland deserves its fair share.

Mr McGrath: I welcome the opportunity to speak on the motion because the voice of the people in the North is essential in any conversation pertaining to Brexit and its implications. The Bill was presented to the

Committee in June, and, at that time, I suggested that it resulted in more questions than answers. I welcome the fact that the Committee was given a further opportunity to scrutinise the legislation and to ask the essential questions that we needed answers to.

While I continue to place on record my opposition to Brexit and the upheaval and chaos that it will bring, it only solidifies why we must do the best that we can with legislation such as this. The legislation itself is concerned with the regulatory gap that will be left at the end of the transition period and covers human medicines, clinical trials of human medicines, veterinary medicines and medical devices. Unfortunately, the Bill is scant in detail and has been described by one Member of the House of Lords as:

"just one more Bill stuffed full of Henry VIII clauses but devoid of substantive content."

However, I am satisfied that the questions that we had about the Bill were addressed in the Committee, as were concerns regarding the need for the Assembly to have proper scrutiny and to debate any regulations before they are approved; that is something to be welcomed.

While I am broadly supportive of the motion, I maintain the position that the need for it is not based on anything resembling taking back control. It is the result of small-minded English nationalism that did not give consideration to us in the North of Ireland until the eleventh hour. Here we are, on 30 November, a mere few weeks before the end of the transition period, with no sight or sound of whether a deal will be agreed by the UK and the EU. Quite simply, that shows that we are not prepared for Brexit.

Even the former First Minister, Peter Robinson, has been found in the headlines once more after saying that he believes that the British Government will put the interests of English Tories ahead of the people of the North. That should serve as an important lesson for us, but it is one that some in the Chamber would do well to ponder before falling into the role of Tory poodles just so quickly.

Mr Deputy Speaker (Mr Beggs): May I draw the Member back to the legislation that is in front us rather than have a Brexit debate?

Mr McGrath: Thank you, Mr Deputy Speaker. I thought that the motion was as a result of Brexit, but maybe I am incorrect.

People are being left in disagreement with a deal that has not yet been reached, there is disarray about potential impacts on the vital supply of medicines and businesses are not clear on what they have to do. That does not sound like governance, but why should we expect the Tory Government to change the habit of a lifetime? I support the motion.

Ms Bradshaw: On behalf of the Alliance Party, I support the motion, particularly clauses 1 to 7 in Part 1, which concern the devolved aspects that are directly related to health. I place on record my thanks to the Health Department officials who came to Committee meetings on a number of occasions, as the Chair pointed out, and for the briefings, oral and written, that they provided us with. They were excellent. I am not going to repeat what Mr Gildernew said.

There are significant amendments being brought forward in the LCM, not least that arising from the recommendations of the Cumberlege report on the database for medical devices. I recognise that that inquiry very much focused on vaginal mesh implants, but I sincerely hope that, with that recommendation, the Department of Health here and across the water will start taking hernia mesh implants seriously and will keep a record of the number of patients that are significantly negatively impacted on. They cause a lot of pain. I very much welcome that that will come forward through this.

This is an enabling Bill that affects significant matters. I remain somewhat concerned that we have reached the end of November and some aspects that are covered by the Bill are still unclear because we await a deal between the UK and the EU. Nevertheless, we need to be clear that, as an enabling Bill, medicine supply will remain in our hands. Ultimately, however, we are enabling the maintenance of the status quo, that is, world-class regulation combined with local control. I also very much welcome the amendment that will provide for local scrutiny and input.

As we said during the debate in June, we have concerns about the distinct lack of clarity about the Bill. It remains frustrating that we have not had the time to engage properly with the pharma sector in general. Nevertheless, relevant future regulations should be subject to appropriate scrutiny and consultation of that nature. It remains the case that we see the challenges ahead. They arise not from the Bill but from the circumstances that make it necessary. We have not seen any of those challenges being seriously addressed in the last five or six months. Nevertheless, those

challenges would be made more difficult by the rejection of the motion. On that basis, it has our full support.

Mr McAleer (The Chairperson of the Committee for Agriculture, Environment and Rural Affairs): The AERA Committee first considered the Medicines and Medical Devices Bill at its meeting on 5 March when a letter from the AERA Minister noted that it was making its passage through Westminster and that it was focused primarily on human medicines and medical devices, with Part 2 dealing with veterinary medicines. Following the tabling of the legislative consent motion by the Health Minister, it was referred to the Health Committee for consideration. Subsequently, the Health Committee asked the AERA Committee to consider and comment on the section of the Bill that concerns veterinary medicines.

On 11 June, the AERA Committee took oral and written evidence on the four clauses that make up Part 2 and that deal with veterinary medicines. The Bill was complex and technical, and the Committee had very little time to fully explore its implications or to consult with all the relevant stakeholders. The Committee raised a number of issues, which I outlined in my speech to the House when the LCM was debated on 16 June. Ultimately, the Committee agreed that it was content with the LCM as it related to the veterinary medicine provisions in the Bill.

On 22 October, the Executive agreed that a further LCM was required to take account of recent amendments to the Bill and that it was to be laid by the Department of Health. Those amendments will make provision for the exercise of regulation-making powers under the Bill and will enhance the legislative scrutiny of and public engagement on those regulations. The amendments will also strengthen provision for sharing information on veterinary medicines on an international basis.

At our meeting on 12 November, the AERA Committee considered oral and written evidence on the Bill and examined a number of matters with officials on amendments relating to veterinary medicine. Members raised a query in relation to the amendments proposed in respect of information sharing in order for information to be shared with bodies outside the UK in pursuance of international agreements and arrangements, and how that would comply with the Data Protection Act. Departmental officials advised that the Bill would be fully compliant with all aspects of the Data Protection Act in the sharing of information.

Members also raised a query in relation to the lengthy list of matters on which regulations might be made, and they sought reassurance that any procedures in relation to this are put in place by the end of the transition period. Officials confirmed that that would be the case.

The Committee agreed that they had no concerns with a further legislative consent motion, so far as they relate to Part 2 of the Bill on veterinary medicines.

Ms Flynn: The pressures of the current pandemic have restricted the time available for extensive scrutiny of the legislative consent motion. However, as previously noted by the Health Committee Chair, some extremely important issues are addressed in the amendments concerning the Medicine and Medical Devices Bill.

I am pleased to note that the Bill incorporates the recommendations of 'First Do No Harm: The Report on the Independent Medicines and Medical Devices Safety Review'. As many Members know, that report was long awaited and hoped for by many women who have endured harrowing injuries as a result of mesh implants. The 'First Do No Harm' report recommends, for example, the establishment of a centralised patient database that should be created by collecting the key details of the implantation of all devices at the time of operation. That is something that did not happen until now. It also recommends the establishment of a patient safety commissioner.

The 'First Do No Harm' report uncovered a complete lack of transparency with regard to the regulation of devices, such as mesh implants. They were used in the surgical repair of pelvic organ prolapse and have caused crippling, life-changing complications for many patients. I met with many such patients and can report that their entire lives, families, careers, intimate relationships, literally every aspect of their lives, have been upended by the trauma of their experience. Our responsibility to mesh-implant victims does not end with this Bill, or with the recommendations of a report. It is met only when we provide the supports recommended and needed by those injured by mesh implants. Full redress for all those patients affected must be a priority and, most urgently, the Department of Health must provide care for those injured by mesh implants, and that begins with safe access to full mesh-removal surgery.

With every scandal that develops, whether neurology, urology or mesh implants, sadly, we find a lack of transparency, accountability and

too many patients who are hurt and who have lost faith in a healthcare system that was supposed to help, rather than harm, them.

Therefore, I welcome the LCM, in the context of the amendments, to help to implement the recommendations of Julia Cumberlege's review: the creation of a patient safety database; the recording of details of devices when they are implanted into women's bodies; the putting in place of a patient safety commissioner; and a suitable redress scheme. Those would be significant steps in restoring the confidence of so many who have suffered so terribly as a result of medical devices.

It would be remiss of me not to finish my remarks by paying tribute to all those campaign groups and individuals who worked tirelessly to have their voices heard and to highlight the mesh-implant medical device scandal.

Mr Carroll: For some months now, the lack of scrutiny and oversight of legislation and regulations moving through the Assembly has been a massive cause of concern for me and other Members who are not part of the Executive. That is nothing new, of course. A lack of scrutiny and accountability has been synonymous with this place and was highlighted in the last term by a financial and political scandal of massive proportions. Over recent months, the scale on which important changes have been moved through the Assembly without the basic checks and balances is utterly unacceptable and could have serious ramifications down the line. It is worse, of course, that it is happening in the middle of a health pandemic and as we face a potentially calamitous Tory Brexit that, on a weekly basis, the Assembly acts on many occasions as nothing more than a rubber stamp for that Tory Brexit legislation. Some of the Executive parties seem unfazed by that, despite the clear lack of concern around scrutiny aspects.

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

4.30 pm

Is the Assembly but a puppet Assembly on many of the major questions of the day? What does it mean for accountability if this legislation is rubber-stamped today before serious questions are answered? Who is responsible if the results are bad for the public? Will the Executive use the choice line, "It wasn't us, it was the Tories", as they did when they similarly rubber-stamped welfare reform legislation

several years ago? Would that not be totally negligent?

When this LCM first came to the Health Committee, it was rushed, as many Members have said. The Committee thought there was not enough opportunity and time for scrutiny, in part because of the pressures of the COVID crisis, and decided that it was not in a position to support the motion. The Minister informed the Committee that the Tories themselves had put a rush on the legislation through Westminster and that therefore there was no time, in effect, for the Assembly to scrutinise it in a similar time frame. From that, seemingly, the bigger parties agreed to support the LCM. I do appreciate that the Health Minister and his Department are under humongous levels of pressure and scrutiny but, to be frank, I am uncomfortable at best with the Assembly being beholden to pressure from the Tories to ram through legislation relating to the post-Brexit period, particularly when I cannot see the need for much of what is contained in the original Bill to be rushed through anywhere.

Having listened and engaged with discussions on this legislation at the Health Committee, I still have serious questions and echo some of the concerns raised by my colleague Ms Flynn about the issues with mesh and other potential patients in the future. There is a clear need to provide a regulatory framework to ensure that processes are in place after Brexit. However, a big question mark remains over whether this legislation provides that framework. I do not claim to be an expert in medicine or medical devices, but the manufacture, marketing and supply of medicines is a serious matter and demands real attention.

For example, clinical trials are detailed in clause 4 of the Bill. As we heard at the Health Committee, clause 4 could provide the possibility of medical cannabis trials and other things that activists such as Charlotte Caldwell have long been campaigning for. We have to approach that with some level of caution, and I am certainly cautious about that. When I hear talk of red tape and bureaucracy being stripped back, to me it sounds like code for potentially placing the public at risk through a lack of clinical trials for medicines more generally. I raised a number of concerns about that at the Health Committee. The main one was about getting a detailed list setting out the limits of devolved authority and what matters will remain in London. The Committee was advised that it was a complicated field and that a comprehensive list cannot yet be provided, but that officials are working through the issues. I appreciate that the Minister may be able to

respond to some of the issues in his closing remarks.

I note two comments from the BMA on the substantive Bill that went through in Britain. These comments indicated how the changes presented here might lead to questionable regulatory practices, including:

"hundreds or more individual decisions to change our current regulatory regime into a markedly different one, one statutory instrument at a time".

The BMA report went on to argue that the attractiveness principle of the Bill could create scenarios:

"in which 'attractiveness' could run into conflict with patient safety, and that greater protections or clarity are needed within the Bill."

To me, that smacks of a scenario where public health and safety could be sacrificed for private profit and wealth — something that we all should be deeply worried about, considering the experience of the pandemic.

I have further concerns. I am concerned that in reality this Bill, while moving away from the former approach, actually puts significant power in the hands of Government Ministers and the Tory Secretary of State — for example, the power to adjust regulations unilaterally and without further scrutiny or control of decision-making is further strengthened in the hands of Ministers and not of this Chamber.

There has also been a real lack of consultation on the Bill regarding the clauses that we are being asked to carry over. For example, we have been told that there are no human rights concerns, which, on the face of it, is good to hear and, no doubt, is reassuring, but how can we be sure of that when no wide-ranging consultation took place, even with our health sector? What input did the trade union movement have and what input should it have in any moves like this?

For all those reasons, as a democrat and a socialist, I cannot give carte blanche consent to this LCM. Given the way this place is structured, I cannot block it. Having listened to the debate, I doubt that it is even within our gift, but I implore the Executive and the Minister to begin to move away from this insufficient and reckless form of governance in regard to LCMs and legislation generally.

Mr Deputy Speaker (Mr McGlone): Had Mr Chambers indicated that he wants to say something?

Mr Chambers: Yes.

Mr Deputy Speaker (Mr McGlone): OK. That is grand.

Mr Chambers: I will be very brief, Mr Deputy Speaker; I had not intended to speak. As the recipient of a temporary implantable recording device, I certainly welcome the information in this report that the medical device information system is to improve the safety and standards of such medical devices. I have never felt that my health and safety has been compromised to date, but I am reassured by this. It is also good that data and information gathered will be shared, because it will help others in the future. I just want to put on record that my party fully supports this legislative consent motion.

Mr Swann: I thank Members who contributed to the debate. I would also like to take this opportunity to thank the Health Committee and the Agriculture, Environment and Rural Affairs Committee for taking the time to examine the legislative consent memorandum and for their helpful and positive engagement with departmental officials on this matter. I appreciate that the Committees, again, had to work within a very challenging timescale, and I thank them for their patience, understanding and cooperation with both Departments. I also thank my Executive colleagues for their support on this matter and for agreeing to the need for a further legislative consent motion on this Bill.

I believe that, on this occasion, it is appropriate and makes good sense for Westminster to legislate on matters that are devolved to the Northern Ireland Assembly. In practical terms, the Bill provides the powers needed to update the current regulatory regime for medicines, clinical devices and clinical trials in response to the end of the transition period, but it also has the best interests of patients at its heart.

As I stated earlier, the amendments to the Bill at Lords Committee Stage seek to improve patient safety as well as allow the Assembly greater scrutiny in the regulation-making process. The Bill will provide for the implementation of a new UK-wide medical device information system and will collect and store information linking unique device identifiers to patients, clinicians and specific surgical procedures that implanted the device. This will be hugely beneficial to patients and to patient safety now and in the future.

I will address some of the queries that Members raised during the debate. Assurances were sought on the regulations to be developed to implement the medical devices information system and to take account of the governance arrangements around medical devices and patient safety in Northern Ireland. I want to put on record that Northern Ireland has in place strong information governance arrangements and a code of practice on the sharing of patients' identifiable information both for direct care and secondary use. It is those governance arrangements that I am referring to and to which draft regulations will need to conform.

An amendment to the Bill has been agreed whereby the Secretary of State will have a statutory duty to consult Scottish Ministers, Welsh Ministers and ourselves, and that has been written into the Bill. In addition to that amendment, there is a separate non-legislative commitment from the Department of Health and Social Care to ongoing discussions on the medical devices information system governance arrangements and the operational details that will ensure that the Department of Health in Northern Ireland is engaged in relevant policy and operational discussions and the development of draft regulations, and I am content with the assurances received on the legislative and non-legislative approach.

Questions were raised about who will share the data with whom and why. Information relating to human medicines is and will continue to be shared by the MHRA and the HSC. The MHRA is an executive agency of the DHSC, and both are exercising the powers of the Secretary of State. The power will be expressed as a power of the Secretary of State, so, in respect of Northern Ireland, the power of human medicines should also be exercised by my Department — the Department of Health in Northern Ireland. That is because medicines and the implementation of international obligations are transferred matters for Northern Ireland. For veterinary medicines, the power should similarly be exercised by the Secretary of State and the Department of Agriculture, Environment and Rural Affairs.

It is not possible to provide a definite list at this time of bodies or countries with which information would need to be shared, but it would include overseas regulators, which includes regulators associated with countries and territories; overseas governments; non-governmental organisations — for example, the World Health Organization; international institutions — for example, the European Medicines Agency; and international networks

such as the OCABR Network for Human Biologicals.

This information is shared with overseas bodies and networks, and it will be done in two main ways. One is through using EU databases, and another is directly with overseas regulators and bodies and networks, facilitated by information-sharing agreements and arrangements. After the transition period, the UK will lose access to the EU databases, and information sharing with EU countries and institutions will be facilitated by information-sharing agreements and arrangements similar to those in place with non-EU countries. The legal status of those agreements or arrangements varies from treaty obligations to more informal exchanges of letters. It is important that, going forward, there is an explicit statutory power that ensures that information can be shared without breaching legal restrictions on information sharing, which includes the common law duty of confidence; the provision of the UK GDPR; individual rights in the Human Rights Act; restrictions on the sharing of information obtained pursuant to specific legislation; and contractual rights. I hope that that lays to rest some of the concerns that were raised.

There were also concerns regarding the attractiveness of Northern Ireland in terms of supply of medicines and medical devices. The UK is currently aligned with the EU *acquis* for medicines and medical devices. That will change after transition, when Northern Ireland will remain aligned with the European Union and the rest of the United Kingdom will not. There are long-term implications for the supply and regulation of medicines in Northern Ireland, where the large majority of medicine supplies are drawn from the UK market via GB. Northern Ireland is part of a UK-wide medical supplies contingency programme for EU exit, which is led by the Department of Health and Social Care, with the involvement of all the devolved Administrations. At the fourth meeting of the Ireland/Northern Ireland specialised committee on 5 November, the UK Government and the EU Commission reached an agreement to allow the pharmaceutical industry 12 months from 1 January to comply with new regulatory requirements that apply only to Northern Ireland and are a consequence of the Northern Ireland protocol. That will allow industry time to adapt to the new arrangements and to mitigate risks to barriers to trade. The MHRA will continue to regulate medicines for Northern Ireland and, as the UK regulator, will represent all parts of the United Kingdom in ensuring their attractiveness as a place to trade.

Mr Buckley: I thank the Minister for giving way. We will all welcome the 12-month derogation period. I thank the Minister's officials, who helped to lobby for that very intervention. Does the Minister agree that now is the time — indeed, the Committee wrote to the Executive about this — to push for a mutual recognition agreement on medicines and medical devices by the new deadline of December 2021 to avoid a further cliff edge?

4.45 pm

Mr Swann: I thank the Member for his question. I had a meeting last week with Minister Argar, who leads on this work in Westminster, and both teams of officials, and they made exactly that point. Now that we have a 12-month period that allows us to put in place a concrete base, we must not waste any of that time. We agreed on that. In recognition of the tremendous work, as noted by many Members, that my Department has been involved in to secure that 12 month-period, we must ensure that we do not lose the expertise on either side of the table, because we need to make the best use of the 12 months that lie ahead so that we can give that reassurance to the industry in Northern Ireland on the continuity of supply.

My Department will continue to work with the Department of Health and Social Care and the Medicines and Healthcare products Regulatory Agency on compliance with the Northern Ireland protocol and future relations within the EU. That will include consideration of the optimal supply and logistic models for medical supplies for Northern Ireland, the attractiveness of Northern Ireland for clinical trials and the opportunities that may arise from life sciences. On the specific effects of the Internal Market Bill on the supply of medicines and medical products to Northern Ireland from GB, the advice from our legal advisers is that, post implementation, they are likely to be negligible. That is based on advice received in consultations to date, having considered the provisions of the Bill in its current iteration. However, as the Internal Market Bill is still making its way through Parliament, that advice is caveated by the need for ongoing review of the position, which could change over the next few weeks.

A number of Members mentioned the vital work of the Cumberlege review and the formal response to the crucial recommendations that came from its report. As Members will be aware, the Cumberlege report highlights the failure of the healthcare system in a number of areas, including the need to listen to and understand patients' voices and their concerns

about certain treatments. Recommendation 7 of that report relates to the requirement for a central patient-identifiable database recording the key details of all medical devices that are implanted. The LCM provides the necessary enabling powers for regulations to be prepared to require healthcare establishments to submit that data to a central database on a UK-wide basis. The benefits of a UK-wide system include the analysis of a much wider pool of data to identify signals indicating possible issues with or within a device.

An independent medicines and medical devices safety review group has been established in my Department to consider the recommendations of the review in a local context, including how they align with their ongoing work on patient safety. The working group consists of relevant representatives from the Department's policy and professional leads, and they are collaborating with colleagues across the United Kingdom on the matter. I reassure Members that the work is ongoing, but it has been delayed by the current pandemic. I will provide a formal response to the Cumberlege report, following full consideration by that group, which will take into consideration things such as a patient safety commissioner, an issue that the Member raised, and the need for what should, we think, be a national redress system that covers the entire United Kingdom.

Concerns were raised about the delegated powers in the Bill and whether they simply replaced the delegated powers provided for in section 2(2) of the European Communities Act 1972. The majority of the sought delegation powers reflect specifically the powers available to the UK now, which are in that Act. Secondary legislation made under the Bill is strictly limited to the matters found on the face of the Bill, without the ability to amend and update current regulatory frameworks. We are and will be unable to take appropriate and proportionate steps to address patient safety concerns.

The Bill provides for increased Parliamentary and Assembly scrutiny of regulatory amendments to the law that relate to human medicines, because the vast majority will now be subject to the affirmative resolution procedure, with the exception of fees and supplementary provisions in the civil sanctions regime for devices, as I mentioned in my opening comments. This is an enhancement to the current way in which updates to the legislation have been made, which have been subject to the negative resolution procedure to date. There is also a duty in the Bill for there to be public consultation before making future regulations.

The other amendments that require legislative consent add further strength to the Bill by providing for necessary information-sharing in accordance with international agreements and provide clarity on the offences clause. They also provide further safeguards in the regulation-making processes by outlining consideration to be taken when making regulations, by prioritising public safety and by clarifying attractiveness.

Regulations made under the Bill have the requirement to include public consultation and will mainly apply the draft affirmative procedure. The Bill now also provides for a new reporting obligation.

All these amendments will provide greater scrutiny for the Northern Ireland Assembly, which I welcome. I commend the motion and the LCM to the House.

Question put and agreed to.

Resolved:

That this Assembly endorses the principle of the extension to Northern Ireland of the provisions within the Medicines and Medical Devices Bill dealing with human medicines, veterinary medicines and information systems as amended at Committee Stage in the House of Lords.

Mr Deputy Speaker (Mr McGlone): Members should take their ease until we change round for the next item of business, please.

Committee Business

Licensing and Registration of Clubs (Amendment) Bill: Extension of Committee Stage

Ms P Bradley (The Chairperson of the Committee for Communities): I beg to move

That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 15 May 2021, in relation to the Committee Stage of the Licensing and Registration of Clubs (Amendment) Bill [NIA Bill 10/17-22].

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

Ms P Bradley: As the House is aware, the Licensing and Registration of Clubs (Amendment) Bill passed its Second Stage on 3 November 2020 and was referred to the Committee for Communities for its Committee Stage.

The principles of the Bill and beyond were debated at length at Second Stage. They aim to bring forward measures that seek to tackle alcohol misuse, to promote responsible consumption and to support the hospitality and tourism sectors. However, during the Committee Stage, we will seek to establish whether the Bill strikes the appropriate balance between those apparently competing objectives.

The Committee has begun in earnest its consideration of the Bill. The call for evidence and views was issued on 16 November 2020, with a generous four weeks for responses to allow those who want to respond more time than usual due to the current COVID situation. We are aware that many organisations and individuals will be under extreme pressures at this time. At its meeting on 12 November, the Committee agreed, after discussion, to request an extension to Committee Stage until 15 May 2021. The Committee fully appreciates that this will come as a disappointment to some Members and to a range of key stakeholders across a number of sectors.

I would like the House to bear with me as I explain why the extension is crucial for the Committee to conduct proper scrutiny of this substantial Bill of 36 clauses and two

schedules. The Committee was aware of significant pressure from a number of sources to have the Bill process done and dusted, including being granted Royal Assent, so that the Bill's provisions could be implemented by Easter, with Easter Sunday being 4 April 2021. While the Committee fully understands the pressures that the hospitality industry is facing, it cannot be ignored that, as a result of our considerations and those of the Assembly, we are shaping licensing laws for many, many years to come. I put that on record at Second Stage so that there was no confusion about the fact that the Committee will not be rushed in getting the Bill through, albeit we want to do our best to support the hospitality industry.

The Bill is about much more than Easter opening hours. The Second Stage debate clearly highlighted the wide range of very important issues that the Bill covers. I will now take a few moments to remind Members of the long list of issues that Members requested that the Committee cover and consider during its Committee Stage.

The Committee was asked to consider the very fundamentals of the licensing system, including the prices that are being paid for licences and the surrender principle. We were asked to consider the impact of extended opening hours and drinking-up time on the hospitality sector in general, on clubs, on the wider night-time economy, including taxi drivers, on rural pubs, on hospitality staff, on local residents and on the PSNI to name but a few. We have been asked by Members to consider the impact of the Bill on alcohol consumption and abuse and the related health impacts, on underage drinking and on safeguarding issues for those under 18 attending functions and award ceremonies in licensed premises. We have been asked to consider local producers in depth, with many Members wanting to do much more for that group because they feel that the Bill is not ambitious enough. Concerns were raised at Second Stage about advertising restrictions, loyalty schemes and alcohol deliveries, all of which are areas covered by the Bill.

The Committee has been asked to do a massive amount of work in its Committee Stage, and that will take a considerable period of time. There are no shortcuts. The Committee understands that and knows that it should not be distracted by any artificial deadline. At our meeting last Thursday, we had three excellent briefings from Assembly researchers that further cemented our view that there are gaps in data and evidence. Many issues requiring in-

depth scrutiny and lessons to be learnt from other jurisdictions cannot be rushed.

The Committee has also taken advice from the Bill Office in making its decision to request the extension. Even if the Committee felt that it could complete all that in-depth scrutiny within the 30-day time frame, there is absolutely no guarantee that the Bill would get Royal Assent in time for the provisions to be implemented by Easter 2021. The timescale is very tight, and neither the Department nor the Assembly controls all the processes and related timings that the Bill must pass through after its Final Stage. In normal non-COVID circumstances, the Committee would have the option of holding a substantial number of extra meetings to get through the many evidence sessions that it needs to hold. However, we are not operating in our usual circumstances. Members will know that there are limitations on all Committees at present in the number and length of meetings that they can hold. For that Easter deadline to have been really achievable, the Committee, operating as it is under the restrictions, would need to have the Bill much earlier.

It is crucial that we are realistic on a number of fronts. Primarily, we need to give the Bill the proper and thorough scrutiny that it deserves. There have been changes to it since it was last considered in 2016, and its scope is much wider. The Bill is generating lots of interest, and we will need to take evidence from a variety of different interests in order to ensure that we hear from everyone that might be affected by it.

Whilst the motion is to extend the Committee Stage until May 2021, we will, of course, make every effort to work closely with the Minister and officials to have the Bill dealt with before that date, but we must allow ourselves leeway in order to ensure proper scrutiny in the current context of the pandemic. The Committee supports the Minister in her aims to strike the right balance between offering a level of support to the hospitality and tourism sectors, which we all agree is much needed, and protecting our communities by ensuring that the sale of alcoholic drinks is controlled.

In conclusion, in order to allow the Committee for Communities to complete its scrutiny as robustly as it can on a wide range of hugely important issues and within a realistic time frame, I commend the motion to the House.

5.00 pm

Ms Ennis: I want to make it clear that it is Sinn Féin's position that we need to reform our licensing and regulation laws. We need that to

happen as quickly as possible, not least to help the beleaguered hospitality industry, but also to help with economic recovery from COVID-19. As the Chair said, and as contributions from Members at the Second Stage of the Bill show, there is a lot to consider. This legislation will be with us for a long time, and we need to make sure that we get it right.

We have a list as long as your arm. Dozens of groups and individuals want to come to the Committee to give evidence. We need to ensure that we give those groups the respect and the adequate time that they need in order to properly brief members.

If we want modern, fit-for-purpose reform of our licensing laws, the Committee needs the time to ensure that that is what we get. As the Chair said, this is to ensure that the Committee is equipped to do that. I want to assure Members that we will make every effort to get this done as quickly as possible, but we need the time and space to make sure that we do it right. It will be with us for a long time, and we need to ensure that it is something that we can all live with. That said, I support the motion to extend the time for Committee Stage consideration.

Mr Deputy Speaker (Mr McGlone): As there are no other Members to speak on this item —. Sorry, excuse me. I have to call the Chair again. I now call the Chair.

Ms P Bradley: Thank you, Mr Deputy Speaker. I thank the Member for her contribution, and I thank all the members of the Committee for Communities who agreed to the extension. I look forward to the Committee progressing through its scrutiny of the Bill.

Question put and agreed to.

Resolved:

That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 15 May 2021, in relation to the Committee Stage of the Licensing and Registration of Clubs (Amendment) Bill [NIA Bill 10/17-22].

Adjourned at 5.02 pm.

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