

Official Report (Hansard)

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Northern Ireland Assembly

Tuesday 28 January 2014

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

Members observed two minutes' silence.

Matter of the Day

Mivan: Cessation of Trading and Resultant Job Losses

Mr Speaker: Mr Trevor Clarke has been given leave to make a statement on the future of Mivan, resulting in job losses, which fulfils the criteria set out in Standing Order 24. If other Members wish to be called, they should rise in their place continually. Other Members who are called will have up to three minutes to speak on the subject matter. No points of order or any other business will be taken until this piece of business is dealt with. If that is clear, I call Mr Clarke.

Mr Clarke: It is only two weeks since we were here to talk about Mivan. On that occasion, I was fairly optimistic. I am maybe less optimistic today, given the news we had yesterday on the cessation of Mivan. I grew up in that Antrim area, and it is sad that we are going to lose that iconic name. It has employed many people over so many years. I put on record our gratitude to the owner, Ivan McCabrey, for the 40 years in which he brought that business to the Antrim area and acknowledge the difficult trading times he had over that period. It is unfortunate that we are talking, today, about the possibility of more job losses in the Antrim area.

I take some comfort from speaking to the Minister of Enterprise, Trade and Investment, my colleague Arlene Foster, about the engagement that she has had with the company and the administrators. Although yesterday's news on the job losses is bleak, I am assured from conversations that Mrs Foster has had with the administrators that the work has not ended just yet and that there may be some hope on the horizon for some of the workforce. Some of us know what Mivan had to offer. It is a very skilled workforce; it is not something that anyone can take up at any time. Those people who have been employed in Mivan for many years have gained their skills through their work and the time that they spent with Mivan. So, we are still hopeful at this

stage, Mr Speaker, that even though yesterday's news is bleak, there will be placements for those who are currently employed. In closing, I wish the best to the administrators and those looking on at the company. I hope that someone can step in, even at this late stage, to continue that work and keep up the good name and the skills that people in the Antrim area have acquired over the years.

Mr Mitchel McLaughlin: Go raibh maith agat, a Cheann Comhairle. I echo the comments from my colleague Trevor Clarke. I welcome the interest, concern and attendance of the Minister. This is a very significant blow. It is a reminder, if we needed it, that the storm clouds, even in the international market, are still with us and that there may be other challenges ahead.

Although I do not wish to understate the tragedy at a personal level for each of the workers, the company and its workforce were a credit to our regional economy and our skills base. The entrepreneurship of the company and its workers, who were prepared to pack up and travel, go abroad and demonstrate their skills and capacity, is something that we should not lose from our local workforce. I wonder whether, even in the short term, we can offer the possibility of seeding the potential on existing companies as well. It would be an awful tragedy if the skill set that exists from managerial level right down through to the artisan skills were allowed to break up and dissipate. I know that the Minister will use every ounce of imagination and creativity to try to retrieve as much as she can out of this setback to lay the groundwork for a comeback.

Mr McGlone: Go raibh maith agat, a Cheann Comhairle. I empathise with the comments of colleagues in the House today. It is particularly sad for the employees who find themselves in very difficult circumstances this morning. Many people are trying to keep bread on the table and a roof over their head. These are very difficult and traumatic times, so I am glad that the Minister is here. Perhaps, at some stage, she might choose to come back to us to tell us

what is being done by DETI and Invest NI. We could also draw our comments about retraining or skills towards the Employment Minister.

There is one issue that should be put clearly on record today, and that is that although the employees of the firm will inevitably be affected, subcontractors and suppliers may well be affected by the act as well. The firm has really hit the wall. The Patton circumstances were really bad. It was quite clear that the firm was using subcontractors on the base as a prop or a type of banking to keep it going. The other issue that emanated from the Patton experience was that it became apparent that there were public sector contracts with which the firm was involved. It may well be useful — I am sure that the Minister will be listening very intently at this point — for a scoping exercise to be undertaken at Executive level of the various Departments, and possibly even agencies outside or within the remit of the Departments, where work could be ongoing to make sure that the supply chain remains paid. When the firm hits the wall, I know that there will be other elements of claim to be laid to it, but people in that supply chain will inevitably look to the Assembly today to make sure that whatever protection can be afforded to the payment they require from those schemes is provided to them.

It is unfortunate that we come to the House to talk about these circumstances, but we will do what we possibly and conceivably can as constituency and public representatives.

Mr Dickson: I thank the Member for providing the opportunity to discuss what is a very difficult situation for many. The company has a worldwide reach. Whether it is working on the Dome of the Rock in Jerusalem, Disneyland Paris or high-specification apartments in London, the company has a high reputation and a highly skilled workforce.

I am absolutely sure that the Minister and other Ministers will be working behind the scenes to ensure the best possible outcome to this tragic situation for a company that has served the community for so many years, and for its employees, not only those working overseas but those right through the greater County Antrim area, from where Mivan draws its employees. It is important that we recognise the company's skills base. Ministers must work very hard to ensure that those skills are either retained in a reformed or reshaped company, if that is possible, or diversified into the community so that they are not lost to Northern Ireland. If that happens, others will be able to draw on the skills and build on the situation.

This is a very difficult time for individual employees, but I know that, whatever the differences in the Chamber, all Ministers and all appropriate Departments will pull together to deliver the best possible service in these difficult circumstances.

Mrs Cameron: I join my Assembly colleagues in showing my support for those who have been affected by the devastating job losses for Mivan in Antrim. We appreciate the ripple effect and how that may affect many more people. We can take a small comfort, as we have heard today, from the fact that my colleague Arlene Foster's Department and Invest NI are working with administrators for Mivan. We can have at least some small hope at this stage that there may be a more positive outcome in the near future. However, at this time, I want to let the people know that our thoughts are with them and their families, who are affected by what is a truly devastating loss to Antrim and the surrounding areas.

Mr Allister: Many were quite shocked when, a couple of weeks ago, Mivan, which has always been regarded as very much a signature Northern Ireland company, with a very high reputation across the world, suddenly hit the buffers. At that time, considerable optimism was expressed that much might be salvaged. It therefore came as a further blow yesterday to hear of the full-scale redundancies. I express some disappointment that the administrator moved so swiftly to full-scale redundancies and that such efforts as one thought might have been made to find buyers seem to have been terminated at a relatively early stage.

There are for many of us echoes here of what happened with Patton's, where another primary company suddenly collapsed, leaving in its wake a great trail of devastation among long-serving, loyal, hard-working workers. Its collapse also left a trail of subcontractors. It may be that Mivan, with much of its foreign work, had many subcontractors outside the jurisdiction, but it certainly had suppliers and subcontractors here, and one feels very strongly for them. As in the case of Patton, it was the hapless, blameless subcontractors who ended up paying a huge price, and who themselves had perhaps subcontracted some work. They had bills to pay but had nothing coming in from their main contractor. That is what puts the subcontractor in such a hapless and hopeless situation. I fear that, in the coming weeks and months, we may find the aftershocks of Mivan continuing to work through. The impact on County Antrim will, I fear, be considerable.

I trust that, in those circumstances, the administrator and Invest Northern Ireland are doing all that can be done and that we will see more manifestation of that through a successful outcome than we have seen evidenced in the past two weeks by virtue of yesterday's disappointing news.

10.45 am

Executive Committee Business

Carrier Bags Bill: Consideration Stage

Mr Speaker: I call the Minister of the Environment, Mr Mark Durkan, to move the Consideration Stage of the Carrier Bags Bill.

Moved. — [Mr Durkan (The Minister of the Environment).]

Mr Speaker: Members will have a copy of the Marshalled List of amendments detailing the order for consideration. The amendments have been grouped for debate in the provisional grouping of amendments selected list. There is a single group of amendments. The single debate will be on amendment Nos 1, 2, 3 and 4.

Amendment No 1 deals with the date of implementation of phase 2 charging for carrier bags and the definition of carrier bags subject to the levy. It also exempts bags costing 20p or more as well as multiple reuse bags and bags for life. The group also includes an additional review provision and two miscellaneous and consequential amendments.

Once the debate on the group is completed, any further amendments in the group will be moved formally as we go through the Bill, and the Question on each will be put without further debate. The Questions on stand part will be taken at the appropriate points in the Bill. If that is clear, we shall proceed.

No amendments have been tabled to clauses 1 to 8. I propose, by leave of the Assembly, to group these clauses for the Question on stand part.

Clauses 1 to 8 ordered to stand part of the Bill.

New Clause

Mr Speaker: We now come to the single group of amendments for debate. With amendment No 1, it will be convenient to debate amendment Nos 2, 3 and 4. Members will note that amendment No 4 is consequential to amendment No 1.

I call the Minister of the Environment, Mr Durkan, to move amendment No 1 and address the other amendments in the group.

Mr Durkan (The Minister of the

Environment): I beg to move amendment No 1: After clause 8 insert

"Amendments of the 2013 Regulations

8A.—(1) *The Single Use Carrier Bags Charge Regulations (Northern Ireland) 2013 ('the 2013 Regulations')* are amended as follows.

(2) For regulation 3 substitute—

"Meaning of "carrier bag"

3. In these Regulations "carrier bag" means a bag of any material supplied or designed for the purpose of enabling goods to be taken away or delivered.'

(3) Except in regulation 1(1) (citation) and regulation 3 (meaning of 'single use carrier bag'—

(a) for 'single use carrier bag' (wherever occurring) substitute 'carrier bag';

(b) for 'single use carrier bags' (wherever occurring) substitute 'carrier bags'.

(4) In regulation 6, for the words from 'for the purpose' to the end substitute 'at a place where goods are sold'.

(5) In paragraph 1 of Schedule 1 (exemptions)—

(a) in sub-paragraph (1), after head (k) add—

'(l) bags which are sold to customers for a price of not less than 20 pence each;

(m) multiple reuse plastic bags that are issued as free replacements for a corresponding number of worn out multiple reuse plastic bags.';

(b) in sub-paragraph (3), after the definition of 'medicinal product' insert—

"multiple reuse plastic bags" means bags which—

(a) are made wholly or mainly from plastic;

(b) have either maximum dimensions of 404 mm (both width and height) or a maximum dimension of 439 mm (either width or height);

(c) are manufactured from material which is greater than 49 microns in thickness;

(d) are purchased by the customer; and

(e) when worn out are returnable to the seller from whom they were purchased to be replaced free of charge;'

(6) This section comes into operation on 19th January 2015.

(7) Nothing in this section affects any power to amend or revoke the 2013 Regulations."

The following amendments stood on the Marshalled List:

No 2: In clause 9, page 3, line 21, leave out "Act" and insert "section".— [Mr Durkan (The Minister of the Environment).]

No 3: In clause 9, page 3, line 30, leave out subsection (4) and insert—

"(4) Subsections (1) and (2) do not affect the generality of subsection (5).

(5) The Department may at any time review whether any description of carrier bag should attract the requirement to charge.

(6) Expressions used in subsection (5) and in the charging provisions have the same meaning in that subsection as in those provisions.

(7) In this section—

"charging provisions" means section 77 of and Schedule 6 to the 2008 Act and any regulations made under those provisions;

"the Department" means the Department of the Environment."— [Mr Durkan (The Minister of the Environment).]

No 4: In the long title, after "bags;" insert

"to amend the Single Use Carrier Bags Charge Regulations (Northern Ireland) 2013;"— [Mr Durkan (The Minister of the Environment).]

Mr Durkan: Amendment No 1 introduces a new clause 8A and arises from a recommendation made by the Environment Committee. Before outlining the detail of the amendment, I want to express my appreciation for the work that Committee members have done and for the timely manner of their consideration of the Bill.

Turning to the amendment, I can confirm that the effect of the new clause is that the Bill will become the key legislative vehicle that provides for the commencement of the second phase of carrier bag charging without the need for subsequent subordinate legislation.

After hearing evidence from stakeholders, the Environment Committee recommended in its report that the Department should consider deferring the commencement of the legislation from its planned implementation date of April 2014 until January 2015. The main reasons for the suggestion were to ensure a longer lead-in time to allow retailers to prepare for the extension of the levy and to ensure that the public were fully informed of the changes to the current charging arrangements.

I remain committed to extending the levy to low-cost reusable bags as quickly as possible; there is a clear environmental rationale for doing so. However, I also recognise the need to give retailers a reasonable period of legislative certainty to allow them to make final plans for implementation. For that reason, and with the agreement of the Environment Committee and the Executive, I have decided to delay the introduction of the extended levy until January 2015 in line with the wishes of the Committee and the representations received from retail groups. However, I appreciate the need for early confirmation of the precise implementation date. That is the main driver behind new clause 8A. The clause provides for a small number of critical changes to the Single Use Carrier Bags Charge Regulations (Northern Ireland) 2013. The regulations provide for the current charging regime of a 5p levy on single-use bags that has been in force since 8 April 2013.

Essentially, the amendment will amend the regulations to extend their scope from single-use carrier bags to carrier bags and amend the existing exemptions provision to add two additional exemptions for bags with a retail price of 20p or more and those that are issued as free replacements for bags for life. The amendment also specifies that phase 2 of carrier bag charging will commence on 19 January 2015.

I want to outline the reason for this amendment and, indeed, the Bill. From an early stage, the Department's modelling work suggested that the relatively low price of low-cost reusable bags would lead some people to treat them as single-use bags and discard them prematurely. As low-cost reusable bags are usually of a higher gauge, that would cause even greater harm than discarded single-use bags.

The Department had forecast that the 5p levy on single-use bags would generate a 70% increase in sales of low-cost reusable bags. It appears, based on a sample of retailers, that the increase is more in the region of 800%. Although the increased sales of such bags are expected and welcome, such figures indicate that it is unlikely that customers are reusing such bags to their full potential. Such a view is strengthened by a recent local survey showing that only 56% of shoppers in Northern Ireland regularly reuse their carrier bags. This suggests that there is significant room for improvement by discouraging purchases of new bags in favour of greater levels of reuse.

This amendment provides for the extension of charging to reusable bags by providing that the 5p levy will apply to any carrier bag costing less than 20p. However, retailers may, if they choose to do so, continue to operate schemes in which they can replace worn out plastic carrier bags free of charge. Only the initial purchase would be subject to the levy. This should reinforce positive environmental behaviour.

I can confirm that the Department will still introduce carrier bag regulations in due course. The purpose of these will be to provide further clarity and deliver a number of non-critical amendments.

I now want to deal with the remaining amendments, which relate to clause 9 —

Mr Allister: Will the Minister give way?

Mr Durkan: Certainly.

Mr Allister: Before the Minister moves off amendment No 1, I have always struggled, I have to confess, with the approach that now evinces itself in the definition of carrier bag that he introduces, in which it means a bag of any material supplied. Where is the logic in moving from where the debate about plastic bags started out to including biodegradable bags in the definition of carrier bags? Why is it that we find it necessary to impose a levy on biodegradable bags? What is the simple answer?

Mr Durkan: I thank Mr Allister for his intervention. Although paper bags, as the Member points out, are biodegradable, there is still an environmental impact from having them in circulation. Obviously, the damage that they do to the environment is not as great as that done by plastic bags. However, there is still an impact. We do not want paper bags or plastic

bags littering our streets or strewn in our hedgerows. Paper bags still have a negative environmental impact, albeit not on the same scale as plastic bags. I appreciate the Member's point, which he and retailers have raised before.

I now want to deal with the remaining amendments, which relate to clause 9 and the long title. Clause 9 requires the Department to prepare a report on the operation of the carrier bag charging arrangements. The review must assess the effectiveness of charging and whether any amendments need to be made. The Bill requires that the review be carried out within three years of the Act coming into operation. It also requires the Department to publish the report and lay it before the Assembly.

I see this provision as a statutory commitment to undertake a very wide-ranging review assessing the success of the policy, whether there are problems and whether the legislation needs to be amended. The amendment that I am bringing forward supplements the existing commitment to review the legislation. In response to an issue raised by the First Minister, this amendment provides for an additional ad hoc review of exemptions from the charging requirement. Indeed, that might further answer Mr Allister's question.

The Department will, at any time, be able to assess whether the existing list of exemptions remains fit for purpose or whether new evidence has emerged, including any evidence provided by stakeholders that justifies amendment to that list. The objective of the amendment is to ensure that the legislative provision is sufficiently flexible to provide for early review of exemptions from the charging requirement. My officials have engaged with the Environment Committee on that issue, and understand that the Committee is content with the proposal.

Amendment No 3 is a very minor drafting amendment to clause 9. It is being made on the advice of the Office of the Legislative Counsel. Amendment No 4 relates to the long title of the Bill and is a direct consequence of clause 8A.

Those are all the amendments in the group. I should also advise Members that I have sought and received the Minister of Finance and Personnel's recommendation under section 63 of the Northern Ireland Act 1998 in relation to these amendments.

Ms Lo (The Chairperson of the Committee for the Environment): On behalf of the Environment Committee, I welcome the Consideration Stage of the Carrier Bags Bill. The Bill was referred to the Committee on 12 June 2013. To ensure that there was enough time to scrutinise the Bill fully and effectively, the Committee sought an extension of the Committee Stage to 30 November 2013.

There were nine written submissions to the Committee's call for evidence on the Bill. Members agreed to take oral evidence from the Northern Ireland Independent Retail Trade Association and the Northern Ireland Retail Consortium, as well as the Northern Ireland Local Government Association and Northern Ireland Environment Link. I would like to place on record the Committee's thanks and appreciation to those who responded in writing and those who provided oral briefings to the Committee.

The Committee reported on the Bill on 26 November 2013 and welcomes the Department's response to its recommendations, which are largely reflected in the amendments before us today. Amendment No 1 introduces a new clause, which will delay implementation of the second phase of charging for carrier bags to 19 January 2015. During its scrutiny of the Bill, the Committee was greatly concerned about the proposed timing of the extension of charging to low-cost reusable carrier bags, following so closely the introduction of charges for single-use bags.

The Committee found a lack of hard evidence on how the first phase of the levy on carrier bags has impacted on consumer behaviour. Since the charge had been in place for less than three months when the Bill was initially referred to the Committee, neither the Department nor witnesses were able to provide definitive evidence on how the levy has impacted on retailers, particularly smaller retailers, the environment, or on people's shopping habits.

Consequently, Committee members were concerned that the Department's original implementation date for the second phase of charging, April 2014, was too soon. They felt that it did not give the Department enough time to assess the impact of the first phase and to instigate a widespread communication campaign so that consumers are aware of the introduction of the new charging arrangements. Representatives of the major supermarkets also told the Committee that a proper lead-in period would give them more time to put in place the

new IT systems and staff training necessary to implement the new arrangements.

Therefore, on behalf of the Committee, I welcome the amendment, which will delay further charges until 19 January 2015. I hope that the later implementation date will give the Department time to deliver a clear communication strategy to the public. The last thing we want is for shoppers to be confused. They need clear, straightforward information on exactly which bags will be subject to the levy and what they will cost at the checkout.

11.00 am

The Committee has no issues with amendment No 2, which is merely a technical amendment.

The Committee also supports amendment No 3. During its scrutiny of the Bill, the Committee asked the Department for its rationale for choosing a three-year review period. The Department advised that it was to allow more time for an evidence base to be built up and to allow the Department time to react to carrier bag charging being implemented in Scotland and England. The Committee was content with that approach. However, the Committee also supported the introduction of a provision for an ad hoc review, particularly as the commencement of charging for carrier bags is a comparatively recent development and problems may yet emerge. The amendment will allow the Department to react to issues as they arise and, for that reason, is welcomed by the Committee.

Amendment No 4 reflects the mechanism used by the Department to implement the Committee's recommendation that a definitive date should be specified for the implementation of the second phase of charging. The Committee has considered that approach to amending the Bill and is content that it provides certainty for consumers and retailers. Consequently, the Committee is happy to support the amendment.

Mr Speaker, with your indulgence, there are a few other things that I would like to put on record in relation to the Bill. I will be very brief. The Committee felt that there was a need for a widespread and effective communications campaign by the Department to ensure that the existing support from consumers is underpinned by an understanding that bags for life should be reused as long as possible and that they will be replaced by retailers free of charge. Members urge the Department to make best use of the additional time now

available to it before the extension of the levy to ensure that its communication activities are timely and are appropriately focused.

The wider environmental implications of the continued use of plastic carrier bags of all types were not taken into account in the Bill. We know that the European Union has recently adopted proposals requiring member states to reduce their use of lightweight plastic carrier bags, and those proposals recognise the introduction of an outright ban under certain conditions. Other suggestions included a move towards biodegradable bags and the use of a grading system similar to the system currently in use to specify the energy efficiency rating of domestic appliances that would indicate the environmental impact of the plastic carrier bags available from retail outlets. The Committee believes that the Department should give further consideration to those options in the future.

The Committee also welcomed the Minister's announcement on 16 October 2013 that he had allocated a significant portion of the proceeds from the carrier bags levy to the Challenge Fund to enable communities and organisations to deliver new local environmental projects across Northern Ireland. It is vital that the proceeds from charging for carrier bags continue to be used to support local environmental projects.

I was at an NI Environment Link event to celebrate the Challenge Fund a couple of years ago, and I was really impressed by the many innovative and effective programmes that the scheme supported. However, given the anticipated much-reduced receipts from the carrier bag levy, I would like an assurance from the Minister that the shortfall from the £4 million that DFP took out of DOE's budget is now addressed.

In conclusion, I welcome all the amendments on behalf of the Committee, and I urge the House to support them.

Mrs Cameron: I support the amendments at the Consideration Stage of the Carrier Bags Bill. Many people have been more than aware of the Bill and of its outworkings, which came into effect in April last year. Specifically, most, if not all, of us will be aware of the carrier bag levy, which has dramatically changed how we shop from day to day. The Bill brought into effect a 5p levy on all bags for single use, with the exception of those distributed by pharmacists, for example, for medicine or by butchers for meat and poultry purchases. Those are just two examples of the exemptions.

The Bill forms part of the process initiated in the previous Assembly term and is a method of drastically reducing the number of plastic bags that are or were in circulation. Many bags, as we know, ended up in landfill or littering the countryside and our rivers. Apart from being an eyesore, these bags are a dangerous hazard to wildlife and fish. I hope that we will eventually see the end of them completely.

It is clear that the legislation has been very successful, with early reports indicating an 80% reduction in single-use bags in some parts. While the levy could be regarded as an additional means of raising tax, that is, in fact, not the purpose, and the Minister has assured us that any moneys raised are to be used to fund environmental projects in the community. One example of that is an eco-club in Fairview Primary School in Ballyclare in my constituency of South Antrim. I have had the opportunity to see at first hand how the eco-clubs work and how effective they are. Indeed, I think that we can safely rely on our children to teach us a thing or two about managing waste. Fairview Primary School won the Eco-committee of the Year Award in 2013 and was the first of just two schools in Northern Ireland to achieve zero waste, meaning that it sent absolutely no waste — nothing — to landfill. Unsurprisingly, Fairview Primary School is very proud of its pupils and their achievements, and I am glad that the Environment Minister will have the opportunity in the coming days to see for himself just how the children have managed to achieve that status.

When the Committee began its investigations and the Department brought forward the amendments, it was clear that there were concerns that the heavier plastic bags that were still being sold for a relatively small amount could become the new throwaway bags. That is why the second phase of the legislation is important. I commend the large retailers that have sought to address the problem by offering the sale of bags for life, which might be better termed "reusable bags". They are sold for as little as 6p and, once damaged or worn out, can be exchanged for free at those participating stores. It is a very good initiative that responsibly considers the environment and the cost implications to customers.

The Bill, through amendment No 1, will extend the 5p levy to bags that are being sold for 20p or less, making it less attractive to consumers to purchase those bags, which have a relatively short life. The hope is that it will encourage the reuse of bags in general.

The amendments to the Carrier Bags Bill will benefit the environment and will enhance the sentiment and purpose behind the original Bill. I welcome that the Minister has, after pressure from the Committee, agreed to delay the implementation of the amendments and the 20p benchmark from April 2014 until 19 January 2015. This is a direct response to representations made by the retail trade, which asked for more time before amendments were brought into existence. It allows a generous amount of time for IT systems to be updated and, of course, time for Department and retailer alike to embark on an awareness campaign. I therefore welcome the amendments and support the Bill's passage.

Mr Boylan: Go raibh maith agat, a Cheann Comhairle. Ba mhaith liom labhairt i bhfabhar leasuithe uimhir 1, 2, 3, agus 4. I will speak in favour of all four amendments. I welcome this Carrier Bags Bill.

With your indulgence Mr Speaker, I will go back to the original legislation. I think that the public have embraced the first part of the legislation on single-use carrier bags. I did have some concerns when we decided to go down the route of introducing this reusable charge, but, clearly, we went into Committee Stage and got a definition of exactly what we were talking about. Mr Allister asked about biodegradable bags. The whole idea of this is to reduce the number of single-use plastic bags. In Committee, we found out that plastic bags that are classed as inferior bags and for which 6p, 7p, 8p, 9p and 10p is charged have now floated onto the market. They are being discarded, and that is defeating the purpose. To my knowledge, some of the figures showed that the public had embraced the original measures, with an 80% reduction over a certain time. That is to be welcomed, but we should learn from other examples, especially that of the Twenty-six Counties, where the reduction of single-use bags led to overuse of another type of bag. In the discussions, we found out that the energy required to make biodegradable bags is as detrimental to the environment as the bag itself. We need to take that into consideration.

I turn specifically to the amendments, and I want to talk about the review period set out in amendment No 3, which the Minister mentioned. Amendment No 1 allows for the introduction of the charge, which we welcomed in Committee. The issue for us was not only how it would impact on the public but how it would impact on retailers. It is to be welcomed that the introduction of this will be delayed until January 2015 to allow the retail industry to adapt and adjust. Obviously, the amendment

covers the issue of "single use" and defines "carrier bag". Other Members have indicated exactly what the amendment intends to do, so I will not rehash that argument. We are well aware of what that is. Amendment No 2 is a technical amendment.

I move on to amendment No 3. The Minister has indicated that there would be a review. That is to be welcomed, but a review should not only be on pricing but have a wider scope to cover the types of bag and their composition. Although the Bill indicates what that is, we need to look at the usage and maybe take some ideas from the public and the retail industry to ensure that, over the next three years, we get it right, that there is a reduction in these bags, that it is environmentally friendly and that whatever moneys are generated definitely go back to environmental projects. As you said, amendment No 4 is consequential to amendment No 1.

The key element to selling all of this is communication and the public awareness programme. In the Minister's finishing remarks, I would like him to touch on how he proposes to sell this to the public. As I said in my introduction, the public have embraced this issue, and this is the second phase of it. I would like to think that we will do a good public awareness campaign to bring those people on board and to assist the retail industry. I support the amendments.

Mr Eastwood: I am glad to support the Bill. I congratulate the Minister in particular and the Committee on the way that they have approached this legislation. We have all known for a long time that plastic bags in particular have had a real detrimental effect on our environment. For years, we tried to deal with that through education solely, and, unfortunately, that did not work.

We needed to bring legislation to ensure that people were educated through their pockets to deal with this very serious issue, and evidence from around the world shows that that works.

11.15 am

The evidence that we have to date has shown that the impact on our shopping habits has been very significant. People have changed the way in which they shop and the way in which they view the bags that they leave the shop with. All legislators and Ministers should be prepared to make improvements to legislation when required and when the evidence shows that there may be another

impact in respect of the usage of other bags that maybe was not foreseen. The Minister has responded and the Committee has said — and, I think, this House will say — "Let us change the legislation further to ensure that we can deal with the other issue." That is what today is about.

Many of our communities have benefited from the challenge fund, with over £2 million raised for environmental projects in the community. That is very welcome, but we want to get to the stage where not a lot of money will be raised and people will not be continually buying reusable bags. That is what this legislation is about.

I welcome the Minister's commitment and flexibility in working with the Committee as a response to conversations that the Committee had with retailers and the need that was illustrated for the implementation of the legislation to be delayed until January 2015 to allow not only retailers to prepare but for us to prepare shoppers and to communicate with the general public on how the legislation will work. That is essential, and I know that other Members have said this already, but we need to ensure that we communicate to the general public what this is about and how it will work, because all of us have to go to supermarkets and other retailers, unfortunately, at different times. So, I think that it is important that people are aware of how the legislation will work.

Anna Lo spoke about going into schools, as did other Members, and seeing how far children are ahead of us. Children can lead the way and have led the way with Eco-Schools and other projects, and it is good that the Minister is able to support those projects. In implementing this legislation, we have finally caught up with the younger generation. That says a lot.

Some of us might have doubts about global warming, but we have a real concern about it and about the impacts of environmental damage on our future and on our children's future. This is one radical, useful and practical way of dealing with that, and I commend the Minister for all that he has done in that regard. With that, Mr Speaker, I am very glad to say that the SDLP supports the amendments. I am sure that you will not be surprised at that. I congratulate the Minister and the Environment Committee for their continued good work on the issue, and I am sure that it will be a continued success going forward.

Mr Elliott: On behalf of the Ulster Unionist Party, I, too, welcome the amendments and welcome the development of the Bill. This

highlights a good reaction, a good interaction and good cooperation between the Minister, his Department and the Committee, but, more importantly, even though the Committee may feel important in all this, it is vital that there was good communication and cooperation with the retail sector. It has to implement the legislation, and it will bear the brunt of it, along with the consumers, and its views were, by and large, taken on board. So, I welcome that cooperation with the wider public.

I know that the earlier suggestion was that reusable bags up to the cost of 40p would have the levy. Clearly, that put a shock into the system. Whether that was done deliberately to put a shock into the system and then reduce it, as some political representatives may often do, I do not know. We will hear from the Minister whether that was the policy at the time or whether there was a genuine attempt to introduce the 40p levy. Anyway, we are now down to the 20p levy, which is much more realistic.

I know that when the single-use carrier bag levy came in there was a huge reduction in the number of such bags being sold by retailers. However, what we have not heard is that there was a huge increase in sales of types of bin liners. I understand that sales increased by over 100%, so there was obviously a knock-on effect that the wider public may not have been aware of and that we did not hear about at the time. It is right to take cognisance of that.

I also support the Committee Chair's view that it is important to build a review into the process, because we do not know what will happen 12 months after the legislation's introduction. You could see a massive increase in sales of some other type of bag, so we need to look at that issue as it comes up. The single-use bag levy has not been in place for too long, so I suppose that it is difficult to get fairly accurate results at this stage. However, I do know that the Committee has been informed of some factors.

It is also important to recognise where the retailers are coming from. I know that impulse shopping has been a concern, whereby people purchase just a loaf of bread and a pint or litre of milk as opposed to maybe buying more items if they could put them in bag — now they seem to buy just what they can carry. Small, independent retailers were complaining significantly at the start of the process that they were finding a huge reduction in their sales to those impulse buyers. I do not know whether that has levelled out. I think that the Department indicated that there was some levelling-out of that, but I do not know the

situation at the moment. We need to keep that issue under consideration so that the smaller, independent retailers are protected as far as is reasonably possible.

I do not want to delay the Bill. I support the amendments. I emphasise once again that I support the cooperation that there has been between the Minister and his Department, the Committee and retailers.

Mr Weir: At this stage in the debate, it is not so much an issue of having reusable bags as whether we are going to have reusable speeches, because I suspect that a lot of recycling is going on. I do not intend to disappoint the House by introducing much in the way of novel concepts into my remarks.

For those of us who were here when the initial legislation on single-use carrier bags went through, that Bill, to be fair, was highlighted as not being a full stop but a comma. It was meant to be stage one of a process, and I think that the amendments before us are another step in that broader process. I welcome the amendments. There are two amendments of particular substance: amendment Nos 1 and 3. Amendment No 2, as indicated, is largely a technical amendment, while amendment No 4 is a consequential one.

A number of genuine concerns were shared by not only the Committee but the wider retail industry. The Committee stretched itself to try to facilitate a level of discussion between the retail sector and the Department, which, I am glad to say, was largely successful. However, the Committee even did its own exploration of the issue. Indeed, I remember that one member, who will remain nameless, was so keen on doing research that he or she requested that we bring a range of carrier bags to the Committee to test them out. I suspect that the member probably does not do a great deal of shopping. To preserve anonymity, I will not name him or her. As a result, we have seen a certain number of changes to the legislation.

It was mentioned that, when the original legislation went through, no one could doubt the dramatic impact in the reduction of the number of single-use carrier bags bought. To that extent, it has been a major boon to the environment.

With the Bill, there should a slight note of caution in that assessing and predicting the impact has been very difficult. As the Minister said, it was predicted, even by the Department, that there would be a certain amount of switching to low-cost reusable bags. The scale

of that was massively out of proportion to what had been modelled, which shows that it is difficult to interpret consumer behaviour precisely. When it comes to the broad thrust of the Bill, that is one caveat, which is why amendment No 3 provides for the flexibility of a review.

At Committee Stage, there was conflicting evidence. Logic says that there has been a substitution effect on consumer behaviour. The switch has tempted people from single-use bags to cheap reusable bags, which has led to a massive increase in that sector. Common sense dictates that cheap reusable bags, which, by definition, will be used a number of times, are better than single-use bags. There is empirical evidence to suggest that people tend to treat cheap reusable bags differently to more expensive bags for life, so there is a danger that people use the cheap bags a few times and then discard them. That impacts on the environment.

Concern was expressed about the uncertainty surrounding how a shift towards cheap reusable bags will impact on consumer behaviour. For most consumers, it is logical to switch to a bag that costs more than 20p, which will be a bag for life. That is economically sensible and prudent. The Minister for Social Development, who is sitting beside me, is well known for his thrift. If he had to face the prospect of going shopping, he would be very much attracted to the notion of paying a one-off 20p rather than spending 10p over and over again. I suspect that thrift is not confined only to the Minister. Although that is the logical reaction, concerns were expressed about the danger of people going for the middle option — cheap reusable bags. If that is made a lot less attractive, the shift in consumer behaviour, for most people, will be towards the more expensive bag for life, but there is a danger that some people will simply shift to the very cheap bags. That is why it is appropriate that a review mechanism be put in place. We can see a useful direction of travel, but none of us can have absolute certainty of the impact on consumer behaviour. Consequently, amendment No 3 is important.

I echo the remarks of others that it has not simply been a question of Committee members raising concerns, the Committee as a whole listening to those concerns and the Department listening to the Committee. The concerns initially came largely from retailer groups, and cognisance was given to consumer concerns. I commend the Department for listening. The amendments contain three direct changes. The original plan was for a 10p levy. A decision was taken to restrict that to 5p, which is to be

welcomed. As Mr Elliott mentioned, the original proposal was for the levy to apply to all bags below 40p, and there is a distinction here. The Committee felt strongly that that was pitched far too high. There is an argument that people may well regard an 8p, 10p or 12p bag, even if it is classified as reusable, as one to be used on only a few occasions. However, beyond 20p, people start to see a bag as being of much higher quality and one that they are prepared to use long term. Therefore, from the point of view of retailers and consumers, moving the levy threshold down to 20p is useful.

11.30 am

Perhaps the most significant change is to the timescale. There are three reasons for that. First, it has been mentioned that we are moving slightly into the unknown. Consequently, having a bit of breathing space to monitor how the new system is going is useful. Therefore, as the Chair and others have said, the change to the date is helpful.

Secondly, we received strong representation from retailers that the original idea, which was to have a change of that nature at the beginning of autumn, would, from a practical point of view, be very difficult for them to implement: for example, the disruption that would hit them in the run-up to Christmas was considered very problematical. There have actually been two shifts from the original date. To be fair, first, the Department agreed to shift the date until after Christmas. Then, particular concern was raised that that would hit the January sales directly. There was commendable flexibility from the Department in agreeing to put the date back to 19 January, which gives retailers reasonable lead-in time. Make no mistake: a lot of retailers would say that they do not want it at all, but they are grateful that their views on the timescale were taken very much into account.

The third and final reason is the impact on consumers. The Minister referred to the initial purpose being simply to shift away from single-use carrier bags to reusable or biodegradable bags. A concern was expressed at Committee that, from a public presentational point of view, this amendment could be seen as counter-intuitive: people can accept very easily that moving away from single-use carrier bags benefits the environment; explaining that moving away from very cheap reusable bags needs to happen as well is a more difficult message to sell. Consequently, it is important that the bit of additional time that has been put in place — we are virtually a year to the day away from its implementation — is a good opportunity for the Department to try to get the

message across to consumers. It simply cannot be ignored by the Department. The message has to be clear, and the amendment creates time to allow that to happen. All of those changes in amendment No 1 in particular put the Bill on a much more sensible and practical footing. I suspect that few of us will agree to it with 100% warmth in our heart, but we believe that it makes things better.

The overall thrust of the Bill has been designed to and directed at improving the environment, which we should all embrace. With that in mind, I commend the amendments to the House.

Mr Allister: As I made clear in my intervention, my issue of dissent relates to the all-embracing, indiscriminate definition of a carrier bag that is now to be introduced to include a bag that is made of any material, which immediately includes biodegradable bags. That seems to me to be overkill. A process that started out legitimately to deal with the mischief of plastic bags has ended up dealing with something well outside that ambit and not the same mischief at all. That is over-legislating with no regard to the economic consequences.

Members may come to the House and persuade themselves that they are making a great contribution to saving the planet or something such as that. They are going to put into liquidation a small company in my constituency, for example, that makes paper bags for hardware stores and home bakeries, because someone somewhere at Stormont thinks that it is right that, when a shopper goes into a home bakery to buy an apple turnover, they dare not be given it in a paper bag because Members are going to save the planet. It is preposterous to extend plastic bag policy to include biodegradable bags. Of course paper bags should not be discarded, but it is not the discarding of paper bags that is scarring the landscape and our countryside; it is the discarding of plastic bags. That is the mischief. I really do fail to understand why it is necessary to over-legislate beyond plastic bags and embrace inoffensive and non-destructive things that do not do any damage, such as paper bags.

The Sinn Féin contributor to the debate told us that other bags had to be included because the process by which they were produced was harmful to the environment. I am sure that you could say that, to some degree, about every manufacturing process that you could imagine. Of course there is bound to be some incidental impact on the environment from any manufacturing process, but to really stretch the

point and over-legislate beyond plastic bags to inoffensive paper bags, driving some people out of work, is overkill by the Assembly, and a wrong step to take.

Mr Durkan: I thank Members for the questions and issues that they have raised during the debate on the amendments. I wish to comment on a number of points that have been made. The first Member to speak was Ms Anna Lo, Chairperson of the Environment Committee, and I take this opportunity to reiterate my gratitude to the Committee for its cooperation and, indeed, guidance on the legislation. Ms Lo spoke about the positive environmental impact of the carrier bag levy. Despite me earlier lamenting the underuse of reusable bags, we must not forget that the legislation has helped to change and shape our shopping behaviour in a very positive way.

Ms Lo stressed the need for a robust communications campaign, and that is very important. The Department conducted a comprehensive communications campaign in the run-up to the introduction of the levy on single-use bags last April. That generated a high level of interest and awareness of the new arrangements. Communication activity is ongoing, mainly through visits to retailers by staff from the carrier bag levy team. A communications campaign is being planned for phase 2. The Department fully accepts the need to communicate the reasons for extending the levy to low-cost reusable bags and will consider how best that can be achieved. The communications campaign will include extensive use of social media and, where appropriate, the Department will seek to develop partnership agreements with other organisations to maximise the reach of the phase 2 campaign and deliver a value-for-money outcome.

The Committee Chair identified a number of possible adjustments that might be made in the future. I will, of course, continue to keep all aspects of charging under review. Indeed, the Bill already requires me to do so, and today's amendments further strengthen that position.

Pam Cameron spoke of the importance of money generated through the levy being allocated to projects that will benefit the environment. I reaffirm my commitment to ensuring that that will be the case. She identified a project in her constituency; I think that all of us will have seen innovative and imaginative projects across our constituencies receive money from the challenge fund, which has funded 251 projects in total. I look forward

to visiting Fairview Primary School with Mrs Cameron in the very near future, as well.

Cathal Boylan expressed his initial concern about the extension of the levy to low-cost reusable bags but said how those concerns were allayed or addressed as he learned more about the rationale for the extension of the levy, which I think again underlines the importance of a good communications strategy. I expect that to be the case across all of society.

Mr Boylan also said that the public have embraced the issue. I think it is fair to say — indeed, Mr Eastwood did say — that, in many ways, the public were ahead of the Government on the issue, and we have caught up with them. Mr Boylan emphasised the need for a comprehensive and wide-ranging review. I am committed to doing that. Indeed, the legislation commits me to doing so. Today's amendment, which provides for a review of exemptions, is simply a further —

Lord Morrow: I thank the Minister for giving way. You heard Mr Allister refer today to potential job losses as a result of this. I would like to know what consideration his Department has given to the likelihood of job losses as a result of the legislation. Furthermore, when summing up and making his final contribution, will the Minister comment on whether there was another way to deal the enforcement of this? Is he entirely happy and content that all degrees of enforcement around the irresponsible disposal of plastic bags have happened? Does he intend to take any new steps in the future to ensure that? There is one issue that is causing great concern right across the whole Province, and that is the irresponsible disposal of litter, which seems to be in all our towns, streets and villages and in the countryside. We believe that his Department maybe needs a new initiative to deal with that pressing matter.

Mr Durkan: I thank Lord Morrow for his intervention. In my summing up, I was going to make some of these points in response to Mr Allister. Certainly, it is not my or my Department's objective — nor, dare I say, the objective of anyone in the House — to threaten the livelihoods of legitimate businesses and individuals. Unfortunately, as a result and consequence of the legislation, there will be reduced demand for carrier bags. There will, therefore, be reduced labour required to produce them. This has not come about overnight. Those manufacturers will have seen this coming and been well informed. I sympathise with those who have faced difficulty as a result. To offset against that, though, jobs have been created through the establishment of

the carrier bag levy team and through the funding of some projects and posts through the challenge fund.

Obviously, enforcement continues to be a huge issue. Unfortunately, it is not just carrier bags that people discard at the sides of our streets. Figures show that, since the introduction of the Clean Neighbourhoods and Environment Act (Northern Ireland) 2011 a couple of years ago, there has been a huge increase in the number of penalty notices and enforcement actions taken by councils right across the North in direct retaliation or response to those who continue to litter.

I firmly believe that that enforcement should be continued and strengthened.

11.45 am

Mr Elliott suggested that the reduction in the levy threshold for reusable bags from 40p to 20p might be some kind of a tactical manoeuvre. I assure him that that was not the case; it was a genuine response to representations from stakeholders and, of course, the Environment Committee, of which he is an established member.

Mr Elliott also mentioned the potential for an increase in the sales of other plastic bags, such as bin liners. The Department always anticipated that bin bag consumption would rise with the introduction of the levy, and some retailers have reported increases. However, those increases are from a much, much, much smaller base. Data from Wales that refer to carrier bags plus bin bags indicate that the 5p minimum bag charge has delivered a substantial net reduction in total bag consumption, and the same outcome is anticipated here. This will, of course, be kept under review, as will all other elements of the levy, including any differential impact on different types of retailers.

Peter Weir outlined once more the rationale behind the amendments and the legislation. He expressed concern that increasing the price of a reusable bag might drive shoppers back to using single-use bags. We do not believe that that will happen to any great extent. For example, a shopper might need 10 low-cost reusable bags to do their weekly shopping, which would currently cost 60p in total —

Mr Weir: Will the Minister give way?

Mr Durkan: Certainly.

Mr Weir: I appreciate that, and I can see the logic in it, but people do not always act entirely logically. As with any product, if you knock out or make much less attractive the mid-range model, there is a tendency for a section of consumers to go back to the lowest-cost model, even if that does not make rational economic sense in the long run. That is why I am glad that you have the review mechanism in amendment No 3. The Minister may well say, "We do not anticipate that this will happen." However, with respect, the problem is that the economic modelling on this is very difficult to predict. That is shown by the fact that, as the Minister indicated, there was an anticipated 70% rise in the sale of low-cost reusable bags yet the actual rise turned out to be 800%. That suggests that there is a lack of robustness, maybe by necessity, in the economic modelling of this. That is why it is vital to see whether this works rather than simply believing that everything will be perfect with it.

Mr Durkan: I thank Mr Weir for that intervention. This is difficult to predict, which emphasises the importance of having a review mechanism built in. The Department believes that shoppers will choose to reuse their carrier bags on a more frequent basis, rather than reverting to single-use bags. Furthermore, it is anticipated that the environmental benefits from reduced reusable bag sales will more than offset any minor increase in the sales of single-use bags.

Mr Allister raised the issue of biodegradable bags again, particularly the impact that their inclusion in the legislation has had on a business in his constituency. As I outlined to Lord Morrow, that was certainly not an intended consequence of the legislation; however, it may have become an inevitable consequence.

I addressed the issue around —

Lord Morrow: I thank you for giving way, Minister. That is an interesting point. You say that it is not the intended way. Are you saying, "It was never intended, but now we know that it is happening"? You also said that your Department will continue to monitor the impact on retailers. You might want to tell us how you propose to do that. You might want to also tell us what the end result has been in your monitoring to date. What have you been able to report to the House today? There is little doubt that there is considerable concern among not only retailers but shoppers, who might go for a day's shopping and then discover that they cannot have a bag. Many of our big shopping centres have an open plan whereby shoppers move from store A to stores B, C and D, right

round, without, as the saying is, emerging outside. Have you any concern that this may also encourage theft, sometimes inadvertently? That, too, has been brought to my attention.

Mr Durkan: The Department will continue to review the situation. The feedback from retailers is that the first stage has been tremendously positive, and we will continue to monitor that as we move into phase 2. The issue of theft has been raised in the House previously by a party colleague of Lord Morrow. There is no evidence to suggest that there has been an increase in shoplifting or theft as a result of phase 1. I know that, when similar legislation was brought into the Republic of Ireland, there was an initial spike in such incidents. However, that soon levelled out and it went back to how it had been. Unfortunately, I cannot legislate against theft. That might be within the remit of the Department of Justice. I think that we are going to see, regrettably, an increase in the incidence of theft as a result of an increase in poverty, and that is something that we might want to keep an eye on, particularly as the draconian cuts of welfare reform loom large. That is something that, I believe, can only increase.

In conclusion, I would like to thank all Members for their contribution.

Mr Allister: Will the Minister give way?

Mr Durkan: Certainly.

Mr Allister: In trying to follow what the Minister has said in response to my point about job losses, I am trying to understand what to tell the gentleman from Ballymena who came and sat in my office and explained that, through hard work, he had built up a small business where he was manufacturing bags and now found, courtesy of the Department of the Environment, that his business was to be liquidated. Am I to tell him that that is all right because the Minister says that there are some new jobs created in administering the bag tax? Is that really the depth of the Minister's concern in respect of people who are losing their jobs needlessly because of the needless inclusion in this legislation of paper bags? Surely, it is time that the Department got a grip and realised that it should address the mischief caused by plastic bags and only that mischief, and it should leave that which is not a problem alone and the jobs alone.

Mr Durkan: I thank Mr Allister for his intervention. I reaffirm the fact that this was not an intention of the legislation, and I regret that

this is now a reality. In his contribution, Cathal Boylan outlined the fact that there is an environmental impact in the production of paper bags. I have undertaken to keep the exemptions list under review, and I also give the Member a commitment to meet his constituent and discuss the matter further with him. So, I am happy to further that with the Member hereafter.

In conclusion, I thank everyone for their contribution to the debate and for their support for the amendments.

Question, That amendment No 1 be made, put and agreed to.

New clause ordered to stand part of the Bill.

Clause 9 (Review)

Amendment No 2 made: In clause 9, page 3, line 21, leave out "Act" and insert "section".— [Mr Durkan (The Minister of the Environment).]

Amendment No 3 made: In clause 9, page 3, line 30, leave out subsection (4) and insert—

"(4) Subsections (1) and (2) do not affect the generality of subsection (5).

(5) The Department may at any time review whether any description of carrier bag should attract the requirement to charge.

(6) Expressions used in subsection (5) and in the charging provisions have the same meaning in that subsection as in those provisions.

(7) In this section—

"charging provisions" means section 77 of and Schedule 6 to the 2008 Act and any regulations made under those provisions;

"the Department" means the Department of the Environment."— [Mr Durkan (The Minister of the Environment).]

Clause 9, as amended, ordered to stand part of the Bill.

Clause 10 ordered to stand part of the Bill.

Long Title

Mr Speaker: Amendment No 4 has already been debated and is consequential to

amendment No 1. *Amendment No 4 made: In the long title, after "bags;" insert*

"to amend the Single Use Carrier Bags Charge Regulations (Northern Ireland) 2013;"— [Mr Durkan (The Minister of the Environment).]

Long title, as amended, agreed to.

Mr Speaker: That concludes the Consideration Stage of the Carrier Bags Bill. The Bill stands referred to the Speaker.

I ask the House to take its ease as we move into the next item of business.

Health and Social Care (Amendment) Bill: Further Consideration Stage

Mr Speaker: I call the Minister of Health, Social Services and Public Safety to move the Further Consideration Stage of the Health and Social Care (Amendment) Bill.

Moved. — [Mr Poots (The Minister of Health, Social Services and Public Safety).]

Mr Speaker: No amendments have been selected, so there is no opportunity to discuss the Health and Social Care (Amendment) Bill today. Members will, of course, be able to have a full debate at its Final Stage. The Further Consideration Stage of the Bill is therefore concluded. The Bill stands referred to the Speaker.

Jobseeker's Allowance (Domestic Violence) (Amendment) Regulations (Northern Ireland) 2013

Mr McCausland (The Minister for Social Development): I beg to move

That the Jobseeker's Allowance (Domestic Violence) (Amendment) Regulations (Northern Ireland) 2013 be approved.

We updated the regulations last year with the introduction of the jobseeker's allowance domestic violence easement, which recognised the challenge that the victims of domestic violence face when making the decision to flee a perpetrator. The easement made provision for jobseeker's allowance claimants who are victims of actual or threatened domestic violence by a partner, a former partner or a family member to be exempt from job-seeking conditions and the requirements to be actively looking for employment for an initial four-week period, which can extend to a total of 13 weeks, where relevant evidence is provided. The period allows those affected by domestic violence the time to focus on important priorities, such as organising new accommodation or arranging alternative schooling for dependent children, without also having to focus on meeting their job-seeking conditions.

Those regulations amend regulation 14A of the Jobseeker's Allowance Regulations (Northern Ireland) 1996 to widen the definition of domestic violence to specifically include controlling and coercive behaviour. Previously, domestic violence was limited to specific types of abuse, and we need to ensure that we incorporate the new definition in full. Through our existing regulations, we give as much weight to a single incident of domestic violence as we do to multiple incidents, and we already include 16- and 17-year-olds under regulation 14A.

By extending the definition, we will send a clear message to victims about what constitutes domestic violence and abuse. That makes it clear that domestic violence can be many things, and certainly broader than physical violence alone. We know that the first incident reported to the police or other agencies is rarely the first to occur. Often, people have been subjected to abuse on multiple occasions before they seek help. The promotion of the definition should assist victims in coming forward and seeking help.

12.00 noon

Information taken from the Police Service of Northern Ireland's annual bulletin reveals that 11,160 crimes were recorded with a domestic abuse motivation in 2012-13 and that 27,190 domestic abuse incidents were recorded during the same period. Not all the crimes recorded will involve claimants in receipt of jobseeker's allowance. I am sure that you will agree that the changes are worthwhile and necessary to ensure a clear message about what constitutes domestic violence. They make it easier for all to understand, which will help those who support victims, as well as victims themselves, to understand what support they are entitled to. The regulations are a significant improvement to the help that we can offer victims of domestic violence.

Mr Maskey (The Chairperson of the Committee for Social Development): Go raibh maith agat, a Cheann Comhairle. The Committee for Social Development considered the proposed amendment to the legislation at its meeting on 12 September 2013 and subsequently endorsed the proposed regulations at our meeting on 7 November 2013. As the Minister indicated, the rule came into operation on 29 October 2013. The Assembly is simply being asked to confirm that. Following its formal consideration of a report by the Examiner of Statutory Rules, the Committee recommends the rule to the Assembly.

As the Minister said, the rule will amend the Jobseekers Order 1995 domestic violence easement regulation to broaden the definition of the term "domestic violence". The inclusion of "controlling behaviour" and "coercive behaviour" in the definition is a particularly important development. Members will know that, unfortunately, domestic violence need not necessarily be only physical and that other forms of domestic abuse can and do have a very serious impact on people, particularly on their health and well-being. By widening the definition of domestic violence, in this case to include coercive and controlling behaviour, such as actions that make victims subordinate or dependent by isolating them from sources of support or depriving them of the means needed for independence, we begin to send a very clear message to perpetrators that that type of behaviour is absolutely unacceptable and will not be tolerated. More importantly, we will send the message to victims that we will support them in the system. The Committee therefore welcomes the rule and the additional protection that it will afford victims of domestic abuse.

On behalf of the Committee for Social Development, I ask the Assembly to confirm the regulations.

Mrs D Kelly: I welcome any recognition of the dreadful consequences of domestic violence. It remains at far too high a level in Northern Ireland. Will the Minister explain whether people who have been victims of domestic violence are required to have reported it to the police and have followed through with a prosecution to have recognition under the legislation?

Mr Copeland: I support the statutory rule. The rationale for regulation 14A was clear when the Assembly adopted it. People in an abusive relationship, be it actual or threatened, find themselves under a great deal of pressure, so they are often not in a position to focus on finding employment. The exemption in the regulation therefore gave jobseekers who experienced abuse a period of flexibility for four weeks, which, as has been said, can be extended to up to 13 weeks.

Of course, it is important that people are not overlooked when determining who has been a victim of abuse. Today's amendments to the Jobseeker's Allowance Regulations will further expand the definition of abuse, broadening it out to include coercive behaviour and controlling behaviour, which are very common features in relationship and other breakdowns.

The numbers of people in abusive relationships would shock and sadden you. The victims do not bear only physical scars. Emotional abuse is designed to shoot to bits their self-esteem and sense of identity. By using controlling behaviour, as others said, the perpetrators often seek to isolate their intended victims from their natural network of support, which is their family and their wider circle of friends. Emotional abuse can often have just as lasting an impact on victims of domestic abuse — importantly, both men and women. It is important that the protections that we have in place are extensive and even-handed. I support the statutory rule as, in my view, it will only strengthen the protections that have been in place for victims of domestic abuse.

Mr Dickson: I thank the Minister for bringing the motion to the House. The figures that he quoted are sadly only the tip of the iceberg when it comes to domestic abuse. This recognition of the wider definition and the ability to take away at least one burden in applying for a particular range of benefits is, in itself, beneficial, and we are delighted to support this change in regulations.

Mr McCausland: I am pleased at the consensus of support across the Assembly for

the regulations and thank the Chair, Mr Maskey, and the Social Development Committee for the positive way in which they have dealt with them.

The only question was raised by Mrs Kelly about whether a person had to have gone through the courts before the regulations could come into effect. The position is very simple: victims need to leave a home shared with the perpetrator before they access easement from jobseeker's allowance. We have widened the situations covered by this support for victims, but we considered it sensible to continue to support those who had taken steps to leave an abusive relationship.

The regulations allow victims of domestic violence to access the exemption from jobseeking conditions for an initial period of four weeks. We would consider that exemption only if the incident took place within the 26 weeks before the claimant notifies the jobs and benefits office or the Social Security Agency about it and provided the claimant is not living at the same address as the perpetrator at the time of notification. At the end of the four-week period, as long as there is written evidence of the kind required by the regulations, the period can be extended to 13 weeks. However, if a case were being taken to court, that could be quite a long drawn-out matter, and such a situation is covered.

Question put and agreed to.

Resolved:

That the Jobseeker's Allowance (Domestic Violence) (Amendment) Regulations (Northern Ireland) 2013 be approved.

Private Members' Business

Accident and Emergency Departments: Crisis Conditions

Mr Speaker: The Business Committee has allowed up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes in which to propose and 10 minutes in which to make a winding-up speech. One amendment has been selected and published on the Marshalled List. The proposer will have 10 minutes in which to propose the amendment and five minutes in which to make a winding-up speech. All other Members who are called to speak will have five minutes.

Mr McKinney: I beg to move

That this Assembly notes with concern the crisis conditions recently experienced by patients at the accident and emergency departments in Craigavon Area Hospital and the Royal Victoria Hospital, Belfast; and calls on the Minister of Health, Social Services and Public Safety to investigate this, and other occurrences where accident and emergency departments have been overstretched, with the aim of providing adequate resources to ensure that every patient admitted to hospital is treated in a safe and controlled environment at all times.

It is important to reflect on how we got here by way of some important background information. Some years ago, we stood four-square behind unions and staff when we rejected major budget cuts that we said would affect people, and they have affected people. As a party, we rejected what we saw as the privatisation agenda at the heart of Transforming Your Care (TYC). We acknowledge that there is a need for change in the health service, but not in the way proposed in Transforming Your Care. We made it clear that this would adversely affect patients, staff and front line services, and, in the build-up to what we say is a crisis in the Royal and Craigavon hospitals, we say that they have.

The Health and Social Care Board (HSCB) conducted research into Transforming Your Care that found a number of things. If the analysis did anything, it underscored that there was a lack of confidence in A&E services and community care. What did it do? It tried to deal with both at the same time by taking money out of front line services and hoping that it could privatise the community side. What has, in fact, happened is that it has pressured front line services and failed to provide adequately for

community services. We argue that that has exacerbated the problem.

They identified what they saw as a problem and, in fact, made it worse. That is the background to what we are dealing with today. Dealing with the two issues in tandem was always going to produce further crises. We predicted that and it happened.

The aim of the amendment is to play down the extent of the problem and pretend that, instead of a systemic problem, we simply had a pressure. Tell that to the unions that have been complaining for months, not about single pressures but burgeoning pressures. Tell that to the nurses who describe those pressures as unbearable. In the Royal College of Nursing's (RCN's) judgement — I checked with it again yesterday, and it remains its judgement — the conditions and pressures are tantamount to a crisis that renders the service on the brink of being unsustainable.

We accept that the RCN is there to promote its members, but when an organisation as valued as the RCN says what it has said, we, the Minister and the Department have to listen. Tell patients who regularly wait for hours at A&Es that there is no crisis. On Friday night, my daughter had to wait at A&E for seven hours. That is just unacceptable. Tell others who cannot get a GP appointment for weeks. Tell the thousands of people who had their consultant's appointment cancelled by the consultant, yet the health service has conducted no analysis of why that is the case. The budget cutbacks and fault lines in decision-making are the underlying problems.

Last week, we met the unions and heard painful stories about some of the particular issues. One of them was about patients on trolleys that nurses could not reach, and we now hear last night that there was further major waiting on trolleys in the RVH. We heard other stories about nurses leaving work crying and worrying that they had or had not done something that could lead to them being struck off.

At this stage, as we have done in various debates this week, I want to praise the efforts of the staff. It is important to take their efforts into consideration in the debate. They are working in very stressful circumstances, and it is those stressful circumstances that we are trying to address. When they go home in the evening, they worry that something that they may or may not have done could lead to them being struck off. That is a crisis for them.

I do not know who is hiding behind whom, but it is has to be very worrying when a health trust tells the Minister that it is shutting a vital, strategic A&E service, and he claims that he opposes the closure. That is a subsidiary body telling a ruling body what to do, and that is a crisis at the heart of the health service. That is what happened with the Downe and Lagan Valley hospitals, and we know that many people from Lagan Valley came to the Royal Victoria Hospital and added to the numbers that provoked the circumstances of Wednesday fortnight ago.

Let us now focus on the Belfast/Craigavon situation and use some of the evidence that the nurses provided to us. They have been experiencing pressures for months, if not years. Their work patterns and employment conditions are stressed because of the strategic direction that the Health and Social Care Board wants to go in. Nurses now see the bank system, which should be an instrument for putting some flexibility into the system, being used as a major employment mechanism for nurses in the health service. According to the RCN, it is a mechanism for temporary contracts, a cost-control measure and leaves nurses vulnerable to being put into unfamiliar situations and circumstances. For the RCN, that is not a pressure; it is a crisis.

I have a sad illustration of strategic failure from a patient's perspective. A woman goes to the Royal Victoria Hospital's A&E because she cannot get a GP appointment for three weeks. She is forced to go to A&E, adding to the numbers putting pressure on the system, for something that could be dealt with by a doctor. She goes to A&E, which is employing a doctor at an astronomical cost per shift to weed out the doctor cases from the emergency cases, and who is the doctor at A&E? It is her doctor. That is a crisis and failure at the heart of the health service.

Let us look at the Royal Victoria Hospital. The Minister might deny it and say that the incident at the Royal Victoria Hospital was a one-off spike. However, it was no one-off; it was a crisis waiting to happen. Figures issued last week show that burgeoning numbers were building up from October right through Christmas, but the Minister, the Department and the Trust say no and that everybody was dealt with within 12 hours. He ignores the spikes elsewhere. Are they all spikes? I do not think so. There is a pattern. Their collective nature adds up to a real crisis in the health service, predicated by budget cuts, exacerbated by failed strategic thinking and a TYC document

that is inherently flawed. That is the depth of the crisis.

12.15 pm

We know that the public is concerned. For them, it is a crisis of confidence, a crisis of management, a financial crisis in some cases — a crisis a day. We are not dealing with a simple matter of a different perspective but a failure of a Department and a Minister to recognise that there is a problem. That is the worst sort of failure. Not to see the problem or to pretend that it does not exist means there is a real chance that nothing will be done about it. For us, that is the issue. We have to examine the nature of the problem, accept that there is a problem and, by virtue of that, do something about it.

There is mounting evidence. Just take yesterday's Question Time to the Health Minister. It is clear that there is not enough money for invest-to-save options in Transforming Your Care, and not enough was released through the January monitoring round. The two figures from last year and this year add up to well short of what is needed. We were told yesterday that 50% of emergency department posts were unfilled and we cannot now access Commonwealth trained doctors because of EU regulations. Those are mounting problems that contribute to the overall problem. That is all on top of the South Eastern Health and Social Care Trust's unilateral decision to shut its emergency operations at Downe and Lagan Valley hospitals because of a shortage of middle-grade doctors. The Minister tells us that he was opposed to that decision.

You have to hand it to the writers of the amendment in their praise of "operational escalation procedures" implemented at the Royal. It was their major incident plan. If anything identifies that there is a crisis, it is when you implement your major incident plan. Of course we should praise the staff for their efforts; that goes without saying. However, those staff are facing demands on an ongoing basis, and praise wears thin when you keep the pressure on.

A review of what happened at the Royal without looking at the wider context and background will be worthless. For that reason, and given the background that we sketched out, it is clear that we cannot support that. The situation calls for a much wider strategic investigation.

The health service is a £4 billion a year business. We need better outcomes and

achieved targets to underscore that type of investment. Issues such as this collectively amount to more than just a pressure. They amount to a strategic problem that promotes crisis conditions. Together, they represent a crisis for the health service. We know that the Minister's approach has been to deny that and to attribute blame to a range of people, including journalists, the media and politicians. For us, this is a classic case of issue avoidance. The Assembly has an opportunity today to send out a public message that it is concerned that a failure to deal with the underlying causes will mean that the problem will not disappear, but will, in fact, remain.

Mrs Cameron: I beg to move the following amendment: Leave out all after "concern" and insert

"the pressures recently experienced at the accident and emergency departments in Craigavon Area Hospital and the Royal Victoria Hospital, Belfast and their impact on patients; notes that the operational escalation procedures invoked worked effectively, and expresses gratitude for the dedication and efforts of healthcare staff who can often work long hours in challenging environments; further notes that the Health and Social Care Board and the Belfast Health and Social Care Trust are reviewing the Royal Victoria Hospital incident to see whether refinement in Health and Social Care business continuity planning is required; and calls on the Minister of Health, Social Services and Public Safety to investigate this and other occurrences where accident and emergency departments have been overstretched, with the aim of providing adequate resources to ensure that every patient admitted to hospital is treated in a safe and controlled environment at all times."

I am aware that, however our views come across about whether the incident was a crisis or a concern, our arguments will be of little comfort to those who were personally caught up in that series of events. Rather than labour over definitions, it is more important to examine what happened, why it happened, the explanations that were given and, most importantly, what lessons have been learned.

The truth of these matters is reflected by the facts, and I took note of what the chief executive officer of the Belfast Health and Social Care Trust had to say when a major incident occurred some weeks ago at the Royal Victoria Hospital. It was standard practice and was responded to when operational escalation

procedures were invoked, and proven to work effectively, with much credit going to staff who responded. Thanks to their efforts, the situation at the A&E department was resolved within hours. That does not make everything all right, but it is reassuring that the backup plan worked. Had there been no plan, the consequences do not bear thinking about but, thankfully, that was not the case.

Statistics show that attendances at emergency departments since 2008-09 have decreased. Although the incidents mentioned in the motion are deeply regrettable, incidents such as that are rare and infrequent. We therefore have to express our gratitude to the healthcare staff for their dedication and efforts in responding to such incidents. Without them, we would undoubtedly be talking about a crisis — indeed, perhaps more than one.

I genuinely feel for anyone sitting waiting to be seen in accident and emergency, especially as it is a very busy and stressful environment. I am sure that we have all been there at some time or another; I certainly have. However, recent figures show that most patients are seen within the four-hour target. While these figures are not perfect — not all patients are seen within this time frame — they do reflect a relatively efficient environment. I concede that these figures, facts and information may not offer much comfort — in fact, probably none at all — to the patients and the families who are waiting, worried and concerned for their loved ones. However, I want improvements to be made and trust that the Minister is working to ensure that improvements are made by continuing engagement with the board and relevant trusts.

Equally, in this age of 24-hour news, I understand the ease with which press statements create dramatic headlines. However, statements will not resolve the pressures faced in our hospitals or do anything for the morale of those who work there. This is the nature of health and social care. Coupled with the fact that the system is free from the point of entry, that means that there will always be competing pressures, unpredictability and times of seriously high demand, with emergency procedures being adopted.

For our part, as the public using these services, there is a responsibility on all of us to ensure that emergency services are sought only for emergencies and that we get to know the services of our local medical centres and out-of-hours practices and see what they have on offer. In many cases, those services are able to deal with a range of ailments and injuries. That

was reiterated by the Minister on a recent visit to Dalriada urgent care facility in Ballymena, which provides out-of-hours GP services to a population of 459,000 in the Northern Trust area. The Minister said that he was committed to ensuring that services are fit for purpose and that people choose wisely which services they access. Some people visit emergency departments for healthcare issues that could be dealt with at home, by a GP or by phoning out-of-hours services. That puts pressure on our services. Out-of-hours GPs are central to helping the public choose the appropriate care.

As we have said often in the Chamber, Transforming Your Care is a recognition that our health service is under stress. It seeks to correct the problems by bringing us into the 21st century. The nature of the expertise and experience of acute hospitals like the Royal Victoria Hospital or Craigavon Area Hospital means that they will, at times, face heavy demand for their services. That is recognised, and I trust that the Minister will continue his efforts to ensure that those facilities are given all the support that they need.

Of course, the system is not perfect. Many aspects of it require attention, and Transforming Your Care seeks to achieve that. However, it will take time to get the balance right. Members should therefore get behind the strategy rather than criticise on the back of headlines. This is our health service, not the Minister's or the Department's. It is therefore up to all of us to see its future secured and maintained.

Mrs D Kelly: Will the Member give way?

Mrs Cameron: Go ahead.

Mrs D Kelly: I have listened carefully to what the Member has had to say. However, she has so far failed to recognise the budgetary constraints under which accident and emergency and, indeed, the entire health service is operating. Will she not concede that there are severe financial constraints on the delivery of services, particularly those in A&E?

Mrs Cameron: I thank the Member for her intervention. I will leave it to the Minister to answer the queries regarding the budget.

I believe that our health service is safe to use. I have confidence in the service. As stated in the amendment, both the Health and Social Care Board and the Belfast Health and Social Care Trust are undertaking a review of the incident at the Royal Victoria Hospital and of their business contingency plans to ensure the safety of all. I

am sure that whatever recommendations they make will have support if the patients are at the centre of them.

The amendment further calls on the Minister of Health, Social Services and Public Safety to investigate these issues, along with other occurrences of accident and emergency departments being overstretched, with the aim of providing adequate resources to ensure that every patient admitted to hospital is treated in a safe and controlled environment at all times. That expands ever so slightly on the original motion to ensure that other incidents are not missed and are investigated accordingly. I ask Members to support the amendment.

Ms Maeve McLaughlin: Go raibh maith agat, a Cheann Comhairle. First, I apologise to the proposer of the motion for missing the initial comments. I speak as a member of the Health Committee in support of the motion.

It is important to reflect on the facts and that on 8 January, 42 patients were on trolleys at 9.00 pm in the Royal Victoria Hospital and a major incident plan was declared. Last night, we had an incident where 32 people were on trolleys, and I acknowledge that staff worked diligently. Nonetheless, it highlights how serious, ongoing and daily the issue is for our staff in emergency departments across the Six Counties. The announcement of a major incident plan would suggest to any observer that something is badly wrong. That view is held among staff, medical professionals and the public, and they struggle when an incident of that nature is described as an "exceptional circumstance".

The current ministerial target for emergency care waiting times in 2013-14 is that 95% of patients are treated, admitted or discharged within four hours. However, in the quarter up to September 2013, it was very clear that the four- and 12-hour targets fell short of ministerial targets. There were 424 people waiting over 12 hours, and there were 320 breaches in the Ulster Hospital alone. Therefore, there clearly needs to be a ministerial focus and a strategy to tackle that.

The model of Transforming Your Care is much heralded and is presented as a strategic and significant shift in the delivery of health services, which, indeed, it is. However, what impact will shifting £83 million from acute to community and primary care without addressing the crisis in our emergency departments have?

In November 2013, the College of Emergency Medicine produced a report that stated that the current system is neither safe nor sustainable.

It produced 11 recommendations, and, in response to a recent question from Gerry Kelly MLA, the Health Minister indicated that an action plan is in place to implement the recommendations. So, I hope that, in his response, the Minister will indicate what action has been taken and what progress has been made.

Cuts to 24-hour A&E provision in south Down have recently been described by a community health nurse as:

"the failing of the Minister and his officials to successfully implement appropriate workforce planning."

Figures suggest that, as predicted, the failure of workforce planning and the closure of other facilities has brought additional stress to current facilities, particularly in the Belfast area. It has been noted that up to 60 people who attended the Royal during the major incident were from other parts. That suggests, therefore, that closures converged and put pressures on Belfast.

The trade union movement has called on the Minister to start staffing up and to stop closing beds. The Royal College of Nursing says that we need to review our service and to identify the gaps. We hear much about connected health and health at home, but it remains the case that unacceptable numbers of elderly people are being admitted to hospital because of the wrong medication.

Recruitment is also an issue that cannot and should not be ignored or avoided. A response to me from the Medical and Dental Training Agency on 17 December 2013 stated that:

"currently there are 85 vacant training posts in all specialities and levels which are spread across the 5 HSC trusts."

In core surgery programmes, we were left in August 2013 with 21 gaps in a programme containing 91 posts. Due to resignations and other career choices, that number will increase to 26 posts from February.

12.30 pm

Mr Speaker: The Member must bring her remarks to a close.

Ms Maeve McLaughlin: Staffing up will require the Minister to address these issues. I fully support the motion.

Mr Speaker: The Business Committee has arranged to meet immediately after the lunchtime suspension. I propose therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The first item of business when we return will be Question Time.

The debate stood suspended.

The sitting was suspended at 12.30 pm.

On resuming (Mr Principal Deputy Speaker [Mr Mitchel McLaughlin] in the Chair) —

2.00 pm

Oral Answers to Questions

Justice

Justice System: Delays

1. **Mr Brady** asked the Minister of Justice what steps will be put in place to ensure that tackling processing delays in the criminal justice system will result in a faster and fairer justice system. (AQO 5395/11-15)

Mr Ford (The Minister of Justice): I am personally overseeing an ambitious and far-reaching programme of work to transform the performance of the system. This includes a range of procedural, legislative and structural reforms that, in some cases, represent a fundamental shift in the operation of our system. My officials have been reporting progress to the Justice Committee every six months. Although some improvements have been made, I am clear that we need to go further. The draft Justice Bill, which I propose to introduce in the first half of this year, will include provisions to reform the committal process, to encourage earlier guilty pleas, to introduce prosecutorial fines as an alternative to court, to introduce new statutory rules around how cases must be managed and to reform the summons process. We are also working with justice partners to improve the timeliness of forensic evidence, to make better use of live links and to expedite cases where there is likely to be a guilty plea.

Finally, I have given particular focus to cases involving young people. I am currently consulting on the introduction of statutory time limits to the youth court and on an equality impact assessment of youth engagement clinics, a new process to support young people in making better informed and earlier decisions about their cases. This is a difficult and complex problem, but, given the commitment of senior leaders in the criminal justice agencies, I am confident that we will succeed in delivering a faster, fairer justice system.

Mr Brady: I thank the Minister for his answer. Given the latest findings on delays in court proceedings, does the Minister agree that the continuing unacceptable delays undermine

confidence in the judicial system delivering faster, fairer justice?

Mr Ford: I certainly agree with Mr Brady that there are concerns that, if we are failing to deliver justice quickly and efficiently, there are dangers to the justice system. That is why we are looking at areas such as committal reform; summons reform; statutory case management, where the Lord Chief Justice has given a particular lead to his colleagues; and measures to encourage earlier guilty pleas where a guilty plea will be made anyway. I believe that those measures, as indeed the allocation of an additional judge to the Belfast Crown Court has seen significant progress in cases being put through that court, are enhancing confidence in the system.

Mr Elliott: I thank the Minister for that update. Obviously, there is an allegation that there is a piecemeal system regarding efficiencies, particularly targeting financial savings. Can the Minister point to any specifics where there have been real financial savings and efficiency savings?

Mr Ford: I thank Mr Elliott for the question. The answers that I have just given to Mr Brady, giving the detail of some of the work that has been done, are all about enhancing efficiency and improving the speed with which things go through the system, thereby ensuring that we get the best possible value for money. The Member may be hinting at the issue of the cost of legal aid: that issue also has to be addressed, but it is not the sole way by which we seek to reform the system.

Mr A Maginness: I agree with the Minister that there is a real need to manage the whole system in a more efficient and effective manner. Does he agree that statutory time limits are desirable to bring about the better management of the system?

Mr Ford: I thank Mr Maginness for that point, and I agree entirely that statutory time limits are important. I believe that it is in fact the case that the consultation on statutory time limits for the youth court is already encouraging and enhancing the progress that was under way. There is no doubt that we could not have introduced statutory time limits at a very early stage, because there was a danger that we could not live up to them. However, as part of the reform package, they underpin the good work that is being done by a number of agencies across the system.

Animal Cruelty: Convictions

2. **Mr Newton** asked the Minister of Justice for his assessment of the sentencing options available following convictions for animal cruelty. (AQO 5396/11-15)

10. **Mrs Cameron** asked the Minister of Justice for his assessment of the conviction rate of people involved in animal cruelty. (AQO 5404/11-15)

Mr Ford: Principal Deputy Speaker, with permission, I will take questions 2 and 10 together.

Acts of animal cruelty, such as those witnessed recently in east Belfast, are abhorrent and are to be utterly condemned. There is no justification or place for this sort of appalling treatment of any animals. Animal cruelty and welfare are the policy responsibility of the Minister of Agriculture and Rural Development; my role as Justice Minister is to ensure that proposals for offences and penalties, from any Minister or any Department, sit comfortably within our legislative framework.

The Welfare of Animals Act (Northern Ireland) 2011 was taken through the Assembly by the Minister of Agriculture and Rural Development. I agree that the offences and penalties that the Act created are appropriate within the framework of criminal law. The Act increased the maximum penalty for offences relating to breaches of animal welfare. In the Crown Court, for the most serious offences, the maximum penalty is two years' imprisonment, an unlimited fine or both. In the Magistrates' Court, the maximum penalty is six months' imprisonment, a fine of up to £5,000 or both. The Act also provides for the disqualification of people from owning or keeping animals.

Under the previous legislation, for the last five years for which figures are available, 90 people were convicted of various offences, which in some cases led to a custodial sentence. In the first two years of the new legislation, initial figures indicate that there have been 34 convictions for causing unnecessary suffering to animals or for animal fighting and 49 disqualifications from keeping animals.

Prosecution and sentencing in individual cases are matters for the independent prosecuting authorities and the judiciary. I know, however, that sentencing guidelines for the 2011 Act have been produced for the Magistrates' Court, in accordance with the Lord Chief Justice's programme for action.

Mr Newton: I thank the Minister for his answer. There is widespread concern among those who hear about the many horrific crimes, either in the media or in print, at the very few convictions secured and, indeed, at the sentences that are given to those who commit the most heinous of crimes. Society demands more than what virtually amounts to a slap on the wrist. Why are we not getting the response that society demands?

Mr Ford: Although I agree with the general thrust of what Mr Newton says, I fear that I need to be careful not to stray into discussing sentencing in individual cases. As I understand it, in the five years of the previous legislation before the current legislation was introduced, there were six custodial sentences among the 90 convictions. In the past two years, there has been only one custodial sentence out of the 34 convictions. As I said in my principal answer, the issue is being addressed by the Lord Chief Justice in his sentencing guidelines, but individual cases must remain the responsibility of individual members of the judiciary. I have absolutely no doubt that there is widespread concern at the level of animal cruelty on the part of small numbers of people in this society and a concern that that should be followed by very significant sentencing.

Mr Principal Deputy Speaker: I ask Members to come to their question as quickly as possible, especially when asking supplementary questions.

Mrs Cameron: The Minister will be aware of the recent events at Massereene Golf Club in Antrim, where the swan was found. That was quite distressing for most people to hear. I know that he will agree that, as of 2011, we have very good legislation in place to deal with animal cruelty, but is it meaningless without the adequate staff in place to enforce it?

Mr Ford: The issue is not only about the relevant police staff being in place to carry out investigations but about information being supplied by any member of the public who can assist.

I agree with my constituency colleague about the horrendous nature of that offence in Antrim. Anybody who has information on any such offence has a duty to report it. It is the responsibility of all of us with information to report criminal offences and to assist the police and the prosecution service.

Ms McCorley: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas

leis an Aire as a fhreagraí. What preventative measures can be taken to eliminate or deal with the types of obscene cruelty that were recently highlighted in the media?

Mr Ford: Again, although I agree that Ms McCorley has a point, I fear that I would be straying into the Minister of Agriculture and Rural Development's territory if I were to go too far into that. There is clearly an issue of education and of ensuring that the widespread public abhorrence is carried through to the small number of people who would carry out such acts. That, in part, is done by those who are willing to provide information to assist the police and the Ulster Society for the Prevention of Cruelty to Animals to follow through on potential reports of cruelty. However, it is an issue that, in policy terms, lies with the Member's party colleague. I am happy to see that the justice agencies cooperate with DARD on anything that is relevant for us.

Mr Beggs: Animal cruelty investigations generally find that a large number of cases are being reported but there is a low level of prosecution. Will the Minister advise how he has networked with the other members of the justice family and other relevant agencies to ensure that animal cruelty issues are given the significant interest and efforts required?

Mr Ford: I am sure that Mr Beggs is aware that there is a specific unit in the PSNI responsible for animal and wildlife crime issues. It is, of course, also a matter for all neighbourhood policing. It is an issue not just of the justice agencies joining together but of the responsibilities that lie with local councils for pets, in particular, and the wider policy responsibilities that lie with DARD for farm animals. There is a need for significant joining up. There is also the issue that it may well be seen to be appropriate at a local level by, for example, PCSPs, if they believe that they have a particular problem in their area. As ever, it is an issue of the partnership of a variety of agencies and the wider community.

Mr Agnew: Obviously, sentencing can occur only where perpetrators are caught. What is being done to improve the rates of detection, given that what has been reported in the media is merely the tip of the iceberg?

Mr Ford: I can only repeat to Mr Agnew the points I have just made. There are clearly issues that are widespread across a number of agencies, but, as in the case of any offence, the key issue is to ensure that information is provided to the police, local councils or DARD

where appropriate. That is the best way in which we will deal with those issues, at the same time as we address the widespread issue of education. It is not simply a matter that the police can carry out on their own; it really requires that joined-up approach and a recognition — I think this was exacerbated in the minds of many people by what we saw on television last week — of the horrendous nature of some of the cruelty and the important issue of taking action against it.

Drugs: Prison Procedures

3. **Mrs McKeivitt** asked the Minister of Justice what procedures are in place to deal with prisoners who have been found in possession of illicit drugs. (AQO 5397/11-15)

Mr Ford: A range of measures is in place to prevent illicit drugs coming into prison, including the use of passive drugs dogs, regular cell searches, visitor and staff searches and mandatory drug testing. At all three prisons, revised intelligence-led searching strategies have also been developed to improve performance. The vigilance of staff is also a key factor in the discovery of illicit drugs. Recently, that vigilance resulted in the life of a prisoner who had taken drugs being saved.

Anyone found in possession of or testing positive for illicit drugs will be considered for referral to the police and subject to prison disciplinary action. The Prison Service also continues to work in close partnership with the South Eastern Health and Social Care Trust, which has lead responsibility for the delivery of healthcare in prisons, to minimise abuse of drugs and to educate and support prisoners who have addiction issues. The trust ensures that relevant and robust measures are in place for the management of in-possession medication and support is in place through alcohol and drug treatment, counselling services, multidisciplinary case reviews and drug awareness sessions.

A joint initiative involving the Prison Service, the Police Service and other partners to reduce the drug supply and demand in Maghaberry prison is under way. Already, during that initiative, there have been 98 drug seizures, seven visitors have been arrested and 51 cases are being investigated by police with a view to prosecution. The Prison Service will continue to work closely with the police to share and act on intelligence relating to drugs.

Mrs McKeivitt: Will the Minister indicate what classes of drugs have been found in the past six months in the prison system?

Mr Ford: The simple answer to Ms McKeivitt's question is "Almost every class of drug". That has included, unfortunately, properly issued medication in the possession of prisoners who do not have right to it. That is one of the other issues that need to be addressed. For example, the South Eastern Trust is looking at issues of supervised swallowing for some of the particularly dangerous medication to ensure that it is not traded within the prison. Other than that, we see a variety of drugs being smuggled into prison and attempts to smuggle them in.

2.15 pm

Mr McCartney: Go raibh maith agat, a Phríomh-LeasCheann Comhairle, agus gabhaim buíochas leis an Aire as an fhreagra sin. Thank you very much, Mr Principal Deputy Speaker, and I thank the Minister for his answer. Although an emphasis can rightly be placed on what people call illicit drugs, we all know that a high number of prisoners are dependent on prescription drugs. Will the Minister outline some of the programmes that are in place to deal with that and how the success of those programmes is measured?

Mr Ford: I thank Mr McCartney. As I just said to Mrs McKeivitt, the key issue is to ensure that, where prescription medication is supplied, it is supplied and used by the individual to whom it is supplied. That is why, where there are particular concerns about the six most tradable drugs, they are largely dealt with by supervised swallow to ensure that vulnerable prisoners are not put under pressure to trade them. At the same time, there are wider issues of education, but those are principally the responsibility of the South Eastern Trust in its healthcare dealings, rather than the Prison Service. Obviously, prison staff have a role in supporting the trust staff's work.

Mr Humphrey: Recently, I wrote to the Minister on this issue. He came back with statistics pointing out that a project that was started on 7 October last year saw that there were 53 drugs seizures in Maghaberry, six visitors to the prison were arrested for the possession of drugs and 40 prisoners are being investigated for drugs offences. I welcome the proactive approach and the initiative that is in place, but will he assure the House that that will be rolled out across the prison estate in Northern Ireland?

Mr Ford: I did not quite catch the numbers that Mr Humphrey gave, but I think that I updated the numbers in my main answer. However, given that it was started as a pilot project in Maghaberry, the scale of seizures and the number of people who were intercepted means that we have decided to continue the process in Maghaberry. Obviously, we will look further at the other two prisons after that, but it certainly was not a pilot project that was to be run for a short time and then stopped. Work continues at Maghaberry, and we will review how it then applies to the other two institutions.

Mr Cree: I thank the Minister for his responses on a subject that concerns all of us. What steps have been taken to ensure that contact between prisoners and visitors will not facilitate the exchange of illicit drugs?

Mr Ford: Mr Cree correctly highlighted that, in many cases, we are talking about visitors who attempt to smuggle drugs in. That is why visitors are subjected to, for example, a passive drug-dog search as they go into the prison, although we accept that that is not 100% guaranteed. Clearly, the great majority of visits take place in open circumstances but under a degree of supervision. Where there are specific concerns, visits happen on a closed basis where there is no physical contact between individuals. That is all done on the basis of an intelligence-led process. The reality is that we have actually seen more seizures with fewer searches in recent months because of the use of that intelligence-led process, rather than with a blanket process. I believe that that is part of the lesson that needs to be learnt.

Rural Crime: Convictions

4. **Mr McMullan** asked the Minister of Justice for his assessment of the conviction rates for rural agricultural-related crime. (AQO 5398/11-15)

Mr Ford: In Northern Ireland, as in other jurisdictions, there is no specific offence of rural crime or agricultural crime under criminal law. Conviction data are recorded for generic offences, such as theft, robbery or criminal damage. It is not currently possible to identify from the data whether a conviction relates to rural or agricultural-related crime. However, reducing opportunities to commit crime and to make rural communities safer is a key strand of the community safety strategy.

A business and rural crime action plan is in place, a key outcome of which was the establishment of the rural crime unit. That

initiative is supported by my Department, the Department of Agriculture and Rural Development, the NFU Mutual insurance society and the Police Service of Northern Ireland. The unit provides a dedicated resource to identify trends and patterns in agrcrime to assist the targeting of resources and initiatives accordingly. The outcome of the work was recently evidenced when the Agriculture Minister, Michelle O'Neill, and I announced a funding package to encourage farmers in theft hotspots to fit security devices to their machinery. At a local level, policing and community safety partnerships have developed action plans to address local community concerns, which include the development of tailored solutions to address rural crime.

Mr McMullan: Go raibh maith agat. I thank the Minister for his answer. Does he accept the criticism that, between the Police Service and his Department, insufficient resources are being allocated to tackle the problem? A recent case in point is that of a County Armagh farmer who was forced to undertake his own investigations in order to recover his stolen farmyard machinery.

Mr Ford: Most Members know that, if I started to stray into the discussion of operational issues concerning one particular crime, I really would be treading on the Chief Constable's toes. The issue of resourcing is for the Chief Constable. The deployment of those resources in an individual district is the responsibility of the district commander. None of that is an issue for the Minister of Justice.

Mr Rogers: I thank the Minister for his answers thus far. Given the Department's cooperation with DARD in the rural crime unit and, in particular, with the animal and public health information system, what improvement has there been in detection rates of those responsible for livestock theft?

Mr Ford: I thank Mr Rogers for his question. Unfortunately, I do not have specific information on livestock theft at present. Certainly, the rural crime unit's target is to see a reduction of 3% in agrcrime generally in the first year of operation. The PSNI statistics branch is working on developing the necessary figures to distinguish between rural crime and specific agricultural crime, particularly looking at things such as livestock theft and machinery theft, which has exercised a number of people recently. The work of the data analyst in the rural crime unit will enable us to better measure how that works in coming years.

Mrs Overend: Will the Minister tell us whether he is satisfied with investigative procedures and related outcomes on agriculture-related crime?

Mr Ford: The answer is that, until crime is reduced to zero, I, like Mrs Overend and I suspect everybody else in the Chamber, will never be satisfied. To give a specific assessment on how the police are dealing with it is, as I said to Mr McMullan, beyond my remit or role as Minister.

Haass Proposals

5. **Mr McCarthy** asked the Minister of Justice for his assessment of the implications for his Department if the Haass proposals on dealing with the past are not implemented. (AQO 5399/11-15)

Mr Ford: The main implication of not dealing with the past is that we retain the status quo, with a number of bodies across the justice system — the PSNI, the Historical Enquiries Team (HET), the Police Ombudsman and the Coroners Service — dealing with Troubles-related cases. The individual bodies, or the system as a whole, are often the subject of criticism. I can assure Members that my Department and the criminal justice bodies take seriously their responsibilities in relation to the past and continue to dedicate significant resources to dealing with it. However, it is becoming increasingly clear that the status quo is not sustainable. The needs and expectations of victims and their families are not always being met.

Criminal Justice Inspection estimates that costs will exceed £187 million over the next five years. It set out in its recent report the impact that dealing with the past has on the justice system and its capacity to deliver an effective present-day service.

More broadly, the toxic legacy of our past continues to hamper our work to build confidence and foster improved community relations in interface areas. The PSNI continues to devote significant resources to dealing with public order issues resulting from parades, flags and related protests. We simply cannot afford not to deal with our past. It is clear that we need a more encompassing and strategic approach to dealing with the past across the justice system, wider government and society.

Mr McCarthy: I very much welcome the response from the Minister. Does he agree that the need for truth and justice for victims is a

priority and, indeed, that there is a legal and moral obligation on any state, particularly the Northern Ireland Executive, to seek justice and truth for victims right across Northern Ireland?

Mr Ford: I certainly agree with Mr McCarthy. Of course, we know that, for some people, it will not be possible to have both justice and truth. That is why I believe that the proposals that emerged during the talks that were chaired by Dr Richard Haass for the establishment of both the historical investigations unit and the independent commissioner for information retrieval provide the opportunity for, where possible, justice to be obtained and, where that is not possible and victims wish it, information to be obtained that will give them some measure of comfort. Those key issues are currently before the five party leaders in talks. There is a vital necessity on moral grounds to deal with those issues of the past, meet the needs and concerns of victims, ensure that we are able to deal with that inclusively and enable the criminal justice system to operate for the needs of today.

Mr Lynch: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Does the Minister agree that the Haass proposals, in their final form, should be implemented?

Mr Ford: I fear that I am straying slightly into the partisan role. However, as far as those elements of the past that fall to the Department of Justice are concerned, I believe that the proposals in the final document from Dr Haass are very close to what is required, and I am certainly committed to ensuring that the Department of Justice plays its part, both in the interests of ensuring that the system works properly and in the moral issues that I have just highlighted in my reply to Mr McCarthy.

Mrs D Kelly: The Minister mentioned the cost of dealing with the past. Given the British Secretary of State's recent comments in Westminster about the fact that no additional money would be given to that, has the Minister made any representation to the Secretary of State and the British Government about their responsibilities for dealing with the past and assisting with the cost of dealing with the past?

Mr Ford: I thank Mrs Kelly for that fairly pertinent question. I am not sure that the Minister of Justice has ever made any case to the Secretary of State for the need for the British Government to supply any funding towards dealing with the past. The leader of the Alliance Party most certainly has.

If we proceed through to establish the institutions recommended by the Haass report, or close to those recommended by the Haass report, then, as Minister of Justice, I believe that it will be important that both Governments — the British Government and the Irish Government — but principally the British Government, should step up to their responsibilities for dealing with the past and not exclusively pay, but help with the funding for that to enable the budget that the DOJ has to deal with the issues of the present, while the past is dealt with in a comprehensive way.

Mr Nesbitt: To follow on from Mrs Kelly's question to the Minister and his response to Mr Lynch when he said that the Haass seven proposals for dealing with the past are close to what is required, what are the cost implications for his Department?

Mr Ford: The Department has not done an assessment of the cost implications, because we do not have the full worked-out arrangements agreed by the five parties to know what it is possible to implement. However, it is absolutely clear that very significant costs for the past are falling on the Department of Justice at present, which are creating a very significant burden on the institutions in the justice system dealing with the needs of the present. That is why it is so vital that we deal with the past on economic grounds at the same time as we deal with the past on moral grounds.

Youth Justice Review

6. **Mr McElduff** asked the Minister of Justice for an update on the youth justice review. (AQO 5400/11-15)

Mr Ford: When I accepted the large majority of the recommendations in the youth justice review report in October 2012, I published an implementation plan setting out how they would be taken forward. Updates to the plan were issued in January and June 2013; a further update is now due and will be published shortly. It will be made available on the Department's website.

Successes have included the roll-out of police discretion, which has helped to deliver on the recommendation around a proportionate response to low-level offending by children that does not unnecessarily invoke the weight of the justice system; a renewed focus on efficiency and more appropriate outcomes, with the proposed introduction of statutory time limits and the piloting of youth engagement clinics;

the removal of under-18-year-olds from prison custody, and a public consultation on custody arrangements for children to inform the development of the necessary legislative changes to underpin that position; and enhanced communication with children through the development by the Public Prosecution Service of new letter templates and revised guidelines for the operation of the youth court. Those are all now in place. The review has, therefore, provided a coherent agenda to assist in the reform of our youth justice system, and I am committed to seeing it through.

Mr McElduff: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. As a follow-on to points raised in question 1 by my colleague Mickey Brady, is it not high time to introduce statutory time limits in youth justice cases?

Mr Ford: I thank Mr McElduff for his question. I fear that he was not necessarily listening to my answers when I answered question 1, because I made it clear that the consultation is out on statutory time limits — time limits that I believe will underpin the good work being done across the justice system. They could not have been introduced prematurely, but I believe that the time is now right, and I look forward with interest to see the responses that I get from the various elements that have been consulted.

2.30 pm

Mr Principal Deputy Speaker: That ends the period for questions for oral answer. We will now move on to topical questions.

Chief Constable: Appointment

1. **Mr Brady** asked the Minister of Justice to comment on his intervention to change the legislative stipulation on the criteria for the appointment of a new Chief Constable and whether he thinks that it is appropriate to do so as he did not discuss it with the Policing Board, and to outline the implications of his intervention now that the First Minister and deputy First Minister have forced him to take it to the Executive. (AQT 621/11-15)

Mr Principal Deputy Speaker: I remind the Member that one question is sufficient.

Mr Brady: I am trying to do my best here, a Phríomh-LeasCheann Comhairle. I am not sure whether the Minister got the end of that, but hopefully he did.

Mr Ford: I am sure that Mr Brady's comments will be picked up by his colleagues if I fail to answer them adequately at this stage. I must, first of all, correct his suggestion that I did not consult the Policing Board. The Policing Board raised the issue with me in May last year.

Given the significant interest in this issue over the past 24 hours, I hope, Mr Principal Deputy Speaker, that you will allow me to take a little longer than I usually take to answer questions to set out my position, because it is important that the issues are properly understood and that debate and comments are informed by the facts. I fear that we have heard a number of public comments reflecting a lack of understanding about the process and the implications of my decision.

The post of Chief Constable is a vital one, and my sole intention has been to ensure that the process for appointing a Chief Constable is governed by fairness, common sense and equality. I have no agenda beyond that. Indeed, my decision gives me as Minister less control over the process and gives the Policing Board more control. It might be helpful if I outline, first of all, my powers in this area, which are set out in regulation 11 of the Police Service of Northern Ireland Regulations 2005. The regulation states:

"no person shall be appointed as Chief Constable of the police service unless he holds or has held such rank, in such force and for such period,"

— as the Minister —

"shall determine in respect of such an appointment."

I have made clear my intention to change the arrangements. A determination by me would issue in accordance with regulation 46 of the 2005 regulations. No other legislative process is required, so the decision will not delay the process of appointment.

It is also essential to understand the board's role and, indeed, primacy in the appointment of a Chief Constable, which is enshrined in section 35 of the Police (Northern Ireland) Act 2000. The section clearly states:

"The Board shall, subject to the approval of"

— the Minister —

"appoint the Chief Constable."

My intentions are aimed solely at enabling the board to have more latitude, and I remain entirely respectful of the board's primacy.

Let me summarise how the matter has been dealt with. Criteria for the appointment of a Chief Constable in England and Wales were amended in 2012 to remove the criterion relating to experience gained outside the current force. In May 2013, the Policing Board made contact with my Department to ask that the matter be raised with me, pointing out concerns about the current arrangements. I was clear in my response that I wished to know what level of support changes might receive from the board.

As required by legislation, and to take the issue forward, I launched a wider consultation exercise, going beyond the bodies that I am required to consult. I consulted the Police Advisory Board for Northern Ireland, on which the Policing Board, the Chief Constable and staff associations are represented. I also sought the view of the Equality Commission and the Justice Committee.

It has become clear from correspondence with the Policing Board and from the Justice Committee appearance that agreed positions have not been reached. It falls to me, therefore, in accordance with my powers in the Regulations, to reach a view and issue a determination. I announced yesterday my intentions and I welcome the opportunity to set out now the benefits of the changes.

As things stand, and as originally pointed out —
[*Interruption.*]

Mr Principal Deputy Speaker: Order. Let the Minister finish his statement.

Mr Ford: I am sorry, Principal Deputy Speaker; I understood that you were allowing me to take longer than normal. Thank you.

Mr McNarry: How did you get that? Did you ask for it?

Ms Lo: Yes.

Mr Ford: As things stand, and as originally pointed out by the Policing Board in May 2013, it may be anomalous to retain a provision that is no longer applicable in other forces. Specifically, the requirement for two years' service outside Northern Ireland may impact unfairly on certain groups; for example, females or those with dependants or a disability. The Equality Commission tends to the view that the

provision could constitute indirect discrimination. I am keen, therefore, that we remove any such unnecessary barriers to the widest and fairest candidate pool, while retaining the board's power to decide itself on the best criteria.

This is not a question of balance. It is perfectly possible, in my view, to achieve both aims, simply by removing the current mandatory requirement for service outside Northern Ireland. I am asking the board to consider outside service to be desirable, as a minimum, but not essential. It is then entirely open for the board to decide whether that outside service is essential in the forthcoming competition.

In summary, my intention is to further empower the board to define its requirements for Chief Constable.

I am aware that there has been some comment to the effect that I have intervened in the middle of a recruitment process. Mr Brady made that point, but that is not my intention and nor has it been the case. The board is at the earliest stage of responding to Matt Baggott's recent decision, and the recruitment process is absolutely not under way. I hope that all involved can at least agree the changes that I intend to make as that will clearly aid the board in constructing and delivering its own way forward.

I am grateful for this opportunity.

Mr Principal Deputy Speaker: The Speaker's Office was contacted and informed that the Minister might need some additional time to set out his position. That was agreed.

Mr Brady: I thank the Minister for his extensive answer. The Deputy Chief Constable gave the two-year rule as one of the reasons for her retirement, and the Minister's announcement has come some weeks later. Has he been in touch to apologise? Go raibh maith agat.

Mr Ford: I have no reason to apologise to the Deputy Chief Constable for a process that began with correspondence between the Department and the Policing Board in May last year, of which the Deputy Chief Constable was aware. My changes would enable the Deputy Chief Constable to be appointed Chief Constable. *[Interruption.]*

Mr Principal Deputy Speaker: Order, order.

Sentencing

2. **Mr McKay** asked the Minister of Justice, given the shock in Ahoghill and Portglenone after a man was convicted of loyalist pipe bomb attacks on a primary school, a community hall and a number of GAA clubs and received only community service, whether he believes that the sentence is a suitable deterrent for such violent sectarian crimes and whether he agrees with the Director of Public Prosecutions that it was unduly lenient. (AQT 622/11-15)

Mr Ford: First of all, I am not aware of the specific case. Secondly, if I was aware of it, it would be inappropriate for me to discuss the sentencing decisions of a judge in a particular case. Thirdly, Mr McKay correctly highlighted that referral for undue leniency is for the Director of Public Prosecutions and not for me. That is where the matter should rest.

Mr McKay: Go raibh maith agat, a Príomh-LeasCheann Comhairle. I am not satisfied with that answer. In the past, cases have been brought up here and you have agreed to review sentencing guidelines. This case deserves some degree of attention. Does the Minister agree that there should be a review of sentencing in the case that I outlined, which he is now aware of, and does he recognise that the communities affected by this kind of crime believe that such sentencing will not deter others from carrying out such attacks in the future?

Mr Ford: I agree with Mr McKay that there are concerns in the community about such attacks. However, he has confused an individual's specific sentence in one case with the wider responsibilities that I have to set sentencing guidelines, aided by this Assembly through legislation. That is the fundamental difference and that is why I cannot go into the detail of any individual case.

OFMDFM Interventions

3. **Mr Dallat** asked the Minister of Justice whether he can give an assurance that he is in control, given that he will be aware that the Office of the First Minister and deputy First Minister has now intervened in the affairs of the Minister of the Environment and the Minister for Regional Development. (AQT 623/11-15)

I am sure that the Minister will forgive me for returning to the subject of the first question.

Mr Ford: I thank Mr Dallat for the question. The issue is related to the power of the First Minister and deputy First Minister to call in

procedures to the full Executive and the proportionality of their doing that.

I am absolutely certain that my decision was correct. It was appropriate, proportionate and has not created the difficulties that were highlighted by a number of people who were ill informed about the circumstances. On that basis, I would be very happy to go to the Executive meeting on Thursday to explain for the benefit of Ministers the details of what has been done, why it is appropriate and why it is my role as Justice Minister to carry that out. I will also be putting that explanation in an Executive paper over the next day or so

Mr Dallat: I thank the Minister for his answer. When he goes to the Executive, will he explain to them in the impassioned way that he can that an awful lot has been done to take politics out of policing? Now that we are back in the quagmire, will he do everything that he can to minimise the damage that has been done by this row?

Mr Ford: I thank Mr Dallat for making the point. I certainly have no intention of creating any damage to policing through this row. I did not start it; I carried out my statutory duties in a way that was entirely appropriate in order to enhance the role of the board in carrying out its statutory duties. I will certainly explain that to the Executive. I am not sure that I will do it in an "impassioned" way, as he described; I will explain it in as level and straightforward a way as I can, as indeed the Principal Deputy Speaker allowed me to do in the House just now. We will see how other Ministers respond when presented with the facts rather than some of the ill-informed comments that we have heard recently.

Hearing Loss Claims

4. **Mr Flanagan** asked the Minister of Justice for his reaction to the recent assessment by a legal representative that up to 50% of the legal costs associated with the RUC hearing loss cases could have potentially been saved had those cases been dealt with in a more pragmatic fashion and disposed of upon receipt of sufficient medical evidence rather than the vast majority of them being contested at the front doors of the court then settled at huge cost. (AQT 624/11-15)

Mr Ford: I accept that there has been some concern about the amount paid in legal costs. However, it is certainly not the view of the Chief Constable, or indeed the Crown Solicitor's Office that advises him and his lawyers, that

dealing with it in a way that did not incur those legal expenses would necessarily have resulted in any cheaper solutions. That was the advice that he was given, that is my understanding of how he carried it out, and that is the issue that I have to leave with him.

Mr Flanagan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. The Minister is on top form in avoiding answering questions today. Does he not agree that the public will now believe that the gusto with which he pursues trying to cut legal aid and the cost of family law matters is in stark contrast to the apparent gravy train approach to the legal costs of the cases that I mentioned?

Mr Ford: It is fine for Mr Flanagan to make cheap jibes about avoiding answering questions. However, I am really surprised to hear members of Sinn Féin expecting me to take political views on policing matters. I thought that, in the policing reforms of recent years, they were opposed to that. The reality is that I have given a straight answer. How those matters are handled falls to the Chief Constable. I have separate and distinct responsibilities in managing the legal aid budget, which involve looking at the overall cost of legal aid as part of the overall cost of the justice system, given the difficult economic circumstances that we are in.

Prisons: Training Contracts

5. **Mr McAleer** asked the Minister of Justice, following the recent awarding of interim contracts to provide learning and skills training to prisoners in the North, whether he will outline the criteria against which the success or otherwise of those contracts will be assessed. (AQT 625/11-15)

Mr Ford: I do not have the criteria for the work done by the Prison Service on the learning and skills contracts before me. If Mr McAleer wants to write to me about any specific aspect of that, I will be very happy to respond.

Mr McAleer: Go raibh maith agat. I thank the Minister for his answer. Can he give any indication of how he intends to ensure appropriate value for money in the delivery of any of the prospective programmes?

Mr Ford: I assure Mr McAleer and the House as a whole that those issues were tested by the Prison Service in how it sought and awarded tenders for what are currently short-term contracts. There is a real issue in managing a

number of services within the Prison Service. We have all seen the different benefits from the outsourcing of prison healthcare to the South Eastern Trust. By the same process, learning and skills are not an area in which the Prison Service has particular expertise. There were clear benefits in outsourcing it to those who run that kind of project. That was the basis on which the contracts were awarded and on which further, longer-term contracts will be awarded later this year.

Chief Constable: Appointment

6. **Mrs Cameron** asked the Minister of Justice whether he thought it was appropriate not to bring the significant and controversial issue of the changing of the requirement regarding the appointment of the Chief Constable to the Executive and whether he will accept the Executive's decision on the matter. (AQT 626/11-15)

Mr Ford: It was a narrowing of my role to enhance that of the Policing Board. Making a very modest change — the changing of a particular criterion from "essential" to "desirable" — is not, in my opinion, relevant for referral to the Executive. It is not controversial, except in the minds of some people recently; it is not a cross-cutting issue; and it is a matter that, in statute, is clearly the responsibility of the Minister of Justice.

2.45 pm

Regional Development

Northern Ireland Water: Legal Costs

1. **Mr Wells** asked the Minister for Regional Development to detail the costs incurred to date resulting from the legal action taken against his Department by the former director of Northern Ireland Water. (AQO 5410/11-15)

Mr Kennedy (The Minister for Regional Development): That legal action related to a decision made by my predecessor Conor Murphy to remove an individual from the post of non-executive director of Northern Ireland Water (NIW) in March 2010. The terms of the settlement were that the Department would agree to pay the former director's reasonable legal costs and all other legal fees. So far, the total legal fees have not been finalised, as one final fee invoice remains outstanding, but I am able to confirm that the total costs to date are £80,964.70. That includes irrecoverable VAT

on the claimant's legal costs. The final total legal costs are expected to be close to £90,000.

My Department is endeavouring to complete matters as quickly as possible, and I have stated before to the Member, in response to a question for written answer, that I will undertake to write to him when the details of the final legal fees incurred in this case are available.

Mr Wells: Does the Minister accept that £80,000 is a shocking figure? I accept that Mr Gormley was extremely poorly treated by the Minister's predecessor Mr Conor Murphy, but, when the Minister came to office, he must have realised how shabbily Mr Gormley had been treated, and he could have settled immediately, but he held on, incurring further costs. Why did he not give the apology and pay his costs immediately when he came to office?

Mr Kennedy: I am grateful to the Member for his supplementary question. I can assure the Member and, indeed, the House that the fees have been, and will continue to be, closely scrutinised. The Member will know that I made final decisions in respect of the case, and I believe that I took those decisions for the right reasons, at the right time and in the public interest.

Mr Dallat: I am sure that Declan Gormley appreciates the fact that he has had his good name cleared of any wrongdoing. Can the Minister suggest what the costs might have been had his predecessor Conor Murphy acted in the way that he should have and agreed to the reasonable settlement that Declan Gormley asked for?

Mr Kennedy: Again, I am grateful to the Member for his supplementary question. I have no doubt that had my predecessor acted differently, I would not be dealing with this case and the legal costs might not have arisen at all. However, those matters were outside my control. When I inherited this case, I took the time to look at it objectively and fairly; I came to my conclusions and did so very much in the public interest.

Mr Kinahan: I apologise for probably giving the Minister a crick neck. Will the Minister confirm that in settling this case he and his Department acted wholly in the public interest?

Mr Kennedy: I absolutely confirm that that is the case. I gave serious consideration to all of the factors in the case, and I concluded that it would not be in the public interest to incur significant further legal costs when there was

an opportunity to settle the case on the basis of the terms outlined in the written statement. I did indeed act in the public interest in deciding that the case should be settled.

Cycle Lanes: Connswater

2. **Mr Douglas** asked the Minister for Regional Development what plans his Department has to upgrade the existing cycle lanes along the Connswater Community Greenway route in order to complement other pedestrian and cycling routes. (AQO 5411/11-15)

Mr Kennedy: I have outlined my ambition to give increased focus and priority to the needs of cyclists and to encourage greater participation in this healthy and sustainable form of transport. That is why I have established a cycling unit in my Department and asked that that unit, as a priority, brings forward a cycling strategy for Northern Ireland, building on the active travel strategy. I am keen to ensure that, in the context of that cycling strategy, work will be undertaken to increase the network of cycle and walking routes in Belfast and across Northern Ireland. I have no doubt that the plans for the Connswater Community Greenway will play a significant part in that network as it opens up the potential for more sustainable modes of transport, such as walking and cycling.

At present, the opportunities are there. The Member will know that we are hosting the start of the Giro d'Italia in Northern Ireland later this year. I very much think that the time for cycling, walking and sustainable travel options is with us now. I am very excited that there are a number of proposals, including the Connswater Community Greenway, that could work very well and become landmark projects in not only Belfast but all over Northern Ireland.

Mr Douglas: I thank the Minister for his response. I am sure that he will be aware that part of the scheme — the Knock river at Orangefield — was rerouted this morning. I am sure that that is one rerouting that he agrees with.

Will he look at the linkages between schools and the Connswater Community Greenway cycle tracks? The greenway has something like 23 schools and colleges affiliated to it.

Mr Kennedy: I am grateful to the Member for his supplementary question. I will set aside the issue of rerouting, because I am naturally cautious of it.

I recognise the work that the Member has done on walking and cycling in his constituency. It is very important that walking and cycling infrastructure be properly integrated into the existing infrastructure and that it provides good connections to current facilities, especially routes to school. That is one of the things that I have asked my new cycling unit to look at. I expect it to liaise with the relevant stakeholders in the Connswater Community Greenway project.

Mr Lyttle: What action will the Minister take to integrate cycling into other sustainable forms of transport and our public transport network, given the positive news that we received today that passenger numbers on our trains have increased in the past year?

Mr Kennedy: I am grateful to the Member for his supplementary question and for his acknowledgement of the success of rail and bus public transport. It is very significant and exciting news. The increased usage of the rail network and the improved Metro bus network services and other services are offering a very viable alternative to the use of private transport, particularly in the Belfast area. I want to build on that with sustainable travel, such as cycling and walking. The Member is the chair of the all-party group on cycling. I look forward to liaising and working with it. I hope that the Member does not endure as many punctures as I understand he has recently endured.

I very much see the cycling unit as being able to identify opportunities to improve the infrastructure for cycling, and indeed walking, as we plan future schemes and seek to improve the existing network.

Mr Lynch: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Minister, in comparison with cycle lanes in other regions, how much has been delivered across the North of Ireland?

Mr Kennedy: The cycling unit has only been created. We are keen to identify a programme of work for it. I know that it will want to meet the Committee for Regional Development, of which the Member is the Deputy Chairman.

Before the end of this financial year, Roads Service plans to provide 180 metres of contraflow cycle lane in Bridge Street, Lisburn; to provide over 170 hoop-type stands for cycles at various locations across greater Belfast; and to procure almost £30,000 of traditional Sheffield cycle stands. It is ongoing work, to which there are many facets. I know that the

work will have the support of not only the Member and the Regional Development Committee but the entire House.

Parking Fines

3. **Mr D McIlveen** asked the Minister for Regional Development for an update on his Department's management of parking fines. (AQO 5412/11-15)

Mr Kennedy: My Department has robust processes in place to manage parking fines. When a penalty charge notice (PCN) is issued, a driver has a choice to either pay the fine or challenge it. PCNs can be paid over the phone, online or by post. Details on how to pay a PCN are displayed on the rear of the ticket and online on the NI Direct website. The parking enforcement processing unit, based in Omagh and Coleraine, has 37 staff members and manages both payments and challenges.

If a driver believes that they were incorrectly issued with a PCN, they may challenge it by writing to Roads Service. Details of how to do so are, again, provided on the reverse of the ticket and online. Staff in the parking enforcement processing unit will consider the challenge in line with the parking enforcement protocol, which I published in October 2012. The appellant will be informed in writing of the results and the next steps available. Ultimately, the driver has the right to submit an appeal to the Northern Ireland traffic penalty tribunal, which is managed by the Department of Justice.

Mr D McIlveen: Can the Minister indicate what he is planning to do with the dichotomy that currently exists between users of his Department's charging points for electric cars? In some areas, drivers have been faced with the situation where they have been fined for parking for more than one hour even though it takes, in some cases, at least eight hours to charge an electric car.

Mr Kennedy: I am aware of the example that the Member raises, and I have asked officials to investigate that in order to see how improvements can be made to that service and the full understanding of it communicated to the general public, particularly those who avail themselves of our charging network.

Mr Ó hOisín: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as ucht a fhreagra. Has the Minister identified any regional disparities in the management system across the North?

Mr Kennedy: I am encouraged by the fact that, since I came to office, we have seen a reduction in penalty charge notices. I welcome that. In 2011, the figure was something like 125,000. That was reduced in 2012 to 112,000, and now, in 2013, to 108,000, so it shows a decline, and that is very much good news. I think that most people will welcome that. I can confirm that these charges and penalty notices are not put in place simply to raise finance for the Department, because, frankly, the management of parking and all the associated costs still had a cost to my Department this year of over £3 million, and that is not just a cost to the Department but to the taxpayer.

Mr Eastwood: What efforts is the Minister's Department making to stop the misuse of the very limited number of disabled parking bays that we have across the North?

Mr Kennedy: Unfortunately, a small number of people continue to abuse the parking situation and blue-badges, and prevent the genuine users from using the available spaces. We will continue to bear down as far as we can on those who are irresponsible and who do not show attitudes of good neighbourliness. I think that it is selfish and wrong, and where there are instances where we can take action against individuals who flagrantly break the rules of parking, most people will see that as justified.

Mr Cree: The Minister has touched on my question, but I wonder whether he can provide details of the calendar-year figures for last year in full, perhaps including any money raised, if he knows where that has gone?

Mr Kennedy: As I indicated, the figure has gone down. There were 108,558 penalty charges issued. That represented a reduction of some 4%.

3.00 pm

Our figures are encouraging, I think. There is no reason to be complacent, and, indeed, we are not. Of course, the use of common sense by those who park and those who apply the penalty notices is an important feature. I know that the Member would agree with me that the application of common sense would go a long way to helping everyone.

Winter Resilience Procedures

4. **Mrs McKeivitt** asked the Minister for Regional Development whether a public

consultation will form part of the review of winter resilience procedures. (AQO 5413/11-15)

Mr Kennedy: To avoid any misunderstanding on the Member's part, it might be helpful if I clarified the comments that I made to the House on Monday 13 January 2014 during my statement about the meeting of the North/South Ministerial Council.

My comments were in response to the gritting actions that Roads Service carried out on the evening of 12 January and morning of 13 January 2013. I informed the House that I had asked for a full review of Roads Service's gritting actions during that period. Essentially, that is an internal review by senior officials of information that is received from the Met Office and made available to decision-makers, as well as a review of the decisions that were taken. As such, it will not include a public consultation. I have met with my permanent secretary to consider the report and its recommendations, together with the development of an action plan to implement them.

It is important that there is not only transparency in the decisions that are taken but confidence in future decisions. I again make my position very clear: this is an issue of public safety and not resources, and where there is any doubt in any decision to grit or not to grit, I expect decision-makers to err on the side of caution and grit.

I have not, however, asked for a full review of Roads Service's winter service activities. At my request, the National Winter Service Research Group carried out an independent review following the severe weather in January and March of last year. The report of that review, which was published in October 2013, was a comprehensive examination of every aspect of the winter service programme. I am encouraged that the independent review was generally positive and praised the experience and professionalism of DRD staff. In addition, the review concluded that our winter service policies are well-considered and consistent.

Mrs McKeivitt: Given the unfortunate rise in road fatalities this year, I welcome the Minister's announcement this month to review the decisions that were made on road gritting. I acknowledge the Minister's common-sense approach and his view that it is an issue of public safety and not resources. Has the Minister had any discussions with the Minister of the Environment to see how the two Departments can work together to help to reduce the number of fatalities on our roads?

Mr Kennedy: I am grateful to the Member for her supplementary question. Indeed, I join her in extending my sincere condolences to all those who were impacted and affected by road deaths in the early part of this year. Those are real tragedies for families to have to come to terms with, and they must be enormously difficult. I know that the sympathy of the entire House will be extended to them.

The Member will know that her party colleague the Minister of the Environment, Minister Durkan, and other Ministers, including the Minister of Justice, and I meet on a regular basis to discuss road safety issues. We will continue to do that and will very much continue to work together. Our respective Departments and agencies will also continue to work together to seek to improve road safety as best we possibly can. I think that that is incumbent on us all, and it is also incumbent on us all to encourage people who use the roads in any shape or capacity to proceed with the utmost care at all times.

Mr Spratt: I thank the Minister for his answers so far. I also thank him for the review that he directed into one specific incident on 12 and 13 January. I will also put on record the Committee's thanks for DRD staff's hard work on the winter service programme.

The Minister indicated that he discussed the report with the permanent secretary: will he discuss it at the earliest opportunity with the Regional Development Committee?

Mr Kennedy: I am grateful to the Member for his supplementary question and his comments about Roads Service and the associated agencies on the important work that they carry out from October right through to April in providing winter services. Sometimes, that work is easy to overlook, but I do not take it at all for granted. I acknowledge, thank and encourage all the staff involved in that.

I am happy to indicate to the Member that it is my intention to make a copy of the report available in the Assembly Library for Members' full consideration. I hope that that will give him some reassurance that we take these important issues seriously.

Ms McCorley: Go raibh math agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as a fhreagraí. I thank the Minister for his answers. Has anything been learned from the March storms of last year?

Mr Kennedy: I am grateful to the Member for her supplementary question. The Member will have heard me, in my initial answer to the Member for South Down Mrs McKeivitt, refer to the independent review that was undertaken by the National Winter Service Research Group. That was an independent report and a comprehensive examination. As I indicated, the review was generally positive, and 14 recommendations arose from it. We have carried those forward and are seeking to implement them as speedily as possible.

Mr Beggs: Will the Minister outline the procedures and issues that determine whether gritting is initiated on any evening so that road safety is protected as far as possible and the economy continues to operate?

Mr Kennedy: I am grateful to the Member for his supplementary question. He raises an important issue that is worthy of serious consideration and reflection by all Members. Decision-makers receive information from a number of sources before embarking on a salting exercise. They receive direct localised and ongoing information from the Met Office on matters such as temperature and dampness. Even when temperatures are low, the potential for the formation of ice is dependent on whether we have dry conditions.

Fixed temperature gauges are present on a number of roads across Northern Ireland and are used to assist with the assessment of the Met Office forecast. Staff are deployed on the ground to report back to decision-makers on dampness and readings from further temperature probes. That information is regularly reported directly back to the Met Office for further consideration. Decisions are then taken on the basis of all the evidence available and on the most up-to-date information and Met Office assessments. For me, the importance of the review is what occurs when conditions rapidly depart from forecasts after a decision is made. I am moving forward with reforms to strengthen that element of the decision-making process.

TaxSmart

5. **Mr Swann** asked the Minister for Regional Development for an update on TaxSmart travel cards for rail passengers. (AQO 5414/11-15)

Mr Kennedy: The TaxSmart scheme applies only to bus travel because of the determination of Her Majesty's Revenue and Customs on the matter. It enables individuals to purchase an annual bus travel card through an employer

salary sacrifice scheme, subject to certain conditions laid down by HMRC. The Northern Ireland Civil Service has signed up to the scheme, but it is open to any employer.

I understand that the Republic of Ireland operates a tax incentive scheme covering bus and rail travel, and I am keen to explore the opportunity to extend the scheme here to rail users. I believe that a case can be made that extending it to rail users in Northern Ireland is justified in our circumstances. However, the Member will be aware that tax schemes are a reserved matter and can be amended only by Westminster.

HMRC seems to take the view that there is not a general tax exemption across all forms of public transport currently because:

"The cost of providing a general tax exemption ... would be very significant."

I am doubtful that HMRC has considered the particular circumstances of Northern Ireland in that regard. I believe strongly that there is a case for helping rail users by introducing this incentive. Someone travelling from Ballymena to Belfast on an annual rail ticket could benefit by nearly £350 a year. The Member is a fella from north Antrim, and his eyes have nearly popped out. It is a real incentive for savings in these difficult economic times. I have therefore written to the Minister of Finance and Personnel to seek his agreement to engage directly with the Treasury, and I await his response.

Mr Swann: I thank the Minister for his answer. Will he reassure rail passengers not only that he has improved services and frozen fares but that he will continue to press the Finance Minister on this issue, as it could bring about a fare reduction for the many regular users of our train services?

Mr Kennedy: I am grateful to the Member for his supplementary question. I share his enthusiasm. The figures for increased rail usage that have gone into the public domain confirm how popular rail travel is now. It is increasingly an option, and a great many people use it. The new trains that have been brought online are part of that. The better services that we have provided, including Wi-Fi and associated comforts, benefit it. There are also the improvements that we are making to railway stations, including Antrim and Portadown. All of that combines to create very positive news. We can continue to build on that, if we can convince HMRC that the TaxSmart scheme could and should apply to

Northern Ireland. I very much hope that the Finance Minister will give me the green light to positively pursue these issues with HMRC so that we can further benefit rail users throughout Northern Ireland.

Mr I McCrea: The Minister will be more than aware that the people of mid-Ulster are standing for a long time waiting for their train to arrive. I am sure that it will be as long yet. I welcome what the Minister is bringing forward, but what consideration has he given to ensuring that people who live in rural Northern Ireland are not treated unequally in this? Are there any other schemes that he can bring forward to help those people?

Mr Kennedy: I am grateful to the Member for his supplementary question. I have no difficulty in saying that I would like to see the further development of rail services to other parts of Northern Ireland, including the area between Portadown and Armagh in my constituency. There is now a significant lobby of support for that, including in a recent public consultation on railways leading into the future. There is public support for that. Of course, it will be very much down to the financial situation that we find ourselves in.

I am happy to work with the Member and with the Finance Minister and other Executive colleagues to see if we can get further expenditure for public transport particularly and extension of the rail network. There is a very real issue for people in the rural community. I represent a mostly rural constituency, and I understand their problems with travelling to and fro. I am very supportive of measures. There is no ceiling on my ambition for the extension of public transport in Northern Ireland, both rural and urban.

Mr Principal Deputy Speaker: That ends the period for questions for oral answer, and we will now move on to topical questions.

3.15 pm

Illegal Parking

1. **Mr F McCann** asked the Minister for Regional Development what can be done to assist residents of inner Belfast to live normal lives given that communities are invaded every morning by hundreds of illegally parked vehicles that make their lives miserable and place the lives of their children in danger. (AQT 631/11-15)

Mr Kennedy: I am grateful to the Member for the question. Indeed, he has raised the issue with me recently and in the past. To be fair, a lot of the parking has perhaps been inconsiderate rather than illegal, and there are remedies for illegal parking, as we touched on earlier, such as penalty charge notices and enforcement procedures. The Member and other Members will know that I am keen on the residents' parking schemes that we have been trying to negotiate with local communities and bring into being in areas of Belfast. I am happy to continue that work. So far, all our efforts have been unsuccessful, but that is not a reason to stop trying to give easement to communities that feel strongly about these matters.

Mr F McCann: I thank the Minister for his answer. In places such as Hamill Street and John Street, cars are parked five abreast. That stops ambulances getting through to people who are ill to take them to hospital, and it makes it difficult for parents to get to schools with their children. There is a serious problem, and I know that your predecessor was at a very advanced stage with a residents' parking scheme in that community and was talking about a pilot scheme. There were some teething problems. Can that be dusted down to allow that community to see what way a pilot scheme would work?

Mr Kennedy: I am grateful to the Member. I can assure him that, rather than simply dusting it down, that work is ongoing, and officials will seek to make progress on it. Unfortunately, for a variety of reasons, progress has been slow on residents' parking schemes. There were issues with affordability and permits, and those issues were overcome. However, there are practical issues because to every action there is a reaction, and, when creating a residents' parking area, we have to consider the impact on neighbouring streets. Some of those have been features of the difficulties that have been presented to us, but I assure the Member that I will pursue the issue in the area that he mentioned, and hopefully we can make progress as quickly as we can.

Flags: DRD Property

2. **Mr Lyttle** asked the Minister for Regional Development what impact he thinks that the illegal and disrespectful displaying of flags on Department for Regional Development property has on community relations and what action he has taken to address that manifestation of sectarianism on the streets, especially given that, to his credit, he recently invested in

building bridges to connect people and places. (AQT 632/11-15)

Mr Kennedy: I am grateful to the Member for his question. Indeed, the potential bridge building that he refers to is, of course, the Ormeau bridge for pedestrians and cyclists, which has enormous potential in linking and in bridge building, literally, between south and east Belfast. I very much hope that people will take an active interest in that and engage in the public consultation, and I hope that we can bring the project forward.

The Member was part of the lengthy discussions with Richard Haass and Meghan O'Sullivan, so he knows about the issues that were part of that. Although I acknowledge that those issues are not yet resolved, I have to say that there are illegal monuments in certain places across Northern Ireland that cause me huge offence and that I would prefer not to be there. However, we are still in a context in which I would be asking my departmental staff to remove any of those things without being assured of their personal safety. Difficult though it is, we have to continue to work through and resolve the issues. I am not sure that they can be solved by easy sound bites or, indeed, quick questions.

Mr Lyttle: I thank the Minister for his response. Does he agree, in principle at least, that some form of regulatory approach that includes his Department and the other agencies necessary to provide the relevant security and facilitates the open, transparent, time-bound and respectful display of flags and emblems is urgently needed and that he has a leadership role on the issue?

Mr Kennedy: I am grateful to the Member for his supplementary. I have acknowledged that the Haass discussions are, at present, considered the best avenue for making progress on these issues. They will be challenging, and, although I have a departmental interest, as other Departments do, I also have a political interest, as the Member does. We will seek to make progress as best, as easily and as sensibly as we can.

Flooding: Response

3. **Mrs McKeivitt** asked the Minister for Regional Development for his evaluation of the effectiveness of the multi-agency group that was set up to deal with the flooding along coastal routes during the recent storms. (AQT 633/11-15)

Mr Kennedy: I am grateful to the Member for her question. Roads Service was part of a multi-agency team that coordinated the interagency response during the recent storms. It was present in the local silver command, which is at the Ardmore PSNI base in the Newry and Mourne area, throughout the event. I took the opportunity to keep in contact and attend, on some occasions, the gold command, which is under the chairmanship of Assistant Chief Constable Stephen Martin.

In general terms, the work of the gold and silver commands throughout Northern Ireland made an important contribution to dealing with what could have been cataclysmic conditions. I was pleased to see at first hand the joint working by government agencies and the emergency services. That extended to the Newry and Mourne area and, I know, to other areas. Roads Service provided and delivered approximately 3,500 sandbags to locations in that area, and staff and contractors for Roads Service's other agencies worked throughout the event and responded to a large number of flooding calls throughout the period.

Of course, we will not take things for granted. We will continue to look at lessons that we can learn. A debrief for the local silver command is due to take place on Friday 30 January and will be followed by a structured debrief and workshop on the event on 24 February.

Mrs McKeivitt: I would like to take the opportunity to recognise the great work carried out by the silver command unit operating in Newry and Mourne, particularly in south Down. All over Christmas, we got a quare battering along the coast, and the unit was more than good to every one of the elected representatives and, indeed, members of the public who were there to help. What assessments of the real risk to flood plains have been carried out, and what preventative measures are in place to protect those areas?

Mr Kennedy: I am grateful to the Member for her supplementary question and her comments. She will know that a lot of flood management issues are dealt with by Rivers Agency, which is under the auspices of Minister O'Neill in the Department of Agriculture and Rural Development. However, there has been good cooperation and collaboration between the agencies, and the Member will know that a performance and efficiency delivery unit (PEDU) report was commissioned following the storms of the past couple of years. It concluded that it might be better if all the agencies were to feature in a single Department so that responses could be better coordinated. That

remains an outstanding issue and is not resolved, but I am very satisfied in the current circumstances that significant cooperation and collaboration took place between all the agencies, including Roads Service, Rivers Agency, Water Service, NIE, PSNI, emergency services, ambulances etc and health provision. All the agencies worked together very well, and I appreciate all those things.

Foyle Bridge: Safety Measures

4. **Mr P Ramsey** asked the Minister for Regional Development whether he has had any discussions with the Public Health Agency about the installation of preventative or safety measures that could deter people jumping off Foyle Bridge. (AQT 634/11-15)

Mr P Ramsey: Mr Principal Deputy Speaker, we both live in a city that is grieving and is saddened by the case of the young man Andrew Quigley, who has been missing for almost two weeks after jumping off Foyle Bridge into the River Foyle. We know of the despair and heartache shown by his mother, Colette Quigley. There is a high loss of life in the city because of incidents such as this.

Mr Kennedy: I am grateful to the Member for his question. I was very moved last night by the interviews given by Mrs Quigley and by the worry, concern and obvious trauma that present circumstances in that family are causing. I offer my prayers and good wishes at this very difficult time to that lady and that family and to their friends and associates. I hear the Member's point, and I will reflect on it. If he wishes to write to me directly, perhaps to set out some initiatives, I will be pleased to respond.

Mr P Ramsey: I welcome the Minister's answer, and I am sure that the family will take great comfort from his words. We all hope that we will soon have the return of Andrew, the son, to enable some type of burial.

Further to that, in light of the Minister's cooperation and his support for some type of initiative, is he minded to meet Foyle Search and Rescue, one of the leading emergency services that helps to prevent loss of life, and me to discuss some initiatives, small measures that might be helpful and, in the long term, could save someone's life?

Mr Kennedy: I am grateful to the Member, and I understand entirely his sentiments and his desire to see progress made on all these issues. I am happy to engage in a multi-agency approach. Clearly, there may be even more

significant players as far as Departments and agencies are concerned than those under my responsibility, but we are happy to examine issues where we can make progress.

Buses: Audiovisual Aids

5. **Mr Sheehan** asked the Minister for Regional Development whether he can outline if or when the pilot initiative involving audiovisual aids on buses and at bus stops that is under way in the Braniel area of Belfast will be rolled out to other areas. (AQT 635/11-15)

Mr Kennedy: I am grateful to the Member for his question and, indeed, his interest in the matter. I am aware of the pilot scheme that he mentioned. He may also be aware that we have submitted a bid to OFMDFM for funding for an audiovisual programme that would further extend the opportunities. We see it very much as having the potential to make a positive difference for people who suffer from audio and visual problems. I recently met a group of users, and we discussed at some length and in some detail the problems that they experience. I have huge sympathy for some of the circumstances that they find themselves in and huge admiration for the way in which they seek to overcome their difficulties, but it is an issue on which I would like to see further progress.

3.30 pm

Private Members' Business

Accident and Emergency Departments: Crisis Conditions

Debate resumed on amendment to motion:

That this Assembly notes with concern the crisis conditions recently experienced by patients at the accident and emergency departments in Craigavon Area Hospital and the Royal Victoria Hospital, Belfast; and calls on the Minister of Health, Social Services and Public Safety to investigate this, and other occurrences where accident and emergency departments have been overstretched, with the aim of providing adequate resources to ensure that every patient admitted to hospital is treated in a safe and controlled environment at all times. — [Mr McKinney.]

Which amendment was:

Leave out all after "concern" and insert

"the pressures recently experienced at the accident and emergency departments in Craigavon Area Hospital and the Royal Victoria Hospital, Belfast and their impact on patients; notes that the operational escalation procedures invoked worked effectively, and expresses gratitude for the dedication and efforts of healthcare staff who can often work long hours in challenging environments; further notes that the Health and Social Care Board and the Belfast Health and Social Care Trust are reviewing the Royal Victoria Hospital incident to see whether refinement in Health and Social Care business continuity planning is required; and calls on the Minister of Health, Social Services and Public Safety to investigate this and other occurrences where accident and emergency departments have been overstretched, with the aim of providing adequate resources to ensure that every patient admitted to hospital is treated in a safe and controlled environment at all times." — [Mrs Cameron.]

Mr Beggs: I thank Fearghal McKinney and his colleague Dolores Kelly for tabling this timely motion. I must put on record my personal thanks and that of my family to the emergency ambulance service and the staff of the Antrim emergency department for the highly professional and caring manner in which they dealt with a close family member just before Christmas. Regrettably, that is not the experience of everyone, as, too frequently, staff in our A&Es can be overwhelmed.

Several Members have spoken of the crisis that occurred on 8 January at the A&E at the Royal, which left patients describing the situation as being like a scene from a natural disaster. Indeed, I picked up on the comment that staff are

"fed up of seeing nurses cry",

such is the pressure that they are having to work under. Staff were overwhelmed, with 42 patients left on trolleys, which resulted in the major incident plan being put into action. A major incident plan is there for a major incident, normally a very significant crisis such as a natural disaster or an accident on our motorways that requires significant additional staff to deal with it or perhaps an outbreak of a particular disease. That is not what happened here. It has to be recognised that there is a crisis at the Royal, and implementing the major incident plan is probably the most obvious means of spotting that there was a crisis. Although the amendment rightly praises front line staff, why does it attempt to remove the word "crisis"? It is just one of several crises that have happened. Two days earlier, there was a crisis at Craigavon Area Hospital, where ambulances had to be diverted to Enniskillen and Newry. However, the peak winter pressures on our health service normally occur in February and March, so we do not know what is still to come. We must ask ourselves what has led to the crisis conditions in our accident and emergency departments.

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

When you look at the evidence — particularly in the Royal, where the figures for December show that 62.4% of patients were seen within four hours, against the target of 95% — it is clear that there were already significant pressures. The City Hospital's A&E has been closed, and, on top of that, the Downe and Lagan Valley accident and emergency units have been further reduced at this time of winter pressures. That has obviously added further pressure.

The reason given by the South Eastern Trust for the closures was "critical medical staffing issues" in the hospitals. Dr Sean McGovern, who is vice-chair of the College of Emergency Medicine concluded in a recent report that 56 A&E consultants is half the number that we require in Northern Ireland. In an interesting comparison, he noted that that is around half the number of politicians in the Northern Ireland Assembly. They are looking after all our A&E

units on a 24/7 basis. That is scary. There are many vacancies, and that puts significant pressure on not only our nurses but senior staff. It has to be asked what the Minister and other devolved Ministers, along with the trusts and the royal colleges, are doing to address the shortage of A&E medical staff in particular. Has the training budget been increased in conjunction with other Ministers? Are additional staff being trained to ensure that the positions will be filled?

There are physical issues for a number of our hospitals. That work is ongoing, particularly at the Ulster Hospital, and we need the new unit at the Royal. It has to be noted that improvements to Antrim Area Hospital are, in my opinion, a combination of a new state-of-the-art facility with better patient flow, an additional 20 nurses and management keeping a much closer eye on day-to-day issues. However, there are still significant pressures. Each year we hear talk of service improving during the summer, but, when you look at the actual figures, you can see that in 2010-11 the average figure was 82% of patients seen within four hours. The following year there was a drop to 80.2% —

Mr Deputy Speaker: The Member's time is almost up.

Mr Beggs: In 2012-13, it was 78.5%. Regrettably, the figures have been going downwards and, Minister, we need to do better.

Mr McCarthy: I support the motion and want to put on record our thanks to Mrs Kelly and Mr McKinney for bringing such an important motion to the Chamber this afternoon. I have some concerns that an amendment has been tabled by the Minister's party colleagues. It is important that we have a catch-all perspective on all potential approaches to addressing the crisis in our A&E services, beyond just noting that the Health and Social Care Board and Belfast Health and Social Care Trust are reviewing the Royal Victoria Hospital incident to see whether refinement in health and social care business and continuity planning is required.

There have unfortunately been ongoing and consistent concerns at the challenges faced by all our accident and emergency services right across Northern Ireland. Far too often we hear horror stories. I must say that I am grateful to the local media for alerting us to emergencies and to how our services struggle to function beyond their capacity. People face excessive waits on trolleys and very long waits for

treatment, in particular over the 12-hour threshold. That is not acceptable.

It is surely a watershed moment when emergency procedures have to be invoked at the Royal because of a combination of the number of those attending and the number requiring admission. I recognise the very hard work of a wide range of staff through some very difficult circumstances that are not of their making. Those staff members deserve better, and I appeal for positive action to support them. Indeed, they often have to put up with abusive patients and visitors to their A&E department and some very challenging cases. The time for talking is long since gone.

The focus of the motion is on the recent situation at the Royal and Craigavon hospitals, but that only serves to highlight some wider structural problems in the health sector, accident and emergency services in particular. There are consistent problems in our A&E services in general, including at a number of specific hospitals like the Royal and Craigavon, as well as Antrim and, in particular, the Ulster Hospital. Of course, the reduction at the Lagan Valley and Downe hospitals has already been mentioned.

There is a wide chasm between the target for being treated at A&E facilities and the reality of the waiting times that people are regularly exposed to. We have seen a growth in the number of breaches of the targets with respect to both the four-hour waiting time and the 12-hour waiting time. We are, indeed, going backwards on the 95% target in relation to four hours and further from meeting the zero target with respect to 12 hours. The four hospitals that I have named are the most consistent examples of those problems. We already know some of the measures that would begin to address the situation.

At the heart of it lies directing those who do not really need to attend A&E to make better use of alternatives. In that respect, we should make better use of out-of-hours GP services. While people seem to be more familiar with those, there is no significant increase in usage. There are also increasing frustrations for some patients in getting ready access to a regular GP service, and, too often, A&E becomes an alternative to that. We also have the increased availability of minor injury units, but those are less well understood as a viable alternative. Sometimes their opening hours do not coincide with the peak periods of demand for A&E. We should also consider whether other forms of decision-making could be introduced to A&E to process certain cases quicker.

Finally, we also need to look at staffing issues. It is clear that working in A&E is not an attractive option for doctors or nurses relative to their specialities. The Minister needs to consider what incentives can be introduced locally in Northern Ireland to combat that internal resource breakdown.

As I did yesterday, I record my gratitude to all staff in our health service and commend them all for the sterling work performed, despite the conditions that they have to face, particularly in our A&Es. I hope that the Health Minister acknowledges the crisis in our A&Es and responds appropriately.

Mr Dunne: I, too, welcome the opportunity to speak to the motion on what is a very important and timely issue affecting everyone across Northern Ireland.

Our accident and emergency services are extremely important. I commend all the staff, who work so hard in what can be difficult conditions on the front line of our health service. There is no doubt that our A&E services are currently under severe pressure and have to deal with a significant number of patients in what can be very trying conditions. Over 715,000 people were treated at A&Es in 2012-13, and 642,000 of those were new attendees and 73,000 were review attendees. The fact that our main A&Es are open all hours with free access to everyone results in huge demands on the service. More needs to be done to divert patients away from looking at A&Es as a first port of call. This is an issue that, we have been assured, will be addressed through Transforming Your Care, which has been covered extensively in the work of the Health Committee.

We need to ensure that our GPs actively play their part in easing the burden on our hospitals. Some GPs operate with limited opening hours, with some even closing at lunchtime. Other GPs operate the very costly 0844 phone numbers. All those things make our A&Es a more desirable destination for patients. At a recent meeting with my local GP in Bangor, I discussed many of these issues. They indicated that they, too, are under extreme pressure to cope with demands, which includes evening surgeries.

The minor injury units have a key role to play in easing the burden. The Bangor minor injury unit is a very valuable and well-used facility serving approximately 10,000 people. The neighbouring Ards minor injury unit serves 9,000 —

Mr McKinney: Will the Member give way?

Mr Dunne: OK.

Mr McKinney: Thank you. Does the Member accept that the evidence that he has presented to the House so far from his constituency and wider afield suggests, in fact, that this did not lead to a singular pressure at the Royal and that there is a constant and growing pressure on accident and emergency services that approximates to a crisis?

Mr Dunne: I think that we all recognise the extent of the workload and the demand on our A&Es across the Province. I, too, see the need for change. We hope that, under Transforming Your Care, there will be change, and I believe that the Minister is addressing that.

As I said, the Ards minor injuries unit has had 9,000 patients through its doors. That shows the excellent work that it is doing. In many ways, both those minor injuries units, in seeing over 20,000 patients throughout the year, relieve the pressure on the Ulster Hospital. The out-of-hours GP service and pharmacies also have a role to play in dealing with minor ailments and treatments and in making our health service more efficient and effective.

As a North Down representative, I know that there are genuine concerns locally about the additional pressures faced at the Ulster Hospital, especially given the recent closure of the City Hospital A&E. Recent figures show that 80,217 new patients were seen there last year, while 86,000 were seen at the Royal. Those figures are alarming and show the extent of pressure that there now is at the Ulster Hospital. They show clear evidence of an increase in numbers, especially with patients from across Belfast now using the Ulster as their main hospital of choice. There are genuine concerns about the limited space at the A&E site at the Ulster. As you are aware, the newbuild programme is not due to commence until 2018.

3.45 pm

We must continue to monitor patient flows in hospitals and actively look at ways to improve efficiencies in our health service. I commend the Minister on his action to date in dealing with what is a very difficult issue for everyone. I know that he will continue to do what is right for our population and ensure that the health service is made fit for purpose.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. I, too, rise to support the motion. I do not think that it is unreasonable to suggest that, in the vast majority of cases, A&E departments in all our hospitals are continually busy and, often, resources are overstretched, particularly at weekends. The recent incident at the RVH in Belfast, when a midweek emergency was called and, in a major incident scenario, off-duty staff had to be called in, brought the A&E situation there very much into focus.

The Department recently published statistics on emergency care departments. In September 2013, 76.4% of patients attending type 1 emergency care departments were either treated and discharged or admitted within four hours. A type 1 emergency care department is a consultant-led service with designated accommodation for the reception of emergency care patients, providing emergency medicine and emergency surgical services around the clock. In September 2013, 0.1% of a total of 58,120 attendees at emergency care departments waited longer than 12 hours to be either treated and discharged or admitted.

Over the past while, there has been much discussion about waiting times at the Health Committee. Numerous statistics have been provided. There is no doubt that, across trusts, efforts have been made to reduce waiting times. However, the problem continues to grow. New and innovative measures to deal with the problem are continually required.

Acute care includes unscheduled care. That includes such services as accident and emergency, emergency surgery, intensive care, coronary care, stroke services, urgent care and medical admissions. Unscheduled care is delivered via 10 accident and emergency departments, nine of which are consultant led, 24/7; eight minor-injury units; and 19 GP out-of-hours facilities.

In 2005, an independent review of health and social care here conducted by Professor John Appleby indicated that the level of A&E attendances per head of population in the North was 31% higher than in England. He recommended that demands on certain aspects of the hospital system, particularly A&E, should be contained or reduced. In 2007, an independent review of emergency care activity suggested that nearly one quarter, 24%, of A&E attendances were inappropriate and could be addressed by alternative healthcare services, such as minor-injuries units.

The review also highlighted the fact that some people attend A&E when they cannot get an

appointment with their GP. Those inappropriate attendances are a major part of the problem. People sometimes attend A&E units with the most innocuous problems because they think that it is the place to go. A major rethink is required on information and education in that respect, and, of course, on the provision of alternative services, such as out-of-hours etc.

For people who present at A&E with mental health issues, the service that is provided is not always appropriate or beneficial. There should be some way in which those people, some of whom are suicidal, can be dealt with sensitively and effectively. That may require some sort of filtering system. That is absolutely necessary to ensure that the best possible service is provided.

I know that the emphasis is on services in Belfast. However, in my constituency — I make no apologies for being parochial — Daisy Hill Hospital has a very good record of dealing with people in A&E. Recently, new facilities have been provided that have proven very beneficial. For instance, for people who present at A&E with strokes, Daisy Hill has a very good record — second to none — in providing thrombolysis to patients when that treatment is appropriate.

The nature of A&E departments will always be problematic because it is so difficult to legislate for and control the number of people who present there. Obviously, resources will always be under extreme pressure. A&E staff do a tremendous job, often under very difficult circumstances. At weekends, many people who are drunk present at A&E for treatment for alcohol-related problems, injuries from falls, fights etc. Staff are often subjected to abusive behaviour for which there is absolutely no excuse. It is incumbent on us all to ensure that those front line staff get the resources and protection that they need and deserve. I call on the Minister to ensure that adequate resources are in place to ensure that every patient is treated in a safe and controlled environment at all times and that the safety of staff is paramount.

Mr D McIlveen: I welcome the opportunity to speak on the motion. I believe that the intention and the spirit behind the motion are correct and good. However, I have concerns, and I allowed my name to go towards the amendment because I believe that there are flaws in the way that the motion was worded. The sentiments behind it were perhaps a little bit misguided. I will explain what I mean by that.

First, my concern is that the motion ignores the work that has already started at the request of

the Minister. To suggest that the Minister of Health, Social Services and Public Safety should investigate this and other occurrences indicates to me that an accusation is being made that nothing has been done. I am sure that, when we hear the Minister's response to the motion, we will all be left in no doubt that that most certainly has not been the case.

Secondly, the wording "crisis conditions" is somewhat misjudged, and I will explain a little further on that also. I do not believe that what was experienced in this particularly high profile pressure was a crisis, and that is because those were the words of the chief executives of the trusts and of a number of staff who were spoken to. At no time did any of those accident and emergency departments stop taking in patients; they were open at all times for admissions.

Indeed, I welcome the words that the chief executive of the Southern Trust said in commending her staff. Again, I felt that that was another flaw in the motion, because it makes no recognition of the tremendous work that the staff on the front line of our accident and emergency departments and, indeed, all of our health service experience. Mairead McAlinden said that her staff continued to go the extra mile in recent days and that everyone is working together to make sure that patients get the treatment they need while in hospital and are safely discharged with appropriate support when fit and ready to go.

I pay tribute to the tremendous work that our healthcare professionals do throughout all our trusts and constituencies. I pay tribute to them in the strongest possible terms. I accept that, at times, they are under extreme pressure as a result of the environment that they find themselves in, particularly in accident and emergency. By its very nature, accident and emergency medicine is high pressure and is constantly evolving. Indeed, at many times it can be subject to sudden changes in demand.

Mr Givan: I appreciate the Member's giving way, and I commend his train of thought. Does he agree that those who, for political reasons and to score points, use the word "crisis" undermine the very professionalism of those staff, both professional and medical, who, at no point, were out of control, which is what the word "crisis" infers, and that that was not the case?

Mr D McIlveen: I thank the Member for his intervention. I agree wholeheartedly with that. I believe that crisis is a very loaded word, and it insinuates that the staff who were working in

the hospital were unable to cope, when they very clearly were.

Mr McKinney: Will the Member accept an intervention?

Mr D McIlveen: I will.

Mr McKinney: Does the Member accept that the language that has been used in this debate, particularly around the word "crisis", is not emanating from political parties but is, in fact, emanating from staff, unions and nurses, including the RCN, which said that the situation is making the service unsustainable? Is that not a crisis?

Mr D McIlveen: I thank the Member for his intervention. No, I do not agree with that, because, to me, a crisis would occur if the hospitals in question on the evening were unable to take in patients. There was not a crisis to the extent that our accident and emergency departments were closed on that night. It is for that very reason that accident and emergency departments have operational escalation procedures to follow at times when there are such spikes in admissions. That is what the crux of the motion fails to grasp and understand. I come back to my initial words: I do not believe that the motion was motivated for anything other than the right reasons, although I take on board the points that my colleague raised. However, I believe that the wording is highly emotive and perhaps a little bit ill thought out.

Our amendment takes nothing away from the spirit of the motion. I therefore ask the House to support the motion as amended, because it pays tribute to the front line staff who work day and daily in that, at times, highly pressured environment. I believe that the amendment is better worded and enhances the motion. It does not take anything whatsoever away from the motion. It just makes it a little bit better.

Mr Rogers: I want to praise the tireless work of front line healthcare staff. Without their dedication and professionalism, this critical situation could be much worse. Recent debates highlight how our hospital staff work well beyond their call of duty. However, you have to ask this question: did the closure of weekend and night-time A&E services at Lagan Valley and the Downe have a knock-on effect on the crises at the Royal Victoria and Craigavon?

The proposer of the amendment does not believe that there was a crisis. However, that

really depends on where you are coming from in your interpretation. Just ask the patients who were in the Royal Victoria that night or a constituent of mine who was in another ward and was shifted off in an ambulance to free up a bed. That lady told me about the panic at the nurses' station, which was not the fault of the nurses on duty that night but the management. Even here on the Floor of the House, not everyone recognises that there is a crisis in accident and emergency.

Mr McCarthy: I thank the Member for giving way. Does the Member agree that, at the time, one of the senior directors in the Belfast Trust apologised for that very incident, namely having to remove a very senior person at all hours of the night?

Mr Rogers: Thank you for your intervention. I agree wholeheartedly.

If we do not acknowledge that there is a problem, how can we get a solution? We cannot look at the issues in the Royal Victoria and Craigavon in isolation, because they have a knock-on effect on other patients, nursing staff and hospitals. We cannot look at an issue in an A&E department without looking at how it affects the rest of the hospital.

Let me quote the wife of a patient:

"My husband was due to have a hernia operation in the Mater this morning at 7.30 am, but he received a call from them at 9.00 pm the night before to inform him that it had been cancelled due to the pressure of A&E overflow that had been caused by the closing of the Downe A&E at 8.00 pm. Now he has to wait on another appointment."

That is more than an inconvenience. Imagine getting psyched up for an operation and then discovering that it is not happening. That certainly is a crisis for that patient and his family.

Let us look at the impact on other services. In a question for written answer, I asked the Minister to give me an assurance that the radiology service at the Downe Hospital will be maintained at the current operating level. He answered:

"The operating times of the Emergency Department have recently been reduced at night and at weekends. I am advised that no significant changes have been made to the radiology service in the Downe".

Minister, that is not reassuring for me, for the patients of the Downe or for the radiology staff. In fact, I had call from staff in Lagan Valley who are in a similar position.

Ask the people of Downpatrick and district whether there is a crisis. Even the trust acknowledged before Christmas that there was a crisis. Is it not a crisis situation when you have to close an A&E at night and at weekends? Ask anyone living in rural areas such as south Down whether there is a crisis. There certainly is a crisis if you need the attention of a major trauma centre in Belfast. The first problem is getting an ambulance, and the next problem is getting to Belfast. That issue has been well documented in earlier debates. Any partial closure or watering down of the A&E service at the Downe Hospital will no doubt pressurise other hospitals and A&E departments across the North.

What about the human cost? I want to refer to the case of an elderly woman who arrived by ambulance at the Downe yesterday. She lives alone and has no dependants. She has chest complications and could not breathe. She had been checked for heart problems.

Then, there appeared to be a problem with bed shortages at the Downe. She was not admitted but sent by ambulance to the Ulster at 8.00 pm. That lady is now an inpatient, and her sister and nieces have to make a 60-mile round trip at considerable expense to see her and provide support.

4.00 pm

John Compton's words were about building:

"a system of health and social care which would place the individual, family and community that use it at the heart of how things are done."

Those words ring very hollow with that family and the whole community.

Minister, your Department cannot look at A&E departments in the Royal Victoria and Craigavon hospitals in isolation. When looking strategically at the provision of A&E services across the North, air ambulance provision must also be included.

Mr McGlone: I thank the Member for giving way on that point. Those of us who live west of the Bann have seen huge tracts of land stripped of A&E services in almost the same pattern. I hope that the Minister is able to do something

to retrieve these services, but we have practical experience west of the Bann of vital services being stripped.

Mr Rogers: Thanks for the intervention.

I congratulate the midwifery-led unit and its team leader at the Downe. Recently, the unit won a national award. That shows that, with the right level of funding and expertise, the Downe can deliver for the people of south Down.

Mr Dunne mentioned 40% of Belfast Trust people going to the hospital in Dundonald. I have to ask questions about the funding for the South Eastern Trust. Minister, these are not isolated cases.

In conclusion, the Downe must be part of an A&E strategy. Where I differ from the proposers of the amendment is that I believe that where the curtailing of services is proving to be part of the problem, their restoration must be part of the solution.

Mr B McCrea: A number of interesting things have come out in the debate. First, the amendment seems to focus on shifting blame and trying to deny responsibility. In fact, some are asking, "Crisis? What crisis?"

Mr McIlveen took up that issue and asked who had used the word "crisis". It may not have been used in this particular case, but I will give an example it being used about this matter. The chair of the Royal College of General Practitioners was talking about the Health Secretary's position when he said:

"This speech will not end the crisis in general practice."

That crisis is, I think, the same crisis as we are facing. The real issue is that too many people go to A&E when they should go elsewhere. Some Members mentioned that we have all, at one time or another, ended up in an A&E department. When there is an emergency, you ask, "Where do I go now?" Knowing that it is serious, you get into the car and drive to get to a place where you think that you will be helped. Perhaps we have to do a bit more to give people information about where to go instead.

I would be interested to hear from the Minister how he is progressing, or how the discussions are going, on rewriting the GP contract. Part of the problem is that most of our A&E admissions happen over the weekend, which is when there are not as many staff elsewhere. So perhaps

there is some way of moving the demand to another place. That would require a complete reworking of the GP contract. It seems strange to me that Northern Ireland trails England on that issue — perhaps the Minister will illuminate.

The Member who moved the amendment, Mrs Cameron, said that — I think I quote her correctly — the four-hour target is being approached and that is an example of a "relatively efficient" system. I do not think that it is. If you go to A&E with an emergency and have to sit there for four hours, at the very best, you will say, "This is not the type of system that I pay my taxes for." It may well be that this is the best we can do in the current circumstances. I am sure that the Minister will come up with some way for us to remove the issue.

So, you have a challenge in this debate, where people have tried to play a certain amount of political ping-pong. Perhaps that is inevitable, given that elections are forthcoming. However, I think that we owe it to the people of Northern Ireland to explain why things do not work, why they should go elsewhere or what should be done, rather than playing the blame game. Perhaps the Minister will take the opportunity not to duck his responsibilities in this but to tell us what the plan is for making A&E an acceptable service and what resources he needs. If he is short of resources, perhaps he will explain that to the Assembly, and we will see whether we can find some more.

In the meantime, it comes down to where you go if you have an accident in your house. My mother-in-law fell, and we thought that she had perhaps cracked her hip. We were not sure. Where did we go? We went to the closest A&E, because we thought it the appropriate place. It turned out that there was not a problem, but we were worried about it. If A&E is not the appropriate place to go, where should we go? An information service is required.

Answers to questions about how we deal with the health service in general are about how we change people's perceptions. For what it is worth, I think that we should be putting more resources towards primary care but that the grander strategy is about prevention rather than cure. However, we have a situation where, when it happens to you, when you have an emergency, you want to go somewhere quickly, and, if you are left waiting for four hours or longer, you will not think that the service is acceptable. It is no wonder that people in A&E and other departments talk about a crisis of morale or a feeling that they are not being

heard, because they are trying to work under insufferable conditions. And that is for the Minister to resolve.

Mr G Robinson: This is a timely and appropriate topic for the Assembly to debate. First, I wish to commend and pay tribute to the excellent staff who work in our emergency departments in Northern Ireland. Emergency A&E staff deserve great credit for doing a job under very difficult and sometimes personally dangerous conditions. The care and attention that they give to patients and their families is greatly appreciated and carried out at what is a difficult time. It is therefore no surprise that staff experience very extreme workloads which they work through very diligently. I also note that, despite the press hyping the recent situation at the Royal, the procedures put in place to cope with such events worked. That is something that is wrongly overlooked, and it ignores the dedication of the additional staff who responded to the call for staff.

The Health Minister has the most difficult and most criticised job in the Executive, and his patience and willingness to ensure change must be welcomed. He has worked to try to better the number of staff on duty in A&Es, but it will never be enough for some political opponents.

I must also stress that the public themselves have a critical role in overseeing improvements to the A&Es of our hospitals. There are times — mainly evenings and weekends — when people attend A&E with very minor injuries that could wait for a GP to deal with. In fact, the Minister has advocated the setting up of medical hubs which could care for minor injury and other medical problems out of hours. That could help to alleviate pressures on A&E services. I would ask everyone to consider whether they really need to attend A&E, as that could help prevent the waiting times recently experienced. Obviously, urgent cases must be seen and dealt with, but this is one way in which everyone can help to ensure that waiting times are reduced. I stress again that we can all contribute to reducing the pressures that our A&E units are under, but that will be in conjunction with the Department and the plan for the way forward.

Our Minister has shown his commitment to change, and I urge all Members to support him in the unenviable task that he has in front of him. I support the amendment.

Mr Poots (The Minister of Health, Social Services and Public Safety): I thank Mrs Kelly and Mr McKinney for bringing the debate to the

House, albeit the motion is quite poorly worded. We have seen some evidence today that lip service has been paid by parties across the Chamber to the excellent work carried out by staff, but there was an opportunity to place that in writing, but that has failed, and failed miserably, as a result of those who proposed the motion. That is recognised and identified.

We need to be very careful in these debates that we do not damage staff morale and act in a way that takes away from the good work that they do, because Northern Ireland is a safe place to get emergency medicine; it is a safe place to have medical care. Yes, mistakes are made on occasion. When you have 70,000 employees, some people will make mistakes on occasion. As somewhere that you would identify against other countries across the world, we have an excellent health system, and one that we should be proud of, not one that we should be criticising all the time.

Mr Maskey: Will the Minister give way?

Mr Poots: You had your opportunity to speak, and my time is quite limited.

The debate was prompted by recent incidents, when action was taken by the Belfast Trust on 8 January to relieve pressure in the emergency department of the Royal Victoria Hospital, and by the Southern Trust on 6 January to relieve pressure in the emergency department of Craigavon Area Hospital. Please note that I am referring —

Mr Anderson: I thank the Minister for giving way. Last week, my colleague David Simpson and I met Mairead McAlinden, the chief executive of the Southern Trust, and her senior staff. One of the issues that we raised was the increase in patient numbers in the A&E department on 6 January. She informed us that it was accepted that it was exceptionally busy on that particular evening and that the normal escalation processes were able to cope with the situation. Let us remember this: doctors, nurses, managers and, indeed, all the staff worked late into that evening to ensure patient safety. Craigavon Area Hospital is fortunate to have committed and caring staff, as do all our hospitals.

The motion talks about crisis conditions, and some Members referred to a crisis in Craigavon, but, from where I am coming from, that was certainly not the case there. Does the Minister agree that the use of such language can be very damaging to staff morale and the wider public perception?

Mr Poots: I thank the Member for his intervention. Not only is it damaging to staff morale; it is wrong. As I listened to Mrs Kelly speak, Corporal Jones-like, earlier in the month, I wondered what exactly the problem was, and I sought to clarify the issues. Over the first 20 days of this month, the very busy Craigavon emergency department saw 3,802 people and admitted 1,046 people. That was in the first 20 days. In all that time, there were no 12-hour breaches, but Mrs Kelly wants to put it out there that there was a crisis in Craigavon hospital. She will have to answer to the public and the staff for that. No doubt, as she speaks later, she will have something to say on the matter.

You should be very careful about the language that is used. I encouraged people previously to be more mature in how they handle things and how they speak about these things, but clearly that has had little impact on some people.

These are emergency departments. A&E does not stand for anything and everything. Some people seem to think that that is the case. Mr McCrea talked about people coming in with emergencies and waiting for four hours to be seen. Let me be absolutely unequivocal about it: people with emergencies will be seen immediately, not in four hours. They will be seen immediately.

Mr B McCrea: Will the Minister give way?

Mr Poots: No, you have had your opportunity. People who are coming in with less urgent matters will most likely be seen within 15 minutes or, at the most, 30 minutes, by a triage nurse, who will identify where they should be on the waiting list. Those people will come in behind the people who require urgent care.

When we refer to four hours, it is not four hours to be seen; it is four hours for someone to have been seen; for an assessment to have been made of what is wrong, which often involves scans or blood tests and waiting for those tests to come back; and to have been treated and discharged or admitted to the hospital. That is what we are talking about in four hours. Four hours is not actually to be seen; four hours is for the treatment plan to have taken effect.

4.15 pm

I should say, when I am on my feet, that I urged the media some time ago to be slightly more mature in how they respond to things. Last week, they said that waiting times had trebled for over-12 hours in our emergency departments. Let me state the facts, because

they are stubborn things and are hard to overcome. In December 2012, 579 people waited for more than 12 hours. In December 2013, 168 people waited for more than 12 hours. That is 168 too many, and I will continue to work to ensure that that is driven down. However, I make it very clear that those figures indicate that people are working very hard to ensure that our emergency departments are better places for people to be seen and treated.

Let me also be very clear that people who have heart attacks and strokes have a better chance of survival now than they had last year and a few years ago. The people who work on trauma are making huge steps forward as well. Our emergency departments, in terms of what they are actually about, which is emergency care, are responding very well to the public's needs. However, we have issues that we certainly need to address. That is something that I am very happy to do.

I understand that the Belfast Trust held an immediate debrief following the incident that has been referred to. A further review is planned to take place in February. The trust has an ongoing programme of reform to improve its service. The specific learning from that incident includes modification of the trust's escalation plan to minimise the likelihood of having to instigate such measures again.

The Health and Social Care Board is also undertaking a review of the circumstances that resulted in a major incident being declared by the Belfast Trust. The membership of the review team and its terms of reference are currently being finalised. There will continue to be periods of pressure in all our emergency departments throughout the winter.

Again, it is useful to put facts on the table. The Royal Victoria Hospital, in the three days that led to the emergency plan being put in place, had 380 admissions. In the same three days the previous year, it had 300 admissions to hospital. In truth, the problem did not exist in the emergency department. The problem existed because people were not being taken out of the emergency department and into other parts of the hospital. The steps taken were to ensure that people were taken out of the emergency department and moved to other parts of the hospital. The emergency department was able to flow quite normally once again, albeit that it was a highly pressurised place given the numbers of people who came through.

I make it very clear that the statistics and facts do not reflect what has been said this afternoon

by people who appear to be misinformed or to have some intention to misinform. Either way, it is not a very mature debate in that respect.

In March 2013, we put an additional £2.8 million into the South Eastern Trust to improve capacity at the Ulster Hospital. The Ulster Hospital has been struggling to meet a significant increase in demand, particularly admissions. That has helped to improve performance.

The Northern Trust required particular support, and in May 2013, I announced the appointment of two senior directors to the Northern Trust to lead on the next stages of the turnaround process. In June, the turnaround and support team produced its report. I am pleased to say that the performance of the Northern Trust's emergency department has improved significantly. That was acknowledged by Mr Beggs earlier, and I acknowledge him for that. I must also mention that £9.2 million was spent on the emergency department at Antrim Area Hospital, which opened in June 2013. With its state-of-the-art technology, it is providing patients with access to safe and resilient services in the long term. So, actions have been taken across a number of emergency departments that required help.

As I go into the next year, I am very cognisant of the fact that we have financial pressures. That is because we are operating on a budget that has been largely flat-lining or that has had only modest rises. We have managed to strip around £700 million of inefficiencies out of the health and social care sector over the past three years. However, while doing that, we have had an increasing rate of demand that exceeds the increasing demand in any other Department. So, as we move to next year's Budget, I offer any Member of any of the Executive parties an opportunity to intervene at this point if they really want to, and I ask them whether they will stand with me in getting more resources, if I can persuade the Minister of Finance and Personnel, to the Department of Health so that I can put them to the service.

Mr McKinney: Will the Minister give way?

Mr Poots: Yes.

Mr McKinney: I can do that. We accept that there is a need for extra resources in the service, but we also accept that there is a need for strategic thinking. There is a wheel here. Whenever you get a blockage in the pipe at GP services, that leads to a blockage in the pipe at A&E. That is the fundamental point. So, we

will join you in looking for more money when you actually address the issues and recognise that the problem is there in the first place. When you have exhausted all that, we will all join you and go to the Finance Minister to look for more cash.

Mr Poots: I do not think that you can speak for all the Executive parties, Mr McKinney, but I welcome that the SDLP is now committed and that, if the Finance Minister —

Mrs D Kelly: Will the Minister give way?

Mr Poots: I think that the SDLP has already spoken.

Ms Maeve McLaughlin: Will the Minister give way?

Mr Poots: The health spokesman for the SDLP has spoken, and Ms McLaughlin would like to get in.

Ms Maeve McLaughlin: Thank you. Does the Minister accept, and will he agree with me, that, rather than dealing with issues on transitioning through Transforming Your Care, the recent bid to the January monitoring round is looking at a fund to deal with clinical negligence? Surely that is not the best use of resources, given the strains on the system to date.

Mr Poots: I am very disappointed that we got such a stupid response in this instance. Clinical negligence refers to things that happened not yesterday, not last month and not last year; clinical negligence is referring to things that have happened over many years. Ms McLaughlin should check, because it was the Public Accounts Committee that demanded that courts deal with these things more quickly. Consequently, in Northern Ireland this year we are paying out £56 million of public money for clinical negligence cases for things that happened years and years ago because the Public Accounts Committee demanded it. I might remind the Member that the Chair —

Ms Maeve McLaughlin: Will the Minister give way?

Mr Poots: The Chair of the Public Accounts Committee was none other than John O'Dowd at that particular time.

Ms Maeve McLaughlin: Will the Minister give way?

Mr Poots: He is now the Minister of Education. I note that Sinn Féin has not indicated that it wants more money to go to health, so it has carped. In fairness to the SDLP, it has said that it would, but Sinn Féin has carped about health —

Ms Maeve McLaughlin: Will the Minister give way?

Mr Poots: — but it has not indicated that it wishes to give more money to the health service. —

Mr Deputy Speaker: Order. The Minister will resume his seat for a moment. I must remind Members that, if any Member does not wish to give way, other Members should not persist in asking. Continue.

Mr Poots: Thank you, Mr Deputy Speaker. I do not mind the heckling from the sidelines. It is a demonstration —

Mr Beggs: Will the Minister give way?

Mr Poots: I would like to give way, Mr Beggs, but, unfortunately, I am out of time. I have only a minute and a half to go, and I have a few things that I need to say.

We appreciate that people recognise that there is a vastly increased workload on Health and Social Care. That is why we employed more nurses, that is why we employed more doctors and that is why we are employing more people in allied health professions. That is because we want to meet and service the needs of our population, which is growing older. We are increasing direct access to wards, which will reduce the number of people who are coming through emergency departments. We have put in place the integrated care partnerships and are seeking to improve patient pathways for chronic disease. We are also mindful that the performance of EDs falls behind that in other parts of Great Britain. So, I am keen to learn from the widest range of peers and to benchmark against the best.

We have had involvement with GB expertise in the Northern Trust, for example. I am giving consideration to how we could utilise similar expertise to test whether there are more things that we could do better in our emergency departments, particularly in how they integrate with the rest of the hospital, which I referred to. I can assure you of my commitment to continue to work to improve emergency department care —

Mr Deputy Speaker: The Minister's time is coming to a close.

Mr Poots: — and waiting times for all patients. I hope that, in the debate, I have provided you with an indication of the substantial amount of work that is being undertaken at all levels by the HSC.

Mr Wells: The debate has confirmed and underlined why we need Transforming Your Care in Northern Ireland. One of the reasons why we have peaks of demand in the health service and pressure on staff is that there are far too many people in Northern Ireland who are far too high up the ladder of healthcare. We are far too quick to visit A&Es and demand the highest level of care, even when it is not needed.

It has been refreshing and interesting to hear several Members who are not from the Minister's party admitting, as Mr Brady did, that 20% of those who present for treatment at A&Es and general hospitals should not be there in the first place. However, unfortunately, under the system we have at the moment, the clinicians are forced to deal with them. We must bring in a new and radical change to health service provision to stop people thinking that way.

We have an excellent health service in Northern Ireland — a health service to be proud of. The outcomes, particularly for five-year survivorship, show that it is a health service that can hold its head up alongside any other health service in the United Kingdom or western Europe in many specialisms. I am concerned that the genuine difficulty that some Members have with the pressures that our staff are under — which we accept — translates into a gloom and doom scenario that can do an awful lot of damage to our health service and the morale of those who are carrying out such difficult tasks.

I have the benefit of occasionally seeing the 'Lurgan Mail' and the 'Portadown Times', and Mrs Kelly is very quick to catch a headline and issue statements, which Mairead McAlinden and her team in the Southern Trust have to correct before they get into print. Three weeks in a row, I had emails from the press office of the Southern Trust to correct statements made by a certain MLA, which sometimes —

Mrs D Kelly: Will the Member give way?

Mr Wells: Certainly.

Mrs D Kelly: I very much refute the implications of Mr Wells's comments. Might I tell Mr Wells that, regrettably, the practice of the Southern Trust has not been to give information and to deny — much like the DUP is in denial? Mr Wells, as a representative of South Down, how do you stand on the closure of the A&E at Downe Hospital? Perhaps you would like to tell the voters in your constituency about your rationale there.

Mr Deputy Speaker: The Member has an extra minute.

Mr Wells: Thank you for the extra minute. Mrs Kelly's second point is valid, and I will deal with it when I deal with Mr Rogers's comments about Downe. It should be raised.

It strikes me that, when the honourable lady — sorry, the lady — issues a press release to her local papers, the Southern Trust are on to me as the Deputy Chair of the Committee and, I suspect, all the other MLAs in the Southern Trust area to explain the factual position. Inherent in those comments is that they believe that the honourable lady has gone too far, has been too critical and has not allowed the facts to get in the way of a good story. I know that an election is coming up but, please, do not play political football with the Southern Trust. On almost every indicator, the Southern Trust is the best performer in Northern Ireland and one of the best performers in the United Kingdom. Therefore, I think that it is wrong to rubbish the excellent work of that team. The reality is —

Mr D McIlveen: I thank the Member for giving way. It is very unusual for Members from these Benches to pay tribute to parties on the other side of the House, but Mr Wells has done the same. Will he join me in welcoming Mr O'Dowd's comments in the local papers when he made it very clear that it is wrong to create public fear about hospitals, particularly Craigavon Area Hospital?

Mr Wells: I was just coming to that point, Mr McIlveen. I read in the 'Lurgan Mail' that Mr O'Dowd had a meeting with the Southern Trust, which, of course, the chief executive immediately accepted the request for. He said that certain individuals should not rush to conclusions and condemn the work at Craigavon Area Hospital.

We have an excellent health service in Northern Ireland, and I get really annoyed when I hear MLAs quoting the public inquiry into the Mid Staffordshire NHS Foundation Trust in connection with the health service in Northern

Ireland. There is nowhere in Northern Ireland that is anywhere near that. That was a chaotic, disastrous situation that, quite rightly, led to heads rolling. We are nowhere near that, and the Minister and the Department would make certain that we never get anywhere near that.

So, please do not quote that in the context of our health service.

4.30 pm

There will be peaks in health service provision in Northern Ireland, and it is impossible to build in the capacity that will deal with all those peaks because if you did that, you would have spare capacity for 350 days a year. Therefore, difficulties will arise, as happened at the start of January.

What does encourage and reassure me is the speed with which the relevant chief executives moved to deal with those pressures. They were in there immediately. Note that the Minister was in the Royal Victoria Hospital the following morning making certain that those changes were implemented. So, we do have a strong team in action.

There have been great positives and even Mr McCrea — welcome back, Mr McCrea, to the Assembly, by the way. We have not seen you for a very long time. *[Laughter.]* Maybe you have been availing yourself of the A&E in some part of the United Kingdom, but it is good to see you back. The place was very lonely without you. But certainly, there have been great improvements, particularly in the Northern Trust area.

Finally, Mr Rogers. Mr Rogers, you are a clever politician — I would call you a bitter political enemy but that would not be true — but you know that the situation in Downe Hospital is nothing to do with patient pressures whatsoever. It is because we cannot attract the middle-grade doctors —

Mr Deputy Speaker: The Member's time is almost up.

Mr Wells: — that we need to man that. It should not have been mentioned in the context of this debate because it has nothing to do with the other issues being discussed.

Mr Deputy Speaker: The Member's time is up. Before proceeding, I suggest that there is perhaps a little too much noise from a sedentary position. I ask Members to be of impeccable behaviour. I now call Mrs Dolores

Kelly to conclude and wind up the debate on the motion.

Mrs D Kelly: Thank you very much, Mr Deputy Speaker. I very much welcome the opportunity to wind on this important debate. It is not one of personal attacks. I note that the Members opposite, including the Minister, seem to be suffering from a contagious condition called denialitis, because that is what they are. They are quite clearly in denial about the crisis that faces our health service. They are in denial about the Budget that they supported, as did other parties with the exception of the SDLP, that saw such reductions to the health service, where nurses are now fearful for their registration and where the Royal College of Nursing, the College of Emergency Medicine and the trade unions are saying, "Wake up. This is a real crisis within our health service. This is unsustainable. Get real."

Unlike previous Chairs of the Health Committee, I will not be attacking the Minister in a personal way nor, I hope, Mr Deputy Speaker, be asked to leave these premises on the basis of what I have to say this afternoon.

It is quite clear that many contributors who largely welcomed the debate put on record our admiration for the dedication of all staff at all levels in the Health and Social Care service for dealing with what is a worsening crisis across the sector. Many contributors talked about the effect of the failure of the Minister to adequately resource the GP, out-of-hours and outpatient services, and the inappropriate use of accident and emergency departments by patients who seek and require access to good healthcare at the time and not to be told, "You have to wait two or three weeks for your GP appointment". There is a real crisis, and many Members spoke about the need for greater public education on the use of not only A&E but the minor injuries unit, out-of-hours services and the GP service itself. I commend those Members for raising that valid point.

The fact is that, under Transforming Your Care, there is a pressure on hospital beds. That was part of the problem in Craigavon hospital. Unlike my colleague Minister O'Dowd in Upper Bann, and Mr Wells, who, although he lives in my constituency, represents another, I am on the ground talking to staff on the ground. One member of staff said that the crisis in Craigavon Area Hospital on that night was one of the worst crises —

Mr Anderson: Will the Member give way?

Mrs D Kelly: Not just yet — was one of the worst crises in 40 years. One member of staff told me that they shoved every patient into every nook and cranny in the hospital that they could find. Why? So that they would not breach the 12-hour rule. That is why. That is what we have heard about: meeting targets rather than ensuring that people get the care and treatment that they need.

I spoke to nursing staff across a range of wards in Craigavon Area Hospital. The recovery ward was actually used to admit patients to on that night. What would have happened had there been a major incident that required the theatres to be opened and the recovery ward to be used? It would have been an even deeper crisis. That is not the intended use of the recovery ward.

Let us be very clear: I am speaking on behalf of the many staff who feel that they do not have a voice and feel suppressed by their administrative superiors and by some of the Members opposite who take a gung-ho approach to the health service.

Mr Anderson: I thank the Member for giving way. She talks about what her constituents on the ground are telling her. We take on board what constituents on the ground say. However, has the Member spoken to the chief executive and the senior staff about the situation in A&E on 6 January? Have you gone along to get the actual facts?

Mrs D Kelly: Yes, indeed I have. I spoke to Mrs McAlinden the following day, and I am meeting her this Friday. I can assure you that I take my representational responsibilities very seriously.

I can also tell you that I have a copy of a press release that was issued by the information service in Craigavon Area Hospital. It denies that patients were admitted and that a full ambulance divert was in operation on 6 January, which is quite exceptional. I have informed myself well. I have not stuck my head in the sand because I am too embarrassed to say that I voted for a Budget that would cut millions of pounds in the health service. I see that Mr Anderson is doing a Pontius Pilate, washing his hands of it and saying that it is down to his predecessors. However, his party accepted it.

I heard Mr Wells mention the cost of administration. I can tell you that, because of the cuts in administration, nurses now have to do HR and other work that is diverting them from nursing care. Less money per head of

population is spent here, even though it is a population in greater need. I see a failure of the Executive and the Health Minister in particular to cope with the changing demographics in Northern Ireland.

Mr Givan: Will the Member give way?

Mrs D Kelly: Where are the plans for a growing older population and an increasingly diverse population? There are more births per head of population here than anywhere else in these islands. There is a long way to go until we get the health service sorted out. The Members opposite continue to suffer the symptoms of denial, but I would not advise you to go to A&E. You might want to try your GP, your outpatient service or some sort of clinic that deals with people who do not live in the real world. Does Mr Givan want my advice on where to go? Is that why he wants to make an intervention?

Mr Givan: If the Member is really that concerned about the financial pressures on the health service, why is her party continuing to oppose welfare reform? We are handing back £15 million that could be spent on the people lying on the trolleys that she now claims to have sympathy for.

Mrs D Kelly: Let me inform Mr Givan because he may not have listened to his party colleagues in the past few days, who said that there has been no imposition of cuts because of welfare reform. Does he not know that, under his party, which, as we often hear, is the largest party in the North, many people are living in increasing levels of deprivation and poverty? That party is prepared to see a situation in which people are pushed more and more into poverty. Westminster is crumbling under welfare reform, so we will not take any lectures —

Mr Weir: Will the Member give way?

Mrs D Kelly: No, I have given way enough. I want to touch on some of the contributions. If I have time at the end, I will come back to Mr Weir. I do not hear the party opposite wanting to get to grips with the cost of policing parades or street disturbances. There was not much angst from those quarters —

Mr Deputy Speaker: Order. I need to remind the Member to return to the motion.

Mrs D Kelly: It is all about money at the end of the day.

We see a health service in crisis. As many Members said, that is backed up by the professions, the unions, the facts of the budgetary cuts and, indeed, a leaked letter that was in the media last August in which the Western Health and Social Care Trust said that it was having to work out how to save some £26 million. The Minister has not yet told us whether all the trusts will break even at the end of this financial year, and the winter pressures have not even kicked in at this stage. Thankfully, we have been relatively free of epidemics so far this winter. One worries about the "what ifs" should that scenario arise. As Mr McKinney and others said, there are issues with workforce planning; staff posts not being filled; agency workers being used, as the Chair of the Health Committee said, as a cost-saving measure; and training.

Let us be very clear: I have heard about the crisis in the health service. I have heard about ambulances backed up at the doors of A&E, and it would not be right to finish the debate without recognising the epidemic in A&E of alcohol and drug abuse. Yet, under Transforming Your Care, changes will be imposed to how those addictions are treated, and beds will be lost. So we will see an escalation in the number of patients who are drunk, and quite often abusive to staff, attending A&E.

There are a huge number of pressures for the Health Minister to contend with, and pointing the finger at the Benches opposite is not how he should resolve the issues. He needs to face reality and be honest. Hospital administrations might then be more free to outline the real expenditure of their department and their trust. We need to take a comprehensive and holistic approach to A&E, including public education to highlight how other service constraints adversely impact it.

Mr Deputy Speaker: The Member's time is almost up.

Mrs D Kelly: More money is the bottom line.

Question put, That the amendment be made.

The Assembly divided:

Ayes 31; Noes 60.

AYES

Mr Anderson, Mr Bell, Ms P Bradley, Mr Buchanan, Mrs Cameron, Mr Clarke, Mr Craig, Mr Douglas, Mr Dunne, Mr Easton, Mr Frew, Mr

Girvan, Mr Givan, Mrs Hale, Mr Hamilton, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr McCausland, Mr I McCrea, Mr D McIlveen, Miss M McIlveen, Mr Moutray, Mr Newton, Mr Poots, Mr G Robinson, Mr P Robinson, Mr Spratt, Mr Storey, Mr Weir, Mr Wells.

Tellers for the Ayes: Mr Anderson and Mr G Robinson

NOES

Mr Agnew, Mr Allister, Mr Attwood, Mr Beggs, Mr Boylan, Ms Boyle, Mr Brady, Mr Byrne, Mrs Cochrane, Mr Cree, Mr Dickson, Mrs Dobson, Mr Durkan, Mr Eastwood, Mr Elliott, Ms Fearon, Mr Flanagan, Mr Ford, Mr Gardiner, Mr Hazzard, Mrs D Kelly, Mr G Kelly, Mr Kennedy, Mr Kinahan, Ms Lo, Mr Lunn, Mr Lynch, Mr Lyttle, Mr McAleer, Mr F McCann, Ms J McCann, Mr McCarthy, Mr McCartney, Ms McCorley, Mr B McCrea, Dr McDonnell, Mr McElduff, Ms McGahan, Mr McGlone, Mr M McGuinness, Mr McKay, Mrs McKeivitt, Mr McKinney, Ms Maeve McLaughlin, Mr Mitchel McLaughlin, Mr McMullan, Mr A Maginness, Mr Maskey, Mr Milne, Mr Nesbitt, Ms Ní Chuilín, Mr Ó hOisín, Mr O'Dowd, Mrs O'Neill, Mrs Overend, Mr P Ramsey, Mr Rogers, Ms Ruane, Mr Sheehan, Mr Swann.

Tellers for the Noes: Mr Byrne and Mr McKinney

Question accordingly negatived.

Main Question put and agreed to.

Resolved:

That this Assembly notes with concern the crisis conditions recently experienced by patients at the accident and emergency departments in Craigavon Area Hospital and the Royal Victoria Hospital, Belfast; and calls on the Minister of Health, Social Services and Public Safety to investigate this, and other occurrences where accident and emergency departments have been overstretched, with the aim of providing adequate resources to ensure that every patient admitted to hospital is treated in a safe and controlled environment at all times.

Mr Deputy Speaker: Order. Any Members still leaving, please do so quietly.

Assembly Business

Mr Givan: On a point of order, Mr Deputy Speaker. During Question Time, the Justice Minister named one particular individual who could now be a candidate as a result of the change that he is seeking to make. Can the Speaker's Office review Hansard and advise the House if it is appropriate for a Minister to do such an act in the middle of a public appointments process, which now, for some people, will put in jeopardy the very outcome of that process?

Mr Deputy Speaker: It is not for the Speaker to decide what a Minister says, but you have put your concerns on record, and I am sure that they will be read in Hansard.

(Mr Speaker in the Chair)

Motion made:

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

Adjournment

Lagan Valley Hospital: Accident and Emergency Department

Mr Speaker: The proposer of the topic will have 15 minutes, and all other Members who wish to speak will have five minutes.

Mr Givan: For some here, debating Lagan Valley Hospital's emergency department will feel a bit like *déjà vu*. Back in September 2010, I brought an Adjournment debate about the potential reduction in the opening hours for the Lagan Valley emergency department.

The then Health Minister was Michael McGimpsey, and we discussed the concerns that were being relayed then in public that the Lagan Valley would lose its opening hours during the week, from Monday to Friday. I decided to review that debate to refresh my memory of some of the things that were stated then, and a lot of those same issues are applicable today. I remember that when I raised it, the then Health Minister said that it was nothing to be concerned about, that there had not been any changes and that this was scaremongering. However, lo and behold, as we proceeded throughout the year, changes were made, and on 1 August 2011 there was a reduction during week-nights in the Lagan Valley's emergency department. It was only open from 8.00 am through to 8.00 pm, and it was closed at night-time from Monday to Friday.

The then chief executive of the South Eastern Trust, which is responsible for the Lagan Valley, advised that it was an interim measure to address the recruitment difficulties that the trust was facing, and that it was a temporary measure and the situation would be reviewed on a regular basis. That is what was said over two years ago about the then reduction in the hours at the Lagan Valley emergency department. Of course, the council engaged at the time on the issue. It campaigned around it, and the trust outlined a model that it believed it could implement at the Lagan Valley.

Members will be familiar with the 'Developing Better Services' 2002 document, which

indicated a reduction of what the accident and emergency unit would be at the Lagan Valley. That document said that it would be a minor injuries unit, but the trust said that that would not be appropriate, and that never happened. It saw that there would be a role for the Lagan Valley emergency department to continue, but not as a full-blown acute accident and emergency provision, because that requires laboratory backup support, which the Lagan Valley does not have.

5.00 pm

It then outlined to the council that it had a model that members from the South Down area will be familiar with: Lagan Valley could follow what had been implemented in the Downe Hospital, where there was more than an injuries unit but not a full acute emergency department. It also meant that you could work in conjunction with the trust and the GPs' out-of-hours service, coming together to ensure 24-hour, front-door access to an emergency department. That model, implemented in the Lagan Valley, would be able to accommodate around 90% of the people who use that hospital. In the region of around 30,000 people avail themselves of the emergency department during a year, so that model would accommodate over 90% of those people.

At that time, political representatives from all the parties recognised that we could not have in the Lagan Valley what there is at the Royal, the Ulster or Craigavon. Collectively, we said that we would support the implementation of that model, which would ensure 24-hour provision. The trust was then mandated to take it forward. Obviously, time passed, and it was not being implemented. Before Christmas I, along with the Health Minister and my colleague Jonathan Craig, met the trust to find out where we were with implementing the model that was promised two years ago. I was very alarmed by the response that I got. The senior management of the South Eastern Trust, including the chief executive and the clinical director, who is based in the Ulster Hospital, and John Compton, the chief executive of the board, were all at that meeting. I was very concerned at the responses that I heard. Indeed, we were going back to the arguments that we had had two years ago, when I had to listen to officials from the trust saying, "Lagan Valley is not going to be what the Royal or the Ulster are, and you cannot have an acute service, because we do not have the necessary laboratory support". Those are all the arguments that we had two years ago, and we recognised then that that was not deliverable. Yet, here we are two years later, and, rather than implementing the

model that was promised to the people of Lagan Valley, the officials are rehearsing old arguments. It was made clear to them at that meeting that we were not happy with the progress — as I saw it, the complete lack of progress — in implementing that model. It also indicated a clear difference in how the GPs in Lisburn think about the issue, compared with the GPs in Downpatrick. The view was expressed then that GPs were very reluctant to deliver the model in Lagan Valley that was being delivered in Downe. That concerned us at that meeting.

Literally a number of weeks later, following that meeting, reports started to come out in mid-December about the need to close Lagan Valley further at weekends during the night-time hours. I was certainly very disappointed at the way in which the trust handled that. There was no communication with any of the elected representatives. The Minister can speak about whatever communication he had, but, when I contacted him about it, the news had not been communicated to him in the timely fashion that one would expect for the Health Minister.

Then my colleague Brenda Hale, Jonathan and I met the trust, and it talked us through the crisis that it was facing. It used arguments that were similar to those that were relayed a number of weeks ago about the Downe. It said that it faced an immediate pressure, because it did not have the particular doctors who were specialists in emergency medicine available to fill all the shifts that were necessary, that coming into Christmas there was a real pressure and that, looking into January, there were in the region of 700 unfilled hours. During December, the trust had asked the consultants to act up and to do a lot more shifts to meet that demand over the Christmas period so that the closure did not happen immediately. However, it was indicated at that meeting that, "It is inevitable for operational reasons that we cannot deliver the service in the Lagan Valley Hospital at the level at which it is currently being delivered".

We expressed our bitter disappointment at that, and the announcement was subsequently made public that the trust had to take that particular action. I thank the consultants who did all that extra work, as they helped to prevent the unit from being closed immediately. A more planned closure of those hours during the weekend took place. However, the consultants should never have been put in that position. The trust has had to grapple with this problem for several years and has always indicated that it is temporary and will be reviewed. Rather than it being temporary, it has become

permanent, and the situation has now got worse. Therefore, the staff that are left have had to stretch themselves further. In my view, had the trust been doing its job, it would not have faced the particular pressure that was placed on it.

I noted with interest that, in responding to the closure, the Minister said he was concerned about the decision that had been taken by the trust and had tasked it with four areas that needed to be dealt with and brought forward.

Mr McKinney: Will the Member give way?

Mr Givan: I will, yes.

Mr McKinney: The Member has just recounted the whole process of the trust being able to make a decision and he and others, as elected representatives, being unable to do so. Does that not point to a fundamental issue at the heart of the problem, namely accountability — or the lack of it?

Mr Givan: I have every sympathy with the point that the Member makes. Political representatives from across all the parties have been left very frustrated at the way in which the changes are happening. They are happening, often, by stealth. It is put forward that a safe service cannot be provided, and changes are then foisted on people. There seems to be no real planned process in place whereby elected representatives in the community are able to influence that and see it taken forward. The Member makes a very valid point.

Mr McKinney: Will you take another intervention?

Mr Givan: I am going to make some progress, but I appreciated the point that the Member made.

The Minister highlights that the trust and the board need to bring forward a detailed implementation plan to secure community confidence. I am glad he recognises that community confidence is a particular problem for the South Eastern Trust. My personal confidence in the trust's management is at an all-time low. It has a very small window of time to deliver what it said it could deliver and what the Minister has mandated it to do. There is no point in the Minister having a policy objective for Lagan Valley Hospital that political representatives in the Chamber will agree with and the trust then not being able to implement it. My confidence and faith in the trust to do the job is at an all-time low. At what point does

there need to be an intervention in the trust to make the policy objectives of the Minister happen? That is a matter for him, taking a much broader remit into consideration. However, I know that, locally, among the political representatives in the community, confidence in the trust is at an all-time low. It should take very serious cognisance of that.

Lisburn has the second largest population in Northern Ireland outside Belfast. It is projected to grow to an estimated 130,000 by 2015. It is a broad area from Dumdrod to Dromara. It is not, as some people think, just Lisburn centre, only seven miles from the Royal; it is a much broader area than that. We need to bear in mind people having to travel long distances to reach an accident and emergency service. I believe that the trust is exporting its failure to provide necessary services for local people to the Belfast Trust and the Southern Trust, putting unnecessary pressures on Craigavon, the Royal Victoria Hospital and the Ulster, all three of which have acute emergency departments. I want people who suffer major traumas to be treated in those hospitals, because that is where the best care is. What I do not want is people from Lisburn who could be cared for at their local hospital going to other emergency departments and blocking up the system when those services need to deal with major trauma incidents.

Lagan Valley has been given a commitment by the Minister, and that needs to be implemented. It has also been given a commitment by John Compton. I have listened to him talk about this issue in the media. He said that he was committed to delivering 24-hour, front-door access at the Lagan Valley Hospital. The trust needs to get the GPs on board. I have heard the excuses about their contracts being different, and I accept the points that Members have made on that. However, it is for the trust to bring together all who are involved and are stakeholders to deliver the service that the people of Lisburn expect and, indeed, demand from the trust so that their needs can be met in the local community. That is the best solution. We need to see it implemented in the Lisburn and broader Lagan Valley area.

Mrs Dobson: I welcome the opportunity to speak in the debate. I hope that the Adjournment debate will be used as a genuine attempt to get some answers about what happened and what steps can now be taken with regard to the A&E department at the Lagan Valley Hospital. In his opening comments, Mr Givan somewhat laid out the plans and how we got into this situation.

During the summer of 2011, the Lagan Valley Hospital had its service reduced to daytime and weekends only. At the time, staffing concerns were cited. We were assured at that stage that it was hoped that the decision would be only temporary. Nevertheless, despite the supposed concerns of the Minister at the time, the opposite has happened and services have been further reduced "until further notice", prompting this comment from the DUP Mayor of Lisburn:

"The Council is committed to restoring 24 hour access to the Lagan Valley Hospital and I am both angry and disappointed at the decision of the Trust to implement this temporary reduction in opening hours at the Emergency Department."

This is exactly the situation that locals feared when services were first reduced in August 2011. Few people in the Lisburn area now doubt that the A&E unit at the Lagan Valley Hospital is in the process of being scaled down. If that is not stemmed, it could end with a relatively young department, opened only in 2000, closing its doors completely. That would be a deplorable decision that the Minister would have to account for personally. Many Lisburn people have been born in the hospital and hold it in the highest esteem. They have a great loyalty to it. Whatever the future holds for the hospital, the Minister has to be upfront about it. I said exactly the same thing to him when we discussed the Downe Hospital in a similar Adjournment debate a couple of weeks ago. The Minister must realise his role in any decision, not stand by and blame the trusts. Was neither the Minister nor his permanent secretary advised in advance by the trust of the decision during one of their quarterly or monthly meetings or even warned just how difficult things were becoming at Lagan Valley? Whilst recognising the lines of responsibility between the trust and the Department, they are ultimately responsible to the Minister. If he says that he was not adequately informed of the staffing pressures at Lagan Valley, either his officials did not do their job right or maybe he just was not paying enough attention. I just cannot understand how such circumstances could have remained unknown to the Minister.

Of course, if the further reduction in services was unavoidable and the Minister and the trust explored all relevant channels, we would find ourselves back to the problem that is seemingly at the heart of the matter, namely staffing. The problem exists in the A&E departments of the Lagan Valley and Downe hospitals. It also applies to a great many units in other hospitals. Indeed, the Minister used the same staffing argument emphatically to shut the A&E

department at the City Hospital. Again, little or no heed was given to consideration of the 45,000 admissions that it had had the previous year. Therefore, considering that the problem appears to be getting worse, what exactly will the Minister do to bring about change? For instance, will he consider reviewing employment contracts to place enough focus on evening, night and weekend work?

Of course, it is not only the people in and around Lisburn who will be impacted on by changes to their local hospital. Indeed, in my constituency, Craigavon A&E has been feeling the strain over recent months. I fear that the decision in Lisburn will compound that further. So, in conclusion, with an eye on my Upper Bann responsibilities, I ask the Minister to give his assessment of the wider knock-on impact that changes at Lagan Valley will have on bordering hospitals, not only in Craigavon but at the Belfast RVH, which of course has faced a plethora of its own problems in recent times.

Mr Lunn: I am glad that we are having the debate. For once, I could reasonably stand up and say that I agree with everything that Paul Givan has said and sit down again. He has laid out the situation. He has given us a full chronology of all the events of the past few years. I could perhaps go further back. I was talking to Alderman Davis the other day. He can trace this crisis, as he calls it, right back to 1971, never mind 1991.

However, in most respects, we still have a very good functioning hospital. We have lost the battle over some aspects, but the hospital is there to stay. We should bear it in mind that, over the period that we are talking about, there was doubt about the future of the hospital on that site at all. We must not lose sight of the fact that we are still blessed with a good hospital, although we have a problem with A&E and whether it is minor injuries, full A&E, 24-hour services or restricted hours.

5.15 pm

In case I forget later, I pay tribute, as Members did during the previous debate, to the ability, commitment and dedication of the staff — nurses, doctors and everybody involved in Lagan Valley — especially those in A&E who have had to work in difficult circumstances.

I wrote to the Minister and asked him a question about the current situation. Last week, in a different forum, I asked him the question, and he answered it to my satisfaction. He said that, if the staff and facilities were available to man a

proper A&E unit in Lisburn, it would be his intention to maintain that service. In the current circumstances, I am not sure that we can ask for much more from him. In the meantime, what worries me is the fact that A&E will always have peaks and troughs, which is part of the problem; it is not predictable. I listened to the previous debate, and what happened in the Royal on, I think, 8 January was pretty unusual. If I remember correctly, on a Wednesday evening, instead of the usual situation where 20% of the people who attend A&E need to be admitted to hospital, the figure went up to 42%. The situation was dealt with, but there was considerable panic. Nurses were phoning their union representatives, people were crying, people were in corridors and in recovery units and whatever. It was a serious situation. If that was a one-off, I would not be too concerned, but it keeps happening. As we heard during the previous debate, it has happened again in Craigavon. Before that, the whole argument was about Antrim, which seems to have been more or less resolved.

It is hard to escape the conclusion that the situation in Lisburn after 8.00 pm and at weekends contributes to the problems in Craigavon, the Royal, the Ulster and perhaps even in Antrim. In an ideal world, the solution would be to improve the service in Lisburn, but how do you do that? I accept the Minister's explanation that he has moved mountains to try to get the unit properly staffed. I imagine that posts were advertised extensively and that we looked abroad for doctors and consultants. I guess that we had a look at their training and perhaps put something in their contract to say that they must spend time in A&E at some point. I presume that we looked at salaries. Nevertheless, nothing appears to work, because A&E has a slight stigma about it and is not where the top doctors mean to be. Is there some way, Minister, that those doctors could be persuaded or forced to spend part of their career in A&E rather than entirely in an area of their choosing? Perhaps that could be pursued. I do not know whether there is a professional body that represents consultants and senior doctors, but I imagine that there is a royal college. Perhaps the onus could be put on it to insist that its members play their part and do their bit to resolve these situations.

I totally agree with Paul Givan. The Lisburn catchment area comprises some 115,000 people, and the numbers are going up not down. If you look at a map, you could say, "They can all go to the Royal. It is only down the road". It is not just down the road. If you live in Aghalee, it is far from down the road. I

will touch on the Downe Hospital, where the situation is the same.

Mr Speaker: Will the Member draw his remarks to a close?

Mr Lunn: The issues are the geography, the Ambulance Service, ambulances piling up and so on. I do not know what the solution is, but I would like to hear the Minister responding to some of my points.

Mr Craig: I thank my colleague Mr Givan for bringing the issue to the Assembly today.

I want to record my disappointment at the way in which the trust has handled the issue. It is despicable that it kept neither the Minister nor the elected Members for Lagan Valley informed of its intentions. I get the distinct impression that it was probably living in a bubble of hope, thinking that it could resolve the issue without ever getting to the situation of closing A&E at weekends. There was an imperative on the trust at least to make Members and, above all, the Minister aware that the situation might arise. However, that is the past, and it failed to do that. It failed to do so not only recently but, as Mr Givan pointed out, in 2010. It is a huge disappointment.

There is a huge lack of trust among elected Members and the general public in Lagan Valley about the whole A&E issue. Even Members working in Lagan Valley lack trust, and many have complained to me because they believe that the trust is working to an agenda that will ultimately lead to the closure of A&E. We have sat in meetings with the trust and listened to what it has said. It has told us all the right things: "No, that is not our intention. We do not want to do that. We want to get the 24/7 service up and running again". It also pointed out a number of key issues, including the failure of GPs to come up to the mark in assisting with the delivery of the 24/7 service through the week. The lack of delivery from GPs is also part of the issue that led to the weekend closure.

GPs and junior doctors constantly tell me about the unsocial hours and shift patterns that they are asked to work in A&E. They say that it is one of the reasons why they would not choose a career in A&E. I find that interesting, if alarming. I went to the bother of looking up the shift pattern that they are asked to work. What I found is that, over an eight-week period, the shift pattern repeats itself. It is clear that doctors are asked to work only three weekends over that eight-week period, which I do not find

that surprising. I confess: my wife is a paramedic, so I know the shift pattern that they are asked to work. I can tell you that it is a lot worse. So there are questions in my mind about why that is an issue.

The one thing that I find of interest — this may be at the root of the doctors' criticism — is that week eight is holiday cover. Looking honestly at doctor cover in A&E, we see that the lack of doctors to provide cover will inevitably lead to holiday cover becoming routine rather than exceptional. If you look at that and at the pattern of shift work and overtime that those doctors are asked to work, you very quickly start to see why no one would want to work what looks, on paper, a reasonable shift pattern. That is at the root of the problem of attracting young doctors to A&E. It is not the work, the type of work or that they do not want to do that type of work.

Mr Speaker: Will the Member bring his remarks to a close?

Mr Craig: It is that the shift patterns and the hours that doctors are being requested to work in A&E lead to exhaustion.

Mrs Hale: I welcome the chance to speak in this debate. As an MLA for Lagan Valley, I am only too aware of the inconvenience that the closure of the A&E department at weekends and evenings has caused many families in the area. However, I commend the Minister for the stance that he has taken on the issue to ensure that patient safety remains the number one priority.

It is very important to stress that this is not just a Northern Ireland issue. The NHS is stretched to capacity across the United Kingdom, and there have been sweeping reports illustrating bad practice and issues around patient safety because of the lack of emergency consultants. Whilst that point has been made a few times in the debate so far, it is most critical to understanding why the Minister had to make the only decision that was available at the time, which was to reluctantly reduce the opening hours of the Lagan Valley A&E.

It is also widely accepted that there are great difficulties in attracting senior clinicians, doctors and other health professionals, as my colleague Jonathan Craig pointed out. Dr Mann, a senior clinician, was quoted in the 'Nursing Times' as saying that staff shortages often meant that medical shifts were being covered by poor quality locums or, more worryingly, not at all. That not only put other staff in A&E under

immense pressure but potentially led to unsafe care.

The blueprint for the remodelled A&E service in England was proposed by Sir Bruce Keogh towards the end of 2013 and considered some of the issues facing our Health Minister as well as focussing on trying to ensure that non-emergency patients are not accessing A&E services. He illustrated some solutions that would ensure that services would be streamlined to concentrate specialist A&E expertise in fewer hospitals, which is something that our Health Minister has already begun to implement.

Having read the blueprint, much of the solution was placed at the door of GPs getting back into emergency and out-of-hours care. Although that is a sensible option, it would require great upheaval through a renegotiation of the GP contract, and it is by no means a guarantee. Although it sensible and clear why the Minister is concentrating on specialist A&E services for stroke, trauma and heart patients in specific units, there is a place for a minor injuries unit in the Lagan Valley Hospital, given that the majority of people who turn up at A&E only have minor injuries.

My colleagues and I have discussed with the chief executive of the South Eastern Trust and other senior health officials the possibility of using emergency nurse practitioners (EPNs). They have responded positively to the suggestion, and consideration is being given to how EPNs could help ease the burden and free up senior clinicians for medical emergencies. On that basis, I ask the Minister whether he has given any consideration to developing the number of EPNs to help ease the burden at Lagan Valley. Whilst that might lead to a reorganisation of Lagan Valley, it would mean that the EPNs could assess, diagnose, treat and discharge patients with a range of minor injuries and illnesses. If there was the potential for training EPNs, maybe Lagan Valley could be the pilot project for that.

The decision taken on Lagan Valley Hospital was tough for the Minister, given that it is in the heart of our constituency, but it was the only safe option. It is fair to say that options are available for the site, but a major A&E unit may not be the best or safest option.

I am sure that my suggestion will not solve all of the challenges faced by the Minister at the Lagan Valley, but the people of Lagan Valley would sleep better in their beds at night if they knew that a 24-hour service led by suitably

trained healthcare professionals was available if required.

Mr B McCrea: I listened with some interest to the last contribution. I was struck by the contrast between the Member's tone and what she was suggesting and that of some of the Members who spoke earlier.

It is interesting to compare this debate with the debate that we had earlier when we were talking about a supposed crisis in A&E in general. In that debate, some were saying that there was no crisis, and an amendment was tabled that said that everything was rosy.

The Alliance Member for Lagan Valley was fulsome in his praise for the Member who secured the Adjournment debate, and he did give a reasonable chronology of what happened. However, I am at a loss as to how you can draw a conclusion that says, "I agree 100%." This debate appears to involve DUP MLAs discussing with a DUP Minister something that seemed to happen almost unknown.

I am not sure if I got this right, but I think that the thrust of what Mr Givan was saying was that he had accepted, along with other MLAs in Lagan Valley, that the Lagan Valley Hospital was not going to be the same as the Royal Victoria Hospital and that it would have to be changed but that it had come as a surprise to him that things had developed to this stage. He was saying that the lack of communication and community consultation was the most problematic aspect of this issue.

Therefore, there is an issue, given that the Minister was lauded in the previous debate for being so much on top of what was happening in the Royal Victoria Hospital. I think that it was Mrs Dobson who made this point: how is it, then, that all of this came to him as a complete surprise?

5.30 pm

Mr Craig mulled over why there might be a crisis or problem. I have to say that I am not an expert in medicine, the organisation of health trusts or anything else. The only thing that I can do is to try to talk to people who are experts in such matters, and I try to take my guidance from them.

The proposer of the topic says that he has absolute rock-bottom trust in the trusts, as it were. That is an undermining of the expertise that has come forward, and I am not sure that I

know what level of expertise he has to make such an assessment. He may well have such expertise, but, if so, he has the advantage on me there.

That is why I was so taken with Mrs Hale's contribution towards the end. She made a number of very good, important points that I happen to agree with, which may not be good news for her. She said that this is not just an issue for Northern Ireland — for Lisburn or wherever — and that there are challenges throughout the United Kingdom; that people have to look at how this is dealt with; that the most important thing is patient care and safety; and that all the decisions that are made — hard as they are, as she quite rightly said — are made with the best intentions by medical professionals and their advisers to try to do the right thing.

That is where the debate has taken us. If we really want to put the patient at the centre — I suspect that absolutely everybody does — and really want to look after patient safety, it is important that we listen to the people who have expertise in such matters. Somewhere along the line, we have not been able to communicate to the community or, as I hear from people, to elected representatives what is really going on. I do not, for one minute, think that there is any group of professionals, whether clinical or administrative, that sits together and says, "Let us see whether we can come out with the worst outcome possible". Everybody is trying to do their best, and everybody is looking to do what they can within the constraints of budgets and the demands that are placed on their service.

I noticed that the proposer of the topic raised a point of order on another matter, earlier on, about naming people in the Chamber. I have to say that I do not think it useful in the Chamber to do anything that attacks the integrity of the people who are trying to do really good work for the people of Lisburn and beyond. Everybody, I am quite sure —

Mr Speaker: Will the Member bring his remarks to a close?

Mr B McCrea: Absolutely, Mr Speaker. Everybody is trying to do their best. Maybe what we should do is give the Minister the chance to talk. He is the person with the responsibility, so perhaps he will give us some guidance as to how we restore public confidence in Lagan Valley Hospital.

Mr McKinney: I commend the fact that, after the debate on the motion earlier, most of the

parties in the House now agree that there is a crisis in the health service. For us, that is a significant advance, and I hope that it will help to focus minds. We understand that the Minister's party will feel protective towards him in his stewardship of the health service, but we believed all along that it cannot be true that DUP constituents are not saying the same thing to that party on health as others say to us. I take on board Mr Givan's remarks in that context.

The weekend A&E closures experienced at the Lagan Valley Hospital are sadly another consequence of the current crisis conditions in our service. We are told that those closures are not financially predicated but based on the lack of middle-grade doctors. I do not want to labour the point, but to look at the situation in isolation is, once again, to miss the point. The House recognises that there are problems with GP waiting lists, shortage of doctors, the numbers of beds, the shortage of nurses and nurses' employment conditions. The House has also realised — rightly, in my view — the second-to-none levels of care and the quality of services that the staff deliver.

So, in some respects, following today's earlier debate, a greater clarity is emerging in this discussion, due to the fact that we all agree that the wider strategic thinking in the health service is not producing results. Once again, I reflect on Mr Givan's remarks.

The biggest indictment, and, in our view, the fundamental issue in this debate, is that the trust took a unilateral decision to restrict A&E services at Downe and Lagan Valley that was consistent with their inability to source doctors, but it was inconsistent with the Minister, who tells us that he was against any such decision in the first place. Ultimately, the Minister could not do anything, as the trust had, effectively, presented a gun-to-the-head situation. So the decision was made on the basis of patient safety, but who in the Chamber, or anywhere else, could say that the best interests of the wider population were being served, when it is clear that we need an accident and emergency provision?

It is our case that the trust's decision was made somewhat easier by a gradual erosion of such services as maternity, elective surgery and teaching, and also by the downgrading of the emergency department. All of those are critical losses to any healthcare provider. Our worst fears could be — Mr Craig has touched on this slightly — that the trust did not find it a difficult decision to make, given that the direction of travel was already in train. I mention mid-

Ulster, Omagh and Dungannon and refer back to my colleague Patsy McGlone's comments earlier in that context.

As a result of the decision, we have ended up with a crisis of confidence in the public mind about the level of services at Lagan Valley and Downe, because if a qualified doctor does not want to, or finds himself unable to, work in an emergency provision, or is unable to learn his trade in that provision, will the public have confidence in the safety and be assured that they will get the highest level of care there? Just to be clear, and I put this on record: this cannot be misconstrued as being any reflection on staff. We have made it very, very clear that they provide excellent health services, and we fully support them. They, along with the patients and unions, are the ones who have led in this debate. We are merely reflecting it.

Ultimately, the simple laws of supply and demand apply here. When you shut down somewhere, and the same amount of people are looking for a service, they are going to end up somewhere else and put pressure on that service. That is the fundamental truth of this. That is the picture that has emerged, and it will not take much of a review to underscore the truth of that, but I suggest that it will take much more analysis and action to resolve it.

Lagan Valley is only one small part of the jigsaw, and it is up to the Health Department to look at the entire picture and start to strategically prepare a course of action to relieve the pressures, provide services and, ultimately, alleviate the crisis in the public mind.

Mr Poots (The Minister of Health, Social Services and Public Safety): I thank Mr Givan for bringing the debate to the House. We had a debate two weeks ago about the changes in the Downe Hospital's emergency department, and today provides an opportunity to focus on the Lagan Valley and allows me to update Members on what has happened since the changes to the emergency department opening hours of the two hospitals were announced.

I take this opportunity to reassure the people of Lisburn of my commitment to the ongoing development of the Lagan Valley Hospital as a whole. Our local hospital has seen a number of changes in recent years, in line with the vision that it will be a local hospital for the people of Lisburn and an important component of the hospital network within the South Eastern Trust. I share the desire of Mr Givan — and, I believe, the trust as well — that as many of the current services as possible should be maintained so

that patients can get safe services as close to home as possible.

I therefore asked the HSC Board and the South Eastern Trust to bring forward a detailed plan for the future of the Lagan Valley Hospital and the Downe Hospital, with an implementation plan to secure confidence in the community that the best possible steps are being taken. The plan is currently being developed, with a view to finalising a potential model in February. That will form the basis of a detailed engagement and consultation with the local community and wider stakeholders on the proposed options. I expect the final proposals to come to my Department in the autumn.

It is early days, but I understand that the trust's plans will include collocation of the urgent care and GP out-of-hours service; inpatient beds providing 24/7 for frail, elderly people and people with long-term conditions; further utilisation of the Lagan Valley Hospital's very successful day surgery service; and a comprehensive range of assessment, diagnostics and treatment services.

Lagan Valley's emergency department does not see the range of services that a big A&E unit, such as those in the Royal or the Ulster Hospital, would. The hospital does not have some services, such as critical care and emergency surgery, and therefore cannot treat the most severely injured. However, it treats the people whom it sees in a timely and caring manner. Lagan Valley, like all our hospitals, comes under pressure at times. However, it has performed well in recent months, with 87.8% of patients seen and discharged or admitted to a ward within four hours in December 2013, with no one waiting over 12 hours. That shows that, although smaller emergency departments may not see all the complex cases that a large A&E does, they provide a very valuable service.

Shortly before Christmas, the South Eastern Trust advised me that, in the light of critical medical staffing difficulties, it would not be able to safely sustain the opening hours at the Lagan Valley and Downe hospitals' emergency departments. I assure Mr McCrea that I do not do an inventory of staff every week or month. That is not something that I am capable of doing. So, it came as news to me that it did not have an adequate number of middle-grade doctors to provide a safe service. The service was heavily reliant on locum cover. The situation had worsened over the previous six weeks, with the loss of two specialist doctors very quickly and a worsening position on locum recruitment. The trust advised that the

recruitment agency that it uses had struggled to fill shifts in all three of its hospital sites. In the weeks leading up to the decision, the trust had been reliant on its emergency department consultants covering vacant shifts by working on their days off or effectively working full shifts when on call. However, that arrangement could be sustained only in the short term.

The position in December was that, across the two hospitals, the South Eastern Trust had 15 shifts to cover in December and around 70 in January. The trust felt that the difficulty in recruiting staff and securing locum cover would not improve in the immediate future and that it was unrealistic to expect consultant staff to continue to provide cover. For that reason, the trust decided that, from the weekend commencing Saturday 4 January 2014, the emergency departments at the Downe and Lagan Valley hospitals would be closed on Saturdays and Sundays until further notice and would operate from 8.00 am to 8.00 pm on Mondays to Fridays.

I am greatly disappointed by that decision. I know that some people in the greater Lisburn and neighbouring areas will be inconvenienced by it. I stress that the decision was made because of a shortage of medical staff. It is not down to a lack of money or a desire to centralise A&E services in a few large hospitals, as some might have suggested. Some have said that staff shortages is just an excuse and that they do not believe the South Eastern Trust has tried hard enough to recruit staff, or that doctors should be compelled to work in smaller hospitals. The shortage of staff in emergency medicine is a national one, and its effects have been widely reported.

The South Eastern Trust has made many efforts to recruit middle-grade doctors, but that has met with limited success. I understand that, in the most recent recruitment exercise in July 2013, the trust advertised for nine middle-grade doctors on all three sites. It received only three applications in response, and all three applications were for the Ulster Hospital. No applications were made for either the Lagan Valley Hospital or Downe Hospital. Traditional recruitment methods have had limited success, so the trust has explored other options. For example, it has trawled over 30 agencies locally and nationally for short- and long-term locum staff. It has used job finder agencies to source suitably qualified staff with the correct skills. It has maintained links with emergency care consultants throughout Northern Ireland to ascertain whether any suitably qualified staff were available. It also looked at the possibility of recruiting from the EU and overseas. That

had one successful appointment: a speciality doctor from the Czech Republic who worked in the Downe Hospital for one year. Outside the normal recruitment processes, the trust also tried to develop its own middle-grade staff by, for example, working intensively with locum staff to develop their skills to a point at which they are able to work at middle-grade level and become trust employees.

5.45 pm

We also have the issue that, previously, we were able to engage doctors from Commonwealth countries. That has not been the case since an EU directive came into force. I have spoken to our Secretary of State, Theresa Villiers, and asked her to raise with Cabinet colleagues what we might do about that and how we might respond. I am very clearly of the view that patient safety should come before any European directive. That should be the line that the United Kingdom Government and Parliament take. Therefore, if there is a national shortage and a national problem in recruiting emergency doctors and there is the potential to recruit doctors from Commonwealth countries, we should do so. I would challenge any court in the land to say that we did the wrong thing in recruiting doctors from outside Europe in defiance of a European directive. I have, nonetheless, asked that fresh efforts are made to secure medical staff for the Lagan Valley and Downe sites. The trust has redoubled its efforts to attract emergency medicine staff. Advertisements have been placed in the local press, and further contact is being made with recruitment agencies.

Once I became aware of the changes to the Lagan Valley and Downe Hospital emergency department opening hours, I asked for several key actions to be taken. The first was on staff recruitment, which I have just mentioned. Another was that all appropriate and feasible steps should be taken to ensure that the consequences of the changes were managed in a way that minimised the risk of unmanageable pressures on the emergency departments at the Ulster, Royal Victoria and other affected hospitals so that patient safety and the quality of the patient experience were not compromised.

To minimise the impact on other trusts, action was taken to allow direct admission access to GPs at the Lagan Valley and Downe Hospital sites at all times when the emergency departments are closed and to streamline the direct access process to make it easier and quicker to repatriate to the Lagan Valley and Downe Hospitals patients who present to the

Ulster Hospital's emergency department, when clinically appropriate. Additional nursing staff are also in place at weekends in emergency departments in the Belfast, South Eastern and Southern Trusts, and additional beds are available for admissions. An additional out-of-hours GP is on duty in the Lagan Valley and Downe areas. GPs are able to contact direct admissions through a single telephone number.

Additional ambulance resources are also in place, with two additional A&E crews on duty from 8.00 am to 8.00 pm at weekends, one in Downpatrick and one in Lisburn. Mr Rogers said in a previous debate that it was very difficult to get ambulances. It is funny that, across Northern Ireland, almost 70% of people who called an ambulance had ambulance staff at their home within eight minutes of calling. We need to deal with these things in a mature way and not distort the facts. Others mentioned ambulances stacking up at hospitals. Over 5,000 ambulances left hospitals within 30 minutes in December, a further 5,500 left within the hour, and around 1,000 waited longer than that. Ambulances are not, in general, stacking up at hospitals.

There are also two intermediate care vehicles operating from 11.00 am to 7.00 pm at weekends, one in Lisburn and one in Comber. Additional hospital ambulance liaison officers are in place at weekends at the Ulster, Royal Victoria and Craigavon hospitals. The trust and the HSC Board have assured me that the number of attendances and admissions likely to arise at other sites would be manageable. Over the first three weekends of the temporary closure, there has been no significant impact on neighbouring hospital sites. The contingency plan appears to have been working. The HSC Board will, however, continue to monitor the position for some weeks to come.

I also asked the HSC Board and the trust to accelerate the work to develop and implement the new model of care at the Lagan Valley Hospital that will enable many of those affected by the changes in the short term to resume receiving services locally. At Lagan Valley Hospital, the trust has actively promoted the opportunity for direct admissions to the hospital through the GP out-of-hours service. New arrangements are now in place between the out-of-hours GPs and hospital medical staff to facilitate admissions, where appropriate. The board and the trust are also exploring the potential for a 24/7 urgent care arrangement involving emergency nurse practitioners working under medical supervision, as mentioned by Mrs Hale.

I hope that, as can be seen from the action taken by the trust at my request, Members are assured of my commitment to doing everything I can to see that an emergency care service is maintained at the Lagan Valley and Downe hospitals. However, it must be safe and resilient care that is not vulnerable to unplanned closure because the necessary staff cannot be found to provide it.

I have stated that I am profoundly disappointed that it has been necessary for the South Eastern Trust to temporarily reduce the opening hours at the Downe and Lagan Valley emergency departments. However, the Assembly should be in no doubt that I will continue to press the Health and Social Care Board and the trust to work to restore the opening hours, if possible, as soon as possible.

Adjourned at 5.50 pm.



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