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Northern Ireland Assembly

Monday 23 May 2011

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

Members observed two minutes' silence.

Matters of the Day

Death of Dr Garret FitzGerald

Mr Speaker: Mr John Dallat has sought leave to make a statement on the death of Dr Garret FitzGerald, a matter that fulfils the criteria set out in Standing Order 24. I will call Mr Dallat to speak for up to three minutes on the subject. I will then call a representative from each of the other political parties, as agreed with the Whips. Those Members will also have up to three minutes in which to speak on the matter. Members know the convention: there will be no opportunity for interventions, questions or a vote on the matter. I will not take any points of order until the item of business is concluded. If that is clear, we shall proceed.

Mr Dallat: I thank the Assembly for the opportunity to pay tribute to the late Dr Garret FitzGerald. I had the privilege and pleasure of attending the state funeral for Dr FitzGerald in Dublin yesterday. It provided me with an opportunity to reflect on the critical role he played in encouraging the political developments in the North, which I believe have enabled the Assembly to come into being and begin the process of building new relationships within Northern Ireland, between the North and South, between Ireland and Britain and, indeed, across the European Union.

I was very pleased that the congregation included a large and representative number of people from the North from both traditions and from many walks of life. All of them were there to pay their respects and say their farewells to a man with a great mind and a huge heart; a man of political integrity who spoke with one voice.

I first met Dr FitzGerald in the village of Park, County Derry, many years ago. I knew then, as a much younger person, that this was a man who would help bring peace to this part of Ireland

and help heal the wounds between North and South and between Britain and Ireland. If I was wrong in any way, it was in my underestimation of the huge obstacles that were placed in his way, as the campaign of violence continued and with the then Prime Minister of Britain, Margaret Thatcher's, infamous outburst, "Out. Out. Out." He endured, did not react, and, within a few months, signed the Anglo-Irish Agreement, which became the foundation stone upon which our political institutions are now built.

At the funeral mass we were reminded that the Queen's historic visit to Ireland had just finished, and Dr FitzGerald was aware of that before he died. I feel sure that the vision of a new Ireland and a new relationship with Britain that he outlined over a cup of tea in Park all those years ago is now the new dawn that is at long last emerging in relationships between North and South and between Ireland and Britain.

As he was laid to rest, I knew that my first impression of this great man was the correct one. I feel very proud that my party, the SDLP, had the opportunity to work closely with Garret over many decades and to give him the support he did not always get from others to develop initiatives such as the New Ireland Forum and the Anglo-Irish Agreement, which allowed us to open up new chapters in our history and, ultimately, the democratic institutions we now enjoy. May he rest in peace.

Mr Campbell: We on this side of the House join in passing our sympathies to the family and friends of the late Garret FitzGerald. He lived a long and interesting life and had a career, both in politics and outside of politics, on which many people commented. Now is not the time to elaborate on the differences that we had — Mr Dallat has just outlined some of them — but we found ourselves in agreement on the need to try to reach a political consensus. Of course, the

way in which and the speed with which we would arrive at that consensus took many and varied interpretations down through the years.

He was a Prime Minister of the neighbouring state to ours. He was a colourful figure, and one who was informed about events in our nation state. I am sure that many, both in the Republic and in Northern Ireland, will mourn his passing.

Mr McLaughlin: Go raibh maith agat, a Cheann Comhairle. I think that all parties in the Assembly will agree that Garret FitzGerald was a man who, although of modest demeanour, made an enduring contribution to life on this island. He did it in his political contribution, his discussion, his thinking on the economy of the island and his challenging of the many sacred cows of political, social and economic life on this island. He challenged us all to move into the modern world and, on that basis, the representative attendance at his funeral yesterday was in itself an enduring tribute to quite a remarkable man.

Although it is understandable that people will attribute so many subsequent developments in political life to his particular contribution, I am very content to acknowledge that his contribution was always intended to be positive and constructive, and, in many instances, it was. I met him on only one occasion, and I was very impressed with his ability to get to the core of arguments and to give advice about how those issues might be addressed as we move forward.

Reference has been made to the situation arising from the New Ireland Forum and the recommendations of it. That was a discussion from which my party was excluded, and there were lessons to be learned from that experience as well. I found that Dr FitzGerald was prepared to acknowledge that.

The principles of inclusivity and developing a consensus approach to addressing outstanding problems were enunciated and identified and have subsequently been deployed across the political perspectives in this House and in Leinster House, and the island as a whole has benefitted. Let us remember a man who did good and gave service on behalf of us all.

Mr Elliott: I thank Mr Dallat for bringing this matter forward. If someone wanted to describe the lasting legacy of Garret FitzGerald, they would not need to look beyond last week. It was heartening to hear the reports that he survived

just long enough to be informed of the reception that Her Majesty The Queen was receiving in Dublin and throughout the Republic of Ireland.

The sea change in relations between the Governments of the United Kingdom and the Republic of Ireland can be traced back to the period in which Garret FitzGerald first took the helm. Throughout his long political life, which spanned several decades, he was firmly opposed to acts of violence and to the political representatives who sought to justify that violence. Indeed, during the hunger strikes, when republicans were engaged in an absurd propaganda campaign, rather than falling for their spin, he is remembered for facing down the IRA by laying the blame for that period firmly at its feet and for calling on it to cease unilaterally its terrorist actions. Aside from his political beliefs, he was also known as the leader who had the courage to call time on the unquestioned dominance of the Catholic Church in the Republic of Ireland.

Garret FitzGerald also had roots in Northern Ireland. His mother came from an Ulster-Scots family — the McConnells — who were Presbyterian farmers and lived just south of Belfast. I also understand that Garret FitzGerald was connected to James Craig through a business relationship. That business is now a public bar just behind Queen's University.

The Ulster Unionist Party and I send our sympathies to the family of Garret FitzGerald and to all of his friends.

Mr Ford: Garret FitzGerald was not just a giant of a politician in Ireland; he was someone who had a deep love for humanity across the world. Indeed, as was stated at his funeral yesterday, he was someone who managed to combine a love of humanity with getting on with people, which is not something that politicians always manage.

I had the pleasure of meeting him for the first time at the Corrymeela Community Centre in Ballycastle just after Christmas 1972. Despite the fact that a Dáil election was pending and that there were many things for him to attend to in party headquarters and in his constituency of Dublin South East, he came to speak to a group of fairly opinionated young people. He spent a long day and well into the small hours of the following day discussing his view of the future of Ireland and relations between North and South. Early the next morning, he slipped away quietly

so as not to create any difficulties for those looking after him. That was my first experience of the man, and it was an example that we saw repeated throughout his public life.

We do not need to elaborate on all the work that he did for the peace process, the difficulties that he encountered, or the firm stance that he took to change the Irish state and relationships between North and South and to stand up for what he thought was right in every respect. However, as was pointed out, the fact that he lived to see a state visit to Dublin by The Queen is a fitting summation of his work to promote good relationships across this island and between our two islands. In that respect, he received his reward at the time of his passing. We should all be grateful and recognise the work that he did, which helped to lead to the process of us sitting here as a power-sharing Assembly.

Of course, he was not just a politician; he was also a family man. He was a devoted husband, father, grandfather and great-grandfather. Today, we express our sympathy to those who miss him most.

Recent Death in Maghaberry

Mr Speaker: Mr Raymond McCartney has sought leave to make a statement on the recent death in Maghaberry, which fulfils the criteria set out in Standing Order 24. I will call Mr McCartney to speak for up to three minutes on the subject. I will then call a representative from each of the other political parties, as agreed with the Whips. Those Members will also have up to three minutes to speak on the subject. Members know the convention, which is that there will be no opportunity for interventions, questions or a vote on the matter. I will not take any points of order until the item of business is concluded. If that is clear, we shall proceed.

Mr McCartney: Go raibh maith agat, a Cheann Comhairle. Ar dtús, ba mhaith liom ár gcomhbhrón a dhéanamh le teaghlach Aaron Hogg, a fuair bás i bpríosún Maghaberry inné. First, I express Sinn Féin's condolences to the family of Aaron Hogg, who died in Maghaberry prison yesterday. I also want to echo the words of condolence and empathy spoken by the director general of the Prison Service, Colin McConnell, to all who have to contend with this death.

12.15 pm

However, this is the third death in as many weeks in our prisons. On 5 May, the day of the election, Samuel Carson and Frances McKeown died in Hydebank Wood. I am aware that investigations are under way into all those deaths, and I have absolutely no doubt that they will be carried out in a professional and thorough way. As part of those investigations, we also have to examine whether there are proper resources and training in our prisons, and proper supervision of what are very vulnerable people. Indeed, we have to examine whether we need more mechanisms to ascertain who is vulnerable so that we can avoid such untimely deaths.

Mr Givan: Obviously, I am aware that investigations are taking place into this incident and the two at Hydebank. It is important that where lessons can be learned, the Prison Service implements them.

I, too, share the concerns expressed by Colin McConnell about the welfare of the staff who are having to deal with those incidents. Obviously, they are doing the best job that they can. Often, prison officers get emotionally attached when trying to reform individuals, and

incidents such as these affect them severely too. Our thoughts and prayers are with those staff as well as with the family.

Maghaberry has approximately 920 inmates. There are a very high number of remand prisoners, and this incident involved a remand prisoner. They are a volatile group, and the resources that need to be put in place there have to be made available. I know that the Prison Service is determined that such incidents do not happen again, and I am sure that the Justice Committee will want to look at this further. The Dame Anne Owers team has also been looking at how such incidents can be prevented, and the Committee will want to play its full role in working with the team.

Mr B McCrea: On Saturday last, I attended the funeral of a young man from my constituency who committed suicide. I had to spend some time with that young man and his family, and I understand the absolute tragedy that it is for all who have lost people in such circumstances. It is, therefore, not surprising, but incredibly distressing for all concerned, when we have to rise again to talk about the loss of Aaron Hogg. I also have a lot of sympathy for the staff who have to deal with such circumstances.

These things are but the tip of the iceberg. It is, perhaps, something that we really do need to look at. We need to peel back the onion and see what is going on. Many members of staff in the prison say to me repeatedly that there are occasions of self-harm, near misses, and absolute danger for all concerned. That is not something we can deal with in isolation.

I hope that the Minister of Justice, when he addresses the issue, gets to the bottom of it. Whether it is a lack of resources or having inappropriate people in inappropriate places, and I am not talking about staff but some of the more vulnerable people in those institutions, there is surely something that we can do. We cannot run an institution and have people end up being found dead in cells.

So, I send condolences on behalf of me and my party to the family and urge the Minister of Justice to deal properly and speedily with the matter for the benefit of all concerned.

Mr A Maginness: I also extend our sympathy and condolences to the family of the deceased. The death of any prisoner in custody, whether from natural causes or otherwise, is disturbing.

There have been quite a number of deaths of prisoners in custody over the past year or more, too many of them, unfortunately, as a result of suicide.

That is deeply disturbing, and I am sure that it is deeply disturbing for the Prison Service. Equally, it is disturbing for all of us in this House, and it is right and proper that Mr McCartney should raise the issue in today's business. He is quite right to call for better training, for better supervision and for more resources to prevent the untimely death of prisoners in custody.

It is probably too early to judge what happened in this instance. This case is still under investigation, and it would be premature to come to any conclusions at this point. But I hope that whatever can be determined from this death is useful in preventing further untimely deaths in custody.

Mr Ford: As Minister and on behalf of my colleagues, I express sympathy to the family of Aaron Hogg on his death in Maghaberry jail and echo the sympathy that was expressed by Colin McConnell, the director general of the Prison Service. I also thank Raymond McCartney and others for their acknowledgement of the trauma and stress that is experienced not just by the family but by those who work in the prisons when such a death occurs.

As other Members have said, investigations are still under way not just into this death but into the other two that were reported earlier, and it is, therefore, inappropriate that we should go into any detail in the discussion.

I will receive further briefings immediately after I leave here, and I will certainly ensure that what can be done is done. However, we have to remember that, tragically, deaths in custody occur in every jurisdiction; it is not unique to our jurisdiction. That does not lessen the tragedy for the family or for the staff who are most closely involved, and we should express our sympathy to all of them this morning.

Assembly Business

Mr Allister: On a point of order, Mr Speaker. Last Monday, at the beginning of proceedings, you gave direction on the use of proper names. In light of that ruling, I invite you to consider the logical and necessary extension of that approach to references in this House to the state of Northern Ireland so that the proper name — namely that of Northern Ireland — is used on all occasions. If it is right to use proper names in respect of parties and what are perceived to be their proper names and in respect of individuals, is it not also necessary to use the proper name “Northern Ireland” rather than the slights and slurs that are used so often? I ask you to consider that and rule upon it.

Mr Speaker: I was absolutely clear last Monday when I spoke on this particular subject, and I am absolutely clear today. It is absolutely clear that I expect Members, when they rise in their places, to call Members by their proper names. I also expect Members, when they are speaking about political parties, to call them by their proper names. On the other issues that the Member mentioned, let me take them away, consider them and come back to the Member.

Suspension of Standing Orders

Mr Dickson: I beg to move

That Standing Order 20(1) be suspended for 23 May 2011.

Mr Speaker: Before I put the Question, I remind Members that the motion requires cross-community support.

Question put and agreed to.

Resolved (with cross-community support):

That Standing Order 20(1) be suspended for 23 May 2011.

Ministerial Statement

Altnagelvin Hospital: Radiotherapy Unit

Mr Speaker: I have received notice from the Minister of Health, Social Services and Public Safety that he wishes to make a statement to the House.

Mr Poots (The Minister of Health, Social Services and Public Safety): I want to make a statement concerning the proposed establishment of a radiotherapy centre at the Altnagelvin Area Hospital site in Londonderry.

The Assembly will be aware that it was announced just prior to the dissolving of the last Assembly that funding was not available to allow for the proposed radiotherapy centre at Altnagelvin to proceed as scheduled. One of the first things that I did on my appointment as Minister of Health, Social Services and Public Safety was to review all aspects of the proposal. On 17 May 2011, which was my second day in office, I visited the Altnagelvin Hospital site and met officials and staff of the Western Health and Social Care Trust, as well as patients, to gain a clearer understanding of the issue.

On Thursday 19 May, I visited the Belfast City Hospital cancer centre to identify how Northern Ireland's cancer needs are being met. Some 8,500 new cases of cancer are diagnosed each year in Northern Ireland, and, with an ageing population, that number is likely to increase. By the age of 75, one in three of us will have cancer.

Cancer is not something about which we can be complacent. Everyone in the Chamber will know someone, whether it is a family member, a friend, or, indeed, themselves, who has been affected by cancer. For some people, cancer is a life-threatening condition, but owing to medical advancements, good care and support, survival rates have improved. At present, approximately 60,000 people are living with cancer. However, we must do more to respond to the challenge of the condition. It is a challenge in terms of the resources required to treat and combat it and in terms of the sheer number of people affected by it. Although it is important to take every step that we can to encourage behaviours that reduce the risk of cancer, we need to ensure that we have the full range of effective treatments to tackle it.

Radiotherapy is one of the most effective means of beating cancer. Although the cancer centre at the Belfast City Hospital was designed to provide sufficient radiotherapy capacity for Northern Ireland up until 2015, measures are in place to ensure that sufficient capacity is available at the centre up until mid-2016, when the Altnagelvin unit was scheduled to open. However, we need to act now to ensure that the Altnagelvin unit proceeds as planned.

Following my consideration of the issues, I have decided that the delivery of the project is a high priority, and I have confirmed that I will make the necessary current and capital funding available. To delay or fail would be to miss a valuable opportunity to improve service provision for future cancer patients.

The proposal will deliver important benefits, not just for people living in the north-west but for Northern Ireland as a whole, as the regional cancer centre in Belfast City Hospital is operating close to its maximum capacity. The Department of Finance and Personnel has been informed and has approved the outline business case, which is known as OBC1. That means that the Western Trust can commence the first phase of the project immediately, which involves design and enabling works. It will also move to OBC2, which is the next stage in the process, during which the detail of the project will be finalised. I anticipate completion of construction of the facility in 2015, with its opening in mid-2016.

When visiting Altnagelvin, I met healthcare professionals and senior management, who made the case for the new unit. However, the most powerful advocates were not the consultants or the nurses but two patients, Pearse and Edna, who were receiving radiotherapy treatment in the Belfast City Hospital. They, by far, made the most powerful case for change. Edna explained how it took seven hours on a cold December day to travel to and from Belfast for 10 minutes' treatment. Clearly, such journeys are not conducive to the recovery process. Of the 14 patients in the ward, only two were well enough to speak to me. We should give thanks to God for good health and show compassion to those who are less fortunate than us.

The establishment of the new facility will mean that 90% of patients in Northern Ireland will be within one hour's travelling time of a radiotherapy service. That will greatly ease the

burden of travel on already ill and often frail patients. The location of the new centre in the north-west also provides the opportunity for genuine, sustainable and meaningful cross-border co-operation. It has the potential to deliver real mutual benefits to both jurisdictions.

12.30 pm

My primary responsibility is and always will be to ensure high-quality, sustainable health services for the people of Northern Ireland. The authorities in the Republic of Ireland have given firm assurances that they will fully fund their share of the costs so that there can be no question of detriment to the patients of Northern Ireland in terms of resources or access to services.

The proposed unit at Altnagelvin provides a significant opportunity to enhance the radiotherapy capacity in Northern Ireland and to make those services more accessible to cancer sufferers. It provides another vital piece of armoury to fight the illness.

On Saturday, I was with some incredibly brave people whose motto is "faugh a ballagh". This statement will "faugh a ballagh", or clear the way, for the radiotherapy centre to proceed. I intend to move forward with the project with all the urgency it so clearly warrants. I commend this statement to the Assembly.

Mr Speaker: Before I call Michelle Gildernew, Chair of the Committee, I remind the whole House, especially new Members, that Chairs of Committees have some latitude when putting a question to the various Ministers. This morning, Michelle Gildernew, as Chair of the Health Committee, will have some latitude before she develops her question. However, after that, I expect all other Members to ask the Minister just one question, which must relate to his statement. I do not expect other statements to be made. We have already had the Minister's statement.

Ms Gildernew (The Chairperson of the Committee for Health, Social Services and Public Safety): Go raibh maith agat, a Cheann Comhairle. As Chair of the Health Committee, I welcome the Minister's announcement this morning that he is giving the radiotherapy unit at Altnagelvin Area Hospital the green light. I know that his decision will be greeted with enthusiasm and relief by the people of the north-west, who have campaigned long and

hard on the issue. I have spoken to the Pink Ladies a number of times, and I spoke to them when they were down here last week. It will also get a great welcome from the MLAs whose constituents are affected. As a result of the Minister's decision, cancer patients living in the north-west will no longer have to travel to Belfast for treatment, and we are all very aware of the burden that that has put on people who are seriously ill and have to undertake a 160-mile round trip, often three or four times a week.

I also want to make the point that this is good news not just for those living in Derry, Donegal, Tyrone etc but for everyone across the North as it will free up services and capacity for people receiving treatment in the Belfast area.

I also welcome the co-operation and the fact that the Irish Government are contributing financially. That is very much the way forward — we should be working together and joining up services so that our people get better value for money and we get better outcomes from the Health Service.

However, the success of the new unit at Altnagelvin will be predicated on its being staffed by experienced cancer specialists. I am aware that there have been recruitment problems in the Western Trust area with regard to attracting the staff required to run the unit. Will the Minister give an assurance that he will review the relevant recruitment policies as a matter of urgency?

Mr Poots: It is concerning that, on occasions, the Royal Colleges decide when a hospital stays open or closes and what services are provided to various hospitals. That issue is more significant in the west of the Province and is something that I wish to discuss with them at an early point to ensure that we are not left in the same situation as happened in mid-Ulster, where a hospital unit — an accident and emergency unit — was closed overnight, putting huge pressure on another accident and emergency unit. I do not believe that that was in the best interests of the people involved. We need to have better liaison with the Royal Colleges to ensure that our hospitals are properly manned and well enough equipped with the personnel to deal with the issues that those hospitals are supposed to provide care for.

Mr Wells: I am sure that the entire community will welcome this excellent announcement. No longer will the cancer patients of the north-west

be treated like political footballs. They will get the care that they need and deserve.

The previous Minister indicated that there was some doubt over the funding from the Irish Republic, whereas the Minister seems to be suggesting that it is copper-fastened. We have heard rumours that there may be a reduction in funding from the Irish Republic for the A5 project. Can the Minister give a categorical assurance that the funding from the Republic is guaranteed in this instance?

Mr Poots: I thank the Member for the question. The Irish Republic agreed to provide €19 million in capital funding for the project. They put that to us in writing, and I reaffirmed that matter with the Republic of Ireland's Minister for Health this morning. He indicated that he is happy for the project to proceed, refreshed the commitment to the €19 million funding and stood over the contents of the previous letter.

Mr Gardiner: On behalf of the Ulster Unionist Party, I, too, welcome the Minister's statement. It is good news, and I am pleased to hear that, at last, the Government of the Irish Republic have come up with their share of the funding. *[Interruption.]*

Mr Speaker: Order.

Mr Gardiner: Will the go-ahead for this worthy cause, this hospital, mean cuts to any other department in the Health Service?

Mr Poots: I will clarify that for the Member: the written confirmation received from the Republic of Ireland was sent to my predecessor, Mr McGimpsey. As I indicated, it was reaffirmed this morning during a telephone conversation I had with Minister Reilly, but Minister McGimpsey had received written confirmation that the Irish Republic were putting €19 million into the project.

The Member asked about a detrimental effect on other services. In the first instance, we have to recognise that dealing with cancer is a priority. You cannot have waiting lists for cancer care; you need to be able to respond immediately to people's needs when they have cancer. Therefore, were that to be detrimental to something else, it would still be a priority.

We are looking at a budget of well over £4 billion and a recurrent cost of £3 million each year, which apparently could not be met. That equates to 0.075% of my budget. I believe that

I can find £3 million without causing detriment to any other areas of healthcare. In fact, we are looking at potentially identifying a further £30 million in savings on generic drugs. That will not have a negative impact on any patient. The greatest pressures that I have are the larger financial pressures of having to find £200 million this year, but the establishment of this facility will not have, and never would have had, a detrimental impact on any other health service.

Mr Durkan: On behalf of the SDLP, I welcome the Minister's statement and congratulate him on making it. I know that you, Mr Speaker, will also welcome the fact that this news will be warmly received in our constituency. Today's announcement from the Minister can be viewed only as a victory, not for any political party, for Derry or for any geographical area, but for common sense.

Although everyone will welcome the Minister's commitment of capital and current resources, it will be rendered meaningless without having the necessary human resources in place to ensure the smooth and effective running of the unit, as the Chair of the Committee mentioned. Will the Minister detail the exact staffing requirements of the proposed unit?

Mr Poots: One key element of the proposal is the need for adequate training of staff in the first instance. That is where quite a bit of the required recurrent funding over the next five years will go to. I have already had direct correspondence from radiographers who are looking for work in Northern Ireland. It will be good news for them that we will be getting an extra line put into Belfast City Hospital this year and a further line there next year. That will enable us to train the staff who will ultimately provide that service at Altnagelvin Area Hospital.

Mr McCarthy: What a difference an election can make. The Alliance Party wholeheartedly supports and welcomes the very positive statement that the Minister made today.

We welcome the joint contribution to this vital service and facility. I know that it is early days yet, but will the Minister advise the House on whether there are any cross-border health initiatives that could provide a better service for everyone in Northern Ireland and savings for the Health Service?

Mr Poots: As the Member knows, there are pressures on the Health Service: we have an older population because people are living longer, and that population has new and fresh demands. We have to make best use of the resources that we have. I will seek to ensure that we take forward anything that is of benefit to our country. If there are other services that can provide a better Health Service at a reduced cost to the Northern Ireland public, I am prepared to look at all of them.

Ms P Bradley: I also welcome the Minister's decision to proceed with the radiotherapy unit at Altnagelvin. The Minister said in his statement that the most powerful case for change was his interaction with some of the service users. I welcome the fact that the decision was based on the most important factor of all: patient need. When is work likely to begin on the site?

Mr Poots: We are moving to the second outline business case. As regards work on the site, we will be able to lodge planning applications that will allow us to remove a number of elements that currently exist at the hospital. For example, we will re-route underground services. I know that they sometimes reroute things in that part of the world, and on this occasion it will be underground services. We will also be relocating the combined heat and power plant as well as relocating and putting in place new provision for the mortuary, the body store and some temporary offices.

That element will take place in the first instance, and all the work should be completed by 2013. In that case, we can start the development of the new radiotherapy unit, which should be completed by autumn 2015. The machinery will then be installed and commissioned and should be up and running by mid-2016. There is a significant course of work to achieve all that, and it will have to be carried out with some urgency. That is why I was keen to address the issue as quickly as possible, because time is not on our side in the delivery of those radiotherapy services. It is critical for all of Northern Ireland that this be in place for mid-2016.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. I, too, thank the Minister for his statement and welcome the decision expressed today. As someone who visited the Belfast City Hospital cancer centre last year as a member of the Committee for Social Development, I

saw many examples of good practice, one of which was the one-stop shop. It deals with people's benefits and goes a long way to relieve the trauma and stress experienced by cancer patients. Does the Minister envisage a similar situation prevailing at Altnagelvin when the unit opens?

Mr Poots: A lot of those issues will be dealt with in OBC2. For example, the requirement for a hostel — whether or not one is required — and the provision of further additional chemotherapy services over and above what is already provided for at Altnagelvin will all be looked at in the second business case. We are quite happy to look at all of the issues and to see how many of those services can be provided at the Altnagelvin site to ensure that as few people as possible have to travel to Belfast for them.

Mr Buchanan: I, too, thank the Minister for his statement in the House this morning and for his commitment to the development of the new cancer unit at Altnagelvin. The Minister will know that the development of services in the entire west of Northern Ireland lies very close to my heart. How will this decision impact on other planned capital projects? I am, of course, thinking about the new local enhanced hospital in Omagh.

12.45 pm

Mr Poots: The decision was part of the capital programme. The funding had been set aside for the project. It will not dislocate any other project in the capital programme.

Mr Hussey: I, too, welcome the Minister's announcement. Having been a member of the health council in west Tyrone and the western area for many years, I am also aware of the concerns of many cancer patients. Thomas Buchanan stole my thunder by asking a similar question, so I will not waste the House's time by asking a further question. I welcome the Minister's decision.

Mr McCartney: Go raibh maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire as a ráiteas agus as a chinneadh. I welcome the Minister's statement this afternoon and, indeed, his decision. It is one that will have wholehearted support, particularly from the people who campaigned long and hard. I noted that the Minister said that the unit will proceed as planned. Some rumours were floating

about over the weekend that the unit might be reduced. Can the Minister confirm that it will proceed as planned?

Mr Poots: The case that I was dealing with is OBC1, which is for the full unit. I have not sought any reduction whatsoever. If there was some notion from the Western Health and Social Services Board that it does not need as large a unit, that is a matter for the board. There is nothing in my tray to suggest that that is the case.

Mr P Ramsey: I must say that this is the most welcome of statements to come to the House. Considering that we sat here six weeks ago and heard the last statement in the House in which the previous Minister gave that awful news that the centre was not going ahead, it is most refreshing that a Minister coming into the position can so rapidly and quickly bring a positive news story to so many people across Northern Ireland and in the border regions who will have access to the centre. We are talking about 1,000 patients from the north-west and 350 patients in the border areas, from Donegal right down to Sligo. In welcoming this tremendous good news story today, I also ask the Minister to outline to the House the total capital moneys involved and the total revenue moneys involved to manage and run the centre.

Mr Poots: The capital moneys involved are some £56 million, and the Republic is providing €19 million. Up until the point of opening, the revenue costs are £14.5 million over the five years. Subsequent to opening, revenue costs are £9.5 million.

Mr I McCrea: I join everyone else around the Chamber and, indeed, Northern Ireland in welcoming the Minister's decision and his statement this afternoon. The Minister has just referred to the €19 million that the Republic of Ireland Government will put into the project. Has he any idea whether that funding will be front-loaded or portioned out during the scheme to ensure that the money comes through and that the Northern Ireland Executive do not have to cover the cost and then recoup it?

Mr Poots: Money from the Republic of Ireland will come in years two, three and four of the project. It is a five-year project, and no moneys will come from the Republic in either year one or year five.

Ms M Anderson: Go raibh míle maith agat. I congratulate the Minister, particularly on making his first statement in the Chamber on the cancer unit at Altnagelvin. It will be well received not just across the north-west but across the 32 counties of Ireland, but particularly the North of Ireland. Will the Minister continue engagement with groups and organisations such as the Pink Ladies, who have fought a mighty campaign over the past six weeks? They are listening to your every word as you speak in the Chamber. They were watching and hoping that you would make this kind of announcement. They would appreciate ongoing engagement with you and others on the developmental stage and particularly on what you said about the design and about work starting immediately.

Mr Poots: The Member is right on this occasion to say that is not just a solution for the north-west, nor indeed is it just a solution for Northern Ireland. On this occasion, it is actually a solution for the north of Ireland, because it includes people right from Carlingford to Malin Head. A north of Ireland solution is appropriate on this particular occasion.

I will engage, time permitting, with as many people as possible on healthcare provision in Northern Ireland. Healthcare is not just about what the managers, the consultants or the hospital staff say. It is also about the needs of the public. The patients' voices were very clear when I visited the north-west. It was clear when I met a person who was on oxygen and had to travel to Belfast that day, taking four hours' travel time to get 10 minutes of radiotherapy.

If we are going to be of any use to the public, we need to have a caring attitude to people who are less fortunate than ourselves. When we go to hospitals and see the needs that are there, we need to identify with the patients. We, in this House, need to be patient-focused. We must ensure that the provisions that we make for the people of Northern Ireland mean that patients get high-quality care and that we achieve clinical excellence. As we deal with all the difficult financial issues, we must never lose sight of the priority issue, which is the patient.

Mr G Robinson: I thank the Minister for his excellent statement on cancer services in Altnagelvin Hospital. Can he confirm that the finances for his Department are the same today as they were prior to the Assembly elections? Will his decision reduce waiting times for cancer

sufferers in the north-west and the cost of travel for hard-pressed families and individuals in the present economic circumstances?

Mr Poots: First, I can confirm that there is no change to the budget. At this time, I am not looking for more money from the Finance Minister. I am not saying that that will not be the case over the course of this year. However, I intend to look very thoroughly at where we can make realistic savings and deliver our services more efficiently. If I come looking for money from the Finance Minister, he will come looking for money from every other Department. There is no more money in the purse, so if I need more money for health, it must come from the Department of Education, the Department of the Environment, the Department for Regional Development and everywhere else. It is important that I attempt to live within my means. If I need more money, I will certainly ask for it, but we will try to identify savings first.

In determining the need for provision, it is critical that cancer services receive a number 1 priority, because cancer patients cannot wait. Belfast City Hospital is currently operating at over 90% capacity. We will be putting a new line in the budget this year that will ensure that we will be able to maintain provision of services as the public need them. As a result of this decision, we will be putting a further line in next year. We can use the lines more extensively in the run-up to 2016, when the new provision will be enabled at the Altnagelvin site. There will be no difficulty, as a result of this decision, in ensuring that, as soon as cancer patients are diagnosed and have gone through all the various set-up procedures, which can normally take up to a month, people will get treatment immediately.

Mr Dickson: I add my words of thanks to the Minister for the speedy way in which he has come to his decision on this matter. However, 2016 will seem a very long way away to someone who may be diagnosed with cancer today and for whom radiotherapy is the appropriate treatment. Can the Minister assure the House that, if it is practical and possible, all necessary efforts will be made to ensure that this project not only comes in on time but can be expedited and achieved in less time?

Mr Poots: I absolutely appreciate where the Member is coming from. I am certain that large numbers of people in the north-west of our

Province will be diagnosed with cancer between now and that date. It is unfortunate that we cannot have the unit earlier than is proposed. It is a challenging timetable, but if we can shave months off it, we will be happy to do that and provide the service earlier to people, if it is at all possible.

Mr B McCrea: The Minister has spoken most eloquently about the need for this centre, but that need was never in doubt: it was agreed by all. What was in doubt was whether there was money to run it. *[Interruption.]*

Mr Speaker: Order. Allow the Member to continue.

Mr B McCrea: The Minister has outlined the capital expenditure and the contribution from the Republic of Ireland. However, in a previous answer, he also said that it would take some £14 million in recurrent funding, and another £9.5 million. Will the Minister confirm what share of that recurrent expenditure will come from the Republic of Ireland and whether he has that commitment in writing? Furthermore, will the Minister outline when he will be in a position, because he is not at the moment, to tell us whether he will require more money for the Health Service?

Mr Poots: Well, the Member could just have started by saying sorry, but he chose not to.

We are looking at treating 360 patients from the Republic of Ireland, and the funding from the Republic of Ireland will pay for every one of those patients. Should there be more patients, we will look at getting further funding from the Republic, and that is to be negotiated. The Republic of Ireland and Northern Ireland have a reciprocal arrangement: when people from Northern Ireland are treated in the Republic, Northern Ireland pays for that, and when people from the Republic are treated in Northern Ireland, the Republic pays for that.

However, in this instance, although the fine detail has to be negotiated, we would like to establish the centre on the basis that 360 patients will come to it from the Republic of Ireland, and if patients over and above that figure are sent, the Republic will also pay for that. We will establish the unit on the basis of treating 1,020 patients from Northern Ireland and 360 patients from the Republic of Ireland.

Earlier, I made it clear to the House that the funding involved equated to 0.075% of my budget and that savings can be made in areas without impacting on front line services. However, I also make it clear that, leaving this decision to one side, we live in challenging financial times. Although the health budget did as well as could have been expected from the allocation that Northern Ireland got from Mr McCrea's Conservative friends at Westminster, we will have to make difficult decisions in the months and years ahead.

Today's is a positive news story; on other days, I am sure that I will be lambasted by quite a number of Members because I will be taking decisions that affect services somewhere. However, all my decisions will be based on the need to ensure that clinical excellence is maintained at all times, and no decisions that will undermine clinical excellence will be taken based on finance. We will seek to ensure that we drive through efficiencies in this Department that others have previously failed to attempt to drive through.

Mr Givan: I thank the Minister for removing the despair and despondency that was inflicted on those who suffer from cancer by the Ulster Unionist Party in the form of its former Health Minister. What a contrast from the statement that he made to the House on his last day in office, in which he cynically used such people for political purposes, to today, when this Minister, in his first statement to the House, is able to put right the wrong inflicted by that party on those people.

Is the decision announced by the Minister today based on the same information and the same recommendations that were available to the former Health Minister?

Mr Poots: The Member is probably aware that I am not privy to the information that was provided to the previous Health Minister, but, without any pressure being applied, the case was made very clearly by my civil servants that the centre should proceed without equivocation, so I suspect that the same case was made to the previous Minister.

1.00 pm

Ms Boyle: Go raibh maith agat, a Cheann Comhairle. The question that I intended to ask has already been covered. On behalf of my constituents in Strabane and wider west

Tyrone, I welcome the statement. It is much anticipated for a lot of people in the Strabane and Donegal area that I represent. I have been working closely in the past number of weeks with the Daisychain foundation in Strabane, which has been working along with the Pink Ladies. I commend them for the work in which they were involved in lobbying you, Minister, and the petition with which they provided you on your first day as Minister.

Mr Byrne: I welcome the statement. The Minister has reacted to what has been a very widespread issue of public concern in the north-west area. It bodes well for the new Executive that there has been a response by the political system here to the genuine needs of the people. I welcome the statement about cross-border co-operation. Will the mechanisms be in place to make sure that no bottlenecks or difficulties arise in relation to the implementation of that cross-border development?

Mr Poots: I am confident that we can deal with the issues and ensure that there are no bottlenecks. Our civil servants have been engaging and will continue to do so to ensure that we can efficiently provide those services.

When I visited Belfast City Hospital on Thursday, the first patient I met was a lady from Donegal who had travelled down to receive the services in our radiotherapy unit. It does not really make any difference to me what religious faith the person is or where they come from: if they require medical help, they require medical help. It is incumbent on us to ensure that that is provided. We will engage positively with the Government in the Republic of Ireland to ensure that the services that we have in place can help people in the Republic of Ireland as well as Northern Ireland and that the services that they have in place can help people from Northern Ireland because, ultimately, when it comes to health, it crosses all barriers.

Mrs Lewis: I welcome the statement today as it will not only provide a service for the people of the north-west but relieve pressures on the east of the Province and ensure that cancer patients receive prompt treatment. Is the Minister aware of the pressures on Antrim Area Hospital? Will he endeavour to address the problem there?

Mr Poots: I am very well aware of the problems in Antrim Area Hospital. I made reference previously to the Royal Colleges. That was the

specific hospital that I was referring to as being put under a huge pressure and undue burden that it should not have had to face as a result of decisions made by the Royal College to withdraw services from the Mid-Ulster Hospital without preparation in Antrim. It was not in the best interests of Antrim hospital or the people who previously used Mid-Ulster Hospital or Antrim hospital as their key services for accident and emergency. I will look at the situation in Antrim hospital. We cannot continue to pile services on a particular unit without putting in place the necessary resources, as has been the case heretofore.

Mr Allister: The Minister has a finite budget. It was the same budget before the election as it is after it. The Minister, in response to Mr Gardiner, made some observations. I invite him to be more specific and give a cast-iron assurance that, in making the necessary decision, there is no adverse consequence, for example, for the Ballymena health and care centre, which was given the green light by his predecessor, and that capital and resource expenditure will proceed for that irrespective of the necessary decision that affects Londonderry. Can we have that assurance? In respect of his answer about the funding from the Irish Republic, the Minister said 360 patients would be funded. As regards the resource expenditure before the opening of the centre, what is the arrangement with the Irish Republic for paying a funding contribution to that?

Mr Poots: I suspect that the Member was not listening to all the questions and answers, because, when a Member asked about capital projects, I indicated that this project was part of the previous capital budget stream and would have no impact on any other capital projects in that stream. Therefore, in case the Member did not hear the first time, I trust that, on this occasion, he has absolute clarity.

A considerable amount of the recurrent expenditure for services to be provided will involve training, which will be carried out at the Belfast City Hospital regional cancer unit. Radiographers will be trained in the service, which they will provide to a range of people from Northern Ireland and the Republic of Ireland. As I indicated, the Republic of Ireland will make a contribution for each patient, and, therefore, we will receive funding in that respect.

Mr Molloy: Go raibh maith agat, a Cheann Comhairle. I join others in commending the Minister on his statement. It is a clear indication of a hands-on approach from the Minister, which is very welcome. In view of that, will he review the situation at the Mid-Ulster Hospital? Installing a mechanism or system there would provide a continuous service for the people of Mid Ulster and take pressure off the Antrim Area Hospital.

Mr Poots: I will meet all the trusts, hopefully over the course of this week, and I expect that the Mid-Ulster Hospital will be discussed at some length. I have already received letters from the Save the Mid group. I cannot give any guarantees as to what services will be provided at the Mid-Ulster Hospital in the future. All that I will guarantee is that I will listen to the issues of people in the local community who use the hospital and will discuss our ability to provide the level of care that people might expect. Our ability to do that will not always meet public expectations. Nonetheless, we are prepared to listen to the issues and see how we can best address them.

Mr McClarty: This issue is much too important to play petty party politics. At this stage, of course, the Minister has addressed the questions that I wished to pose. Nevertheless, on behalf of my constituents, I put on record my deep gratitude for this morning's wonderful news.

Mr Speaker: That ends —

Mr Wells: On a point of order, Mr Speaker —

Lord Morrow: On a point of order, Mr Speaker —

Mr Speaker: Lord Morrow.

Mr Wells: Just because he is a Lord. *[Laughter.]*

Lord Morrow: It has been the practice in the House that when a Member is speaking, he or she is given due courtesy to do so. It has been noted this morning that at least two Members deliberately passed in front of Members who were on their feet. I would like you to take a look at that situation and make a ruling on it.

Mr Wells: Further to that point of order, Mr Speaker, we had quite disgraceful behaviour this morning. We had a situation in which the Member for East Antrim Mr Dickson was, in effect, making his maiden speech and a very experienced Member, who has been here for many years, deliberately walked in front of him.

That person is a former Minister. Then we had a situation in which the Member for North Antrim Mr Allister was making an interjection and another Member, who is now a junior Minister, walked in front of him. That was disgraceful and totally unacceptable. You have ruled on this point on several occasions, and I think that people need to be called to book, because there is nothing as off-putting as someone deliberately walking in front of you when you are making your maiden speech.

Mr Speaker: I appreciate the points of order from Lord Morrow and Mr Wells. They were exactly right in what they said. I will not allow that to happen in the House.

I know that we have only come back from an election, but once again I remind the whole House that when a Member is on his or her feet, speaking in the House, other Members should not cross in front of that Member. That issue was raised in the last Assembly and it has arisen on this occasion. Any Member who does that deliberately will not be called to speak in the House for some time. I make that absolutely clear. In the last mandate, several warnings were given to a number of Members who were deliberately discourteous to other Members while they were speaking. From now on, any Member who deliberately walks in front of another Member who is speaking will not be called to speak in the House, as I have said, for some time.

I thank Lord Morrow and Mr Wells for their points of order. It is not easy for me to watch everything in this House, but if a Member feels that that has happened to him, I am happy for him to raise the issue there and then. On this occasion, the Members have rightly raised the issue after the conclusion of the discussion on the ministerial statement. I take on board what both Members have said.

Ms M Anderson: On a point of order, Mr Speaker. I want to inform you that my action was completely unintentional. I apologise to the House for it.

Mr Speaker: I thank the Member for standing up and apologising to the whole House. That is what I expect all Members to do if, for whatever reason, they do wrong. I think far more of a Member who apologises to the House.

Assembly Business

Mr Speaker: Let us move on. All the motions on today's Order Paper relate to Assembly Business, including appointments to the Assembly Commission and Committees in accordance with Standing Order 12(7). Therefore, there will be no debate on any of those motions.

Appointments to the Assembly Commission

Mr Speaker: I remind Members that Standing Orders require that such motions be approved with cross-community support.

Resolved (with cross-community support):

That, in accordance with Standing Order 79, the following shall be appointed to be members of the Assembly Commission: The Speaker (Ex officio); Mr P Weir; Mr B McElduff; Mr L Cree; Mr P Ramsey; Mrs J Cochrane.

Membership of Statutory Committees

Resolved (with cross-community support):

That, in accordance with Standing Order 49(3), the membership of the Statutory Committees as detailed in NIA 1/11-15R be approved.

The Membership of the Statutory Committees as detailed in NIA 1/11-15R is as follows:

Committee for Agriculture and Rural

Development: Mr Paul Frew (Chairperson); Mrs Dolores Kelly (Deputy Chairperson); Mr Thomas Buchanan; Mr Trevor Clarke; Mr Willie Clarke; Mrs Jo-Anne Dobson; Mr William Irwin; Mr Kieran McCarthy; Mr Conor Murphy; Mr Oliver McMullan; Mr Robin Swann.

Committee for Culture, Arts and Leisure: Miss Michelle McIlveen (Chairperson); Mr William Irwin (Deputy Chairperson); Mr Dominic Bradley; Mrs Brenda Hale; Mr David Hilditch; Mr Gerry Kelly; Mr Michael McGimpsey; Mrs Karen McKeivitt; Mr Cathal O hÓisín; Mr Pat Sheehan; Mr Robin Swann.

Committee for Education: Mr Mervyn Storey (Chairperson); Mr David McNarry (Deputy Chairperson); Ms Michaela Boyle; Mr Jonathan Craig; Mrs Jo-Anne Dobson; Mr Phil Flanagan; Mrs Brenda Hale; Mr Trevor Lunn; Mr Conall McDevitt; Miss Michelle McIlveen; Mr Daithí McKay.

Committee for Employment and Learning: Mr Basil McCrea (Chairperson); Mr Thomas Buchanan (Deputy Chairperson); Mr Jim Allister; Mr Sammy Douglas; Ms Michelle Gildernew; Mr Chris Lyttle; Mr Barry McElduff; Mr David McIlveen; Mrs Sandra Overend; Mr Pat Ramsey; Mr Alastair Ross.

Committee for Enterprise, Trade and Investment: Mr Alban Maginness (Chairperson); Mr Daithí McKay (Deputy Chairperson); Mr Steven Agnew; Mr Gordon Dunne; Mr Phil Flanagan; Mr David McIlveen; Dr Alasdair McDonnell; Mr Stephen Moutray; Mr Mike Nesbitt; Mr Robin Newton; Ms Sue Ramsey.

Committee for the Environment: Ms Anna Lo (Chairperson); Mr Simon Hamilton (Deputy Chairperson); Mr Cathal Boylan; Ms Paula Bradley; Mr Willie Clarke; Mr John Dallat; Mr Danny Kinahan; Mr Patsy McGlone; Mr Francie Molloy; Lord Morrow; Mr Peter Weir.

Committee for Finance and Personnel: Mr Conor Murphy (Chairperson); Mr Dominic Bradley (Deputy Chairperson); Mrs Judith Cochrane; Mr Leslie Cree; Mr Paul Girvan; Mr David Hilditch; Mr William Humphrey; Mr Ross Hussey; Mr Mitchel McLaughlin; Mr Adrian McQuillan; Ms Caitríona Ruane.

Committee for Health, Social Services and Public Safety: Ms Michelle Gildernew (Chairperson); Mr Jim Wells (Deputy Chairperson); Ms Michaela Boyle; Ms Paula Bradley; Mr Mickey Brady; Mr Gordon Dunne; Mr Mark H Durkan; Mr Sam Gardiner; Mrs Pam Lewis; Mr John McCallister; Mr Kieran McCarthy.

Committee for Justice: Mr Paul Givan (Chairperson); Mr Raymond McCartney (Deputy Chairperson); Mr Sydney Anderson; Mr Stewart Dickson; Mr Colum Eastwood; Mr Seán Lynch; Ms Jennifer McCann; Mr Basil McCrea; Mr Alban Maginness; Mr Peter Weir; Mr Jim Wells.

Committee for the Office of the First and deputy First Minister: Mr Tom Elliott (Chairperson); Mr Chris Lyttle (Deputy Chairperson); Mr Trevor Clarke; Mr Colum Eastwood; Mr William Humphrey; Mr Alex Maskey; Mr Francie Molloy; Mrs Sandra Overend; Mr George Robinson; Ms Caitríona Ruane; Mr Jimmy Spratt.

Committee for Regional Development: Mr Jimmy Spratt (Chairperson); Mr Pat Doherty (Deputy Chairperson); Mr Roy Beggs; Mr Joe Byrne; Mrs Dolores Kelly; Mr Trevor Lunn; Mr Seán Lynch; Mr Ian McCrea; Mr Stephen Moutray; Mr Mike Nesbitt; Mr Cathal Ó hOisín.

Committee for Social Development: Mr Alex Maskey (Chairperson); Mr Mickey Brady (Deputy Chairperson); Mr Gregory Campbell; Mrs Judith Cochrane; Mr Michael Copeland; Mr Sammy Douglas; Mr Mark H Durkan; Mr Alex Easton; Mrs Pam Lewis; Mr Fra McCann; Mr David McClarty.

Membership of Standing Committees

Resolved (with cross-community support)

That, in accordance with Standing Order 52(3), the membership of the Standing Committees as detailed in NIA 2/11-15R be approved.

The membership of the Standing Committees as detailed in NIA 2/11-15R is as follows:

Assembly Executive and Review Committee: Mr Stephen Moutray (Chairperson); Mr Pat Sheehan (Deputy Chairperson); Mr Roy Beggs; Mr Gregory Campbell; Mr Stewart Dickson; Mr Paul Givan; Mr Simon Hamilton; Mr Paul Maskey; Mr Raymond McCartney; Mr Conall McDevitt; Mr Mike Nesbitt.

Audit Committee: Mr Danny Kinahan (Chairperson); Mr David Hilditch (Deputy Chairperson); Mr Paul Maskey; Ms Anna Lo; Ms Margaret Ritchie.

Committee on Procedures: Ms Sue Ramsey (Chairperson); Mr Trevor Clarke (Deputy Chairperson); Mr Jim Allister; Mr Sam Gardiner; Mr Gerry Kelly; Mr Chris Lyttle; Mr Oliver McMullan; Mr Alban Maginness; Lord Morrow; Mr George Robinson; Mr Mervyn Storey.

Committee on Standards and Privileges: Mr Alastair Ross (Chairperson); Mr Kieran McCarthy (Deputy Chairperson); Mr Steven Agnew; Mr Cathal Boylan; Ms Paula Bradley; Mr Jonathan Craig; Mr Michael Copeland; Mr Pat Doherty; Mr Fra McCann; Mr Patsy McGlone; Mr David McIlveen.

Public Accounts Committee: Mr Paul Maskey (Chairperson); Mr Joe Byrne (Deputy Chairperson); Mr Sydney Anderson; Mr Michael Copeland; Mr John Dallat; Mr Alex Easton; Mr Paul Frew; Mr Paul Girvan; Mr Ross Hussey; Mr Mitchel McLaughlin; Ms Jennifer McCann.

Membership of the Business Committee

Resolved:

That Ms Jennifer McCann replace Ms Carál Ní Chuilín as a member of the Business Committee.

Adjourned at 1.14 pm.



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