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Northern Ireland Assembly

Tuesday 21 September 2010

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

Members observed two minutes' silence.

Private Members' Business

Medical Negligence Cases

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

Mr O'Dowd: I beg to move

That this Assembly expresses its deep concern at the delay in resolving some medical negligence cases, with one case ongoing for 27 years, and a total of 55 cases lasting over 15 years; and calls on the Minister of Health, Social Services and Public Safety to commission a review of all medical negligence cases outstanding for 10 years or more, to ensure that they are being dealt with expeditiously, and to report on how cases, generally, can be handled in a more efficient, timely and compassionate manner.

Go raibh maith agat, a Cheann Comhairle. My colleagues and I tabled today's motion in response to a number of issues. First, when we deal with our constituents, a bigger picture often develops. I have been dealing with a family whose 18-year-old son was severely handicapped as a result of a medical procedure that took place 16 years ago. The family has reluctantly fought a legal case throughout that time, not for financial reward but to ensure that financial resources are available to their son so that he can be looked after and cared for after they depart. That case is only one example of the legal engagement that families have with the Health Service.

There is no doubt that the vast majority of medical procedures are carried out professionally and with due diligence and care. There is no question that our Health Service operates normally

in that field, but given the numbers involved — hundreds of thousands of procedures take place every year — we will run into negligence, lack of care and mistakes. Families and individuals have the right to come back to the boards and challenge them on their duty of care. The motion today is about how those challenges are being dealt with.

A large number of cases have been evolving for more than 10 years. Even though that is a quite lengthy period, I use it for a reason. An Audit Office report of 2002 suggested that no medical negligence case should last more than six years. It stated that medical negligence cases lasted longer in courts than any other negligence cases against public bodies. I use the period of 10 years because of a number of factors. It can take time for a medical injury to show its full extent and the effect that it will have on an individual's life, especially when a child is involved. Also, such claims can be very technical in nature, both medically and legally. As we all know, the law can move very slowly. Any case that has lasted more than 10 years should be reviewed from a legal perspective and a compassionate perspective as to whether it should continue to be fought.

We have to remember that we have placed an onus on the Department of Health, Social Services and Public Safety and the health boards to treat and care for people and to protect public funds. We are not suggesting that the Health Department, for any case over 10 years old, should put up its hands and pay out compensation. The Department is open to fraudulent negligence claims and claims from families and individuals who are clearly upset about how their medical treatment worked out, even though there may be no actual legal negligence. We are balanced in our approach to this issue.

I have concerns about how the Health Department has managed the process. This is not a new issue to arise before legislators. I have referred already to the Audit Office report of July 2002, which examined compensation payments for medical negligence. It will come as no surprise that I, as a former Chairperson of the Public Accounts Committee, give great weight to Audit Office reports because that body is tasked with and has a proven record of thorough investigation and making relevant and helpful recommendations to Departments.

The report of 2002 throws up a number of suggestions and observations. In paragraph 8 on page 8, it states that:

"The Department's guidance, issued in 1998, required each Trust to set up and maintain a database with information on all claims for litigation. The Department has advised us that it had taken steps to ensure that both Boards and Trusts hold comprehensive information on all outstanding claims."

Paragraph 9 of the report states that:

"The Department should ensure that it has access to basic information about claims for clinical negligence, so that it is able to inform itself and disseminate, in summary form, this information throughout the HPSS. The Department agrees with this recommendation and sees any future changes in HPSS structures as facilitating wider partnership."

Given that recommendation in 2002, with which the Health Department agreed, one would imagine that the Department would be able to provide to public representatives a full disclosure of the facts and figures around medical negligence cases. When I asked a question about those cases on 2 July 2010, I received a significant amount of information about the number of cases and the length of delay in each. However, I only received financial information for two years. I was told that, given the review of public administration in the health boards, trusts and the Health Department, the information that was provided previously by private legal services was unavailable. I find that surprising given that, in 2002, the Health Department put in place measures to collate that information.

I was provided with an information pack, as all Members are for these debates, on outstanding medical negligence cases. It contains yet another circular — Departments are very good at providing

and issuing those to their staff. There is no date on it, but, from reading through it, I believe that it is from 2008. It contains guidance to claims handling in Health Service care organisations.

It sets out in detail what any health facility should do once a medical negligence claim is made against it. It covers four crucial areas. It states that each board should identify a member:

"with clear responsibility for clinical and social care negligence issues ... The organisation's claims handling procedures are in compliance with all ... Court Service Protocols ... The organisation maintains a database of comprehensive, up-to-date information on all claims to support claims management".

How can they have an up-to-date claims management file if the Department of Health cannot tell me, as a public representative, in reply to a question in the Assembly, what the facts and figures are for the past 27 years? There must be a gap in the information somewhere or else I, as a public representative in the Assembly, and the public are not being given full information.

More crucially, the document refers to what we also call for in our motion:

"An annual review is carried out of all of the organisation's clinical and social care negligence cases with a view to ... avoiding record duplication"

— it appears that records are incomplete — and:

"considering closure of cases static for 3 or more years ... evaluating expected compensation, associated costs".

I am concerned that, although we have a circular that was issued in 2008 and Audit Office recommendations that were accepted by the Department in 2002 —

Mr Campbell: The Member referred to an annual review, yet the motion asks only for "a review": is he calling for the Minister to do this each and every year or is this a one-off, as the motion states?

Mr O'Dowd: I will clarify. Despite all the circulars and the Audit Office recommendations, my view is that reviews are either not taking place or are not comprehensive enough. I believe that the Department of Health, in the guise of the Minister, must bring in the 55 cases that range over a long time — more than 10 years — go through them one by one and set out an action

plan around each. As we have been told, any case lasting more than six years is seen to be extraordinarily long. We have cases that have lasted up to 27 years, although I hear on the grapevine that that case may have been settled.

The Department of Health and the Health Minister have a responsibility to start reining in such cases and not simply for cost reasons, although there is a cost associated with all those cases. I could not get the full costs, but over a two-year period they were in the region of £2 million. Compensation payouts over a five-year period amounted to £60 million. A rough sum is that legal costs usually amount to a third of the compensation, so around £20 million could have been paid out in legal fees in the past number of years.

Someone has to take responsibility. I am calling for a review, governed by the Minister, of all existing cases and for them then to carry out what they said they would in 2008: an annual review of each case.

Mr Easton: I too am concerned at the time taken to settle medical negligence cases. The time that it takes to conclude cases, particularly those highlighted in the press, only prolongs the suffering of victims, their families and the medical staff involved. I am also concerned about the cost, especially at this time of financial difficulty, when we are about to see significant cuts made in the Budget by a Conservative and Liberal Government across the spectrum.

Victims of clinical and medical negligence have a right to seek compensation when something goes wrong. However, it is clear that medical costs are spiralling out of control, and control must be retained and maintained by the Health Service. Between 1991 and 2001, £55 million was paid out in compensation. Information that I obtained in response to a question for written answer demonstrated that costs have continued to soar despite a report by the Northern Ireland Audit Office in 2002. Legal costs and compensation for the years 2007 and 2008 totalled £11 million, roughly £3 million of which was legal costs alone. Costs for the years 2008 and 2009 soared to nearly £20 million, a quarter of which was paid out in legal costs. Where does that stop? Although those figures represent a small proportion of the overall budget, the costs associated with claims are worrying, particularly when we will see cuts imposed by Westminster.

10.45 am

I welcome the Department's policy circular that was published in March this year. It provides guidance for health and social care organisations when handling claims. It appears to be comprehensive, but more must be done. I am aware that health professionals work in a very stressful and busy environment and that, like the rest of us, they are only human and are not immune from making mistakes. However, in order to limit the number of medical negligence claims, it is the Department's duty to ensure that all staff are trained carefully in medical procedures.

It is also important that the Department and the medical professionals who work in the Health Service be protected from claims made without foundation. Having looked into the subject, I found the legal process to be lengthy and complex, and it is probably responsible for the time that it takes for cases to be heard. It is said that, if a case goes to court, the time from the beginning of the legal process until a case is heard can be 10 years. Perhaps a new system needs to be set up to deal with medical negligence claims. However, it is up to the Health Minister, in conjunction with the Minister of Justice, to investigate that. We now have the powers to make changes for the benefit of all, and we should use them if we need to.

A Northern Ireland Audit Office report published in July 2002 highlighted the number of outstanding claims. Since March 1995, the number has risen. It is imperative that the Department do everything that it can to speed up the processing of those claims, for the benefit not only of those involved in the legal process but of the taxpayer. The longer a case goes on, the greater the legal costs. Indeed, I have raised the idea of addressing the cost of medical negligence claims as a way to save money, but, so far, I have been ignored. It is time to act, where possible, to reduce such incidents. No one is immune from making mistakes; however, £55 million over 10 years is a lot of money, so we need to try to reduce that figure.

Mr Kennedy: The motion is expedient at this time, and I welcome the opportunity to discuss it. Many of us will have been surprised to hear that several medical cases have lasted long beyond what could be deemed to be a satisfactory period. However, we must appreciate that there

is no quick, perfect-fit solution that the Minister can use to bring those cases to a conclusion.

I was also a little surprised when I read the motion, which calls on the Minister to provide details:

“on how cases, generally, can be handled in a more efficient, timely and compassionate manner.”

I can only assume that the Department's most recent guidance slipped the attention of the Members who tabled the motion. If the Minister were to adopt such an approach, he might be the one acting negligently and irresponsibly. The Department has a duty of care not only to the patients with whom it deals from day to day but to its staff.

Mr Easton: Will the Member give way?

Mr Kennedy: Sorry; no. I want to make progress.

Healthcare personnel often work in difficult circumstances and with significant risks. Therefore, when something regrettably goes wrong, we must ensure that there is not a knee-jerk reaction to hang people out to dry.

The motion calls on the Health Minister to:

“commission a review of all medical negligence cases outstanding for 10 years or more”.

I agree that it is regrettable that a number of cases have lasted that long. However, the sheer complexity of many of those legal actions may not be immediately obvious. By its nature, medical negligence litigation is incredibly complex and multifaceted, and, compared with other legal actions, inevitably it takes longer to reach a conclusion. We must also appreciate that, in the wider scheme of things, those cases represent only 0.6% of the total operating costs of health and social care bodies.

The Department obviously appreciates that there has been a problem with the system for dealing with negligence cases, although the current Health Minister has somewhat inherited the problem. However, since taking office, he has introduced various new guidance notes and procedures for dealing with such cases. Therefore, although the motion is undoubtedly pertinent, in that headline-grabbing figures are involved, we must appreciate that the Department of Health, Social Services and Public Safety is tackling, has been tackling and will continue to tackle the long-running legacy issue.

Mr Gallagher: I will preface my remarks by saying, as Danny Kennedy did, that there are genuine cases involving people who have been injured as a result of an experience while in the care of the Health Service. At the same time, we live in a society in which there is a growing claims culture. Health Service professionals are working under greater demand and increased pressure as a result of the growing number of claims. We need to be aware that there is a balance to be maintained in the background.

We have heard the figures relating to the cost of claims. That picture has been well illustrated. In the 2008-09 financial year, claims against the Health Service resulted in settlements totalling £14.6 million, and the legal costs of those claims amounted to around £5 million. Given the current financial difficulties that we face, that is a serious drain on the Health Service, and the Minister must consider that issue carefully. That is why I support the motion.

The current trend, in which some medical cases have taken 10 years to settle — with a small number of others having taken much longer than that — represents an unacceptable timescale. There are different ways in which the Department can intervene, the first of which is through early intervention. Preventative steps that can be taken to reduce claims against the Health Service may involve a review of current practices. Where accidents occur, measures must be in place to avoid any recurrence of such incidents.

As we know, the promotion of quality care and safety is always a high priority for the great majority of the people who work in the Health Service. However, incidents can occur that open the way for legitimate claims of negligence. Where appropriate, lessons need to be learned from such incidents, and patient safety must always be a top priority for every individual employed at every level in the Health Service.

It is worth reminding ourselves of some of the Department's claims-handling protocols in health and social care. For example, it aims to improve the initial communication between the disputing parties by establishing a timetable with recommendations for the exchange of relevant information and by setting standards for the content of correspondence. Those protocols help to reduce the time involved in the handling of medical negligence cases. Compliance with the protocol timetable should also help the

parties involved to make an informed judgement on the merits or otherwise of the case at an earlier stage. Compliance also provides an opportunity to improve communication between the disputing parties. That, in some cases, can lead to an early settlement of disputes.

I urge the Minister of Health, Social Services and Public Safety to examine all other possible methods, such as alternative dispute resolution, whereby cases are resolved through arbitration or mediation or, in some cases, through determination by an expert, which can help to reduce delays in those cases.

Health and care organisations should always manage claims proactively, including, where appropriate, through early settlement negotiations.

Mr Speaker: I ask the Member to bring his remarks to a close.

Mr Gallagher: That can lead to considerable savings that can be directed into front line services.

Mr McCarthy: I support the motion and hope that the Minister, whom I welcome to the Chamber, can help to overcome the problems that we are discussing. I thank the Research and Library Service for providing an excellent information pack. I assure Members that I will not go through it all this morning, but it is useful and welcome information that will help us to get our heads around what we are discussing.

As the Alliance Party health spokesperson, I express real concern that we have to spend money on compensation for medical or clinical negligence. I am sure that every effort is being made to eliminate it altogether or as far as possible and to ensure that patients get only the best from our Health Service. The motion outlines cases of negligence and, indeed, the time that it takes to settle. As other Members said, it must be a very harrowing time for the families involved. One case lasted some 27 years, and it is unbelievable that people had to endure the trauma for all those years. Other cases have lasted over 15 years. We all surely agree that that is unacceptable, and I am sure that our Health Minister is also most unhappy with lengthy and protracted cases.

The Audit Office's 2002 report on compensation payments for clinical negligence tells us that some £55 million was paid out over 10 years.

That is a great deal of money that could probably have been better spent on providing front line services. However, I hope that improvements have been made since that report was published and, indeed, that measures have been put in place to ensure that clinical negligence has been reduced and curtailed as much as possible. On behalf of the Alliance Party, I support the motion and look forward to real progress on this subject.

Mr Bell: We should preface our remarks by realising that the seriousness of the situation mandates us to look at the causes and at how people can receive a speedier, more adequate and efficient response. However, secondly, we must realise that compensation for medical negligence came to, I think, about 0.61% of the Budget in 2008-09. Therefore, we should deal with the problem in the right context, because we have a world-class Health Service, and, in many cases, the doctors, nurses and all the professionals who are allied to medicine work above and beyond the call of duty and beyond their allotted working hours. Their career is not about making money; it is a vocation. They deserve the full support of the House as they go about their day-to-day activity. We have a world-class National Health Service that is free at the point of use, and long may it continue. However, it is appropriate to rectify any failings in any service quickly.

I must express a concern that, at times, much of Europe is following America's example and developing a claim culture. I have sat on a number of boards, not necessarily medical boards, where information has come back that a legal claim has been made against us. The legal advice is that, given that we cannot get the money back because it is from the Crown, it will cost us more to fight the case than settle it. In a number of cases, I have been extremely frustrated because, although I thought that the case was not just, the legal advice was that the cost of fighting it would be greater than the cost of settling it. Therefore, on some occasions, justice went by default.

11.00 am

It is necessary to deal with that, because we do not operate in a free environment regarding costs. We should consider where we are today. Not my words but those of the Oxford report on economics stated that, two years from now, the United Kingdom will face a debt of £1.2

trillion. That is a comfortable figure, because none of us, nor the public, generally deal with such figures, so we do not understand them. However, to break it down: in 2012, every household in the United Kingdom will be in debt to the tune of £47,000, and, to break it down even further, in 2012, every person in the United Kingdom will carry a debt of £19,900. Those are the figures in the report from Oxford Economics and the Economic Research Institute of Northern Ireland.

There will be a contraction in public spending, and that debt will have to be serviced before we can provide any money for any public service. We cannot provide the money for health, education and everything else and then pay the debt. We have to deal with the debt to ensure that we do not get into a position similar to that of Greece, where the markets decide that cheques are being written that can no longer be paid, resulting in some form of spiral.

I know that there are lawyers in the Chamber. We need to ensure that cases that are brought before us are not abused by lawyers to generate income. Often in court cases, I have found that lawyers say that they need an adjournment to consider a report or a little fact, and, all of a sudden, the case spirals out through no fault of the Health Service but because of lawyers. Recent experience shows that lawyers become millionaires and the victims get a report. The important thing is that, in a case of medical negligence, an appropriate human rights framework is put in place and that there comes a speedy redress.

Mrs O'Neill: Go raibh maith agat, a Cheann Comhairle. I preface my remarks by recognising that the Health Service has an excellent workforce who do great work, often in difficult circumstances. A number of issues have been highlighted in the debate, including the need for appropriate compensation for victims of medical negligence and the cost of medical negligence. We need to look at the time taken to deal with cases and the reasons for delays, and, finally, the lessons that need to be learned.

When an individual finds themselves in a situation of medical negligence, the Health Service needs to have adequate, appropriate and responsive systems in place to deal with what will be a difficult situation for all the parties involved. It has to be asked whether the current system is providing that service,

and a number of cases have been highlighted where that does not appear to be the case. John O'Dowd highlighted a situation in which a family have been waiting for more than 16 years for compensation for their son, who was left severely disabled when medical treatment went wrong. Such compensation would enable that young man's family to support him in the best possible manner.

When we examine whether the system is responsive to the needs of those who find themselves in such a position, it appears not to be in some more complex cases. Consistent delays, cancelled court dates and the unavailability of documents are all contributory factors to why cases take so long. Any review would have to look into such detail.

When referring to the cost of medical negligence, we have to examine not only the financial costs but the human costs associated with something going wrong. When a patient of the Health Service has to take a claim, they should be appropriately compensated, and no one would disagree with that. However, the Health Service must also expedite a complex and legalistic process; it needs to act quickly and not be the reason for delays. Some Members referred to the costs that affect trusts.

The information pack indicates that, collectively, trusts spent 0.61% of their entire operating budget on medical negligence cases in the 2008-09 financial year, a time of obvious budget constraints. That warrants a serious review. If we are serious about learning lessons, the Minister needs to address the analysis of the types of cases being brought in each trust; hopefully, he will do that in his contribution to the debate. For example, how many of the 184 claims in the Belfast trust related to ear, nose and throat, maternity and so on? We need to see a breakdown of the specialities so that we can see that lessons are learned and mistakes are not repeated.

John O'Dowd referred to the Audit Office's 2002 report. Perhaps the Minister will tell us whether all of its recommendations have been implemented. Will he enlighten the House about where we are, eight years down the line, as regards all the issues that were highlighted in 2002? One of the worrying things that stood out to me when I read the briefing paper is that the overall cost to trusts' operating budgets was 0.38% in the 2007-08 financial year and 0.61%

in 2008-09. If the costs are going up, that does not point to improvements in the service. The only way forward is a review of current delayed cases and a report on how the Health Service can deal with them in a more efficient, timely and compassionate manner. I support the motion.

Mr McCallister: I thank the Members for tabling the motion. Rather than seeing it as a headline-grabbing issue, Members must appreciate the complexity of the issues raised in some of the cases. One would wonder whether the proposers have looked at what the Health Minister has done to deal with those cases in a more efficient, timely and compassionate manner. If they looked at what the Minister has done since taking office —

Mrs O'Neill: I recognise what the Minister has done. However, does the Member agree that, despite what the Minister has done and the guidance that has been sent to trusts, the operating cost to each trust has increased over the last couple of years?

Mr Speaker: The Member will have an extra minute added to his time.

Mr McCallister: I am grateful to the Member for her intervention. I accept that, and I will deal with that issue later.

Since the Minister took office, he has been very proactive on the issue, long before it was a headline-grabbing issue. It has received a lot of coverage, particularly in recent weeks, but the Health Minister has set up a programme of work over the last number of years to improve arrangements for handling claims against health and social care organisations. In 2008, the Department established a project group to look at the range of personnel in each of the health and social care trusts and other applicable bodies. I am sure that the Minister will provide details of that when he speaks later. The Department's guidance notes on handling claims in health and social care organisations were updated as recently as March. The updated guidance advises health and social care organisations of the procedures that they should follow in the management of all negligence and personal injury cases.

These cases involve large and complex issues, and all the Members who have spoken noted that they are not easy to deal with. Claims range from the deserving to the malicious, which have to be weeded out and responded to. Even Mr

Bell acknowledged that this can be a costly way of dealing with spurious claims. We have to find a system that deals with it better and more quickly. That is exactly what the Minister has been working to do over the last number of years: to get that fine line between the genuine cases and the spurious cases brought against health and social care trusts. Dealing with each of those is a matter for health and social care trusts directly.

However, one must look at the balance between dealing with legitimate and spurious claims and dealing with them in a timely fashion. As other Members have said, some claims have lasted for a number of years. That cannot be good for anyone. It cannot be good for the health trust or the patient pursuing the case, and it adds to an enormous legal bill. The issues are very complex, and I urge Members to take note of that and to note that the Department does not play an active role in the administration of cases or litigation. Those are totally the responsibility of each of the health and social care bodies.

Mr O'Dowd: That is the very point of the motion: the Department does not play an active role in the litigation. The Department must play an active role in resolving outstanding cases and in ensuring that the boards carry out the reviews that they are supposed to be carrying out. There is no evidence to suggest that those reviews are being carried out robustly.

Mr McCallister: I thank the Member for his point. The Department does not carry out a role in the litigation: however, it has a role in reviewing how trusts are doing. I suggest to Mr O'Dowd that that is the difference. It is right and proper that the trust, which the claimant is pursuing, should be involved in the litigation. The Department oversees the length of time it takes to deal with those cases. No quick fixes or blanket responses will resolve those cases. The complexity and sensitivity surrounding them will ensure that they last longer than the average compensation claim. There are issues that we must all be mindful of when dealing with the issue.

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): I welcome the opportunity to address some of the issues and challenges that we face in dealing with medical negligence in health and social care; in particular, the time taken to resolve claims as referred to in the motion.

We need to start by putting this matter in context. Every year, there are approximately 2.5 million attendances at hospitals as inpatient admissions, outpatient appointments or accident and emergency cases. Doctors, nurses and other health and social care staff work together with great professionalism, in challenging and complex circumstances, to ensure that the right care is delivered at the right time, in the right way, and, most importantly, safely for every one of those attendances. I am happy to say that that is exactly what happens in the overwhelming majority of cases. However, things can go wrong occasionally. Regrettably, a very small number of patients can suffer harm that leads to claims of medical negligence.

Of the 2.5 million annual attendances at our hospitals, around 500 can result in a claim for medical negligence, which equates to one in every 5,000 cases. Furthermore, of those 500 claims, just over a quarter are successful, resulting in financial compensation being paid. Although the incidence is very low, I assure Members that, as far as I am concerned, every one of those medical cases is a case too many. We work hard to give staff the support that they require, including through investment, to allow them to discharge their jobs as they wish.

In such situations, it is only right that patients and their families are given a full explanation of what has happened, what has gone wrong, the likely consequences for themselves or their loved ones, an apology where appropriate, and an opportunity to have their questions answered. If the patient or family remains unsatisfied, they have the right to make a complaint to their trust or practice and, ultimately, a claim of negligence against that body. Where legal action is chosen, it is essential that that is expedited. I want to be clear that those cases concern events that were traumatic for all those involved; staff, as well as patients and their families. It is in no one's interest to prolong cases unnecessarily.

Everyone concerned seeks and needs a speedy resolution: the patient claiming harm or loss; the doctor or nurse wishing to safeguard their professional reputation; and the trust wishing to manage the financial costs and learn lessons to prevent future mistakes.

11.15 am

In the four years up to March 2010, 2,447 medical negligence cases were opened. In the same period, 1,878 cases were closed, and

damages were paid out in 523 of those cases. Evidence indicates that around 75% of cases are resolved within four years.

All claims are thoroughly investigated, and advice is provided by the health and social care service's own experienced medical negligence lawyers. In addition, all cases are subject to annual review. Early settlement is negotiated where that is an appropriate course of action, but, equally, claims without merit are robustly defended.

Undoubtedly, some claims take longer than others, and, in general, the lengthier cases often involve complex medical and legal issues that require significant clinical and other specialist advice. Many of the cases that have been outstanding for 10 or more years relate to birth injuries and are particularly complex and contentious. Allegations made must be thoroughly investigated and that involves the instruction of independent medical experts. However, Northern Ireland has only a small pool of medical experts who can be called on as independent expert witnesses, which often means that expert medical witnesses must be brought in from elsewhere.

A major cause of delay in the longest cases is often a failure on the part of solicitors acting for plaintiffs to progress matters after the initial letter of claim has been issued to the point where legal proceedings are issued. Once formal litigation begins, matters fall under the control of the courts, which have a duty to deal expeditiously with such cases. The courts will not tolerate unreasonable delays by a health and social care body or any other party to a claim. Tight deadlines are set by judges for the management of medical negligence claims once proceedings are issued. In fact, a pre-action protocol for clinical negligence cases was introduced by the Northern Ireland Court Service in April 2009 with the aim of dealing with cases in a more cost-effective, efficient and proactive manner. It seeks to improve communication between the parties to a claim by establishing a timetable for the exchange of relevant information and by setting standards for the exchange of correspondence relating to the claim. Compliance with that timetable can assist the parties to the claim in making an informed judgement on the merits of their case as early in the proceedings as possible.

My Department issued guidance to health and social care bodies in March of this year to ensure that their procedures for handling claims are in compliance with the Court Service protocol. That guidance requires them to have effective procedures in place to minimise delays and to provide annual assurance to my Department on the general management of claims. Trusts are also required to carry out an annual review of all their organisations' live medical negligence cases and to specifically consider whether cases in which there has been no activity for three or more years might be closed.

Today's motion seeks a review of cases lasting over 10 years, and I can tell Members that such a review was carried out and that it was completed last week. As a result, 23 cases have been closed and a further 12 have been settled pending agreement and payments.

Besides the obviously unsatisfactory nature of protracted delays for those involved in individual cases, we must consider the financial implications of such lengthy legal proceedings, particularly the amount of money that is paid out in legal fees. The costs associated with medical negligence cases, including the payment of legal fees, are all met from within the health budget, so money that is spent on those cases is money that must be diverted from direct patient care. Therefore, it is clearly in everyone's interest that such expenditure is kept to an absolute minimum. That is why I decided in 2008 that legal services to health and social care organisations should be provided in-house by the directorate of legal services. That decision has already realised substantial annual savings in the cost of the provision of legal services. Savings have also been realised by challenging third party legal costs and capping fees for legal counsels acting for trusts.

I should also make it clear that there is no direct correlation between the length of time that a case has been open and the legal fees that are incurred. On the contrary, and as I outlined earlier, in many of the longest running cases, there has been little activity for many years, and consequently, minimal legal costs have been incurred. My Department has taken a number of steps to try to reduce the number of claims of medical negligence that arise in the first place and thus drive down the costs. Those steps include driving up the quality of services and ensuring a focus on patient safety; developing

a new system for reporting and learning from adverse incidents, which will better enable analysis of reported adverse incidences that have occurred; and facilitating health and social care bodies in taking steps to learn from such events to ensure that they do not happen again. My Department has also established links with various national best practice and patient safety bodies to ensure that the health and social care service has access to the most up-to-date best practice guidance.

In summary, I emphasise that the incidence of medical negligence claims is thankfully very low — it is about one in 5,000 cases — due mainly to the diligence and professionalism of our health and social care staff. However, I have always been determined that claims are dealt with compassionately, efficiently and fairly. My Department issued guidance in March this year to all health and social care bodies to ensure that they comply with the Northern Ireland court protocol on the efficient handling of claims. All claims are reviewed annually, with particular attention being paid to those of more than three years' duration. A review of all cases of more than 10 years was started at the beginning of September and completed last week, with a number of cases being closed and some settled.

There have been a number of references to a 27-year-old case, and Mr O'Dowd referred to it. The director of legal services advised that no proceedings have ever been issued and that that file has now been closed. The case concerned an individual with a disability, meaning that action can be taken at any time during their life. No payments have been made in the case either in damages, legal fees or expert fees.

The other case that I referred to was 16 years old. Proceedings were not served by the family's solicitors until June 2006, which was 12 years after the initial letter of claim. The case was listed for hearing in June 2010. It was adjourned after the medical witness became seriously ill, and it has been re-listed for January 2011. There is no issue in that as far as the Department or the Health Service is concerned, and there is nothing to be gained by delaying proceedings. I will not allow that. None of the trusts will permit cases to be dragged on. If cases proceed, it may be that proceedings are held up by the plaintiff's solicitor for whatever reason, and there could be a number of reasons why that could be. However, I am satisfied that

our organisations are doing all in their powers to avoid any unnecessary delays in progressing cases to a conclusion and that they are working to ensure that appropriate compensation for individuals is paid in a fair and timely fashion. Members will have heard me say often that quality plus safety equal efficiency and outcome. That applies as much in this issue as it does throughout the Health Service. We must have the quality to get the safety, and that routinely means proper investment, which we are struggling for. That in turn makes us more efficient, and it ensures the best outcome for patients.

Ms S Ramsey: Go raibh maith agat, a Cheann Comhairle. Before I get into the bones of the debate, I want to take the opportunity, like other Members, to thank Research and Library Services for, once again, producing an excellent research document on the issue. I also take the opportunity to thank the Minister for attending today's debate.

I am delighted to be associated with the motion, because this is a real issue for some families. A number of Members who spoke in the debate said that it is not just a matter of statistics; it is about families. It seems to me that every day we are being told that millions of pounds from the public pot are, for whatever reason, being spent. This is at a time when we are in greatest need, when we could be facing dangerous cuts from the British Government next month, and when people are demanding change and are looking to the Assembly for that change. Once again, it seems that it is easier to spend public money than it is to spend one's own money. Whatever the outcome of the debate, we need to highlight that when public money is spent, it must be spent properly and wisely.

I take from the Minister's speech that he has accepted the motion; he indicated that the review started this month. I hope to get an idea of when that review will report. When moving the motion, John O'Dowd gave the background and the reasons why the debate has been brought to the Floor. For years, some families have been fighting and campaigning for justice — on their own, I might add.

John and many other Members, quite rightly, paid tribute to Health Service staff. The motion is not an attack on staff. It is not an attack on medical personnel. It is not an attack on the good work that Health Service staff do daily, sometimes with very little resources. However,

the fact is that there are problems in some cases. We need to highlight that.

The Department of Health, Social Services and Public Safety's report, published in July 2003, highlighted the fact that although there have been mistakes and there are ongoing claims, in the long term, lessons need to be learned from those mistakes, which will make healthcare safer and result in far fewer instances of serious harm to people while they are in medical care. Therefore, lessons can be learned daily. However, I am not sure that they are being learned. Some cases have lasted over 15 years; some for 27 years.

The Audit Office report recommended that there should be a database. It should not be a database to focus on one particular trust or another; it should be a database to focus on learning lessons from mistakes that can happen in the health sector, hospitals or, indeed, any other Department over which the Assembly has control. We must find out why those mistakes have happened and ensure that they do not happen in future.

Fifty cases have lasted over 15 years. That is wrong. It just does not make sense. Alex Easton, quite rightly, pointed out the fact that a sizeable portion of the money that has been spent in some of those cases — more than £55 million over 10 years — has been spent on legal fees. During the past number of months, the issue of legal fees has been raised in the media. The Assembly is here to make a difference. Let us try to make that difference and ensure that we spend public money properly and that we learn lessons from failures that occur on any issue.

Danny Kennedy talked about guidance. Officials must have found time to write that speech because Danny and John McCallister actually said the same things.

Mr Kennedy: Like your party members?

Ms S Ramsey: I write my own speeches, as you can see. Perhaps, you and John should have a yarn before you come into the Chamber.

I accept that there is guidance. However, there are still outstanding cases. Therefore, is the guidance working? I do not know: it does not seem to be working. It was pointed out that the Minister introduced that guidance. I am not here to attack the Minister; and I believe that

he knows me well enough to appreciate that. He highlighted the guidance in his speech. If he believes that it is working, will he send an urgent report to the Committee for Health, Social Services and Public Safety to give us an idea of why the cases are outstanding. The more information that we get, the less likely it is that we will attack the Minister on such issues. Let us work together. If the issue is a legal one, give us the information and we will see whether we can make the changes.

I am a wee bit confused about the Ulster Unionist Party's position on the matter, although it seems to be supporting the motion. I believe that the motion will receive all-party support.

Tommy Gallagher reminded us that the issue concerns families and human beings. It would be remiss of me not to declare an interest.

I have a family member whose case has been outstanding for a number of years, following the death of her child. Jonathan Bell mentioned the claims culture; I do not think that he meant that in general, but it is an issue. However, my family member has had to jump through hoops when all she wants are answers. She does not want money. It is not about money. She wants the answers; she wants to know why her child died. She wants and needs that closure. When we are talking about cases, do not automatically assume that it is about people getting money. It is not always about that, but I take on board the Member's point about the claims culture.

11.30 am

The Audit Office report states that the Health Service is losing several hundred million pounds in fees. That can be resolved by a more inclusive process, a discussion, an explanation and the showing of a caring face. There are ways of dealing with that. For the record, in fairness to the people who make claims, it is not always about the money.

I also take this opportunity to highlight the positive, proactive good work that the Patient and Client Council — formerly, the health and social care councils — has been carrying out. Without its support, families could have been destroyed. We should highlight that good work by health professionals.

Michelle O'Neill outlined some possible reasons why some cases take so long. If the Minister agrees to my earlier proposal to send a report

to the Health Committee, perhaps he could provide some information to show why it is taking so long and whether that is because of the trusts or because of legal issues. The Minister stated, rightly, that every case is a case too many. It is only right that families are given the full information on what happened and what went wrong but, sometimes, that does not happen. Sometimes, families do not even get to talk to the person who was directly involved in the case, and the only option left for them is to go down the legal route. Families want answers; they do not necessarily want money.

I thank everybody who took part in the debate. For want of a better word, I think that it was a mature debate. Everyone realises that we need to get to the end of this matter and that mistakes take place in all sectors of life. We need to give people the opportunity to take action that ensures that they get answers, and we need to ensure that we are not wasting or spending public money willy-nilly.

As I said at the outset of the debate, the Assembly is here to make a difference and bring about change. Let us ensure from today that the cases that have been outstanding for 15, 20, 25 or 27 years are no longer outstanding next week. Let us ensure that, when people have an issue, they can get it resolved as quickly as possible because, again, we are not talking about statistics; we are talking about mothers, fathers, sons and daughters. We are talking about human beings. It could be any one of our family members, and the sooner we get this matter resolved, the easier it will be for families to move on and get closure so that they can start healing and moving forward.

Question put and agreed to.

Resolved:

That this Assembly expresses its deep concern at the delay in resolving some medical negligence cases, with one case ongoing for 27 years, and a total of 55 cases lasting over 15 years; and calls on the Minister of Health, Social Services and Public Safety to commission a review of all medical negligence cases outstanding for 10 years or more, to ensure that they are being dealt with expeditiously, and to report on how cases, generally, can be handled in a more efficient, timely and compassionate manner.

Questions for Urgent Oral Answer

Justice

Mr Speaker: I have received notice of an urgent oral question to the Minister of Justice. Given the subject matter, I have agreed that a representative from each party will be given an opportunity to ask a supplementary question.

Lord Morrow asked the Minister of Justice, in light of his recent statement that indicated there were five clerical errors by the NI Courts and Tribunals Service in relation to the McDermott case including one in relation to the sexual offences prevention order which stated the duration was for five years rather than for life, if he can assure the Assembly that there are no further discrepancies or clerical errors by the Courts and Tribunals Service that could place the public at immediate risk; and if he can further assure the Assembly that every step possible is being taken to review urgently all sexual offences prevention orders and to ensure that this situation does not arise again.

The Minister of Justice (Mr Ford): First, I wish to take the opportunity in the Chamber to restate the apology that I have already made elsewhere to the survivors in the McDermott case. I deeply regret that the way in which that information came to light has added to their distress.

As Members will be aware, I have recently written to the Justice Committee to advise it of the outcome of the urgent review that I instructed the Northern Ireland Courts and Tribunals Service to undertake of its administrative processes in the McDermott case and a review of all supervision and treatment orders. That review identified that several errors were made in the McDermott case and that an error was made in the STO of a separate case. Details of those errors and the proposed remedial action are set out in a report that has been made available to the Justice Committee and that I have placed in the Assembly Library. The relevant court records are being corrected, and amended orders will be issued as soon as possible following the approval of the trial judge.

I emphasise, however, that, although it is clearly unacceptable that they occurred, those errors did not place the public at any immediate risk. The defendants in that case are subject to the

requirements of supervision and treatment orders and sexual offences prevention orders as imposed by the courts, together with the notification requirements under the Sexual Offences Act 2003. The terms of the orders were stated in the sentencing judgment issued by the judge and were made available to the prosecution, the defence and the trust's representatives. That was the order of the court, and the errors in the administrative processes had no material impact on the legal effect of the orders. It is accepted, however, that the orders issued by the court office were wrong and may have led to inaccurate case records being held by the relevant agencies.

I underestimate neither the impact that such errors have on public confidence nor the importance of other agencies being able to rely on the accuracy of documentation produced by the Courts and Tribunals Service. I have, therefore, instructed the NICTS to conduct an audit of all sexual offences prevention orders imposed by the courts in Northern Ireland since their introduction in May 2004. The results of that audit will be shared with the Justice Committee as soon as they are available, by mid-October. I have also instructed the Courts and Tribunals Service to initiate an urgent systems review of the arrangements for preparing, checking and issuing court orders in Northern Ireland. I expect an interim report by the end of this month. Its recommendations will be implemented as a matter of priority thereafter.

To provide further reassurance, the Lord Chief Justice has agreed that, in complex or unusual cases, such as the McDermott case, court orders will also be checked by the trial judge before issue. In addition, I have instructed that monitoring measures be strengthened to ensure that the remedial action that has been implemented is effective. As Members will be aware, I have also requested that Dr Michael Maguire, the chief inspector of criminal justice in Northern Ireland, conduct a detailed investigation. Although his statutory remit does not permit him to examine the detail of the McDermott case itself or, indeed, any individual case, he will undertake a detailed examination of the way in which sexual offence cases are dealt with by the justice system. I expect to have Dr Maguire's report by the end of October.

I am determined that the lessons learned in that case will lead to improvements in the administrative procedures in the courts in

order to ensure that all agencies in the justice system play their part in protecting children and vulnerable adults.

The Chairperson of the Committee for Justice

(Lord Morrow): I thank the Minister for making himself available today to deal with this very urgent matter. I welcome the fact that Dr Maguire will carry out a detailed investigation of how cases involving sexual offenders are managed by the justice system. Has the Minister had any discussions with the Health Minister about the potential for an investigation to be carried out jointly with the Department of Health, Social Services and Public Safety, given its close involvement in cases of that nature? If so, what was the outcome of those discussions? If he has not, will he undertake to do so at the earliest opportunity?

The Minister of Justice: I thank Lord Morrow for his supplementary question and for welcoming the chief inspector's involvement in ensuring that the investigations are robust and thorough. The Member specifically asked me whether I have discussed the issue with the Minister of Health, Social Services and Public Safety. At a meeting, I discussed it generally with the Minister, but I did not discuss the specific issue of a joint investigation.

The specific position at the moment is that the chief inspector of criminal justice is just that: he has a remit for the justice system. The issue that may develop from the meeting of the two Committees later this week is whether there is scope for any wider investigation involving some of the regulatory bodies operating in concert. That will need to be kept under review. My concern was to ensure that the criminal justice system review got under way as fast as possible to deal with the administrative errors that I have highlighted.

Mrs O'Neill: Go raibh maith agat, a Cheann Comhairle. The Minister referred to the distress of the victims in the McDermott case, which, I think all Members would agree, was heightened by the fact that a blame game was going on between the Department of Justice and the Department of Health. Given that the Minister has now clarified the court's position in respect of residency conditions, in answer to a question tabled by my colleague John O'Dowd, will he now give an undertaking to issue guidance for all agencies involved in supervision and treatment orders or sexual offences prevention orders

that involve residency clauses, so that there is absolute clarity in all relevant organisations as to their ability to influence, change or amend residency conditions?

The Minister of Justice: I thank Mrs O'Neill for that question. I must say that I do not accept that a blame game has been carrying on. I have sought, at all times, to make clear the responsibilities of the Department of Justice and its agencies and to be open and honest with the House, with Members and with the public. That is not a blame game. That is seeking to make the position absolutely clear: errors have been made, but those administrative errors have not affected the handling of the case.

Mrs O'Neill asked whether I would be issuing guidance to all agencies. That is something that may need to be looked at on a cross-departmental basis. I certainly do not claim any right to issue guidance on the interpretation of the law to agencies that are the responsibility of other Departments.

Mr Beggs: I thank the Minister for the information that he has provided so far. Will he confirm to the House whether victims are routinely kept informed in situations such as this? Will he consider introducing a protocol to ensure that the needs of victims are addressed, and will he ensure that that is included in the review process that he mentioned earlier?

The Minister of Justice: Mr Beggs raises a vital point. Yesterday morning, immediately after informing the Chairperson of the Justice Committee of the discoveries that had been made and formatted over the weekend, I ensured that the next two people to be informed were the two victims who represent the six victims of Donagh. I did that before I informed other Members of the House, other public agencies or the media, which came last. I believe that that was entirely appropriate.

There is a wider issue relating to the fact that we have recently published a guidebook for victims of crime and a specialist book for victims of bereavement by murder or manslaughter. I am determined that, as a whole, criminal justice agencies keep the needs of victims a priority in every aspect of their work. I assure Mr Beggs that, where I have been involved, that has been the case regarding the survivors of the abuse in Donagh.

Mr McDevitt: Given the serious systemic and material errors that have come to light in the past few weeks and that 37.5% of supervision and treatment orders were found to be erroneous and given the serious impact that that is having on public confidence in our Court Service, will the Minister tell the House whether he believes that the Court Service failed in its duty of safeguarding children and whether he has confidence in senior management at the Court Service?

The Minister of Justice: I know, without being flippant, that, when Mr McDevitt talks about 37.5%, he is referring to three errors in eight supervision and treatment orders altogether. However, we do need to get some sense of the overall problem. The fact that I have instituted the review that I have and given directions that all sexual offences orders put in place in Northern Ireland since they were introduced six years ago are to be examined to ensure that they are in order and the fact that I have invited in Dr Michael Maguire, chief inspector of Criminal Justice Inspection, is, I hope, an indication to the House and the wider community of how seriously I take the issue. I will look with great interest at the report that Dr Maguire produces to see what recommendations he makes as to how we address the problem in the future.

Ms Lo: There is a great deal of confusion about the case in the minds of the public and, indeed, MLAs. Will the Minister clarify the distinction between the decision of the court — the so-called legal loophole — and the administrative errors?

The Minister of Justice: I am not sure whether I should thank my friend for that question or not. There is indeed considerable confusion. Let me state the position because, in many cases, it has not been accurately reported that there are different strands. I apologise if I require longer than normal to answer questions that deal with the issue.

11.45 am

Mr Speaker: Order. Allow the Minister to continue.

The Minister of Justice: The decision of the court was quite clear. Judge McFarland made his direction on the disposal of the brother who was convicted and the two brothers who were unfit to plead. The orders that he made from the bench that day stood, regardless of what may

happen. He made his decision on the basis of expert witnesses and the evidence that was put before him. That decision, as we know, led to the decision that, initially, two of the McDermott brothers were returned to Donagh.

There are two separate issues about what we have been describing as a legal loophole. The court judgement is clear that, although two of the brothers had sufficiently diminished mental capacity that they were not fit to plead, they nonetheless did not have sufficiently diminished mental capacity to fall within the ambit of a hospital order. That was seen as something of a loophole. The second element that is being interpreted as a legal loophole is the fact that, in Scotland, supervision and treatment orders last for three years, whereas in Northern Ireland, as in England and Wales, they last for only two years.

The first issue will be dealt with in the mental capacity Bill, which the Department of Health, Social Services and Public Safety expects to introduce next year with the support of the Department of Justice. I hope that the second issue — the extension of supervision and treatment orders to three years — can be dealt with by secondary procedure within this calendar year in the House, subject to the approval of the Committee. Those are the legal loopholes.

The administrative errors that arose in the Courts and Tribunals Service, which I put down in a statement that is in the Assembly Library and which was given to the Committee for Justice yesterday, were simply that: administrative errors. They had no material consideration in any way on the McDermott case. Undoubtedly, the way in which they have been publicised has added to the confusion and distress of the survivors of the McDermott family. I deeply regret that, but they did not affect the outcome of the case.

Health, Social Services and Public Safety

Mr Speaker: I have received notice of a question for urgent oral answer to the Minister of Health, Social Services and Public Safety. For this question, I have agreed that party representatives with a constituency interest will be given an opportunity to ask a supplementary question.

Mr Wells asked the Minister of Health, Social Services and Public Safety what plans the Western Health and Social Care Trust has in

place should the McDermott brothers discharge themselves from Lakeview Hospital in the near future and attempt to return to Donagh, County Fermanagh; and whether the Department has attempted to have the supervision and treatment order amended to address this possible scenario.

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): A supervision and treatment order and a sexual offences prevention order are in place. They work together to ensure the safety of children and the community and to ensure that the McDermott brothers receive appropriate treatment.

The sexual offences prevention order is the responsibility of the police and ensures the safety of children and the public. The supervision and treatment order was issued to the Western Health and Social Care Trust by the court. The responsibility of the supervising officer in accordance with that order is to approve or disapprove residency. Should the brothers decide to leave Lakeview and return to Donagh or go elsewhere, the supervising officer would discuss any change of circumstances with other relevant agencies and approve or disapprove whatever address they present, according to the evidence before the supervising officer at the time.

On legal advice, the trust has not applied for any variation to the supervision and treatment order, as the brothers are compliant with the terms of that order. Should that change, the trust will take appropriate action, in conjunction with the police and the responsibilities in relation to the sexual offences prevention order.

I have asked the Health and Social Care Board to undertake a case review. I expect that that review will present its interim report to me within a month and a full report shortly thereafter.

The Chairperson of the Committee for Health, Social Services and Public Safety (Mr Wells): I thank the Minister of Justice and the Minister of Health, Social Services and Public Safety for their willingness to come forward and answer questions for urgent oral answer. That has been very helpful.

It is quite clear that there is a distinct lack of clarity about how we deal with sex offenders in this situation. The two Departments need to get together and produce a document or guidelines so that the public know exactly the relevant

powers of each Department and understand exactly what would happen in certain circumstances if someone is convicted of a sex offence, is deemed unfit to stand trial or has served his or her sentence and been released back into the public domain. Will the Minister give me an assurance that that guidance will be issued so that everybody knows where they stand on this incredibly complex, confusing and difficult situation?

The Minister of Health, Social Services and Public Safety: I can assure the Member that I will treat his request extremely seriously. I am not clear on locus standi, but, like the Member and others in the House, I am very keen to see that type of issue resolved.

As far as the actual case is concerned, I understand the confusions that have arisen. The legal loophole refers to the competence to plead, which is something that I have said that I will address through my mental capacity legislation. That legislation will be moving through the House in due course, and we will look to address that issue jointly with the Department of Justice.

I am also looking for clarity and an explanation as we move forward, not least because of the huge amount of comment and coverage of the case in the press. Often, that coverage has taken things out of context and been inaccurate. As I said, the sexual offences prevention order is something that the police take the lead on. They can apply for residency orders within that, but the order is designed to safeguard the community. Failure to comply with its terms is a criminal offence.

Social services take the lead on the supervision and treatment orders, which last for two years and focus very much on treatment and care of the individuals concerned, their care plans and how we take them forward.

Mr Gallagher: Does the Minister accept that, when the issue of where the brothers would reside was under consideration in court, the supervising officer, who was an employee of the Western Trust, unambiguously approved the brothers' return to Donagh? Will the Minister investigate how the issue was handled by the Western Trust and whether the personnel who gave information to the court, in addition to the supervising officer, were acting in accordance with stated criteria?

The Minister of Health, Social Services and Public Safety: As I said, I have asked for a case review on the matter. That will be investigated as we go along. The social worker we are talking about was the case worker. She was an approved mental health social worker and was approved to work in the learning disability team. She was a qualified individual who was doing her absolute best. She was called as a prosecution witness and, as one would expect, gave her evidence properly. Social services did not make any recommendations about residency.

Lord Morrow: The last point that the Minister made has added confusion to the issue. I have a copy of a letter from the Lord Chief Justice, which he sent in an attempt to give some explanation on the issue. He states:

“The position is that the Supervising Officer must approve any address from the date of the making of the order”.

If the letter is right — I believe that it is — and the supervising officer was in court and heard the deliberations, why would he or she not be totally aware of what was said in court that day? Was the appropriate action taken on foot of the ruling in the court? It was stated in the public arena that, had the contrary been done, that would have been a contravention of the judge’s decision. Was the judge’s decision implemented, and who are the experts in that field? I think that they are those in the trust.

The Minister of Health, Social Services and Public Safety: I listened to some of the comments that Lord Morrow made, and I understand his confusion. As far as the supervising officer is concerned, I will not have social workers hung out to dry when they are trying to do their best and are doing it professionally and properly, as they are asked to. Acting as prosecution witnesses in court, they did not make any recommendations about residency. The order that returned the two individuals to their family home was made by the court. The supervising officer had no legal ability whatsoever to challenge the court’s decision. Had the individuals decided that they were not going to stay in the family home as ordered by the court, the supervising officer would have had a role. However, they have no role to challenge the judge in the judge’s court. That is a matter for the judge.

Mrs Foster: In this highly unusual letter, which was written by the Lord Chief Justice to the

Justice Minister, the Lord Chief Justice says that direct evidence was given by a doctor at the hearing about:

“the [X] Road property, their home, their residence, as their residence.”

He says that, when asked whether he could envisage another residence, the witness replied, ‘No, your Honour’. Given that that is the case and that the trust gave that direct evidence, is the Minister satisfied with the fact that the trust gave that evidence to the court and that, therefore, what has happened ensued?

The Minister of Health, Social Services and Public Safety: As I have said, I will hold a case review and that will be able to clarify many of those points. As I understand it, the doctor to whom Mrs Foster refers was not an employee of the trust. He was there as an independent medical expert employed by the prosecution, not as a member of the trust, and he was not there acting for or speaking for the trust. The trust, the social worker and others were there providing the same type of expertise. I hope that the case review will clarify that. This is one of the points that I would like clarified. Because this individual has “Doctor” in front of his name, it is assumed that he works for the trust and, therefore, spoke on behalf of the trust, and everyone is attacking the social worker and the trust. However, that is not the situation as I understand it. That individual was an independent medical expert called by the prosecution service. He was not an employee of the trust.

Private Members' Business

Human Trafficking

Mr Speaker: At the outset of this debate, I caution all Members against referring to individual cases involving human trafficking that are currently the subject of legal proceedings. The Business Committee has agreed to allow up to one hour and 30 minutes for this debate. The proposer will have 10 minutes to propose the motion and 10 minutes to make a winding-up speech. One amendment has been selected and published on the Marshalled List. The proposer of the amendment will have 10 minutes to propose it and five minutes to make a winding-up speech. All other Members who wish to speak will have five minutes.

Mr McNarry: I beg to move

That this Assembly condemns human trafficking; notes with grave concern the growing prevalence of human trafficking for the sex trade, domestic servitude and labour exploitation in Northern Ireland; further notes that men, women and children are victims of human trafficking and that human trafficking exists because of local demand; and calls on the Minister of Justice and the Executive to raise awareness of human trafficking among the public in order to assist the authorities in securing prosecutions against those who carry out this modern form of slavery and to ensure that Northern Ireland is a hostile place for traffickers.

I note that the Minister to whom the motion refers is not in his place. That is a matter for him, but I hope that he will recognise the Assembly and find his way in to hear the debate because I am sure that there will be some points and questions to which Members would want to hear him respond. Having said that, I am glad to see that he has arrived and is taking his seat.

12.00 noon

The Ulster Unionist Party's intention in tabling the motion was to raise awareness of the serious issue of human trafficking. We intend to work with our colleagues in the House to ensure that human trafficking is a priority for the Assembly and Executive. Human trafficking is modern-day slavery, whereby human beings are treated as commodities by organised crime gangs who make a substantial profit through buying and selling them. Recent press coverage of trafficking that showed victims being rescued as part of a UK-wide operation reminded us that

such a heinous crime exists in Northern Ireland. Today, we seek an assurance from the Minister of Justice that he will put the issue high on his agenda.

The coalition Government have committed to tackling human trafficking as a priority, and we should note that an anti-human-trafficking co-ordinator is to be appointed in Wales. The new post will involve raising awareness, uncovering the extent of the problem and bringing more traffickers to justice. The proposed co-ordinator in Wales will also organise practical training for professionals in how to identify and intervene in cases. I ask the Minister of Justice to think about whether it would be possible for him to consider the employment of such a champion in the criminal justice system here in Northern Ireland.

The Welsh Assembly's strategy states that human trafficking is now the third most lucrative market, after drugs and firearms, for organised criminals in the United Kingdom. It is worth emphasising that the fight against the trafficking of human beings requires co-ordinated efforts with our counterparts in Great Britain, across Europe and globally. It is clear that human trafficking knows no borders, and the European Union has an important role to play in combating it. My colleague Jim Nicholson MEP has written to the Justice Minister and the Secretary of State for Justice, Ken Clarke. He asked for their assessments of the draft EU directive on human trafficking to ensure that the United Kingdom is doing all that it can to help the victims and to bring the perpetrators to justice.

The level of awareness of human trafficking needs considerable attention in Northern Ireland. A report published by the Northern Ireland Human Rights Commission and the Equality Commission in January 2010 indicated that human trafficking was an active but largely hidden problem in Northern Ireland. Human trafficking has been a major global issue, but it has only recently attracted public attention in Northern Ireland. The report revealed a picture of the abuse and exploitation of women, children and men from a range of ethnic backgrounds. The commissions have called for a co-ordinated response to human trafficking and for more support for its victims.

The information that was gathered during interviews for the report provides evidence of the trafficking of women and children for the

purposes of sexual exploitation and forced labour, including domestic servitude. Some information was also received on the trafficking of men for labour exploitation. However, there was, unfortunately, significantly less data on men and less knowledge among interviewees about that problem. The findings of the study highlighted significant gaps in the knowledge of the extent and nature of trafficking and showed that the system of data collection in Northern Ireland was virtually non-existent.

Of equal concern was the limited and ad hoc nature of the provision of services to victims of human trafficking here in Northern Ireland. Although those gaps might now be being filled by organisations such as Women's Aid and the Migrant Helpline, they should not have to do so alone, and the provision remains inadequate. The information that was provided during interviews indicated that such provision was largely made case by case. Often, it depended on the goodwill and dedication of those who provided support and services once a victim had been identified.

That report made six recommendations that were specific to Northern Ireland, and I ask the Minister to provide his assessment to the House on the matter. We all recognise the hard work of the PSNI and the valuable contribution that it makes to combating organised crime. We further understand that the PSNI is limited by today's economic pressures and constraints. We hope that the Minister will do all that he can to facilitate the PSNI's needs in combating the crime of human trafficking and that he will advise us today of any resource problems that affect its success in that field.

There is also the Anti-Trafficking Monitoring Group, which undertakes analysis to ensure that appropriate measures are being introduced to protect trafficked persons. In June 2010, the group made the following recommendations specifically for Northern Ireland: the establishment of an all-Northern Ireland human-trafficking group; the establishment of a localised national referral mechanism in Northern Ireland; the development of documents in different languages to assist victims of trafficking; for the Public Prosecution Service to provide guidance on human trafficking for all prosecutors in Northern Ireland; the establishment of information-sharing protocols across devolved and non-devolved Departments; and for the evaluation of

the impact of the Blue Blindfold campaign to be made public in 2011.

Again, it is prudent that thought be given to such recommendations and their implementation in order to combat the problem of human trafficking. What does the Minister intend to do about those six recommendations? We recognise that the implementation of such recommendations requires the co-ordination of the whole Executive.

The Anti-Trafficking Monitoring Group highlighted that responsibility for the co-ordination of services for victims of trafficking to and in Northern Ireland does not fall to the Department of Health, Social Services and Public Safety, but to the Department of Justice. On that issue, there is no ambiguity; it is clear. I am confident, having spoken to colleagues from all parties in the Assembly, that we and they are very much committed to combating human trafficking in all its forms. We need to bring together devolved and non-devolved Departments and all other relevant and non-statutory bodies to establish a coherent approach to combating human trafficking.

This is a live issue in our streets and communities. We know what is going on, and I do not think that our people are turning a blind eye to it. This is a small place, and most people know what is going on. The most shocking thing is not that it is happening but that people in our community are availing themselves of those services. They should be ashamed of themselves. They are not a reflection on the community that I work in, live in and represent. The House should condemn them and them alone. If they do not do business, there is no business.

I thank the House for its attention, and look forward to the Minister's response to the motion. I welcome the debate that we are about to have.

Mr A Maginness: I beg to move the following amendment: At end insert

“; and further calls on the Minister of Justice to work closely with the Irish Government and the European Union to ensure that Northern Ireland is part of an all-island, European wide response to this serious issue.”

I thank Mr McNarry and his colleagues for bringing the motion to the House. It is timely. We are quickly approaching 18 October, which has been designated anti-slavery day by the Prime Minister, Mr Cameron. It is appropriate that we consider carefully the whole issue of human trafficking in Northern Ireland.

Our amendment will enhance and expand the motion to introduce a North/South dimension as well as a European dimension. In dealing with human trafficking, it is important to realise that many of our borders are now very porous and that it is much easier to traffic in human beings. That is the reality of the situation. The international police services, and many reports, indicate the ease with which trafficking can take place. People use the various jurisdictions in order to evade detection by police services throughout Europe, the UK and Ireland. It is important that we recognise that there is not simply a Northern Ireland or UK dimension, but also an all-Ireland and a European dimension. We should not ignore that.

The Public Accounts Committee's report on organised crime in June 2010 focused partly on human trafficking. It noted that human trafficking was on the rise in Northern Ireland and that it must be combated robustly. I think that all Members will agree with that. In that report, Assistant Chief Constable Drew Harris indicated that the PSNI was very concerned about the steady increase in trafficking. Clearly, it is timely for the Assembly to take note of the issue and introduce specific measures to deal with it.

As Mr McNarry pointed out very rightly, some of our responses to human trafficking and some of the services provided were on an ad hoc basis. Data collection in relation to the issue is poor and can be improved. It is clear that we need to up our game in that regard. Mr McNarry also said that we are a small community and that people know what is going on. We are a small community, but many people coming from abroad who speak a foreign language and who are not conversant in English live in very tightly knit groups in our community, albeit that it is a small community. It is very difficult to penetrate certain ethnic groups because of language and all sorts of additional social factors that prevent a real interface between those groups and the wider community. There are difficulties in penetrating some of the trafficking because of the nature of the people involved and the ethnic group to which they belong. Therefore, it is very important that we try and develop ways and means of penetrating that.

Of course, human trafficking is organised crime. Organised criminals are very brutal, protective, secretive and ingenious in protecting their criminal operations, so there are difficulties. The report entitled 'Crossing Borders: preliminary research

on human trafficking in Northern Ireland', which was produced by Women's Aid, points out the geographic distinction of Northern Ireland. In some ways, we are a staging post for human trafficking. If criminal operations do not take place here, the criminals may use Northern Ireland as a staging post. Therefore, we must be very vigilant and proactive in preventing those criminal organisations operating in Northern Ireland.

The other issue that creates vulnerability and greater accessibility by human traffickers is the fact that we have increased our air links with Europe and other parts of the world. That makes it much easier for people to be trafficked into Northern Ireland and sent to the Republic, or vice versa, or to other parts of the UK. We must be much more proactive in dealing with those issues.

12.15 pm

I note with satisfaction that, in December 2008, the previous Government signed up to the Council of Europe's Convention on Action against Trafficking in Human Beings. That was a progressive step. However, a proposed European Union directive on trafficking has yet to be fully implemented here, and we in the Assembly should be pressing for that. It is important that it is implemented fully here in Northern Ireland, because it would assist us in co-operating with our European colleagues and with those in other states. It is also important that we apply at least some pressure to the British Government for an early implementation of that directive.

I endorse what the Member who moved the motion said. I very much agree with the detail of his speech, and I assure him of our support for his motion, which is timely and should be welcomed. I hope that Mr McNarry and his colleagues will accept the amendment.

Mr Bell: The motion has been well brought by my Strangford colleague Mr McNarry. The subject is a matter of the greatest outrage of our time: the trafficking of human beings. We must honestly try to move away from the sanitised version of the word "trafficking". This is not trafficking, this is not business: this is the forced sexual slavery, predominantly of women but also of men, into a life of servitude against their will, causing massive long-term physical, psychological and emotional consequences for the individuals involved.

The motion contains everything necessary. I believe that the amendment has probably been honourably proposed, and I hope that I do not suggest in any way that it is an attempt to play politics with the issue. However, we are dealing with not just a North/South body or a European issue. As far away as Asia, and in many other areas, the trafficking of human beings for sexual slavery is a fact, and it is a fact in Northern Ireland. The amendment is encompassed in the motion, and, in the interest of uniting Members in their support against sexual slavery, I think that it should be withdrawn.

Where does that leave sexual slavery? Any of us who have worked in the field of the psychology of victims of sexual crime will know about the self-harm, the self-cutting and the self-loathing. We know of the individuals who need to self-medicate to deal with the pain of what was perpetrated against them. They self-medicate with alcohol and drugs, including prescription drugs. The trauma of what they have experienced means that they take medication just to get to sleep, and yes, Mr Speaker, unfortunately, in many cases, victims of sexual slavery end up committing suicide.

I saw many such cases in my 21 years' experience in social work and while sitting on other professional bodies and arenas. Anyone who looks into the eyes of somebody that they genuinely believe has been trafficked from another country can see deadness and pain that have been caused by the reality of what has happened to them. I am concerned to learn that in our Northern Ireland, where we had a church on nearly every street corner, blessed with the gospel, dozens of people have been forcibly transported into our country against their will, subjected to violence and rape, to serve as sexual slaves. I am referring to not one person or two, but to dozens, Mr Speaker, and those are only the cases that we can prove. In many cases, any professional working in that field will say that many other cases slip under the radar or that there is not enough evidence to secure convictions.

In our Northern Ireland of the twenty-first century, where organised crime gangs spend £50,000 plus just to advertise the slaves that they have, we, as a society, should hang our heads in shame. Organised crime gangs spent £56,000 just on advertising the fact that they had slaves whom people could use and abuse. We are moving to a time when, as a society, we need to regain our moral compass. The House

needs to initiate and spark a campaign of the magnitude and ferocity of that fought by William Wilberforce against slavery. As has rightly been said, human trafficking is nothing short of sexual slavery.

Often, shame depresses action. Having spoken to the police at Chief Constable and Assistant Chief Constable level, I can tell criminals that time is running out for their organised crime gangs. They have brought shame on our population. They have brought people into our community for the purpose of sexual slavery, and, rather than being depressed out of action, we should acknowledge the problem and rise above it.

Mr Speaker: The Member should bring his remarks to a close.

Mr Bell: We should go forward with a William Wilberforce-style campaign to return human dignity and to restore society's moral compass.

Ms M Anderson: Go raibh míle maith agat. Éirím le tacaíocht a thabhairt don mholadh seo.

I support the motion and the amendment, and I thank the proposers of both for the opportunity to speak. I am disappointed but not surprised by the suggestion from the Member who spoke previously that the amendment should be withdrawn. It would be shameful for the House to divide on such an emotive issue, which is of grave concern to everyone across our society.

Cois Tine is an organisation that promotes the integration of people from all communities and cultures in Ireland, and it defines human trafficking as:

"the recruitment, transportation, transfer, harbouring or receipt of people for the purpose of exploitation. This includes persons forced into prostitution or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."

That is a shocking definition; however, unfortunately, it is accurate. As the motion suggests, trafficking is a modern-day slave trade, and the fact that it is growing in prevalence here, as the recent raids in Belfast have shown, is a cause of grave concern for everyone in the Chamber and the communities that we come from. None of us should be in any doubt that we could well be dealing with only the tip of the iceberg, which means that we need to enter into wider discussions and engagements after the debate.

In 2008, the US State Department's 'Trafficking in Persons Report' stated:

"Ireland is a destination country for women, men and children trafficked for the purposes of commercial sexual exploitation and forced labor."

It goes on to say that:

"Women from Eastern Europe, Nigeria, other parts of Africa, as well as smaller numbers from South America and Asia, have reportedly been trafficked to Ireland for forced prostitution."

In June, the Public Accounts Committee published its 'Report on Combating Organised Crime', which was referred to earlier, and it included evidence from senior police witnesses who warned of the growth of human trafficking here and the misery that it is causing in our midst. Last year, the PSNI identified 25 victims of human trafficking, and that figure has grown since then. Of course, the secret and hidden nature of the crime means that the real number of victims is likely to be much higher.

Although trafficking for the sex trade is the most common motive for the gangs involved, it should also be pointed out that other victims are reportedly found carrying out domestic labour and restaurant and agricultural work. Given the potential scale of the problem, it is clear that the Assembly must take action, and I support fully the motion's call for:

"the Minister of Justice and the Executive to raise awareness of human trafficking among the public in order to assist the authorities in securing prosecutions against those who carry out this modern form of slavery".

As the motion and the amendment suggest, there is a role for the Minister to engage both on an all-Ireland basis and with Europe to ensure that we get Ireland-wide and Europe-wide responses to such a serious issue. Those are the kinds of working relationships and initiatives that were reflected in the recommendations of a report on human trafficking that Women's Aid published in 2006. I ask other Members who spoke, especially those from the DUP, to reflect on that.

I am sure that the Minister of Justice will also take heed of the issues that were raised in the Women's Aid report and of its contention that a better legal framework is required to make perpetrators of violence and abuse accountable to the law. I welcome developments such as the launch last year of new support services for victims of human trafficking. As a member

of the Policing Board, I am aware that the PSNI, the Border Agency and the Garda National Immigration Bureau are already working closely together to combat human trafficking. Therefore, collaborative working on an all-Ireland basis could easily be maximised without any great difficulty.

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

Ms M Anderson: As a society we must take more cognisance of and be more aware of what is happening around us. We must ask ourselves whether we want a society that is based on equality and fairness or one that is based on exploitation and fear. Go raibh míle maith agat.

Ms Lo: As you are probably aware, Mr Speaker, I have a particular interest in this topic, given my experience in working with ethnic minority communities. I sincerely thank all Members who have spoken on this issue.

I support the motion and the amendment. Indeed, we should be thinking about a worldwide, collective response to human trafficking, because it is an internationally organised crime. As Mr McNarry said, it is the third most profitable crime after drugs and firearms smuggling. A report from the Immigrant Council of Ireland stated that a minimum of 1,000 women from 51 different nationalities are in indoor prostitution in Ireland at any one time. Up to 97% of those women are migrant workers.

The United Kingdom Human Trafficking Centre reported that, between April and December 2009, 527 potential victims of trafficking from 61 nationalities were referred to the National Referral Mechanism. We have seen the results of the UK-wide Pentameter 2 and the more recent Apsis police operations. It is essential that there is co-operation with the Republic of Ireland and the EU. Northern Ireland has been shown to be a transit route from Dublin to the rest of the UK and vice versa. I was aware of a case involving a young Chinese woman who was identified at the port at Stranraer as a trafficked person and who had an address in Drogheda.

However, we should look even further afield than that. There needs to be co-operation with countries of origin such as China, Nigeria, Thailand and Vietnam, where the majority of trafficked victims come from. There needs to be awareness-raising in those countries to avoid people being lured by bogus advertisements to the wealthy West. The Governments in those places need to crack down on the criminals

so that they do not make money out of human misery. They need to get tough on the criminals in their own countries.

We need more understanding here in Northern Ireland. Human trafficking is not just about sexual exploitation; it also takes the form of domestic servitude and forced labour, as we saw in the cannabis factories that were discovered in Northern Ireland and in other parts of the UK. It involves women, men and children. I helped to launch the Blue Blindfold campaign, but we need much more public awareness about the issue in order to help police make detections.

12.30 pm

The Anti-Trafficking Monitoring Group report is very critical of the UK Government's failure to address the entirety of the Convention on Action against Trafficking in Human Beings. Much more needs to be done on identification, protection, prosecution and prevention. We now have some protection for women, and the Women's Aid refuge gives women a 45-day reflection period.

I want to mention the increasing number of unaccompanied minors. Some children are told by gangsters at our ports and airports to tell people that they have been trafficked into the country. They are then scooped up by social services and put in a bed and breakfast, only to disappear immediately afterwards back into the hands of the criminals. We need a better system to protect those children. We need to put them in proper places, such as a children's home or into foster care, where there is proper protection, supervision and support.

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

Ms Lo: The crux of the matter is that a big demand for prostitution will be followed by supply. I call on the Minister to consider legislation to prosecute those who pay for sex with trafficked people as being a party to human trafficking. Furthermore, we should consider them liable for prosecution for rape.

Mr Speaker: The Business Committee has arranged to meet immediately on the lunchtime suspension today. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The first Member to speak after lunchtime will be Mr Sydney Anderson.

The sitting was suspended at 12.32 pm.

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

2.00 pm

Mr Deputy Speaker: As this is the first occasion on which the Assembly will hear from Mr Sydney Anderson, I remind the House that it is the convention that a maiden speech be made without interruption.

Mr S Anderson: It is an honour to make my maiden speech as a DUP Member for Upper Bann, and I thank my party colleagues for choosing me for the role. When I was chosen to succeed my good friend David Simpson, I wondered how I could fill his shoes, because, as I am sure that Members will agree, he is a big man. David's track record speaks for itself. He served the House with distinction and continues his good work serving and representing the constituents of Upper Bann in the House of Commons. I hope to continue with that good work in the Assembly, and I wish David well for the future.

For my maiden speech, I could have chosen a much lighter subject. I could have waited for an opportunity to sing the praises of Upper Bann or to plead for more funding for its business, tourism, housing, education or health sectors. I have no doubt that those chances will come, and I will take every opportunity fully, but the issue of human trafficking is too important. It is an issue that affects the whole of Northern Ireland. I do not support the SDLP amendment, but I support the motion.

I have read of the history of slavery in our country and in places such as the USA. I have read of the heroic battles of those who ended it and set its victims free. My colleague Jonathan Bell mentioned William Wilberforce, an evangelical Protestant who was driven by a tremendous determination to overthrow the evil of slavery and to protect, defend and support those who were oppressed by it. Indeed, Wilberforce once said:

"If to be feelingly alive to the sufferings of my fellow-creatures is to be a fanatic, I am one of the most incurable fanatics ever permitted to be at large."

Is not slavery a thing of the past? We say that it does not happen today, and certainly not in the United Kingdom, but to do that is to bury our heads in the sand. Slavery, or human trafficking as it is now known, does happen and on a large

scale. It happens on our doorstep, and it is a shameful blight on our nation. Recently, Chief Superintendent Roy McComb rightly described it as “modern-day slavery” and “obscene”.

People from other countries are conned by evil people into believing that they will help them to obtain a better life here, but, once they are here, they are illegal immigrants without any rights and depend totally on those who brought them. They lose all freedom and are forced to obey the will of those who are in reality their owners, who are out only to make themselves rich on the back of their suffering. The victims, mostly young women but also men and, horrifyingly, young children, are tortured, abused and trapped and treated as little more than pieces of meat. They are moved around to keep them disorientated, and they have no one to whom to turn.

It is vital that, in this place, we speak up for those modern-day victims of this modern-day slave trade. We must not remain silent in the face of such grim realities. I urge the key enforcement agencies across the UK to do all in their power to improve the levels and flow of intelligence and information. That is vital. It has been alleged that there are significant gaps in knowledge about human trafficking in Northern Ireland. All the key players, including government, police and the Public Prosecution Service, must work together to deliver tangible results.

I am concerned that good police work does not always lead to successful prosecutions. However, I congratulate the PSNI on its contribution to the recent UK-wide Operation Apsis, which led to three arrests and some 15 victims being freed in Belfast. We need more such successes, not only in Belfast but in the rural areas of Northern Ireland and throughout our towns, and we look forward to more successful prosecutions.

Earlier, I quoted William Wilberforce, who confessed to being fanatical about opposing slavery. We must share Wilberforce's fanatical opposition to it and confront the great evil of human trafficking in our day and in our land.

Mr Leonard: Go raibh maith agat, a LeasCheann Comhairle. Through the centuries, there has always been trafficking of some kind, but one would expect that, at this time, the barbarity of the sex trade, slavery and exploitation would not be a growing concern.

We have got to look upon all human trafficking as twenty-first century slavery, call it what it is and take the actions that will deal with the problem. Although we can blame the recession for everything, it is a truism that the pressures of recessionary times will be exploited by people who will employ the exploitable for very poor wages or even none at all.

It is a problem EU-wide and beyond, which is why it is very strange that the DUP is speaking against the amendment. The amendment makes a common sense addition to the motion. It is a bit like looking on the North as the global village without the globe; there is obviously an all-Ireland issue with European-wide dimensions and issues therein. I make it clear that we support the motion and the common-sensical amendment.

A better legal framework is needed. One would think, given all the resources of the Dáil, the Assemblies and the Parliaments, that these islands could be better served in the work against human trafficking. There are many local issues, and we have to pose questions and challenges not only to agencies and Ministers but to ourselves as Members. The Human Rights Commission report referred to the ad hoc approach. That is not good enough, and we need to be better.

The Women's Aid report referred to worries about police attitudes, their failure to investigate and a lack of willingness to be proactive in investigating the prostitution aspect of our human trafficking problem. Some agencies do not ask whether victims have been trafficked, and there seems to be a reticence to pursue the issue to see whether that is the problem on the ground. The national referral mechanism has a GB slant but does not appreciate the structures in the North. Is there enough of a meaningful, working on-the-ground relationship between the PSNI, the Department of Health, trusts and the Department of Justice? It is OK to talk about protocols and strategies, but in dealing with this problem we will be judged by what happens on the ground.

The NIO has an overarching role, but is there enough of a working relationship with all the devolved agencies and those in Dublin? Has there been a real, common sense linkage with the Dublin Administration? It is extremely simple to arrive at any port in Ireland and move to any area of Ireland. That is happening, and,

therefore, it is ridiculous to exclude the Dublin influence that the amendment outlines. There must be a close working relationship with the Dublin Administration. People who have been given permission in the South have been trafficked to the North to work. That hold is put on people so that they do not report anything in their hours, days and weeks of predicament.

We have a dreadful situation of twenty-first century slavery. We have to go beyond talking the talk and take meaningful, co-ordinated and firm action. Too many people are affected, and too many organisations that work with those affected say that co-ordination is not in place. We, as an Assembly, and the Minister, must play our role in ensuring that we work to achieve those aims and deal with this slavery problem.

Lord Morrow: The last Member who spoke referred to our reluctance to support the amendment. It is with some regret that we cannot support the amendment. Indeed, had the amendment been a wee bit more explicit and direct, there would have been no reason why we on these Benches would not have supported it. I ask the House to take cognisance of the fact that the SDLP's amendment makes no mention whatsoever of the United Kingdom Government. It is, however, very specific in stating that the Minister of Justice should work closely with:

"the Irish Government and the European Union to ensure that Northern Ireland is part of an all-island, European wide response to this serious issue."

Had the SDLP stopped and thought its way forward and sought to unite the House around an amendment, I have no doubt that that would have happened. I appeal to the SDLP, even at this late stage, to think again on the amendment and support the motion tabled by Tom Elliott, David McNarry and Mr Kinahan. In the main, the House agrees with the motion. If we continue to try to politicise every issue in Northern Ireland, whether it comes from one side or the other, we will lose sight of the real issues, and that would be regrettable, given the gravity of this matter.

The previous Member to speak said something that is very true: we will be judged on how the situation works out on the ground. That is exactly how we will be judged. We will not be judged on the fine words or the fine politicking that was brought in either to confuse or score a couple of silly, cheap, political points over political opponents.

The briefing paper said that trafficking happens mainly in Belfast, and that is probably true, but it goes on to say that places such as Londonderry and Newry are also noted for having the problem. However, the problem goes much further: it goes into our provincial towns.

I work closely with the PSNI in my town, and I congratulate them on the fine work that they have done, albeit it very slowly. Nevertheless, eventually we got a satisfactory result. It was patently obvious that trafficking was going on in houses of ill repute, which is the only way that I can put it. However, through the tedious, hard work of the local PSNI, we were able to bring that to a conclusion. Many neighbours who had made representation to me and, I suspect, to others, were in despair at times due to the length of time it took to close down those establishments.

I ask the House to support the motion, as it is an honest attempt to get to the heart of the problem. Human trafficking is a totally distasteful business — there is no other word that I would want to put on it — that feeds criminal activity and destroys the lives of the individuals who are subject to the illegal trades. Human trafficking exists because of greed and power. However, I understand the sentiment expressed in the motion, because without a demand for prostitution and drugs, there would be no trade.

The majority of those trafficked to Northern Ireland are forced into a dark world of prostitution; they are often kept captive by threats of blackmail, or worse, should they try to escape. It is a grotesque, vicious trade, often aided by an ample supply of heavy drugs on which victims become dependent. Yet again, that is another example of power.

Those who coerce individuals into believing that a new and plush life awaits them if they agree to travel to Northern Ireland are exercising power over susceptible people who fall prey to the assurance of a new life. As we saw in the media, the results are far from glamorous. Terrified illegal immigrants who dare not open their mouths to protest —

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

Lord Morrow: I will close now, Mr Deputy Speaker. As the gang leaders hold the trump cards, those people cannot obtain legitimate

work as they have no visas or permits and are entirely bound by their captives. I strongly commend the motion to the House.

Mr Elliott: I thank my colleagues for bringing forward this important motion. In February 2010, the Northern Ireland Office announced that 18 men, women and children had been rescued in recent years in Northern Ireland. I am concerned by the fact that if 18 people were rescued, how many more go unnoticed? How many more of those crimes go unpunished? That is the real issue.

After a successful UK-wide operation just two weeks ago, which included the Police Service of Northern Ireland and raids across Northern Ireland, another 15 victims were rescued. I welcome that.

2.15 pm

Human trafficking is growing in prominence throughout the Province and occurs in urban and rural areas. I note Lord Morrow's comments that many believe that it occurs only in larger towns or cities or in regional towns. It is actually prevalent in smaller towns and villages throughout Northern Ireland, and, although we think of it as a crime that affects only urban areas, it is more widespread than that.

Human trafficking is barbaric. It is the slavery of modern times, and human beings — men, women and children — are treated as commodities and are bought and sold as slaves. I am deeply alarmed that adults and children are trafficked for domestic servitude and for labour and sexual exploitation in the heart of Northern Ireland. It would appear that those criminals who used to move around drugs and other smuggled goods are now moving human beings.

I have read some case studies and know that victims' personal experiences are deeply upsetting. There is no place in a civilised society for those who take people's liberty, freedom and individual choice and coerce them to work in horrific conditions in which they are subject to extreme intimidation, oppression and sexual violence. Many victims have been conned by fake advertisements for jobs as nannies, hairdressers or domestic workers. They are vulnerable people from around the world, from areas such as China, Africa and Europe, who are unwittingly thrust into the underground sex trade or other forms of servitude. Human trafficking is undoubtedly one of today's most deprived

crimes. It is utterly destructive to its victims and to society as a whole.

Detective Chief Superintendent Roy McComb of the PSNI has said:

"Human trafficking and prostitution is no longer gender specific. Men and women are being tricked or forced into prostitution in major towns and cities."

An international report also commented that the border between Northern Ireland and the Republic is an attractive getaway for child traffickers. Co-operation should improve that situation.

It has been said that the issue should not be publicised and that people should keep quiet about it because it creates a bad public perception of small towns or villages. I am of the opposite view and feel that the issue must be publicly highlighted and put into the media. We are public representatives and, together with members of the community, must ensure that human trafficking is stopped by helping the agencies that are trying to stop it. I work with various agencies in my constituency and know that much of that work goes unheard of. The more that we highlight the issue of human trafficking, the more people will realise the seriousness of the issue.

I ask that Members do not allow the issue to be kept underground. Let us and the public highlight it.

Mr Durkan: I support the motion and the amendment, which supplements the motion in a useful and significant way. All Members who spoke during the debate referred to the scourge of human trafficking as a modern form of slavery. However, many of the victims of that trafficking do not experience much that is modern in the life and conditions that they suffer. They effectively live as the bonded property of those who control them, and they are controlled in various ways such as having their passports removed, being made to live in fear and not having the freedom to escape their situation.

All of us are rightly shocked and appalled at that and will want to unite in condemnation and action against it. The motion and the amendment are helpful because they give us some important pointers, and they set a real benchmark for the Assembly. However, we have to ensure that as well as asking the Minister of Justice to take forward certain issues, as the motion does, and

asking for things to be dealt with on a North/South and European level, as the amendment does, we must look seriously at what other laws and policies in many ways enable the existing degree of trafficking. We must question whether some of the moves and changes in immigration are just creating a greater fear factor that is exploited by those who are in the business of trafficking and are allowing people to control a larger underworld in ethnic communities than would otherwise be the case.

The motion rightly refers to the fact that human trafficking exists because of local demand, but we do not go much further than acknowledging that. As Anna Lo indicated in her remarks, more needs to be done in law to recognise the end-user of those victims as part of the chain of abuse and exploitation. Therefore, paying for sex with people who have been trafficked should be a specific criminal offence. We need to address the chain of abuse the whole way to its end. There is no point in condemning the invisible traffickers if we do not condemn those who exploit and use people who are in utter misery. As long as we hold back on that, we are sending an ambiguous signal. That is a challenge not just to this legislature but to all legislatures on these islands.

I note what some DUP Members said about the amendment, and I specifically acknowledge Sydney Anderson's very compelling maiden speech. Those Members spoke against the amendment as though it is somehow untoward, but it is a practical and useful supplement to the motion. We are not saying that trafficking and trans-jurisdictional issues occur only across the border between the North and the South. We recognise that those issues apply throughout these islands. That is why we welcomed Operation Apsis and Pentameter 2.

In the House of Commons, I serve as honorary treasurer of the all-party group on human trafficking, and we continually talk to police and other agencies in various parts of the UK about this issue. Therefore, we have no fear about action at that level. However, we need to see real action throughout these islands, including on the island of Ireland, which is what the amendment points to. We also fully support action at a British-Irish level and want to see the matter addressed at the British-Irish Council and at the British-Irish Parliamentary Assembly. We will take our own steps in that regard, along with others. Therefore, I appeal to Members

to support the amendment, which does not contradict or detract in any way from the very important motion that has been tabled by Mr Elliott, Mr McNarry and Mr Kinahan. Let us demonstrate a strong united view in the House to show that we take the issue seriously. Maybe then our views will be taken seriously.

Mr A Maskey: Go raibh maith agat, a LeasCheann Comhairle. I apologise for not being in the Chamber at the outset of the debate, but I was on other Assembly business. Thank you for your indulgence in calling me to speak this afternoon. I have, of course, heard some of the debate, and I have been very impressed. I thank all the Members who brought forward the motion and the amendment, and I want to add my voice of support to the motion as amended. The amendment is a logical follow-on. Mark Durkan made the point adequately that it is just a logical extension to the work that is advocated in the motion.

A number of PSNI officers travelled to Brussels to speak to the European Commission and Members of the European Parliament about this matter. Indeed, my colleague Bairbre de Brún, who is an MEP, and I met a number of officers to discuss what might be done by way of engagement with Brussels. That speaks for itself. Obviously, the officers represent the PSNI, which is charged with trying to eradicate the trade. They are anxious that we work to address the problem of human trafficking and exploitation, not exclusively in the North, but on a cross-border and, indeed, a transnational basis. Therefore, I support the amendment strongly.

It is important to point out that no more than a couple of years ago, prior to Operation Pentameter, the PSNI said publicly, and privately to Policing Board members, that it did not consider that there was any discernable human-trafficking problem. That is interesting. Thankfully, the PSNI has been proactive in addressing the problem that exists. I want to put on record that I welcome its recent activities to track down those who are responsible for human trafficking. As has already been pointed out by Members in the Chamber, a number of men, women and children have been rescued from that dreaded trade. It is important to acknowledge that work is ongoing. Clearly, human trafficking has been exposed as an iniquitous trade that is being practiced on our very doorsteps. It is a public scandal that, in this day and age, that type of activity is happening in our cities, towns and villages.

Tom Elliott is correct: it is important that the practice is exposed rather than brushed under the carpet or somehow kept hidden. It is crucial that, as the motion states, awareness of human trafficking is raised among the public. All those who are deemed to be involved in that trade must be brought to book. It is important to acknowledge the good work that is being done to support people who are rescued from that trade, although much more is needed. Some work is already under way to help them to overcome that trauma, pick up the pieces of their lives, and deal with the consequences. We understand that many of those people face stark and difficult choices, not least because they must deal with threats to their families in other countries.

Therefore, I support the motion and the amendment. I appeal to Members to do likewise despite whatever minor technical issues might be drawn to their attention. The essence of the issue is that a shocking trade is going on under our noses in our towns and villages, and all around us. It is simply unthinkable that that type of trade is being practised and people are being trafficked and victimised in that manner in 2010.

We must do everything we can to bring the matter to public attention and raise awareness. In particular, the message must reach people who want to avail themselves of those so-called services, whom Mark Durkan described as “end-users”. Clearly, there is a great deal of responsibility on their shoulders. If they are aware, in any way, that people are being coerced into certain roles, they are guilty of serious crimes. Undoubtedly, they must also be brought to book.

I commend all people who are anxious to bring that trade to public attention and, more importantly, to tackle it and to rescue people from trafficking. The full rigours of the law must be brought to bear on all who are engaged in such nefarious activity.

Mr Deputy Speaker: As Question Time commences at 2.30 pm, I ask Members to take their ease until that time. The debate will continue after Question Time, when the next Member to speak will be the Minister of Justice.

The debate stood suspended.

2.30 pm

Oral Answers to Questions

Health, Social Services and Public Safety

NHS: Republic of Ireland Patients

1. **Mr Irwin** asked the Minister of Health, Social Services and Public Safety what is the estimated annual cost to the Health Service of treating patients from the Republic of Ireland. (AQO 89/11)

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): Free health entitlement here for a person from the Republic of Ireland or any other member state depends on the nature of their stay; for example, whether it is temporary or long-term. Persons from the Republic of Ireland on a temporary visit can avail themselves of free immediately necessary treatment under the European health insurance card scheme. Cross-border workers are automatically entitled to access free health services here, similar to Northern Ireland residents. Information is not available on the cost of treating such patients.

Mr Irwin: I thank the Minister for his response. I am surprised that he has no idea of the cost involved. I would have thought that a cost would automatically be relevant, especially in the difficult financial climate in which we find ourselves. Does the Minister also have no idea how that cost compares with the cost of treating people from Northern Ireland in the Irish Republic? Does he have no idea of the costs either way?

The Minister of Health, Social Services and Public Safety: I like the way that Mr Irwin said that I have “no idea”. I can certainly give an estimate, but he asked for a specific figure, and I said that the information is not retained. We are talking about very small numbers of people. For example, there is information showing that there are around 1,000 inpatient episodes, but I have not broken down the costs. We are certainly not talking about large sums of money.

People going from here to the Irish Republic can also avail themselves of free immediately

necessary treatment under the European health insurance card scheme, just as they can if they go to Spain on holiday. It is a general arrangement within the European Community under the European social security regulations. Because we are part of Europe, we pay attention to that arrangement and benefit from it. I suggest to the Member that more people from Northern Ireland are likely to be cross-border workers in the Irish Republic than the other way round. I would be amazed if the arrangement were not at least cost-neutral, or perhaps we gain, but, as I said, those are estimates.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. Given that we live on a small island and that there are huge inefficiencies in running back-to-back health services, does the Minister not agree that more co-operation with the South is logical?

The Minister of Health, Social Services and Public Safety: I do not agree that there are huge inefficiencies in running back-to-back health services. Let me remind the Member that we operate a health service that is free at the point of delivery: a British health service. That is what I am fighting to hold on to in the face of all the cuts that I have been receiving in the House and the cuts still to come from London. In the Irish Republic, when people go to the GP, they pay for it. If they go to A&E, they pay for it. If they spend a night in hospital, they pay for it. If they get a prescription, they pay for it. If they get drugs on prescription, they pay for them. The Member is not comparing like with like. Yes, payment exemptions are available in the Irish Republic, but roughly one third of the population are entitled to those exemptions while two thirds pay very large sums of money. The services are not back to back. We are not comparing like with like, and in no way would I suggest that we are running two inefficient health services.

Mr Gallagher: I note the Minister's comment that we have much more to gain by working together across the island, particularly on health issues. Will the Minister join me in welcoming the commitment from the Government in the Republic of Ireland to financially support the development of a radiotherapy centre at Altnagelvin? It will treat people throughout the entire north-west, indeed throughout most of the island, and will be of benefit to all.

The Minister of Health, Social Services and Public Safety: My position on the satellite

cancer centre at Altnagelvin Hospital is well known, and I have repeated it on number of occasions. I am in favour of working with the Irish Republic when we can see that there are benefits from doing so for the population in Northern Ireland. The Member will be aware that I am working on a number of proposals, one of which is the satellite cancer centre at Altnagelvin. That is at business case level at the minute. I am very much in favour of the centre, but it will depend on the eventual Budget settlement.

Mr K Robinson: I thank the Minister for his earlier commercial on behalf of the Irish Republic. Will he comment on the investment from the Republic of Ireland's Government in the satellite radiotherapy unit at Altnagelvin Hospital that he just referred to? What will be the potential benefits of that project?

The Minister of Health, Social Services and Public Safety: The potential benefits include increased capacity. We anticipate that the centre at the Belfast City Hospital will be at capacity by 2015, so we need to expand. This is a geographical issue as much as anything else. It will save patients in the north-west, particularly those who travel to the cancer centre one, two or even three times a week, a lot of unnecessary travel time.

As regards the support from the Government in the Irish Republic, Donegal is outside their easy-to-access circle, so they will put in money for capital and revenue and will pay costs on a pro rata basis. That will help us and will lead to our service being more sustainable, because we will end up with a centre that is larger and more robust.

Tobacco Advertising

2. **Mr Wells** asked the Minister of Health, Social Services and Public Safety if and when he will introduce measures to control the point-of-sale advertising of tobacco products. (AQO 90/11)

The Minister of Health, Social Services and Public Safety: I sought approval from Executive colleagues in December 2009 to issue for public consultation draft regulations banning the point-of-sale display of tobacco products. All Ministers, with the exception of the First Minister, have given their approval for that consultation. My primary aim in introducing that new legislation is to prevent children and young people from taking up the smoking habit.

The earlier those measures are introduced, the more people we will save from a premature death caused by smoking. Given that nine months have elapsed since initial Executive approval was sought, I have recently instructed my Department to proceed with a 12-week consultation on the draft regulations.

Mr Wells: Does the Minister accept that smoking is the most frequent avoidable cause of death in Northern Ireland, that 2,500 people died last year as a direct result of smoking and that the argument put forward by retailers about the rapid implementation of the point-of-display ban is no longer relevant because they have now had sufficient warning about the need to change their displays as a result of the delays outlined?

Mr Deputy Speaker: I call Mrs Michelle O'Neill — I am sorry, Minister.

The Minister of Health, Social Services and Public Safety: Mr Deputy Speaker, when you said “Minister”, I noticed that Mrs O'Neill could not wait to get up. *[Laughter.]*

I completely agree with the Chairperson of the Health Committee's remarks. Lung cancer caused by smoking is the single biggest avoidable cause of death, and around 2,500 people die from it each year. In Northern Ireland, almost 9% of children aged between 11 and 16 smoke regularly. Most smokers pick up the habit when they are in that age group. We are looking at that legislation because surveys have shown that children are particularly susceptible to point-of-sale displays. I remind the House that vending machines will also be included in the ban because they are another ready source of cigarettes for youngsters. We are now going ahead with the consultation. Consultations have now been completed in England, Scotland and Wales. The ban is already law in the Irish Republic, Canada and some other countries. There have been very high compliance rates with that, and it has been shown that that is having an effect on that cohort of children.

Mr McCarthy: Will the Minister comment on the scare stories being put out by certain people that prohibiting point-of-sale displays of tobacco products will substantially increase the illegal practice of smuggling those products?

The Minister of Health, Social Services and Public Safety: We are prohibiting the advertising of the display itself. I am not suggesting at this point that we ban the sale of cigarettes.

However, we are banning displays. Any shop or retailer that sells cigarettes always has a huge display at the till advertising cigarettes, and children are particularly susceptible to that type of suggestive advertising.

Mrs O'Neill: Go raibh maith agat, a LeasCheann Comhairle. The Minister addressed my original question. However, is he aware that, in the Twenty-six Counties, the Government brought in a ban on point-of-sale advertising in July 2009? I read recently that preliminary findings suggest that the effect of that ban on retailers has not been as bad as originally predicted. Has the Minister had any negotiations with the Twenty-six County Government on that?

The Minister of Health, Social Services and Public Safety: I have had discussions on the subject with Mary Harney in the margins of North/South meetings. The Irish Republic introduced a ban in the summer of 2009. It has had a very high compliance rate and is reporting a very good effect, in that fewer children are taking up smoking.

There are many measures that we need to take. As Jim Wells said, around 2,500 people die from lung cancer each year in Northern Ireland as a result of smoking. Lung cancer is the single biggest avoidable cause of death, and, therefore, the ban on displays is crucial. Although there have been scare stories about how much money it will cost retailers to get rid of displays, the cost will, in fact, be very small.

DHSSPS: Budget

3. **Mr McNarry** asked the Minister of Health, Social Services and Public Safety for an assessment of his Department's budgetary position. (AQO 91/11)

The Minister of Health, Social Services and Public Safety: My Department faces the worst financial environment since the creation of the Health Service in 1948. The Executive's decision to impose £113 million cuts on my in-year budget has had a clear impact on waiting times. I am deeply concerned that, without additional funding from the centre, I may have to make cuts to front line services to manage my budget this year.

Looking ahead, I can see that my budget will face even worse times. Using the Executive's planning figures and our best assessment of the costs that we will face in the next four years,

I have calculated that the financial challenge during the next CSR period will be around £1.5 billion against an existing budget of £4.3 billion. That is twice the scale of the efficiencies that I have delivered during the current CSR period. In my view, that is simply an unrealistic budget.

Mr McNarry: Thinking ahead to the comprehensive spending review of 20 October 2010, if the services in Northern Ireland that are in the Health Minister's remit are not protected, as those in England and Wales will be, what does he predict will happen to standards of service delivery in the Northern Ireland Health Service?

The Minister of Health, Social Services and Public Safety: The Health Service here is clearly already under great stress, with demand continuing to rise against a flat budget. Although we are making great strides and gains in efficiencies, the reality is that, if we do not get the ring-fencing that is happening in England, Scotland and Wales, there will no longer be a British health service in Northern Ireland, because we will have broken the link with the rest of the United Kingdom. As a result, we would see major deterioration in our ability to service the health and social care needs of our population, and our Health Service would not be on a par with those in England, Scotland and Wales.

Mr Campbell: Obviously, the Minister will vigorously defend his Department's position, and, of course, we all should endeavour to oppose cuts where possible. However, on the realistic basis that reductions of some kind are inevitable, if the Minister determines that he is to be exempt from cuts, has he, around the Executive table, examined where those cuts may fall?

The Minister of Health, Social Services and Public Safety: If Mr Campbell cares to look at the latest Treasury figures, which were produced in July 2010, he would see a comparison of Northern Ireland with other Administrations in the United Kingdom. On an index of 100, Northern Ireland's Health Service is the worst-funded health service in the whole of the United Kingdom, receiving less funding than those in England and Wales and falling a long way behind funding in Scotland. The reality is that the Health Service is underfunded before we even start.

2.45 pm

Remember, I am the only Minister who has delivered RPA and the efficiencies that went

with that, including £700 million of so-called efficiencies this year — *[Interruption.]* I am sorry that Mr Campbell cannot listen and feels obliged to talk from a sedentary position. Most people in Northern Ireland have heard what I have to say and the case that I have been making over and over. You would need to be deaf not to have noticed. These matters have been discussed at the Executive, and I continue to make that case. However, the Executive and the House have to make certain decisions, because a number of other Departments, it could be argued, on a head-to-head basis with the rest of the UK are overfunded.

Mr O'Loan: Will the Minister explain the rationale for an in-year reduction in the budget allocation to GPs? Does he believe that GPs can stand that budget reallocation without any reduction in front line service?

The Minister of Health, Social Services and Public Safety: As far as GPs are concerned, I regret having to make any such reductions. However, we are faced with cuts laid on to us by the Executive. For example, cuts from swine flu: I asked for £42 million and got £5 million, so there is a cut. In addition, my pro rata share of the so-called black hole is £113 million. That all adds up to a need to make reductions.

I took the view that GPs have an administrative tail and, if we are making reductions in administration right across the board, they cannot be exempt. While some have complained, most have simply got on with it and continue to do an excellent job.

Ms Anderson: Go raibh míle maith agat. When making an assessment of the departmental budget, did the Minister take account of the £54 million that was paid out in bonuses to health consultants?

The Minister of Health, Social Services and Public Safety: We do not pay bonuses. However, there are merit awards for consultants who make exemplary advances in their particular work area. That is a UK-wide settlement. Scotland, Wales and Northern Ireland considered that we should go forward with a review. The previous Government did not agree with us. This Government do, and a review is under way. Of course, all moneys are taken into account.

Downe Hospital: Maternity Unit

4. **Mr Lunn** asked the Minister of Health, Social Services and Public Safety to outline the extent of usage of the midwifery-led maternity unit at the Downe Hospital since it opened.

(AQO 92/11)

The Minister of Health, Social Services and Public Safety: The midwife-led unit at Downe Hospital officially opened on 22 March 2010. Even before that date, a wide range of antenatal and post-natal care was available at the site, including consultant-led and midwife-led clinics, with over 4,000 attendances during 2009-2010. Since the official opening of the midwife-led unit there have been 23 births, and another 83 are booked to the end of March 2011, putting the unit well ahead of the hoped-for 50 births during the first year of operation.

Mr Lunn: I thank the Minister for his answer. If he says that it is well ahead of expectation, I have to accept that, but it does seem like a very low figure. A similar unit is planned for Lagan Valley Hospital in two or three years' time. Has he any concerns about the effect on surrounding hospitals if that unit is similarly underused and not recommended by local professionals?

The Minister of Health, Social Services and Public Safety: Maybe Mr Lunn did not hear what I said to him, which is that the unit is well ahead of the hoped-for 50 births during the first year of operation, and we consider that that will continue to increase. I am very pleased at the way the Downe Hospital midwife-led unit has come forward, and we expect over 300 births annually at Downe within the next three years.

The Member is wrong also to say that a similar unit is planned for Lagan Valley Hospital in the next few years; there is one planned for Lagan Valley Hospital that will open in February. We are working on the refurbishment of the unit now. It will be a midwife-led unit. I also have plans, subject to capital availability, for a newbuild development on the Lagan Valley site, because I believe that there is a big future there for maternity.

Ms Ritchie: There is absolutely no doubt that the midwifery-led unit at the new Downe Hospital is a success story, and the number of births that have already taken place and those projected clearly highlight that. However, I want to ask a question that centres on other services at the Downe Hospital. Will the Minister, along

with the South Eastern Health and Social Care Trust, ensure that all steps are taken to ensure that existing services are sustained and new services are provided so that the principle of local accessibility at the point of delivery is adhered to?

The Minister of Health, Social Services and Public Safety: Ms Ritchie has made a number of points. She is well aware that there is a consultation ongoing on the Downe Hospital, and it would be wrong for me to comment before that consultation is completed and recommendations have come forward. The consultation refers to acute psychiatric beds and the 24-hour, consultant-led emergency department being changed to a minor injuries unit. That is what the consultation is about. There are also plans for a number of services that are not currently available to be made available.

The Downe Hospital is a designated local hospital and has a strong future. Around 70% of the hospital needs of the area will be provided by the hospital. It is brand new and cost £64 million. I am just sorry that, the day I went down to open it, Ms Ritchie decided to lead a protest outside. It is a long time since I was protested at, but I have never been protested at for spending £64 million.

Mr Givan: The Lagan Valley obstetric-led unit caters for somewhere in the region of 1,000 births. It is anticipated that the midwifery-led unit will cater for 500 births. Will the Minister give an assurance that the safety of mothers will be paramount in the arrangements being taken forward, that the mothers who have to give birth in hospitals outside their local area will be accommodated and that the capacity exists for those births to take place?

The Minister of Health, Social Services and Public Safety: Had he been a Member for some time, the Member would know that I continually say that quality plus safety equals outcome plus efficiency. Quality and safety are always paramount in our minds.

There is a strong future for the maternity unit in Lagan Valley, and I look forward to that development. The reality is that an obstetric-led unit on such low numbers cannot sustain the type of expertise that we require. Therefore, the recurrent theme is to ensure that we have the proper cover for our patients. As I said, quality plus safety equals outcome plus efficiency.

Mr Deputy Speaker: Mr Weir is not in his place to ask question 5.

Sexual Abuse Counselling

6. **Ms S Ramsey** asked the Minister of Health, Social Services and Public Safety for his assessment of sexual abuse counselling services within the Health Service. (AQO 94/11)

The Minister of Health, Social Services and Public Safety: All health and social care trusts provide counselling services for survivors of sexual abuse. Those services are provided either directly by health and social care trust staff or through contracts with the Nexus Institute regionally and other local voluntary service providers.

Sexual abuse can be disclosed by children, young people and adults in the course of many Health Service interventions. Therefore, support can be an integral part of child and family services, mental health services and psychological services. As part of the sexual violence strategy, work has been undertaken to improve access to counselling services and to reduce waiting times, which are variable across the Province.

Mr Deputy Speaker: Order. There should be only one Member on his or her feet.

Ms S Ramsey: Go raibh maith agat. I thank the Minister for his response. Given the recent revelations about the McDermott brothers and other cases over the past number of months, it is important that services are delivered for both victims and survivors. I know that the Minister will agree with that.

I asked for an assessment of abuse counselling across the North, but I did not get that. Does the Minister believe that the sexual abuse counselling services are adequate? I am not saying that one case is more important than another, but, when there are revelations about a case like the one in Donagh, are money and resources available to let the system kick in when it is needed?

The Minister of Health, Social Services and Public Safety: Of course I would like to do more, and, if I had more money, I would spend more. The task is to juggle various priorities. We have the sexual abuse strategy. We have reviewed how we operate that strategy, which has led to a major advance: we have gone from 80%

not attending to 20% not attending. That is a dramatic change in a very sensitive area.

One of the other areas that I am looking at is flexibility of spend; in other words, the regional commissioning that will allow the Nexus Institute to move moneys around the Province. That will be another major support to the Nexus Institute. That organisation had more than 5,000 enquiries last year, and it delivered 9,500 counselling services. That sounds a lot, but the problem is bigger, and if I had the resources I would devote more to it. However, I am trying to manage as efficiently as we can the resources that we are devoting to it.

Mr Bell: Will the Minister join me in paying tribute to the members of my former profession who provide that counselling? Will he ensure that they themselves get the appropriate supervision and care, so that we care for the carers to allow them to do one of the most difficult jobs in family and childcare: the counselling of children traumatised by sexual exploitation?

The Minister of Health, Social Services and Public Safety: I readily join Mr Bell and support the comments he has made. Social workers have a very difficult task to perform. They do it professionally and well, and they are often the subject of unfair criticism. I have nothing but admiration for them, and I give them whatever support I can.

Mr Beggs: Does the Minister accept that the voluntary sector is often well placed to reach out to victims and survivors? It can also provide value for money and, in many instances, be more accessible to those who have suffered abuse.

The Minister of Health, Social Services and Public Safety: I completely agree with Mr Beggs. The voluntary and community sector has a crucial role to play, and we see it not simply in sexual violence strategy but also in areas such as suicide prevention and the 'Protect Life' strategy. It has an absolutely crucial role right across the board in many activities of the Health Service.

Mrs M Bradley: The counselling service is most welcome, and it does an excellent job for those who need it. Can the Minister tell me whether there have been any reviews of the delivery of those services recently? When was the last review carried out?

The Minister of Health, Social Services and Public Safety: In 2008, we reviewed the position on counselling services as part of developing the sexual violence strategy. As I indicated to Ms Ramsey, one of the results was an increase in the number of people keeping their appointments — a dramatic change from 80% of people not attending to 20% not attending. Also, we are going forward with regional commissioning to allow the money to be used flexibly right across the Province. That, too, will be a major gain for counselling services.

Health: North/South Feasibility Study

7. **Mr Durkan** asked the Minister of Health, Social Services and Public Safety if and when he will make a statement on the report on the North/South feasibility study on health issues. (AQO 95/11)

The Minister of Health, Social Services and Public Safety: As I advised the Assembly during my statement on 14 September regarding the NSMC meeting in health and food safety sectoral format held in June, Minister Harney and I are agreed that the flexibility study should not be published and that our Departments should continue to work together, as they have done throughout my time in office, on projects which will deliver tangible benefits for people in each jurisdiction.

Mr Durkan: I welcome what the Minister said earlier about endorsing the rationale for radiotherapy services to serve the greater north-west in the future. Does the Minister not recognise that this study is in the public interest and should not be treated as the private property of himself and the Minister from the South? It should be published so that we can see what investments can be made together at this time of great challenge for the public purses both North and South, so that we can plan services for the future together, achieve economies of scale and provide a real platform for commitment to quality and safety into the future.

The Minister of Health, Social Services and Public Safety: Publication of the report would require me to get the agreement of Ms Harney and of the Executive. The report has been leaked, and it is on the Internet. Andy Pollak has it on his website. I assume that the Department of Foreign Affairs in Dublin leaked it — that is my assumption, and it is an educated assumption.

I do not need the extra bureaucracy to do what is required, which is, as I pointed out, where there are tangible benefits for people in each jurisdiction, to proceed on a case-by-case basis. When the Member looks up the website, he will see the priorities that he mentioned: child protection; radiotherapy at Altnagelvin Area Hospital; suicide prevention; the flu pandemic; cancer research and the Cancer Consortium; GP out-of-hours services; and paediatric and congenital cardiac services. All those are familiar, because that is the work that I do. I do not need an all-Ireland survey to help me to do that. I work on a case-by-case basis.

3.00 pm

Justice

PSNI: Hearing Loss Claims

1. **Mrs McGill** asked the Minister of Justice what resources his Department has to deal with ongoing claims against the PSNI for hearing loss. (AQO 104/11)

The Minister of Justice (Mr Ford): Under the terms of the financial package for the devolution of policing and justice powers that was negotiated with the then Prime Minister by the First Minister and the deputy First Minister, the Treasury agreed to meet sums required for claims above £12 million each year through access to the reserve on the basis of agreement on the litigation strategy. I am in discussion with the Department of Finance and Personnel about the first £12 million of costs this year. When the Chancellor of the Exchequer announced the Budget on 22 June, he confirmed that the financial package was protected.

Mrs McGill: Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for his answer. Given the financial constraints and budgetary difficulties, will he assure the House today that the processes will be robust and the awards justified?

The Minister of Justice: I thank the Member for her supplementary question. I assure her that the process is and will continue to be robust. Each claim is individually assessed to ensure appropriate treatment for the claimant and the best protection for the public purse.

Mr McNarry: To date, has the Minister had discussions with his Executive colleague on hearing loss? If so, do they agree on the valuation methodology that is outlined in the Hillsborough agreement?

The Minister of Justice: No, I have not had discussions with my Executive colleagues. I can only assume that, as the First Minister and the deputy First Minister were involved in the negotiations for the package, it would achieve broad agreement in the Executive.

Mr Givan: It is an important issue, but I have studied the figures, and the Minister forecasts that, next year, in the region of £32 million will be paid out. Almost half of that will be spent on legal and professional fees. Should that not be taken into account and consideration given to whether that amount can be trimmed back?

The Minister of Justice: I understand the Member's concern about so much of the money being spent on legal and various other professional fees that are associated with the claims. I was advised that that process was adopted to ensure that the claims were treated robustly, properly and on merit. It is a significant sum of money, but the alternative might have been something like a class action, which would have resulted in a significantly higher cost to the public purse.

Dissident Republicans

2. **Mr S Anderson** asked the Minister of Justice what meetings he has had in the last two months in relation to dissident republican activity. (AQO 105/11)

The Minister of Justice: Over the period in question, I have held discussions on all elements of the security situation, republican and loyalist, with NIO Ministers, the Chief Constable and the security services. I have also reviewed east-west and North/South security co-operation with Theresa May and Dermot Ahern respectively. In all those discussions, I was struck by the range, extent and co-ordination of the measures being taken across agencies to counter the current threat.

Terrorist activity from whichever quarter aims to undermine the work of the Assembly; to divide the police from the community; to damage the economy; and to seek control through fear and intimidation. I am determined to do all that I can to ensure that the police have the necessary

resources to deal with the threat posed by terrorists, republican and loyalist alike. However, it is important to recognise that there is a wider response beyond that which policing can offer. We must continue to make progress on behalf of all the people of Northern Ireland through the work of the Executive and the Assembly to promote a shared future, to tackle the problems that our communities face and to maximise the impact of our programmes.

I have also held a number of discussions with groups and individuals who have taken an interest in the arrangements for the separated republican prisoners in Maghaberry prison.

Mr S Anderson: I thank the Minister for his response. As we all know, dissident republican activity takes many forms: one is the flouting of the laws on legal parades and protests, and the requirements to give proper notification, etc. Can I ask the Minister about the current situation, which means that members of residents' groups can one day refuse to engage in dialogue, yet be rewarded by the current Parades Commission, and, very soon after, openly participate in illegal protests or events with no repercussions —

Mr Deputy Speaker: Order. The subject of the question does not seem to be dissident republicans; it is another issue. Are we coming to the point, Mr Anderson?

Mr S Anderson: Yes, Mr Deputy Speaker. I ask whether the Minister agrees that illegal dissident parades and events must be brought under the same rule of law as every other such event.

The Minister of Justice: I am sure that Members, even those who have just arrived in the House, will not be surprised to hear that I believe in the rule of law, regardless of who may be seeking to disturb it, who may be creating difficulties and who may be fomenting problems. That rule, as far as I am concerned, is absolute. The detail of managing parading and protests is subject to potential legislation that is being promoted by OFMDFM.

Mr K Robinson: Will the Minister of Justice give his comprehensive assessment of the recent Independent Monitoring Commission (IMC) report, especially in the light of the ongoing and as yet unchecked dissident campaign?

The Minister of Justice: By the recent IMC report, I take it that the Member is referring to

the specific report on the murder by UVF members of Bobby Moffett on the Shankill Road. There is no doubt that there is a link with dissident activity on both sides of the divide. Similarly, there is absolutely no doubt that it is important that we in the institution representing the people of this region, the population of Northern Ireland, and all the institutions of the state need to co-operate in building the kind of society that will show the dissidents that progress is being made. We must ensure that we continue to make the progress that has been made in this place since 1998 and that we can move forward together. How those matters are handled is an issue not just for the police, but for the whole of society to work towards together.

Mr Durkan: I welcome the Minister's earlier reply that set out the number of meetings that he has had on loyalist and so-called republican activity. I am conscious that he said that one of the motives is to create division between the police and the community. In the course of his meetings with the police, has he assured them of the support that they have across this Chamber in the challenge that they face? Will he also ask them to ensure that they do not add unnecessarily to any of the disruption that is orchestrated and engineered by those people?

The Minister of Justice: I welcome that statement of support for the police and the work that they are doing, which I know is on behalf of us all. When I visit police in different parts of Northern Ireland, it is always a pleasure to see that work is being done on what I call community policing — what the Chief Constable calls personal policing — despite the threats that many officers are under. Engagement is happening in areas that would have been perceived as difficult for the police to operate in during recent years. That is a very positive sign of good work being done by the Police Service. It is absolutely clear that the PSNI understands its role in helping to move this society forward. The question is whether all elements of society are prepared to work with the police.

UK Border Agency: Stranraer

3. **Mr Hamilton** asked the Minister of Justice what discussions he has had with his counterpart in the Scottish Government regarding the possible impact on illegal immigration and smuggling as a result of the withdrawal of funding by the UK Border Agency for three police officers based at the Port of Stranraer. (AQO 106/11)

The Minister of Justice: Although I have not yet had a discussion with Kenny MacAskill, the Scottish Cabinet Secretary, on that matter, I discussed it with the UK Border Agency (UKBA) at the most recent meeting of the Organised Crime Task Force last week. It explained that the removal of three police officers who were seconded to UKBA is part of the agency's longer term strategy to transfer investigative skills from police officers to the UKBA staff, to become less reliant on them, and to be able to work in partnership with other law enforcement agencies. The three officers at Stranraer were dealing with immigration offenders and related criminality.

The identification of immigration crime using the Galloway ports will move to Northern Ireland using UK Border Agency staff. That will replicate the work that they already do at the airports in this region. I am assured that the change will not adversely affect the oversight that is given to immigration matters between Scotland and Northern Ireland.

Mr Hamilton: I thank the Minister for his reply. I am sure that the House is assured that there is still work that concentrates on Northern Ireland. However, does he share my concerns, which were outlined by his party colleague Anna Lo in the human trafficking debate when she highlighted that people were being trafficked through Stranraer and criminals were being caught there, that while we watch the front door here in Northern Ireland, the back door in Scotland is being left wide open?

The Minister of Justice: It is clear from Mr Hamilton's question and the concerns about trafficking that have been expressed recently, including in the discussions on my statement last week on North/South co-operation, that this is a serious issue. The seconded police officers are part of UK Border Agency capacity to investigate organised crime, including trafficking. However, the fact that the strategy is transferring to the police services in Scotland and here will not counter that. It will, perhaps, allow for greater integration between the police services and other agencies, which will help them to recognise the work that needs to be done on that basis. Operation Apsis, which is the most recent work that was done, was conducted entirely by police services across the UK. It was led by the PSNI without direct involvement from the Border Agency.

Mr A Maginness: I thank the Minister for his answer. Wider issues of human trafficking between the UK and Ireland and between North and South are involved. Has the Minister made any contact with his counterpart in the South to discuss bringing about measures that could effectively curb human trafficking between North and South and with Europe?

The Minister of Justice: As I said last week in response to a number of questions, the issue of human trafficking was not a key feature of the agenda of the IGA meeting that I had with Dermot Ahern in the early part of the summer. It is, however, an issue that is dealt with by a working group of the Serious Organised Crime Agency. There is full participation on a cross-border basis in recognition of the role that the gardaí and other agencies in the South have to carry out. That shows co-operation at the highest operational level, where it is needed most. That is a sign that the agencies on both sides of the border take trafficking seriously. It is absolutely clear from the mood of Members in every part of the House that it is something that I will need to keep re-emphasising.

Mr Kinahan: I thank the Minister because he has answered my question already. Perhaps he will answer another: are there any more changes in funding that may affect the borders and how we tackle organised crime and people trafficking?

The Minister of Justice: I would be extremely unwise to suggest that there will be no changes in funding. I simply assure the Member that, at this point, there are no proposed changes in funding that would affect the fight against trafficking. I will certainly do my best to ensure that, given the priority that the House has given the issue, it continues to be regarded as a priority in financial terms.

McDermott Case: Supervision and Treatment Order

4. **Mr Gallagher** asked the Minister of Justice when it became known that an incorrect special treatment order was issued for the McDermott brothers, how long it took to correct the error and reissue the order and what steps are being taken to investigate the circumstances of the error. (AQO 107/11)

The Minister of Justice: The Department of Justice knew on 17 August 2010 that there was

a discrepancy between the supervision and treatment orders (STOs) that were issued in respect of the two McDermott brothers and the judgement of the court. The Department of Justice notified the Northern Ireland Courts and Tribunals Service on 18 August. Following consultation with the Office of the Lord Chief Justice and the trial judge, amended orders were issued on 20 August. On 3 September, I advised the Chairperson of the Committee for Justice that the Courts and Tribunals Service had initiated a review of all current supervision and treatment orders, including those in the McDermott case. That review has now been completed.

As I advised Members earlier today, I have since written to the Chairperson of the Committee for Justice to advise that, in view of the issues that were raised by the review of STOs, I instructed the Courts and Tribunals Service to undertake a detailed examination of all its administrative processes in the case of the McDermott brothers. I have also asked the service to undertake an urgent review of all sexual offences prevention orders that have been issued in Northern Ireland to ensure that they accurately reflect the decision of the judge in individual cases. I expect the review report by mid-October.

To ensure that such errors do not recur, I have instructed the director of the Courts and Tribunals Service to initiate an urgent review of procedures for the preparation, checking and issuing of court orders in the Crown Court to identify how those arrangements can be strengthened.

Pending the outcome of that review, court staff will be retrained, and more robust monitoring procedures will be implemented. In addition, more complex or novel orders will be referred to the trial judge for confirmation before being issued, as agreed with the Lord Chief Justice. I have also requested Dr Michael Maguire, the Chief Inspector of Criminal Justice in Northern Ireland, to carry out a detailed investigation of how sexual offence cases are dealt with by the justice system.

3.15 pm

Mr Gallagher: I thank the Minister for his answer and welcome some of the steps that he has taken on the additional role of the judiciary. He said that there was an error in the supervision and treatment order. There were mistakes in the SOPO and to the notification of

the brothers. Does he agree that all of those amount to a failure to apply the law? Therefore, if we leave everything at that point, does he understand the anguish that that caused? I notice that he has apologised, but does he realise the worry that those mistakes caused, not only in Fermanagh but everywhere, for people who support the law and want it to be upheld? Therefore, will he take this opportunity to reassure the House that there will be a thorough examination that will not stop at the judiciary but will involve all staff in the justice system to ensure that they never again fail to apply the law?

The Minister of Justice: I thank Mr Gallagher for his supplementary question. He said that there was a failure to implement the law. He is right on one level but inaccurate on another. In the McDermott case, the law was upheld in that the court's judgement was carried through. He is correct to state that there were administrative errors in the Courts and Tribunals Service that led to some confusion and certainly added to the suffering of victims and survivors in this case and, perhaps, in others as well.

I hope that the measures that I outlined and explained to Members in full detail earlier — a copy of which is in the Assembly Library — will fully reassure Members that the issue is taken as seriously as it could be in the Department of Justice. The fact that we have not only the internal investigations in the Courts and Tribunals Service and the work being done, for example, to improve staff training and procedures but also the external, detailed examination by the Chief Inspector of Criminal Justice indicates to the House that I take the matter seriously and will ensure that those problems do not recur.

Mr Elliott: I thank the Minister for all of that; however, a key issue in all this is the victims. Will the Minister indicate how the protocol works to keep victims informed of the situation? Does he plan any additional measures to keep victims informed of the process and how it is progressing?

The Minister of Justice: Mr Elliott raises a significant point that I covered earlier. As a matter of practice, the Courts and Tribunals Service does not issue copies of court orders to victims. However, on this occasion, records were shared with the Public Prosecution Service, the PSNI and the various bodies directly involved

in the case. Earlier this year, joint working produced a victim and witness handbook, which I launched shortly after taking up office, with the aim of providing victims with clear information on the services that they can expect. The Department's intention is to ensure that victims are provided with proper services.

The way in which staff in the Department of Justice ensured that survivors of the McDermott case were kept informed yesterday, in advance of public representatives, indicates that we have done what we can to alleviate their concerns about the way in which this information has come out. However, I recognise that very little can be done to prevent some measure of hurt.

Mr O'Dowd: Go raibh maith agat, a LeasCheann Comhairle. In a recent answer to a question that I submitted for written answer, the Minister of Justice confirmed that the requirement for an approved address or approval for an address can be removed if circumstances change.

Does the Minister agree that circumstances in Donagh clearly changed when the brothers returned, and the understandable community concern was raised that that was a justifiable reason for approval to be removed for that address?

The Minister of Justice: I appreciate the Member's question, but he is removing me from the responsibilities of the justice system in order to ensure that the judgement was carried through to the issue of how it is managed by those responsible for the management of the supervision and treatment order. That does not relate directly to the justice system, and it is not something about which I can give him a specific answer.

Mr Bell: We accept that there is confusion among the public about this case. As a result of that confusion, victims and survivors want to ensure that they are protected against any future recidivism to paedophile activity. When will the Minister be able to give the House clear direction that those procedures are in place, so that the public can be satisfied that they are being adequately protected?

The Minister of Justice: As I said in my statement, urgent work is under way, and I expect the Courts and Tribunals Service's report on the checking of sexual offences prevention orders to be completed by the middle of October. In addition, I have requested that

Dr Maguire, the chief inspector of criminal justice, give me his interim report into his external examination of procedures by the end of October. I shall ensure that the Justice Committee is made fully aware of the contents of those reports at the earliest possible opportunity, and any recommendations will be put in place as fast as can be.

Maghaberry Prison: Remand Prisoners

5. **Mrs D Kelly** asked the Minister of Justice how many prisoners in Maghaberry prison are currently on remand awaiting trial and what percentage this represents of the total number of prisoners. (AQO 108/11)

The Minister of Justice: There are currently 471 prisoners on remand in Maghaberry, including those on remand and those awaiting trial. That equates to 58.2% of the total prison population in Maghaberry. Given that the courts do not sit over the summer, the figure is seasonally elevated. The pre-summer percentage remand figure for Maghaberry was 48.2%. It is difficult to show the length of time that an individual prisoner spends on remand; however, in the past 12 months, the overall average was 34.6 days. Of course, the figure can vary significantly between individuals. The problem is not new. As we all know, it well pre-dates devolution. Speeding up criminal justice remains a key priority for me, and a refreshed programme of work to tackle avoidable delay is being taken forward by the criminal justice board.

Mrs D Kelly: Those are shocking figures. Will the Minister outline exactly how he will take forward work to improve those statistics? Given that more than 50% of prisoners are on remand and, presumably, have not yet been found guilty, does he agree that it is a significant management issue for the prison board?

The Minister of Justice: Mrs Kelly is absolutely right; it clearly is a significant issue. As I highlighted, at the end of the summer holidays, the average is at its annual high point. If the courts were to sit more during the summer — perhaps it is not appropriate to suggest that in the Assembly — that might keep the average down. Nevertheless, delays in the system are clearly a huge issue, and, since taking office, I have highlighted the fact that it needs to be addressed. At the moment, a refreshed programme of work on speeding up justice, which will cut across the criminal

justice programme, is being taken forward by the criminal justice board and should provoke a positive impact on the effectiveness and expediency of all aspects of the system.

There are four specific work strands, which I should explain. First, in case preparation, the focus is on reducing bureaucracy and improving timelines, especially on procedures involving the police/PPS interface. Secondly, in case management, better ways will be developed to improve the conduct of criminal cases through the courts process. Thirdly, a specific effort will be made to identify and look at how to tackle the causes of delay in youth cases, because we are particularly keen to deal with the acute problem of young people who have to wait too long in the system. Fourthly, a strand will deal with government's accountability for overseeing the overall programme and will ensure that the criminal justice delivery group functions as it should.

Mr Campbell: The number of people convicted and on remand is reaching an all-time high. With that in mind, in the next 12 months, will the Minister be able to report significant progress on the construction of the new jail at Magilligan?

The Minister of Justice: I should, perhaps, suggest to the Member that when he smiles and asks that question, he should look to see whether the Minister of Finance and Personnel is in the House.

Clearly, there are serious issues with delays that need to be addressed. This society must also address how we treat custodial sentences, as opposed to the alternatives, so that we ensure the best possible public protection outcomes. The Member should also bear in mind that, although numbers are at a high at the moment, I do not think that they are at an all-time high. The numbers of people in prison in Northern Ireland are significantly lower than those in all three other jurisdictions in these islands. Therefore, the Member must look at the overall picture rather than at the short-term trend.

Mr Leonard: Go raibh maith agat, a LeasCheann Comhairle. Will the Minister take into account the CJI report on avoidable delay? What targets has he set himself for processing cases so that they are dealt with quickly? How will he ensure that people spend less time on remand and that legal cases are not drawn out, with the result that the stress that that causes is lessened?

The Minister of Justice: Mr Leonard asked about targets that I have set myself. It is not as much about that as about ensuring that there is a joined-up process. It is easy, at times, for different elements of the criminal justice system to look merely at their own timeliness. It seems to me that the only timeline that concerns the great majority of the population is that between an offence being committed and the offender being dealt with in court. It does not really matter whether delays occur at any one of three or four intermediate stages. Through the work of the Criminal Justice Board, we must ensure that we get joined-up working, that we deal with excessive bureaucracy, that we ensure that procedures work in a timely way, and that justice is not only done but is seen to be done and done swiftly.

Department of Justice: Ministerial Meetings

6. **Mr Neeson** asked the Minister of Justice to outline the issues discussed at his recent meetings with the Home Secretary and the Justice Secretary. (AQO 109/11)

The Minister of Justice: I held separate meetings with the Home Secretary and the Justice Secretary in London on 8 September 2010. In the discussion with Theresa May, we considered her future legislative plans in areas that have a read-across for Northern Ireland. Those areas include DNA retention and the vetting and barring scheme; her proposals for reviewing police terms and conditions and creating the so-called national crime agency; the current situation in Northern Ireland; and the importance of securing an adequate funding settlement for policing.

In my discussion with Ken Clarke, we addressed issues to do with the judiciary in Northern Ireland; UK-wide tribunals; European matters; public spending; and my proposals for legal aid and publicly funded legal services.

In both cases, the meetings provided an important opportunity to ensure that Whitehall Ministers recognised the impact that new policy proposals could have on Northern Ireland. They also provided an opportunity to build a relationship in which the devolution settlement is recognised but where arrangements for good co-operation across jurisdictions are put in place.

Mr Neeson: Can the Minister assure the House that the Home Secretary and the Justice Secretary are fully aware of the particular pressures that the Department of Justice in Northern Ireland faces, given the threat of terrorism and the policing of parades? Will they take account of those and other local factors when considering UK-wide initiatives and budgets?

The Minister of Justice: It might be said that, in recent years, Whitehall Departments have not always entirely appreciated Northern Ireland's particular circumstances. Both Cabinet Ministers whom I met listened to what my accompanying officials and I said to them. Indeed, my officials gave detailed work updates to their counterparts. There is no doubt that, following the meeting, both Cabinet Ministers were fully aware that there are real issues in Northern Ireland that do not apply, particularly for the Home Secretary, to other police services across the UK. It is vital that this Assembly recognises that, whatever general budgetary cuts we face, we must provide an adequate budget for the particular aspects of policing that need to be treated differently to policing as it is seen by police services in other parts of the UK.

Mr Spratt: Did the Minister have any discussions about the national security budget? Other police services throughout the United Kingdom have access to that budget, but the PSNI does not. The dissident threat affects the whole of the United Kingdom. If he did not discuss the national security budget with the Home Secretary or the Justice Secretary, and given the dissident threat, will he discuss that budget so that it can be sorted out in favour of the PSNI?

3.30 pm

The Minister of Justice: The national security budget did not particularly feature in my discussions with the Home Secretary. However, since that meeting, I have discussed the issue with the Secretary of State for Northern Ireland, and he has discussed it with the Home Secretary and the Treasury. Therefore, the point is being well made, although it was not a particular focus of the London meeting.

Private Members' Business

Human Trafficking

Debate resumed on amendment to motion:

That this Assembly condemns human trafficking; notes with grave concern the growing prevalence of human trafficking for the sex trade, domestic servitude and labour exploitation in Northern Ireland; further notes that men, women and children are victims of human trafficking and that human trafficking exists because of local demand; and calls on the Minister of Justice and the Executive to raise awareness of human trafficking among the public in order to assist the authorities in securing prosecutions against those who carry out this modern form of slavery and to ensure that Northern Ireland is a hostile place for traffickers.
— [Mr McNarry.]

Which amendment was:

At end insert

“; and further calls on the Minister of Justice to work closely with the Irish Government and the European Union to ensure that Northern Ireland is part of an all-island, European-wide response to this serious issue.” — [Mr A Maginness.]

The Minister of Justice (Mr Ford): I welcome the opportunity to contribute to today's debate on human trafficking, and I am grateful to the Members who brought the matter to our attention. I support the motion and want to put on record that human trafficking is one of the vilest and most wicked crimes imaginable. The degree of brutality, misery and suffering involved is difficult to grasp.

Mr McNarry made a number of serious points, and, although I missed the first 20 seconds of his speech, he has missed the first 40 seconds of mine. He made a number of points that we will look at in detail. If I do not respond to every point that was made during the debate, I will certainly ensure that Members are written to. I also state my support for the amendment. Not all amendments in this place are necessarily helpful, but this amendment usefully complements the original motion. I am happy to accept the motion and the amendment.

It will be helpful to explain what human trafficking is and what it is not. Human trafficking is the coercion, often using extreme violence or the threat of violence, of men, women and children into activities in which they would not choose to participate. It involves work

for little or no financial gain, the loss of liberty and the lack of the basic right of an individual to choose the course of his or her life. In simple terms, it is slavery, a rather nasty form of slavery that is sometimes described as modern slavery. That point was made most particularly by Mr Sydney Anderson in his maiden speech and was echoed in different parts of the Chamber at different times.

Human trafficking may happen for a number of purposes, most usually for sexual exploitation, labour exploitation or domestic servitude. Examples of all those forms have been discovered in Northern Ireland. Trafficking for the purposes of organ donation is also a reality but has not, I am glad to say, been evidenced so far in Northern Ireland. Although it is absolutely clear that trafficking for sexual exploitation is the highest-profile form of trafficking here, it is not the sole form, and we should not focus simply on that aspect.

Trafficking may involve transporting victims across the globe. Again, that has been the case with some victims who have been recovered in Northern Ireland. However, it need not be, and victims can be and are trafficked within their own jurisdiction. Internal trafficking, as it is known, has happened in Northern Ireland, most recently as discovered by Operation Apsis, which we will discuss later. People smuggling, although still illegal, is not trafficking. The difference is that, with people smuggling, the people involved are consenting, as they have willingly paid a smuggler to bring them into another country to live as illegal immigrants somewhere where they have no right to live or work. However, that is not the same as trafficking, to which no consent is given. In some cases, people who have consented to being smuggled have, on arrival, been trafficked.

I also want to make it clear that those who have been trafficked for sexual exploitation are not prostitutes in the normal sense of the word. Although they may appear to be part of the same industry, they are absolutely not prostitutes. They are exploited victims who have been forced to take part in something that is not their choice. Furthermore, although trafficking victims may be forced to take part in illegal activities, they are not and should not be treated as criminals. They have been forced into illegality, and we must recognise that and treat them as the victims that, sadly, they are.

Anna Lo raised specific concerns about the treatment of children. That issue merits attention. Human trafficking, as we have all said, is human slavery — nothing more and nothing less. It is becoming a well-used phrase, but only because it is true. Part of the result of that slavery was highlighted by Jonathan Bell's contribution, when he raised the issue of self-harm and mentioned how that sometimes goes as far as suicide among the victims of trafficking.

The motion focuses on the need for greater awareness and calls on me and my Executive colleagues to raise awareness among the public to assist in securing prosecutions. I agree that greater awareness is required, and I want to mention what has been done so far and tell the House about the Department's future plans.

We can debate when the issue of human trafficking came to our attention, but it is fair to say that, even five years ago, there was little hard evidence of it. Even two or three years ago, there was, perhaps, little evidence, as was cited by Alex Maskey in reference to the discussions on the Policing Board. That has most certainly changed.

A number of Members, initially Lord Morrow, talked about trafficking for sexual exploitation, even in country towns across Northern Ireland. Tom Elliott said that those who had previously smuggled drugs now smuggled people, and, clearly, there are major links to organised crime, which we are seeking to address on a broad front.

Last year, 25 potential victims of human trafficking were recovered in Northern Ireland. So far this year, seven have been recovered. Police advice and other evidence now suggests that this is a growing problem that includes an organised global network, not just in these islands and Europe but literally global. Trafficking is clearly a feature worldwide, into and out of a number of different countries. When Alban Maginness referred to Northern Ireland potentially being a staging post, he was right in many senses, although Northern Ireland is also, in some cases, a terminus. However, there is no doubt that Northern Ireland is a staging post between Scotland and the Republic and, sometimes, places wider afield.

The Blue Blindfold campaign is the national campaign to raise awareness for which the motion asks. It was launched in Northern Ireland in February 2010 by means of advertisements on buses across Northern Ireland, Internet

advertising and posters and leaflets that were sent to health centres and GP surgeries and distributed recently through the community safety partnership network. I urge Members who have not done so to look at the Blue Blindfold website, which gives a valuable insight into the problem, including the views of victims.

My Department also hosted an awareness seminar, when front line staff from health and social services, education, law enforcement and legal, religious and voluntary and community organisations received presentations from keynote speakers to raise awareness of human trafficking, including, most particularly, the needs of victims. We have also developed a multilingual leaflet and poster that are aimed at the victims and point them towards the help that is available. That information will soon be displayed at ports of entry to Northern Ireland, main railway stations and other venues where victims may be contacted, such as GP surgeries.

Of course, one of the tragedies around trafficking is that, even if we put posters at ports and airports, some of those who arrive will not realise that they are victims of trafficking as they pass the posters. There is a real issue of needing to ensure that people are given the opportunity to follow those points up. Therefore, I am pleased to announce that I plan to reinforce the initial Blue Blindfold campaign by running a second and larger wave of advertising to raise awareness among the general public of the existence of human trafficking and what they can do to help. I also want to undertake some evaluation of our efforts so far to raise awareness to help us target our resources most effectively. The aim is indeed, as the motion says, to make Northern Ireland a hostile place for the traffickers.

Mark Durkan highlighted his concerns that immigration laws may help to create a culture of fear among victims. Victims of trafficking may fear that, because of strict immigration laws across the UK, they may end up being treated as criminals when they are, in fact, the victims of trafficking. There is no doubt that we need to ensure that agencies work in a way that detracts from that erroneous thought, and we need a united community effort to assist in that.

I congratulate the PSNI on its work against the traffickers. The recent Operation Apsis, which a number of Members have referred to, was led by the PSNI. It involved searches in Northern

Ireland, Scotland and Wales and saw the recovery of 15 potential victims in different parts of the UK and the arrest of four traffickers, who have since been charged in Belfast. That is a sign that the PSNI takes the issue seriously, and there is no question of resources restricting that. However, it is clear that public concern needs to be carried forward into public action to support the police in taking action against traffickers.

I also want to put on record the first-class support that is available for victims from Women's Aid and from the Migrant Helpline, who are contracted by my Department to provide victim-centred support to victims of human trafficking who are recovered here. I will correct Mr McNarry's point slightly: those agencies do not do that on their own. Those voluntary groups work with the full support of the Department in supporting the victims of trafficking.

We also need more police operations to rescue victims and prosecute traffickers. However, it is a clandestine crime, and the police need the support of the public. The key action that members of the public can take is to report suspicions to the police. The second action is to cut off the demand for human trafficking. In particular, men who use brothels must be made aware of the possibility that they are funding the trade in human trafficking and that, if they have sex with someone who, they suspect, is working under duress, they may be charged and prosecuted under new legislation. Anna Lo said earlier that that should be the case. I am happy to tell her that the Policing and Crime Act 2009 was brought into operation and formally commenced earlier this year. It is now the position across the UK that anyone who engages in sex with someone who, they suspect, is a victim of trafficking is committing a criminal offence. It is as simple and as bald as that. It is the demand for brothels and sexual services that is leading to the increase in human trafficking for sexual exploitation and all the misery and brutality that go with it. Men, in particular, must become more aware of the effects that their actions have on others. The public also need to become vigilant about the possibility of trafficking for the exploitation of labour and domestic servitude. I urge the public to be vigilant and to report any suspicions to the police.

Make no mistake: we are not talking about brothels in seedy back rooms in insalubrious parts of town. We are talking, sometimes, about brothels in modern apartment blocks and good

areas of town that have been rented for a short time to accommodate trafficking victims who are moved around the country, these islands and Europe at the whim of their pimps and traffickers. Therefore, landlords should become aware and be suspicious if, for example, they are offered cash for short-term rent.

Trafficking is undoubtedly making vast sums of money for criminal gangs. I want those gangs to be prosecuted and to see their criminal assets recovered. There is also no doubt that the Organised Crime Task Force is taking the matter seriously. As I mentioned during Question Time a few minutes ago, a subgroup ensures full co-operation between the different agencies in an attempt to deal with and combat trafficking. It is not about having co-operation protocols; it is about having real, direct and serious co-operation between the different agencies. As I said earlier, that extends to cross-border co-operation. Members will be aware of the ongoing Operation Apsis. I understand that Strathclyde Police believe that the gang involved in Operation Apsis could have generated £20,000 of income a day. Strathclyde Police are seeking to have £2.3 million of criminal assets frozen, which is a measure of the scale of this crime: £2 million worth of human misery. That is why we must treat the issue seriously and ensure that full action is taken.

Awareness of the problem is the key. I am committed to doing more in the coming months to harness the support of Northern Ireland's general public and to work in partnership with others in the South and Great Britain. The amendment outlines the need to work closely with parties across these islands and Europe. There are excellent working relationships between law enforcement agencies on both sides of the border, both at overall and operational level. That point was raised by Martina Anderson. As I said, members of law enforcement agencies in the Republic are recognised on the Organised Crime Task Force subgroup concerning human trafficking and immigration.

I know that this is a real issue, as today's debate and the questions asked last week and earlier today at Question Time demonstrate. I will ensure that the meeting on the intergovernmental agreement shows that the issue is taken seriously across both jurisdictions. There is also good co-operation within the UK, as shown by Operation Apsis, which was led by the PSNI and involved cross-border working. Other operations

also involved cross-border co-operation. We are compliant with existing Council of Europe conventions. We will comply with any future EU directives on human trafficking and ensure that we are not seen to be lagging behind in any sense. Anna Lo's reference to a Chinese woman with an address in Drogheda being picked up in Stranraer shows that we should not be anything but fully alert to what is happening.

Human trafficking is a foul crime, possibly second only to murder. I welcome the opportunity to contribute to the debate. I also welcome the House's unanimity, at least in respect of the motion, if not the amendment. Members have referred to an increase in trafficking, and the police and other agencies are taking serious action on that. My Department and its agencies will do all that can be done to combat this crime. We ask for the support of the general public in that process.

3.45 pm

Mr McDevitt: A good place to start is to welcome Minister Ford's clarification that the Policing and Crime Act 2009 is now in place across the United Kingdom, making it illegal to procure the services of a prostitute who has been trafficked. We all welcome that, and that theme emerged across the House during the debate.

As I prepared for the debate, it struck me that more women were trafficked in the 1980s from Asia than during the entire 400 years of slavery from Africa. That puts the scale of the human trafficking crisis into a modern context.

I join colleagues in welcoming Mr Anderson to the House. In his maiden speech he, along with many of his DUP colleagues, invoked William Wilberforce, who campaigned long and hard. I believe that it took him 40 years to collect 15 million signatures. My figures could be wrong, but that is something like the scale of time and the amount of support that he ended up with in his campaign to abolish slavery in the then United Kingdom. We could do the same today in two days. We could collect 50 million indications of support through social media, and they would come from across the world. It is interesting that in the same way as the scale of slavery has increased exponentially into a new modern slavery — human trafficking — our capacity to fight it and to raise awareness about it has increased exponentially. That theme was reflected in Lord Morrow and Mr Bell's contributions.

The SDLP Benches welcome the support for the amendment. To pick up on some of the points raised by colleagues on the other side of the House, we do not see the amendment as being exclusivist in any way; it does not seek to deny the United Kingdom Government's involvement. I argue that it concedes it. The only way that we could develop a European Union dimension to a regional response to human trafficking would be through the member state of which we are a member. I call on the Minister to play as active a role as possible as a regional Minister in the workings of the European Council. It is through the aegis of the United Kingdom representation in Brussels that the opinions of this part of Ireland can be made strong and we can seek consensus among other regions and other member states on how to tackle the problem, which, ironically, although a borderless issue, requires borders to survive.

The SDLP recognises the renewed investment in the Blue Blindfold campaign, as we all acknowledge that it makes a positive contribution to raising awareness of this terrible issue. However, there is an important point of policy that we should coalesce around in the House: the United Kingdom Government continued to opt out of the European Union directive on human trafficking. I would like us, through today's debate, to send a powerful signal to the United Kingdom Government to opt into that directive, as do Governments of other member states across the European Union and, indeed, the Southern Government. It is by opting into that directive and becoming part of a European framework that we can tackle the issue seriously. Whether we are a transit port or a destination, trafficking does not stop either in our region, on this island or even in these islands. The European Union is probably the best unit of government through which to address the crisis of human trafficking.

In the brief time available to me, I thank colleagues in Sinn Féin, the Alliance Party and the Ulster Unionist Party for their support for the amendment; it is much appreciated.

Mr Ford rightly made the distinction between smuggled people and trafficked people. Among us we have a community of people who, in my opinion, are arriving because they are smuggled, and they are the Roma community. It is important for us to reflect on today's debate and on whether it applies to some of

the circumstances that surround that new community among us.

Mr Deputy Speaker: The Member should draw his remarks to a close.

Mr McDevitt: Through today's debate, the Assembly and the Executive should resolve, in a concerted way, to understand the needs of that community. It is statusless, and its members have been smuggled and potentially trafficked.

Mr Kinahan: I thank the Minister and all Members who took part in today's debate. I support the motion tabled by my party and the amendment. As many Members said, human trafficking is a transnational problem, and the amendment suggests a practical way to work with our neighbours. It is a point well made, and, on an issue as serious as this, we should take it on board and accept the amendment.

The motion calls on the Minister of Justice and the Executive to make Northern Ireland:

"a hostile place for human traffickers."

I hope that all Members, through their actions, will help to make it so. The motion also asks us to raise awareness of human trafficking, which is repugnant, despicable, inhuman, abhorrent, and there are many other words that describe how ghastly and unacceptable it is. We must confront what appears to be local demand for trafficked people. We have heard that adults and children are victims and that trafficking is no longer gender-specific. I hope that the Minister of Justice will commit to keeping the Executive and the Assembly abreast of the measures that he hopes to introduce to tackle the rising incidence of this type of crime and to secure prosecutions; I am sure that he will. The situation is complex because of the acute vulnerability of the victims.

The Ulster Unionist Party tabled the motion with the intention of raising awareness of the serious issue of human trafficking. The party intends to work with its colleagues in the House to ensure that it is a top priority for the Assembly and the Executive.

The debate has clarified the fact that human trafficking is modern-day slavery. Slavery was abolished in 1834, although it is sad to note that it was abolished in Niger only in 2003.

I will digress slightly. I am sure that many Members have watched films such as 'Slumdog

Millionaire' and 'Taken' and enjoyed the entertainment. However, today Members will realise that we are close to seeing the ghastly stories behind those films here in Northern Ireland. Men, women and children are being brought into the country illegally, and some vulnerable victims, particularly children, are trafficked internally within the United Kingdom. They are then coerced into servitude in its many forms: in the home, in the workplace and in brothels.

In today's newspapers, we read details of Operation Apsis and learned about the phenomenal sums of money involved in buying and selling human beings. Gangs earned £20,000 each day and amassed over £2 million in assets, which is utterly deplorable and has no place in a civilised country. We should also consider how the law deals with landlords who know what is going on in their accommodation.

I thank all Members who took part in the debate. Many points were made, and I will not be able to touch on all of them in the time that I have left.

Like many Members, Alban Maginness highlighted the European dimension and told the House that we must implement the European Union directive on human trafficking. Martina Anderson told the House that discoveries that were made during the recent raids represented just the tip of the iceberg, and, although I hope that it is a small iceberg underneath, I know what she means. She also made the point that the debate will make everyone more aware of the issue.

I am sure that all Members congratulate Anna Lo for all her work, particularly on this issue. In her contribution, she mentioned that 1,000 people from 51 nationalities have been brought here to become prostitutes, and 527 potential victims of trafficking from 61 nationalities were referred to the National Referral Mechanism. She also raised the point about awareness. I would also like to re-emphasise the point that she made about unaccompanied minors who are coming into this country in increasing numbers, going to bed and breakfasts and then disappearing. That is one issue that we must tackle.

I thank and congratulate Sydney Anderson on his maiden speech. I, too, did that not long ago, and I know exactly how he feels. It was a very good, compelling maiden speech, and one of his

key points was that we must all work together and congratulate the police.

I liked Billy Leonard's terminology of twenty-first century slavery. That is an appalling idea for all of us, and it is something that should have gone 200 years ago.

I was intrigued by Lord Morrow, who criticised my party for politicising the point and then did the very same thing, which, of course, I, too, am now doing. Nevertheless, I take the point that trafficking is prevalent in our towns and, as someone else said, in smaller areas.

My colleague Tom Elliott gave us some more figures. He told us that 18 people were rescued, followed by a further 15. I hope that we rescue many more people in time. He also made the point that there is no place for trafficking in a civilised society, that we must highlight it and get it known throughout the whole of Northern Ireland.

Mark Durkan highlighted the immigration issue, which is absolutely key to ensuring that in dealing with the matter through immigration we do not add to the fear of the victims. Alex Maskey said that it was a shocking trade and a scandal; we all join him in that view. He also said that we must make the public more aware.

We thank the Minister for the many points that he put forward. We welcome the fact that the Blue Blindfold website will continue and that the Minister will look at how we can improve all the other ways of dealing with the matter, particularly in evaluating all that has gone before. We join with him in congratulating Women's Aid and the Migrant Helpline. At the beginning, the Minister's definitions were absolutely key, because many of us might not have been aware of them.

Finally, in making his winding-up speech on the amendment, Conall McDevitt, and others, said that people arriving here are being smuggled and then trafficked. If we have learnt anything today it is that we want to make everybody aware of that, and we need everyone to help, because it is a global problem.

I will close by reiterating my praise for the work of the police in combating human trafficking and dismantling crime gangs. Of particular note is the excellent work of Women's Aid and the Migrant Helpline.

I support the motion, but I will finish in the same way as my colleague: those behind the trafficking of people must be abhorred by society.

Question put, That the amendment be made.

The Assembly divided: Ayes 51; Noes 32.

AYES

Ms Anderson, Mr Attwood, Mr Beggs, Mr Boylan, Mrs M Bradley, Mr P J Bradley, Mr Brady, Mr Burns, Mr Butler, Mr Cobain, Rev Dr Robert Coulter, Mr Cree, Mr Dallat, Mr Durkan, Mr Elliott, Mr Ford, Mr Gallagher, Mrs D Kelly, Mr G Kelly, Mr Kennedy, Mr Kinahan, Mr Leonard, Ms Lo, Mr Lunn, Mr Chris Lyttle, Mr A Maginness, Mr A Maskey, Mr P Maskey, Mr F McCann, Mr McCarthy, Mr McDevitt, Dr McDonnell, Mrs McGill, Mr McGimpsey, Mr McGlone, Mr M McGuinness, Mr McKay, Mr McLaughlin, Mr McNarry, Mr Molloy, Mr Murphy, Mr Neeson, Mr O'Dowd, Mr O'Loan, Mrs O'Neill, Ms Purvis, Mr P Ramsey, Ms S Ramsey, Ms Ritchie, Ms Ruane, Mr B Wilson.

Tellers for the Ayes: Mr A Maginness and Mr McDevitt.

NOES

Mr S Anderson, Lord Bannside, Mr Bell, Mr Bresland, Lord Browne, Mr Buchanan, Mr Campbell, Mr T Clarke, Mr Craig, Mr Easton, Mrs Foster, Mr Frew, Mr Simpson Gibson, Mr Givan, Mr Hamilton, Mr Irwin, Mr I McCrea, Miss McIlveen, Mr McQuillan, Lord Morrow, Mr Moutray, Mr Newton, Mr Poots, Mr G Robinson, Mr P Robinson, Mr Ross, Mr Spratt, Mr Storey, Mr Weir, Mr Wells, Mr S Wilson.

Tellers for the Noes: Miss McIlveen and Mr Ross.

Question accordingly agreed to.

Main Question, as amended, put and agreed to.

Resolved:

That this Assembly condemns human trafficking; notes with grave concern the growing prevalence of human trafficking for the sex trade, domestic servitude and labour exploitation in Northern Ireland; further notes that men, women and children are victims of human trafficking and that human trafficking exists because of local demand; and calls on the Minister of Justice and the Executive to raise awareness of human trafficking among the public in order to assist the authorities in securing prosecutions against those who carry out this modern form of slavery and to ensure that

Northern Ireland is a hostile place for traffickers; and further calls on the Minister of Justice to work closely with the Irish Government and the European Union to ensure that Northern Ireland is part of an all-island, European-wide response to this serious issue.

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

Motion made:

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

Adjournment

Lagan Valley Hospital Accident and Emergency Unit

Mr Deputy Speaker: The proposer of the topic for debate will have 15 minutes to speak. All other Members who wish to speak will have approximately five minutes. I call Mr Paul Girvan.

Mr Givan: Mr Deputy Speaker, it is Mr Paul Givan.

Today, I am raising the issue of Lagan Valley Hospital accident and emergency unit. The Minister will know that the issues pertaining to that unit are reflected in the 2002 document 'Developing Better Services: Modernising Hospitals and Reforming Structures'. That document was launched by the then direct rule Minister. Now that a devolved Minister is responsible for that, I hope that the issue will be given serious consideration and that that document will be fundamentally reviewed.

I asked the Minister whether he was going to review that document, and he replied that he did not have any intention of carrying out a review at this time. However, in light of his decision about maternity services at Lagan Valley Hospital — he agreed to a midwifery-led unit despite that running contrary to the 2002 'Developing Better Services' document — I hold out some hope that he will make the right decision when it comes to the accident and emergency facility.

I wish to outline a number of reasons why I believe that the current acute facility providing 24-hour access to the local community should be retained. Members will know that Lisburn has the second largest population outside Belfast. It has a growing population, and, according to a regional development plan, its population is forecast to reach some 130,000 residents by 2015. Belfast, on the other hand, has a declining population. The point needs to be made that local services should be provided in areas where the local community is growing and thriving,

where it is appropriate to do so and where that meets the interests of those affected.

I do not hold the view that every hospital in Northern Ireland should cater for every service. Clearly, if someone is going for a hip replacement or a type of surgery that can be planned, it makes sense for that to be centralised and to take place where there is excellence in the provision of such procedures.

No service should be more localised in communities than accident and emergency facilities. However, in light of reductions in, and closures of, A&E acute care in other hospitals, I am fearful that the Lagan Valley Hospital accident and emergency unit could, very suddenly, be faced with closure. I hope that that is not going to be the case.

4.15 pm

The accident and emergency unit examines approximately 35,000 people a year and has, undoubtedly, saved countless lives. The question that should be answered is this: if the 2002 document on developing better services is to be fulfilled, where is the capacity to absorb the 30,000-plus individuals who have been going to the A&E facility at the Lagan Valley Hospital, given the demands and pressures already on other accident and emergency facilities?

Back in 2002, the Eastern Health and Social Services Board said that:

"the emergency medical system throughout the Eastern area is under pressure on an all year round basis and we do not envisage a situation where sufficient capacity and resource will be devoted to provision of emergency medical services or alternatives in a way which would allow capacity by the Lagan Valley to be removed."

Through my dealings with the trust and hearing the pressures that it has highlighted to me, I know that that statement remains the case in 2010.

I am concerned that without the accident and emergency unit residents in the Lisburn city area would have difficulty in accessing emergency services within the designated 45 minutes, particularly those people living in rural areas. The Lisburn area covers not just the urban population in the central Lisburn city area but reaches as far as Dromara and the rural hinterlands within the city boundaries. The Lagan Valley Hospital area goes further afield to Dromore, and the accident and emergency unit

caters for residents from as far as Banbridge, Saintfield and Carryduff. Therefore, when looking at the issue, we have to consider the wider geographical area and beyond, and we cannot look at it just from the basis of the Lisburn city population.

The accident and emergency unit is vital to a number of key stakeholders that depend on the facility being there and being accessible. For example, around 3,000 businesses are registered in the city area; there is a large rural farming community; there are more than 50 schools in the city area; and we are home to the regional headquarters of the British Army at Thiepval Barracks. It is important that those individuals and stakeholders have access to the accident and emergency unit. Local, fast, safe and easily accessible emergency services are paramount for children, teachers, students, farmers, business people, the elderly, the disabled and the services' organisations. The facilities at the accident and emergency unit are vital to the local community.

At the time of the 2002 report, the then Down Lisburn Trust said that it believed that the accident and emergency unit could continue. I believe that it should continue to provide acute 24-hour provision.

The Minister needs to clarify his position on the review of urgent care that is taking place. I asked him a question about the Lagan Valley Hospital accident and emergency unit. In his response, on 8 July 2010, he said:

"The delivery of services at Lagan Valley is a matter for the South Eastern Health and Social Care Trust as the service provider. The Trust has advised that it is currently undertaking a consultation in respect of urgent care services across the Trust area, including the Lagan Valley Hospital Emergency Department."

The Minister was clearly putting the onus and responsibility for carrying out that work on the trust.

I then received a letter dated 23 April 2010. Members should bear in mind that the Minister's response to my question was on 8 July 2010. The letter, dated 23 April 2010, which was from the Minister, signed in his name, with his signature, and addressed "To colleagues", concerned a meeting that took place in February at the Clady Villa. The Minister was thanking the people involved for taking the time.

I will not read out the full letter but, in it, the Minister states:

"I also recognise the potential for modernisation within acute services, and would like to see early engagement to identify opportunities for change."

However, on 8 July, I received a response from the Minister stating that it is a matter for the trust. My reading of the Minister's internal letter to his colleagues in the professional services is that he has asked them to bring forward changes for modernisation, particularly in acute primary care. The Minister needs to clarify his role, who is carrying out the review, and under whose instructions. Then we can provide assurances to the community about where we stand.

Mr Poots: Does the Member not find it somewhat unfair that the pressure appears constantly to be on Lagan Valley Hospital, first with pressure on maternity services, and now pressure on the accident and emergency service? Despite the growing area that that hospital serves, services continue to diminish, while there are two hospitals in Belfast, the Mater and the Royal Victoria, where maternity and accident and emergency services are still provided, despite them being only one mile from each other.

Does he agree that the Minister is allowing the people of Lagan Valley to be categorised as second-class citizens when it comes to health care compared with Belfast citizens, and that the loud and clear message from Lagan Valley about the consultation process is that the proposals are unacceptable? Will the Member support me in making clear to the Minister that such proposals are unacceptable to that community?

Mr Givan: The Member made important points, and I agree with him. At meetings that I held, and at public meetings that I attended, the point was made that Lisburn people believe that they are being treated as second-class citizens compared with Belfast, where, as I said, there is a declining population. There are big and difficult decisions to be taken about the services that are provided for that city. However, it is not fair that the people of Lisburn should be penalised because of the declining population in the Belfast area. When it comes to the accident and emergency facility, we, as public representatives, will champion the people's voices. We do not find it acceptable that we should be stripped of acute care at Lagan Valley Hospital.

The Minister has a responsibility to ensure that staff levels are adequately catered for, because we have seen other facilities suddenly having to close for clinical reasons because of safety concerns. We cannot allow key medical staff to be removed or not replaced, or allow a lack of active engagement by the Department. We must ensure that people are recruited to carry out the required work and provide the necessary clinical expertise and coverage so that we do not have a scenario in which Lagan Valley Hospital is deprived of its services.

We will fight for Lagan Valley Hospital to retain its current services. The Minister is part of a devolved Administration, but the document was produced under direct rule. He needs to ensure that the people of Lisburn are treated fairly, and that their interests are put first in all considerations.

Mr Butler: Go raibh maith agat, a LeasCheann Comhairle. I thank my fellow MLA from Lagan Valley Paul Givan — I know his name, being a member of Lisburn council — for bringing this issue before the Assembly. I broadly welcome what he said. I agree that, considering the growing population in Lisburn over the years, and the catchment area for Lagan Valley Hospital, no accident and emergency facility should be downgraded.

We saw the furore about the Mid-Ulster Hospital, and what happened there. I hope that the Minister will take on board what the elected representatives from Lagan Valley and Lisburn are saying about this issue, and look at the matter again. I know that he will tell us about cuts to his budget, but there is a strong case for Lisburn retaining its accident and emergency services.

We have had debates in the Chamber about maternity services, and progress will hopefully be made on the establishment of the new midwife-led unit. Those of us who, over the years, have been elected either to this House or to Lisburn City Council have been concerned about the future of Lagan Valley Hospital for some time. Over the years, there have even been concerns over whether its future as a hospital would be safeguarded.

Removing any services, particularly accident and emergency services, would be unhelpful. I support Paul Givan's call to retain a full accident and emergency service at Lagan Valley. I hope

that the Minister takes on board what we are saying today.

Mr Burns: I am glad of the opportunity to speak in the Adjournment debate, and I thank Paul Givan for securing it.

I am not a member of the Lagan Valley constituency. However, downgrading the accident and emergency unit at the Lagan Valley hospital would affect my South Antrim constituency, because people from the Glenavy area may use the accident and emergency unit at Antrim Area Hospital.

The Glenavy people always considered themselves to be part of Lagan Valley and would have used the Lagan Valley Hospital and its accident and emergency unit. If that unit is downgraded and an ambulance is picking people up in Glenavy, where will it bring them? Will it bring them to Antrim Area Hospital, which is probably closest, or to a Belfast hospital?

I appreciate that such operational decisions are matters for the South Eastern Health and Social Care Trust. I am sure that the Minister of Health, Social Services and Public Safety will take what I have to say on board, because I know that he is committed to providing patients with the best possible care, even though he may not have the resources that he would like.

If another accident and emergency facility in our vicinity is downgraded, similar to what happened at Whiteabbey Hospital and the Mid-Ulster Hospital recently, and its services are transferred to Antrim Area Hospital, that hospital will be put under tremendous stress and strain. We do not want accident and emergency services at Antrim Area Hospital to collapse due to additional pressures being put on them without any extra resources.

I have read plenty of official reports, statements and answers to written questions that have been tabled by various Members, all of which say that we are committed to providing better accident and emergency care. However, that is not what the doctors and nurses are telling us, and it is certainly not what is being reported in the media.

Staff say that they are totally stretched from dealing with new patients from the Mid-Ulster and Whiteabbey hospitals. If staff have to deal with a further influx of patients from Glenavy, they will be pushed to breaking point. There

have been long waits and instances of patients having to lie on trolleys, which is not the image that we want for our Health Service.

In conclusion, I want to ask the Minister who will pick up the slack if the accident and emergency unit at the Lagan Valley Hospital is downgraded. Will Antrim Area Hospital have to deal with patients from Glenavy? If so, how will it cope? Will the Minister provide more money, doctors and nurses for Antrim Area Hospital? If so, where will those resources come from? Those are simple questions that will be very difficult to answer.

Mr Lunn: I support the subject of the Adjournment debate. I do not intend to repeat all the points that Paul Givan made. As far as I know, there is cross-party agreement on the issue, and if any of the Ulster Unionist representatives who sit on Lisburn City Council were here, they would say the same things that we are saying.

The pending decision about A&E is totally unwelcome in Lisburn and, though it is a wee bit down the track yet, we hope that on the basis of arguments made today the Minister might reconsider. Frankly, a minor injuries unit on limited hours in a place as big as Lisburn will not suffice for the needs of a population that size, and the population, as we have all said, is increasing. Lisburn is not totally urban; much of it is widespread. As Mr Givan said, it stretches to Dromara. I could mention Ballinderry, and as Thomas Burns said, it includes Glenavy. We are talking about 110,000 people who will not have ready access to an accident and emergency unit on a 24-hour basis.

Allow me to digress slightly. I have been a member of Lisburn City Council for 10 years and there has hardly been a month when it has not discussed the future of the Lagan Valley Hospital. There has been constant concern among politicians and the population about where Lagan Valley Hospital is headed. Everything seems to be a downgrade, rather than an upgrade.

I sympathise with the Minister in some ways. He has difficult decisions to make in the broader scale of things. I welcome the new operating theatre which we will now have in Lagan Valley Hospital as the major elective surgery unit progresses. However, concerns are still widely voiced across Lagan Valley about the future of the whole operation, particularly if we do not

have A&E. I have to mention maternity services again, even though I got a bit of an earful earlier when I asked about it. The problem with both those units is that these things can become self-fulfilling. If we have a maternity unit that is not used — which is our concern — some review in the future may decide that we do not need it at all.

The same goes for A&E. The minor injuries unit is not the most useful thing in the world to begin with; if it is not used fully, a future review might decide to remove it. Where does this end? The large population of Lisburn/Lagan Valley will end up without proper facilities at all. I do not imagine that that is in the Minister's mind at the moment, but who knows what will happen 10 years down the line? Twenty years ago, we would have thought that none of these things were possible. We thought that there would always be a maternity unit and an accident and emergency unit in Lisburn. Now, evidently, one is going; the other, in some opinions, is under threat through lack of use, but we will see about that.

I look forward to what the Minister has to say about this. The unanimous view across Lisburn is that he should reconsider this decision, even in these times when his budgets are hard pressed and he is trying to spread services across the country as best he can. As I said, I have sympathy for him in that endeavour. However, I think the Department has got this one wrong, and I look forward to what the Minister has to say about it.

4.30 pm

Mr Craig: I welcome the opportunity to speak on this issue yet again, and I thank my colleague Mr Givan for bringing this issue to the House.

As Mr Lunn said, this issue is constantly raised not only by politicians, but also by those on the doorsteps of Lagan Valley. Whether or not it is founded in reality, people have a fear that, one day, accident and emergency services will be removed from the Lagan Valley.

An invaluable resource resides in Lagan Valley Hospital, and it would be wrong of me not to give the Minister some of the figures. No doubt his Department has already given them to him. Lagan Valley Hospital's emergency care department saw 33,627 people in attendance last year. The majority of them, 89%, were new attendees, not people returning for additional care.

In comparison with the Royal Victoria Hospital, for example, it has about half the number of attendees. The Royal dealt with more than 71,000 attendees and Belfast City Hospital with 45,000. There is extensive use of the accident and emergency service in the Lagan Valley Hospital. The comparison with Belfast City Hospital is significant and gives rise to a major problem. If the services in Lagan Valley Hospital are to be run down, where, as my South Antrim colleague asked, will those 33,000 individuals go?

The vast majority of people from Lagan Valley would probably go to the Royal; fewer would attend the Ulster Hospital. As was mentioned, Craigavon Area Hospital and Antrim Area Hospital would end up dealing with many of those people. That aspect of winding down the accident and emergency service at Lagan Valley Hospital causes a major issue. We all read stories in the press about waiting times at the Royal. Some are measured in hours, and, at times, when that hospital is stretched to the limit, people have to wait for a considerable time in its accident and emergency department.

Of the 33,000 people who attend Lagan Valley at present, none have sustained major injuries. Already, the instruction is that anyone with a serious injury should bypass Lagan Valley Hospital and be taken to, for example, the Royal, where major intervention can take place. Last night, unfortunately, there was one such example, when a young child was knocked down and received extremely serious head injuries. I pay tribute to all the emergency services, including those in the Royal, where staff dealt with the case. Their care of the individual was exceptional and possibly saved his life.

However, if those 33,000 people who now attend Lagan Valley Hospital were no longer able to do so, what impact would that have on resources in the major acute hospitals in Belfast? The bulk of that number would start to attend hospitals in Belfast, which would overstretch their already limited resources. Would that result in putting someone's life in jeopardy? As I am not a medical expert, I do not know. I simply crunch numbers in my head, and it makes little sense to me. I fear that the change would stretch to the limit resources that are already under pressure in, for example, the Royal.

Over recent days, Lagan Valley Hospital has had a major issue with staff cover in its accident and emergency unit. I understand that the hospital

found it extremely difficult to get doctors to cover. On several occasions, I have had to intervene and speak to the South Eastern Trust about that issue. The trust had been using locums to provide emergency cover. It seems that there is a shortage of doctors in the system as a whole.

The continual draw to centralisation in Belfast cannot continue. As a Government, we do not have the resources or the funds to double the capacity of the Royal and similar hospitals. For that reason alone, common sense dictates that the Minister should make every attempt to keep open the existing accident and emergency provision at Lagan Valley Hospital.

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): I add my appreciation of the staff of the hospital and the South Eastern Health and Social Care Trust, who are committed to providing high quality health and social care to people in their community. I know that Lagan Valley Hospital is greatly valued by the people of Lisburn and the surrounding area. No one in the House should be unclear about my commitment to that hospital.

Just last week, I visited the hospital for the handover of two new operating theatres, at an investment of £3.6 million, in which people will be treated from next month. Around 4,500 to 5,000 operations are carried out in the hospital each year, and the new theatres will offer a gold standard in operating rooms. The theatres also signal my determination that Lagan Valley Hospital should be equipped to fulfil one of the roles envisaged for it in the Developing Better Services (DBS) strategy as a protected elective centre for greater Belfast.

The DBS strategy also indicated that Lagan Valley would become a local hospital with a minor injuries unit and a rehabilitation role for older people in particular. The hospital will continue to provide a wide range of services to its local community, including elective surgery, outpatient clinics and endoscopy, diagnostic and rehabilitation services. The strategy also envisaged that the hospital would no longer provide consultant-led obstetrics but would have a midwife-led unit. I announced last year that consultant-led maternity services would be transferred away from Lagan Valley Hospital but would be replaced by that midwife-led maternity unit. The trust is developing plans to establish that, and it will commence in February 2011.

The strategy also set out the broad direction of change for hospital services across Northern Ireland. Everyone needs to understand that things cannot and will not stay the same: we do not want them to stay the same. Services constantly change because of advances in medicine, technology and procedures, and because of need and demand. A simple method of measurement is to look at life expectancy figures and the rates of cancer detection, for example. Far more cancer cases are being detected each year, yet the mortality rate for cancer is falling all the time. That demonstrates that what the Health Service is about is working. It is also demonstrated by the way in which life expectancy has been rising over the past 30 years.

In the past 20 years, there has been a dramatic rise in life expectancy. That demonstrates that, by evolving, the Health Service is working and continues to work for the population. That is despite the fact that our Health Service is the most badly funded Health Service in the UK. That funding was voted through by the DUP and its colleagues in Sinn Féin, supported by their colleagues in the Alliance Party. That is where the money is. The DUP, Sinn Féin and the Alliance Party voted through cuts: £700 million of so-called efficiency savings. They voted through a Budget with cuts and set the Health Service huge challenges, including that of a £120 million cut made recently as a result of the so-called black hole. That was voted through by the DUP, Sinn Féin and the Alliance Party. To me, that does not demonstrate a genuine commitment to the Health Service.

Members talked about Belfast versus Lisburn. We are not dealing with John Lewis here. We are dealing with a Health Service that provides for the whole of Northern Ireland. It is about regional provision. We are not about equity of geography but about equity of outcome. This is about ensuring that the entire population gets equity of treatment and outcome.

Mr Craig spoke of medical expertise. An accident and emergency unit is not just a room with doctors and nurses. It is what is outside the back door that counts. The British Association for Emergency Medicine (BAEM) states that the support necessary for an emergency department or an accident and emergency unit is on-site acute medicine; a critical care unit; imaging, including 24-hour CT scanning; laboratory services, or pathology; paediatrics; surgery; and orthopaedics. To

guarantee safety, a unit must have on-site acute medicine, a fully staffed critical care unit, imaging, including 24-hour CT scanning, and pathology as an absolute minimum. Those are not available in Lagan Valley Hospital, and they have not been available since I got involved; they have not been available for some time.

Earlier, we debated medical negligence claims. That was about acknowledging that some patients experience bad outcomes, but they are, thankfully, a tiny minority that we seek to ensure gets smaller. What we cannot do is endanger the population through unsafe practice. All of the medical experts — including the British Association for Emergency Medicine, the Royal colleges, consultants, nurses and health professionals — have the same message and say the same thing about quality and safety. Paul Givan talked about “local”, “fast” and “safe”. The service has got to be safe: that is the key requirement.

The other matter that he neglected to mention was that we also have an Ambulance Service that has been transformed in the past 20 years. In effect, we ensure that we can take the A&E to the patient, which is what happens now with the very high quality Ambulance Service. It is not about going out, ringing a bell and scooping people up to take them back to the nearest hospital, it is about getting that emergency care out through the Ambulance Service and stabilising the patient before going to the appropriate hospital. Indeed, a number of protocols about Lagan Valley Hospital now operate because it is routinely bypassed.

Mr Givan also talked about the reading of a letter at Clady Villa, taking it totally out of context and misrepresenting it. He started to talk a little about money and got closer to the subject when he did, because he, and his colleagues in Sinn Féin, backed by the Alliance, will not support the Health Service. If he is serious about the accident and emergency unit in Lagan Valley Hospital and had he listened to the debate this morning, he would understand that, for safety purposes, we require investment in Lagan Valley Hospital. The investment needed includes the development of on-site acute medicine; a fully staffed critical care unit; and imaging, including 24-hour CT scanning and pathology. Accident and emergency staff are very hard to recruit, and not all of the A&E units are managing to get all of the consultants that they require; it is an effort. Even if we could

get those staff, there would be a very large price tag. It is a different argument if the DUP Members and their colleagues in Sinn Féin and in the Alliance Party are telling me that they will vote that money through. As things stand, the funds are simply not there.

On another point, I do not know what sort of discussion goes on in Lisburn, but it must be dire indeed if years have been spent talking about this issue. There are no specific plans in the consultation document for the Lagan Valley Hospital emergency department: nothing is about to happen, anyhow. There has been a consultation, which will provide an opportunity to discuss any concerns with the trust. The business of saying that this is a done deal and all the rest of it, saying “Oh, woe is me” and then carrying on scaremongering, is about politics. It is playing politics: just tell the people of Lisburn that the Lagan Valley Hospital accident and emergency unit will be closed and give them an opportunity to vote for the hospital’s defenders. It is a bit of a scare. The DUP used to scare people about Sinn Féin: now they are their colleagues.

Mr Givan: Will the Minister give way?

The Minister of Health, Social Services and Public Safety: No, I am not giving way. You had your opportunity. You used to scare about Sinn Féin. Now they are your colleagues, so you are scaring about Lagan Valley Hospital, and that is unfair. It is about — *[Interruption.]*

Mr Deputy Speaker?

Mr Deputy Speaker: Order, please. Minister, take your seat.

The Minister of Health, Social Services and Public Safety: Thank you.

Mr Deputy Speaker: I remind all Members that remarks are made through the Chair and not across the Floor of the House. Continue, Minister.

The Minister of Health, Social Services and Public Safety: Thank you, Mr Deputy Speaker. I understand that he is a new Member and that we are indulgent.

As far as the Lagan Valley situation is concerned, playing politics with health is the worst thing one can do. I am absolutely disgusted when people start playing politics with health.

Mr Givan: Hear, hear.

The Minister of Health, Social Services and Public Safety: I heard that remark made from a sedentary position quite clearly.

The Lagan Valley Hospital has a very robust future. It will deliver the overwhelming majority of hospital needs for the population in Lisburn and the surrounding area. However, the reality is that someone with cancer will not want to go to Lagan Valley Hospital; they will want to go to a specialist acute service such as that in the Belfast City Hospital.

I am sorry that that is in Belfast and not in Lisburn. If you have major trauma, you will go to the Royal. If a child requires specialist children's medicine, he or she will go to the children's hospital in the Royal. Someone with a specialist maternity need will go to the maternity hospital in the Royal or to another one of the maternity services, of which there are a number. The way that things are evolving, the services that we provide are getting safer, but they are getting safer through specialisms. As Mr Craig said, this is about medical expertise. I do not make those decisions.

Mr Deputy Speaker: The Minister should draw his remarks to a close.

The Minister of Health, Social Services and Public Safety: It is about the advice that is coming from the Royal colleges and the professions, and it would be a shame on us if we were not to heed that advice.

Adjourned at 4.51 pm.



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