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Ministerial Statement

Health and Social Care Trust Rebuild Plans

Mr Speaker: I have received notice from the Minister of Health that he wishes to make a statement on trust rebuild plans. Before I call the Minister, I remind Members in the Chamber that, in light of the need for parties to observe social distancing, the Speaker's ruling that Members must be in the Chamber to hear a statement if they wish to ask a question has been relaxed. Members participating remotely must ensure that their name is on the speaking list if they wish to be called. Members present in the Chamber must also do that. They may do so by rising in their place as well as by notifying the Business Office or Speaker's Table directly. I remind Members to be concise in asking their questions. In accordance with long-established procedure, points of order are not normally taken during the statement or in the period for questions thereafter.

Mr Swann (The Minister of Health): Mr Speaker, thank you for the opportunity to speak.

Before I move to the substantive content of my statement, I pay my respects to the late Duke of Edinburgh. Prince Philip was a truly extraordinary individual. A distinguished veteran of the Second World War, he was someone who dedicated his entire adult life to selfless public service. He was at the helm of the royal family for longer than most of us have been alive. He was an anchor of steadfastness, and it is clear that he had a total and unswerving dedication and devotion to his country — his charitable interests included being patron of a number of health organisations — and, most importantly, to his wife, Her Majesty The Queen. His immense contribution can never be overstated.

My motivation in making today's statement is twofold. First, I would like to update the House on our immediate plans for rebuilding health and social care services. Today, I am publishing the trust rebuild plans for the months of April, May and June.

Secondly, and perhaps more importantly, I would like to provide an update on some of my longer-term rebuilding initiatives. I will focus on cancer services, the long and growing waiting lists, and on the significant constraints that I face in tackling those.

Our health service prides itself on being available to all and free at the point of access. I contend that we are still in grave danger of undermining this essential feature of our health service. With ever-growing waiting lists, I question whether all of our citizens have adequate access to the health service that they need.

The people of Northern Ireland deserve better than having to wait months or, in many cases, years for access to elective healthcare. Many suffer pain and discomfort while they wait. We simply cannot let the situation continue to deteriorate. I am absolutely determined to put this right. However, as I will argue today, I cannot do this alone. If we are to address our absolutely dire waiting lists, I need the support of the House and my Executive colleagues.

Before I delve further into that issue and cover the trust rebuild plans, I will set the scene by briefly outlining how recent history has led to where we find ourselves today. The pandemic has highlighted serious, long-established fragility in our health and social care system, especially in staffing capacity. Our health and care system was under immense and growing pressure long before the pandemic. Ten years of financial stringency and short-termism had undoubtedly taken its toll. During the last decade, our health system has been repeatedly documented as being out of date and failing.

Sir Liam Donaldson's 2015 report, 'The Right Time, The Right place', referred to Northern Ireland having an "ossified model of care", with specialist staffing resources "too thinly spread". Similarly, the 2016 Bengoa report, which was endorsed by the Northern Ireland Executive and the other parties in the House, referred to the model of care as "outdated" and:

> *"not the one that Northern Ireland needs."*

It also stated:

> *"the current configuration of acute services is simply not sustainable in the short to medium term."*

The following year, an expert panel assessed our adult social care system, and its report, 'Power to People', concluded that it was "collapsing in slow-motion."

The decade of chronic underfunding has had consequences, not least of which is the failure to build greater capacity and resilience. We have some of the best staff and most innovative treatments in the world. Northern Ireland should simply not have the waiting times that it has.

They have been intolerable for some time and have grown worse. The time for words of concern has passed. I firmly believe that we require a period of firm action now. The hundreds of thousands of people who are on a waiting list deserve no less.

Undoubtedly, the pre-existing fragility in our system also hampers our response to the pandemic and underlines the particular need for caution in Northern Ireland as we emerge from lockdown.

It is in that context that I am today publishing trust rebuild plans for April to June 2021. The publication of those plans comes as we emerge from the severe third COVID wave, which has further depleted the resilience of our health and social care system. Over the winter, our health and social care services have been under pressure like never before. I am pleased that we are now coming out of the latest COVID-19 wave, and, while there is no time for complacency, the highly successful roll-out of the vaccine is giving real hope.

I am aware that our hard-pressed health and social care staff, especially those who have worked in the most challenging roles over the past 13 months, are in need of rest, and that is reflected in the trust rebuild plans. However, I also know that they wish for nothing more than a return to their normal duties, delivering the care that they are expertly trained to do. I am hopeful that the publication of the plans signals a gradual return to normal duties for our staff.

The trust rebuild plans are based on five principles, which are, first, that we de-escalate ICU as a region; secondly, that staff are afforded an opportunity to take entitled annual leave; thirdly, that elective care is prioritised regionally to ensure that those who are most in clinical need, regardless of place of residence, get access first; fourthly, that all trusts seek to develop green pathways with the aim of maximising theatre throughput; and, fifthly, that the Belfast City Hospital Nightingale facility is prioritised for ICU de-escalation in order to increase regional complex surgery capacity as quickly as possible.

For that fifth principle, I can confirm that the Belfast City Hospital Nightingale facility is now closed, with the last remaining ICU patients vacating the site on Friday 9 April. I am also pleased that the trust rebuild plans reflect our many regional initiatives, not least my action to ensure that all elective surgery is prioritised in line with greatest clinical need and is not dependent on a patient's postcode.

Alongside the trust rebuild plans that have been published today, a data annex has been included that sets out the trust activity projections for the three-month period of April to June 2021. The activity projections for May and June are indicative at this stage and will be reviewed in early May. That reflects the ongoing high degree of uncertainty that we continue to face, but it is also because I want to make sure that, if it becomes clear over the coming weeks that trusts can do more, I expect them to do that, even in the context of many competing challenges and uncertainties. I still want to see as much activity delivered as quickly as we can.

Having published the immediate trust rebuild plans, I want to spend some time on our growing waiting lists and waiting times. There is no doubt that the pandemic has had a devastating impact on our hospital services and particularly on elective care. The downturn in elective surgery, while deeply regrettable, reflects the unprecedented pressures of the COVID-19 pandemic. It is not right that any patient should wait longer than is clinically appropriate for surgery. I fully understand the distress and anxiety that long waiting times cause, particularly when patients are suffering pain and discomfort.

Staff were redeployed to help to manage the high number of patients who were being admitted to our hospitals and to allow the system to increase critical care capacity. For the past year, rightly and unavoidably, our priority has been urgent and emergency care and providing ICU care to those who needed it. It was not lockdown that added to waiting lists and led to much-needed operations being postponed; it was the virus. Our system, like systems all over the world, simply could not maintain a normal service, given the surge in patients who required life-saving and immediate interventions.

Staff had to be redeployed, and agonising choices had to be made. That was not about prioritising one condition over another but about providing care to the sickest patients quickly. It was about maintaining ICU care for everyone who required it, COVID and non-COVID patients alike. Despite those challenges, a number of actions have been taken to maintain elective services as much as possible. We have also pushed ahead with important reforms of our urgent and emergency care services. Those initiatives demonstrate that, despite the pandemic, we have continued to deliver much-needed reform of services. I will now turn to some of those initiatives in more detail.

10.45 am

On actions to maintain elective services and to reform services, we have created Northern Ireland's first regional day-procedure centre at Lagan Valley Hospital in the South Eastern Trust. The day-procedure centre has been providing support for the region, particularly for urgent cancer diagnostic work. Similarly, surgeons from across Northern Ireland have been travelling to the South West Acute Hospital (SWAH) in Enniskillen to provide surgery that could not be provided at other sites owing to the rising number of COVID-positive inpatients.

I have also announced a new regional approach to orthopaedic surgery. It involves developing a networked regional system of dedicated hubs.

As I have mentioned, I have also established a new regional approach to the prioritisation of surgery. That will ensure that any available theatre capacity across Northern Ireland is allocated to the patients most in need, both during a surge and in the future. It includes fully maximising all available in-house Health and Social Care (HSC) and independent sector capacity. While that may mean that patients will need to travel further for their surgery, I would rather see the highest-priority treatments delivered across Northern Ireland than lower-priority treatment delivered locally. The Health and Social Care Board (HSCB) also continues to work closely with independent sector providers to increase the capacity available to provide elective care in the coming months. Access to the independent sector will also be managed on a regional basis.

I have also pushed ahead with the much-needed reform of our urgent and emergency care services, and fantastic progress has been made. That not only puts us in a stronger position for the future but has allowed us to manage the impact of COVID-19 more effectively; indeed, I intend to publish for consultation in the near future further proposed steps to reform that important service.

Despite all those initiatives and the incredible dedication of all our Health and Social Care staff, we face a burning platform. The pandemic has had a significant impact on our already appalling waiting lists. Arguably, the greatest strategic challenge facing my Department and, indeed, the Executive as a whole is the urgent need to address those waiting lists.

Prior to COVID-19, the trend in demand for hospital-based elective care services had been increasing, largely because of the fact that we have a growing, ageing population with a greater prevalence of chronic health problems. That increase in demand was not matched by the corresponding increase in health service budgets necessary to increase our capacity. Patient demand for elective care services continues to exceed capacity across a range of specialities. As a result, even before the pandemic, the number of people waiting longer than the target waiting times was increasing. Our inadequate capacity includes well-documented and significant staffing pressures in many parts of our system. Underinvestment in staffing in the past decade is the exact opposite of what was required. On top of that, our outdated configuration of services means that staffing resources and expertise are too often stretched too thinly across the system.

The latest available figures on our waiting lists suggest that, at the end of December 2020, more than 320,000 patients were waiting for their first consultant-led outpatient appointment; more than 105,000 patients were waiting for inpatient or day-case treatment; and around 145,000 patients were waiting for a diagnostic test. To address that issue, I can today announce that I intend shortly to publish an elective care framework. The purpose of the framework is to set out both the immediate and long-term actions and funding requirements needed to tackle our waiting lists. Bringing our waiting lists down to an acceptable level is a long-term effort, requiring a recurrent funding commitment.

I appreciate that many Members have specific concerns about our cancer services. My Department has much activity under way to stabilise and improve diagnosis, treatment and life chances of cancer patients here. Staff in health and social care trusts have worked hard to ensure that systemic anti-cancer therapies and radiotherapy have been protected throughout the surge, and those treatments have been offered as an alternative to surgery whenever possible.

In June 2020, I established a cancer services rebuilding cell to oversee the resumption of cancer screening, diagnosis and treatment in clinically safe environments as quickly as possible and to protect those services as much as possible throughout the pandemic. Taking into account existing capacity constraints and the ongoing threat of COVID-19, on 7 October 2020, I published a policy statement setting out my Department's approach to the rebuilding and stabilisation of cancer services. That included a stabilisation plan for oncology and haematology and cancer services rebuild plans. Details are available on my Department's website.

As we continue to stabilise and rebuild services in these challenging circumstances, it is important to note that all patients are treated according to clinical priority as determined by specialist clinicians. One of my primary aims is to ensure the continued delivery of high-quality cancer services, provided, of course, that it is safe to do so. At present, trusts are keeping the position under daily review and are reinstating red-flag surgery and rescheduling patients as quickly as possible. Fortunately, the vast majority of patients who experienced a delay from January to March 2021 have since had their treatment completed or have a confirmed plan in place.

The COVID-19 pandemic has, undoubtedly, had a devastating impact on cancer services. I understand the worry and concern that long waiting times can cause for patients and their families. I am committed to dealing with that problem. Therefore, I am finalising a cancer recovery plan: "Building Back: Rebuilding Better". The plan seeks to make recommendations to redress the disruption to cancer services caused by the pandemic. The cancer recovery plan is also fully aligned with the short-term recommendations in the cancer strategy and will focus on the three-year period until March 2024. The recommendations cover 11 key areas from screening through to palliative care and have been co-produced with the Health and Social Care Board and colleagues from across the health and social care trusts.

Substantial costs are associated with the delivery of the recovery plan and the strategy. In addition, cancer charities struggle to continue to deliver current services and develop new services to people suffering from cancer, while managing the impact of falling income streams. To support cancer services, I have used both transformation and COVID-19 funding to set up two grant schemes. The first used transformation funding of £600,000, which covered the period from December 2020 to 31 March 2021 and enabled charities to deliver a range of key services to support people living with cancer during the pandemic. I hope to announce further details of the second scheme, which will be aligned with the three-year time frame of the cancer recovery plan, later this week. I am pleased to confirm that it will be accompanied by an important mental health support scheme, one that will be appropriately resourced to produce greater levels of mental health supports and interventions. The final details of both funds are being concluded. I hope that, once they have been announced in the coming days, they will demonstrate the importance that I place on recovering and strengthening those crucial services and supporting the organisations that will be central to that.

It is widely recognised that addressing the waiting-list backlog and reforming services to ensure future sustainability is a complex and long-term issue and one that requires recurrent funding commitments. Let me make it clear: one-off COVID funds have been essential for health and social care over the past 12 months. However, as I have repeatedly stressed, one-off non-recurrent funds cannot provide the long-term fix that our health service requires. Nevertheless, they have been vital during the emergency that we have faced during the pandemic. I will continue to utilise such funding to the best of my ability for as long as it is available.

In recent weeks, I have been able to allocate one-off funds to specific priority areas. The debt that the health service and wider society owe to unpaid carers, for instance, cannot be overstated. Without the care provided by family members and friends, many vulnerable people would have been plunged into full-scale crisis over the past 12 months. I have allocated £4 million to a new carers' support fund that will provide support for charities working for and with carers. The support fund will provide practical support and acknowledgement to what is such an important sector.

All those allocations, such as the additional grant support to the air ambulance and a range of our community and voluntary sector organisations, as well as the major funds that I hope to be able to announce this week, have been made possible as a result of the one-off COVID funds made available to Northern Ireland during 2020-21. I would, of course, love to allocate further recurrent funding to all those areas, but, as ever, the available recurrent funding is not keeping up with the levels of demand and need.

As Members will be aware, the Executive's Budget has now been announced by the Finance Minister. I recognise that the 2021-22 Budget allocation was disappointing for all Departments and that the scale of pressures significantly exceeds the funding available. From my perspective, the Budget is extremely disappointing. Tragically, as it stands, I cannot make any substantial inroads into improving the waiting list position that I have just outlined. That said, I welcome the £52 million for Agenda for Change pay, which will enable pay parity with England to continue in 2021-22. Likewise, the announcement that £20 million for safe

staffing will now be funded from Barnett consequentials is a positive move.

It has to be recognised that, while the additional resource allocations in the Budget are to be welcomed, the non-recurrent nature of much of the funding means that I will still face some difficult decisions. The present funding model that we operate within is not fit for purpose. What is really needed is a multi-year Budget, and, unfortunately, the Executive have not received that from Westminster. One-off COVID funding cannot be effectively deployed in rebuilding services as that requires us to make multi-year commitments to training places and to appoint people to permanent posts in order to attract and retain staff. We require major sustained investments to rebuild our services. In particular, increasing the capacity of our elective care system, whether in-house or in the independent sector, requires a significant recurrent funding commitment. Only with such a commitment can we begin to invest in the staff and infrastructure required to make progress. At a minimum, a recurrent source of earmarked funding agreed in advance is needed to close the capacity gap and to address the patient backlog. An incremental year-on-year increasing allocation will be required, and it could take five to 10 years to return waiting times to an acceptable level. Longer-term surety of funding at a significant scale will enable innovations in-house and with independent sector providers.

Mr Speaker, I again thank you for the opportunity to speak today. At the heart of my address is a genuine concern for the people of Northern Ireland, the hundreds of thousands of people on our elective care waiting lists and the many more who will need access to those services in the future. Failure to tackle the elective care waiting lists will impact not just on those who are currently waiting but on all those who will need access in the future. The issue affects us all. Such a failure would also be morally reprehensible, as we must not lose sight of the fact that, for the last five to six years, despite all the advances in medication and technologies, growing numbers of people have come to harm because they have not received the treatment that they deserve. Who does not have a loved one, a friend or a relative who, at some point now or in the future, will need to access an elective procedure? As a House, we owe it to all our citizens to now tackle the elective waiting lists.

To address that burning issue, in the near future I will publish for consultation a cancer recovery plan, an elective care framework and the urgent and emergency care review. Our great staff want us to be ambitious about the future of Health and Social Care. They want us to build back better and to learn the lessons of the pandemic regarding capacity, resilience and investment. I share that ambition 100%, and I believe that the people of Northern Ireland do too. However, I fear that, without a significant and recurrent funding commitment from the Executive, we will be severely restricted in our ability to deliver and will be fighting the scourge of waiting lists with at least one hand tied behind our back.

I ask Members and my Executive colleagues to reflect on what I have said today. I look forward to having further constructive discussions about how we collectively address this most serious issue. I conclude by appealing for unity on waiting times across the House. We must start to put it right. It is a long-term task that needs long-term recurrent funding. It cannot be done on the basis of money that is here today, gone next year.

To put waiting lists right, we will need more staff in our health service, but how can you recruit additional people to the workforce if there is no certainty that you will have the money to keep paying them next year? How do you sign up more young people for the required years of training on the basis of single-year funding?

11.00 am

I recognise that there are many pressing rival demands on the public purse in Northern Ireland and that huge issues face every Department, and I fully accept that the Executive have limited room for manoeuvre in budget terms — decisions are taken in London, and we have to play the cards that we are dealt — but I cannot think of a more pressing issue facing us than waiting times. It cries out for action. It is a daily rebuke to the standing of the House and to the reputation of politics. It leaves thousands and thousands of our people — our fellow citizens and neighbours — in avoidable pain. We owe it to them to do much, much better. Mr Speaker, I commend the statement to the Assembly.

Mr Speaker: Can we, please, bring Colm Gildernew on screen? *[Pause.]* I will give him a few seconds. *[Pause.]* We will try to return to Colm Gildernew. I call Pam Cameron.

Mrs Cameron: I thank the Health Minister for his statement. I welcome any ramping up of services and reform of our health service. There are many people waiting for cancer operations or diagnostic tests to detect cancer and other

potentially fatal diseases, but there are also many people waiting for routine elective surgery. Those people are living in agony, and some have been waiting for a year for the vital healthcare that they so require. In the plan for an elective care framework, how does the Minister envisage elective care being given significant enough recurrent funding to effectively reduce waiting lists and meet targets to bring the numbers to more acceptable levels?

Mr Swann: I thank the Deputy Chair of the Health Committee for her question. I apologise for not being able to brief her and the Chair prior to making the statement, as has been my normal practice, due to an Executive meeting this morning.

One of the things that we have done during the pandemic is establish the elective care centre in the Lagan Valley Hospital. That is proving to be a great asset to our health service across Northern Ireland. It is about establishing that centre as part of the long-term solution to reduce the number of people waiting for elective care, but, as I said in my statement, it must be done through a regional approach. We must look at treating patients faster rather than closer to their homes. Treating patients closer to their homes would be the ideal position, but, due to the size of Northern Ireland, the footprint of our health service and our staffing specialities and pressures, the regional approach, which we are seeing in Lagan Valley and in the other areas in which those changes have been made, is paying dividends. It is about investing in staff and the processes that allow that regional approach to work.

One benefit that we have seen over the past year is the breaking down of silos across our trusts. Those silos were not intentional or created by anyone in particular, but they grew up over time. We now see our health service colleagues working across sectors, trusts, primary care, community pharmacy and secondary care. It is about building on that for the future so that the people who need to be seen can be seen as quickly and efficiently as possible.

Mr Gildernew (The Chairperson of the Committee for Health): Gabhaim buíochas leis an Aire as a ráiteas. I thank the Minister for his statement. I note and share the Minister's concern around elective care waiting lists. As he rightly points out, those are concerns for us all, particularly the, approximately,145,000 patients who are waiting for a diagnostic test. Such a wait puts further pressure on those individuals and, potentially, the health service, due to the increased treatment that will be needed.

We have seen good examples of considerable partnership working on rebuilding and reconfiguring services, including cancer services, particularly breast cancer, and strokes. I note that several plans are to be published on emergency departments, elective care and cancer recovery. I am somewhat concerned to see in the reference to the cancer strategy that it has:

> *"been co-produced with the Health and Social Care Board and ... the health and social care trusts."*

That is a fairly minimal approach, and, basically, it does not include some other very important sectors. What commitment can the Minister give that these plans were developed with staff and patients in the genuine spirit of co-production and partnership working, as promised in the Bengoa report and 'Delivering Together'?

Mr Swann: I thank the Chair for his statement. As he is aware, many of the plans announced today have been a long time in the cooking and development from the Bengoa report, 'Transforming Your Care' and 'Power to People'. They have all been done with that co-production and co-development phase throughout their entirety, especially with regard to our long-term cancer strategy, which has been co-produced and co-chaired and will keep those people who need these services most right at the heart of what we do. That co-production has also been done in the review of our elective care model, which has been a long time in the development. It is about keeping patients at the centre of what we do, but it is also about making sure that we get the ultimate utilisation of our footprint and our staff across the entirety of our service.

This is not about redesigning or closing hospitals or paying staff off. This is about actually indicating that we need every spare square foot of capacity that we have; we need more, and we need more staff to actually do that. As the Chair well knows, I regularly meet our trade union side and the chairs of all my arm's-length bodies to make sure that they are fully embedded in and have sight of everything that we are doing as well, and also to provide the accountability that the Committee requires in our producing these plans and programmes and in coming forward with them for scrutiny and assessment.

Ms Hunter: I thank the Minister for his statement this morning. I know that he shares my commitment to improved mental health services, and I welcome that, in the statement, he mentioned the cancer recovery plan being accompanied by mental health support for patients on waiting lists. My question today refers to mental health waiting lists specifically. More broadly, as we emerge from the pandemic, mental health support will be necessary, now more than ever. Can the Minister give an update on crisis intervention services to support those on mental health waiting lists, should they need it, and does he see improved support for these critical services as part of a longer-term rebuilding of services as a whole?

Mr Swann: I thank the Member, and I think that the Member is fully aware of my commitment to improving our mental health services across the entirety of Northern Ireland. That is why, even during the height of the first wave of the pandemic, I went ahead and published the mental health strategy and the consultation plan in relation to that. In the coming days, I hope to make further announcements about additional moneys that will be allocated to mental health support for people who need it across our society, especially as we come out of the pandemic. It will be accessible to a number of organisations and individuals that it had not been previously available to. The detail of that is being worked through, and I look forward to publishing that and giving the Member and the Committee a fuller briefing later this month.

Mr Chambers: I certainly welcome the comprehensive statement from the Minister this morning. During the pandemic, a phrase that kept coming up was "we are in this together". If ever there were challenges facing the House, where we need to be in it together, they are the challenges that the Minister highlighted this morning. Going forward, party political considerations need to be set aside.

Tackling our waiting list position should be a key objective for the entire Executive. To put our system on a long-term sustainable footing, it desperately needs financial certainty of more than a 12-month budget. Nevertheless, in the meantime, can the Minister confirm that his Department and the Health and Social Care Board are utilising the interim COVID funds to increase capacity as much as possible, including in the independent sector, both inside and outside Northern Ireland?

Mr Swann: I thank the Member for his question. I think that all in the House have, at some time, spoken about the need for long-term financing for Health and Social Care and the need for a Budget that is not simply year-on-year. No matter which Minister or Department has been to the House, they have indicated the challenges that not having that brings, no more so than in Health, because it does not allow us to give that firm, long-term commitment that we need to invest in not only our staff but our facilities.

On the utilisation of the independent sector, we have engaged with it, and that is a necessary part of our recovery plan to try to drive down some of the waiting lists that we have. Our independent sector and healthcare providers have, during 2021-22, completed more than 7,000 procedures, and endoscopic diagnostic tests have been carried out by them, all paid for by the health and social care system. In addition, as a result of Health and Social Care having access to theatre capacity in the three local independent sector hospitals, approximately 4,750 cancer or time-critical patients were treated by HSC consultants, again, paid for by the health and social care system.

It is about utilising, as I said, every square foot of our health service and the independent sector across Northern Ireland as we tackle what will be a long-term commitment, which, as the Member indicated, has to be party-political-free. Bengoa set the tone for that. New Decade, New Approach, in its commitments to reducing our waiting lists, set the tone for that. Now, we as a House and as a society need to follow through on that commitment: health needs to be a priority for all, irrespective of faith, favour or party political alignment.

Ms Bradshaw: Thank you, Minister, for your statement this morning. I share the Chair of the Health Committee's concerns about the fact that you talk about pushing forward with reform and then coming back and consulting with the wider public on that, but I will not labour the point.

The Minister talked about there being 145,000 patients waiting for a diagnostic test. Obviously, cancer is key area for that. I chair the all-party group on cancer. I was not aware that the Department of Health was at an advanced stage in taking forward the recommendations from the various work streams. Can the Minister provide us with an update on the investment needed for better diagnostic testing and whether consideration is being given to putting some of those resources into primary care and possibly even the community and voluntary sector?

Mr Swann: I thank the Member for her statement about how we tackle this and for her support through the work that she does as chair of the all-party group on cancer. Cancer is one of those diseases that has touched every family across Northern Ireland and those in the House. As I said, we will make further announcements about additional funding that will be supplied for the three-year cancer recovery fund. That is being produced and worked on with a number of community and voluntary sector organisations that specialise in that area. We want to make sure that that funding is utilised in the available time commitment and that it supports everyone across the voluntary and community sector and the health service. It is not simply there to plug a gap; it is there to do additional work over that three-year period.

The Member will be aware, as the chair of the all-party group on cancer, of the co-production and co-design of our cancer strategy over many years. That was paused this time last year because of the pandemic. That ingrained work, through co-production and co-chairing with service users, was, I think, crucial in getting us to where we are at this stage. We can take the opportunity and investment to try to redress some of the inequalities, especially in cancer diagnostics and cancer services, that we have seen on a postcode basis across Northern Ireland.

We need to be honest with the people of Northern Ireland: this will not be about having everything on your doorstep. That is the easy cry; it is the easy political campaign. It is about rebuilding our health service so that people can be seen as quickly, efficiently and safely as possible and get the service, the diagnosis and the diagnostic tests that they need so that they can, if necessary, get on to a treatment path as quickly as possible, not as close as possible.

11.15 am

Mr Buckley: This is a bleak statement from the Minister, and it is clear that the current situation cannot continue. It is unsustainable. For many of our constituents, the COVID pandemic has, sadly, become a healthcare pandemic that has rocked the very principles of the NHS that he outlined: available to all and free at the point of access. I share the Minister's concern wholeheartedly, and I want to see the same vigour from the Executive in engaging on this issue as we have seen in the fight against COVID-19.

Will the Minister indicate the shortfall in the recurrent funding that would be required year-on-year to implement the strategy that he outlined in the statement? We know that waiting lists will not be dealt with immediately and that that requires a long-term strategic plan. However, capacity — both staffing and space — is an issue, so engagement with the independent sector will be crucial in the immediate term. Will the Minister outline the engagement that will happen immediately with the independent sector?

Mr Swann: I thank the Member for his comments. Again, he highlights the challenges.

The National Health Service is precious to me. It is precious to me not just as Health Minister but because of the support that my family has received from it, like many families in the House and across Northern Ireland. The core strength of our National Health Service is that it is free at the point of need, free at the point of care and free at the point of delivery, no matter the ailment or stress.

It is a question of how we build capacity not just in staffing but in our recurrent footprint. The Member highlights — I thank him for his support — the challenges that not having a recurrent budget in health presents. It does not allow us to face the long-term challenge and make the long-term change that we need to see in the health service across the entirety of our system.

On the utilisation of the independent sector, we have engaged with it extensively over a number of months, even from the first wave of the pandemic. The biggest challenge that we have in working in partnership with our independent sector is the inability to give it a long-term funding commitment. When we buy services from the independent sector, it is for a 12-month period. We cannot buy a number of thousands of operations or diagnostic tests on the basis of a long-term commitment, so the independent sector faces the same challenges as we do as a health service. If they know that we are able to give them £35 million this year, they can spend it, but they are then under the same staffing pressures as we are: how do they staff up, knowing that, in 12 months' time, the Department of Health may not have the money to keep the services and staff that they have invested in? It is about how we get over that hurdle of the recurrent budget.

That is not a criticism of my Executive colleagues. Every one of my ministerial colleagues is under the same pressure. However, the system that we now have pushes additional challenges on to, in particular, the Departments who spend the majority of our funding on our staff, such as my Department

and the Department of Education. That ongoing need is always there and always will be there until we can get over that hurdle. It is about investment for the future.

There used to be a great phrase in politics in Northern Ireland: "Invest to save". Nowhere is that key principle of invest to save more important than in our National Health Service. Invest now. Invest now in the health of our young people. Invest in diagnostic tests so that we do not get to the pressures that come in future years but can intervene before we get into a worse scenario with increased waiting lists and more serious conditions to deal with and support.

Ms Ní Chuilín: Gabhaim buíochas leis an Aire as ucht a ráitis. I thank the Minister for his statement.

Minister, you will be aware that, at the end of January this year, more than 20,000 people were waiting for a neurology appointment, with 13,000 of them waiting for over 52 weeks. What are you doing to support those people?

Will the additional funding for mental health services include investment in people who have mental health crises and addictions — people who are commonly referred to as having a dual diagnosis? Ask any trust, and it will tell you that it has seen a massive increase. We have seen it in north and west Belfast.

Mr Swann: I thank the Member. The challenges in neurology are well documented. It goes back to long-term investment in specialists, especially in critical procedures and critical areas, which we have not seen for years. In an awful lot of specialities, there was no succession planning. We need to see that now and make more investment. However, in a number of those specialities, it takes years to train consultants and to bring them on board. Attracting consultants from abroad requires an attractive package. There needs to be long-term sustainability. Those consultants need to know that their post will be there and that their staff will be there to support them. That is one of the challenges that we have seen in neurology and in a lot of other specialities in Northern Ireland.

With regard to post-pandemic mental health support, we have seen work being undertaken in primary care through our multidisciplinary teams. It is about how we strengthen those so that, in mental health, we see people closer to home. That is one area in which that can be done and you do not need to go into a theatre or a diagnostic room. I will make announcements on funding for talking therapies and to support the voluntary and community sector. Volunteers have carried such a heavy load over the past 12 months, and we must make sure that there is funding for them. Again, all that I have in my purse is short-term funding. Short-term non-recurrent funding is all that I can give. However, it is about making investment in those people so that they can pay back into communities.

The Member knows well that, if we can engage with people who are starting to struggle with mental health issues, that can prevent the problem becoming a more serious long-term issue. It can prevent the challenge coming onto their friends and family. It is about making sure that we invest in community organisations and the voluntary and community sector and support them in what we will need them to do over the next number of years as we combat the challenge of the mental health stresses coming out of COVID.

Mr McGuigan: I welcome the Minister's statement, in which he rightly identified that staff were essential to the delivery of our health services. It is welcome that one of the five principles in his rebuild plan is ensuring that staff have the opportunity to take their entitlement of annual leave. However, that would need to be the very minimum in supporting and retaining our staff. Following on from that point, what progress has been made with the COVID-19 recognition payment for staff? How many staff have received that award so far?

Mr Swann: I thank the Member. I will tell him that no staff have received that payment so far. One of the two asks that I was given was to make sure that the payment was tax-free and did not affect benefits, especially for lower-paid staff in our healthcare sector workforce. Since we made the initial announcement, additional work has had to be done, and that continues. Thanks to the Member's colleague in Finance, we were able to increase the package so that that £500 should not incur the majority of its tax implication. We have also been working with the Member's colleague in Communities, who has engaged with her colleagues in the Department for Work and Pensions to see how we can make the payment so that it will not have an effect on any supplementary benefit payments either. That has been a bigger challenge. We are now working to ensure that, if that £500 is paid over a staggered period to individuals who are also on income support payments, it will not adversely affect any other benefits that they are gaining.

It is complex work that covers many thousands of staff not only within but outside the health service. It has taken more time than I would have liked, but I want to make sure that we get as much of that money as possible into the pockets of the people who have worked for it and deserve it. We are working with our trade union side to make sure that it is on board. One of the asks that it made of us was to try to make the payment to as many people at the same time as possible, rather than paying it piecemeal and causing anxiety to people who may think that they are not getting it or are not entitled to it. It is challenging work. It is a massive workforce to cover with a number of financial commitments, but that acknowledgement payment is one of the pieces of work for which I have had full support from my Executive colleagues. It is more complicated than it sounded initially, but I want to make sure that people get as much of that money in their pockets as possible by working with my Executive colleagues.

Mr McNulty: I am delighted to say that, this morning, I got my first COVID vaccination. It was at the South Lake Leisure Centre in Craigavon, and I was mesmerised by the teamwork, the positivity, the professionalism, the friendliness, the warmth of the welcome, the camaraderie, the organisation and the efficiency. It was heart-warming. Well done to all the health carers and management involved and to you, as Minister, for overseeing the deployment of the vaccinations. I give a special mention to Linda Willis, who put the needle in my arm, and to Sharon Kerr. The most important thing is that the energy, enthusiasm and teamwork on show there was incredible. It can move mountains.

Minister, in your statement you referred to 570,000 patients who were waiting for their first consultant-led outpatient appointment, for inpatient day-care treatment or for a diagnostic test: that is more than half a million people. That is a third of our population. You talked about it being five to 10 years before waiting lists got back to acceptable levels. That will not provide much comfort to patients and their families. Can you say anything today that will provide some comfort for those patients and their families?

Mr Swann: I thank the Member for his acknowledgement of the vaccine service. I have visited a number of sites. I got my vaccine through community pharmacy and our GPs, who are delivering it as well. One of the most emotive visits is to visit one of those vaccine centres. I was in the Ballymena centre in the Seven Towers Leisure Centre yesterday. The majority of the staff on duty were volunteering and working on their days off to deliver vaccines, because they see it as such a psychological lift for them and for the people of Northern Ireland. They are providing part of the relief and part of the way out of what has been a terrible 14 months. Those staff — some of whom have come back from retirement, and some of whom are trainees — have energy, commitment and drive. I spoke yesterday to physiotherapists, speech and language therapists and dieticians, all of whom had come forward to be part of the vaccine programme because they see it as such a positive thing that our health service is doing. It is such an emotive one as well. Talking to the centre manager, I learned that one of the things that they did not prepare for when they established the centre was putting boxes of hankies in each vaccination booth. The manager said that the number of people who burst out in tears because of the relief of getting the vaccine was immeasurable. I have used this story in the House before as well: I think it was in the South Eastern Trust that a lady receiving her first vaccine thanked the vaccinator for holding her hand, because that was the first human touch that she had felt in nearly a year. Those releases that the vaccinators and those who are vaccinated are getting are immeasurable.

I am glad that the Member has got his vaccine, and I am glad that he will get his second one as well. I encourage everyone in the House who is in an eligible age group to go forward —

Mr Buckley: Give it a wee bit of time.

Mr Swann: I will try to get to you as quickly as possible, Jonny.

It is part of the solution. I put on record my thanks to all the people who are working across the system and delivering it. The Member thanks me, but there is nobody who deserves more thanks and praise than Patricia Donnelly, who has brought the entire process together.

With regard to the people who are on the waiting lists, that is what today's statement is about. That is why I am not sugar-coating it. I am not saying that everything is perfect or that, in another couple of months, we will be back to acceptable levels, because it would be disingenuous and dishonest of me to do that.

This is a challenge. I say this to the people of Northern Ireland: you have a highly dedicated and highly professional health service, with people working in it who want to get back to their day job and see you as quickly and

efficiently as possible. That will mean changes and will mean challenges for many of us as politicians.

11.30 am

In the past year, I have seen a willingness from our health service staff to go somewhere else to deliver a service. Belfast surgeons have been operating in the SWAH. Two years ago, people would have said that that would never happen. People have travelled from one side of Northern Ireland to another to get a procedure, because they know that that is where they will get it. Our health service has moved outside the challenge of being local. Many of our patients have moved outside the challenge of being treated locally. The next challenge for us as politicians is to allow our health service to take a regional approach and allow patients to get the service that they need delivered where it is going to be. I am now looking at that regional approach, and I have used the phrase many times. That is why we have set up the hub-and-spoke model for orthopaedics in Lagan Valley Hospital. It is about how we provide a holistic health service to all the people of Northern Ireland using a regional footprint. That will bring challenges, and the biggest challenge that it brings to us as politicians is to accept that things will have to be done differently.

Mr Speaker: Following on from what the Minister said, I am pleased to advise the House that I had my second vaccination this morning at the Ulster Hospital. You can now call me "Two Jabs Alex" *[Laughter.]* I call Robbie Butler.

Mr Butler: Mr Speaker, it is a while since you have been called "Two Jabs Alex", perhaps back in your boxing days.

Mr Durkan: When he was a councillor and an MLA *[Laughter.]*

Mr Butler: I thank the Minister for his statement this morning. It is a statement of hope, but you are right, Minister, to tinge it with reality when it comes to funding. I also welcome the indication of further support to be announced in the coming days, particularly for mental health services. You are the Minister who has put mental health to the fore in everything that he does. Do you envisage that this will increase the provision of crucial counselling and talking therapy services?

Mr Swann: I thank the Member. I again acknowledge that one of the first initiatives that the Executive took was to establish the Executive working group on mental well-being, resilience and suicide prevention. That set the tone and tenor for what we were going to do about mental health and for how the Department was able to move forward. I have said before that, no matter how bad the first pandemic was, we still moved ahead and launched the mental health strategy. It was something that we had committed to doing, that we were going to do and that needed to be done. That is why we went ahead and appointed our first interim mental health champion: to make sure that we recognised mental health and the challenges that it presents to the people of Northern Ireland and got it the recognition that it needs in our health service, this place and the Executive, so that mental health services could get the support — practical, financial and political — that they need to address many of the challenges that they have long faced across Northern Ireland.

To answer the Member's specific question about potential funding, as I said to Ms Ní Chuilín, the allocation will be made to the voluntary community groups, charity organisations and specialist organisations that have experience and knowledge of how to address the issue at a community level, to challenge what needs to be challenged and to address what needs to be addressed. The challenge that I have is that the funding is non-recurrent. It is not long-term funding, and that puts additional stress and strain on the people who are already doing that work and will continue to do it.

Ms Mullan: I thank the Minister for his statement. I agree that the time for words of concern has now passed. I say that as someone who comes from the Western Trust area. On top of all the legacy issues, we have struggled to attract and retain staff.

Minister, I very much welcome the additional funding for carers' charities and organisations. What reassurances can you give those who have been left to cope in their own home that statutory respite services will resume safely and equitably?

Mr Swann: I thank the Member for her question. The phrase that she used was "attract and retain staff". That puts the challenge back on us, as politicians. There is nothing so great as a good health campaign coming up to an election. I remember that, when I had not long been in the House, a chief executive of a local trust pointed out to me that one thing that puts pressure on the recruitment and retention of staff is for a hospital or service to be continually in the press, with people saying that it will close. Nobody wants to move to a service that is

publicly said to be under threat even if, in reality, it is not under threat. It is the same as the old adage that it is never the Education Authority (EA) that has to close a school: there is a rumour that the school will close, and the parents start to move the pupils out. The same narrative can easily start around the attractiveness of a facility and its ability to retain staff.

This is about long-term commitment to the staff and to the footprint of what needs to be a regional service. I applaud some of the examples that have come from the Western Trust. The example that I used was the excellent facilities in the South West Acute Hospital, which were underutilised for a long time. Now, the majority of surgeons across Northern Ireland would gladly go there because it allows them to see their patients. They know that it is an appropriate use of facilities and that it is a place that can provide the care and attention that they need. This is about how we make sure that that continues over the next 12 months.

Mr Muir: I thank the Minister for his statement. As with any statement outlining waiting lists, I fear that it is just the tip of the iceberg. I know of people who have been hesitant to go to their GP, whether because of fear of putting the health service under strain or fear of contracting the virus.

As the Minister outlined, one of the key ways of dealing with waiting lists is through financial investment. What financial allocation does the Minister feel he needs in this financial year to be able to start dealing with the waiting lists? Have any allocations or bids in monitoring rounds been refused thus far?

Mr Swann: We have just started a new financial year, and I have £35 million for tackling waiting lists. That is what, we have assessed, we can use in this calendar year. It is a calendar-year budget, a 12-month budget. New Decade, New Approach allocated £50 million to the Executive collectively for tackling waiting lists. That was last year's money. That money came, and it has gone. We also used it for some of the utilisation of the independent sector. That is where we are with regards to that. That £35 million is for utilisation of the independent sector.

It is about long-term, continued investment to improve the services that we have. It is about upgrading the theatres and ICUs in our hospital capacities to make sure that we can progress and process as many operations as possible. We saw that there was a need for a massive number of ICU beds because of the long-term COVID patients who were in them. We have funded 75 ICU beds across Northern Ireland. Today, there are, I think, 68 or 69 people in ICU beds with non-COVID conditions, so we are already getting near to the capacity of our funded allocation of ICU beds.

COVID has shown us that we have to escalate and move into our surge model in relation to ICU beds. That is where we have had to bring in staff — ICU nurses, anaesthetists and all the rest — from across our system. That is why yesterday's announcement by the Belfast Trust about the de-escalation of the Nightingale, which I reaffirmed today, is such a positive step. We can use that facility and ensure that it is a green-list site for a regional approach for more complex operations.

This is about how we approach the challenge of getting all those pieces to fit. I said that we had seen the breaking down of silos, and it is now about making sure that they produce. We are in the early days of the Budget in regard to bids, funding, what we will need to spend and what we can spend. It is about having a recurrent budget, so that I can give surety to staff, hospital trusts and the independent sector that the commitment that we make today will still be there in five to 10 years' time and that they will still get that financial support.

Mr Boylan: Cuirim fáilte roimh ráiteas an Aire. I welcome the Minister's statement. Minister, I believe that you are serious about tackling waiting lists, but I will ask my question in this context: in the statement, you talked about taking a regional approach to the prioritisation of surgery and the use of the independent sector to restart services and reduce waiting lists. If we are serious about waiting lists, does that regional approach include the utilisation of cross-border services? What discussions have you had with your counterpart in the South about a regional and cross-border approach to addressing the issues?

Mr Swann: I thank the Member. Part of the independent sector that we are engaging with, have utilised and will use is the independent sector in the Republic of Ireland. The issue is where we can get a service at all. The Republic of Ireland has its own waiting lists, as, I am sure, the Member is fully aware, so it is an illusion to think that it will accept patients from Northern Ireland simply to reduce our waiting lists. Its focus will be elsewhere. It is about using the independent sector in the Republic of Ireland and elsewhere to get people seen as quickly as possible.

There are cross-border initiatives that are still being utilised. In children's cardiac services, the majority of our children who need heart surgery are being seen in Our Lady of Lourdes in Dublin. That is a great initiative. Cancer services are being provided for the entirety of the north-west, meaning Donegal as well as Londonderry, in Altnagelvin. There is a memorandum of understanding on kidney transplants between the Belfast Trust and the Beaumont Hospital in the Republic of Ireland. It is about all those services that we can deliver cross-border and utilising the specialities on either side of the border. The ability to simply utilise the health service in the Republic of Ireland to address our waiting lists is not a reality, but the utilisation of the independent sector there is something that we are and will continue to be engaged in.

Mr Durkan: I thank the Minister for his statement. I very much welcome it. Will the Minister give his view on what I and many consider to be an entrenchment of a two-tier healthcare system? Those who can afford to go private will do so, and those who cannot will languish on lists while their physical and mental health deteriorates, with many of them getting into debt to pay for treatment. Can any steps be taken to eradicate the perverse situation in which a consultant at a hospital can tell someone that they will have to wait four years for an operation but he can see them next month if they are willing to pay and go private?

Mr Swann: The Member highlights the duality of our health service in Northern Ireland, which, as I mentioned, challenges me. One core principle that I hold dear as a unionist is our National Health Service, which is free at the point of use, free at the point of delivery and free at the point of care, irrespective of your ability to pay or your need. Due to underinvestment in the service and staff over the long term, the independent sector is meeting the needs of those who can afford to pay. It is as simple as that.

What we need to do and what my statement is about is invest in our National Health Service: invest in the people who work in it, in its footprint, in its equipment, including its diagnostic equipment, and in its theatres so that the demand on and the opportunity for the independent sector is not as great. Due to the underinvestment in our National Health Service over the last 10 years, the independent sector is there and is meeting the need. If surgeons are capable of working in both systems, I am not in a position to prevent them. We have used the same surgeons to bring down our waiting lists when we have utilised procedures that we need in the independent sector. It is about meeting the demands of our patients as quickly as possible.

Mrs Barton: Thank you, Minister, for your statement. I welcome the successful roll-out of the regional day procedure centres at Lagan Valley Hospital and the ongoing utilisation of the lists at the South West Acute Hospital in Enniskillen. Minister, do you believe that, compared with only a short time ago, there is a new outlook not only among patients but among clinicians and that people are now prepared to travel slightly further if it means receiving or delivering treatment much sooner?

11.45 am

Mr Swann: I thank the Member. The Member mentioned the South West Acute Hospital, and I thank her for the invite. It seems like a long time since I visited the SWAH and one of the COVID centres in her constituency.

It is about that challenge, and, as I said in answer to an earlier question, we have seen that professionals and healthcare staff are willing to travel. It is not just surgeons; the entirety of the team — anaesthetists, ICU nurses and everybody who makes up the surgical delivery team — are willing to travel to access theatre capacity, recovery beds and ICU beds for their patients. The professionals in our health service very much see people as their patients.

People are now willing to travel. Realistically, Northern Ireland is not a big place, especially if you need a surgical procedure. We have seen that people are now willing to travel, as I said in an earlier answer. The challenge is no longer for health professionals or patients; the challenge is for us politicians to let the clinical demand be met by the clinicians, who can deliver a service, no matter where it is, on a safe site, using the green lists and regional priorities so that those who are in most clinical need are seen more quickly than by using the postcode in which they live or want to be treated.

One of the outworkings of the pandemic has been the breaking down of silos across the entire health service. From primary care hospitals to community pharmacy, everyone working in the healthcare family has pulled together and pooled the resources. That will serve Northern Ireland well because the staff want to get back to the day-to-day work of seeing and treating patients.

Mr McGrath: I thank the Minister for his statement. I go back to his remarks about staff not applying for jobs because of rumours about hospital closures. Likewise, the removal of services from hospitals and quiet buildings can fuel that. Will the Minister make a commitment that the full estate of the health service will be used to address the trust rebuilding plans and deal with the problems we have? Will facilities such as the Downe Hospital in Downpatrick be used to their fullest capacity to retain jobs and to attract jobs in the future as thriving centres for health?

Mr Swann: As I have said before, we will need to utilise every square foot that we have. Each hospital may not provide every service that it has in the past. The challenge of the regional approach is to put an orthopaedic surgeon in one centre where he can see more patients than can be seen in three orthopaedic services doing a lesser degree of work in a number of other capacities.

I thank the Member for his commitment. I believe that some of his councillors have started a campaign for a long-term commitment to the Downe and Daisy Hill Hospitals. Again, it is that sort of language that unnerves staff. There is nothing more unnerving for people working in our health service than social media campaigns about saving their hospital when it is not under threat. Therefore, I ask the Member and some of his party colleagues to step away from the party political campaigns and support the staff who are working in the hospitals to deliver the entirety of the services in those facilities. As I have said, we do not have enough staff. We need more staff, so no one will be done away with. We do not have a big enough footprint, and we need every square foot that we have. It may not be that everyone gets every service that they want delivered on their doorstep, and that has to be the reality, if we are to address the waiting lists that we are talking about today. It also has to be about a political commitment from all in the House to Bengoa and all the other reforms that have been talked about. Now is the time to implement those changes and stop talking about them. We had three years when we were unable to meet the challenges and make the transformations that were needed. Now is the time, as we come out of the pandemic, to serve the people of Northern Ireland by addressing all their health needs equally and equitably.

Mr Allister: I hear what the Minister says about tackling waiting lists, but I have been in the House for 10 years and have heard every successive Health Minister make similar affirmations. Yet, we are where we are. During those same 10 years — indeed, during the entirety of devolution — almost 2,000 beds and all the necessary staff who go with them have been removed from our health service. What reason is there to believe that today's affirmations will be any different? Is the Minister confident that the Executive are prepared to reverse the disastrous policy that denoted the previous Executives that were made up of the same parties?

Mr Swann: I thank the Member. I have been in the House for as long as he has; I think that we came in on the same election. The difference is that I am standing here now. We took this position when many other parties in the House passed on it because we knew that there was a job of work to be done.

The Member referred to the decreasing number of beds. That is commensurate with the decrease in investment in staff that we have seen. There is no point in buying a bed if you do not have the staff to support it. It is the same process as the Member talked about. I am sure that he listened to my statement in detail. I highlighted our need to invest in our staff. There is no point in having the facility if you do not have the staff to look after the people who need the care. It is about investment. We have started that investment with our 300 trained nurses this year, next year and the following year. That is not enough. It will not recoup the losses of years of the wrong policy of disinvestment in our National Health Service. The health service was one of the things that were seen as easy to cut money from because it made up nearly 50% or more of the Budget. It is not easy to do that; once you do that, the easy place becomes the challenging place.

The major expenditure in the Department of Health is on staff. That is the first place that is looked to for cuts, whether it be bursary placements, staff training places or nursing training places. That is why the safe staffing investment that I mentioned in my statement is so critical. Until a few weeks ago, that was being hived off into a monitoring round bid. It is now there; it is now secured. That is what I argued for and got to make sure that we put that investment into our safe staff. We increase our bed numbers when we increase our staff numbers. That allows us to challenge the waiting lists that we have.

The Member knows me well enough. I will not come here with empty promises or platitudes. I could have flowery-ed up today's statement and told everybody that it was going to be great tomorrow: I did not. I told everybody about the challenges that we have in the health service

and politically in the House. It is not just about the Executive parties getting behind me, as Minister of Health, or the health service but about everyone in the House getting behind the health service and those who work in it. I know that the Member has that at his heart. I know how much he writes to me and the number of cases that he raises with me in regard to his constituents. I ask him to support me politically in the House and outside of it when it comes to the work that I need to do and the challenges that I face.

Mr Carroll: Thanks to the Minister for his statement. I am concerned that there appears to be a continuation of relying on the independent and private sector to tackle waiting lists. What efforts are being made to increase the number of staff? We are understaffed, as he stated. Before the pandemic, we were 2,000 or 3,000 nurses short. What efforts are being made to increase the number of staff in our health service? Specifically, what work is he doing with his Executive colleagues to remove the barriers that currently prevent refugees or asylum seekers who have healthcare training, including those who are trained nurses and other healthcare workers, from working due to the racist and reactionary immigration policies that we have?

Mr Swann: I thank the Member. I do not think that racist and reactionary policies sit within my Department, nor does it take such an approach. In the community pharmacy where I received my vaccine a couple of weeks ago, there was a pharmacist from Romania who had recently come to Northern Ireland and got accreditation on the certification and professional list. She was working in that pharmacy delivering vaccines because she was a trained vaccinator. So, there is no reactionary approach.

The Member will know well about the international recruitment of nurses, which continues to be progressed by my Department to make up much of the skill set that has been lost. It takes time to train a nurse. We need to fill those slots now, so we have been proactive in the international market, and we intend to keep working to fill many of those slots. However, it is simply not possible to fill nursing positions overnight. I cannot knit nurses. They have to be trained, they have to be invested in, and they have to be recruited. I am thankful for the support of the Executive for the additional places that we secured when this place was restored over a year ago. That commitment was vital. It was unfortunate that we got to a place in Northern Ireland where our nurses and our Health and Social Care staff had to take to the picket line to indicate the reality of how underfunded the health service had been over the past 10 years. We need to address that now, and, with the support of all Members in the House, I am intent on putting it right.

Mr Catney: Thank you, Minister, for your statement. I, for one, will support you. I know how difficult it is, and I know about the policy of "Not in my back yard". When I applied for my vaccine, I went to Ballymena because that was the first place that was offered. Everything about it was efficient.

Mr Speaker, like you, I have my little card to show that I have had two vaccinations. I know that my features are a little more rugged than yours. If you want to be known in the boxing arena as "Two Jabs Alec", I will be known as "Two Pokes Pat".

On a serious note, Minister, I look at the work that is ongoing at Lagan Valley Hospital, where that old Victorian facade opens out. I was treated in the day-procedure centre there. I congratulate the Department and the trust on the work that is being carried out at the day-procedure centre at Lagan Valley. Minister, will an overall assessment be made of the increased number of visitors to the hospital and how that will impact on the traffic and parking issues along the Hillsborough Road? It is great to welcome what is coming in, but we have to look at how successful it is. Will you call for some sort of investigation of parking around the hospital?

Mr Swann: I thank the Member. I congratulate him on getting his second jab and on travelling to Ballymena to get it. That is a double bonus for the Member.

I will look at the parking issues around Lagan Valley. That has not come across my desk, but, now that the Member has raised it, I will raise it with the trust and see what can be done.

Mr Catney: Thank you, Minister.

Mr Speaker: That concludes questions on the statement. Members, please take your ease for a moment or two.