



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*
(OFFICIAL REPORT—*Unrevised*)

Leaders' Questions	2
Questions on Promised Legislation	10
Protection of Residential Mortgage Account Holders Bill 2014: Leave to Withdraw [Private Members].	20
Ceisteanna - Questions	20
Central Statistics Office Reports	20
Topical Issue Matters	22
Ceisteanna - Questions (Resumed)	23
Priority Questions	23
Hospitals Patronage	23
Home Help Service	26
Mental Health Services Provision	28
National Maternity Hospital	30
Hospital Consultant Recruitment	33
Other Questions	36
Hospital Beds Data	36
Mental Health Services Provision	38
Ambulance Service Response Times	41
Hospital Procedures	45
Brexit Issues	47
Hospital Waiting Lists	50
Topical Issue Debate	52
Motor Insurance	52
Hospital Waiting Lists	55
Crime Levels	57
Garda Investigations	60
Maternity Services: Motion [Private Members]	63
Inland Fisheries (Amendment) Bill 2017: Second Stage (Resumed)	94
Inland Fisheries (Amendment) Bill 2017: Referral to Select Committee	122
Courts (No. 2) Bill 2016: Order for Report Stage	123
Courts (No. 2) Bill 2016: Report and Final Stages	123
Protection of Cultural Property in the Event of Armed Conflict (Hague Convention) Bill 2016 [Seanad]: Second Stage (Resumed)	123
Protection of Cultural Property in the Event of Armed Conflict (Hague Convention) Bill 2016 [Seanad]: Referral to Select Committee	124

DÁIL ÉIREANN

Dé Céadaoin, 3 Bealtaine 2017

Wednesday, 3 May 2017

Chuaigh an Ceann Comhairle i gceannas ar 2 p.m.

Paidir.

Prayer.

Leaders' Questions

Deputy Micheál Martin: On 2 August 2011 young Shane O'Farrell was killed in a shocking manner by a Mr. Gridziuska in an horrific hit and run incident while he was cycling towards Carrickmacross. Mr. Gridziuska did not brake, stop his vehicle or check on Shane O'Farrell's condition. He fled the scene, abandoned his car and hid it very well 5 km up the road. One issue is that he should not have been at liberty at the time if the criminal justice system had been working properly. He had been in breach of bail conditions 18 times at least and had suspended sentences. He had actually been sentenced to a custodial sentence which he did not serve. He was well known to An Garda Síochána, Interpol and the PSNI. He had an extensive criminal background with at least 40 previous convictions for a variety of offences, including theft, aggravated burglary, handling stolen property, malicious damage, drug-related offences, including the possession of heroin, and road traffic offences. In June 2010, a year before Shane's death, he was sentenced to six months in prison but he never served one day of it. We do not know why. All through this, the O'Farrell family, particularly Shane's parents, Lucia and Jim, and his sisters, have been stoic, courageous and brave in pursuing justice for their son and brother who was a talented young lawyer and student who had everything to give in his life.

The entire case reveals shocking malpractice and dysfunction in the criminal justice system at all levels. The O'Farrell family have complained to An Garda Síochána, the Garda Síochána Ombudsman Commission, GSOC, the Director of Public Prosecutions and regarding the Director of Public Prosecutions to the Department of Justice and Equality. They are awaiting a GSOC report. It is clear that they were misled by the Garda about the facts of their son's death. The courts were misled by the Garda and others. They were not informed of relevant information when judges asked questions about the accused.

Fundamentally, offences involving a violent death should not go unpunished. I know that other Members have met Lucia O'Farrell and her family. We owe it collectively to them to ensure justice is done. The most effective way at this stage, in our view, is for an inquiry to be established into all the aspects of this case so we can learn lessons and justice can be delivered

3 May 2017

for the Farrell family. It would enable the dysfunction within our criminal justice system highlighted by this case to be put to right. Has the Government given consideration to this? I know the Taoiseach and Tánaiste met the O'Farrell family but it is now time for action.

Minister for Education and Skills (Deputy Richard Bruton): I thank the leader of Fianna Fáil for raising this issue. I am very aware of the case and one can have nothing but sympathy for the family of the late Shane O'Farrell for the appalling experience they have gone through and the loss of a very young life in such a tragic way. The Deputy correctly raises questions about the failures that occurred in many parts of our justice system in this case but I cannot pass judgment on any of those. I know the Tánaiste and Minister for Justice and Equality met the family and I am sure she is considering the issues raised. I am sure many of the relevant matters are being examined by the Garda Services Ombudsman Commission but it goes deeper than that. As the Deputy knows, the Dáil recently established a commission to look at deeper issues within the Garda surrounding the culture, management and recruitment. We have had very worthwhile debates in the House about the need for such a commission to give public confidence and reassurance to those gardaí who every day go out and put their lives on the line in pursuit of those doing wrong in our society.

To answer the Deputy's question, it has not come to Cabinet to the best of my knowledge to consider the specific circumstances of this case. As I understand it, under legislation it would in the first instance be for the Minister for Justice and Equality to propose issues relating to the suggestion made by the Deputy of a public inquiry. I cannot shed light on whether there is a case for such a public inquiry as I do not have access to sufficient facts and detail on that. It is perhaps an issue that can be raised directly with the Minister for Justice and Equality. I will certainly convey the concern of the Deputy to the Minister.

In the past number of years in the Dáil we sought to establish much stronger institutions of accountability and oversight within the Dáil. We have established the Garda authority and strengthened the Garda Services Ombudsman Commission. We have also established the Garda Inspectorate. No system will be perfect but I hope these new institutions will lead to a position where incidents like this cannot be repeated. It is a continuous battle and I will draw to the attention of the Tánaiste the concerns raised by the Deputy.

Deputy Micheál Martin: I have raised this with the Tánaiste. The case reveals a litany of dysfunction that is incredible. On that night of 2 August 2011, an hour before Shane O'Farrell was killed, Mr. Gridziuska - the man who was driving in the hit-and-run car - was a passenger in a vehicle stopped by the Garda national drugs unit. At the scene the gardaí believed the driver and two passengers were in possession of a controlled substance. In any event the vehicle was being driven by an uninsured driver and the vehicle did not have a valid national car test certificate. The gardaí failed to seize the car and instead selected Mr. Gridziuska to switch from being a passenger to being the driver. The gardaí failed to consider whether Mr. Gridziuska had valid insurance for the vehicle. It is an extraordinary case. We can learn lessons from the extraordinary level of dysfunction in this case. It is depressing to have to witness it time and again.

For five years Lucia and Jim O'Farrell, along with their family, have been pursuing this case. In all honesty and sincerity, it is time the Oireachtas responded in the only way possible, which is the establishment of an inquiry.

Deputy Richard Bruton: I cannot draw a conclusion on that. Clearly, if we establish an independent Garda Síochána Ombudsman Commission under law, give it the authority to in-

interview the gardaí concerned in the type of instances the Deputy describes and give it, under a strong judge, the power to pursue such cases, I expect the Minister would wish to see the conclusion of that work before any decisions would be taken. I understand that the work is at an advanced stage, so hopefully that will shed light on what has occurred and give the Minister an opportunity to form a judgment as to whether further action is necessary or whether the Garda Síochána Ombudsman Commission can take the necessary action to deal with it. Sadly, nothing that will be done now can bring back the life of a person lost in such tragic circumstances. However, a process is being pursued which, hopefully, will shed light on what are the necessary steps from here on, be it amendment of legislation, disciplinary action, the suggestion made by the Deputy or whatever is appropriate.

Deputy Gerry Adams: Last evening, party leaders were invited to a meeting with the Taoiseach for a briefing on the Government's position paper in the wake of the EU Council meeting on Brexit. The meeting was a farce. We were not furnished with an advance copy of the 60-page document, or any copy for that matter, which meant that a discussion on the Government's published approach was not possible. The meeting was effectively abandoned. This reflects the Government's persistent refusal to consult properly with the leaders of the Opposition on important issues such as this.

Sinn Féin has consistently advocated that the Government take a stronger position on Brexit. We made detailed submissions to the Taoiseach both before and after the draft EU negotiating guidelines were published. Following our recent criticism, in response to Deputy Pearse Doherty the Taoiseach advised us that the Government had submitted further wording in advance of last Saturday's meeting of the 27 EU member states. However, the Dáil has not been told what these amendments were. I can find only one minor amendment in the agreed text. That is what the Government got into the text. What it did not get into it was a commitment that there would be no agreement on the Border or on the status of the North without a separate and binding agreement between the Irish Government and Britain. That would have been similar to the position secured by Spain in respect of Gibraltar. I suspect we did not get that because we did not ask for it. Irish unity was not mentioned in the initial draft guidelines. Again, I suspect that the Government did not ask for it. It is not in last Saturday's guidelines either. Did the Government even try to have it included? The Taoiseach refuses to tell us, so perhaps the Minister, Deputy Bruton, could let us know. Instead, the Government settled for it being in the minutes of the meeting.

While that is a welcome development, it is no accident that it is not reflected in the directives published by Michel Barnier today. His negotiating directives for the European Commission are in line with the European Council guidelines. That means they are generally vague and aspirational. That is neither Michel Barnier's nor the European Commission's fault but the responsibility of the Taoiseach. Mr. Barnier is well disposed towards Ireland but he can only do what he is asked to do. The record is pitiful and lamentable. The record of this and the last Government in dealing with our European partners is not a good one. The European Council guidelines could have gone considerably further. We all know there is a recognition in the European Union of the special unique circumstances faced by Ireland as a result of Brexit but a stronger approach by the Government could have achieved a great deal more. This means there is a huge amount to do in the forthcoming negotiations.

I do not know if the Taoiseach will be around to follow through on that or whether he will hand the task to somebody else when he finishes his long goodbye. Will the Minister implore the Taoiseach to seek support for designated status for the North within the European Union, in

3 May 2017

other words, to keep the entire island within the EU, and insist on a veto for Ireland on any deal that does not include that provision?

Deputy Richard Bruton: I thank the Deputy for raising this issue. It gives us an opportunity to acknowledge the tremendous work done by the Taoiseach and many others across the Government, including the Minister for Foreign Affairs and Trade and other Ministers, and by many throughout the public service.

A fair and balanced judgment of the negotiating mandate would recognise that we could not be in a stronger position than we are in terms of the letter from Downing Street and the recognition it gave to the concerns about Irish issues, the protection of the peace process, the common travel area, opportunities for trade and so on. That is further enshrined in Article 11 of the negotiating mandate agreed to at the weekend.

The European Union has set out very clearly the issues of unique concern to Ireland and openly recognised the Good Friday Agreement and the need to recognise what it means for Northern Ireland into the future. It has recognised the need to avoid a hard border and its importance, not just economically but also politically and for the common travel area. It recognises that those prior agreements such as the common travel area that were part and parcel of our arrangements before the European Union was established are recognised as legal instruments and have to be taken into account in the negotiations.

The Taoiseach and his team have put us in a very strong position. Not only that, significant work has been done in examining every sector of the economy and building on the basis of what we have achieved to date in order to make the economy resilient in order that we can meet these challenges. Today the CSO has recognised that the level of unemployment is now 6.2%. Over 200,000 extra people are back at work. This has been achieved through a consistent approach by the Government to diversifying our exports, strengthening innovation in the economy and enhancing the enterprise base of the economy. These measures are vital.

I rarely hear speakers from Sinn Féin say how important it is that we sustain the economic resilience that was built so painstakingly because that essentially is the way in which we will be able to respond creatively to the challenges. It is very encouraging to note that the European Union has stated that, in view of the unique circumstances on the island of Ireland, flexible and imaginative solutions will be required, including the aim of avoiding a hard border, while respecting the integrity of the legal order in the Union. The European Union went on to state that, in this context, it should also recognise existing bilateral agreements and arrangements between the United Kingdom and Ireland which are compatible with EU law. The European Union could not have gone further at this point. We all know that we are embarking on a challenging period of negotiations and that we have to have the resilience and flexibility to respond as the situation develops. I can assure Deputy Gerry Adams that the Government has put a lot of preparation into ensuring we will be in such a position.

Deputy Gerry Adams: The Minister has said flexible and imaginative solutions are required. What does that mean? Is it a case of “Whatever you are having yourself”? Everyone in the Government is a negotiator. He or she needs to have substantive, definitive, clear and unqualified commitments rather than wishy-washy rhetoric. It is clear that Brexit will have a serious and detrimental effect on Irish jobs and businesses, in particular in the agriculture and agrifood sectors. I did not argue that the document produced by the Government was not the result of hard work, especially on the part of public officials. I do not doubt them and commend

them for their work. The problem is that that work has not been directed by any big political vision or strategy. It is little wonder that Michel Barnier's directives are vague. That is the failing of the Government and the Taoiseach. It is not a criticism of anyone except the Government. These challenging times demand political direction which is visionary and imaginative, but it is not being provided. If we do not provide it, no one else in the European Union will do it for us. We need clear and definitive proposals.

I again make the case that the best way to secure our future is through achieving designated special status for the North within the European Union. Incidentally, that would recognise the decision of the people of the North who voted to remain but the Government continues to resist it. Why will it not call for special designated status for the North within the European Union? I ask the Minister to riddle me that.

Deputy Richard Bruton: If the Deputy reads what has been agreed to in the negotiating mandate, he will see that the special position of Ireland is being recognised in every dimension the Government sought. He has complained that the Government did not start out with a strategy. We had a very clear strategy. We set that out at the time to protect the peace process and the common travel area and to ensure we did not have a hard border. We sought to ensure that we guaranteed in so far as possible the protection of trade. Those were the goals of Government at that time and they have now been adopted not just by the European negotiating team and Michel Barnier but also by the European Council itself. The UK has also recognised the importance of these issues. The strategic goals we set have been adopted not just by the European Council but by Britain, which puts us in the best possible position to negotiate the solutions we want. While, of course, we are only at the start of a negotiating process, this mandate very clearly bears the marks of the work of the Taoiseach and that is to be welcomed.

Deputy Gerry Adams: That is very clear.

Deputy Brendan Howlin: Deputy Micheál Martin has already raised a most distressing case. Almost a month has passed since the House debated the urgently needed reform of An Garda Síochána. The Minister will recall that the debate was a bit of a farce in that the amendment tabled by my party was carried while every other amendment and then the substantive motion itself were all defeated. As such, the Dáil ended that protracted discussion with no clearly determined decision on this urgent matter. Nevertheless, there was a sense of unity in the Chamber on a couple of points during the debate. First, there was agreement on the need to provide the Policing Authority with greater powers to require the Garda Commissioner to implement the radical reform agenda set out in the inspectorate's report. Second, there was broad agreement on the need to establish a root and branch, or Patten style, review. Unfortunately and as is so often the case in relation to justice matters, which Deputy Martin highlighted, once the spotlight disappears so does the sense of urgency.

Almost a month has passed and we have yet to see concrete results. Indeed, six weeks have passed since we learned of the huge exaggeration of the breath tests. Almost three months have passed since we agreed on the need for the establishment of the Charleton commission and the first report of such a root and branch review emerged and was agreed. I must ask for an update on the progress being made because none has been presented to the Dáil to date. There are no Garda updates on the implementation of the Garda Síochána Inspectorate's reforms. Gardaí cite work pressures which prevent them from getting around to doing this. Last week, the Policing Authority made clear its frustration at the slow rate of progress on some of the significant reforms required. The Garda Commission must act now, as must Government. A valid

3 May 2017

concern has been raised about the proposed root and branch review which is that it will delay much-needed reform. Such concerns are given legs when more and more delay is evident and the review is put off. My question is straightforward and has been asked before. When will we see an establishment date for the reform commission, details of its chair and a timeframe for its report and the bringing of proposals to the House?

Deputy Richard Bruton: I assure the Deputy that there is no delay being put in the way of the establishment of the commission. It is a high priority for the Tánaiste. It is worth recalling that it was only on 11 April that it was agreed in principal by Government that such a commission would be established. We had a wide ranging debate in the Dáil and a lot of the issues raised were reflected in the approach the Government was taking. These include the broad base of the agenda it has, the structures and management arrangements, the appropriate composition, recruitment and training of personnel, the culture and ethos of policing, the appropriate structures for oversight and accountability and the legislative framework for policing. It is a broad-ranging approach and care must be taken to ensure that we do not in any way undermine the important work, which the Deputy recognises, of the Garda Síochána Inspectorate or of the Policing Authority. Both of these bodies are not only growing in public respect but we can see the mark of the impact of their recommendations in some of the operational actions of the Garda. There is a long way to go, and everyone in the Dáil has recognised this and that there have been some really disturbing events which have led to the point where we are establishing this commission. It is coming at the right time. We are establishing this deep commission at a time when we have made significant progress. It would be churlish not to recognise some of the successes of the Garda in recent times. If we look at the crime figures we see substantial reductions in many crimes which have impacted on people's lives.

Deputy Brendan Howlin: If we can believe them.

Deputy Richard Bruton: There is progress in the way the Garda is deploying and impacting on serious crimes affecting people. It is important to recognise the strengths and weaknesses that have been exposed. I am convinced of the approach of establishing a commission and making sure it has the right make up, in other words that its membership is drawn from those areas which will maximise its impact on the future of policing and, at the same time, that it recognises the success of some of the instruments of accountability and oversight we have put in place, and which Deputy Howlin has been party to, such as the establishment of the whistleblowers Act. We have a base on which to work and the Government regards this as a very high priority. The Tánaiste will revert when she has taken substantial hearings about the concerns that need to be met in drawing up the final terms of reference and presenting them to the Government and the Dáil.

Deputy Brendan Howlin: I am even more confused. Is the Tánaiste going to embark on hearings?

Deputy Richard Bruton: Sorry, listenings let me say.

Deputy Brendan Howlin: Is it listenings or hearings? The bottom line is the Minister listed out exactly the matters that were listed out in the Chamber four weeks ago. My question is what has happened since. Where is the inquiry? Who will chair it? How will it be constructed? We know the issues that need to be addressed. We debated them here four weeks ago. It is progress on these matters now that is required and we have not got this. I ask the Minister, simply and again, not to tell me what needs to be inquired into. We have had that debate. Tell me when the

inquiry is to be established, how it is to be constructed, when it is to report and who will chair it.

Deputy Richard Bruton: Those issues will be informed to the Dáil as soon as the proper care has been taken to ensure the commission we establish-----

Deputy Brendan Howlin: When?

Deputy Richard Bruton: -----has the ability to do its job to the maximum impact, and that is a priority for the Tánaiste and the Government. The Tánaiste has indicated she will return to the Government as soon as possible with the details. If we came forward with membership that was not adequate the Deputy would be the first to ask why X was not considered, why we do not have an international expert-----

Deputy Brendan Howlin: Let us talk about it.

Deputy Richard Bruton: ----or why we do not have various dimensions. It is important the Tánaiste takes the time to ensure this is right.

Deputy Brendan Howlin: How long?

Deputy Richard Bruton: We are creating a commission that will design the future of the Garda, for the next century we may say. It will shape the future of this very important force that is integral to our community. It is right that we take the time to get it right. Of course, I can understand the urgency but we also have to take the time to get it right. The time that has passed since we debated this and set out the scope that the Dáil thought needed to be embraced by the commission is sufficiently short that the Tánaiste should be given this time to get it right.

Deputy Ruth Coppinger: Obviously, I would prefer if it was the Taoiseach answering today, no offence, because I wanted to ask him his views on two words which have not been uttered in the Dáil since it reported, namely, the Citizens' Assembly. Last autumn, the Taoiseach set up the Citizens' Assembly. He made it very clear it would do a first-class job. Ten days ago, the assembly finished its deliberations and recommended that the current eighth amendment had to go, that the Dáil had to legislate for abortion rights and that ultimately women themselves should be the people who make the decision that they need an abortion. I was wondering whether the Taoiseach, given the Citizens' Assembly was his brainchild, feels like the parent whose child has rebelled against him. It is very clear the Taoiseach thought the Citizens' Assembly was a pliable ploy that would come back with very minimal change. When we put 99 members of the public in a room and asked them to discuss this topic and asked them really to engage and debate it, they actually came back with a compassionate and realistic response. They want an end to hypocrisy. Does the Minister agree that the Citizens' Assembly was a randomly selected representative sample of people from across the country like the Taoiseach said? If so, does he now believe that so-called "middle Ireland" might actually be more progressive than the Minister and others thought and that the journalists who were tone policing and advocating slow change were actually behind the curve? After all, the Minister, Deputy Richard Bruton, the current Minister for Health, Deputy Simon Harris, and the previous Minister for Health, Deputy Leo Varadkar, thought it would be fine and dandy that a National Maternity Hospital could be given over to a religious order with a history of abuse and that nobody would think that a problem. They were way behind public opinion because the general public thought otherwise.

The Tuam scandal has graphically illustrated for the public that the Catholic Church was not

3 May 2017

pro-life when it came to poor, pregnant women and their babies, but unfortunately the change in social attitudes is not reflected in this Dáil. It would appear that, right now, only Solidarity, People Before Profit and a handful of Independents have the same position on abortion as the Citizens' Assembly has recommended. Does the Minister agree that there needs to be a concerted campaign of engagement and political pressure now to bring most of the parties in the Dáil up to the level of public opinion on abortion rights? The thousands who have been demanding repeal have to actively contact and seek meetings with Deputies telling them that they want change and a referendum. Would the Minister agree that the fifth anniversary of the death of Savita Halappanavar would be a very timely occasion for this issue to be resolved? Having the Citizens' Assembly as the chosen method of dealing with the eighth amendment, are he and his party going to accept its findings or are they going to try to water them down as has been advocated by some?

Deputy Richard Bruton: First of all, I will pass on the Deputy's disappointment that the Taoiseach was not here to answer her question. I am sure the feeling is mutual.

Deputy Ruth Coppinger: I am sure it is.

Deputy Richard Bruton: He has other business today.

This has been a very difficult and divisive issue throughout the history of this country. I have been around for long enough to recognise how difficult it has been for many people. The motivation of the Taoiseach in establishing the Citizens' Assembly mirrors what he did in the case of the X case. As the Deputy knows, the X case lay around for 20 years, and no Dáil had the courage of its convictions to deal with what the Supreme Court had found in the X case. The Taoiseach established a process that allowed the Dáil to make those decisions. Those were done under his stewardship. The approach he took was to have a Citizens' Assembly, to follow that up with an Oireachtas committee and then to move on to legislate. He is mirroring that approach in what he is doing now. I commend the Citizens' Assembly and Ms Justice Mary Laffoy for the painstaking work that they have taken upon themselves. I am looking forward to that report which will be with us before the end of June. The Oireachtas is going to establish an all-party Dáil and Seanad committee to examine the recommendations coming from the Citizens' Assembly, and that will come back to the House. That will be done within three months of its sitting.

The Government's intention is clearly that this will not lie untouched. This is an issue of considerable importance to the people. We have established an approach that has proved itself in the past. It will give the opportunity to this House to consider these issues in a fair and balanced way without seeking to push or bully people but allowing a sensible debate based on the facts and on the work done by the assembly and by others. That is an approach that commends itself. It is the Legislature doing its work, and it is innovative in bringing in the Citizens' Assembly, which as the Deputy recognises herself, has been a very useful exercise in broadening the base of the discussion that we can have. It will be coming back to the Oireachtas and the opportunity will be here to thrash out the issues, through the committee initially and then here on the floor of the House.

Deputy Ruth Coppinger: I hope the Minister will answer this on his second chance. I know it is coming back to a committee and to the Oireachtas. My question was if members of Fine Gael will implement these findings or if will they ignore them. When they get onto the committee, will they seek to respect the deliberations of the Citizens' Assembly or will they

seek to water them down? The Minister and many other parties in the Dáil have not recognised that it is no longer business as usual for church-State relations in this country. That is the reality. We have the recent census figures which show there was a 75% increase in the numbers of people declaring no religion.

On Sunday, there will be march at 2 p.m. from the Garden of Remembrance, organised by Parents for Choice, to demand that the National Maternity Hospital is taken away from religious control and that church and State are actually separated in this country. I say to all those young people and women who have demanded repeal and change for a number of years that if this issue is not dealt with by the Dáil in the appropriate manner then the fifth anniversary of the death of Savita Halappanavar should be the occasion for the biggest ever pro-choice march in history in this country. People should not allow political parties to be behind the curve, as they all currently are on this issue. I would appeal to young people in particular in that regard.

I would appreciate if the Minister could answer whether Fine Gael will go into the committee respecting the Citizen's Assembly findings or not.

Deputy Richard Bruton: The Citizen's Assembly has made vital contributions to this debate, and I look forward to the details of it. I have not seen the details of it, and I do not believe any Deputy has. Deputy Coppinger herself, as an advocate of repeal, wants to see the Legislature having responsibilities in this area. The duty of every Member of this Legislature, from whatever party they come from, is to consider this issue on its merits and to make decisions here as a collective group elected by the people to decide on these issues and put whatever recommendations we decide on, if that is the judgment of the Dáil. The Legislature has to do its work. While we welcome the view of Citizen's Assembly, it is an input into our work. It has been recognised that we now need an Oireachtas committee, which will be composed of both Senators and Members of the Dáil, to tease through the issues and come back to the Dáil with recommendations so that we, as a collective group, can do the job we were elected to do.

Deputy Ruth Coppinger: Was the Citizen's Assembly a waste of time then?

Deputy Richard Bruton: Each and every Deputy has a responsibility, as our party has recognised, to consider the merits of these issues and make decisions on them.

Questions on Promised Legislation

Deputy Micheál Martin: Under the programme for Government the Government commits to developing a national disease register and also to implement the national rare diseases plan. There was a very constructive presentation today in the Oireachtas - and outside of the Oireachtas - on the issue of Lyme disease. It is a rare disease but it is growing in terms of the number of people in this country who have the condition. What is striking and quite shocking is the lack of implementation of those elements of the programme for Government, particularly on Lyme disease, where there is no national lead or proper diagnostic centre or service for people with this disease, or indeed a treatment centre. In the discipline of neurology or infectious disease there is a huge gap, and the people that we have met have to go to Germany for comprehensive and proper diagnosis. They do not get reimbursed for that and it is not recognised here by the medical profession. The commitment is there in the programme for Government but very little action is evident on the issue. I would ask the Minister to speak to the Minister for Health, Deputy Harris, and also ensure that the Chief Medical Officer in the Department of Health takes

3 May 2017

a lead position on this to ensure the needs of people with Lyme disease in this country are attended to and dealt with in a comprehensive fashion.

Minister for Education and Skills (Deputy Richard Bruton): I had the opportunity, as Deputy Micheál Martin did, to meet with some of the groups today. I took the opportunity to check out what the position is. There is a HSE health protection surveillance centre which has established a Lyme disease sub-committee with the primary aim of examining best practice in prevention and surveillance of Lyme disease and to develop strategies to undertake primary prevention in order to minimise harm caused by the Lyme borreliosis in Ireland. There is a group assessing this issue, and I hope-----

Deputy Micheál Martin: They are not meeting. A person outside told me they have only had one meeting.

Deputy Richard Bruton: It is intended that the group will publish the final report on its findings in the near future. It has looked at diagnostic methods, guidance for general practitioners and medical media articles to highlight diagnostics and laboratory methods. Work is ongoing in this area. I will convey the Deputy's concerns to the Minister for Health.

Deputy Micheál Martin: Will the Minister correspond with us on the issue?

Deputy Richard Bruton: Yes, I will ask him to do so.

Deputy Gerry Adams: I want to ask about the Domestic Violence Bill 2017, the purpose of which is to consolidate and update the Domestic Violence Bill 1996 and the Domestic Violence (Amendment) Act 2002 in a new comprehensive Bill. As the Minister may be aware, Siobhán Phillips, a young woman who was grievously wounded in the same shooting in which Garda Tony Golden was killed, was the victim of sustained domestic violence. Two days before she and Garda Golden were shot, she went to Dundalk Garda station where, despite obvious injuries, she was unable to make a statement as there was no private location in the station for her to speak to gardaí about her injuries. The objectives of the Domestic Violence Bill are, among others, to make it easier for victims to avail of the courts system and to link them with support services but there is clearly a need for Garda protocols and facilities based on best international practice to allow victims of violence or abuse to have their complaints dealt with in a fitting, therapeutic and appropriate manner. When does the Minister expect the Bill to complete its legislative journey and be enacted?

Deputy Richard Bruton: I understand the Bill has reached Committee Stage in the Seanad, a fairly advanced point in the legislative cycle. It is a priority of the Minister who I am sure will proceed as quickly as possible.

Deputy Brendan Howlin: As we approach the first anniversary of the Government and having heard much about new politics, legislative activity has ground to a slow crawl in the Houses. One Private Members' Bill has, however, passed through one House in the past 12 months, namely, the Competition (Amendment) Bill, which aims to give collective bargaining rights to freelance workers. It was championed in the Seanad by Senators Ivana Bacik and Ged Nash and supported by the Minister, Deputy Mary Mitchell O'Connor. It passed all Stages in the Seanad last November and there was cross-party support on Second Stage in this House when the legislation was brought forward by the Labour Party during Private Members' time. We were told that because it had all-party support, it would speedily pass through Committee Stage. Will the Minister tell us when it will take place? At the reform committee, I raised the

use of a device by the Government for Bills such as this - it also happened in the case of Deputy Jim O'Callaghan's Bill - whereby a money message was required. Is it a device to frustrate Bills? When will the money message be given for the Bill and when will it be allowed to proceed?

Deputy Richard Bruton: I am not in a position to indicate when the money message will have to be given. The Bill has been passed on Second Stage and is awaiting Committee Stage. It will be for the Department and the committee to schedule it for debate. I do not have details as to when the money message will be issued but we will convey an answer to the Deputy at a later stage.

Deputy Richard Boyd Barrett: Despite the fact that Deputy Gino Kenny's Cannabis for Medicinal Use Regulation Bill was passed by the House in December with unanimous support and despite the fact that in the past ten days the IMO, the representative organisation for the medical profession in this country, stated medical cannabis should be available on a GP's prescription, not a consultant's, the Minister for Health, Deputy Simon Harris, has publicly stated his view that the Bill is no longer necessary and proposed a dramatically restrictive so-called access programme under which access to medicinal cannabis for Vera Twomey's daughter Ava cannot even be given. Vera is now outside Leinster House and planning to stay there because the Minister is trying to subvert the Bill that was passed by the House and stating publicly that he does not intend to support it. Despite the fact he promised in front of me, Deputies Micheál Martin, Kelleher, Jonathan O'Brien and Gino Kenny, a number of weeks ago that he would meet Vera Twomey two weeks after that meeting, he now refuses to take her phone calls, refuses to respond to her communications and has refused to give her that meeting.

An Ceann Comhairle: Time us up.

Deputy Richard Boyd Barrett: I ask the Minister to explain why this is happening. I ask him to appeal to the Minister, Deputy Harris, to meet Vera Twomey and explain to her why promises made at that meeting were not honoured in order to vindicate the health of her daughter.

An Ceann Comhairle: I call Deputy Aindrias Moynihan on the same matter.

Deputy Aindrias Moynihan: On the same matter, but on a slightly different aspect, the Minister is proposing his own compassionate access Bill to facilitate people, such as Vera Twomey and many others, getting access. Is it intended to facilitate people who have prescriptions from outside the jurisdiction to bring in medication from outside it and use it in Ireland? Will people be able to travel throughout the EU with their prescriptions if this proposed Bill is passed or is that facility already in place? Can people already bring in medication which may not be recognised in this country?

Deputy Richard Bruton: I understand the Minister has agreed to move away from the very restrictive scheme that was in place, whereby the Minister would have to individually license each prescription made in these cases. He is proposing to introduce a scheme and I understand an expert group has carried out research on the design of such a scheme. At this point, the Minister has not flagged the contents of any Bill.

Deputy Richard Boyd Barrett: He has and it is against the advice of the doctors of this country.

3 May 2017

Deputy Richard Bruton: As far as I know, in terms of the parliamentary procedure as to whether the Bill is promised legislation which is what are dealing with here, it is not my understanding that specific Bill has been promised. However, the Minister has indicated that he intends to introduce a scheme. The details of that are being worked out.

Deputy Micheál Martin: Compassionate access programme.

Deputy Richard Boyd Barrett: Non-compassionate no-access programme.

Deputy Richard Bruton: The approach is that it will be access without the requirement for the Minister to give a licence. It will be based on medical expertise and the need of patients. That is the approach.

Deputy Richard Boyd Barrett: The Government is ignoring the doctors.

Deputy Ruth Coppinger: When will the Government move into the 21st century?

Deputy Mattie McGrath: The programme for Government commits to holding plebiscites in the former town and borough district council areas and if the people vote to have them reinstated at no cost, they will be reinstated. They should never have been removed. The former Minister, Deputy Howlin, has admitted that it was one of the biggest mistakes the Government ever made. I do not hear him say much about it now. When will we see any efforts being made to reinstate what were vital services for our towns that had the borough councils? People had served on those councils for generations. When will that part of the programme be implemented or efforts made to go down that road?

Deputy Richard Bruton: I will ask the responsible Minister to respond to the Deputy. I do not have access to that information here.

Deputy Micheál Martin: The Minister could perhaps talk to Commissioner Hogan.

Deputy Thomas P. Broughan: I ask the Minister to confirm that the Attorney General has advised that the automatic number-plate-recognition system of An Garda Síochána has no legislative basis and that the data gleaned from the system and the work of the traffic corps cannot be used in prosecutions. If this is the case, is it intended to introduce a criminal justice or road traffic Bill or to amend legislation already before the Houses to remedy this defect urgently?

Deputy Richard Bruton: I do not have notification of any legislation at this point. I am sure if the Deputy tables a parliamentary question to the Minister, she will indicate whether the issue he raises will require legislation.

Deputy Robert Troy: In August 2016, the Minister, Deputy Ross, established a commission of inquiry, the Moran inquiry, into the ticketing fiasco in Rio with a timeline of 12 weeks. The 12-week timeline was subsequently extended but we were guaranteed that the full report of the commission would be published before Easter. When will the Moran inquiry publish its findings?

Deputy Richard Bruton: Again, I will have to get the Minister responsible to communicate with the Deputy. I do not have the date of publication for that inquiry.

Deputy Lisa Chambers: In the programme for Government, there is a commitment to the equality of access to education and to an increase in the number of opportunities available.

The Minister recently appointed a working group to look at the future of the GMIT campus in Mayo to ensure its future and sustainability. It now appears that the GMIT management have pre-empted the outcome of the working group. They have now told certain members of staff who were on certain courses that have been axed or cut from the offering at Mayo GMIT that they must “voluntarily” move to Galway and that if they do not do so, they will be redeployed elsewhere in the Civil Service. This seems to be totally at variance with the working group that the Minister established only a number of weeks ago.

I wrote to the Minister and asked him for the terms of reference for that group, the time it should report by and who will be in it. He failed in his reply to me to answer any of those questions. Is the Minister going to ensure the working group gets an opportunity to do its work? Is he going to ask GMIT management to desist from moving staff, which is essentially a downgrading and an asset-stripping of our GMIT campus in Mayo?

Deputy Richard Bruton: I am glad to say that we are in a position to start funding the third level sector. In its assessment of the institutes of technology, the Higher Education Authority, HEA, recognises that there are particular problems for multi-campus institutes such as GMIT. The HEA has recognised that and will in its funding review, which is now being undertaken, ensure that resources can be made available to support multi-campus activity. As the Deputy indicated, I have also established a working group to look specifically at GMIT, where I know there is concern about its future. That is to ensure that we can develop a sustainable future that will not only guarantee the continuation of the college but also provide the underpinning of regional development in the area, which is an important function of the institutes of technology. I can assure the Deputy that our Department is fully committed to the Castlebar institution.

Deputy Danny Healy-Rae: The programme for Government supports the transfer of landholdings from older farmers down to the younger generation. However, in recent times the farming courses by which farmers obtain green certificates are being intensified and lengthened. This is fine if a young fella is coming into a big farm or a farm that is economically viable. He will survive on that landholding with that farming enterprise. However, in rural areas, a lot of the young fellas are coming into smaller landholdings with a few sheep and a few cattle. They need to hold down another job. In these cases, I ask that these young farmers should not have to go through as much as the fellas that are in more intensive farming situations. This needs to be looked at because it is very hard on many young fellas.

Deputy Richard Bruton: That is an issue that will have to be considered in the context of the Finance Bill because it is a tax concession. Each year, the Minister designs conditions on any tax concession, which involves the taxpayer giving up resources, to ensure that whatever we invest in is going to provide a useful impact in the locality. It will be an issue for the Deputy to put before both Ministers, Deputies Creed and Noonan, the merit of the case that he is making that the conditions that are now there should be broadened. That is an issue for the Finance Bill, when the tax structure is assessed each year.

Deputy Eoin Ó Broin: The programme for Government commits to the building of 25,000 new homes every year through to 2020. The Minister, Deputy Coveney, has claimed that 14,932 new homes were built last year. However, a number of experts have strongly disputed this figure, suggesting that the actual number could be as low as half that. This criticism has been supported by the recent release of the CSO housing data and the Department of Housing, Planning, Community and Local Government’s own building control management system figures. Two things are now clear. The first is that ESB connections are not a reliable method of

counting new builds. The second is that the Minister, Deputy Coveney, has no idea whatsoever of how many new homes are actually being built. Will the Government use the opportunity of the forthcoming building control Bill to introduce a new and reliable data source for house-building in order that people will actually know whether or not the Government is meeting its own targets?

Deputy Richard Bruton: I understand the approach taken to measuring house completions is the same as that which has been in place for many years and is based on ESB connections. The figure went from a high of 90,000 at one stage to a low of about 8,000 but it has now recovered significantly to 15,000. The Minister's ambition is to push it on. No individual indicator is perfect and the Department does not pretend that it is. Work is being done by the CSO to establish if there are better indicators but it is a fairly robust sign of the direction in which we are moving. It gives us a sign of the progress we are making. There is a group within the CSO looking at what are the best measures of house completions. It has not been yet developed. The ESB connection measure is one that has considerable historic value and it continues to be a relevant indicator.

Deputy John Curran: There is a commitment in the programme for Government to increase funding every year for home care packages and home help services. Yesterday when the Taoiseach was answering questions from Deputy Danny Healy-Rae, he said: "Extra money has been allocated for home help and extra hours are being worked." He continued: "The overall allocation has increased and the number of hours has increased." I was concerned because people presenting at my clinic were having difficulty in accessing home help hours. I took the liberty of asking the Minister who, in turn, asked the HSE to respond to me. I wanted to see if I was seeing the rate of increase that might have been expected. In 2016, in my part of Dublin, there were 166,471 home help hours. In 2017, there were 166,471 which means that the number of home help hours in my part of Dublin in 2017 is exactly the same as that in 2016. The level of expenditure is also the same. The programme for Government acknowledged that there would be an increase. Yesterday, the Taoiseach said there was an increase. If the increase is on a global basis, people living in my area have been discriminated against. Will the Minister clarify the position?

Deputy Richard Bruton: This is an area which has very considerable priority. The Minister of State, Deputy Helen McEntee, is establishing a consultation process on the issue of home care support because home caring will become a real challenge in the future. There are 55,000 people receiving carer's allowance and 17,000 receiving a home care package, with 11 million home help hours. As they all represent increases on the figures for the years before, there is increased investment. In total, it represents about €1 billion of investment in home caring, but the Government recognises that we need more flexible models. The Minister of State responsible, Deputy Helen McEntee, is looking at how we can integrate some of them and perhaps look at other elements such as the tax relief now provided. Can we design a better long-term support package to keep people independent in their homes, which is a shared objective across the House?

Deputy Michael McGrath: The programme for Government commits to the establishment of a new court to deal specifically with the issue of mortgages and mortgage arrears. Will the Minister clarify the status of the Bill? In order to gain access to that court, will a person have to have gone through the insolvency process first? There is a scenario in which some people are deemed to be too poor to access the insolvency service because they have no income above the reasonable living expense guidelines with which they can make a contribution towards their

debts. Will the Minister clarify the issue? Does he agree that what is needed is a dedicated body to deal specifically with mortgages without forcing people into insolvency?

Deputy Richard Bruton: The Minister is working on progressing the legislation and has sought the Attorney General's advice on some elements of it. It is awaited. I cannot give the Deputy more details at this point.

Deputy Jan O'Sullivan: The Retention of Certain Records Bill in the Minister's Department is concerned with retaining the records of the Commission to Inquire into Child Abuse, the Residential Institutions Redress Board and the Residential Institutions Redress Review Committee. The intention in the original legislation was to destroy these records. The legislation received pre-legislative scrutiny well over a year ago. It has been on the priority list since last autumn but has not yet been brought before the House.

I do not understand why that is the case. I ask the Minister to tell the House when it will be published and come before the House.

Deputy Richard Bruton: I understand that the issue is deciding on the final place where such records will be retained. Some work has had to be done to identify where the records will be stored but I will communicate further with Deputy O'Sullivan in due course.

Deputy Jan O'Sullivan: It is a very long time since it went through pre-legislative scrutiny.

Deputy Charlie McConalogue: I wish to make a point about the increasing tendency of Ministers not to be here for questions on promised legislation. It is a very useful slot but the absence of Ministers makes it a lot less effective. Many Ministers can be here for Leader's Questions but then seem to find that they are busy during questions on promised legislation. That is something that I would ask both the Ceann Comhairle and the Cabinet to examine.

My question relates to the announcement today regarding the summer works scheme, which comes only seven to eight weeks before the end of the school year. The scheme is very welcome and is much needed by schools across the country with the average grant amounting to just over €100,000. However, the Department is now asking school principals to arrange tenders and quotes for work to be carried out in July and August with only seven to eight weeks' notice, which is entirely unnecessary. I ask the Minister to commit to revising the process for next year. I also ask him to explain why his Department unnecessarily puts that administrative burden on school principals, boards of management and also on the contractors who will be bidding for the work.

Deputy Richard Bruton: The Deputy will appreciate that there is huge pressure on the education capital budget because we have to accommodate 15,000 new school places every year as well as providing 5,000 necessary replacements. That leaves resources constrained. It means that we must decide, relatively late on, what will be available for the summer works scheme. Clearly, we try to maximise the available money but half of the schools in the country make an application for this scheme. It is a very strongly supported scheme and we have to try to be discerning in those projects that are supported to ensure that the highest priority cases get the go ahead. That said, there will be adequate time to deal with the work involved. By waiting until this point in the year, we ensure that we get as much as possible made available to schools.

Deputy Michael Healy-Rae: In the programme for Government there is a section on page 43 dedicated to attracting new investment. The Minister for Transport, Tourism and Sport,

3 May 2017

Deputy Shane Ross recently visited County Kerry, for which I thank him. He met representatives of the Tralee Chamber Alliance, where the possibility of an international Public Service Obligation, PSO, route to Amsterdam was discussed. Amsterdam would serve as a perfect connective route for all locations around the world. It would help to attract new customers and new business to counties like Kerry and towns like Tralee and Killarney, which have Farranfore Airport nearby. An international PSO route like that would be ideal and is an avenue the Government should consider.

Deputy Richard Bruton: I am sure that the Minister will subject the case put forward to appropriate consideration and scrutiny.

Deputy Micheál Martin: With his usual rigour-----

Deputy Richard Bruton: Obviously, PSO routes require the support of the Exchequer and we all know of the constraints on resources at present. Such constraints would influence any decision. That said, I am glad to hear of the initiative being taken by Tralee.

Deputy Aengus Ó Snodaigh: Tá súil agam go mbeidh an tAire, an Teachta Harris, in ann an cheist seo a fhreagairt.

An announcement regarding the National Children's Hospital was made recently - at long last - but when will we see the relevant legislation come before the House, namely the new children's hospital establishment Bill which has been promised for over six years? It is listed on the Government's legislative programme for early this year.

Deputy Simon Harris: I thank Deputy Ó Snodaigh for his question. I expect to bring the heads of that Bill to Cabinet this month or shortly thereafter.

Deputy Eugene Murphy: The programme for Government laid out a plan to tackle flooding, with €450 million to be spent over five years. I am sure the Minister has read the recent reports by Paul Melia in the *Irish Independent*. Those reports are shocking, with headlines such as "Perfect storm will cause havoc for businesses again if nothing is done", "Dozens of towns will never get protection from floods because sums do not add up" and "Vulnerable town fears a repeat of recent history". The Government has barely dipped its toes in the water in the context of this massive crisis. We have had eight or nine months of good weather and nothing has been done. There has been no dredging and no drainage.

When will the Government wake up to the fact that this is a huge crisis for many parts of Ireland? When can we expect to see real action? If proof is needed of my assertion that nothing is happening, it can be found in the articles I have mentioned. We need immediate action. Communities are still recovering from the appalling mess that was created last year. This is a challenge for those who are in government. It is clear that this Government has not grasped this issue and is not acting on it.

Deputy Richard Bruton: I understand that after many years when nothing was done in this area, a substantial increase in the commitment to capital funding has been made. More money has been spent in undertaking flood relief in recent years than had been spent for many years.

Deputy Micheál Martin: That is not true.

Deputy Richard Bruton: I understand that over 300 locations where strategic plans need to be put in place have been identified.

Deputy Micheál Martin: More fake news. The Minister must have got the bug from Leo and Simon.

Deputy Richard Bruton: Those plans have to be developed with input from the community and the local authorities. There is a commitment to address this in a systematic way. Such a plan was not there in the past.

Deputy Willie O’Dea: I would like to make a point similar to that made earlier by Deputy Howlin. I proposed a Bill in this House some months ago to reform the law on the wind-up of defined benefit pension schemes. It was passed by an overwhelming majority of Deputies. I think the only people who voted against it were members of Fine Gael and a few tame Independents. A couple of weeks later, I received correspondence telling me I would have to wait for a money message, which is an animal I had never heard of previously.

Deputy Brendan Howlin: I would say the Deputy is still waiting.

Deputy Willie O’Dea: Yes, I am still waiting. I was told about the need for a money message a few weeks after the Bill was passed and I have heard nothing since. There was no question of the Bill being a charge on the Exchequer because if that were the case, it could not have proceeded to Second Stage. What is this money message? Is it some sort of stunt to prevent Bills from being passed when the Government does not have the numbers to vote them down? I would appreciate clarification on that. If, as he seemed to indicate earlier, the Minister does not know what the position is with regard to money messages, I would appreciate it if he would research it urgently and write to me about it.

Deputy Richard Bruton: The Deputy has been around here nearly as long as I have. Over that time, it has been common knowledge that one cannot table amendments or legislation if that results in a charge on the people or-----

Deputy Brendan Howlin: The Bill has been passed on Second Stage.

Deputy Michael McGrath: It has been taken in the House.

Deputy Richard Bruton: Clearly, there is a requirement for some signal to the Dáil for that to happen.

Deputy Micheál Martin: It has happened.

Deputy Willie O’Dea: It happened on the floor of the Dáil.

Deputy Richard Bruton: As far as I know, this convention has been in Standing Orders for years.

Deputy Michael McGrath: The Bill was taken, that is the point.

Deputy Richard Bruton: It is not a new innovation.

Deputy Willie O’Dea: It went through the Dáil.

Deputy Richard Bruton: It has always been a requirement before legislation proceeds to Committee Stage. It is a long-standing requirement in this House. Deputy O’Dea has been around for almost as long as I have. He should know about the-----

3 May 2017

Deputy Willie O’Dea: When are we going to get the signal?

Deputy Pearse Doherty: The programme for Government refers to the national maternity strategy. Many Members of this House are aware that interviews were held by RTE at national level and by some local radio stations with Lisa, who is the mother of baby Eoin, who was born prematurely and passed away in Letterkenny General Hospital last winter. Unfortunately, he was left in a room for up to a month before he was buried. I ask the Minister to learn from that experience and from the hurt and distress it has caused to baby Eoin’s mother. Would the Minister be willing to meet the family to discuss the failure of the HSE to look after that child?

Minister for Health (Deputy Simon Harris): I thank Deputy Doherty for raising this important and sensitive matter. I would be happy to discuss it further with the Deputy and, in due course, to meet the family in question.

Deputy Kevin O’Keeffe: It seems from the programme for Government that the most the proponents of the M20 route from Cork to Limerick can hope for is a case study. I understand that the route being considered by Transport Infrastructure Ireland involves the use of the M7 route between Cork and Cahir and the Waterford to Limerick route thereafter. That would increase by 40 km the number of kilometres travelled by road users who want to go from Cork to Limerick. I ask the Government to use its political clout to tell Transport Infrastructure Ireland to focus on constructing a route from Cork to Limerick via Mallow and Charleville. We know all about the importance of the rest of the route for the economic development of western Ireland and southern Ireland and for connectivity from Cork to Galway, etc. I know there is a cost factor. However, if one goes back to increasing the mileage, one is going against the grain of reducing greenhouse gas emissions by getting people to drive more miles to get to a certain route. Will the Government tell Transport Infrastructure Ireland to focus on the Cork-Limerick route going via Mallow and Charleville?

Deputy Michael Moynihan: I concur with Deputy O’Keeffe’s comments on this rumour circulating from Transport Infrastructure Ireland on changing the route in question. Much work has been done on this route from Cork to Mallow to Charleville and on. For connectivity in the south-west region, it would be a nonsense to build a corridor between Cork and Limerick, then changing its direction and adding 40 km to it.

An Ceann Comhairle: We cannot really have questions on rumours. It is meant to be questions on promised legislation.

Deputy Michael Moynihan: It is in the programme for Government.

Deputy Kevin O’Keeffe: There has been no denial of it either.

Deputy Michael Moynihan: It is farcical if this is being considered by Transport Infrastructure Ireland.

Deputy Richard Bruton: I have to advise the Deputies to table a parliamentary question on the matter as I am not in a position to answer their questions on it.

Protection of Residential Mortgage Account Holders Bill 2014: Leave to Withdraw [Private Members]

Deputy Michael McGrath: I move:

That the Order of the Dáil of 5th July, 2016, referring the Protection of Residential Mortgage Account Holders Bill 2014 to the Select Committee on Finance, Public Expenditure and Reform, and Taoiseach, be discharged, and leave be granted to withdraw the Bill.

Question put and agreed to.

Ceisteanna - Questions

Central Statistics Office Reports

1. **Deputy Thomas P. Broughan** asked the Taoiseach when the first estimates of GNI*, gross national income, will be produced by the Central Statistics Office; the frequency with which this series will be produced; and the discussions that have taken place with the EU and EUROSTAT in this regard. [19958/17]

Minister of State at the Department of the Taoiseach (Deputy Regina Doherty): The Central Statistics Office, CSO, convened the economic statistics review group, ESRG, in September 2016. The report of the group was published on 3 February 2017, along with the CSO's response to the report. The focus of the ESRG was to identify a suite of analyses or indicators which would provide a better understanding of the domestic components of our highly globalised economy.

While GDP, gross domestic product, and GNP, gross national product, continue to be the international standard indicators, the development of a new level indicator, called GNI*, has been proposed by the group to address the specific nature of the Irish economy. GNI* is designed to exclude from gross national income, GNI, the depreciation attributable to relocated capital assets and the impact of re-domiciled firms. In doing so, it will aim to measure more closely domestic economic activity. This should provide useful information for analytical and economic modelling purposes such as budgetary forecasting.

The CSO will implement the review group's recommendations on an incremental basis and will publish annual current price estimates of GNI* for the years 1995 to 2016 with the annual national income and expenditure 2016 results scheduled for mid-2017. The CSO plans to develop quarterly estimates of GNI* in 2018 with the estimates calculated at current and constant prices, namely adjusted for inflation.

EUROSTAT was international observer on the ESRG. The ESRG report was presented and discussed at the February 2017 European statistical system committee meeting of directors general of national statistical offices. It was subsequently discussed at a high level EUROSTAT task force on globalisation which includes directors of macroeconomic and business statistics.

The CSO has also made presentations on the ESRG report at EUROSTAT working groups on national accounts, balance of payments and business statistics. The report is helping to in-

3 May 2017

form discussion of how globalisation is measured in European statistics.

Deputy Thomas P. Broughan: I thank the Minister of State for her response. The revision of our 2015 national accounts was embarrassing for the CSO and the Government. The significant jump in our GDP, based on the impact of globalisation and the transfer of whole balance sheets of multinationals and intellectual property assets to Ireland, was unusual and awkward for the Government, as well as embarrassing for the CSO. Obviously, our economy is very globalised and it was the first in which the impact of this was seen dramatically.

The work of the ESRG under the Governor of the Central Bank, Philip Lane, will allay concerns with our European partners that we are still not indulging in leprechaun economics. It will also allay concerns that when we issue figures for GDP and GNP, they can be taken as reasonably accurate.

Will the Minister of State indicate whether the 2010 standard and the balance of payments sixth edition manual is being applied to our national accounts? The fact the size of the economy jumped by 26% in 2015 with following growth for 2016 had fundamental impacts on the fiscal rules and fiscal compact, as well as the burden the country has to undertake regarding its European obligations. This has been discussed at the budgetary committee. Does the Minister of State know if our European partners understand this fully? Have all the recommendations from the Central Bank Governor in this regard been implemented?

Deputy Michael Moynihan: Several questions emerged from last June's 26% increase in economic growth. The CSO gave us confidentiality reasons as to why a rational reason could not be given for this. Is there any anticipation of fluctuations for the 2016 report which could lead to another mockery of Ireland's economic growth rates? Will a sound economic rebuttal be available to answer how the figures were arrived at? I understand the CSO and the Government were able to explain the figures to the European Union. Were there any corrections to the commentary made by some European institutions about last year's figures? Were there any acknowledgments from these institutions that they were wrong?

Deputy Regina Doherty: With regard to Deputy Broughan's question about leprechaun economics, Professor Lane was clever in so far as when we established the ESRG, he invited two members of EUROSTAT to sit on the committee to ensure they would be party to all of the hearings and analytical data that fed into why we were creating GNI*.

There was a rational reason for the growth rate. The 26% increase in the 2015 figures was due to the consequential impacts of the relocation of entire balance sheets to Ireland and related activity. The scale of the relocations in 2015 was substantial and added €300 billion worth of capital stocks to Irish balance sheets. The net effect of the sales of those products produced abroad under the contract of those relocated headquarters added to Ireland's balance sheet of trade in goods and services in the national accounts. This doubled from €35 billion to €70 billion. Although there was a significant jump in 2015, the relocation and repatriation of intellectual property was not new. It started as far back as 2012. It is anticipated we will have growth or a reduction in these figures year on year. This is why EUROSTAT was invited to sit on the ESRG. This was to discuss the rationale behind the new analytical data of GNI*.

Although there were some disparaging remarks made not just by our European counterparts but some of our own home-grown economic experts, it was not leprechaun economics. It was a reflection of the repatriation of headquarters into the country and the additional intellectual

property rights registered here. We will continue to report the statistics, as was done in 2015, every year, with the exception we discussed earlier from 2005 to 2015.

Deputy Thomas P. Broughan: We always had a series on net national product taking account of depreciation. Why did that accounting system not catch some of those massive inflows? The Lane committee's report indicates GNI* will be produced and we will have a number of other structural indicators, with the quarterly publication of the gross value added and net national product. Will all of those happen and will we be able to monitor this position much more carefully in future? With the advent of President Trump and concerns that people have about the impact of his policies on foreign direct investment in this country, it may be less of a problem for us in future. We look forward to the publication of GNI*. Does the Minister of State believe our European colleagues will take it seriously or will they simply look at gross domestic product and gross national product as the fundamental indicators? None of the rest of those countries has had the experience of having to create this totally new series of accounting.

Deputy Michael Moynihan: In June, when the disparaging commentary was being made by some of the European institutions, was there clarification or discussion between the State's Departments and European institutions on the fluctuations? What was the response from the European institutions that made disparaging remarks at the time?

Deputy Regina Doherty: To answer Deputy Broughan's question, the gross domestic product, GDP, will continue to be the denominator for the deficit and debt ratios under the fiscal compact rules. GNI* will just be an alternative denominator for use below the line in the ratio analysis when aggregates such as deficit, debt or investments are being expressed as a percentage of the indicator of the size of the economy. This new analytical data, GNI*, is unique to Ireland. To answer the questions of both Deputies, the European Union institutions just recognise that it is unique to Ireland's highly globalised market. It is obviously not something they will follow suit on and do for their own relative markets. We will be producing the data on a quarterly basis until we catch up but thereafter it will be on an annual basis. Once we complete by the middle of this year the catch-up quarterly reports from 2005 to 2015, we will issue the reports on an annual basis from 2018 onwards.

Topical Issue Matters

An Ceann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 29A and the name of the Member in each case: (1) Deputy Frank O'Rourke - inaction on insurance in the motor industry; (2) Deputy Tom Neville - non-attendance at hospital appointments at University Hospital Limerick; (3) Deputy Niamh Smyth - the position with the Holy Family School in Cootehill; (4) Deputy Michael Healy-Rae - increased crime rates in Kerry; (5) Deputies Eugene Murphy and Dara Calleary - job losses at the ECMI plant in Ballaghaderreen; (6) Deputy Jonathan O'Brien - the investigation into the death of a garda; (7) Deputy Thomas Byrne - occupational therapy services in County Meath; (8) Deputy Imelda Munster - regular closures of the assessment unit in Our Lady of Lourdes Hospital, Drogheda; (9) Deputy Bobby Aylward - safety works at the Tower Road and Piltown junction on the N24; (10) Deputy David Cullinane - development on the north quays in Waterford; (11) Deputy Michael Collins - harvesting of kelp forests in Bantry Bay; (12) Deputies Mary Butler and Mattie McGrath - bed capacity in St. Patrick's, Cashel, and Sacred Heart, Dungarvan; (13) Deputy Fiona O'Loughlin - funding for access to an

3 May 2017

Xolair clinic in Kildare; (14) Deputy Thomas Pringle - the future of the Western Development Commission; (15) Deputy Eoin Ó Broin - accommodation for families made homeless through domestic violence; (16) Deputy Pat Buckley - stigma surrounding mental health issues; (17) Deputy Catherine Connolly - concerns raised in relation to the drug Epilim; (18) Deputy Mick Wallace - reliance on ESB connections for housing statistics; (19) Deputy Clare Daly - primary school places in Swords; (20) Deputy Bríd Smith - accident and emergency department waiting times in hospitals; (21) Deputy Richard Boyd Barrett - consultants working privately at St. Vincent's Hospital; and (22) Deputy Eamon Ryan - the lack of information on the operations of the Poolbeg incinerator.

The matters raised by Deputies Frank O'Rourke, Tom Neville, Michael Healy-Rae and Jonathan O'Brien have been selected for discussion.

Ceisteanna - Questions (Resumed)

Priority Questions

Hospitals Patronage

2. **Deputy Billy Kelleher** asked the Minister for Health his plans to review the ownership and governance of hospitals; and if he will make a statement on the matter. [21080/17]

Deputy Billy Kelleher: I ask the Minister for Health if he has any plans to review the ownership and governance of hospitals and whether he will make a statement on the matter. Since I tabled the question, he said we should embark on a national conversation about ownership and divestment of health facilities to the State. Will he elaborate on where he sees that conversation going?

Minister for Health (Deputy Simon Harris): I thank Deputy Kelleher for the question. As the Deputy is aware and will appreciate, voluntary and non-statutory providers, including religious bodies, have historically played an important role in the provision of health and social services in Ireland. It is fair to say the current arrangements have grown out of a complicated past. Policy must reflect current realities as well as available options over the medium term. The recent debate surrounding the location of the National Maternity Hospital has generated increased discussion of issues of ownership and governance in our health services, and in particular our hospitals.

I am anxious not to delay the long overdue National Maternity Hospital project while this wider conversation is taking place, and that is why I have set out a process I would like to follow that is separate and distinct for the National Maternity Hospital in order to tease out the important issues that the public has expressed concern about in recent days and weeks. It is important to note that over the years not only has the role of religious personnel in the day-to-day operation of hospitals reduced but in some cases there has been a transfer of ownership to the State. Examples include the transfer Our Lady of Lourdes Hospital, Drogheda, to the then North Eastern Health Board. Other voluntary or charitable hospitals have closed, such as Hume Street Hospital, or have been subject to mergers into newly created public bodies, such

as Jervis Street and the Richmond into Beaumont Hospital. Therefore, evolution is not new and change has also taken place across the wider health service in areas such as nursing homes and disability centres.

A number of our largest and most developed acute hospitals are voluntary hospitals. In contrast with health board or Health Service Executive, HSE, hospitals they have evolved governance structures with significant non-executive involvement. It is important in looking to the future that such strengths are recognised. It is also the case that in recent years, the nature of the relationship between voluntary organisations and the State has been clarified in a number of ways. The HSE operates a governance framework that governs grant funding provided to all non-statutory service providers and provides for detailed service level agreements. In the voluntary sector, it is required practice for public capital investment to be accompanied by a lien that protects the State's interest. All public hospitals are regulated by HIQA and are subject to national clinical standards and guidelines. Moreover, as part of the establishment of hospital groups, voluntary hospitals have been required to plan and deliver services in a manner that integrates service provision with HSE-owned hospitals in the region.

It is long overdue for us to try to structure this conversation about the direction people would like to take. We have seen similar conversations taking place with education. I am interested in the Deputy's view and I suggest to the House that we could benefit from such a conversation.

Deputy Billy Kelleher: I thank the Minister. There is a Private Members' motion to be discussed tonight in that context and we can elaborate on it then. Much focus over the past fortnight has been on the ownership of St. Vincent's University Hospital but we are ignoring the fact that the National Maternity Hospital is a voluntary hospital in itself. The Coombe, which is intending to transfer to St. James's Hospital, is also a voluntary hospital, as is the Rotunda, which is going to Connolly Hospital. The three maternity hospitals in Dublin are voluntary hospitals as well. This leads to the greater question in the context of the establishment of hospital groups and the statutory provision of underpinning them with boards. Where will the voluntary governance structure fit into the new hospital groupings if we are to continue with the proposals that the Government has announced on having a hospital group with a governing board overseeing it? Reference has been made to the National Maternity Hospital and the controversy that has flowed from that. It concentrates the mind to a certain extent that we can no longer ignore the fact that voluntary hospitals in the main are largely funded by the State and contracted to provide services to the State. The issue of divesting and ownership are key matters that can no longer be delayed or obfuscated for much longer.

Deputy Simon Harris: I largely agree with the Deputy. In the coming weeks I intend to go to Cabinet with proposals to put in place a process and structure to have this conversation. I am open to ideas from Opposition parties but I suggest that the forum on pluralism and patronage undertaken by the Department of Education and Skills in 2012 is a model that can work quite well. There would be a degree of public consultation and the input of clinicians. The Deputy's point is important as many of our hospitals are voluntary and many clinicians highlight the benefits of the voluntary system, preferring that system to working in a hospital that is fully owned and funded by the HSE.

It is important to say that of the 49 hospitals we have in this country, 15 are voluntary, with two having joint boards and 32 being statutory. We speak of voluntary hospitals and joint boards in a big discussion but they include Beaumont, the Rotunda, the Coombe, St. James's, Tallaght, Cappagh, Holles Street, the Mater, the Royal Victoria Eye and Ear Hospital,

3 May 2017

St. Vincent's University Hospital, St. Michael's Hospital, the Mercy University Hospital in the Deputy's county, South Infirmity-Victoria University Hospital, Our Lady's Children's Hospital, Temple Street and the National Children's Hospital at Tallaght. The Deputy is not trying to reduce the conversation to a simple matter but anybody doing so is missing the point that we have a rich tapestry in terms of how our health service is run and governed. It is high time we had a debate on whether there are better ways to do this and what direction people want to take. We should not ignore that all the hospitals I mentioned are either voluntary or have a joint board. They provide very important services.

Deputy Billy Kelleher: The conversation has started and minds have certainly been concentrated in the past number of weeks. The Minister indicated that many of the hospitals are voluntary or have other forms of governance. In the conversation that must take place about divestment or ceding of ownership, we should be conscious of the fact that we cannot pass Bills of attainder and seize hospitals. We must do what is available to us in law and right for the health services. It should be done in broad discussions with the voluntary boards to see how the State can best involve itself in the context of capital investments put into these hospitals, as well as the day-to-day management and oversight of those hospitals. That must be reflected, in view of the fact we will end up with hospital groups with a board, and there must be streamlined accountability and governance structures in place. Having a great deal of voluntary input could create difficulties, so we must have that discussion to ensure there is seamless governance of the hospital groups with all hospitals involved.

Deputy Simon Harris: That is right. We will also have to be very much aware of the financial implications of this.

Deputy Billy Kelleher: Yes.

Deputy Simon Harris: That should be an important part of the discussion. If it is the will of the people in this country that we should embark on divestment and purchasing sites and hospitals, it means we are suggesting that we use part of the finite health budget to buy hospital facilities that are currently available to us and providing a service. Perhaps that is the direction we need to take, but we must have that conversation. The Deputy is entirely correct that it must be in discussion with the voluntary hospitals. Some political parties in the House have suggested that I should, as it were, sneak in and seize hospitals from voluntary groups in the middle of the night. There are laws and a Constitution in this country so we must have a conversation, just as we have done in education. If we have that conversation I believe the health service can benefit and we can ensure that we keep the best parts of the tapestry. Some of the hospitals I have listed on the record of the House have very fine traditions of providing an excellent health service to the people of this country. However, as we move forward and invest in and build new hospitals, the point I have heard clearly from the Irish people is that they have strong views on the type of governance structure we should have in place in those new hospitals.

Home Help Service

3. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to a restriction on not-for-profit home helps providing additional services to clients over and above that allocated by the HSE; the reason these restrictions are in place, especially when those vulnerable persons in receipt of care may not be getting sufficient hours from the HSE; if there is a plan in place to bridge the services that these restrictions have impacted on in view of the fact

that supply is not meeting demand; and if he will make a statement on the matter. [20882/17]

Deputy Louise O'Reilly: This question is quite simple. In an ideal world, all home help hours should be provided directly by the State. However, since the State is not doing that, the question relates to the not-for-profit service providers and the restriction arbitrarily imposed on them from providing additional hours where demand clearly exists.

Minister of State at the Department of Health (Deputy Helen McEntee): Home care services are critical to support older people to stay in their own homes and communities, to prevent early admission to long-term residential care and to support people to return to their homes following an acute hospital admission. These services may be delivered directly by HSE staff or indirectly through not-for-profit and private providers contracted by the HSE.

In 2012 as part of a quality improvement programme the HSE introduced a tendering process for new home care packages sourced from private and not-for-profit providers. This process was most recently repeated in 2016.

I understand that some not-for-profit providers who are funded by the HSE to provide mainstream or core home help services were operating a limited service for clients who wished to pay for additional hours. This approach appears to have happened in a small number of cases but it was raised with the HSE in the context of a legal challenge by a group of 42 private providers in respect of the planned 2014 tender for enhanced home care. The not-for-profit providers referred to in the legal challenge were almost wholly funded by the HSE at that time, and continue to be significantly funded by HSE to provide home help services. In circumstances where a client-funded element of service was developing, concern was expressed that such arrangements may constitute cross-subsidisation or could amount to state aid.

Agreement was subsequently reached between the HSE and representatives of the private providers. Under that agreement and to avoid any doubt, the HSE made it clear that the type of arrangement I described earlier was not acceptable to the executive and was to cease. If a not-for-profit provider wishes to develop the private element of its business, in the same way as a commercial entity, it may withdraw from HSE-funded home help arrangements. This is not an issue of the State not wishing to provide support or help, but a legal issue to which we must adhere.

Deputy Louise O'Reilly: It is not a legal issue at all, but I wish to see the detail of the agreement reached between the HSE and the for-profit providers. We are talking about global, multinational corporations. They are people who are in the business of making a huge amount of money. The Minister of State will be aware of my views on the private sector in health care. I see the Minister nodding beside the Minister of State. He is well aware of them. However, these people make huge profits that fund big offices, branded cars and the like. The small, not-for-profit providers are effectively being locked out of this market. If somebody has an elderly relative who is receiving their home help from a small, not-for-profit provider but they wish to get an additional amount, which the State should be providing but is not, they must give money to a global corporation or a multinational company for it. It does not make sense.

Will the Minister of State publish the details of the agreement between the HSE and the private providers? Every penny that goes to the not-for-profit providers is put directly into service provision. In the case of private providers and the big global multinationals, we are giving taxpayers' money to fund their offices, corporations, backroom operations and so forth. It is

not good value for money.

Deputy Helen McEntee: We wish to ensure home care is affordable for everybody. Not-for-profit organisations are not restricted, but under the current framework they must adhere to the same regulations. I understand that some of the groups might like to develop a private element of their business. They will be able to do so next year. However, based on a legal challenge that took place and a possible legal challenge in the future, we cannot have a situation where an organisation receives a block grant of funding from the State and then provides private care on that basis. What we must ensure, and we are working on this, is that we can provide a proper framework and a proper statutory home care scheme that will be affordable, accessible to everybody, sustainable for the State and that will provide choice and certainty for people into the future. Again, this is not about not wanting to provide affordable home care or about protecting private enterprise. It is the situation in which we found ourselves. I believe the only way we can rectify it is by providing a statutory framework, and we are working on that. The Health Research Board, HRB, report was published two weeks ago. We will be opening a public consultation to ensure that every group, be it statutory or non-statutory, public or private, will have its say on what that framework should be.

Deputy Louise O'Reilly: The providers do not get a block grant. They are funded on a per-hours basis. The Minister of State knows that. Saying they get a block grant is an attempt to make it sound as if they are part of the HSE or the Department of Health, which they clearly are not. The Minister of State knows they are not. Will she publish the details of the agreement that was reached between the Department and these global multinational corporations? With respect, the Minister of State is driving the small providers out of business. We should be encouraging these people. They respect the rate for the job, do not drive down conditions and are trying their best to be decent employers, yet here they are fighting with the Department of Health and the HSE and effectively being closed out of the market. Will the Minister of State publish the details of the arrangement she has reached with these global multinational corporations, which effectively excludes not-for-profit providers? The not-for-profit providers respect the rate for the job and put all the money into service provision, whereas others fund the global corporations that are offering services at present. It might interest the Minister of State to know that this is not a case of value for money. They charge up to €44 per hour, while the not-for-profit providers do not charge anywhere near that.

Deputy Helen McEntee: To ensure the Deputy is not under any illusion, we are not trying to protect private business here. We are trying to ensure there is a fair system. The system currently in place means we cannot provide a block grant. Most of the not-for-profit organisations receive a significant amount of their funding from the HSE. They provide an excellent service and I am not saying otherwise. They provide a service where there is a gap. However, the framework currently in place means we must have a fair system. We are working on the development of a new statutory home-care scheme, which is how we will deal many of the issues that are arising at present. I will be happy to meet with the Deputy to discuss the arrangements and the talks that have taken place with regard to the private and not-for-profit organisations.

Deputy Louise O'Reilly: Will the Minister of State answer my specific question? Will she publish the details?

Deputy Helen McEntee: I cannot answer that now. I will meet with the Deputy to discuss it.

Mental Health Services Provision

4. **Deputy James Browne** asked the Minister for Health the action being taken on the ongoing difficulties in the provision of CAMH services; and if he will make a statement on the matter. [21081/17]

Deputy James Browne: What action is being taken on the ongoing difficulties in the provision of child and adolescent mental health services?

Deputy Helen McEntee: In line with the programme for Government, I remain firmly committed to developing all aspects of our mental health services, including child and adolescent mental health services, CAMHS. Additional funding in budget 2017 has resulted in an overall provision of €853 million for all HSE mental health services. The HSE service plan for 2017 prioritises improvement of all aspects of CAMHS, including the development of early intervention counselling and prevention services in primary care to reduce pressures on CAMHS and improvements to specialist CAMHS community-based and acute inpatient care.

CAMH services have benefited from the significant additional investment in mental health in recent years, although these services face particular challenges in recruiting and retaining staff. The HSE is addressing this on an ongoing basis. The HSE is also giving priority to reducing CAMHS waiting lists, especially for those waiting over 12 months. This is dependent on the availability of key clinicians within teams, in particular CAMHS consultant psychiatrists. We know that within mental health services, in particular CAMHS, there is a high turnover of staff. This is something with which we are trying to deal. It can be a very challenging but rewarding environment.

Additional resources have assisted in supporting 67 CAMHS teams and three paediatric liaison teams. I agree with the Deputy that we need to increase the number of people working in these teams. There are also 66 CAMHS inpatient beds in operation nationally. A new standard operating procedure, introduced in June 2015, has also provided greater clarity and consistency on how the service is delivered. Despite increasing demands overall on CAMHS, irrespective of the source of referrals, individual cases professionally assessed as requiring urgent access to services receive priority. Further acute inpatient beds will also come onstream as staffing levels increase.

The HSE service plan for this year provides for better out-of-hours liaison and seven-day response cover in CAMHS, against a background where the population of children is expected to increase by 8,500 in 2016-17. Around 18,500 children will attend the HSE CAMHS this year, including around 14,000 referrals. Detailed activity data for CAMHS, published in the HSE monthly performance reports, indicate that 68% of children referred are seen within a 12-week period.

Additional information not given on the floor of the House.

As primary care services are usually the first point of contact for children and adolescents when problems initially present, those with mild to moderate presentations are seen by psychologists in the service, unless there is a significant risk of harm, a rapid deterioration or a crisis which requires a specialist response. In order to develop early intervention services for those under 18 years of age, €5 million has been allocated to include the recruitment of 114 assistant psychologists in primary care. These posts have been sanctioned for recruitment. Despite the

3 May 2017

challenges outlined, I am satisfied that significant efforts are under way to develop all aspects of CAMHS. I am continually liaising with the HSE on the implementation of its service plan priorities for this service.

Deputy James Browne: Recently released figures show that 82 posts are vacant in CAMHS, including consultants and clinical nurse specialists. The scale of the vacancies is frightening. Essential consultant, psychologist, nurse and social work posts have not been filled. About one in eight positions is vacant. The situation is made worse by the fact that the Government continues to fail and fall short of what is required under A Vision for Change. The figures show that CAMHS is clearly struggling, with only half of the required staff in place to provide a full service. Successive Ministers have promised to prioritise mental health services, but the reality is that the area continues to be a blind spot for the Department of Health. There have been recent staff shortages which have resulted in the cancellation of services in Cork, as highlighted by Deputies Billy Kelleher and Micheál Martin. This is reflected across the country, including in my county of Wexford.

Deputy Helen McEntee: The Deputy is aware that the issue is not funding; rather, it is the recruitment of staff. As primary care services are usually the first point of contact for children and adolescents when problems initially present, those with mild to moderate presentations are seen by psychologists in the service, unless there is a significant risk of harm, a rapid deterioration or a crisis which requires a specialist response. In order to develop early intervention services for those aged under 18 years, €5 million has been allocated, to include the recruitment of 114 assistant psychologists in primary care. They have been sanctioned and are being hired. Despite the challenges outlined, I am satisfied that significant efforts are under way to develop all aspects of CAMHS. I am continuing to work with the HSE on its implementation. The recruitment of psychologists will be key in reducing waiting lists for child and adolescent services. Many children who have been referred to CAMHS services do not need to be there. Services are for those with a moderate to severe mental illness. We know that when we can provide a level of support within the community at a much earlier stage, young children are less likely to be referred. It is not just about the recruitment of key posts such as consultant psychologists. Assistant psychologist posts will also play a key role in addressing the problem we are discussing.

Deputy James Browne: I thank the Minister of State. I heard what she said, but I have to question whether the matter is being dealt with with the urgency and imagination required. The National Treatment Purchase Fund was in place under previous Fianna Fáil-led Governments. Would it be appropriate to consider using it to deal with mental health services until such time as they are brought up to speed and proper services are put in place? I refer, in particular, to psychologists. Parents are deeply concerned. Over 50% of all mental health issues manifest before children reach the age of 14 years. The longer they go without proper assessments the longer they will go without treatment and the greater the consequences for them, their families and society as a whole. I ask the Minister of State to consider alternative options in order to recruit the necessary staff.

Deputy Helen McEntee: I agree with the Deputy that mental health problems arise at a much younger stage. That is why we are introducing a well-being programme in secondary schools and supports are being provided at a much younger age in primary schools.

The Deputy referred to clinical consultant posts. Recruitment to fill such posts is especially difficult. There is a shortage not just in Ireland but also throughout the world. We are work-

ing on hiring staff, in particular given the high turnover. We will increase the number of nurse training places in colleges by almost 45% in the next three years. We are increasing wages and restoring community allowances. We are working with the unions and front-line staff to make mental health services a place where they want to work. We are also investing in infrastructure to make sure the surroundings in which staff are working are appropriate. A lot of work is ongoing. As I said, the issue is not about funding; rather, it is about the recruitment of staff. We are doing everything we can in that regard. I will, of course, keep in touch with the Deputy on developments.

National Maternity Hospital

5. **Deputy Bríd Smith** asked the Minister for Health the way in which the agreement with a religious order (details supplied) for the running of the new National Maternity Hospital will ensure women will have access to all services and operations, including abortion, in the future; and if he will make a statement on the matter. [20883/17]

Deputy Bríd Smith: I was fascinated listening to the conversation between the Minister for Health and Deputy Billy Kelleher. I regard it as a conversation because there was a lot of agreement. I think I counted the number of times they both used the phrase “Conversation has to be had”. A conversation has to be had. The Minister needs to have a very loud, honest and public conversation with the people and explain to them why he has an agreement with a religious order to run the new National Maternity Hospital and will allow it ownership of the hospital. Some €300 million of our money is to be used to build the hospital. I ask the Minister to outline how he can justify this and ensure it will provide proper facilities to ensure women’s health in the future, including abortion.

Deputy Simon Harris: I welcome the Deputy’s agreement that it is important that we have a conversation on future ownership and governance of the health service. It would be both very important and timely. In fact, it is overdue. Let us remember and recall how we arrived at this point in the case of the National Maternity Hospital.

Following extensive mediation discussions, agreement was reached late last year between the St. Vincent’s Healthcare Group, a very important teaching acute adult hospital, and the National Maternity Hospital on the relocation of the maternity hospital to the Elm Park campus. The terms of the agreement which have been published in full provide for the establishment of a new company, The National Maternity Hospital at Elm Park DAC, limited by shares.

The new company will have clinical and operational, as well as financial and budgetary, independence in the provision of maternity, gynaecological and neonatal services. This independence will be assured by the reserved powers which are set out in the agreement and cop-fastened by the golden share which will be held by the Minister for Health of the day. The reserved powers can only be amended with the unanimous written approval of the directors and the approval of the Minister for Health. This is a greater level of input than the Minister for Health has today in some maternity hospitals.

The agreement ensures a full range of health services will be available at the new National Maternity Hospital without religious, ethnic or other distinction. In that regard, I welcome the further confirmation by the board of the St. Vincent’s Healthcare Group that any medical procedure which is in accordance with the laws of the land will be carried out at the new hospital.

3 May 2017

Now that the planning application for the development has been submitted, we must turn our focus to the legal mechanisms necessary to complete the project. The hospital will be publicly funded, built on lands in the ownership of St. Vincent's University Hospital and operated by the new company. In the next few weeks I intend to meet representatives of both hospitals and will further consider the legal mechanisms necessary to absolutely protect the State's considerable investment in the hospital, including the ownership of the new facility. I have indicated that, prior to the HSE entering into any construction contract, I will formally sanction the necessary arrangements to ensure the facilities will be legally secured on an ongoing basis for the delivery of publicly funded maternity, gynaecological and neonatal services. Over the years we have made a significant capital investment in voluntary hospitals and such facilities have always continued to be used for the delivery of publicly funded health care as intended, including Holles Street hospital.

Additional information not given on the floor of the House.

I intend to report to the Government on the project at the end of May. At that stage I expect to have further details of the legal and other arrangements envisaged and will make this information available publicly. This will allow for the necessary clarity well in advance of contractual or other commitments being entered into in respect of the project.

I reaffirm my commitment to this hugely important project. The facilities at Holles Street are no longer fit for purpose. It is also acknowledged that for optimal clinical outcomes, maternity services should be co-located with adult acute services. We need to move on with the project and provide women and infants with modern health-care facilities. I look forward to working with all stakeholders to deliver the new state-of-the-art facility.

Deputy Bríd Smith: The question the Minister asked, namely, how we had arrived at this point, is poignant. We arrived in the middle of the discussion with most of the country up in arms. Within five days 100,000 people had signed an online petition calling on the Minister not to do this. Why did they do it? I have a letter, a copy of which I understand the Minister has received. It gives a very compelling example of why we have to ensure the Sisters of Charity will have nothing whatsoever to do with the running of the new National Maternity Hospital. It points out that only last month St. Vincent's University Hospital told a woman to contact the National Maternity Hospital at Holles Street because it would not provide the procedure of tubal ligation. For those who do not know, tubal ligation is a surgical procedure of sterilisation in which a woman's fallopian tubes are clamped to stop her becoming pregnant. This very basic, longstanding service is denied to women by the board of St. Vincent's University Hospital. How, in the name of God, is it going to deal with issues like IVF and termination of pregnancy in whatever circumstances as well as the question of sexual reassignment, which is one to which the Minister's Department is committed?

Deputy Simon Harris: It is important to note that the arrangements in respect of this new hospital were published by my Department on 24 November 2016 of last year. The statement of 24 November covered all of these issues, including the ownership of the company, clinical independence and the composition of the board. As such, that information was first put in the public domain on 24 November which is a point it is important to make.

I want to be crystal clear about this. The hospital will have full clinical independence. I intend to ensure that clinical independence is further underpinned in legal arrangements. The Deputy does not need to take only my word for it. The Master of the National Maternity Hospi-

tal, Holles Street, Dr. Rhona Mahony, has made it very clear. Every single service available in the National Maternity Hospital, Holles Street, will be available in the new national maternity hospital, including, if the people of this country decide to change the law, any services which could then be provided which are not legally permitted now. Many people asked whether Holles Street would be able to comply with the Protection of Life During Pregnancy Act. I was in the House at the time when that was debated. The question was asked whether voluntary hospitals would comply and they have complied. This hospital will have full clinical independence, which is in black and white in the agreement. I will underpin that further in legal agreements. Let us take the next month to get this absolutely right.

Deputy Bríd Smith: I do not understand this business of the next month and I do not think anyone else does either. On Sunday, there will be another major demonstration from 2 p.m. at Parnell Square, organised by Parents for Choice, to ensure that we try to get it through to the Minister and the rest of the Cabinet that they do not get where the rest of the country is at. The vast majority wants to move to a situation where we can separate the church from the State. That is clear. It is about the fundamental democratic structure under which we should live in 2017. It will not happen overnight and we have no intention of seizing hospitals under the noses of those who run them; hospitals which, by and large, we own and which the Minister listed. We have no intention of sneaking in during the night to undermine people who provide services. However, as with the prayer debate we had last night, we should go forward on a different footing and start by pronouncing that the brand new, state-of-the-art national maternity hospital which is urgently needed and which will cost the taxpayer €300 million is not going to be subject in any way to the input and control of the Catholic Church. In particular, I refer to a discredited order like the Sisters of Charity. Can the Minister guarantee that?

Deputy Simon Harris: No matter how often I say it, the Deputy will never be convinced or accept it because she wants to be in the politics of protest while I want to be involved in the politics of solutions.

Deputy Bríd Smith: The Minister is not saying it.

Deputy Simon Harris: The people of this country want a new national maternity hospital which they need and deserve. If the Deputy does not believe me, she should go down to the hospital and speak to those who deliver services.

Deputy Bríd Smith: I have just said that.

Deputy Simon Harris: Fine. She has said that.

Deputy Bríd Smith: We do not want a church-controlled one.

An Ceann Comhairle: No, no.

Deputy Simon Harris: That is fine. The Deputy has said that and no matter how often she says it is church-controlled, it will not be. We have heard the public's concerns and I want to use the next month to further engage with the hospitals, which is the appropriate thing to do. It is what a politician does when he or she listens to public concern. I will further engage on the issues, including the issue of ownership. However, some of the things the Deputy has said are factually incorrect. She presents them as fact but it is not true. She says the new hospital is going to cost the State €300 million. Has she considered what the proceeds from the sale of Holles Street will contribute towards that cost?

3 May 2017

Deputy Bríd Smith: I am not worried about the cost.

Deputy Simon Harris: Has she considered the fact that the National Maternity Hospital at Holles Street today is a voluntary hospital and not a HSE-owned one? This hospital will have full clinical independence and provide every service a women needs. Dr. Rhona Mahony and Professor Declan Keane have said it. Many doctors have said it. It will be robust in its clinical, budgetary and financial independence. We are going to get it right. What we are not going to do is fail to build it, because we need this hospital.

Deputy Bríd Smith: Has the Minister listened to the Bishop of Elphin?

An Ceann Comhairle: Do not mind the Bishop of Elphin. Can we get on? We want to hear from Deputy Pringle.

Deputy Simon Harris: I do not answer to the Bishop of Elphin.

Deputy Bríd Smith: That is good.

An Ceann Comhairle: Please, Deputies.

Deputy Simon Harris: I apologise.

Hospital Consultant Recruitment

6. **Deputy Thomas Pringle** asked the Minister for Health if he will address the ongoing delays in the approval for the appointment of consultants at Letterkenny University Hospital including a second breast cancer surgeon and an endocrinologist; and if he will make a statement on the matter. [20881/17]

Deputy Thomas Pringle: My question relates to the recruitment of specialists at Letterkenny University Hospital, including a second breast cancer surgeon, an endocrinologist and all of the ancillary staff.

Deputy Simon Harris: I thank Deputy Pringle for asking this important question. Letterkenny University Hospital provides essential and high-quality hospital care to patients in the north-west. I assure the Deputy of the continued commitment to develop services at the hospital as evidenced by the significant number of completed and ongoing capital projects there. In addition, Letterkenny has been leading the way nationally in developing cross-Border services for cardiac and cancer patients. I was delighted to visit Altnagelvin recently with the Northern Ireland health Minister to see first hand that cross-Border work. The breast cancer service at Letterkenny operates as a satellite centre of University Hospital Galway and is run by a consultant who also undertakes general surgery. It is augmented by visiting Galway-based and locum consultants. Efforts are being made to recruit a full-time locum consultant surgeon to address current service demands.

As the Deputy may know, I met recently with cancer support groups from the area and I thank them for their engagement. The national cancer control programme, my Department and the Saolta group are actively engaged in ensuring that quality breast cancer services are available. Consideration continues to be given to longer-term measures to meet future service requirements, including consultant and other staffing issues. The diabetes service at the hos-

pital is led by a consultant endocrinologist supported by a locum consultant general physician who has a diabetic interest. Additional clinics are being provided in order to address diabetes waiting lists. The Saolta group advises that an application for a second consultant endocrinologist is currently being completed by the HSE medical directorate with hospital management. It will then be submitted to the consultant appointments advisory committee for approval. New consultant surgeons specialising in colorectal and general surgery and a consultant anaesthetist have been recently recruited and a number of consultant posts are currently undergoing recruitment processes. The hospital continues to innovate in its recruitment practices. I thank the hospital and acknowledge its work in that regard.

In my recent engagement in March with cancer support and lobby groups in Donegal, I agreed along with the national cancer control programme that there was a case for exploring possible options for co-operation with Altnagelvin on breast cancer services. It was agreed to hold a meeting in the coming weeks in Letterkenny involving Saolta, the national cancer control programme, Oireachtas Members from Donegal, Donegal Action for Cancer Care and Co-operating for Cancer Care NorthWest. I look forward to the outcome of that.

Deputy Thomas Pringle: The Minister referred to the recruitment of a full-time locum; namely a breast cancer surgeon. Is that what he said?

Deputy Simon Harris: That is the endocrinologist.

Deputy Thomas Pringle: That is okay. I wanted to clarify it. There have been numerous meetings and the Department has been good at facilitating the cancer groups in Donegal in that regard. However, meetings seem to be all we have had. In January 2016, it was announced that a second breast cancer surgeon had been approved for Letterkenny University Hospital and that recruitment would start immediately, but it is now May 2017 with no sign of him or her coming. At one stage last year, there was only one general surgeon in Letterkenny Hospital. That was the cancer surgeon who also does general surgery, as the Minister said. When a surgeon was recruited, two days of surgery were provided in the period of three months in the hospital. This is the kind of thing that is going on. While it is good that meetings are happening, we are not seeing any progress outside of the meetings. Nothing is happening.

The Saolta group has been preparing the business case for the recruitment of an endocrinologist for over two years at this stage. We are still no further on. It is impossible to escape the point that while words are being said, nothing is happening. I wonder if the creation of the Saolta group means services are being concentrated in Galway and that hospitals like Letterkenny will be left behind. That is the realisation to which many people are starting to come.

Deputy Simon Harris: I assure the Deputy that a great deal more than meetings is happening. I have evidenced that in the fact that we have already seen some new consultant surgeons specialising in colorectal and general surgery appointed as well as a new consultant anaesthetist. A number of further posts are currently undergoing a recruitment process. I will take up with the Saolta group the point the Deputy makes about the length of time it seems to be taking for the group to apply to the consultant appointments advisory committee in relation to a consultant endocrinologist and revert to him directly on that. For clarity, I note that it is a full-time locum consultant service to address current service demands for the breast cancer service at Letterkenny. That is also under way.

In terms of the way forward in the longer term and without wishing to speak for the groups,

3 May 2017

there was general agreement among those I met to look at cross-Border opportunities and the possibility of a joint posting between Altnagelvin and Letterkenny. The purpose of the meeting that is due to take place in Letterkenny is to explore that with the national cancer control programme. I note the willingness on the part of all parties to look at that and I am happy to continue in that regard.

Deputy Thomas Pringle: People in Donegal do not want to see more exploration of solutions. They want to see actual solutions being put in place. This is the actual problem. I was very much in favour of the cross-Border idea with regard to radiology, which is being rolled out in Altnagelvin. However, the elephant in the room is Brexit and how this will impact on marrying together the clinical services and providing a service, if this is how it will be done. We need to see action. It will be a shock to people in Donegal to realise a full-time locum breast surgeon is all that is being sought at present when in January 2016 the announcement
4 o'clock was that a full-time breast surgeon would be appointed in Letterkenny. We have enough locums. We do not need locums; we need actual appointments and action. A concern we had when the hospital groups were established was whether we would see a pull of services into Galway, and this certainly seems to be what is happening. I ask the Minister to take up this point with the Saolta group. The journey time from Donegal to Galway is four to five hours. If people from Dublin were asked to travel to Kerry to see a consultant they would not stand for it and it is not fair to expect people in the north west to do so.

Deputy Simon Harris: I will certainly raise these points with the Saolta group and will revert to the Deputy directly on them. He makes a fair point on patients travelling to Galway when, as he knows, part of the agreement on establishing a satellite unit was that it was not just meant to be patients travelling to Galway but consultants travelling to Letterkenny. This is a point I took up with the Saolta hospital group and the national cancer control programme when it was brought to my attention by cancer support groups and Oireachtas Members in Donegal. It is absolutely essential that Saolta continues to manage the satellite service at Letterkenny University Hospital and ensures consultants from Galway travel to Letterkenny. For one consultant to travel to Letterkenny to see patients rather than a number of patients having to travel to Galway was the concept behind having the satellite unit. There are certain issues for which the patient would remain in Letterkenny and the doctor would go to see them but for other issues the patient would obviously need to go to Galway. This debate has been long had. We need to see consultants travelling to Letterkenny. There has been some concern expressed by groups on it. I will revert to the Deputy further on the issues.

Other Questions

Hospital Beds Data

7. **Deputy Jack Chambers** asked the Minister for Health the reason the HSE has ceased counting the number of private beds in public hospitals; and if he will make a statement on the matter. [20457/17]

Deputy Jack Chambers: What is the reason the HSE has ceased counting the number of private beds in public hospitals and will the Minister make a statement on the matter? We know that since the Health (Amendment) Act 2013 the Government has brought forward a policy of

quasi-private hospitals within our public hospital system, which is regressive and has contributed to the significant waiting times. Why has the HSE, as a matter of governance, stopped counting the number of beds? We deserve a full explanation on the matter.

Deputy Simon Harris: I thank Deputy Chambers for the question and I will endeavour to give him as full an explanation as possible. The reason the HSE has ceased reporting the number of private beds in public hospitals is that since 2014, as referenced by the Deputy, all private patients are charged in a similar manner, and the charges set for private patients are no longer set with reference to being in private or semi-private hospital beds.

The Health (Amendment) Act 2013, as Deputy Chambers mentioned, established the basis for this policy, enabling all private patients in a public hospital to be subject to charges. The Act addressed a situation previously identified by the Comptroller and Auditor General whereby when private inpatients were accommodated in public or non-designated beds no private inpatient charges applied, despite the patients having a private treatment relationship with their consultants. This was a matter highlighted by the Comptroller and Auditor General to which the legislation endeavoured to respond. The absence of a maintenance charge in such instances represented a significant loss of income to the public hospital system and to taxpayers at large.

Since 1 January 2014 revised charges are levied on all private patients. The charging regime now distinguishes between the accommodation of private patients in single rooms and multi-occupancy rooms, with the former charged at a higher rate. Analysis I commissioned at the request of Deputy Kelleher is being finalised by my Department. It indicates that changes to the charging structure have not resulted in a significant increase in the proportion of patients treated on a private basis in public acute hospitals. I hope to be in a position to share this with both Deputies in the coming days.

The use of beds in public hospitals is now more closely aligned with the clinical needs of the patients. This change allows for more efficient use of beds, with priority being given to issues such as end of life care, where a person can be given a single room, and infection control, regardless of the public or private status of the patient. The concern the Deputy has about these changes and the impact they have had on an extra number of private patients in public hospitals and the impact on the public health service is something on which I expect to have analysis in the coming days. The initial analysis I have received suggests this has not seen such an increase and, therefore, this is the rationale behind not counting private beds.

Deputy Jack Chambers: Public hospitals should be for public patients and only public work should go on in public hospitals. They should not be quasi-private institutions. Patients receive private care in the public health system and this is not a progressive way to run a public health system. What we have seen with the policy is that hundreds of thousands of people, who have already paid their taxes and who happen to hold health insurance, are being effectively charged twice. This is what the policy stance has changed. Instead of utilising the full capacity of public and private the Government has decided to charge people twice. The fact the Minister does not know and cannot state in the Dáil the number of beds used on a private basis is a serious concern with regard to management control. We know from the health insurers' figures that hundreds of millions of euro of insurance is going to public hospitals to bail them out because of the inefficiency in the current system. It is important the Minister addresses it. There is a recommendation from the health policy reform committee to remove private work from public hospitals. This is an example of how the previous policy was regressive and has impacted on increased waiting times for public only patients.

3 May 2017

Deputy Simon Harris: I thank Deputy Chambers. I revert back to my original point, which is this first became a public policy issue in an effort by the Oireachtas to respond to the Comptroller and Auditor General highlighting an important issue. I hope the analysis I will provide to the Oireachtas shortly on the impact this has had on the private-public mix in public hospitals can enable us to decide if we need to review the policy. I have already said I intend, on foot of receiving this analysis, to review the policy to check whether it is having any unintended consequence. This is the prudent and appropriate thing to do.

When Deputy Chambers says our public hospitals should be purely for public patients, and I mean this respectfully, it is quite a profound statement because while it is likely to be the direction the Oireachtas Committee on the Future of Healthcare proposes and it is likely to be the direction I and the Government would favour, we do need to be cognisant of the fact the provisional figure in terms of private patient income in 2016 to our public hospitals was €626 million. This is a big hole that I or any Minister would have to fill. It is a lot of money to take out of the public hospital system and take out of our public health service. How we deal with this is something that needs to be dealt with on a multiannual basis.

Deputy Jack Chambers: The Minister needs to deal with it. It is an example of how ineffective Fine Gael has been in setting its health policy. It has introduced effective quasi-private hospitals in our public hospital system and this is regressive. The hole will only get bigger because the incentive for managers is to have increased private output in the context of our public health system, and the people who cannot afford health insurance are being left behind. They are the people who must wait longer, and we see this in the waiting times in our public hospital system.

Public patients are all citizens and if people happen to want private health insurance, they should go to a private hospital. The State should not get those citizens who pay their taxes throughout their lives and charge them twice. It is having an impact on their health insurance premiums. Effectively, they are paying twice. They have paid their taxes and they are also paying health insurance. They have a right to health care in the context of our public health system. The Minister should not be levying middle Ireland with an additional tax and levy, which is what the Health (Amendment) Act does. Of course, it would leave a hole, but the Minister has a duty to fix that and manage the budget of the system properly. It is one of the biggest health budgets in the EU with some of the worst outputs. It is for the Minister to match the gap and provide a vision for the Dáil and stop talking about solutions in months and years to come when he is not in the Department.

Deputy Simon Harris: My God, I certainly hope I will be. I will not take a lecture from the Fianna Fáil Party on how to run a health service when I still find myself having to try to unpick some of the structural difficulties with which it left me through the creation of the HSE, which has become an awful bureaucratic scenario that we must pare back. One of the first decisions taken by this House on a cross-party basis was to set up a cross-party committee. It is accepted that it is going to involve us all in pulling together and that it will take a ten-year period to get this absolutely right. While I have many responsibilities which I endeavour to discharge with enthusiasm and my very best effort, anybody coming into the House to suggest we should abolish one charge has a responsibility to tell us how we would replace it. I am sure that in due course when the election is held - God willing, it is quite a long time away - Fianna Fáil's manifesto will detail how the €642 million that would be removed from the health service budget with the swipe of a pen would be replaced or the services we would not be able to provide.

Let me be clear that I think the Deputy has a fair point that there could be unintended consequences with regard to the current legislation. That is why I am doing two things. At the request of Deputy Billy Kelleher at the Oireachtas Joint Committee on Health, I am carrying out an analysis which will be presented very shortly. I will then review the legislation in that context and revert back to the Deputy.

Deputy Billy Kelleher: The Minister should not ensnare me in his policies.

Mental Health Services Provision

8. **Deputy Mick Wallace** asked the Minister for Health the steps he will take to address chronic underfunding of child and adolescent mental health services; the further steps he will take to tackle CAMHS staff shortages which are affecting the delivery of the service across the country; his views on the fact that County Wexford, with 14 other counties, does not have an on-call mental health service for children; and if he will make a statement on the matter. [20738/17]

Deputy Mick Wallace: I can see Deputy Jack Chambers replacing Deputy Billy Kelleher soon as health spokesperson for Fianna Fáil.

Child and adolescent mental health services outside the hours of nine-to-five Monday to Friday are non-existent in many parts of the country. If one has a referral accepted, nobody can lift a finger to help the child, unless the consultant psychologist assesses him or her. There is usually one in each child and adolescent mental health service, CAMHS, team. If a child is assessed and qualifies for child psychology services, he or she will go on an endless waiting list. The HSE informed my office last week that it was recruiting to fill 120 assistant psychologist posts. The persons concerned will work within the primary care service under the supervision of clinical psychologists. Does the Minister of State know when the posts will be filled? Will any of them be filled in Wexford? Are there plans to extend the hours of availability of CAMHS services in Wexford and other parts of the country that are being failed by the HSE?

Deputy Helen McEntee: I thank the Deputy for raising this issue which he has raised before. I stress again that I remain committed to developing all aspects of the mental health service, including CAMHS, which is a particular priority not just for me but also the HSE.

Additional funding in the budget for this year has resulted in an overall provision of €853 million for HSE mental health services. It takes into account significant additional resources for mental health services generally since 2012. However, funding is not the core issue in CAMHS, to which the Deputy has referred in his question. CAMHS services face particular challenges in the recruitment and retention of staff. The turnover rate for CAMHS teams is particularly high. That is an issue we are trying to address. The HSE is addressing it on an ongoing basis. We have recruited 1,150 staff in the past four years, of whom 270 have been for CAMHS teams. The HSE has also given priority to reducing the CAMHS waiting list, especially for those waiting over 12 months. This is dependent on the availability of key clinicians within teams, particularly CAMHS consultant psychiatrists. I know that the issue the Deputy is raising is the fact that there is no child consultant psychologist on-call within emergency departments 24/7. That is an issue of which we are very aware. Additional resources have assisted in supporting 67 CAMHS teams, with three paediatric liaison teams. There are also 66 CAMHS inpatient beds in operation nationally, with additional beds to come on stream as staffing levels

3 May 2017

permit. The new standard operating procedure introduced in 2015 has provided greater clarity and consistency on how the service is provided.

As the Deputy knows, during normal working hours, nine-to-five cover is provided Monday to Friday within mental health services by a number of interlinked components, including community mental health teams and emergency departments. During the on-call period, between 5 p.m. and 9 a.m., Monday to Friday, and throughout the weekend period there is a consultant psychiatrist, together with a psychiatric registrar or senior house officer, on duty in acute hospitals. Since 2014, this has been supplemented by the development of the self-harm clinical programme under which specialist nurses are available. A preliminary review of weekend access by the HSE mental health division shows that weekend mental health services are provided in only eight of the 17 mental health areas. In a further eight areas there is partial cover, in which in certain geographical areas within the service a weekend service is provided. The HSE has prioritised the need to ensure access to a weekend service for current service users is provided in all areas. A service improvement project was commenced last November to carry out more detailed mapping of current provision at weekends and the uptake in the extended hours services, taking account of international best practice and the service user perspective. The position in Wexford will be addressed as part of the overall service improvement initiative.

I will answer the other questions asked when I speak again.

Deputy Mick Wallace: The truth of the matter is that the service is not good enough in Wexford. I recently asked the HSE what services were available for children and adolescents who presented with suicidal ideation but who were not deemed by CAMHS to have a psychiatric disorder. The reply from the head of mental health services, Ms Liz Kinsella, stated individuals could access a health service on a 24-hour basis, despite the fact that I was asking about mental health services. She went on to refer to a few of the services which were not available on a 24-hour but a nine-to-five, five days a week basis. She referred to a school counsellor who was available during school hours and the Ferns Diocesan Youth Service which was available in Wexford town. Again, it is a nine-to-five, Monday to Friday, service. We rang two of the organisations she mentioned - I think the Minister of State mentioned one also - the HSE community primary care and disability psychology service and the HSE self-harm intervention programme, on the day we received her reply after 5 p.m. but it rang out. She also referred to the CAMHS team in Wexford, but the question was what would happen when the CAMHS team put someone on a waiting list for psychology services? The HSE needs to provide talking therapies for children that are affordable, easily accessed and promoted as part of the HSE child and mental health services. The services available in Wexford are not what the Minister of State seems to think they are. They are abysmal. We are inundated with complaints from parents about the current situation.

Deputy Helen McEntee: I agree with the Deputy that there is a gap within the services, but there are others that are available or were not mentioned. The self-harm intervention programme was established in Wexford in 2004. It caters for young people, aged 16 years and over. Last year 155 persons aged under 18 years were referred to it. There is the Ferns Diocesan Youth Service that provides services in Enniscorthy, Gorey, New Ross and Wexford town. It is for young people aged 13 to 25 years. There are four day hospitals, Tara House, Carn House, Summerhill and Maryville; as well as the nurse specialist liaison service that is available seven days a week and the suicide crisis assessment nurse, SCAN. I agree that there is a gap in the services, which is why, similar to the exercise happening in identifying where the gaps are in the seven-day-a-week service, progress has been ongoing with the HSE, service providers

and the mental health teams to identify where consultant psychologist posts are not being filled within emergency departments on a 24-7 basis. They are working with the HSE to identify how they can implement the initiative in the best way possible, obviously including in Wexford. The assistant psychologist posts have been approved and recruitment is starting. That will happen throughout the country. It is a much needed support, not just in Wexford but also elsewhere.

Deputy Mick Wallace: The self-harm intervention programme mentioned by the Minister of State is actually based in Waterford. It is one of the places we rang after 5 p.m. At 5.15 p.m. the telephone was not being answered. One of the parents who contacted me recently has a ten-year old boy who has been diagnosed with severe verbal and oral dyspraxia, a sensory process disorder and as suffering from high anxiety. It is suspected that he has other undiagnosed disorders. CAMHS has seen him, but it does not believe it can help him. It has closed his case but never notified his mother who wrote to us. I would like to quote a few of her words:

My son wants to be dead. He is ten years of age. I spend my days trying to convince him being alive and with his family is more fun. My son is majorly suffering but nobody seems to care. We are on the psychology waiting list for two years now. I spend my time trying to convince him being alive is so much better even if it doesn't feel like it. It is heart-breaking watching him suffer and listening to how he feels about himself and why he thinks being dead is the answer to his problems. He wants to know why he is different, why he has struggled so much, but I don't have the answers.

What I do not understand is why there has not been a greater emphasis on psychotherapy. There are psychotherapy services available in the county. I know that the HSE was hiring, but psychologists are not in place. There are two CAMHS services in the county and two leaders. It is not good enough. There has to be a rethink.

Deputy Helen McEntee: It is not acceptable that a ten-year old feels he does not want to live. That is part of a much wider conversation we need to have with young people in order that they will be able to express what it is they are feeling and identify the supports they need. We also need to ensure we have programmes in place that are suitable for individuals. We have always had a one-size-fits-all approach. If a young person had a problem, he or she was automatically sent to CAMHS, but we know that it is not the answer for everybody. That is why we are trying to look at the supports available within the community which would be best suited and best provide for young persons at the age of ten years. It is also why we are developing the assistant psychology posts and why we are looking at providing supports that are tailored towards people's needs, specifically for our younger people.

We had another meeting of the task force yesterday. Work is ongoing. The recruitment of staff is key to this, and that is a problem we are facing not just in Wexford but throughout the country. We are trying to invest in our services. The Deputy mentioned that people are not keeping in touch and that if a person is referred on to another service he or she is not then coming back. There is no easy flow forwards or backwards. That is down to technology and a change in people's attitudes, and it is something on which we need to work with service providers to try and improve.

3 May 2017

Ambulance Service Response Times

9. **Deputy Éamon Ó Cuív** asked the Minister for Health the action being taken to assist University Hospital Galway improve ambulance turnaround performance, in view of the fact that just 7.7% of ambulance calls at the hospital were cleared in less than 20 minutes during February 2017 [20757/17]

13. **Deputy Lisa Chambers** asked the Minister for Health the action being taken to assist Mayo University Hospital improve ambulance turnaround performance, in view of the fact that just 9.5% of ambulance calls at the hospital were cleared in less than 20 minutes during February 2017 [20760/17]

29. **Deputy Jackie Cahill** asked the Minister for Health the action being taken to assist South Tipperary General Hospital improve ambulance turnaround performance in view of the fact that just 8.9% of ambulance calls at the hospital were cleared in less than 20 minutes during February 2017 [20776/17]

44. **Deputy Mary Butler** asked the Minister for Health the action being taken to assist Waterford University Hospital to improve ambulance turnaround performance in view of the fact that almost 15% of ambulance calls at the hospital were not cleared within an hour during February 2017 [20751/17]

46. **Deputy Michael McGrath** asked the Minister for Health the action being taken to assist Cork University Hospital improve ambulance turnaround performance, in view of the fact that just 11.8% of ambulance calls at the hospital were cleared in less than 20 minutes during February 2017 [20762/17]

76. **Deputy Anne Rabbitte** asked the Minister for Health the action being taken to assist Portiuncula Hospital improve ambulance turnaround performance, in view of the fact that just 11.5% of ambulance calls at the hospital were cleared in less than 20 minutes during February 2017 [20753/17]

Deputy Éamon Ó Cuív: The Minister is probably aware of the fact that 92% of turnaround times in University Hospital Galway exceeded 20 minutes. Only 7.7% were less than 20 minutes. This is to do with trolley back-up and so on and the crazy situation that has not been dealt with in the emergency department at University Hospital Galway. What is the Minister going to do, in a holistic fashion, to deal with this issue and reduce the logjams that are there so that we can get the ambulances back out on the road to actually do what they are supposed to do, which is bring the patients into the hospital?

Deputy Simon Harris: I propose to take Questions Nos. 9, 13, 29, 44, 46 and 76 together.

Ambulance turnaround times measure the time interval from ambulance arrival at a hospital, to when the crew is ready to accept another call. When the emergency care system is under pressure, there is the potential for delay in the transfer of care of patients from ambulance to emergency department personnel. I accept that in a number of hospitals, including those highlighted in the individual questions, the emergency departments are particularly busy and this can contribute significantly to delays in ambulance turnaround.

A framework has been developed to create a standardised approach between the national ambulance service and acute hospital emergency departments which allows all parties to under-

stand their role in the timely release of ambulance resources from acute hospitals.

In addition, the framework sets out the escalation process to alert management, both within the national ambulance service and acute hospitals, to significant increases in emergency demand and activity, and occurrences of delayed turnarounds. Hospital management is tasked to enable the release of all ambulance resources in a safe manner.

In regard to emergency department overcrowding, my Department and the HSE are developing a plan focused on working with hospitals to improve performance, and overall patient experience which should also assist in improving ambulance turnaround times. I have been assured that the HSE is committed to ensuring that patients are clinically handed over in a safe, professional and timely manner, with the safety and dignity of the patient being of paramount importance.

If we are serious about reducing the turnaround times it means that we need to reduce the length of time people are spending in our emergency departments. It is with that in mind that I very much welcome the INMO's figures this morning which show a 12% decrease in the number of people on hospital trolleys awaiting admission in April of this year compared to April of last year. We still have a long way to go in this regard, and I look forward to talking to the INMO about recruitment of more nurses. We have ambitious plans in place to hire 1,208 new nurses this year and have a number of incentives to try and assist in that regard, because it is very much interlinked with the ability of an ambulance to get in, safely hand over the patient, and get back to doing exactly what we want them to do.

Deputy Éamon Ó Cuív: The Minister recently met a delegation from Connemara to discuss the ambulance service. I was surprised to get a reply from him yesterday telling me that the solution to the rural areas ambulance problem is a do-it-yourself job of voluntary responders. The letter says that the capacity review indicated that the only practical way to improve first response times in rural areas is through voluntary community first responders. I find this rather shocking. I accept that there are challenges in rural Ireland and that we cannot expect to achieve the same turnaround times as urban areas, but they could be vastly improved. Can the Minister tell me if that is really his policy or is that just what was written in the answer for me? It seems to me to be a shocking response. I am not against volunteerism, but I do not see why rural people are always expected to do the DIY job when urban people rightly expect it to be done properly. What is the policy on ensuring that rural people get good and comprehensive ambulance services in a timely manner?

Deputy Simon Harris: I assure Deputy Ó Cuív that the way we are going to make sure that people throughout this country, regardless of whether they live in rural or urban areas, get better access to ambulances in a more timely manner is by investing in the national ambulance service. That is what we are doing. The €7.2 million of extra funding in 2016 for the service will be supplemented by a further €3.6 million, including another €1 million for new developments. The first report I received when I came to office was the Lightfoot report. It was the first external international look at our ambulance service. The piece of my response which the Deputy has put on the record of the Dáil referencing the report says three things. It says that we need significantly more ambulances and paramedics, but it also says that even if we increase ambulances and paramedics - we are committed to doing that, hence the extra investment - in order to meet HIQA response times, because of the demographic layout of this country we are going to need to continue to see additional contributions from our community first responders. They are doing a superb job around this country, as the Deputy has acknowledged, but with the

3 May 2017

best will in the world, even as we continue to increase ambulances, as we are going to do, and continue to increase the number of paramedics, which we are doing, we still require community first responders to help support rural Ireland. It is not just rural Ireland but urban Ireland as well. There are three pieces to this - more ambulances, more paramedics and the community first responders working hand in hand. I had a very good meeting with the group from Connemara on this issue.

Deputy Lisa Chambers: I want to raise directly with the Minister the issue pertaining to the constituency of Mayo. Back in 2014, one of the ambulance bases there was determined by HIQA to be an ambulance black spot. Since then we have had a crew appointed to that base in Mulranny, but unfortunately what we have seen happening is that that crew very often does not make it to the Mulranny base. It is pulled back into Castlebar, Ballina or Belmullet, and so the area is not getting the service that we think we are getting. This was back in 2014, three years ago. The situation has not improved.

The Minister has touched on the HIQA response times. We should have a first responder on the scene in just under eight minutes, and for a vehicle carrying a patient they should be there within 20 minutes, or just under 20 minutes. Geographically the Minister is correct. It is not physically possible, with Belmullet, Castlebar and Ballina, and including Mulranny, to reach parts of our county in those times even if one leaves within minutes.

On the turnaround time at the hospital, from speaking to staff locally at Mayo University Hospital the feedback I am getting is that when an ambulance arrives at the hospital they very often have nowhere to put the patient. There is no trolley or bed to transfer the patient to, so they cannot actually get the patient off the bed that has to go back into the ambulance, which is remarkable. These are ambulances that could be deployed to another area.

I have raised the issue of the massaging of figures relating to response times for many years. If something happens in Galway a Castlebar ambulance will often be called when a Galway ambulance is not available in the knowledge that that ambulance will never make it to Galway. It was, however, dispatched on time. The ambulance may get half way there and is then sent back when the Galway ambulance becomes available, thereby massaging the figures that the Minister is supposed to use to develop policy. These are very serious, ongoing issues. It is happening all over the country.

Deputy Simon Harris: I thank Deputy Chambers. I will follow up on the figures and how authoritative they are and revert to the Deputy directly.

On a general point, before dealing with the Mayo-specific issue, the national ambulance service received 859 calls per day on average in March. That is 26,629 calls over the full month of March. Of all of those calls we saw 1,668 ambulances delayed for greater than an hour. It is not acceptable that ambulances are delayed for that long, but it gives a sense of the volume of calls that our ambulance service is dealing with, and shows that the overwhelming amount of them are very successful.

However, we do need to do more about this. I thank the Deputy for acknowledging the difficulty of meeting HIQA response times in certain parts of the country. This is not due to a lack of willingness on the part of the national ambulance service but because of particular geographical challenges which we have to work in innovative ways to overcome.

Staff reports from Mayo University Hospital are accurate and it is true that when an emer-

gency department is congested it results in additionality in terms of time. I thank the staff in the hospital because we have seen an improvement in trolley numbers and on one day this week there was a 46% decrease in patients on trolleys as compared with the same day last year. Ultimately, the issue is bed capacity and we need more beds in our health service. Class sizes have increased as the population has increased but bed capacity has not, and this has been the case over periods of successive Governments. We need to do this collectively and that is why the bed capacity review is under way. I need to have a clear figure for the number of extra beds we need for the health service in time for the mid-term capital review.

Deputy Éamon Ó Cuív: A total of 174 out of 823 calls took over an hour to clear in GUH. That is nearly three times as many as were cleared within 20 minutes. That is always a problem but it is a much bigger problem if the ambulance which is waiting outside has come from an area that only has one ambulance within 30 miles of its base. Are there proposals to ensure ambulances from stations with no back-up vehicle will be given priority and can disgorge patients so that it can get back out on the road? That is one simple thing that could be done. Is there a process to prevent an ambulance from Clifden or An Cheathrú Rua, where there is no other ambulance nearer than Westport, sitting in Galway for over an hour when somebody else needs an ambulance? Will the Minister give an instruction that areas where there is only one ambulance cannot be pulled into Galway as back-up, leaving a very extensive area without any ambulance cover within a reasonable distance? These issues can and must be dealt with immediately.

Deputy Simon Harris: I had the honour of visiting Galway University Hospital recently to talk to staff, patients and management. The clear need is for a new emergency department, which has been much talked about for many years and which we will deliver. I have provided the funding for the design team which is being appointed and it is important that its work is completed as quickly as possible so that I can ensure the new emergency department for Galway University Hospital is included in the mid-term capital review. It is vital we get the emergency department under way because that will assist staff in the clinical handover of patients from ambulances to the emergency department and will provide them with more capacity, better working conditions and privacy for patients.

It is a clinical consideration for the national ambulance service to decide which ambulance to prioritise getting back out onto the road. The hospital must deal with the patient's needs and triage them when they arrive in the emergency department but I will raise the two matters the Deputy raises with the national ambulance service and come back with a response.

Deputy Lisa Chambers: I welcome the fact the Minister will look into the issue of ambulances being called when they know they will not get there, which is happening all over the place. Crews from Castlebar and Ballina have been sent to Roscommon and to Galway and a crew that is meant to go to Mulranny on a daily basis often does not get there. They might be sent a small bit down the road but are then called back to man a base in Castlebar or Ballina because a crew from one of those places has been called out to a wild goose chase somewhere else. The staff do not have any choice but to do this.

The recruitment of nurses is a key issue to ease congestion in our emergency departments. The Minister will be well aware of the difficulties in attracting nurses back and we all know people working in other jurisdictions where they are treated far better and have a smaller workload. We need to do an awful lot more in terms of working conditions to attract highly skilled and qualified people back.

3 May 2017

I welcome the reduction in trolley numbers at Mayo University Hospital this year as compared with last year. I have raised the movement of patients to other wards with the Minister in the past but I do not know if he has looked into it. They are often moved to the medical assessment and day service units in the hospital to remove them from the view of those who conduct the trolley watch. Staff tell me that there is pressure on hospital management to ensure patients are not counted on trolleys so that the numbers can be made public. They are human beings and it puts pressure on them and this incentivises some managers to do things which massage the figures, creating an inaccurate reflection of what is happening on the ground. The Minister needs to look behind the figures and talk to staff in the hospitals.

Deputy Simon Harris: I always enjoy talking to staff in the health service and I have visited 48 of our hospitals in the past year. The Deputy makes an important point about trolley figures. The INMO produces its own trolley watch and its members have clear guidelines, as does the HSE, as to what constitutes a trolley as opposed to an additional bed. Its figures are published on a daily basis and the HSE publishes figures three times a day. The general secretary of the INMO is co-chair of the emergency department task force, where there is an exchange of information on this, so I believe the 12% decrease in April, according to the INMO's figures, is widely accepted among staff.

The Deputy is entirely correct to say we need to recruit more nurses and we need to do more to recruit nurses. The HSE has been at career fairs in London and, as part of our discussions with the INMO and SIPTU to avert industrial action, we agreed a number of measures including the doubling of the bring-them-home allowance from €1,500 to €3,000, and extending it beyond the UK. There is a number of pre-retirement allowances for people who want to work part-time rather than full-time, meaning we keep a part-time nurse in the system. I am looking forward to going to the INMO conference later this week, where I will have an opportunity to outline plans in this area.

Hospital Procedures

10. **Deputy Eoin Ó Broin** asked the Minister for Health the estimated cost of rolling out early supported discharge programmes nationally for stroke patients in circumstances in which this would improve patient outcomes and free up acute hospital beds; if he will roll out early supported discharge programmes nationally for stroke patients in view of the fact that this would improve patient outcomes and free up acute hospital beds; and if he will make a statement on the matter. [20214/17]

An Leas-Cheann Comhairle: Question No. 10 is in the name of Deputy Eoin Ó Broin and Deputy Louise O'Reilly has been nominated.

Deputy Louise O'Reilly: When I was a union official we had a particularly difficult employer and we used to say that if something we suggested made sense he would not do it. My question, however, makes eminent sense. Supported discharge programmes have been proven to work so will they now be rolled out nationally? Will they be funded and prioritised?

Deputy Simon Harris: I always listen to the Deputy's sensible suggestions. The national clinical programme for stroke has been in place since early 2010. The vision of the programme is to design standardised models of integrated care pathways for the delivery of clinical care. Early supported discharge is a rehabilitation programme that aims to accelerate discharge home

from hospital and provide rehabilitation and support in the home setting in order to maximise independence as quickly as possible after stroke. Pilot early supported discharge programmes in three sites in Ireland have proved to be effective, with up to 35% of stroke patients being discharged successfully.

The HSE has advised my Department that its integrated care programme for patient flow has identified the need to strengthen the integrated patient-centred approach. Improving discharge processes is not only necessary to deliver safe and truly person-centred care but also to optimise bed utilisation.

Funding has been allocated by the clinical strategy and programmes division to the integrated care programme to support the national clinical programme for stroke to expand the early support discharge stroke programme in 2017. This involves increasing staffing in three existing early supported discharge stroke teams and developing two new teams at a full-year cost of €460,051.

Early supported discharge complements the range of measures to improve stroke care including 24-7 access to thrombolysis and increasing the number of stroke units to 22. These measures have reduced stroke mortality, reduced average length of stay in hospital and enabled more stroke patients to be discharged directly to home. This is in their rehabilitative interest as patients, as well as being in the interest of the health service by ensuring better bed utilisation. In advance of the Estimates for 2018, the HSE will prepare costings for the roll-out of this programme and the Department is currently engaged with the HSE on the business case, as part of the development of the HSE's national service plan in advance of budget 2018. I will share more information on this with the Deputy as it becomes available. It will be hard not to agree on something that is beneficial and we are expanding it this year with additional teams. There is scope to do more and I hope we will have a full business case in advance of the 2018 Estimates.

Deputy Louise O'Reilly: The Minister says it will be 2018. If it makes sense now, would it not make sense to prioritise it? Even though pilot ESD programmes have been proven to be effective, only three early supported discharge teams are in existence covering four acute hospitals. If we have all decided we agree on it, it is farcical not to act on it. International studies show that 25% to 40% of all stroke patients can benefit from early supported discharge programmes. The long-established cost effectiveness helps in the production of any business case. It is estimated that we could save between €2 million and €7 million a year. It is not just saving money; it is good for the patient to have early supported discharge. When will we see this in place? Since it has been proven to work, I do not know what the problem is leading to its delay.

Deputy Simon Harris: There is certainly no problem. We are not just saying it works and is that not great; we are actually saying it works and let us do more in 2017. That is why we are providing additional funding this year to increase the staffing in the three existing early supported discharge stroke teams and to develop two new teams. As I have outlined to the Deputy, the cost of that is €460,051 in a full year. As is normal, in advance of the Estimates process the HSE is working with my Department to prepare costings if we were to roll out this programme nationally. In advance of the Estimates process formally beginning I would be very supportive of this because it makes sense from a bed utilisation point of view. We have had the benefit of the pilots. We are now putting the staff into those two additional teams. I expect to be able to share with the Deputy more concrete details on the costs of rolling it out nationally well in advance of the budget 2018 process. This is something my Department, the HSE and I all support. A body of work is being done to see how it can be rolled out nationally.

3 May 2017

Deputy Louise O'Reilly: Let me clarify this. We are agreed that the pilots worked, that there are savings for the Exchequer and that there are benefits for the patients. We are ticking all those boxes. Is the plan for the Estimates that it would be a full roll-out next year and not another pilot or a partial roll-out? I am not trying to put words in the Minister's mouth; I am asking a genuine question. It will not be another pilot, but a full roll-out giving full availability to those who need it for next year.

Deputy Simon Harris: I accept it is a very genuine issue. The Deputy will also accept that I cannot deliver the budget for 2018 now at the start of May. However, my Department is working with the HSE to prepare the business and health case for the roll-out of early supported discharge services throughout the country. That is the work the Department of Health is undertaking with the HSE. I would like to see this rolled out nationally and the vehicle for achieving that is the budgetary process. The Deputy is correct; I am not talking about another pilot, but a national roll-out.

Brexit Issues

11. **Deputy Stephen S. Donnelly** asked the Minister for Health the status of the health services' preparations for Brexit. [20784/17]

An Leas-Cheann Comhairle: Question No. 11 in the name of Deputy Donnelly will be taken by Deputy Kelleher.

Deputy Billy Kelleher: What is the status of the health services' preparations for Brexit? We have discussed this issue in the committee, but I seek clarity on the Minister's thinking on the issue of Ireland's preparations for the impact it could have on our health services here given that Article 50 has been triggered. I instance the treatment abroad scheme and the cross-border health care directive given the number of people who go to Northern Ireland under that directive. The other issue relates to the number of people working in the UK health services who could be discommoded with the withdrawal of the free movement of people.

Deputy Simon Harris: I have taken part in a number of Brexit-related meetings, including at the North-South Ministerial Council. I have also met the European Commissioner for Agriculture and Rural Development; the UK Parliamentary Under Secretary of State for Health; the European Commissioner for Health and Food Safety; the Northern Ireland Minister for Health; the UK Secretary of State for Health; the executive director of the European Medicines Agency; the CEO of the German-Irish Chamber of Industry & Commerce; the Scottish Cabinet Secretary for Health and Sport; the Belgian Minister of Social Affairs and Health; 23 EU permanent representatives as recently as last Friday; and a number of Irish officials as well as our ambassador. We have been very busy in the Department of Health working on Brexit, as all Departments are.

Ireland's preparations for Brexit continue to be strongly co-ordinated from the centre of Government through the Brexit Cabinet committee chaired by the Taoiseach. My Department participates fully in the senior officials group on EU affairs, the interdepartmental group on EU-UK affairs, and as appropriate its working groups established to support the Cabinet committee on Brexit. Regular contact is being maintained with Departments on cross-cutting issues of relevance for the health sector.

As the Deputy is aware, a very extensive programme of engagement on Brexit by the Taoiseach and Ministers has been taking place with other EU Governments and the EU institutions reinforced by extensive engagement at diplomatic and official level. I have outlined the series of meetings I have had in the past year, including with the EU Commissioners and fellow health Ministers.

In the area of health, all work relating to the impact of Brexit is informed by the following key priorities: to ensure continuity in the provision of health services; and to avoid any changes to the current situation that would have a negative impact on human health.

The Department of Health and its agencies have been conducting detailed analysis on the impacts of Brexit in the area of health. Multidisciplinary workshops are continuing within the HSE and with key external stakeholders in this regard. Work on the implications of Brexit is also a priority for other health sector agencies. The ongoing preparations for Brexit include an in-depth analysis of relevant EU legislation and regulations.

In my Department, we have established a management board subcommittee, which serves as a co-ordinating body to pull the various strands of this work together. It is chaired by the deputy Secretary General and includes HSE representation at national director level.

The Government also believes that Dublin would be a very suitable location for the European Medicines Agency, particularly in the interests of ensuring continuity and sustainability in the conduct of its business. Such continuity is critical for European citizens and the industries which the EMA regulates. I visited Brussels last Friday to meet 25 EU ambassadors and diplomats and the Belgian Minister for Social Affairs and Health to provide detail of the Dublin campaign. I presented a brochure and website, www.emadublin.ie, setting out the compelling reasons for relocating the European Medicines Agency to Dublin. I will officially launch the brochure and website for the Dublin bid tomorrow. The relocation of the EMA is one of the potential benefits from Brexit. We have tough competition. The Deputy has alluded to other challenges to which I would be happy to respond.

Deputy Billy Kelleher: I wish the Minister good luck in his campaign to relocate the EMA to Dublin, or to Ireland at the very least.

Deputy Finian McGrath: Dublin Bay North.

Deputy Billy Kelleher: Obviously, decentralisation would be very much appreciated in other parts of the country. We wish him well with that. However, there are potential downsides to the whole issue. We cannot accept that the relocation of the EMA will resolve all our problems.

Deputy Simon Harris: I know.

Deputy Billy Kelleher: I am not saying he is. For example, I refer to vaccination programmes on an all-island basis; co-operation on rare diseases, particularly in paediatrics; and transplanting where we do not have the capacity on our own, but with the Republic, the North and Britain we would have critical mass. A considerable amount of work needs to be done on those areas.

The negotiations by the UK Prime Minister, Mrs. May, have been quite ham-fisted to date. Views such as no deal is better than a bad deal are being expressed. I can accept that people

3 May 2017

are squaring up to each other to a certain extent. However, real lives are at stake here given the impact it could have. I urge the Minister to keep an interested eye on these areas and not to be side-tracked by the bigger issue of the EMA coming to Dublin, which I accept is very important. However, in the longer term, the issues I have outlined are significant.

An Leas-Cheann Comhairle: In accordance with Standing Orders, I call Deputy Louise O'Reilly for a short supplementary question.

Deputy Louise O'Reilly: When officials from the Department of Health Brexit committee appeared before the Oireachtas Joint Committee on Health, I was flabbergasted. When we asked how many people use the cross-border directive to avail of NHS services, they were able to give us an approximate figure, but were not able to tell us how many people go to England. However, what was worse was that when I asked why they did not have that information for the meeting, they advised me that they had only sought the information from the HSE when they got the invitation to our meeting.

I asked a follow-up question on the service level agreement between the HSE and Altnagelvin hospital. I asked them if it was Brexit-proofed. That SLA was signed after the referendum. However, they could not tell me. The Minister and the Department are sleepwalking us into the worst effects of Brexit. I do not think this issue is being taken seriously - perhaps by the Minister but not by his officials.

Deputy Simon Harris: I take it very seriously, which is why I have had meetings with the Northern Ireland Minister for Health. If we had a Northern Ireland Minister for Health now, I would be able to have another meeting with the Northern Ireland Minister for Health on Brexit. It is being taken very seriously by me and by the Government. We saw the benefit of this being taken seriously by all of Government in the outcome of the European Council negotiating guidelines. That is why I met the Northern Ireland Minister for Health on a number of occasions on Brexit. We had good engagement on that. I have met the UK Secretary of State for Health, Mr. Jeremy Hunt. I have met the EU Commissioner for Health and Food Safety to discuss Brexit on a number of occasions.

Deputies Kelleher and O'Reilly are correct in pointing out very serious issues affecting health care, just as there are in many other services if we end up with the common travel area being in any way compromised. That is why the common travel area has been identified as one of the Government's four Brexit priorities. This is of particular relevance to cross-Border health care. The fact that the common travel area has also been referenced as a priority by the European Commission, the Council of Europe and the British Government is a result of our collective work. I do not mean this in a partisan sense. It is a result of all of our work in making sure the common travel area remains. There is absolutely no sleepwalking. There is an absolute determination to get Brexit right. We are very determined with regard to that. There are other issues that I will come back to in a moment if I have the opportunity.

An Leas-Cheann Comhairle: We have two minutes left for questions. I could take Question No. 12. I will allow Deputy Kelleher a quick supplementary question.

Deputy Billy Kelleher: Reference has been made to the many discussions on these issues. A person can be busy but equally needs to have a strategic plan in place to address them. I urge the Minister not to be sidetracked by the big prize of the European Medicines Agency but to ensure that there is this monitoring across all areas of health to do with cross-Border activity. It

could have profound impacts, even in the context of emergency services, for example, and in all of these key areas, particularly for people living in the Border areas who should have certainty. As referenced by Deputy O'Reilly, the cross-Border health care directive and the treatment abroad scheme are critically important because people do avail of them in the North and in the UK. They should be areas in which we try and see if we can come to some arrangement bilaterally to ensure that they can continue in some way or another. Otherwise, we will have other capacity problems.

Deputy Simon Harris: I could not agree more. I assure the Deputy that that is the Government's perspective and that is exactly what we are working towards. When I meet the UK Secretary of State for Health, the Northern Ireland health Minister or the European Commission, this is what we are discussing. Like all Government Ministers, I am making people throughout the European Union aware of the importance of getting this right and the importance of making sure that Brexit does not result in a return to a hard Border and does not result in damaging or undermining the common travel area, which is so important to our people. It is important to nurses travelling either side of the Border, to emergency vehicles as the Deputy said, to the very sick children in this country who have operations carried out in London and to the very sick children in Northern Ireland who come down to Crumlin to have their cardiac operations. This is an issue that we have made sure Europe and the European Commission are very clear on. I believe that clarity is reflected in the negotiating stance taken by the European Commission. I can assure the Deputy that my Department and the whole of Government will be making sure that these issues are adequately addressed in the Brexit discussions to take place.

Hospital Waiting Lists

12. **Deputy Michael Healy-Rae** asked the Minister for Health the status of the waiting lists for cataract operations in the south-south west hospital group (details supplied); and if he will make a statement on the matter. [20446/17]

Deputy Simon Harris: I thank Deputy Healy-Rae for asking this question, which he has raised with me and takes very seriously, about people waiting for cataract operations. I wish to acknowledge that ophthalmology waiting times in the south-south west hospital group are often unacceptably long. I am conscious, as the Deputy has made clear to me, of the adverse impact that can have on somebody's life.

Reducing waiting times for the longest-waiting patients is one of our key priorities. As a result of that, we allocated in the budget €20 million to the NTPF. We have also ring-fenced a further €55 million for 2018. This will mean more procedures for more patients.

In December 2016, I granted approval to the National Treatment Purchase Fund to dedicate €5 million to a day case waiting list initiative with the aim of ensuring that no patient will be waiting longer than 18 months for a day case procedure by 30 June 2017. This will mean that in excess of 2,000 day case procedures will be managed through this process and patients today are already receiving their appointments for such procedures. Based on his question, the Deputy will be glad to know that long-waiting ophthalmology patients are a core group that will receive treatment under this initiative.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop action plans for 2017 in the areas of inpatient day cases, scoliosis and outpatient services. These plans

3 May 2017

have now been finalised and I expect the HSE to get on with implementing them.

The HSE is currently finalising the report of the primary care eye services review, which aims to reorganise primary eye care services with an increased emphasis on maximising delivery of a comprehensive service in primary care. I meet a lot of people who say that more of this can be done in the community. This thereby creates capacity in hospitals to provide more complex ophthalmology services.

The HSE has advised that the south-south west hospital group is currently examining solutions for ophthalmology services across the group, including increasing the number of ophthalmic physicians in the group, which will obviously have a further positive impact. We intend to increase the number of physicians. We are seeing patients get cataract appointments now through the NTPF. We are about to receive the final report of primary care eye services review, which looks at what more we can do in the community. I know this is a very important issue in Kerry and a very important issue for the Deputy.

Deputy Michael Healy-Rae: I want to be clear that this is of huge importance. People are going blind while waiting for their operations. I and a manager from a hospital presented the Minister with a plan specifically for County Kerry. We were talking about carrying out operations in County Kerry. When is that hospital going to something it did in the past, which is carry out cataract operations on people in County Kerry to specifically target that waiting list and to take people off it who have been waiting two, three or four years to have cataracts removed from their eyes? It is one of the most basic operations that can be carried out. If they were paying for it, it would cost about €2,700. It is a shame and a disgrace in this day and age. If it was happening in Africa, we would be outraged and asking how it could be allowed to happen in any part of the world. However, it is happening under our noses and in County Kerry. I have been highlighting it for a long time. I ask the Minister to answer the specific question about Tralee in County Kerry. When are we going to see operations being done in that town?

Deputy Simon Harris: In fairness, the Deputy has been highlighting this for some time. I am grateful for the meeting the Deputy arranged for me to have. I see there is a willingness and a desire in Kerry to try to come up with a local solution to this. The Deputy will understand that through the NTPF we have provided funding for non-public hospitals in the private sector to apply for. The procurement and tendering rules are a matter for the fund. I am happy to follow up with the Deputy on where the proposal put forward by the hospital for a Kerry-based solution is at. I will revert to the Deputy directly on that.

Written Answers are published on the Oireachtas website.

Topical Issue Debate

Motor Insurance

Deputy Frank O'Rourke: I want to use this as an opportunity to again raise the huge issue of motor insurance for individuals and companies. The difficulty is that while this is an issue that has been raised for some time and has been spoken about at length in this Chamber over the last 12 or 14 months, we are not seeing any positive impact happening on the ground.

Apart from premiums being reduced, they are not even stabilising. As we speak, they are still increasing. The Minister of State is probably aware of that himself. Most Deputies see this issue at their clinic on a daily or weekly basis. I certainly see it. I see it raised by two groups of people. One group is the private individuals trying to insure their cars. The second group is the business people in the haulage or fleet businesses who are having serious ongoing problems.

As we speak, premiums are still increasing by 30% and 40%. That was never acceptable and is certainly no longer acceptable now. It has been happening since about 2014. We must reach a stage at which measures are implemented and put in place to stop this happening. Rather than going into the issues of what has caused this and why it is happening, I believe we now need to stay focused on delivering a result and a solution and ensuring that premiums no longer escalate or increase but stabilise and return to the acceptable level they should be at to allow people to operate. What is the Minister of State, his Department and the Government doing to ensure that the 33 recommendations proposed by the Oireachtas committee are being implemented in a way to bring about and deliver results? As I said, that is not happening as we speak.

We may need to look at opening up the market for other European companies to come to Ireland and quote for insurance policies to help put manners on the insurance companies that currently operate in the market. They are all operating through a mechanism by which the difference in their quotes is no more than €20, €30 or €40. That is not acceptable. I remember being cautioned when I attended the Committee of Public Accounts and raised a concern by saying that the companies are operating in a cartel-type manner. However, people can be forgiven for thinking like that because the increases are completely unacceptable and unsustainable. People's circumstances are not changing in any way, yet they are still seeing their premiums increase by maybe €300 or €400, which equates to 30% or 40%.

It cannot be sustained. What will happen is those people will end up not driving at all or will perhaps be forced to do something terribly wrong by driving without insurance. For elderly people it will lead to further isolation. People are already very stretched and adding this unacceptable level of premium on to their policy is completely overstressing them to the point of breaking. That is the issue that has to be addressed.

A haulage business in Kildare, which employs 29 people, contacted me yesterday because the cost of its policy has increased by 40%. The person who contacted me is considering whether he will renew it, scale down his business or close. It would have a massive negative impact on the local and national economy. We know what the issues and recommendations are. The question now is what will be done to bring reductions in motor insurance across all spectrums so people see results, which is not happening.

Minister of State at the Department of Finance (Deputy Eoghan Murphy): I thank the Deputy for raising this important issue. The Minister for Finance has responsibility for the development of the legal framework governing financial regulation. Neither the Minister for Finance nor the Central Bank of Ireland can interfere in the provision or pricing of insurance products as these matters are of a commercial nature and are determined by insurance companies based on an assessment of the risks they are willing to accept. This position is reinforced by the EU framework for insurance which expressly prohibits member states from adopting rules which require insurance companies to obtain prior approval of the pricing or terms and conditions of insurance products. Consequently, the Minister is not in a position to direct insurance companies on the pricing level they should apply to particular categories of individuals. However, the Government accepts it is possible for the State to play a role in helping to stabilise

3 May 2017

the market and deal with factors contributing to the cost of insurance. Consequently, the Minister established the cost of insurance working group in July 2016 and appointed me as chair.

The need for action was recognised by Government and accordingly the working group comprises representation from across Government, including the Department of Finance, the Department of Jobs, Enterprise and Innovation, the Department of Transport, Tourism and Sport, the Department of Justice and Equality, the Personal Injuries Assessment Board, the Central Bank and the State Claims Agency. The working group consulted widely and published its report on the cost of motor insurance in January 2017. The report targets six main objectives including that of protecting the consumer. This objective in particular relates to protecting the consumer in the insurance purchasing process. Important issues in this regard include increasing levels of transparency in respect of premiums, improving access to insurance and enhancing the quality of engagement with consumers. Across the six objectives, the report contains 33 recommendations and 71 actions which are detailed in an action plan contained in the report with agreed timelines for implementation. The Department of Finance is taking the lead in co-ordinating the overall implementation of the plan and the first quarterly update on the implementation of the recommendations was published this afternoon on the Department's website.

I have already provided a preliminary update to the Committee on Finance, Public Expenditure and Reform, and Taoiseach. Action is happening across a number of fronts as per the report's action plan. There is no simple or single solution to the problem of increasing insurance prices which was recognised by the committee's report on the matter last year. It is envisaged the implementation of all the recommendations with the appropriate levels of commitment and co-operation from all relevant stakeholders should achieve the objective of delivering fairer premiums for consumers. This in turn should lead to greater stability in the pricing of motor insurance and help prevent the volatility we have seen in the market in the past. It should also better facilitate potential new entrants to the market. The latest data from the Central Statistics Office indicate there has been no month-on-month increase in the cost of motor insurance during the first three months of this year. The trend shows that since summer 2016, there has been a decrease in the consumer price index of the cost of motor insurance. If this trend continues, I am hopeful it might signal the start of a stabilisation of pricing in the market as the actions continue to be implemented over the next 18 months.

In so far as additional competition into the market is concerned, the Central Bank has announced recently that applications for new insurance entities into the Irish market have been made to the Central Bank and other applications are imminent. In so far as employer liability insurance and public liability insurance are concerned the working group is now in its second phase of work and we are looking at those issues. The working group is engaging with industry stakeholders to see what additional measures might be introduced in addition to the measures that were announced in the action plan for motor insurance earlier this year.

Deputy Frank O'Rourke: I took some notes while the Minister of State was speaking. One of the last things he mentioned, which is very welcome if it is the case, was that applications have been made by four other companies to operate in the insurance market in this country. If it is the case, it will hopefully help the issue we are speaking about and also help the people who need it badly. It is the responsibility of Government to put measures in place to implement the findings of the commission and the Oireachtas joint committee. That is why it was set up. Perhaps we need to have shorter review times. The review period is quarterly but if we are serious about delivering results on the ground for the people and businesses that need it perhaps we should have more frequent review periods to let everyone see we are really serious

about delivering for the people where it matters. People will be thinking we are just speaking about it again, which we have been doing for the past 12 or 14 months. It is not an issue that has happened overnight; it is one that has been happening since 2014. It is worth pointing out that between 2000 and 2013, when the Motor Insurance Advisory Board was in place there was not the escalation of motor insurance premiums of the scale we have had in the past three years. Perhaps we should have a shorter term review to send a strong message that we are serious about having results on the ground and about having a stabilisation and reduction of insurance premiums. That sends out a strong message.

I do not accept what the Minister of State said about there being no increases reported for the first three months of the year. I am not sure where those figures are coming from.

Deputy Eoghan Murphy: The CSO.

Deputy Frank O'Rourke: I can give the Minister of State the details of a plethora of individuals and businesses that have experienced increases in the region of 25% to 30% and he, the Department or the CSO office can ring them. Those increases are on individual premiums not to mention the business that, coincidentally, contacted me yesterday evening about 5 o'clock on this issue. I am not so sure how realistic the information is. On the ground the reality is that motor insurance premiums are increasing. It is putting people under serious pressure. We need to send out a strong message that it will not be tolerated and we will put measures in place to ensure it stops as soon as possible.

Deputy Eoghan Murphy: The strong message has been sent and the measures are in place and are being worked upon. Applications have been made by new entities to the Central Bank. I do not have the latest numbers but they were in the region of between three and five the last time I got the figures from the Central Bank. It is positive that new entities will be coming into the Irish market. I have to see how that plays out into the future in so far as other entities are concerned. The action plan's first quarterly report came out this afternoon. When one looks at that action plan, one will be able to see in detail what actions have happened according to the timeline envisaged for this first quarter of our report and also what progress has been made on actions that are due for completion in other quarters this year and next year. It is a very important level of transparency so that everyone here, all stakeholders, consumers and the Oireachtas, can see exactly how we are managing our targets. It shows progress. It is very important that I have already reported to the Oireachtas committee on a number of occasions and given preliminary reports ahead of that quarterly reporting. This is not a report sitting on a shelf. There are actions here with lead owners - people who are responsible for implementing these actions - and I, as chair, am responsible for reporting to make sure those actions take place. The level of transparency shows the commitment from the Government. The CSO figures show a positive trend. The CSO is responsible for calculating them. We should not causally question those figures unless we have a solid basis for doing so. On an anecdotal level, we are both aware of people who are still seeing increases in their individual premiums. The figures I gave were on motor insurance. The second phase of the working group's work is under way and is dealing with employer liability insurance and public liability insurance. We are looking at additional measures we can implement to add to the measures we already have in motor insurance. When one looks at the report, one will see the measures we are bringing in for the consumer with regard to transparency of data and things like fraud will have an impact beyond motor insurance and into other areas of insurance. There is still work to do there and it is important we get that work right. We do not want to take an action that might act as a disincentive for new entrants to come into the market. We need to see a competitive space in the insurance sector.

3 May 2017

Hospital Waiting Lists

Deputy Tom Neville: This issue arises from a reply received to a question about waiting lists in University Hospital Limerick and non-attendees. Some of the figures I have been presented with are quite startling. The answer I received outlined outpatient department attendance in 2015. The number of new appointments was 34,900; of these, 5,633 did not attend. Outpatient department review appointments totalled 115,649, with 18,701 non-attendances, representing 16% of the total. In 2016 new appointments totalled 35,536, an increase of approximately 600. There was also an increase in the number of no-shows which was up by between 400 and 500. That figure was creeping up to 17%, at 6,029. Review appointments in that year totalled 120,875, with 21,294 non-attendances, representing 17.6% of the total. We need to quantify the exact percentage each year. If one takes the cataract waiting list in University Hospital Limerick, for example, reducing the 16% no-show figure could increase the number of patients seen by between 130 and 140 per year.

Even from a standing still position, this would be a way of combating long waiting lists and increasing efficiency. The HSE has pointed out that the statistics to which I have just referred represent the total numbers of new and review outpatient clinic attendances between 2015 and 2016. The data include patients who do not attend. However, since the launch of the new iPMS patient administration system in 2016, the HSE has reintroduced text reminders for patients. This measure is being rolled out on a phased basis. The HSE will be assessing the benefits of the system and adding additional functionality throughout 2017. The word “reintroduced” was used in the context of text reminders. Were they used previously? If so, why were they not maintained? In the private sector text reminders are used by utility companies, telephone service providers, alarm companies and so forth. Everything is connected to the customer’s mobile phone. Mobile phone operators alert their customers to the fact that their bills have been issued; waste companies remind customers to put out their bins in two or three days’ time and so forth. Reminders are issued regularly. Such customer-focused, interactive systems are needed in the health service, particularly in the context of reducing waiting lists, because such systems would allow us to combat the challenges presented by such lists. We must identify efficiencies that can be made. In the context of the HSE assessing the benefits of the system, what criteria will be used? I also want to know what additional functionality will be added in 2017.

I am sure there is a lot more knowledge within the HSE than I have of technology that could be utilised. I should not even be raising the matter in the House. It should just be a *fait accompli*; it should be done. I want to know if a text reminder system was in place previously and, if so, why it was not maintained. I would also like to see the statistics for the rest of the country, given that we are looking at a 17% no-show rate in Limerick. The reminder system should be rolled out across the country as soon as possible.

Minister of State at the Department of Health (Deputy Catherine Byrne): On behalf of the Minister for Health, Deputy Simon Harris, I thank the Deputy for raising this issue. I agree with him on the need to reduce non-attendance for hospital appointments. According to the latest published HSE data, in 2016 there were over 135,000 patients who did not attend new appointments and over 343,000 patients who did not attend review appointments, comprising a general non-attendance rate of approximately 13%. The cost of these non-attendances is difficult to ascertain. In order to ensure outpatient clinics and the time of clinical staff are used to best effect, hospitals usually schedule a greater number of patients in order that clinics are fully utilised in the event that some patients fail to attend. The administrative cost associated with

non-attendance is approximately €25 per patient visit. Even more significant, however, is the loss of allocated clinical time which could have benefited another patient. In that context, it is important that the HSE progresses initiatives to reduce the numbers of people not presenting for outpatient appointments. Technology has its part to play in a modern, efficient health care service. The Department of Health has asked the HSE to identify quick, practical solutions to resolve some of the challenges that face the health service on a daily basis. One of these challenges is to provide digital solutions in the area of non-attendance by patients for appointments. One of the solutions eHealth Ireland has proposed is to provide a standardised national patient reminder service using SMS or email. This solution has the potential to reduce the numbers who do not show up for appointments and, in addition, to allow current processes to be adapted and new procedures built to reallocate appointments slots to other patients. This standardised national text reminder service project has been initiated.

Some hospitals such as those in the University of Limerick hospital group have a text messaging reminder service which is integrated with the patient administration system and allows a texting reminder service to operate. This tailored solution will be evaluated when the project is in a later stage to determine if it would be appropriate as a standard approach across the system. In addition, under the new outpatient reform programme, the hospital system will be moving to advanced booking systems which will give patients two choices of appointment time. This has been shown internationally to dramatically reduce patient failure to attend. There is also a further proposal to validate waiting lists using SMS reminder messages which would quicken the validation process, reduce workloads and increase efficiencies. A pilot scheme is to be initiated shortly for both inpatient and outpatient services using SMS reminders for appointment validation purposes. These initiatives are being progressed in conjunction with the HSE's outpatient waiting list action plan for 2017. The Minister for Health will be communicating the details of these plans shortly. Before I finish, I highlight the fact that the University of Limerick hospital group has been identified as a good performer in scheduled care. For instance, as reported in the waiting list figures published by the National Treatment Purchase Fund, NTPF, in the month of March, it was the hospital group with the lowest total number of patients waiting for an outpatient appointment.

Deputy Tom Neville: It is welcome that the University of Limerick hospital group performed well in the context of scheduled care. However, we must be more proactive in the use of the available technology. In the public sector we always seem to be behind the eight ball when it comes to technology, whereas the private sector is often ahead of it. We need to foster a culture within the health service that embraces technology and uses it efficiently to, first and foremost, help patients on waiting lists. That would have a knock-on effect in assisting front-line staff, for whom I have the height of admiration for how they go about their duties and their commitment to their jobs. Ireland is noted for the use of information technology in the private sector. We were the largest exporter of software 17 years ago. The text messaging service is 20 years old, but still we are pushing, scraping and fighting to try to have a text messaging system up and running in the public service. It should have been up and running years ago. We need to have more interactive technological systems in place in hospitals. While the University of Limerick hospital group has been a good performer, 5,633 patients or 16% of the total did not attend their appointments in 2016. I do not know how many of them were no-shows from 2015 and who had come back into the system. We need to get behind the figures to have the necessary intelligence, data and analytics. That is what happens in every business that survives; it gathers analytics and data and uses them to drive strategy, policy and decision-making.

3 May 2017

Deputy Catherine Byrne: I agree entirely with the Deputy who I know has a huge interest in ICT and how it should work. That said, it is remiss of patients not to keep their appointments. Given that there are so many on waiting lists, when people do not show up, it causes difficulties for the staff running clinics. It is for this reason that most hospitals over-estimate the numbers who will not show up when making outpatient clinic appointments. I agree with the Deputy that a significant number of people do not show up for recurring appointments. The Minister has outlined that we are in the process of moving to an advanced booking scheme which will give patients two choices of appointment time. I think that is a step in the right direction. These initiatives are being processed in conjunction with the HSE outpatient waiting list action plan. It is important that we develop the IT systems right across all hospitals and not just in particular mainstream hospitals. There is a need for us to catch up with the times, as the Deputy said. We are well noted around the world for our specialties in the IT systems. It is time to implement that in the health service, particularly around hospital appointment lists. I will bring some of the notes I have taken, particularly in respect of UL, to the attention of the Minister and I will ask him to reply directly to the Deputy on the two specific issues he has raised.

Crime Levels

Deputy Michael Healy-Rae: I want to raise the important issue of the increase in crime in County Kerry. Crime rates in the county have increased at a significant rate in recent weeks. On the weekend of 25 February last, there were six home invasions in the Muckross, Loughguitane and Glenflesk areas of County Kerry. These crimes were committed by thieves who made their way on a back road to the N22 route between Killarney and Cork. Thousands of euro and significant amounts of jewellery were stolen. These thieves even robbed all-Ireland medals from a house. In another case, an elderly man in Ardfert was tied up for hours while a gang of thugs raided his house and took a substantial sum of money. I will give one more example. A sum of €7,000 was recently netted by thieves who robbed crèches and a residential home in the Tralee area. The Minister for Justice and Equality has been telling people that the crime rate in this country is going down. I assure the House that crime has never been as high in County Kerry as it is now. I have given a number of examples. Elderly people in County Kerry and other parts of rural Ireland are terrified in their homes because of the increase in crime.

People can talk about figures all they like. We hear a lot about Operation Thor, but I believe all it is doing is taking these thugs off this country's network of main roads and motorways and onto the back roads of places like County Kerry. Our gardaí are under tremendous pressure when it comes to crime. They are doing their level best with the resources they have, but they are up against it as they contend with sophisticated thieves, blackguards and cowardly thugs. As I have said, the crime rate is very high in County Kerry at the moment. A lot of crime is going unreported. This is contributing to the fall in the figures. People are just not reporting some crimes. I did a quick and simple survey one time. I rang seven people I knew who had crimes perpetrated against them to ask them whether they had reported those crimes. Just three of them had done so. Their attitude was that reporting crime makes no difference. When people find that oil has been taken from their tanks, or that their garages have been broken into and their tools, chainsaws or personal bits and pieces taken, in many cases they decide not to bother reporting it because they believe there is nothing to be gained from doing so. I believe all crime should be reported because that is the only way people will realise the seriousness of the situation.

This Government, like its predecessor, has failed to protect our citizens in rural Ireland from the thugs who are breaking into homes to take people's hard-earned money. We have all heard of cases in which lovely elderly people around the country have been tied up in their homes. Breaking into the home of an elderly person to frighten, intimidate and steal from him or her is probably the most outrageous act that any person could do. Elderly people should be respected, cared for and minded, but instead we have the scum of the earth going around. I hope it might go out from here that these thugs are bad, dirty and horrible cowards. That is all they are. They would not be man enough to face another man who would be able to take them on. I feel very strongly about those who beat up elderly people. The rank-and-file members of An Garda Síochána who are dealing with these thugs are doing their level best with the resources they have. I commend the gardaí up and down the length and breadth of Ireland on the work they are trying to do. We will take these cowards on. I ask the Minister of State, Deputy Stanton, and his Government colleagues to provide more resources so that they can be taken on.

Minister of State at the Department of Justice and Equality (Deputy David Stanton):

I am responding on behalf of the Tánaiste who cannot be present for this debate, unfortunately. She asked me to speak on her behalf. I thank Deputy Healy-Rae for raising this important issue in the Chamber this afternoon. I assure him An Garda Síochána carefully monitors the activities of criminal groups affecting all areas of the country, including County Kerry, and is implementing strong policing measures to disrupt and dismantle their networks. The Deputy will appreciate the Garda Commissioner and her management team are ultimately responsible for the deployment of Garda resources, including personnel, to specific areas. The Tánaiste is advised that Garda management constantly monitors the distribution of resources in the light of crime trends and overall policing needs. The matters raised by the Deputy this afternoon will be taken into account in that context in a very serious way.

Significant resources have been provided to the Garda authorities, including an overtime allocation of €88.5 million for 2017, to support large-scale policing operations, including Operation Thor. The scale of Garda activity against burglary and property crime under Operation Thor has led to concentrated Garda activity, including more than 52,000 crime prevention patrols and approximately 74,300 targeted checkpoints nationwide. There have been approximately 4,400 arrests and 4,900 charges covering a range of offences which, in addition to burglary, have included handling stolen property, possession of firearms and drugs offences. The results are there and can be measured. As the Deputy has said, Operation Thor has targeted mobile criminal gangs engaged in burglary and related crimes. It is encouraging to note that since the launch of the operation in November 2015, burglary figures have shown a significant downward trend. The CSO's official recorded crime statistics for the fourth quarter of 2016 show a decrease of 30% in burglary offences compared to the previous 12-month period. This reflects the success of the concerted Garda drive against crime being implemented under Operation Thor. CSO figures for the Kerry Garda division show that there were reductions of 54% in burglary, 20% in theft and 55% in robbery for the 12-month period of 2016, compared to the same period in 2015. This parallels the implementation of Operation Thor.

I agree strongly with the Deputy that people should be encouraged to report all crime. The Deputy is correct when he says it is important for all crime to be reported. Otherwise, we do not know where we are going. I applaud the Deputy for his comments in this regard. As part of the concerted strategy to combat burglary, the Tánaiste made it a priority to secure the enactment of specific legislation targeting prolific burglars in the Criminal Justice (Burglary of Dwellings) Act 2015, which I know the Deputy has an interest in. These provisions are now available to

3 May 2017

gardaí to support prosecutions arising from Operation Thor. The reduction in the volume of burglaries as a result of Operation Thor will not be indicated in the overall detection rate for burglary. The Criminal Justice (Forensic Evidence and DNA Database System) Act 2014 was commenced a year ago. It introduced the DNA database, which provides gardaí with investigative links, or hits, between people and unsolved crimes, including burglaries. This powerful tool is now available to the Garda. It is anticipated that this will assist in improving detection rates for burglary over the coming years.

Deputy Michael Healy-Rae: I do not want to get into a row about the statistics. My biggest problem with the statistics the Minister of State has given to the House is that when it comes to reported crimes, one is only as good as the information one is fed. The statistics seem to suggest that crime is decreasing, but my own little simple survey of seven people against whom crimes have been perpetrated found that those crimes were reported in just three cases. In such circumstances, how can we say that what the Minister of State has just told the House is 100% correct? I am not blaming anyone. It is nobody's fault. The amount of crime going unreported is distorting the figures. I have knowledge of the situation on the ground because I travel extensively throughout County Kerry. I feel that I know every back road and front road in the county. My own personal experience leads me to believe crime is actually increasing. That is why I want to raise this matter here today. I want to try to explain that. I am not fighting about it. I am not trying to blame anyone for it. I just want to highlight what I honestly consider to be a serious problem. I wanted to get the message out that law-abiding people will not stand by and let these people think they can do what they like. People work terribly hard. Whether it is a bit of money or a few possessions, it is theirs. It did not fall into their laps. No one has the right to intimidate people.

I will give you, a Leas-Cheann Comhairle, one simple quick story that will put a smile on your face.

An Leas-Cheann Comhairle: It better be quick.

Deputy Michael Healy-Rae: My own house was robbed when I was away. I issued an invitation to the burglars to come back when I was there. They have not come back to me yet. These are the type of cowards with which one is dealing. They will strike when there is no one at home or if there are only vulnerable or elderly people in the house. They will not come at all if they think they will meet their match. It is an important issue of which we all need to be conscious. We need to support An Garda Síochána in the work it is doing to eliminate these people.

Deputy David Stanton: I again thank the Deputy for raising this important matter and I will be sure to pass on his comments to the Tánaiste and Minister for Justice and Equality for her consideration. We are all concerned about the kind of activity the Deputy has brought to our attention. It is very disconcerting for older people who find themselves in those situations.

The Deputy described it as opportunistic crime. I am sure he is encouraging people to report all crime. It is important to report all crime, no matter how small, because we then get a picture of what is going on and the Garda gets a picture of what is going on so it can apprehend people.

We must all remain vigilant in the fight against all forms of criminality in our communities. The Tánaiste and Minister for Justice and Equality and the Garda Commissioner remain in ongoing contact on the deployment of Garda resources in line with new and emerging crime trends. The criminals are learning to change too, as we know. Operation Thor has proved to be

successful to date. The Government remains committed to ensuring the Garda has the necessary resources to tackle crime, not only in County Kerry but in all our communities. Underpinning all these measures is the Government's commitment to ensuring a strong and visible police presence across the country to maintain and strengthen community engagement, provide reassurance to citizens and deter crime. The Government has in place a plan to achieve an overall Garda workforce of 21,000 personnel by 2021, comprising 15,000 Garda members, 2,000 Garda Reserve members and 4,000 civilians.

I thank the Deputy for bringing this matter to our attention. We must always remain vigilant and ensure crime is reported, as well as informing people what they can do to protect their property to deter opportunistic criminals. As the Deputy said, burglars gained entry to his premises when there was no one at home. We must do everything to prevent that and to get people to report crime. The Tánaiste and Minister for Justice and Equality is taking this matter seriously and the Deputy's comments will be noted.

Garda Investigations

Deputy Jonathan O'Brien: In Omeath, County Louth, on 11 October 2015, Garda Tony Golden was shot dead, Siobhán Phillips, a young mother of two, was grievously wounded and Crevan Mackin took his own life. Four days after the shooting, Deputy Adams received in his Leinster House office a copy of the statement of charges relating to the arrest in January of that year of Crevan Mackin. The following day he telephoned the office of the Minister for Justice and Equality. Five days later he wrote to both the Minister for Justice and Equality and the Taoiseach.

The document revealed Mackin was arrested on 16 January 2015 when he was accused of being a member of an illegal organisation and possessing explosives. It further stated An Garda Síochána believed he had access to six handguns, as well as explosives, ammunition and timing devices. According to his family and his solicitor, Crevan Mackin was taken at one point from a Garda station to a house in Edentubber, County Louth, where two of the six handguns were recovered. Later, Mackin was charged with membership of an illegal organisation but not with possession of the explosives or the weapons which he had admitted to being in his possession during the course of his interrogation and interviews. His family claim that Mackin told them later that he did a deal with his Garda interrogators that, in return for working for them, he would not be charged with firearms and explosives offences.

On 9 October 2015, two days prior to the death of Garda Tony Golden, Crevan Mackin, who had serious mental health issues and had access to several firearms, gave his former partner Siobhán Phillips, a prolonged and unmerciful beating. Such was the extent of her injuries that she required hospital treatment.

Following that assault Siobhán Phillips's parents spoke to the duty officer at Dundalk Garda station on 10 October 2015 when they wished to make a complaint regarding the assault which had taken place the night before on their daughter. They were, however, refused an opportunity to make a statement at Dundalk Garda station.

They then proceeded to Daisy Hill Hospital in Newry on the same evening. There the PSNI took photographs of the extent of the injuries. After leaving Daisy Hill Hospital to return home, they flagged down a Garda car in Omeath and, again, tried to make a complaint about the as-

sault which had taken place. Again, they were told they were unable to do so.

Being unable to make a statement on two occasions, the family were living in fear that night. They barricaded themselves into their own home and turned off the lights because they had such a fear of Crevan Mackin, who had serious mental illness, had access to weapons and viciously beaten their daughter over a prolonged period.

Does the Minister of State think it is acceptable that victims of domestic violence are treated in this manner where they are refused the opportunity on two separate occasions to make a statement about an assault?

Deputy David Stanton: I am taking this matter this evening on behalf of the Tánaiste and Minister for Justice and Equality who apologises that she cannot be present to take it.

The killing of Garda Tony Golden at Omeath in October 2015 was a tragic loss for his family and for his colleagues in An Garda Síochána. All Members will share my view that Tony Golden was a hero who gave his life doing his duty as a garda while seeking to protect a vulnerable woman. Whatever the nature of allegations that may be made, we must have the utmost sensitivity for those who have suffered so much as a result of these tragic events. I think particularly of Garda Tony Golden's widow, Nicola, and his three children, as well as of Siobhán Phillips who suffered terrible injuries. We should not forget also the grief of Adrian Mackin's family.

While it is important any issues of concern related to these tragic events are fully investigated, it is essential to remember the various allegations being made are just that - allegations. The truth or otherwise of those allegations has not been established and there are ongoing processes set out in law to do that. It would be prudent, therefore, not to jump to hasty conclusions. Many of the concerns set out were raised previously with the Tánaiste and Minister for Justice and Equality and they were brought quickly to the attention of, and pursued with, the Garda authorities in the context of their ongoing investigation and review processes into the shootings and related matters. The Tánaiste and Minister for Justice and Equality expects to receive a final report from the Garda authorities addressing these matters when the investigation and review are completed.

The Garda Síochána Ombudsman Commission, GSOC, recently announced its decision to initiate a public interest investigation into certain matters relating to these tragic events. It indicated this public interest investigation will take place alongside the ongoing GSOC investigation of complaints relating to these events that were made previously.

I welcome the actions being taken by GSOC in accordance with its powers under the law. These investigations must be allowed to take their course so that the truth, or otherwise, of certain allegations made can be established independently. Without seeking to prejudge the issues involved, it would obviously be of great importance to learn from the tragic events at Omeath. The GSOC investigation should be of considerable assistance in this regard.

There has been public comment on decisions made in respect of charging Mr. Mackin with certain offences. Decisions in respect of prosecution of offences are matters for the Director of Public Prosecutions, who by law is fully independent in discharging these functions. This independence is a cornerstone of our criminal justice system. It has served the State well and should be fully respected. In these circumstances it would evidently not be appropriate to comment on those details.

Deputy Jonathan O'Brien: My question is whether the Minister of State thinks it appropriate or right that a victim of domestic abuse, who received a savage beating over a prolonged period, can be denied the opportunity to make a statement relating to an assault which took place the night before. Does he think it is acceptable? It is a simple "Yes" or "No" answer.

A Garda Síochána Ombudsman Commission, GSOC, investigation will not answer all the questions on this issue. The most pressing question is how Adrian Crevan Mackin was not charged with firearms offences despite his admission to them during the course of the investigation. The GSOC investigation will not determine why Mr. Mackin's bail was reduced from €20,000 to €5,000, allowing him to be released or at whose request this was done. We know this was not done at the request of his legal team. The only way we can get to the bottom of these questions is with a public inquiry.

The Tánaiste and the Taoiseach have ruled out the possibility of a public inquiry. The Minister of State indicates with respect to the Director of Public Prosecutions, DPP, that this independence is a cornerstone of our criminal justice system, serving the State well, and it should be fully respected. It did not serve Ms Siobhán Phillips or Garda Tony Golden very well as a man with serious mental health issues was allowed out on a bail reduced from €20,000 to €5,000 and was allegedly involved with assaulting an ex-partner. The following day, that person shot a garda and seriously injured Ms Phillips again by shooting her before turning the gun on himself. These are all questions that must be answered but that will not happen with a GSOC investigation, which is only a disciplinary process. It is not even a criminal process. I ask that the Minister of State and his Government consider initiating a public inquiry to get to the bottom of all these issues.

Deputy David Stanton: The House would appreciate that the matters involved in this case are evidently complex and sensitive. I urge against rushing to judgment about the allegations made. There are processes in place and appropriate powers under the law for the relevant authorities to investigate and seek the truth of these allegations. It serves nobody, least of all the victims and their families, to seek to short-circuit these processes. The Garda authorities are pursuing their investigation into these events and the Tánaiste has been assured that every effort has been made to conclude these ongoing processes without delay. However, it is essential to ensure they are handled properly and comprehensively.

As the House would appreciate, GSOC is the body established in law to investigate complaints about the conduct of members of An Garda Síochána. We must also be conscious of the fact GSOC has carried out investigations into these matters in accordance with its powers under the law and it is important those GSOC investigations should be allowed to take their course. With regard to a possible public inquiry, I have set out for the Deputy actions that are ongoing both by Garda authorities and GSOC in respect of the allegations being made in this case. It is imperative those processes should be allowed to take place. Until they are completed there are no plans to hold an inquiry.

There has been commentary about Mr. Mackin having been granted bail in respect of the charges he faced before the Special Criminal Court. The granting or not of bail and trial of offences are, as the House knows, a matter for the courts. The Judiciary exercises its functions entirely independently, subject only to the Constitution and the law.

Deputy Jonathan O'Brien: What about the statement of Ms Phillips?

3 May 2017

Maternity Services: Motion [Private Members]

Deputy Louise O'Reilly: I move:

That Dáil Éireann:

notes:

— that since 2011, maternity services in Ireland have been marked with investigations and, in some cases, alleged cover ups of maternal and child mortality or injury in Portlinculla as well as University Hospital Galway, Portlaoise, Cavan, and Drogheda;

— that Ireland has the lowest number of consultant obstetricians per 100,000 women in the Organisation for Economic Co-operation and Development and a consultant obstetrician in Ireland is responsible for 597 births per annum, compared to 268 in Scotland;

— that the three Dublin maternity hospitals are operating at a 17 per cent deficit in the number of midwifery staff needed to run the services;

— that most of the 19 maternity units do not offer foetal anomaly screening, as prenatal ultrasound assessments by qualified sonographers and foetal medicine specialists are not available outside larger units;

— that, despite the enactment of the Protection of Life During Pregnancy Act 2013, there is a dearth of perinatal psychiatrists and other specialists;

— the serious inequalities and absence of resources which exist within the Health Service Executive (HSE) to provide services to children with life-limiting and complex medical needs, and to those under palliative care; and

— that such shortcomings have directly led to tragic incidents involving mothers and children;

acknowledges and supports the findings of:

— the National Maternity Strategy, Palliative Care for Children with Life-limiting Conditions in Ireland – A National Policy by the Department of Health, the HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, and the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014; and

— the National Standards for Safer Better Maternity Services Report by the Health Information and Quality Authority submitted to the Minister for Health;

further acknowledges:

— that the Programme for a Partnership Government states it will implement the National Maternity Strategy and ‘invest in end of life care, including the provision of hospice and “end of life care” during the perinatal period, infancy, childhood and adulthood’;

— the need for continuity of care for women and parents during pregnancy, at the

point of delivery and after birth, inclusive of where children have life-limiting conditions;

— the need to support bereaved parents in their transition out of hospital, with appropriate services and the availability of frontline bereavement counselling;

— that the above is best delivered by medical teams basing their decisions on best medical practice and not in any way beholden to any religious ethos; and

— the plans to move the National Maternity Hospital at Holles Street to new, modern facilities at St. Vincent's Hospital campus; and

calls on the Government to:

— honour commitments in the Programme for a Partnership Government in respect of funding and implementing the National Maternity Strategy;

— ensure that the new National Maternity Hospital is built on the St. Vincent's Hospital campus as quickly as possible, remains entirely within public ownership and has legally guaranteed independence from all non-medical influence in its clinical operations within the laws of the State;

— ensure swift approval, dissemination and implementation of the National Maternity Standards for Safer Better Maternity Services;

— ensure all maternity hospitals have access to foetal anomaly screening, with the requisite staff and equipment;

— work with nursing and medical unions in the recruitment and retention of medical staff, so that all maternity hospitals meet the Birthrate Plus standard for midwifery staffing, as well as international standards for consultant obstetricians and gynaecologists;

— establish an independent patient advocacy service; and

— implement the recommendations of the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014, prioritising those parts relating to care for children with life-limiting conditions.”

On behalf of Sinn Féin, I welcome the women watching this debate. We should make no mistake about it as they are watching it and there has been a huge amount of discussion about maternity services, which is fantastic, as I have been raising the maternity services issue consistently in this Chamber.

The recent controversy over the ownership and governance of the National Maternity Hospital has thrust the spotlight on to maternity services but the provision of maternity care for the women of this country is not a priority for this Government. It is a priority for those people watching us and they are very interested in what happens in here because it directly affects the availability of the care they can access. The Government's amendment is yet another exercise in patting itself on the back, a big “well done” for all the achievements it is in the process of actioning. These are what it is just about to do any minute now. It is a “well done” for publishing a strategy; well done indeed but the words are meaningless to those women who will wait years for a gynaecology appointment or the women who will today, next week and for the foreseeable

future be denied a basic 20-week anomaly scan.

The 20-week anomaly scan is a screening test but in six of the nine maternity facilities in this State, these scans cannot be accessed as a matter of course. One can only get them when clinically indicated. If a woman has no screening, there is no way of determining what can be clinically indicated. The Minister knows this, as do his officials and the Health Service Executive, HSE. When we ask a question about those scans, we are told they are offered when clinically indicated and only at six sites. In case the Minister is wondering why we need anomaly scans, I remind him of the case of Ms Jazmine Sands, a young woman whose baby, Isabella, was born in Kerry and rushed to Dublin. This little baby was born with hypoplastic left heart syndrome on 23 May 2016 and 12.01 p.m., weighing 5 lbs 1oz. She was immediately rushed to the children's hospital at Crumlin, dying there a short time later. Her mam had to endure an horrific journey after a caesarean section from Kerry to Dublin. There was no way her baby would have survived and there was nothing, despite their best efforts, that the doctors and nurses could have done. However, if the woman had access to a 20-week anomaly scan, the problem with her baby's heart would have been picked up and she would have had the opportunity to make arrangements to bring her family to Dublin. She would not have left her family in Kerry had she known the only choice she could make was to have a bit of time with her baby and cherish it. It should be a very basic right of a pregnant woman to access a 20-week anomaly scan and it is considered a very basic entitlement in most developed countries.

Maternity services have been neglected and the truth is women and babies are suffering on a daily basis because of this. The motion calls on the Government to do not much more than implement its own policies and commitments but all we get are fine words without commitments, dates or a timeframe. There is nothing concrete to give women any hope. It is another strategy to add to the Government's collection but there is no specified action or date for when women can have access to this routine scan. I have asked the Minister and the Taoiseach about this countless times but they have not been able to give a date by which we could say to women that they will be able to access this very basic scan.

I also raise the issue of the new maternity hospital, as everybody is talking about it. This motion seeks to ensure it will be kept in State ownership and the people providing the service will have the ability to deliver those services free of any religious interference. The Bishop of Elphin was very clear, as the Minister is aware, in saying that where the church owns the land, canon law prevails. That cannot be allowed to happen but we must have the new maternity hospital. A young woman in my family gave birth at Holles Street about a year and a half ago to a beautiful baby boy but she was very sick afterwards and had to go to intensive care. She could not have her baby with her because the woman in the bed beside her was grieving the loss of her baby. That is why we need this hospital. Sinn Féin supports the building of our maternity hospital but we cannot have a position where the hospital would be controlled by anybody other than this State. That must be legally guaranteed.

Deputy Caoimhghín Ó Caoláin: Maternity care in Ireland has been in a state of crisis for many years. Underfunding has led to a severe shortage of staff in hospitals, thus resulting in us lagging behind international standards. Maternity services lack both midwives and obstetricians. Ireland has the lowest number of consultant obstetricians per 100,000 women in the Organisation for Economic Co-operation and Development, OECD. There are 597 births per consultant obstetrician per annum in Ireland, compared to 268 per consultant in Scotland. Midwives play a pivotal role in the health system, but an increased workload, stress and dissatisfaction with clinical practice have resulted in many midwives leaving for other areas of nursing

such as public health and education. For this reason, among several others, we must urgently address the environment in which midwives work to ensure we can retain adequate numbers.

In addition to the serious problems pertaining to capacity, it is a damning indictment of the Government that most of the 19 maternity units do not offer foetal anomaly screening and that perinatal psychiatrists and other specialists are few and far between. There is no doubt that a combination of these serious failings has led to tragedies that include deaths in health care settings across the State. Since 2012, four hospitals in Portlaoise, Galway, Sligo and Cavan have been investigated following deaths, including neonatal deaths. The Government is failing the women and children of Ireland. Expectant mothers due to give birth in maternity hospital settings must be reassured that the care provided is of the highest standard.

To add to the colossal difficulties in maternity hospitals, the recent revelation of plans to place the new National Maternity Hospital in the ownership of the Sisters of Charity is simply mindboggling. Sinn Féin has welcomed the relocation of the National Maternity Hospital to the St. Vincent's University Hospital campus. The current hospital on Holles Street is not fit for purpose. However, the decision to give ownership of the new National Maternity Hospital to the Sisters of Charity is simply unbelievable. In this day and age there should be absolutely no connection between the provision of health care services and religious orders. A particular religious ethos should have no influence on clinical decisions. This debacle must be resolved as a matter of urgency. We must ensure the new hospital on the St. Vincent's University Hospital campus will remain entirely within public ownership and have legally guaranteed independence from all non-medical influence in its clinical operations within the laws of the State.

In addition, as promised in A Programme for a Partnership Government, there must be full and proper implementation of the national maternity strategy. Foetal anomaly screening, with the necessary staff and equipment, must be provided in every maternity hospital. I think of the case of baby Conor Whelan and his parents, Siobhán and Andrew, from Ballyjamesduff, County Cavan. Their loss and campaigning must receive a positive response. The Birthrate Plus standard for midwifery staffing must be met, in addition to the recruitment of consultant obstetricians and gynaecologists. Patients should have access to an independent advocacy service and priority should be given to care for children with life-limiting conditions, as was recommended in the report on end-of-life and palliative care in Ireland by the Joint Committee on Health and Children in 2014.

The impetus behind these matters is, quite simply, a matter of life and death. For far too long the State has failed women and children, particularly those who have lost their sons or daughters as a result of the Government's failure to provide the necessary care. The acceptance and implementation of all that is contained in the motion have the potential to improve greatly the standard of maternity care. I ask all Members to support it.

Deputy Imelda Munster: Ireland has a dark history when it comes to the provision of health care for women and babies. My party's motion outlines the ongoing problems in that regard. Ireland has a long history of mistreating women and children. For too many decades the church colluded with the State in implementing and managing the horrendous practice of institutionalising women who were deemed to be problematic or inconvenient. Their children were institutionalised, too, owing to the perceived sins of their parents because they lived in poverty or for some other arbitrary reason. The Catholic Church managed this regime on behalf of the State.

Almost 60 years ago the mother and child scheme was scuppered by the Government of the day, albeit under pressure from the church. Now we have the ongoing issue of malpractice and cover-up in maternity hospitals. We have the lowest number of consultant obstetricians per head of population in the OECD. We do not have enough midwives and do not know if the Minister has a specific recruitment plan for the new hospital. We do not offer foetal anomaly screening to most women. The motion outlines a long list of shortcomings on the part of the State but handing over the National Maternity Hospital to the Sisters of Charity takes the biscuit. We all know that a new hospital must be built and that it must be built as quickly and efficiently as possible. However, it is unacceptable that the State should build the hospital and hand it over to the Sisters of Charity. The State is responsible for the provision of health care for citizens, not the church.

There have been too many cover-ups in the past and too many people were not, and still are not, held to account. Most recently, there has been the Tuam mother and baby home scandal. It follows a litany of scandals in which the church and State colluded, all under the guise of providing care. Why would we wish to continue a practice with such a dark history? Last week the Minister for Health, Deputy Simon Harris, appeared to have been taken aback by the backlash against this plan. Is the Government so far removed from public opinion on this matter that it thought this was acceptable? Is it so out of touch with reality and the society it governs that it thought people would be happy with it? Women's health and women's rights must be at the core of the new hospital which must be State owned and State run.

Deputy Carol Nolan: I am grateful for the opportunity to speak about this important topic. I commend my colleagues, Deputies Louise O'Reilly, Mary Lou McDonald and Kathleen Funchion, for their hard work in campaigning on this issue. The figures speak for themselves. Ireland has the lowest number of consultant obstetricians per 100,000 women in the OECD. Three Dublin maternity hospitals are operating with a 17% deficit in the numbers of staff required to run their services. Most of the 19 maternity units in the country do not provide essential screening owing to the lack of specialised staff. The women of Ireland deserve better than what they have been receiving from the Government. The national maternity strategy must be implemented fully and resourced. The Government must work to retain medical staff and provide the specialist service needed across the State. The National Maternity Hospital must be built without delay and must be independent of all considerations, other than providing the best possible health care for pregnant women and their babies.

As my party's spokesperson on education, I must make the point that the proposal to establish the new National Maternity Hospital in the ownership of a religious body is very concerning. Recent reports show that various religious bodies owe the State hundreds of millions of euro in respect of the redress scheme for the survivors of abuse in State institutions, including schools. In the immediate aftermath of these revelations the prospect of the National Maternity Hospital being gifted to a religious order has rightly outraged citizens across the State. Anything other than complete independence for the new hospital is unacceptable. The Government must get its act together and ensure the best possible care is provided for pregnant women and new mothers. That must happen now.

Minister for Health (Deputy Simon Harris): I move amendment No. 1:

1. To delete all words after "Dáil Éireann" and substitute the following:

"notes:

— that Irish maternity services compare favourably with those in other countries in terms of safety and patient outcomes;

— the publication, in January 2016, of Ireland's first National Maternity Strategy (the Strategy), which demonstrates a new and enhanced focus on maternity care at both policy and service delivery level and will fundamentally change how maternity care is delivered, improve the risk profile of the entire service and benefit the approximately 80,000 families who access it each year;

— the establishment of the National Women and Infants Health Programme to lead the management, organisation and delivery of maternity, gynaecology and neonatal services, strengthening such services by bringing together work that is currently undertaken across primary, community and acute care;

— the development of Maternity Networks to strengthen the operational resilience of smaller units such that they can provide safe quality services;

— the establishment of a new National Patient Safety Office (NPSO), located in the Department of Health, to prioritise work in this area and to work on a range of initiatives, including new legislation, the establishment of a national patient advocacy service, the measurement of patient experience, the introduction of a patient safety surveillance system and extending the clinical effectiveness agenda;

— the monthly publication of Maternity Patient Safety Statements by each maternity hospital/unit, as recommended by the Chief Medical Officer in his 2014 report on perinatal deaths in Portlaoise;

— the development of the Health Information and Quality Authority (HIQA) National Standards for Safer Better Maternity Services, which set out the key elements that a maternity service should strive to attain in order to promote the provision of safe and high quality services;

— the implementation of the Maternal and Newborn Clinical Management System, and the introduction of the electronic health record for mothers and babies which marks a very significant development in the delivery of maternity care and will support better, safer clinical decision-making and a more connected health service delivering improved health outcomes;

— the 2016 allocation of an additional €3 million for maternity services, as well as the increased funding of €6.8 million being provided in 2017, to allow for the continued implementation of the Strategy;

— the growing maternity workforce and the falling number of births, both of which are giving rise to improved staff to birth ratios;

— the highest ever number of consultant obstetrician/gynaecologists employed in Ireland at 142 Whole Time Equivalent (WTE), an increase of 26 WTEs since December 2010;

— the 1,583 midwife WTEs employed, and the recruitment of an additional 100 midwives in 2016, the allocation of which to individual maternity hospitals/units was informed by the needs identified by Birth Rate Plus, an evidence-based workforce plan-

ning tool;

— that one of the priority aims of the Health Service Executive (HSE) National Service Plan 2017, is the design and development of perinatal mental health services capacity;

— that anomaly scans are available in all Hospital Groups and the Strategy recommends that all women must have equal access to standardised ultrasound services;

— the publication of the HSE's National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, and the development of specialist bereavement teams;

— the very substantial implementation of the recommendations relating to children with life-limiting conditions contained in the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014;

— the range of services provided for infants with life-limiting conditions and complex medical needs; and

— that these developments represent key building blocks in the provision of high quality maternity services;

endorses:

— the proposed new model of maternity care set out in the Strategy, consisting of three care pathways – supported, assisted and specialised, meaning every woman will be able to access the right level of care, from the right professional, at the right time and in the right place, based on her needs;

— the Strategy's recommendation that services should be woman-centred, and provide integrated, team-based care, while increasing choice to women and ensuring safety;

— the Strategy's intention for a partnership approach to be taken, with women to be encouraged to maintain regular contact with maternity services throughout pregnancy and following birth, have access to all necessary information, all of which will be underpinned by the principles of informed consent;

— the intention to relocate all four stand alone maternity hospitals with adult acute hospitals and plans to build a world-class maternity facility, namely the National Maternity Hospital at Elm Park, which will have clinical, operational and financial independence without religious, ethnic or other distinction, and the submission in March 2017, of the strategic infrastructure planning application for the hospital to An Bord Pleanála;

— the Minister for Health's intention to meet with both hospitals and consider further the legal mechanisms necessary to absolutely protect the State's considerable investment in the hospital, and to report to Government and the Oireachtas on this project at the end of May 2017, including on the issue of ownership of the new facility;

— the plan for the National Women and Infants Health Programme to oversee the implementation of the National Maternity Standards for Safer Better Maternity Services and for HIQA to, in time, develop an appropriate monitoring programme in relation to

these standards once they have been embedded in the healthcare system;

— the prioritisation by the National Women and Infants Health Programme of the provision of anomaly scans, to ensure that women will have equal access to standardised ultrasound services;

— the agreement reached recently, following engagement between the Departments of Health and Public Expenditure and Reform, the HSE, INMO and SIPTU nursing unions on a number of specific measures to attract nursing and midwifery graduates and to retain nurses and midwives;

— the resultant commitment given under that agreement to deliver the 2017 funded nursing and midwifery workforce plan, including 1,208 additional posts, 96 of which are additional midwives to support the implementation of the Strategy;

— the commencement of work by the NPSO on a Patient Safety Complaints and Advocacy Policy, the development of which will be informed by public consultation; and

— the intention to fully implement the recommendations of the November 2016 Evaluation of the Children’s Palliative Care Programme, to further improve the supports and services available both to children with life-limiting conditions and palliative care needs and their families; and

supports the commitment, as set out in the Programme for a Partnership Government and in the developments outlined above, to implement the National Maternity Strategy, which will be carried out on a phased basis over the lifetime of the Strategy and will ensure the provision of a safe and high quality maternity service for women and babies.”

I thank Deputies for giving me the opportunity to speak about our maternity services. I acknowledge the constructive nature of the Fianna Fáil amendment, in particular its focus on the legal mechanisms necessary to complete the new national maternity hospital at the St. Vincent’s campus.

Too frequently maternity services make the headlines for the wrong reasons. While any one loss or negative experience is one too many, in particular for the individuals and families concerned, it would be remiss and irresponsible of us not to acknowledge that Irish maternity services compare favourably with those of other countries in terms of safety and outcomes. Of course, there is always room for improvement and to learn from past mistakes.

When it comes to maternity care, we not only know what we need to improve but we already know how we are going to do it. To that end, Ireland’s first ever national maternity strategy was published in January 2016. It maps out the future for maternity and neonatal care to ensure that it will be safe, standardised, of high quality and offer an enhanced experienced and more choice to women and their families. This strategy has been broadly welcomed and I have no doubt it was enriched by the more than 1,300 voices which contributed to its development.

Starting with this strategy, 2016 was a landmark year for maternity services. In August I launched the HSE national standards for bereavement care following pregnancy loss and perinatal death and in December HIQA’s national standards for safer and better maternity services were published. These developments, when taken together, represent key building blocks to facilitate the provision of a consistently safe and high quality maternity service.

3 May 2017

The development and publication of the national maternity strategy demonstrates a new and enhanced focus in this country on maternity care at policy and service delivery level. I firmly believe that the strategy will fundamentally change how maternity care is delivered, improving the risk profile of the entire service in the process to the benefit of the approximately 80,000 families who access it every year. The proposed new model of maternity care set out in the strategy consists of three care pathways: supported, assisted and specialised. Such an approach means that every woman will be able to access the right level of care from the right professional at the right time and in the right place, based on her needs.

It recommends that services should be woman-centred and provide integrated team-based care. It aims to increase choice for women at a very special, individual and private time for them and their families, while also crucially ensuring that services are safe. The strategy outlines that a partnership approach should be taken, with women to be encouraged to maintain regular contact with maternity services throughout pregnancy and following birth and have access to all necessary information, all of which will be underpinned by the principle of informed consent.

Safety is the first and overriding principle. Integral to this are guidelines to assess and place women in the appropriate risk category which will ensure that their care is managed in line with best evidence. To this end, the strategy underlines that this new model of care will be underpinned by evidence-based guidelines which will provide the necessary patient safety assurances and help to ensure consistency and practice across the country. The national clinical effectiveness committee has commenced the development of a national clinical guideline in this regard.

The strategy also supports the implementation of the HIQA national standards for safer and better maternity services. The standards will provide a framework for maternity service providers to ensure that they are meeting the needs of women, their babies and their partners and that a consistent service is delivered across the country.

For most people, pregnancy and birth is a joyous life event. Sadly, however, many families suffer a pregnancy-related bereavement. The strategy recognises the importance of improving and standardising bereavement care throughout maternity services. The HSE national standards for bereavement care following pregnancy loss and perinatal death will ensure that clinical and counselling services will be in place to support women and their families in all pregnancy loss situations from early diagnosis from early pregnancy loss to perinatal death, as well as situations where there is a diagnosis of foetal anomaly that may be life-limiting or fatal. I trust that they will ensure that all families who have the terrible experience of a pregnancy related bereavement will receive the care and compassion they need.

As I previously mentioned, a key pillar of the national maternity strategy is to ensure the safety of our services. Since December 2015, each maternity hospital has published a monthly maternity patient safety statement as recommended by the Chief Medical Officer in his 2014 report on perinatal deaths in Portlaoise. These statements contain information on metrics covering a range of clinical activities, major obstetric events, mode of delivery and clinical incidences. These statements are publicly available on the HSE website, ensuring transparency.

Now that a clear and comprehensive strategic and policy framework is in place, our intention must turn to implementation. To ensure that all of these plans translate into improved care and outcomes, we have put in place new structures which are dedicated to maternity care. To that end, the national women and infants health programme has been established within the

HSE to lead the management, organisation and delivery of maternity, gynaecological and neonatal services, strengthening such services by bringing together work that is currently undertaken across primary, community and acute care.

The programme will also oversee the establishment of maternity networks in each hospital group, the development of which will strengthen the operational resilience of smaller units. This will result in a co-operative approach to service delivery which ensures that each hospital site within the network delivers care appropriate to the facilities and services available on that site. Any future development funding for maternity, gynaecological and neonatal services will now be ring-fenced and allocated through this programme. With its wide remit and dedicated expertise, it is envisaged that the programme will facilitate greater oversight and support for service providers and ensure the appropriate allocation and targeting of new resources.

The programme will draw up a detailed action plan that will inform the full implementation of the strategy. This work will include the identification of capital and revenue funding requirements which will, in turn, inform the annual Estimates process over the lifetime of the strategy. The implementation group has held its first meeting and I expect the action plan to be completed in the coming months.

In the interim, work to implement the strategy has already begun. In demonstration of the Government's commitment to the progressive development of maternity services, €3 million in development funding provided for majority services in 2016 was allocated in line with the strategy and included funding for additional staff, including 100 midwives, the development of specialist treatment teams and the implementation of the maternal and newborn clinical management system. Increased funding of €6.8 million has been provided for maternity services in 2017, which will allow for the continued implementation of the strategy.

While it must be noted that the growing maternity workforce and the falling number of births are giving rise to improved staff to birth ratios, the strategy acknowledges the need to increase further the maternity workforce. While the Private Members' motion points out that the overall number of obstetricians was one of the lowest in the OECD when last measured, significant recruitment has taken place since then. As of February 2017, a record number of obstetricians, that is 142 whole-time equivalents, were employed within our maternity services. This represents a rise of 25 since 2011 when the OECD data quoted in the motion was gathered, despite the decreasing number of births in the country since then. The Government is committed to building on this progress.

We have also increased the number of funded midwife posts, including the recruitment of an additional 100 midwives in 2016, the allocation of whom to individual maternity hospitals was informed by the needs identified by Birth Rate Plus, an evidence-based workforce planning tool. Currently, there are 1,583 whole-time equivalent midwives throughout the services. I have been assured that the maternity strategy will make Ireland a more attractive place for midwives to work.

During recent engagement between my Department, the Department of Public Expenditure and Reform, the HSE, the INMO and SIPTU nursing unions, agreement was reached on a number of specific measures to attract nursing and midwifery graduates back to Ireland and, indeed, to remain in Ireland. This commitment has put in place a funded workforce plan for nurses and midwives, including 1,208 additional posts, 96 of which are additional midwives to support the implementation of the maternity strategy.

3 May 2017

I want to return to the issue of anomaly scans. While I accept that the provision of anomaly and dating scans is not uniform throughout the country, foetal anomaly scans are available in each hospital group. We are working and must work to improve this further. The national maternity strategy is very clear that all women must have equal access to standardised ultrasound services. This issue is a priority for the new programme, and as a first step clinical guidance on routine detailed scans at 20 weeks will be developed. In the meantime, the programme will work with the six hospital groups to increase access to anomaly scans for those units with limited availability.

In regard to co-location, the model of stand-alone maternity hospitals is not the norm internationally. Government policy is, therefore, to co-locate all remaining maternity hospitals with adult acute hospitals. Co-location of maternity services with adult services provides mothers with access to a full range of medical support. On 10 March, a planning application for the new national maternity hospital at St. Vincent's Healthcare Group was submitted to An Bord Pleanála. The remaining stand-alone maternity hospitals in the Coombe, the Rotunda and Limerick will relocate to the campuses of St. James's Hospital, Connolly Hospital and University Hospital Limerick, respectively.

Tri-location with paediatric services ensures immediate access to on-site paediatric services when foetal or neonatal surgery is required. The availability of these services will help to ensure the delivery of an optimum safe service, in particular for high-risk mothers.

I now want to deal specifically with the relocation of the National Maternity Hospital to St. Vincent's campus, an issue which I know has been the subject of serious public concern in the past few weeks and has highlighted the need for a broader conversation we discussed during Priority Questions earlier. I would like to make it very clear that in asking for time, my Department and I will work with both hospitals for reporting back to the Government and Oireachtas. We will use this time to pursue solutions that address the issue of the ownership of the facility that is the new national maternity hospital. The need for the new hospital is beyond doubt and I respectfully ask the House that we use this time to work on the issues and arrive at a solution which can deliver it. While Holles Street has since 1894 served and continues to serve the women of Dublin, the building is no longer appropriate for our needs. When completed, the new state-of-the art national maternity hospital at the St. Vincent's campus will give physical expression to the national maternity strategy. I assure the House that the new hospital will have complete clinical, operational, financial and budgetary independence. I will report back to the House with further detail in the coming month.

An Ceann Comhairle: Deputy Billy Kelleher is sharing with colleagues and they have 20 minutes.

Deputy Billy Kelleher: I will take seven or eight minutes or thereabouts.

We welcome the opportunity to speak on the proposed move of the national maternity hospital to the St. Vincent's health care group in Elm Park, which has been generating headlines for the last couple of weeks. This has stimulated a broader debate our society must have about the ownership of our health facilities and the ethos within them. It is something we must address in the short, medium and longer terms. I understand fully that divestment might have huge cost implications, but we must set in train a process whereby capital investment by the State in health facilities is retained in the ownership of the State itself while within hospitals owned by the State, there is clinical, ethical and medical independence free from any religious ethos. That

is the broader issue that has to be addressed in the longer term. It will have huge cost implications and it should be approached in partnership. We did it very effectively in Cork with the Erinville, St. Finbarr's and Bon Secours maternity hospitals, which had a Catholic ethos. They amalgamated with the establishment of the maternity hospital at CUH, which is a State-owned facility run according to the laws of the land. These things can be done with imagination and a willingness on everybody's part to engage in a meaningful way. In Dublin the maternity hospitals at Holles Street, the Rotunda and the Coombe are all voluntary. These three voluntary maternity hospitals cater for approximately 27,000 to 28,000 births annually. We must not lose sight of where we are in terms of the State's provision of capital and current investment while these hospitals are retained in a voluntary capacity.

There are broader issues to address here. On the national maternity hospital itself, we can come here and be very critical. The Minister probably deserves an element of criticism. However, we have to address the problems that are there now. Everybody accepts that we need to move the national maternity hospital to St. Vincent's. If that move fails, there will not be too many other hospitals on the south side of Dublin which could accommodate the national maternity hospital. The best clinical outcomes are where there is co-location with an adult teaching hospital and St. Vincent's fits that bill in the context of the clinical supports available there. What is fundamental is that there can be no interference in medical or ethical oversight by anybody. The laws of the State must be sacrosanct in the context of what happens within the national maternity hospital and the problems that may flow from that hospital to St. Vincent's itself. We have to be very conscious of the latter point also. We must look at that. The Kieran Mulvey report is not a legal agreement, but is rather a document which perhaps contains many compromises to get people off difficult hooks. However, the Minister's obligation - and our obligation as legislators - is to ensure that investment in a capital project allows the State to have a charge on it or, hopefully, ownership where that can be achieved. The other area that must be looked at is to bring certainty and clarity to the issue of medical, ethical and financial independence and oversight.

Over the last number of days there has been a great debate with an exchange of views from the present and former masters of the national maternity hospital. The national maternity strategy has outlined in detail for some time the plans ahead for maternity services nationally. I hope we can address this to the satisfaction of everybody and, more importantly, ensure there is a move and that women in Dublin have a proper maternity hospital with the proper infrastructure and medical services available. I hope the month the Minister has requested bears fruit in that regard. I urge him to use whatever means are necessary to progress the matter. People have referred to CPOs and the like but, as I said earlier, it is a long time since we passed a Bill of attainder, picked out a group of people and seized their assets. We have to work within the Constitution and the law. As such the Minister must embrace this month, as must other actors, because the public needs to see certainty around the investment from the State and medical and ethical oversight.

On the broader issue of maternity services generally, we must accept, looking at the OECD figures, that we are falling very far behind in the number of obstetricians *per capita* here. In fact, we have approximately half the number of obstetricians we require which, in itself, is a sad indictment of the fact that our maternity service, while comparable in terms of outcomes, involves the cutting of corners because of the huge pressure and stress on our maternity hospitals. That is a given. It is only the fact that we have wonderful midwives, consultants and other medical professionals that keeps this whole maternity service afloat. We must accept that if we

do not do something quickly on investment in personnel, we will have further difficulties in the years to come. We see that where there are problems with staff, staff training and pressures on staff, there can be catastrophic adverse outcomes as incidents in certain maternity hospitals in this country in recent times have shown. We must accept that there is a great deal of work to be done. While we acknowledge the maternity strategy itself, there is a short-term issue around fetal anomaly scans and access to ultrasound. Unfortunately, this is a regional issue. While in Dublin one can access an anomaly scan, this is not the norm in other parts of the country. It is something that must be addressed very quickly because every woman should be entitled to a scan where required. The idea that one has to prioritise and assess risk to provide a scan is not acceptable. We must invest in ultrasound and the personnel required to operate that service.

A number of motions were tabled. There was a complaint about prayers in this place today, but one would nearly need divine inspiration to work out the amendments to the amendments. Sinn Féin has tabled the motion and we welcome the debate on it. Fianna Fáil has tabled an amendment but in the context of working together to ensure there is unity of purpose in advocating for maternity services, we will certainly accommodate Sinn Féin's motion in circumstances where there has been an inclusion of the ownership issue. We have to be clear, however. While we want to see the hospital in public ownership, I accept that may not be possible for many reasons. The last thing I want to do is leave this place this year or the year after with the whole deal having unravelled. That would leave us in a position where 8,000 to 10,000 births per year continue to be delivered in Holles Street because people would not compromise or come to the table to agree a solution. I urge the Minister to use everybody and every means at his disposal to bring this to a conclusion for everybody's sake, primarily women in Dublin who have been giving birth in a substandard infrastructure in Holles Street. Were it not for the staff working there, we would have had many more serious outcomes. That has been seen in the last couple of days with the difficulties in the absence of co-location. For all these reasons I ask the Minister to use the month wisely, and perhaps in future when announcements are made have all the t's crossed and the i's dotted before the fanfare is unfurled, because it creates difficulties in trying to bring these issues to finality.

Deputy Fiona O'Loughlin: There is no doubt in saying the time of being born and the time of giving birth must be the most vulnerable times in anybody's life, for the infant being born and the mother giving birth. As a nation, we absolutely owe these women and their children the very best of professional care and support in the highest end hospital with all the necessary equipment should anything go wrong. I will begin with points on maternity care itself and then speak on the situation with regard to Holles Street and the relocation of the National Maternity Hospital.

It is very clear the provision of accessible, safe and high-quality obstetrician-led maternity services to all mothers and babies, regardless of where they live in whatever part of the country, must be the core objective of public health policy. It is increasingly clear our national maternity infrastructure is under strain and needs serious review and investment to make it sufficient to meet the needs of the country over the coming years. Any debate on maternity services needs to include a discussion on what greater role community midwifery can play, the urgent need for a greater number of consultant obstetricians, and the level of investment needed in physical infrastructure. We agree with proposals to relocate the maternity hospitals in Dublin alongside acute hospitals and this absolutely makes sense.

When we look at the OECD reports on this, Ireland has one of the lowest ratios of obstetricians to patients and this tells its own story. There is a huge need for investment in maternity

and neonatal services throughout the country. We believe obstetrician-led services must be a priority and we call for them to be in place in every maternity hospital in the country. It is crucial that maternity services are protected and enhanced rather than downgraded. We must look at those outside Dublin who must have high quality health and maternity services. These include, as my colleague, Deputy Kelleher, said, anomaly scans, which are extremely important in monitoring the development of the baby in the womb. They are carried out as a matter of routine in the main maternity hospitals in Dublin and Cork but only in some of our regional maternity units. Women in Cavan and Monaghan who want to have an anomaly scan must travel to Dublin. This is deeply unfair and a source of much anxiety for parents to be.

The hospital on Holles Street is a place I know well. My ten younger siblings were born there. In my younger years, we were trotted up to the hospital and the car was outside from which we waved-----

Deputy Billy Kelleher: The bus.

Deputy Fiona O'Loughlin: -----to our mother and whatever new sibling had arrived at that point. The hospital was built in 1892. Women are going in at the most vulnerable point in their lives and Holles Street is absolutely not fit for purpose. When the Minister announced last November there was going to be a relocation he received great accolades and there was great fanfare, and deservedly so if the details were what we thought they were. However, the devil is in the detail, the details were not worked out properly and now it is a mess of the Government's own making. It has not been open and transparent and it has caused massive confusion and anger among the public.

Everybody agrees that a new maternity hospital is urgently needed. To hear over the past week that clinicians have resigned from boards as they have genuinely held concerns about the future ownership of the maternity hospital is extremely worrying. I and my party find it very hard to believe the State would not own any maternity facility in which it is investing at least €300 million. The ownership would absolutely have to reflect this investment by the State.

The Mulvey report, to which my colleague has referred, forms the basis of what is yet to be negotiated as a legal deal between Holles Street, the HSE and St. Vincent's group. This surely would allow an opportunity to lock down the concerns on absolute clinical and corporate governance independence. The new hospital must be completely ethically independent of any religion. The Mulvey report also allows the Government to negotiate a line that should and will reflect the taxpayers' investment. I understand from recent coverage a CPO was not legally possible at the time of the negotiations, but surely a 999 year lease may help to resolve the ownership issue. We must acknowledge the land is owned by the sisters and they are donating use of it to the State. Certainly locating the maternity hospital with a tertiary hospital is recommended best practice. It is also a teaching hospital and located close to UCD.

Fianna Fáil also believes any private income from maternity patients should be State owned, as is the practice now in Holles Street. Many, if not all, of us in the House have received many e-mails and contacts over the past week on this issue. Unfortunately it is the case the redress scheme and the dubious history of the religious orders with regard to mothers and babies have been caught up in this. I accept it is a separate issue but, unfortunately, in the minds of the Irish people and the taxpayers these issues cannot be separated. We absolutely have to do our very best to give comfort to those who are concerned and rightly so.

3 May 2017

The Minister has asked for a month. This month needs to be put to the best possible use to make this division. It is very clear what the people need and want. Having a very strict division between State and religion to ensure all the patients in the many years to come, including expectant mothers, mothers, young children and infants before and after birth, have the very best possible support and medical care not connected to a religious ethos.

Deputy Alan Kelly: I welcome the opportunity to speak on the motion as the Labour Party's spokesperson on health. I wish I had much more time than I do because this is a very important issue for all of us. In the time I have I want to focus on the need for independence of the new maternity hospital and the lack of staffing in maternity services, which the Minister knows is an issue about which I speak quite regularly at committee meetings and personally to the Minister. I believe it is in our national maternity strategy. I also want to speak about regulation.

Despite the best efforts of clinicians and staff in our health services women are continuously let down by Governments in respect of maternity care in Ireland. The controversy about the new national maternity hospital is only the tip of the iceberg. Here we are in 21st century Ireland debating whether a religious order or the State should own a taxpayer-funded institution charged with providing maternity care to the women and young children of this country. It is quite extraordinary that the Government would, aside from all else, consider gifting sole ownership of this incredibly important State-funded hospital to the Sisters of Charity, the same people who were party to a €128 million redress scheme with the State. Given what we know about how this order behaved, is there any other modern, developed country in the world which would actually act in this way? Yet, in this country, we were going down that road.

Only last week, we saw the resignation of Dr. Peter Boylan from the board of Holles Street, citing that he can "no longer remain a member of a board which is so blind to the consequences of its decision to transfer sole ownership of the hospital to the Religious Sisters of Charity, and so deaf to the disquiet of the public it services". Further in his resignation letter he states, "To believe the new National Maternity Hospital will be the only hospital in the world owned by a Catholic congregation to permit serialisation, IVF, abortion, gender reassignment surgery and any other procedures prohibited by the Church is naive and delusional". In a more warning manner he states that "all women who will require transfer along the interconnecting corridor to the general hospital for specialist care will be, as you must be aware, transferred into an environment where there is no dispute that [a] Catholic ethos applies". I agree wholeheartedly with Dr. Boylan's comments and sentiments. I have spoken to him at considerable length. I believe he has done the State a huge service and has done it an even larger service in the last few weeks. The influence of Catholic teaching arguably has no bigger impact than it would under maternity services. Every hospital owned and funded by the taxpayer must be in a position to provide any and all medical procedures allowed under Irish law, not just currently, but we need to future-proof it, and that is not what St. Vincent's said. This is simply not up for discussion.

An interesting piece by a former Senator and oncology professor, Professor John Crown, raises further concerns about the clinical independence that might be an issue in the new maternity hospital. He has said: "I had the firsthand experience of having clinical trials delayed - not by long, because I fought them on it - on an issue where it was specified that contraception was required for patients who would be exposing themselves to drugs which could be horrific to a developing foetus". The idea of any religious interference in health care decision-making is absolutely, clinically wrong. There is an indisputable need for the urgent construction of the new National Maternity Hospital. I said it myself. I have spoken on it on new numerous occasions. The current situation of having three maternity hospitals operating on separate sites

is unsustainable and contrary to clinical best practice. I know that following persistent public pressure, the Taoiseach has come forward to say he can confirm that there will be complete clinical independence and that the Sisters of Charity will not have a majority on that board.

The Minister, Deputy Simon Harris, now wants one month to decide the best course of action. I have spoken with the Minister and have no problem with giving him that month, but I do say it in the spirit that he comes back with the right answer. I do not want to spend too long with this, because we have to have a wider discussion on divestment, but this is upfront and now. We need to solve this now and we need to deal with the wider issue. We need to solve this issue in one month. We cannot come away with the wrong answer. There are many options out there including leasing, compulsory purchase orders and a number of others. I do not buy the fact that we cannot do some of those. This is a Chamber that bailed out the banks in 24 hours. Surely we can sort out this and surely the Minister can sort this out in a month. I have the same concerns the Minister had, because he was right three years ago in the Committee of Public Accounts, when he raised all those questions on how the Sisters of Charity could use the ownership of St. Vincent's as collateral in regard to developing their private practice, car parks and all the rest. The Minister was right.

Deputy Simon Harris: Thank you.

Deputy Alan Kelly: Now he should follow through on the sentiments of what he said three years ago and come back with the right answer in a month's time.

I want the Minister to address a number of questions. We know that Mr. Thomas Lynch, the CEO of the Ireland East Hospitals Group, warned the Department of Health that this could transpire. I have asked the Minister this question publicly. Why did he not heed this warning?

Deputy Simon Harris: What warning?

Deputy Alan Kelly: This needs to be clarified. Did his Secretary General get a warning? Did the Minister's officials get a warning? Was any documentation transferred from Mr. Thomas Lynch, or did he orally say anything to anyone in the Minister's Department about concerns about this? Let us get this clarified once and for all. I have asked this question numerous times and have not got any clarity. If the Minister felt that the original deal, which was announced with such great fanfare, was so good, why did he need to write to St. Vincent's to re-emphasise his view about the ownership issue once this controversy arose? If the deal was so right last year, why did he need to do it?

I have made our party's position clear on numerous occasions in the last few weeks, but I believe this is a seismic moment in our State, where we have an opportunity to take this country forward or to take it ten steps backwards. We need to discuss this whole issue of divestment. This is the upfront and real issue now. This is the example and issue that the Minister is going to have to deal with. We need to come back with the right answer. I ask the Minister to please not deceive me or anyone else and to please not come back in a situation where he is saying that this is part of a bigger picture with regard to divestment. We need answers to this issue alone. The issue of divestment is going to take a long time. We all know that.

Deputy Simon Harris: I said that.

Deputy Alan Kelly: The initial part of this motion deals with the lack of obstetricians, midwives and other specialists within our maternity care sector. Those of us who serve in the

3 May 2017

health committees have discussed this at length. If one looks at Organisation for Economic Co-operation and Development, OECD, levels with regard to the number of clinicians across this area, we are way down, and it is an area of real concern and we need to deal with it. We are not meeting the averages across the OECD or indeed across Europe. We need to put a plan in place for it. I support that component of the motion as well. It is critical when it comes to the future of our health care services.

Deputy Bríd Smith: Amendment No. 3 in my name and in the names of my colleagues in People Before Profit-Solidarity states:

To delete all words after “Dáil Éireann” and substitute the following:

“notes:

— that maternity hospitals are not just for supporting women through childbirth but should provide the full range of reproductive health services, with due respect to the bodily autonomy and human dignity of their patients, coordinated with primary care services and GPs and that this fact should be reflected in the hospitals written policies and their available services;

— the failure of the Religious Sisters of Charity Ireland to compensate victims of abuse and neglect in its residential Mother and Baby Homes and its continued failure to adequately fund the State Redress Scheme;

— the failure of health facilities run or under the influence of this religious order to provide services, products, procedures and operations required by citizens in the areas of reproductive health;

— that reproductive health services in publically funded hospitals should provide a spectrum of birth control services including information, contraception (including sterilisation), the morning after pill, early medical abortion and surgical abortion services, in addition to all other services currently available;

— that the quality of information made available should be a priority so as women can make informed decisions on their health;

— that since 2011, maternity services in Ireland have been marked with investigations and, in some cases, alleged cover ups of maternal and child mortality or injury in Portiuncula Hospital as well as University Hospital Galway, Portlaoise, Cavan, and Drogheda;

— that Ireland has the lowest number of consultant obstetricians per 100,000 women in the Organisation for Economic Co-operation and Development and a consultant obstetrician in Ireland is responsible for 597 births per annum, compared to 268 in Scotland;

— that the three Dublin maternity hospitals are operating at a 17 per cent deficit in the number of midwifery staff needed to run the services;

— that most of the 19 maternity units do not offer foetal anomaly screening, as prenatal ultrasound assessments by qualified sonographers and foetal medicine specialists are not available outside larger units;

— that, despite the enactment of the Protection of Life During Pregnancy Act 2013, there is a dearth of perinatal psychiatrists and other specialists;

— the serious inequalities and absence of resources, which exist within the Health Service Executive (HSE), to provide services to children with life-limiting and complex medical needs, and to those under palliative care; and

— that such shortcomings have directly led to tragic incidents involving mothers and children;

acknowledges and supports the findings of:

— the National Maternity Strategy, Palliative Care for Children with Life-limiting Conditions in Ireland – A National Policy by the Department of Health, the HSE National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death, and the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014; and

— the National Standards for Safer Better Maternity Services Report by the Health Information and Quality Authority submitted to the Minister for Health;

further acknowledges:

— that the Programme for a Partnership Government states it will implement the National Maternity Strategy and ‘invest in end of life care, including the provision of hospice and “end of life care” during the perinatal period, infancy, childhood and adulthood’;

— the need for continuity of care for women and parents during pregnancy, at the point of delivery and after birth, inclusive of where children have life-limiting conditions;

— the need to support bereaved parents in their transition out of hospital, with appropriate services and the availability of frontline bereavement counselling;

— that the above is best delivered by clinical teams basing their decisions on best clinical practice and not in any way beholden to any religious ethos; and

— the plans to move the National Maternity Hospital at Holles Street to new, modern facilities at St. Vincent’s Hospital campus; and

calls on the Government to:

— ensure that the new National Maternity Hospital is built on the St. Vincent’s Hospital campus as quickly as possible, remains entirely within public ownership and has legally guaranteed independence from all non-clinical interference in its clinical operations within the laws of the State;

— issue a compulsory purchase order for the lands at St Vincent’s Hospital, in order to proceed with the building on this site of the National Maternity Hospital;

— declare that all State funded hospitals will provide all operations and procedures that may be required in the event of a change in abortion laws, including the recommen-

3 May 2017

dations of the Citizens' Assembly;

— ensure the Religious Sisters of Charity Ireland, and any other religious organisation, is precluded from any control over, or any operational function in, the running of the new National Maternity Hospital;

— honour commitments in the Programme for a Partnership Government in respect of funding and implementing the National Maternity Strategy;

— ensure swift approval, dissemination and implementation of the National Maternity Standards for Safer Better Maternity Services;

— ensure all maternity hospitals have access to foetal anomaly screening, with the requisite staff and equipment;

— work with nursing and medical unions in the recruitment and retention of medical staff, so that all maternity hospitals meet the Birthrate Plus standard for midwifery staffing, as well as international standards for consultant obstetricians and gynaecologists;

— establish an independent patient advocacy service; and

— implement the recommendations of the Report on End of Life and Palliative Care in Ireland by the Joint Committee on Health and Children in 2014, prioritising those parts relating to care for children with life-limiting conditions.”

I would like to start with something that we are going to be dealing with later in the month, which is the question of how we treat and pay our hospital staff. The Irish Nurses and Midwives Organisation, INMO, is having its conference today. The Minister is probably addressing it at some point. I do not know how he will be received, but if I was a midwife working under the current conditions - and my older sister has been a midwife all her life - I would be pretty angry with the Minister, because there is much stress, staff shortages and hardship that nurses and midwives have to face on a daily basis. I say we will be dealing with this later because we will be dealing with the public sector pay talks that are coming up. One part of the solution to the future of maternity services in Ireland is to treat maternity workers properly and to pay them properly. That refers to midwives in particular. In that way, we should be able to recruit enough of them and to retain enough of them.

I want to address not just the issue of church and State and the question of St. Vincent's hospital and its future ownership, but the wider concept of what maternity and reproductive services should be about. I do not think it is just about mother and child. I think it is also about a whole range of services relating to our reproductive health that should be available to women. I mentioned one earlier on, the question of tubal ligation. It is not available in some hospitals in this country. It should be available. It is a simple procedure.

I would also like to mention the glaringly obvious fact that we are going to, in the next few months, hopefully deal with the outcome of the Citizens Assembly. That assembly has expressed the sentiment that we have to repeal the eighth amendment and start to deliver access to abortion services in this country. In that context, the ownership and control of maternity services is fundamentally important to the ability and the future of being able to deliver those services in this country. I would like to move the amendment put by People Before Profit-Solidarity. It is quite a long amendment, as most of them are that are before us tonight. It deals

with a number of issues, including the failure of the Sisters of Charity to compensate the victims of abuse and neglect in their residential homes. It also deals with providing a spectrum of birth control services, including clear and quality information. I would like to ask the Minister, and maybe he could refer to it in his reply, when we can see and if it is possible to fast-track the Bill that is before us to do away with bogus abortion information clinics. These are cropping up as a real problem for the women in our society who are in a crisis pregnancy and seeking guidance.

Bogus abortion information clinics, sometimes in receipt of State funding, are continuing to operate with impunity. They are not regulated. It is ironic that they are not regulated but information centres that give out real, proper, decent health information are indeed regulated. There is a Bill before the House on that and we should make every effort to try and fast-track it, if we are serious about dealing with women's reproductive health in all its aspects and not just in the narrow confines of mother and baby, which of course are extraordinarily important. I have many friends and neighbours who have been through the horrors of having to carry a dead foetus for many weeks under the Irish maternity service because of the fear of the eighth amendment. Some hospital specialists are never sure that the heartbeat is gone. They might be 99% sure but not 100%, and therefore the women have to carry the foetus for another few weeks until the doctors can be sure. It is mental and physical cruelty for the women involved. We have to move on and move into the 21st century. Our amendment addresses much of that.

I welcome many of the other amendments and motions as well. There are many similarities. What goes to the heart of this debate is the elephant in the room that we must not avoid mentioning, and that is the control of State services by the Catholic Church. I am sure that the Minister for Health, Deputy Harris, is probably tired of us mentioning this. He gave what I regard as quite a confusing answer earlier today. What he says is not what the bishops say, and it is certainly not what the Sisters of Charity say. Somebody is telling the truth and somebody is not. We need to get to the bottom of that.

The Minister is asking for a month. I dearly hope that the Irish people do not give him that month. We have waited too long for equality, for proper treatment for women in this country, and for us to be taken seriously so that the Catholic Church are no longer dominating our lives. I hope that the people of this country keep the pressure on the Minister and insist that the church have no say in the new maternity hospital. It will be wonderful once it is delivered, as long as the Sisters of Charity do not get a say on the board of management or any other aspect of that hospital. We need that copper-fastened, iron guarantee from the Minister. If he cannot give it now I worry that he might not be able to give it at all in one month's time. I hope that the pressure is kept up by the march next weekend by Parents for Choice - happening at 2 p.m. from Parnell Square for those who are interested in attending - and beyond that where parents are lobbying Deputies and insisting that we finally put an end to the interference of the Catholic Church in our maternity services.

Deputy Clare Daly: Regardless of the justifiable public outcry over the handling of the new national maternity hospital and the prospective ownership of that facility being given to a religious order, this motion is incredibly timely. There is no doubt that our maternity services are in desperate need of reform. It is something that we need to discuss. The best response that the Government can come up with is that we compare favourably to other countries. Do we, and if so, which countries? I would not like to be compared with them.

Let us look at some of the facts. Between 2011 and 2013 there were 27 maternal deaths. These were otherwise healthy women who went in and lost their lives in childbirth or shortly

3 May 2017

afterwards. There were inquests in only three of those cases. In 2014 there were 365 reported cases of severe maternal morbidity, but our data is incomplete because not all of the maternity hospitals participated in that. Between 2007 and 2015 the HSE incurred a staggering €66 million in legal fees arising from maternity cases involving serious injury or death to women or babies. During the same period the HSE, through the state claims agency, paid out an even more staggering €282 million in damages in maternity cases. That is 116 times more paid out in legal settlements and fees than the extra €3 million that is being given to the new national maternity strategy. Unless that culture of litigation, denial, lack of accountability and lack of oversight is dealt with our problems will continue.

There is no doubt that one of the key reasons for our problems is the significant understaffing level of midwives and doctors across the State. Meanwhile, reports and reviews into adverse incidents are either not made available publically or they are badly delayed. The review of adverse incidents in Portiuncula hospital, for example, was supposed to be available by mid-2015. We still do not have it. We did discover last week, however, that the hospital was carrying out a secretive review of care, with a doctor even ignoring advice and saying that he did not see the reason why there should be any review at all. We have to deal with these issues, because our maternity services are consistently running at sub-optimal levels, which is undoubtedly leading to trauma for women and their families and to catastrophic outcomes because of the lack of accountability and the completely inadequate and non-binding HSE open disclosure policy. What we need is a statutory duty of candour in order to deal with these cases. It is more than urgent. It is one of the reasons why I moved the Coroners Bill 2015 and why that is so critically needed, yet we still do not know whether the Government has passed a money message even though the committee for justice agreed more than six months ago that it would go to committee stage next week.

We need accountability and openness if our services are going to improve. The widowers who lost their wives and the mothers of their children can testify to the failures of our maternity services and the need to change. We know from the eight inquests held between 2007 and 2015 into the deaths of women in our maternity services that vital information was withheld. They were often not privy to internal investigations and reports until the HSE was ordered to produce them in public hearings by the Coroner's offices. Although hospitals and the HSE indicated that they would change procedures and protocols, those were not implemented and carried through. That is utterly devastating for those families. It is not an exaggeration to say that if the HSE recommendations issued on foot of the tragic death and inquest into the death of Tanya McCabe had been made enforceable national policy then Savita Halappanavar may not have died. If the inquest into Dhara Kivlehan's death had not been delayed for four years - she died in 2010 and the inquest was in 2014 - then Sally Rowlette, who died in 2013 in the same hospital of the same condition, leaving four children, may not have died. These are very urgent issues that need to be addressed. It shows systemic failures and a lack of openness in our system. We know that there are countries across the EU which have much better health outcomes than we have. We need proper audit and genuine open disclosure. We have to have automatic inquests into maternal deaths in order for maternity services to improve.

It is unforgivable that in this day and age that fetal abnormality scans are not available as a matter of course to women. The Minister has told us over and over again that all hospital groups offer such scans, but the reality is that the scans have to be implemented by doctors. Women outside of major centres have to travel, and the consequence is that abnormalities are not always picked up. It is not good enough.

I welcome the motion, but it does not go far enough. That is not a criticism, it is a point of observation. The national maternity strategy is far from flawless. The language in it is feeble. We talk about woman-led care, when there has been a deliberate decision not to have midwifery-led care because there is some seemingly mythical and highly polarised debate out there about midwifery care. I reject that. I would say that it is far more likely that expensive private obstetric practices are the ones who are worried about midwives. No one else is. Midwifery-led care is the way forward. In Scotland they have 18 free-standing or along side midwifery-led units serving a population the same as Ireland, yet we have two pilot schemes in Cavan and Drogheda. There has not been a single sod turned to provide even one midwifery-led unit in Ireland, despite the national maternity strategy making promises on the issue over 14 months ago. The Scottish national maternity strategy provides that every woman will have continuity of care provided by a primary midwife who will provide the majority of her antenatal, intrapartum and postnatal care. The input of an obstetrician is an addition, but the provision of care is centred on the midwife, which is best for the State, health outcomes for women and the public purse.

The national maternity strategy is non-statutory, which is a huge problem. It is only the third national document on national maternity services since the early 1950s, but because it is non-statutory, it is not binding. We can refer to A Vision for Change which is a lovely vision, but it does not tally with the reality. The Government has one month in which to look at the maternity hospital and we will see what happens, but St. Vincent's University Hospital was built with public money. Is it not ironic that, in 1972, Noel Browne was questioning the funnelling of public money and cash into a hospital for the Sisters of Mercy? There should be no debate on this issue. It has to be sorted out as it is a public hospital which was built with public money and should be publicly owned.

Deputy Michael Harty: I wish to concentrate on the National Maternity Hospital and the absolute necessity for a new hospital to replace the hospital on Holles Street which has outgrown its usefulness. St. Vincent's University Hospital is the ideal location for a new maternity hospital because there will be many add-on benefits from co-locating it there. Many pregnant women have diseases which are complicated by their pregnancy and many develop diseases because of pregnancy. It is essential, therefore, they have the expert services that will be available to them on site at St. Vincent's University Hospital. Nobody would argue with the location, but the care of pregnant women must be the central part of this debate, not the site or its ownership. The central argument should be about the best facility for the care of women. The mastership model is very important and must be retained as it will ensure clinical governance in the best interests of the patient. The mastership model should be extended to other maternity hospitals because it is the most efficient form of management. An increase in the numbers of obstetricians and nurses is absolutely essential also.

The ethos of the hospital is of absolute importance. It must be free from religious influence. In a modern multicultural society such as Ireland, the best standards of obstetric care must be followed within the governance of the hospital. They must be within the laws of the land, whatever they might be in five, ten or 50 years' time. The board must have clinical, financial and operational independence. We need to look beyond five years and even beyond 30 because the hospital will have a finite life and will not last forever. The Minister needs to work out a way to ensure the hospital will have no material value to the Sisters of Charity. It is within his competence to make sure the sisters will not be left with a disposable asset. We must have a modern functioning hospital on the site of St. Vincent's University Hospital, ensuring clinical

governance in a secular and independent way.

Deputy Danny Healy-Rae: There is a compelling need for a new maternity hospital which must be built as soon as possible. We need a modern hospital for mothers and children-to-be, built to the best standards in the world because the people of Ireland are entitled to it. I heard Deputy Michael Harty call for the maternity hospital to be co-located with St. Vincent's University Hospital, but I would have thought the maternity and children hospitals should have been co-located, although somewhere more accessible than where the children's hospital is to be built at St. James's Hospital. Many would have thought that the edge of the M50 or the site of Connolly Hospital would have been more suitable. I am also of that view because there are deficiencies at St. James's Hospital in terms of access and parking facilities, among other things.

This issue has gone on for long enough and the hospital needs to proceed to construction stage as soon as possible. We look forward to the new national maternity hospital being built as soon as possible. The timeline is three or four years, but that seems long when one considers the state of the hospital on Holles Street which is clearly not fit for purpose, has outgrown its suitability and needs to be replaced.

Deputy Michael Healy-Rae: This is a very important issue and there is a lot of controversy, but, at the end of the day, the National Maternity Hospital is not fit for purpose. It is an excellent hospital, but the building is crumbling. It is about time people had a proper maternity hospital because they have been waiting a long time. I am sorry about the controversy that arose in the past few weeks which has upset a lot of people. Many people have strongly held views on the matter and I hope it can be sorted out. The main thing is that babies be delivered safely.

Deputy Michael Fitzmaurice: I support the motion. It is recognised across all parties and none in this House that there is a need for a good maternity hospital. We all agree that we need top services in Dublin, but they are needed in the different regions also. The hospitals in Balinasloe, Galway and Castlebar also need proper funding to make sure mothers in these areas will have safe delivery. I am aware that this is a specialised area, but what has happened is a fiasco. Whoever it was in the Department who dealt with it was never at a fair because they did not know how to engage in a bit of horse trading to solve the problem.

I cannot understand how we cannot have a 100 or 200-year lease for €1 as the State should be well able to obtain it. Is there a problem with the site? Is it tied up with the other buildings or has money been borrowed against it for other parts of the hospital? Has the Minister tried to secure a lease for a minimal amount? That is a solution. If there is a problem which cannot be solved, I agree with Deputy Danny Healy-Rae that the National Children's Hospital and a good maternity hospital should be located next to each other. We should not have put all our eggs in one basket. There is still an opportunity, in the coming weeks, to hammer out a deal. We need the hospital urgently, but it should not be at any cost. We should acknowledge that St. Vincent's University Hospital has given good service.

7 o'clock

It has been brought into disrepute with an argument over something about which there should never have been an argument. If people approached it to be able to do a deal in the way I am suggesting, it could solve the problem.

An Ceann Comhairle: I call Deputy Shortall who is sharing time with Deputy Eamon Ryan.

Deputy Róisín Shortall: I commend Deputy O'Reilly and her colleagues on tabling this

timely motion. There is no doubt there are many shortcomings in our maternity services. While the maternity strategy is to be welcomed, it is meaningless unless it is adequately funded and implemented. That process needs to be accelerated in order to bring our services up to modern standards and made fit for purpose.

I want to concentrate on the issues surrounding the proposed move of the National Maternity Hospital. While I have some sympathy with the Minister who inherited this situation, it is not acceptable in any circumstances to proceed with the transfer of ownership of the hospital as proposed. Based on what we know of the agreement brokered last November, transferring ownership of a €300 million State asset to private interests is utterly unacceptable to the public. People are outraged by that.

The composition of the board is not acceptable under any circumstances. It is proposed to have four, four and one, with the one expert person being appointed effectively by St. Vincent's Healthcare Group. By any standard the proposed board structure gives St. Vincent's Healthcare Group a five-four majority on the board. That is quite clear from the details of the agreement.

It is incomprehensible for people that the Minister is proposing to set up a new company that is wholly owned by St. Vincent's Healthcare Group. There is no justification for that and people are horrified. They cannot understand how that was agreed to.

On clinical governance, the diagram in the Mulvey report shows that the master of the National Maternity Hospital along with a number of other clinical directors will be answerable to the overall clinical director of St. Vincent's Healthcare Group, who in turn is answerable to the CEO of St. Vincent's Healthcare Group, who in turn is answerable to the board of the St. Vincent's Healthcare Group. Under no circumstances can that be considered clinical independence; it simply is not the case.

The Minister has been landed into this. He signed up to this agreement last November, which was a mistake. It was a mistake to welcome that agreement, as the Taoiseach also did. Now that the detail of that agreement has come out, it is utterly unacceptable to the Irish public. The Minister has been at pains to talk about various safeguards. He has talked about reserved powers and a golden share, neither of which will carry any weight in law under the terms proposed at the moment. There are big legal questions over whether there is such a thing as a golden share, but that can come into play only within the boardroom and the Minister will not be in the boardroom. The idea of a golden share is deceiving people. Perhaps the Minister has been deceived on that, but it does not carry any weight, nor do reserved powers. They have no meaning in a subsidiary that is 100% owned.

In a letter to *The Irish Times* today, I pointed out a severe constitutional impediment to having any kind of independence for ownership transfers to a religious organisation. I set out the clear grounds and the case law in this regard. The Minister talks about being solution-focused. I hope he will bring forward solutions within the next month, but those solutions cannot entail the transfer of ownership of the new National Maternity Hospital to any outside agency. This is a public hospital. It is publicly funded and should be publicly owned in its entirety.

Deputy Eamon Ryan: I also commend Deputy O'Reilly on tabling this motion, allowing us the opportunity to present the arguments. There seems to be clear agreement that, as anyone who is acquainted with the Holles Street facility knows, the National Maternity Hospital cannot stay as it is and must move. Given the medical choices, St. Vincent's Hospital is the

3 May 2017

obvious location. Not only is it an excellent hospital in my experience, but co-location on that site allows for incredible efficiency and the ability to deal with patients in a far more effective way. I do not know any other site on which it would be appropriate to locate the new National Maternity Hospital.

There is also clear agreement on the need for medical independence. Central to this is the realisation that in all likelihood - it is up to the people - we will move towards a repeal of the eighth amendment to the Constitution. In any future system, we cannot completely legislate for every different eventually. The future arrangements will need to put the centre of responsibility in the relationship between the mother and the doctor, and give them the capability to provide the best service to the mother. In those circumstances we have to be certain of the medical independence of that doctor to provide for the mother.

Likewise, I have not heard a single dissenting voice from anyone who does not believe the hospital must be in complete public ownership. That should involve not the creation of a lease arrangement but rather the transfer of ownership of the site to the State so that there is no uncertainty or lack of clarity on the ownership. Along with a number of other Members, last week I pointed out that the mission of the Sisters of Charity surely now lies in the work they are doing in combatting the trafficking of women, in addiction counselling services, in climate change, in caring for the poorest of the world where they are active, and not in the ownership or running of a general public hospital. In those circumstances they should be gifting the site for this hospital to the State.

I agree with the Minister that we need to go beyond that and look at the wider issue of ownership of our hospitals which has been built up in a haphazard way with a range of different ownership structures, with approximately 20 public hospitals in the care of a variety of religious orders. As we go through this process we should be looking at mechanisms to arrange for the transfer of ownership. It is time for the State to step up, to manage and to accept its responsibilities. In the past that was not the case and it is now time for us to do that. Included in this process we must ensure we have ownership of those hospitals.

I add two other elements that have not been considered. One is the issue of the private or public nature of this hospital. I disagree with Deputy Harty; I have concerns over a master-led system. What I have seen of our National Maternity Hospital is that it is master-led. Part of that involves highly lucrative well-paid positions for masters who run a private system to their own benefit. I have serious questions and concerns over creating a new National Maternity Hospital that will replicate a private facility within a public building; that should be just as much an issue of concern.

We also need to look at the nature of the service, based on the history of the active management system. I am not an expert; as a man, I cannot speak with any real authority, but those I trust and care for do. There are questions about the master system which was all about the doctor and not about the patient or the midwife. That active management system should be also called into question as we review the National Maternity Hospital. Let us have a public hospital of which we can be proud in every way, caring first and foremost for and centred on the patient and the doctor-patient relationship we need to provide for today.

An Leas-Cheann Comhairle: I call Deputy Cullinane, who is sharing time with Deputies Jonathan O'Brien and McDonald.

Deputy David Cullinane: It is difficult to understand why the Government even tabled an amendment to our motion. In the first instance the motion simply acknowledges failures which even the Minister agrees have existed in our maternity services for a number of years. I will not recite them; they are listed in the motion. It also acknowledges and supports the findings of various independent reports, which I am sure the Minister will also accept. It further acknowledges commitments given in the programme for Government and commitments made by the Government itself. It then calls on the Government to do things on which, as Deputy Eamon Ryan has said, there is broad agreement in the House. If there is broad agreement, why have the Government and the Fianna Fáil Party tabled amendments? I cannot understand that because I think the motion is straightforward.

The only reason I can come up with is that the Government has a difficulty accepting a motion calling for complete separation between the State and the Church on maternity services. We cannot have a situation in which any religious congregation or order has any level of control of any maternity service in this State. To me, that seems to be the problem for both Fianna Fáil and Fine Gael on this issue. That is for them to answer, but we in our party are very clear that for all of the right reasons, which many Members across all parties have articulated, there simply cannot be any situation in which any religious congregation can have any level of input or influence in the running, management or ownership of any national maternity hospital.

In the short time I have, I wish to quickly deal with staffing problems for nurses and midwives in maternity services, as well as in our hospitals generally. It is an area and an issue that is preventing public health services from delivering the level of service that people need. We see wards being closed in hospitals across the State. We know there is a shortage of midwives and nurses. The Irish Nurses and Midwives Organisation have published report after report and figure after figure that show that we are spending much more money on agency staff because we are simply not employing the front-line staff that are necessary. We know that when Fine Gael came into power in 2011, €127 million was spent on agency staff. That has doubled over the last number of years. That is not just spent on nurses; it is also spent on midwives. That is a real problem as well. We want to make sure that the women of Ireland have the best possible maternity services. We want to ensure that the resources are being put into the system.

I have been told by my colleague that Fianna Fáil will be withdrawing its amendment. I welcome that because I believe there should be all-party support for this motion. I know one of my colleagues wants to come in so I will finish by calling on the Government to also withdraw its amendment. Why not send a clear message out from this House - Government and Opposition - that we want the best for the women of Ireland, the best possible maternity services and the complete separation of church and State? In the Minister's absence, I was pointing out that the Fianna Fáil party has withdrawn its amendment. Why can the Government not do likewise? What is so objectionable in our motion that the Government cannot support it? Would it not be better if a strong, coherent and consistent voice came from this Dáil that we want to do the best we possibly can for the women of Ireland and have the best possible maternity services, which is all this motion does? I commend my colleague, Deputy O'Reilly, for tabling the motion in the first place.

Deputy Mary Lou McDonald: I will begin by thanking and commending our colleague, Deputy Louise O'Reilly, for tabling this motion and for doing so at this time. I think we are in agreement, despite the fact that we have regularly commended ourselves for having the best maternity services in the world - it almost became like a catch-cry or a matter of national honour - that there are massive deficits and shortfalls within our service provision. This motion sets all

3 May 2017

of that out: the shortages in consultant obstetricians and other specialist staff; the operational deficits in midwifery staff; the operational deficit of a magnitude of 17% in the Dublin maternity hospitals; and the lack of fetal anomaly screening, which has been referred to. I also want to register and recognise the lack of perinatal psychiatrists. There are only four, as we know, to cater for the entire State. I believe there are part-time positions in addition to that.

We know from the statistics - though these are never just matters of statistics, these are pregnant women - that 16% of women attending maternity services are at probable risk of depression. These statistics are from the Well Before Birth study. We know that risk of depression increases as pregnancy advances. Some 12.9% of women are at risk in the first trimester, 13.8% are at risk in the second and 17.2% are at risk in the third. We know, of course, that for many women post partum after delivering their babies, it is not merely a case of the baby blues. We can have full-blown post-natal depression, which is a most debilitating condition.

I welcome the fact that the Minister has commended and extolled the virtues of the maternity services strategy. While we have a strategy, I want to reiterate that we had a strategy for mental health service provision way back when called A Vision for Change. The thing about these strategies is that they have to be resourced, driven and delivered. There is much work to do.

The motion makes reference to the really horrific circumstances of mother and child mortalities or injuries. It cites Portlincula University Hospital, University Hospital Galway, Portlaoise, Cavan and Drogheda. There was a time when week on week and month on month one waited in the horrific expectation of another bad story from our maternity services for the women of Ireland.

These are matters of women's health. In very real terms, they are matters of life and death in many instances. They are also about choice. They are about women's choices, decisions, autonomy and capacity to make decisions for ourselves in partnership with medical practitioners. In that regard, I come to the issues of ownership of the new maternity hospital at St. Vincent's. It is entirely outrageous and unacceptable that the Minister would come to the floor of the Dáil in the year 2017 and make the statement he made earlier welcoming the confirmation by the board of St. Vincent's Healthcare Group that any medical procedure that is in accordance with the laws of this State would be carried out at the new hospital. The Minister might ask why I would cite that as outrageous. It is entirely unacceptable in this day and age and at this time that the Minister would require such a confirmation from the board of St. Vincent's Healthcare Group. It has to be taken as an absolute given that services in accordance with the law are provided in publicly-funded hospitals. Sin é.

There is a bigger question about divestment across the health services, but we need to start with this hospital. I have lost count of the number of women in particular who have asked me why in the name of God the Catholic Church would want to own, control or even influence a maternity hospital. That is the question out there. In addition, I have lost count of people who have said to us collectively as Members in this House to make sure that does not happen. The history of interference and of religious dogma blinding good medical practice is writ large. The cost of that policy was very high for women in this State. To this day, it remains a problem for us.

I welcome the fact that the Government is in fact withdrawing its amendment. I am very glad to hear that we will have cross-party agreement on this matter. If nothing else, we can

credibly and collectively give a response to the public that we have heard what the public mood and view is. That is for first-class health care for our women without interference of ideology or dogma and for women to come first.

Minister for Health(Deputy Simon Harris): I want to thank everybody who has contributed and who will contribute to what I believe has been an important and good debate. I just want to pick up on a few points. I will begin with the issue of safety. This is an issue that many people have raised throughout the debate. Safety is and must remain an absolute priority in our health service in general. The Department and the HSE continue to work together to make improvements in this regard. I referred earlier to the monthly publication of the maternity patient safety statements. In terms of wider patient safety developments, last December I launched a new national patient safety office. This is an office located within my Department to prioritise and drive patient safety work in this area. I have directed the office to work on a range of initiatives including new legislation, the establishment of a national patient advocacy service, the measurement of patient experience, the introduction of a patient safety surveillance system and extending the clinical effectiveness agenda. Within the programme of legislation, it is intended to progress the licensing of our public and private hospitals.

I want to pick up on the point raised by Deputy Daly about why we do not say it is midwifery centred. I refer her to page 3 of the strategy which states that the mother is at the centre of the strategy. We have avoided as far as possible professional-centric terms such as consultant-led or midwifery-led as they incorrectly place an emphasis on the profession rather than on the woman. In future, maternity care in Ireland will be provided in an integrated manner by a multi-disciplinary team with women seeing the most appropriate professional based on their need.

At its core, the agreement that has been mediated by Kieran Mulvey between the two hospitals ensures and endeavours to ensure a full range of health services. We have heard the master of the maternity hospital and the former master, Professor Keane, on this. I welcome and acknowledge on the record of the House the further confirmation by St. Vincent's Healthcare Group that any medical procedure in accordance with the laws of the State will be carried out in the new hospital. I have made it clear that I want to use this month to further engage because I have heard public concern about this. I expect to have further details on the legal and other arrangements envisaged and will make available that information to the House and to Government. I hope this will allow the necessary clarity on the issues of concern that have been raised in advance of any contractual or other commitments being entered into in respect of this agreement. I have heard a lot of people talking about secret agreements. I refer people to the Department of Health's website and a statement on 24 November, which was published when the announcement was made by the Taoiseach and me. It talks about much of the detail people are raising in the House. People are right to raise it but on 24 November much of that information was published.

It is also important to talk about the process to date. If this were straightforward one would suggest many people would have done it. I am not afraid to address this issue and to work with people in the House and in both hospitals to make sure we get this right. We have two voluntary hospitals. People talk about the national maternity hospital as a publicly owned hospital. It is a voluntary hospital. Legally the Archbishop of Dublin is the chair of that hospital. He does not play an active role but legally he is its chair. There are a number of religious people on the board of the national maternity hospital. The Minister of the day has no such golden chair or veto. It is important that we look at this in the context that two voluntary hospitals have to come

3 May 2017

together to deliver a new national maternity hospital. We had three mediation processes, two of which predate my time in this position. It is important to acknowledge we have an agreement between two hospitals; we do not have the legal and contractual arrangements in terms of the running of the new hospital. We have the document to which the hospitals have signed up. This is how they envisage working together. There is now an onus on the State and me to try to put in place the legal and contractual arrangements. We are not talking about just building a hospital. When we talk about co-location we are talking about two hospitals working together. We are talking about sharing ICUs, high-dependency units and consultants. We are talking about a woman in need of emergency care going down a corridor bringing her from a maternity hospital into an adult acute hospital. It is appropriate for the adult acute hospital to want input into patient care and arrangements in terms of the overall running of a campus. It is important to say that.

In response to Deputy Kelly, I am terribly consistent on these matters. The issues I raised at the Committee of Public Accounts on St. Vincent's is exactly what we are making sure will not happen. We now, as a State, put in place liens so that a hospital cannot mortgage or borrow off buildings in which the State invests. That is right and proper. There is space to further examine the ownership issue. I have been very clear about that. There are a number of creative issues that can be looked at in that regard, including the issue of a long-term lease.

On the issue of clinical independence, it is important to say the agreement states it in black and white. People talk about church and religious interference. The agreement states there will be no religious interference. It is there in black and white. It is my job to make sure it is absolutely copperfastened in contractual and legal arrangements. I am entirely committed to that. Let me be very clear when speaking to the women in this country. We will not build any hospital that does not provide women with access to every health service they need today and any services that may be legal in this country in the future that are not currently legal. I cannot be clearer than that. The full range of services and full clinical independence will be provided at this hospital. People said the Protection of Life During Pregnancy Act would not be implemented in a number of these voluntary hospitals. We now see it is not the case. We will make sure we get this right. There has been a broader conversation. It is important. Deputy McDonald said *sin é* and I get the point she makes. When we say *sin é*, at least 15 of our hospitals today are voluntary hospitals. I pose this as a question rather than something to answer this evening. Are we now saying as a country that if we invest in any voluntary hospital we must own the asset? If we are saying that, it is not without consequences. It is a conversation we need to have. We need to have it in the responsible structured way we had the conversation on education in 2012 with the forum on pluralism and patronage. I intend to bring proposals on this to Government in the next month that I hope can facilitate a conversation that quite frankly the country is already having and that we in the Oireachtas and Government need to participate in.

I could pick holes in elements of the Sinn Féin motion and we could debate them politically back and forth and debate the numbers and the OECD numbers but in the interest of bipartisanship I will not. It is an important issue and in the interest of the House wanting to send a message that collectively we are committed to working together to improve our maternity services and that we want to see the issue of ownership addressed in the conversations my Department will now have with the two hospitals, I will withdraw my amendment.

Deputy Denise Mitchell: Like many other Deputies in this Chamber, I have been contacted by members of the public who are deeply angry and upset at the mess surrounding the new national maternity hospital. Let us be very clear - it is the job of the State to provide health care

to all its citizens based on need. There should be no non-medical interference in that process. Treatment should be based on the needs of the patients within the laws of the land. End of story. How can the Government justify spending €300 million of taxpayers' money on a maternity hospital and then simply hand it over to a religious organisation? The claim by some that the Sisters of Charity must own the hospital because it is built on their land is pure and utter rubbish. There are many options open to the Government if only it would show a bit of back bone. The Department of Health seems to be all over the shop on precisely what treatments would and would not be available. For example, most people find it absolutely outrageous that the availability of a standard procedure such as IVF is being brought into this debate. The view of Sinn Féin is that this hospital is desperately needed. Our maternity services are overcrowded and understaffed while our facilities are crumbling. The new national maternity hospital should be built as soon as possible. Having said that, the Government must ensure the new national maternity hospital remains entirely within public ownership and that the Sisters of Charity have no part in the running of this facility. The concerns of the citizens around the governance of the hospital have to be fully addressed because the women of Ireland will accept nothing less.

Deputy Gerry Adams: Tá mé buíoch as an deis labhairt ar an rún tábhachtach seo. Ba mhaith liom mo chuid buíochais a ghabháil le Teachta Louise O'Reilly as ucht an rún a chur faoi bhráid na Dála. Iarraim tacaíocht ó achan Teachta don rún os ár gcomhair. The decision by the Government to give ownership of the new national maternity hospital to the Sisters of Charity has justifiably manifested itself in massive public concern and anger particularly, though not exclusively, among women. It is unacceptable that any religious ethos should determine clinical decisions. The hospital should be held in public ownership and have legally guaranteed independence from all non-medical influence in its clinical operations within the laws of the State. This is a hospital which must carry out treatments such as *in vitro* fertilisation, IVF, sterilisation, gender reassignment surgery and, in some cases, termination. The notion that the Sisters of Charity must be given ownership of the hospital simply because they own the land is absolute nonsense. There are, as others have said, other options available to the Government and this motion, which will now be passed, will compel the Government to explore these options.

The priority must be to get the hospital built as soon as possible on terms acceptable to citizens, particularly women. We cannot continue with a situation where women and babies are treated in antiquated buildings that are not fit for purpose. Equally, we cannot continue with the situation where our maternity hospitals are operating at dangerously low staffing levels, where women are treated on corridors and where overcrowding and a lack of resources result in tragedy and upset. That is why a key component of this motion is to ensure that the national maternity strategy is implemented and properly funded.

The Minister for Health now needs to act with the utmost urgency to sort out the mess that surrounds the national maternity hospital. I acknowledge his remarks this evening and look to him to deliver on his commitments. I also welcome the withdrawal by the Government of its amendment to this motion.

I met Ms Vera Twomey this evening who is hoping to meet the Minister for Health. I appeal to the Minister to meet her, even if only for ten minutes before he leaves the House this evening. The Minister is a decent person and he should not leave these premises without speaking to this woman, even for ten minutes.

Deputy Louise O'Reilly: I will begin by acknowledging the cross-party support for this

3 May 2017

motion, which sends a fairly clear message to women and indeed, to men. Perhaps they get a hard time sometimes but one gets the feeling that they made a lot of the rules that we are trying to undo at the moment. I have to say that for an order that takes a vow of poverty, chastity, obedience and service to the poor, the Sisters of Charity appear to have a fixation with property ownership and control. That is entirely a matter for themselves but I believe it is a little odd.

It is 34 years since Sheila Hodggers died in Our Lady of Lourdes Hospital. I knew Sheila, although I was very young when she died. Her death certificate will say that she died of cancer but she did not. She was killed by an ideology. The hospital did not treat her for the cancer that was killing her when she was pregnant. She died, her baby died and her husband was left bringing up two children on his own. Some 34 years on, not much has changed. The hope that we have when we leave here this evening is that real change will happen for Irish women and that no more will I have to stand here and repeatedly raise the issue of the lack of access to anomaly scans. It is not good enough that a post code lottery operates whereby a woman living in one county can, in some circumstances, access such a scan while a woman who lives in another county cannot. We have all seen the result of that. I have spoken previously about Jazmine Sands's loss of her beautiful baby girl. While an anomaly scan would not have saved her, it would have given her mam the opportunity to spend a bit more time with her daughter before the inevitable happened. It is for that reason and for the countless other tragedies, many of which will never see the light of day or get any publicity, that it is essential that anomaly scans, which are considered an absolute basic in any developed maternity service in any developed country, are made available. I emphasise the fact that these are screening tests which should be available to every pregnant woman not just where clinically indicated, but as a matter of course and routine.

We have heard this evening about the shocking lack of perinatal psychiatric services for women. As Deputy McDonald correctly pointed out, it is not the "after baby blues"; it is depression and we need to call it what it is. Just because it happens to a woman when she is pregnant or very soon after she gives birth does not mean that it is different or any less awful or horrific for her. We must improve the services that are available for those women who are in absolute torment and who need all of the support we can give them. This evening, we have collectively sent a very clear message to women that we can stand with them and support them. Rather than patting ourselves on the back, saying that we are doing a great job, we are showing here that we can be mature enough to acknowledge that we have let women down. I have seen that in my own family. We have let women down with the maternity services that we are providing. If we acknowledge that we have let them down and that we can do better, the women of Ireland will thank us for having this conversation. More than that, more than thanks for fine words, they will thank us for taking action and for providing the services that they so badly and desperately need.

An Leas-Cheann Comhairle: That concludes the debate. While I understand there is unanimity in the House, I must deal with the various amendments to the motion, the first of which is the Government amendment.

Amendment, by leave, withdrawn.

Amendment No. 2 not moved.

Amendment No. 1 to amendment No. 2 not moved.

Amendment No. 3 not moved.

Motion agreed to.

Inland Fisheries (Amendment) Bill 2017: Second Stage (Resumed)

Question again proposed: “That the Bill be now read a Second Time.”

An Leas-Cheann Comhairle: Deputy Pringle has the floor and he is sharing time with Deputy Mick Wallace.

Deputy Thomas Pringle: I welcome the opportunity to contribute to the debate on the Inland Fisheries (Amendment) Bill 2017. There is no doubt that the ability to prosecute illegal fishing offences is vitally important for the State in terms of managing fisheries. However, I have some concerns with the Bill itself and how we have arrived at the position of requiring this legislation.

As the Minister of State outlined in his opening contribution, the Inland Fisheries Act of 2010 has been shown to have some errors in it which has necessitated this legislation. This is basically emergency legislation to correct problems with the primary Act. According to the Bill digest, the potential errors with the original Act were identified in 2015 but it is only now, in 2017, that this amending legislation is coming before the House.

My concerns relate specifically to the actual offences and the prosecutions that have been withdrawn. The Minister of State said that 150 cases fall into the category of being affected by the requirement for this legislation. He also said that it should be noted that cases that have already finally been disposed of by the courts are not affected. I ask the Minister to elaborate on that. My understanding, although I am not a legal expert, is that if someone is illegally before the courts and convicted, then that conviction is unsafe. In my opinion, anybody who has been convicted under the aegis of the 2010 Act since it was passed has an unsound conviction. It is interesting to compare what is being done in this case to what has happened in recent weeks in respect of people who were wrongly brought before the courts for penalty point offences and who received convictions as a result. Gardaí have put their hands up and announced that they intend to contact all the people in question to inform them that their convictions are unsafe and that they will support the quashing of those convictions. Given that the Garda has received a great deal of bad press in recent times, it is interesting to see it being held up in this case as an example of how to do things properly. It seems to me that the Department, or Inland Fisheries Ireland, is remiss in failing to contact those who have been convicted and had fines imposed on them under this Act since 2010 to inform them that their convictions are unsafe. When the Minister of State speaks at the conclusion of Second Stage, I would like him to expand on the rationale for the Department’s decision that this should not be done.

I was in court in Dungloe, County Donegal, a number of weeks ago when cases against approximately 30 anglers were withdrawn by Inland Fisheries Ireland on the basis that the 2010 Act did not give it a legal basis to have them before the courts. I assume those cases are among the 150 cases mentioned by the Minister of State. I understand that seven cases which are waiting to be heard before the Circuit Court on appeal will be withdrawn as well. If I am right in what I have said about those cases, why are people who have been prosecuted not being contacted and informed that their convictions are unsafe? This serious matter needs to be

addressed as a matter of urgency. It is a criminal offence to be caught fishing illegally. It is possible that people have criminal records even though the State did not have the legal right to bring them before the courts in the first place. This matter needs to be addressed as a matter of urgency. It cannot be allowed to continue. Officials from the Department or from Inland Fisheries Ireland need to contact the people in question to make them aware of the situation. They need to put their hands up and say they got it wrong. They should come clean about the fact that the convictions of those who were wrongly before the courts are unsafe. They should facilitate such people in having their convictions quashed. That is the only way to proceed properly with this matter in accordance with natural justice.

Unfortunately, Inland Fisheries Ireland has a poor reputation among anglers and people who fish right across the country because of the way it behaves. I would like to cite the case of John Boyle, Peadar Ó Baoill and John Boyle Reilly from the Rosses angling club, who are before the High Court because of the way Inland Fisheries Ireland has behaved regarding the Gweebarra fishery in County Donegal. These men are being prosecuted, even though Inland Fisheries Ireland has no legal right to prosecute people in respect of Gweebarra fishery because it has no legal ownership of and no right to this fishery. The Department should examine this case in the interests of decency. The least it should do is halt the proceedings that are under way. It is not acceptable that the three ordinary individuals I have mentioned are being put under huge pressure and forced to defend themselves through the courts on the basis of something that Inland Fisheries Ireland has no legal right to do. In all decency, these proceedings should be stopped and brought to an end now.

Earlier in the Second Stage debate on this legislation, other Deputies identified severe problems with how Inland Fisheries Ireland goes about its business and deals with those who have to work under its aegis. That is not the way to make sure fishermen and anglers are on board with what needs to be done and are helping to conserve and preserve stocks. My view is that Inland Fisheries Ireland should be working closely with fishermen in communities and local areas to develop catchment management plans, etc., so that entire catchments can be protected and preserved. The inclusion of fishermen in this process would help stocks to regenerate and redevelop. I appreciate that this is not really relevant to the Bill before the House. I emphasise that the people who have already been convicted under the faulty 2010 Act need to be contacted. This matter needs to be addressed by Inland Fisheries Ireland as a matter of urgency.

Deputy Mick Wallace: The most serious issue facing Inland Fisheries Ireland is not whether it has the explicit power to prosecute offences under the Fisheries Acts - it is the declining fish stocks in our rivers. It is all well and good to amend the legislation to beef up powers to prosecute, but what difference will it make when there are no fish left in our rivers to protect? As Deputy Pringle has pointed out, the legislation that has been introduced by the Minister of State provides for the upholding of prosecutions that were carried out by a body that did not have the power to prosecute. It is an unjust sleight of hand, to say the least, to suggest to those who did not appeal such prosecutions that those prosecutions are grand even though they were taken with no legal basis.

Although Inland Fisheries Ireland seems to spend much of its energies trying to protect fish from fishermen, I suggest that the fish are not being protected and the stocks are not being replenished. I will give an example. The conservation limit for salmon is not being met on the River Slaney, like many rivers across the country, and has not been met for many years. While illegal fishing and poaching may well be a factor in declining fish stocks, it is no more than a tiny factor. Heavy sea lice infestation from salmon farming has resulted in additional mortality

in migratory North Atlantic salmon. What is being done about that? Who is being prosecuted? Water quality and the negative effects of afforestation, drainage effluent discharge, siltation and agricultural enrichment have an impact on juvenile salmon production. What is being done about that? Who is being prosecuted? Water extraction for growing agricultural crops and for industry leads to lower water levels. This leads to fish being unable to clear weirs to travel upstream to spawn. What is being done about that? Who is being prosecuted?

All anglers on the River Slaney are aware that salmon get trapped on a daily basis at a privately owned tailrace at Clohamon outside Enniscorthy. Inland Fisheries Ireland has undertaken just two major inspections at the tailrace since 2007. The most recent inspection, which was undertaken in July 2016, resulted in Inland Fisheries Ireland removing approximately 2,000 sea trout and 200 adult salmon. The survival rate of the relocated fish was negligible. When a similar inspection was undertaken by Inland Fisheries Ireland in August 2013, some 450 sea trout and 120 salmon were removed. It is pathetic that there have been just two inspections of this very obvious and consistent problem over a ten-year period, especially when the river is not meeting salmon conservation limits. Meanwhile, the fishermen are losing out. Over a decade ago, all 75 salmon draft-net fishing licences were suspended downriver on the River Slaney. The talk at that time was that draft-net fishing might return after two or three years when the salmon stocks had been given time to recover. At the time, the idea was that by suspending the licences more salmon would be able to make it upriver to be able to spawn. Ten years on, not only have things not improved - they have worsened.

Things got even worse in January of this year when rod fishing licences were suspended, and not for the first time, because of diminishing stocks. As a result, rod fishermen, the presence of whom would be a deterrent to poachers, are not allowed to catch and release salmon. We have been told that the standing scientific committee on salmon which surveys the River Slaney on a continuous basis has continued to arrive at the conclusion that salmon stocks in the river are far below what they should be. The failure of salmon stocks to recover is continuing to result in the extension of the suspension on the net licences. This prompts a question. If the net fishermen on the River Slaney are the problem, why have salmon stocks on the river not recovered since the suspension came into place? If the stocks have not recovered after ten years of no draft-net fishing, it goes without saying that some other factor or factors could be preventing the stock from replenishing. Nobody on the River Slaney is more conscientious about conservation and maintaining the salmon and eel stock than the licensed fishermen. For some of them, their livelihoods depended on making sure there was no overfishing. Fishermen do not survive unless the stock survives. In this case, the draft-net fishermen were the first group to be penalised. It is now transpiring that they were not a serious factor in the dwindling salmon and eel numbers.

The second group to be penalised on the River Slaney were the anglers further upstream. Late last year, in a further knee-jerk reaction to dwindling salmon and eel numbers, the Minister banned anglers from catching salmon on the River Slaney in 2017. Over 100 objections were submitted to the Minister at the time. He might tell us if he responded to any of them. If the Minister had read any of the letters, he would have seen that the objectors had valid concerns, not least in respect of the 200 salmon and 2,000 sea trout that were pulled out of the Clohamon tailrace in August 2016. To put that number in perspective, over the whole of 2006, the last year there was net fishing on the Slaney, net fishermen caught 365 salmon while rod fishermen caught 343. Before banning anglers, did the Minister give any consideration to the fact that the presence of anglers, even operating on a catch-and-release basis, would deter poachers and assist the staff of Inland Fisheries Ireland, IFI, in protecting the salmon stocks? Given there is

3 May 2017

an independent standing scientific committee on salmon monitoring the River Slaney and other rivers for some time now, why are salmon stocks not recovering? Are we simply counting fish and penalising the easy targets? If a few rod fishermen are not allowed catch and release fish, why is a tailrace allowed to continue operating when it is trapping hundreds of healthy fish and preventing them from reaching spawning grounds?

Why are the agricultural and industry sectors not being investigated and sanctioned, given that it is not the fishermen who are the problem on the River Slaney? Since the late 1980s, bodies such as Teagasc have been telling the Government that nitrogen and phosphorus wastes from farming sources were leading to the slow but steady decline in the quality of rivers and lakes. Leakages of farmyard wastes, spreading slurry at the wrong rates or times and the over-land flow of water containing phosphorus from soils already overloaded with it were causing pollution and a process of eutrophication that was leading to the disappearance of entire species of fish. For decades now, we have been watching our waters suffer because of contamination and nutrient run-off, primarily from agriculture. With recent extreme rainfall events, along with the certainty of more such events resulting from climate change, this problem is only going to get worse before it gets better.

Add to this the Government's gung-ho attitude of increasing the national herd and we have a deteriorating chance or hope of improving the situation. The 2016 EPA, Environmental Protection Agency, report laid out quite plainly that the ongoing and planned expansion in the agricultural sector under Food Harvest 2020 and its successor, Food Wise 2025, may threaten improvements in water quality if not adequately managed. The dairy sector has been set a target of increasing milk production by 50% by 2020. Under the expansion plans, increased application of nitrogen and phosphorus to agricultural land is likely to happen in areas of the country where the concentrations of these nutrients in water are already elevated. The challenge is to target management measures to prevent any increases in nitrate and phosphorus concentrations in waters.

In 2012, some 53% of suspected cases of pollution in rivers were attributed to agriculture. Of the breaches found in 2014, some 52% were due to the poor management of livestock manures and other organic fertilisers, 16% were due to manure storage structural defects while 18% of breaches were simply due to poor management of clean waters. As the EPA pointed out, based on these figures, there is clearly room for improvement in the management of manures and organic fertilisers on a significant proportion of farms. Many of these issues can be solved by reasonably straightforward changes in the management of farmyards.

This is emergency legislation, the purpose of which is to secure prosecutions against those who breach the regulations designed to protect fish stocks in inland fisheries. Up to 64% of the land in this country is used for agricultural purposes with 80% of that land devoted to grass for cattle grazing. This is a big industry. Perhaps that is part of the problem. How many farms have ever faced prosecution for the nitrogen and phosphorous pollution destroying our rivers, waterways, lakes and fish stocks? How many surprise inspections are carried out into bad practices on farms?

The State certainly has a responsibility for the fact that sewage is still going directly into rivers and lakes. In 2017, this is nothing short of disgraceful. I had serious arguments with Phil Hogan, when he was environment Minister, about the incredible number of faulty septic tanks but nothing being done about them. At the current inspection rate, it will take over 200 years to inspect all individual septic tanks. When I debated this with Phil Hogan, I asked him what

percentage of tanks in Wexford did he think were not functioning as well as they should be. He said, as the land in Wexford is good, there would only be a small percentage of faulty septic tanks, somewhere between 5% and 8%. I told him I had built a fair few of them in my time and that at least half the septic tanks in Wexford did not function properly. It was not because people did not follow the rules at the time. They did, but the rules were not right.

We have good soil for certain aspects of farming but we do not have good soil to take the bacteria out of wastewater coming from sewage before it reaches the water table. We have serious problems with contamination of the water table. Many of the outfalls from these individual septic tanks go to rivers which causes massive problems. There was no serious effort on the part of the Government to deal with this issue. We made a token gesture of inspecting septic tanks to placate the EU. We did not, however, make a genuine effort to deal with the fact that half of septic tanks do not function properly. It is a serious problem and should be addressed. It is all very well that the EU has left us alone, it is happy we are doing a little bit about it and all is grand. The truth be told, however, we are poisoning ourselves and certainly our fish stocks.

Deputy Willie Penrose: On behalf of the Labour Party, I welcome the opportunity to contribute to the passing of this important legislation. Notwithstanding its brevity, the Inland Fisheries (Amendment) Bill 2017 carries with it significant importance. Its main aim is to deal with lacunae in the Inland Fisheries Act 2010, which, due to what was clearly an error or oversight in transposition, did not confer explicit powers on Inland Fisheries Ireland, IFI, to prosecute offences committed under the fisheries Act.

The Inland Fisheries Acts 1959 to 2010 are the basis for the management and protection of Ireland's inland fisheries resource and sea angling sector. The Inland Fisheries Act 2010 established IFI by effectively replacing the Central Fisheries Board, along with the seven regional fisheries boards. It subsumed existing functions of those bodies and dedicated IFI to the protection, management and conservation of the inland fisheries resource. The Act also restated several provisions arising from the Fisheries (Consolidation) Act 1959, the Fisheries Act 1980, the Fisheries (Amendment) Act 1999 and the Fisheries (Amendment) Act 2000 which dealt with administrative and legal matters pertaining to inland fisheries. It also updated the penalties applicable for offences under the then existing inland fisheries legislation so that the monetary values were brought up to date and modernised. More generally, it updated and amended the Inland Fisheries Acts 1959 to 2007 to take account of changes to the management of the angling sector. The IFI, henceforth, operated under the aegis of the Department of Communications, Energy and Natural Resources.

Inland Fisheries Ireland has several general functions such as supporting, promoting, facilitating and advising the Minister on the conservation, protection, management, marketing, development and improvement of inland fisheries, including sea angling. It also seeks to develop and advise the Minister on policy and national strategies relating to inland fisheries, including sea angling, and to ensure the implementation of the delivery of policy strategies developed and agreed by the Minister.

Species of fish protected by IFI comprise all freshwater species, including migratory species such as salmon, sea trout, eels, as well as lamprey. IFI is also charged with the protection of certain molluscs, including oysters, and enforcing bass fisheries legislation. It has a wide remit and is responsible for the day-to-day management of inland fisheries resources, including setting conservation limits and issuing licences, as well as acting on reports of pollution and poaching. It also covers certain activities at sea, including commercial fishing for salmon, sea

trout and sea angling.

It has the power to enforce environmental legislation, including the water pollution Acts. Some requirements under the Water Framework Directive, Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000, transposed into Irish law by the European Communities (Water Policy) Regulations, 2003 (SI 722 of 2003) also fall under IFI's remit.

Similarly with the habitats directive, Inland Fisheries Ireland controls the management and surveillance of stocks of fish species listed in Council Directive 92/43/EEC as transposed into Irish law by the European Communities (Birds and Natural Habitats) Regulations 2001. It has a very wide legislative remit, with prosecution and enforcement in terms of breaches forming a significant part of its supervisory role.

I concur with some of the points made by my colleagues. In the midlands and especially Westmeath, which is unambiguously known throughout the country and Europe as the lake county capital of Ireland, we clearly understand the socio-economic importance of recreational angling and the tourism and recreational activity that can be generated. We understand its importance to the local economy. We are certainly disappointed with the way we have
8 o'clock been treated by the various fishery boards, including what was the Central Fisheries Board and Inland Fisheries Ireland, as well as the Government as a whole. That has never been recognised. We are aware that to ensure the National Strategy for Angling Development 2015 to 2020 is delivered, approximately €25 million in additional investment is required. The payback would be significant and more resources are definitely required for the midlands. We see ourselves as the poor relation and we will not be able to achieve our undoubted potential in the absence of dedicated resources and making positive discrimination in favour of the midlands. As my colleagues have said, what is the good in having all those lakes with tremendous potential if the same old claptrap emanates from the same old people.

There have been too many appointments to boards of the same old people. I remember one person, the late Ms Pat Doolin, who was a reservoir of knowledge and information. She would have been a fine representative of industry on the relevant boards, but she passed away at a very young age. She would never have had the chance to be appointed to a board. She had more in the back of her brain than all the fisheries crowd together. In fairness to her, she lodged a fairly strong campaign against licensing when it was introduced. She said she would not mind a licence if she knew it was to be used for the purposes of promotion. She exemplifies the types of people I speak of.

There is a requirement to assess the impact of the current recruitment moratorium. A number of people are employed by Inland Fisheries Ireland, especially people doing important outdoor work. There has been a significant decline in the numbers employed and this must be addressed through a relaxation in the moratorium. We find this to be the case right across the midlands. One notes that Inland Fisheries Ireland spent over 188,000 person-hours and carried out 31,180 patrols in 2016 in protecting inland fisheries resources. It needs additional manpower to enable it to continue its work across a wide number of areas.

Prosecution is considered one of the main deterrents to illegal fishing activities in the long term. Under Irish law, on-the-spot fines may be issued for a range of fisheries offences, such as fishing during the closed season or taking smaller fish than allowed under by-laws. It appears in approximately July 2015, the first scent of trouble in the Inland Fisheries Ireland's prosecu-

torial capacity arose when an unsuccessful challenge to the jurisdiction of the Inland Fisheries Ireland in prosecuting summary offences of the Inland Fisheries Act was raised as a preliminary issue in a District Court case. As I understand it, the judge held that all functions of the old central and regional fisheries boards, including the power to prosecute, were transferred to Inland Fisheries Ireland under the 2010 Act. This clearly served as a warning, and clarification and advice was sought from the Attorney General's office. The advice received indicated that Inland Fisheries Ireland did not have explicit powers to prosecute under the Fisheries Act 2010. The reliance on that Act to prosecute a significant number of cases, including high-profile and large-scale pollution and sea fish kill events in rivers or lakes, has been clearly questioned. As a barrister, one might have the view that the current legislation unamended would certainly fall foul of a High Court challenge. It has been very lucky to escape thus far.

It was also clear that the Attorney General took the view that an explicit power to prosecute must be included in Part 4 of the 2010 Act, and that is why we are here this evening. This Bill will remove any uncertainty or ambiguity pertaining to powers of prosecution by providing in section 4 an explicit statutory power for the Inland Fisheries Ireland to prosecute offences under the Inland Fisheries Act. This is the import of what was conveyed to us in the March 2017 press release from Inland Fisheries Ireland that the Minister of State is now following up. It appears a number of summary cases before the courts for specific fisheries offences cannot be proceeded with because of this lacuna. It appears cases also disposed of by the courts are not affected. Like my colleagues, I feel that where there is a lacuna in the law as passed, those prosecuted should not be the victims of same and they should benefit. If there is a lacuna in the law, it is up to us as legislators to ensure the law is correct. If there is a lacuna, the benefit should fall to people in court. If people did not appeal or pursue the matter, they should not be left in a worse position than those who did pursue the matter.

Deputy Mattie McGrath: Hear, hear.

Deputy Willie Penrose: There is much potential for significant investment in our fishing and angling industry. We in the midlands, and especially Westmeath, feel we have not been afforded the investment our county deserves. As I stated, we see ourselves as a poor relation. We are designated as a lake county for a very valid reason. It is well deserved. The Minister of State has lakes in his own area but we have Lough Owel, Lough Ennell, Lough Derravaragh, Lough Lene, Lough Iron, White Lake, Gaulmoylestown Lake and the River Inny, which I live beside and which flows into the River Shannon. We also have the lakes around the River Shannon, and I know some are in the Minister of State's own place. We are associated with that. There is also the River Brosna, the River Gaine and the Royal Canal.

I live on the banks of the canal, which travels as a seductive artery of attraction through a number of counties, including Westmeath. I am thankful we played a very positive role as part of the Royal Canal amenity group back in the 1980s. At that stage, madcap and lunatic ideas were being propagated at the highest level. People were then talking about the M4, on which the Leas-Cheann Comhairle now travels, and they spoke about building it along the bed of the canal. Ordinary volunteers with the Royal Canal amenity group worked against that. I can name them in my own area. They included Mr. Jimmy Evans, who is currently living in Watson Mills, and Mr. Tony Murtagh. A few of us started that, including Mr. Eddie Slane. They were great people on the Royal Canal amenity group and they saved the canal. We now have the greatest amenity in Europe. We pay much lip service and talk about it but if it were properly used, it would bring life back to areas like Killucan, Thomastown, back to Mullingar, and to Coolnahay, where Paddy and Clare Crinnigan have a massive attraction. It could go to

3 May 2017

Ballinacarrig, Abbeyshrule, Ballymahon and to the Shannon. We have a wonderful facility and it is what we need.

The Wild Atlantic Way has been correctly focused upon and the necessary resources have been allocated, including significant promotional and advertising campaigns that have borne fruit, with thousands of visitors and tourists staying in the area and contributing to economic activity and new business employment along the way. The same focus or desire has not been placed on our lakes regions and the Central Fisheries Board, now Inland Fisheries Ireland, has let down the region in this respect. We should be clear about that. It is great at producing reports, scientific work and signing documents but this is where it is at. We have hosted national and international fishing competitions at senior and junior levels and we have tremendous facilities and accommodation, including hotels and bed and breakfast accommodation, along with many other worthwhile attractions.

We had a fish farm at Lough Owel guaranteeing a supply of fish for over 50 years. All we heard was a sneaky under-the-table announcement from the board of Inland Fisheries Ireland just over a year ago that it intended to close the fish farm from January 2018. There was uproar and an eruption from the people who use it and saw its value. They rightly protested and organised public meetings. I am thankful that everybody came to their senses in the interim because of the public uproar at such a proposal. I thank the Minister of State as he travelled in his own time, late in the evening, to visit us. He played a very central role in bringing sense and direction back. He is no fool and he knows his industry. He knows what agriculture and aquaculture mean to those areas.

We need approximately €3 million in investment and it is well worthwhile upgrading and refurbishing that fish farm to ensure it has the capacity to serve its purpose. We need a cohesive plan that will exploit in a beneficial way the enormous potential of the fishing industry as a recreational and tourism product in the midlands, especially Westmeath. I unashamedly advocate for my home county as we have been left behind. We do not have much industry coming in and everything seems to bypass us. There is an excellent road network with the N4, which many people use, the intersecting N52 and the M6. They are wonderful roads. There is also a rail line with a decent service and there are tremendous education facilities, but we are bypassed. We have this natural resource and we must use it to best effect for the area. There are many rural areas across Westmeath. It is mainly a rural agricultural county aside from a few big towns such as Mullingar, Athlone, Kinnegad, Moate and Castlepollard. That is the reason we need this to come to fruition.

The fishing clubs in Westmeath are ready, willing and able to play their part. I appeal to the Minister to use their knowledge, capabilities and expertise. He should not depend on consultants who are far removed from reality or practical knowledge and who draw up strategic plans and prepare theoretical reports without an ounce of practicality in them. I always pride myself on what I did in this House for the carers in the early 2000s. I was chairperson of the Committee on Social Affairs. I sat with colleagues from all parties and we invited 100 people representing carers, representative groups and organisations to make submissions. We hand wrote the report. There was no use of consultants or wasting money. The report contained 15 recommendations. The Leas-Cheann Comhairle's colleague, the late Seamus Brennan, was the Minister at the time. Fair play to him, he and his colleagues - Fianna Fáil was in Government - implemented seven of the recommendations. It just shows what can be done. We broke the taboo that a person could not get two social welfare payments. Most Members will remember that this was the sacred, cardinal rule. We recommended that a person get 50% of the carer's

allowance if they had another payment. That report is available and I can leave the Dáil with the badge of honour-----

Deputy Mattie McGrath: Well done.

Deputy Willie Penrose: -----that we broke that taboo. We wrote the report ourselves. I remember rewriting parts of it during a sunny day. We did that because the carers are very important. I am very proud of the work they are doing throughout the country. They are saving us €4 billion or €5 billion. I realise I am straying from the topic but this shows what can be done by people working together at political level, with no one-upmanship. We were politicians with practical knowledge of the matter. That is the reason I have an awful aversion to consultants and particularly these boards, because the first thing they do is seek a consultant. Next, a cheque for €40,000 or €50,000 is sent out which could be profitably used somewhere else down the line.

My colleagues have referred to the plight of eel fishermen. They have been left in limbo by the effective suspension of their licences. These are people who have made a living from eel fishing. There are approximately 150 of them. They have paid their taxes and complied with their legal obligations. They are not fly-by-night but people who have worked hard over many years. The suspension of their licences is due to a decrease in eel stocks. The life cycle of eels is quite slow, although the Leas-Cheann Comhairle would know a great deal more about fishing than me. I am no expert, but I have some clue about inland fisheries given where I live. In the absence of those licences and given that restoration does not appear to be likely or there certainly is no degree of acceleration in that regard, people have effectively been deprived of their livelihoods and lost their income as well as their way of life. Fishing is not just a job to generate income, but also a way of life for people. It is beyond time that a proper compensation package was put in place to assist these people, who are now in genuine and significant difficulty.

If this had happened in any other sector, there would be an outcry and protests. I represent the agricultural sector and I am the Labour Party's spokesperson for that sector as well as on fishing and rural affairs. If that had happened in the agricultural sector, there would have been a litany of complaints and a number of protests. Let us be fair to these people. The Minister should devise a simple compensation scheme. We have a definite number and it would be fair. I have no doubt that the Minister of State would be eager to secure this but I am well aware that all of these things land in the Department of Public Expenditure and Reform. I also know how people resist things. I was given a great lesson about that during the discussion on the Bankruptcy (Amendment) Bill. To show how difficult these things are, one of the excuses used was that if we reduced the period to one year, Ireland would become a bankruptcy tourism destination. People would flow in from the North and England to this country, even though the period was already one year in those places. That is the type of ingenuity I encountered and I have not forgotten it, because I considered it preposterous and unsustainable.

The Labour Party will support this Bill. It is an important Bill that fills a lacuna in this area. The Minister of State has acted properly and speedily to bring the legislation forward and we will facilitate the passing of the Bill by the House. I wish the Minister of State well. I acknowledge the way he reacted and worked beyond the call of duty to help secure the future of the fish farm in Lough Owel. It has not gone unnoticed and should be acknowledged in the House.

Deputy Mattie McGrath: I am delighted to speak on the Bill. Its purpose is to confer an explicit power on Inland Fisheries Ireland, IFI, to bring and prosecute summary proceedings

3 May 2017

for inland fishery offences. IFI is the State agency responsible for the protection, conservation, development and promotion of Ireland's inland fisheries and sea angling resources. It was established on 1 July 2010 - I was a member of the Committee on Communications, Energy and Natural Resources at the time - following the amalgamation of the Central Fisheries Board and the seven regional fisheries boards into a single agency.

I do not believe it has acquitted itself well or that proper thought and processes were put into it. Our system has failed us. I compliment Deputy Penrose on and salute him for his service in the House, not only from a legal point of view but also as a Deputy. I congratulate him on what he did for carers. He also recognised the role of the Leas-Cheann Comhairle, who was a Minister at the time. It was a common-sense approach. Sadly, however, common sense has gone out the window in everything in this country.

I have a question for the Minister of State. I ask him to note it and to get his secretary or somebody in the Department to refer back to me on it. People have been prosecuted in this country and now we are rushing a Bill through, after the fact, to ensure the prosecutions stand. That is an outrage. Our law was not up to it and they should not have been prosecuted. As Deputy Penrose said, and he has a legal brain and is a qualified man, if they were prosecuted and did not appeal it, they are being told "tough" by the State. That is a travesty. That is not the justice for which the people of 1916 fought. It is disgraceful.

I know some of these people in my county. When I found out about this from the Minister, Deputy Naughten, I told one fellow that he should not have been summonsed. He told me he had pleaded guilty as he was sick of going to court. He was hauled before the court on three days because he was taking timber out of a river that could have washed away the N24 at Kilshane and Bansha in Tipperary when the flood occurred a couple of months later. It is what every farmer has always done - mind the rivers, take out the surplus timber and clean the bridges. Now, they cannot look at them because there are fellows going around in shiny shoes with briefcases who are flashing badges. They are like terrorists. They are terrorising farmers and ordinary people. It is not good enough. They must be reined in.

I sat on the committee that appointed the IFI board. I and two former colleagues, former Deputies Noel Coonan and Peter Kelly, were privileged to be appointed as three lay members to interview the applicants. Deputy Eamon Ryan, who was Minister at the time, brought in an initiative whereby three board members would be appointed by the communities. I volunteered for it and got the job. We arrived at the Public Appointments Service office in O'Connell Street to pick the people. We were given 100 CVs to examine. We were greeted by an official who brought us in, gave us tea and said, "Gentlemen, you would not be able to look at them as you have so much to do, so I picked the first 20." I was appointed the chairperson of the interview board. I said, "Have you now, madam? Thank you." I turned the CVs upside down and I started reading from the other side. She was horrified. We called for a break and she went down to have tea. There were dozens of officials there, such as retired county managers and retired senior civil servants. It was the cosy club. They protect everything. She was going around whispering in people's ears, "This fellow should not be here at all. He is upsetting the apple cart. He will not take the names I gave him." When I looked at the names they were all retired chief superintendents, retired chief fire officers and retired senior officials in the county council. Deputy Penrose mentioned the name of a lady earlier. Her name was added. She was taboo. She was a community person who had more in the back of her brain than all of the officials had together. She could not be on the board. She would be dangerous because she knew something about the industry and its troubles. Retired officials in receipt of pensions and big

pay-outs were going to tell us what to do. They were hand-picked. It was decided to start at the bottom and pick three good people, who served their time. They were from the industry and involved in fishing clubs and preservation work, rather than officials who were paid to travel everywhere and who would be promoted having secured prosecutions. We have lost our way and it is a downright disgrace.

People have been prosecuted under the board which succeeded the previous board and followed the amalgamation of the seven regional fisheries boards. The Minister of State is standing over that. He is happy to pass the Bill. People were falsely convicted. That is not democracy; it is like something that would happen in a junta in Africa. Ordinary people were doing good. I do not cover up for anybody.

Deputy Wallace has left the Chamber, but I challenge utterly what he said. He gave a bad name to the farmers of Ireland. They and the farming organisations have made huge efforts in the negotiations and training that took place. There were bad practices in the past, but they have been wiped out. Deputy Wallace referred to the pollution caused by farmers and the damage to rivers and fish. He claimed that there were not enough inspections and wanted to know how many unannounced inspections had taken place. There are plenty of unannounced inspections from boys and girls who have nothing else to do but clock up mileage on their cars travelling from Athlone to Tipperary and Tipperary to Galway. It is farcical. The lunatics are in charge of the asylum and ordinary people are being prosecuted.

Fishing clubs in many places in Tipperary do tremendous work stocking the rivers, minding their areas, looking after flora and fauna and providing proper fishing facilities. I could not call some people anything better than terrorists because they are not there to assist but to prosecute. It is bad enough being prosecuted when they have the law on their side, but we have found out they do not have the law on their side. We have to introduce a Bill. I am disappointed with the Minister of State, Deputy Kyne, and the Minister, Deputy Naughten, for proposing this.

As Deputy Penrose said, those who were fined should be paid back and compensated for their many trips to the courts. They should be compensated for their good names being besmirched on local media and having been identified as being prosecuted. They should be supported and given prizes for protecting bridges and other infrastructure that would have been swept away by trees and everything else that came down the rivers.

This is outrageous. I note the Minister of State's officials are whispering to each other. I hope they are taking note of what I am saying. I am not anti-official, but they know precious little about the industry. That has been proved by what Deputy Penrose, who has been in the House a lot longer than I have, said. He outlined what happened to the Royal Canal, whereby there was a proposal to build a motorway on it. Power has gone to the heads of officials. They are punch drunk with power across a plethora of Government agencies. Farmers and ordinary people who are building are affected. No banker was prosecuted. There is a cosy elite and the minions, who worked, paid taxes, educated themselves and provided community facilities are prosecuted.

Others cannot drain so much as a teacup or eggcup of water from the rivers that are flooding their houses because so many agencies have to be consulted. They are told they cannot do this or that. The Minister, Deputy Ross, gave us €1 million to pitch a bridge in Ardfinnan. The project has been going on for two years and now crayfish has been found, following three or four consultants' reports. The consultants should be sacked and forced to repay the money they

3 May 2017

were paid. Why were the crayfish not found two years ago? We have money for the project but there is a punitive one-way system on an old bridge, which is a lovely protected structure.

The first consultant's report, on which €60,000 was spent, was published two years after the bridge had been damaged. A second consultant's report was sent to the Department in order to secure the money, but it cannot be spent because crayfish were found under the river. Archaeologists and other specialists from abroad now have to examine the area. It is a case of, "You scratch my back, I'll scratch yours" when it comes to hiring consultants. The system is sick and stinks to high heaven. It is corrupt in the extreme. The people in Ardfinnan will be told to go to hell and that the money is being taken back because the bridge cannot be fixed due to crayfish. I am as interested in fish species as anybody else, but as I said at a public meeting there are a lot of Bray families in Ardfinnan. I never knew there were crays there.

We are being told there are snails in rivers and we cannot touch anything. There are too many people with degrees and doctorates who could not use a shovel, bucket, pump or siphon a glass of water out of a glass. It is disgusting and I hope the Minister of State is listening. I thought he was a country man who represented the islands. This is disgraceful and an abuse of power. People are being prosecuted and fined. The EPA is fining people on the spot.

A farmer in my village was cleaning the banks of a river. He never went near the water, but instead pulled off scrub bushes which, as Deputy Healy-Rae will tell the House, one would be prosecuted under the single farm payment for not addressing. The EPA representative flashed a badge and told the farmer if he was brought to court the fine would be €5,000 or €10,000 but if he paid on the spot the fine would be €1,500. It is like Travellers outside of fairs. It is a barter system, whereby people are told to pay up instead of going to court. It is extortion and intimidation. It is disgusting and wrong, no matter what laws we pass.

These people have to be reined in. I talk to the Minister of State, Deputy Canney, every day. It is difficult to try to drain a river or clean a stream or bridge. The streams and ponds used to be clean. I remember horses and carts and men with shovels cleaning waterways, and then when diggers came along they were used. Now excavators are used. We have all the equipment in the world, but we cannot touch rivers and streams.

My town, Clonmel, spent €15 million on a successful drainage scheme for 15 houses that have not yet been saved. That is futile if we do not clean the river because all of the dirt, moss and dust is washed into gullies and into sewerage pipes and rivers. The rivers are rising every year and we have spent money on building large walls which spoil the views and many other amenities. It is all a folly because ecologists and others tell us what we cannot do. Farmers are ready, willing and able to act. They can take off topsoil, drain rivers to three or four feet and then put back the topsoil. The land will be fine and the rivers will be deepened. The rivers in Clonmel and elsewhere will have to be deepened.

When all of the whizzkids are sacked or retire on large pensions they will be working for others in private consultancies. They set up systems before they leave and create consultancy agencies with people they gave money and contracts to. They line them up to give them consultancy work. The system is rotten, stinks and is disgraceful. The rivers cannot be touched, but they must be cleaned.

The Government does not mind that people's houses are being flooded and will relocate some of the people affected, but will not clean the rivers. The rivers were cleaned years ago

and the fish were not poisoned. Many good people worked in the fisheries industry. They mean well, but there is now red tape, bureaucracy and sheer contempt for ordinary people in officialdom. Officials are flashing badges at people, as is the case with An Garda Síochána in many counties because of all of the bad press. People cannot walk in certain areas. It is all law and no fairness.

I am not in favour of breaking the law, but these laws are ridiculous. I told the Minister of State about the corrupt nature of the public appointments board, how I challenged it and what happened. I have anecdotal evidence and the Minister of State can contact the former Deputies I mentioned. It was a charade.

Ordinary people who decided they would avail of the opportunity to be on the board submitted their CVs, which were excellent. Their teeth and nails were worn from kneeling down and working on tidy towns projects, cleaning rivers and other things, but nobody from the fishing industry was appointed. The list was turned upside down and those appointed were selected by a senior official. A cosy cartel has brought this country to ruin. We cannot afford it. There is a furore at the moment that maybe there is a threat to their pensions. Why should there not be a threat to their pensions if they do not earn their pensions? What pensions do ordinary people have?

Suing farmers and bringing them to court is disgraceful and despicable. It is blackguarding and flouting the law, and those involved in it should be held to account. Their names should be printed in newspapers. It is time the Government sat up and listened. I am surprised by the comments of Deputy Wallace because he is from Wexford. He blamed the farmers. I blame Big Phil, the former Minister. He was the monster who decided septic tanks were polluting the country.

The towns and villages, including in my county, are polluting the rivers because raw sewage is flowing into waterways. There is no attenuation and no soak pits; it flows straight into rivers and streams. That is the fault of the Government, county councils and the EPA. The water on the bridge in Newcastle was tested and I asked those involved several times why they did not test the water that was 400 yards away. I told them that was where the outflows from the pipes work, but I was told the water had to be tested at a different place.

Gardaí might have helicopters with them. The county council and public plants are polluting the river. The same happens in Dublin. Millions of euro were spent on a facility in Clonmel. A family made money from fishing eels in the River Suir south of Clonmel to keep the Clonmel Arms going. The water is now crystal clean and there is a new treatment plant which cost €7 million or €8 million. There are no eels or fish in the river. The treatment plants are doing more damage than the pollutants did. That needs to be checked. They tell us one can drink the water, but I did not. There is no animal or fish life in it. The geniuses with the degrees who would admonish and look down their noses at the ordinary fishing clubs and those who know nature on the ground must be taken out of the place and put out on the ground. Let them take off their shiny shoes and put on wellies, take a shovel and a bucket and look at what is going on. The rivers are rising every day of the week and people are being flooded, yet we have to have a report. When it takes ten agencies to try to dredge a river to save people's homes, we have lost the plot.

The lunatics are continuing to run the asylum and the Minister of State is allowing that. He is a country man, fear na tíre. It is a pity that when people like him are appointed to office, they

3 May 2017

cannot keep back the chaff and assert that they are the bosses and elected by the people. Officials see Ministers as a threat only for the time being because they are the permanent Government with their hands on the handlebars of powers such that one would need a jackhammer or a chisel to get them off. That system has ruined us. It is ruining us in all agencies and all aspects of community life and community spirit. With the rural driving issues now, it is about blaming the lads from the country going home from the pub after a couple of pints for killing everyone. It is a nonsense and they are an easy target. The people of rural Ireland are sick and tired of it. People are playing dirty with them. Rural home owners spend the money on their wells and septic tanks, but the Government is giving those who paid their water bills back all their money. It is a cop-out. I have never seen such a cowardly and inept Government.

Deputy Danny Healy-Rae: I will not be supporting the Bill because many people are being prosecuted in the wrong. We need to know how many people were prosecuted in the wrong. They must have the fines returned and their characters restored before I will vote for anything like this. This Bill is intended to protect fish stocks, which is a goal I support. I support fishing, the tourism product it creates and the people it brings in. However, that is not its effect. The Bill will ensure that more landowners and farmers are prevented from taking anything out of the rivers they and their forefathers protected and kept clear. All of our rivers are blocked. It is each and every one of them. The Flesk and all other rivers in mid-Kerry are blocked and choked and no farmer can touch them because of what is termed “cost compliance”. If Inland Fisheries Ireland officials come upon a farmer, he or she will lose payments which is enough to deter anyone from going near a river and clearing it out. They are all blocked. We are told the Shannon has not been cleaned out since the 19th century when it was done by the British. We are now talking about building walls, banks and flood defences at a cost of millions while, as Deputy Mattie McGrath says, consultants are paid to carry out report after report. If there was some way to jack up the houses and roads, that is what we would be told to do. That cannot be done, however. Nevertheless, the Government is insisting that one road in Kerry must be raised but it will realise when it tries it that houses further along will be flooded if it is done. That is in the Flesk valley and the Government will not get away with it.

I am very sad also that Deputy Mick Wallace blamed farmers here tonight. I know only too well how much money farmers have spent over the years to build slatted tanks and to comply with the nitrates regulations and directives. It was very unfair of him. I would much prefer if he were here when I mention his name but I do not see him. It was very wrong of him to blame farmers for reduced fish stocks in our rivers because the fact is that it is the factory ships in the bays that are cleaning the whole thing out. The fish cannot come up. They cannot get near the Flesk, Roughty or Sheen rivers in Kerry because they are stopped in the bay by factory ships that can clean everything out in one hour. Why does the Government not do something about that and prosecute those fellows given that it is where the problem is? We have to tell the truth about this. Fish will not survive where rivers are closed in with bushes because they need sunlight, but that is not being recognised or dealt with at all. Most of our rivers are covered in with the bushes from both sides meeting in the middle. The fish cannot see any daylight, which is another reason they are not as plentiful as they were in times gone by.

I do not accept either the remarks Deputy Wallace made about septic tanks because I know how strict local authorities are in granting planning permissions to young couples trying to put roofs over their heads. They must go through many hoops to build those septic tanks. There may be a few here and there but they are not the cause of the problem as he is outlining it. As Deputy Mattie McGrath said, previous Governments denied local authorities the funding to

bring their treatment plants up to scratch. It was supposed to happen in 2008 and 2009 and we were going to be fined €500,000 in each case by Europe. Local authority members voted to increase levies because of it but it has not happened. The sewage is still flowing into the rivers and seas from towns and villages. Why does the Government not deal with that? That is how it would see the thing coming right again after a few years but it will not do it. It continues to perch on the vulnerable, namely, farmers and the young couples installing septic tanks at their own cost and to a certain standard. It is very unfair to blame them and many others like them.

I will not vote for the Bill until the Government makes some attempt to return money to the people it fined and to the farmers it frightened from their own rivers, denying them to right to clear rivers and causing the whole place to be flooded. The country is flooded because our rivers are full to the brim. Some consultants suggest raising the banks and building walls and defences, which is a cod. The Government is not fooling me and it will not fool the people. The rivers need to be cleaned out but the Government is ensuring it will fine anyone who goes near them. Doing good is what it is at.

Deputy Fergus O'Dowd: I pay tribute to the finest bunch of patriots and decent, honourable men and women I have ever come across, namely, the men and women who work for Inland Fisheries Ireland. According to its last annual report, they carried out approximately 561 land-based patrols, more than 1,000 water-based patrols and 27,000 foot and vehicle patrols to protect one of the country's most important resources. I want to set out how valuable that resource is. In 2012, some 400,000 people participated in recreational fishing right around the country. It is a huge number. Their direct expenditure is worth more than €500 million and its impact on local economies, whether in Clonmel, Drogheda or west Kerry, means the creation of 11,000 jobs, particularly in rural, remote, beautiful and scenic areas that are far from towns and villages. I cannot accept what other Members have said here tonight. It has been an appalling insult to the finest people I have come across. They are dedicated public servants who are available day and night. They do not walk around with shiny shoes, briefcases and suits, like Deputies. Deputies are talking about people who dress in an olive green uniform like any other fishermen. While they have an identity badge, they do not throw their weight around. What they do is protect the fisheries. The proof is in the facts, which are very clear. Listening to Deputy Mattie McGrath, one would think we are back in the days of the landlord class, with the ordinary Irish locals not being able to fish and not being supported in this activity. The number of prosecutions in the most recently published annual report was 73 in the entire year. The average number of convictions is 76, so clearly when Inland Fisheries Ireland goes to court, it has very good evidence. However, it rarely does go there. With regard to fixed charges, which are like penalty points, 289 fines were issued which did not involve attendance at court, which is a little over four a week. It is wrong to paint these men and women as people who are rampant and abusing power and privilege. They do quite the opposite. They protect one of the greatest resources we have.

I was privileged in my political life to be Minister of State with responsibility for Inland Fisheries Ireland and it was the greatest pleasure I had. Day after day and it provided information and brought me to meet people. Its staff interact absolutely with communities throughout the country. In the whole concept, from Ciaran Byrne down to the last recruit, and the lowest in the pecking order that other people speak about, I never met nicer or better people. Something I found very helpful and useful was the way they interacted with the huge number of inland fishermen and fisherwomen throughout the country. They are not enemies, they are friends of the fishermen and the fishermen are friends of them. When one goes to fishing competitions

3 May 2017

one sees they are friends. They eat together and drink together. It is not a hostile activity, rather it is protecting a scarce resource.

I look at the River Boyne. Some of us remember stories from national school about Fionn Mac Cumhaill and the bradán feasa. The fact is that the salmon and the trout, particularly the salmon, were sacred fish, as Denis Maher, who is listening, knows. Many is the time we listened to that story about how important and sacred the salmon was to early pre-Christian Irish people. At the very dawn of history, they thought the salmon came from God because the only time they ever saw salmon was when they came upriver. They never saw them going down because they were much smaller and had a different form. Protecting salmon is hugely important resource.

I did a Google search for County Louth and I came across an account from 1764 about how important and productive the salmon fishery of the Boyne was. We can read about the 1830s, when there were so many salmon coming up the river Boyne in August that they were shoulder to shoulder the whole way across the river. This is a contemporary description from the time. We will not find them there today or tomorrow, and we probably will not find them in 20 years' time, because the salmon is a species threatened with extinction. Inland Fisheries Ireland is managing that resource in a very productive and constructive way. One can speak about its staff having PhDs. Many of them do have PhDs and they are real scientists. They are scientists with a conviction and passion which is acknowledged not just in Ireland, but throughout the world. Our scientists in this field stand head and shoulders above anybody else I have ever met.

Here is a message for the Minister of State. Perhaps Inland Fisheries Ireland needs to interact more with Members of the Oireachtas. Perhaps the Minister of State needs to invite Members in each county to meet Inland Fisheries Ireland staff and local fishermen's organisations. In the model I had in Louth, we met the Boyne fishermen and the Glyde and Dee fishermen. Inland Fisheries Ireland walked around and spoke to public representatives and fishermen to speak about the issues and they worked together to improve the resource. This is what is going on. It is an entirely different world from that which other people state exists, and this is hugely important.

One of the gaps is in recreational fishing, where we need more people to get involved. Inland fisheries and sea fisheries are hugely important and I will speak about inland fisheries. More than 400,000 people are involved in inland fisheries. Of those, 120,000 do not reside in the Twenty-six Counties. They come from Northern Ireland, the United Kingdom and everywhere. Why should they not do so when we have a wonderful resource which is being protected. However, it is under challenge. The conferences throughout the country attended by ordinary fishermen are a sharing of knowledge. There is a commitment that Inland Fisheries Ireland want people to fish in the rivers and catch and release. If there is a surfeit of salmon, they can be kept. The fact is if the figures are not there they cannot be opened and people cannot catch and keep. Inland Fisheries Ireland will do everything it can to have a catch and release system.

Never were the reports I read as Minister of State interfered with. Never would I have dared challenge the science or authenticity of an argument based on credible research and facts that are put in front of a Minister of State. I read every letter of objection and the Department would insist on it. They were put in a pile in front of me, often on a Thursday afternoon when people might want to get out of town. The Department and Inland Fisheries Ireland very much encourage meeting objectors. We had meetings in my office with people who objected. They would travel from whatever part of the country they came from and they were always welcome. The

debate and the arguments would take place and, in 99.9% of cases, the scientific facts were as they were stated. If Inland Fisheries Ireland could have done something, it would. This is what it does. It is there to help and not to hinder. This is why I feel so strongly about it.

Another issue that concerned me when I was Minister of the State - perhaps the current Minister of State can provide more facts on this later - was involving more people in fishing. The lack of young people involved in fishing was a big issue, as was encouraging more young people to fish and encouraging competitions for young anglers. I remember going along the Boyne Canal when I was Minister of State when there was a special competition for young children from primary schools. The fishermen were there with their children. They had a competition and it was a lovely day out. It was very relaxing. Some of the young people were delighted to be able to catch a fish and release it. There were photographs and chat, and the memory of all of this is very important for families. We need to get more young people and women involved because there is a deficit of anglers.

An advantage I found was the offer of Inland Fisheries Ireland to go to local national schools and interact with the children in the class and speak to them about the resource, the life-cycle of fish such as salmon and anything the children wanted, because these guys at ground level know more than most people. They are extremely knowledgeable and committed people. Once or twice we went on field trips and they would help the children identify the micro-organisms or the fish they had caught in little streams. This is where it is at. It is not just about conservation, education and the future, it is about a greater appreciation of nature. It is about the building block of life of appreciating things greater than any individual, and about the infinite time the world has been in existence, probably 3 billion or 4 billion years. I think the Ceann Comhairle feels I have been speaking for half a billion years already.

An Ceann Comhairle: The Deputy is doing well.

Deputy Fergus O'Dowd: I have eight minutes of my time left. The point is an appreciation of nature, the cycle of life and genetics. Young people find out that all of the fish in the River Boyne came from the River Boyne. The salmon do not go to any other river. Whether it is the River Moy, River Lee or wherever it is, the fish are based on the river that they come from and spawn in. The magnificent story and history of the salmon is remarkable. I appreciate that people raised the question of the eels. The information that was given, and perhaps the Minister of State can reply to this, is that the eel is a threatened species. In fact, it could well be extinct in our lifetime so we must protect and conserve it. That is really the most important message of all.

The other issue I want to raise is the question on the nuts and bolts of County Louth. One of the problems we have at the moment is that, whereas previously the county council owned or protected the water courses, they have now transferred to Irish Water. That is interior and should not be a problem. I have been trying for a month to get somebody from Irish Water to meet with some fishermen in Castlebellingham so that they could arrange to park safely in a place which is adjacent to a very small sewage treatment plant, off a lane that they want to fish from. I found it almost impossible, although yesterday I got a promise after about 20 phone calls that something would happen. I praise the fishermen, and particularly Mr. Jim Curley and the people involved in the Dee and Glyde Fishing Development Association, for the tremendous potential that they see in improving the facilities.

I also acknowledge the work that Inland Fisheries Ireland, IFI, has done. I know in that an-

3 May 2017

nual report, it refers, in summary, to how it replaced something like 62 stiles, footbridges and platforms. It spent €219,900 in that year on 32 separate angling facility projects. I know that IFI provides sponsorship every year. I do not have the figures, but when I was Minister of State, it was probably €70,000 or €80,000 in grants to local organisations that were running international fishing competitions. It is a huge bonus for our society, for our tourism and for the future.

The objective of this legislation is to make sure that if a prosecution is brought against somebody who breaks the law, that person should pay a penalty. Prosecutions are rare, which is the key to all these figures. There were 78 prosecutions in that particular year, which is very little compared to all the other activity. If somebody is trying to destroy a unique and special fishing resource, that person should pay the penalty, and should not and must not be protected. The process by which one arrives in that court is what the fixed penalty notice is about. A person does not go to court on the first day he or she is caught doing something wrong. A person gets a warning, then a fixed penalty notice, and those add up to whatever the figure is, and then that person goes to court. When somebody is in the court, there is a series of events beforehand which show that he or she had a warning, got a fine and was given chances along the way. At the end of the day, anybody who would harm or destroy, in a determined, absolutely ruthless way, must face the penalties of the law and those should be severe.

When one goes to the fishing competitions or to the show that is on every January outside Dublin Airport - I do not know if the Ceann Comhairle has been there - one sees hundreds of people there. I do not know the figures that go through every Christmas, but in the days I was there, there must have been 4,000 to 5,000 at the event over the weekend. All the families there are an amazing sight. The biggest revelation to most people who do not know anything about fishing, and I knew very little about it before I went into the job, is that a huge number of people are involved - some 400,000, which is an unbelievable number. It beats every other recreational activity in the country.

I ask the Minister of State to interact with all of us in the Oireachtas to ensure through IFI - obviously IFI is the organisation to do it - that in each county, Deputies and Senators and other public representatives are invited to have a small event, to see the competition, or to sponsor something for children particularly, or for women. It will transform our recreation and amenities, and it will improve our rural facilities. It will lead to the conservation and survival of species. As I said earlier, at least one may disappear in our lifetime. Salmon is under very serious and significant threat.

I thank those in the Chamber for putting up with my comments tonight. I am committed to this issue and I thank everybody in IFI, and in the fisheries section of the Department who helped me to do the job that I tried to do. It was the happiest time I spent in that Department. I spent some unhappy times there as well, but that was a very happy time. I will always remember it and always honour and respect the people I met there, and I acknowledge absolutely their total commitment to their work. It is not just a job today; it is a job for their whole lives. One has to meet them to know how good they are.

An Ceann Comhairle: I thank the Deputy for an inspirational insight.

Deputy Dara Calleary: I welcome the chance to speak about angling and Inland Fisheries Ireland. I agree with Deputy O'Dowd that it does some really good work. Dr. Ciaran Byrne and his team are really committed to the job. It did a very good gig at the Minister of State's instigation last October, in Buswells, where it invited every Member of the House over to brief

us on its work. Some of us did not go, but those of us who did go and who know IFI and work with it know that it is very committed. It gets things wrong and I am not going to beatify it by any means, but its heart is in the right place, and it faces a very difficult challenge.

I come from Ballina, the salmon capital of Ireland, as designated by Fáilte Ireland, Tourism Ireland and IFI. I do not have to go the 1700s because I remember growing up as a child, the amount of salmon that were in the River Moy in the 1980s. I remember the then fisheries company netting salmon in the middle of the town on a nightly basis. There would be dozens of good, big salmon in that net. It was a tourist attraction. It was pretty barbaric back in the day but it was very natural and the river was incredibly healthy. Even five years ago, I remember a night in town, walking home where I could see the river glistening with salmon that were in it. After a heavy fall of rain, there was about a week of really good catches.

Those days are now few and far between. We criminalised sea communities back in 2006 by banning drift-netting, thinking that it was the big solution. It was not, and yet these communities remain criminalised. They were given paltry compensation and not given any kind of a future as fishermen. We seem unable to grasp all of the various issues around dealing with compensation. As many speakers have referred to, this is an industry worth €836 million. Some 11,000 people are employed in it, and we only have three people in the Chamber. We all have to make up for that because the future of the industry is under threat. If one could imagine any other industry with that level of commitment to our economy and that level of employment, if it was facing an insecure future, there would be task forces and urgent debates, and the Ceann Comhairle would be killed for Topical Issues on it. Somehow, we do not grasp the challenge facing inland fisheries and inland angling in particular, and we must.

IFI is a Twenty-six County organisation. I do not know how that got under the radar of the Good Friday Agreement. Salmon do not worry about the Border. Nobody worries about the Border at the moment. It should be an all-island organisation to do the necessary research. We have to do more research on a European basis, and on an island basis, and with our neighbours in England, Scotland and Wales about the Atlantic and the Irish Sea, and where the salmon are going there. They are not coming into the seas either.

We can look at the issues with rivers and curtail planning and agriculture, but the reality is that they are no longer at sea. I commend IFI and its vigilance in managing the application from the other fisheries organisation concerning the salmon farm off the Aran Islands. It is extraordinary that a State company involved in fisheries would try to develop a salmon farm in a wild Atlantic area. The Wild Atlantic Way is not designed for salmon farms, particularly with the weather conditions there which could damage our existing salmon stock.

Deputy O'Dowd raised some very good issues. For his information, there are some fantastic initiatives under way to get younger people involved. There is a relatively new initiative at home, from the Moy catchment association, targeting young boys and girls to get them into the habit of angling. Growing up, and even as an adult, I have always admired the patience of an angler. I do not have it and I will never have it. They are able to stand up to their armpits in water and be teased by a fish, and yet stay there to catch it. I regularly see it happen at home. Nine times out of ten the fish will not be caught. It is an art and a sport, and it would be a shame if we were the last generation to see that sport, to enjoy that sport, and to see the economic benefit of that sport. Anglers travel all over the world.

The Ridge Pool is a mecca for anglers who travel from all over the world, who book their

3 May 2017

spot on the pool years in advance sometimes, just to get that two or three hours of fishing. They may leave it without a catch, and even if they get a catch they probably have to release it back into the river again. They go there for that thrill. No one can put a price on that. We in Ballina cannot envisage a future without having our very healthy river going through the town.

It is ridiculous that we cannot sell Moy salmon, even for a few weeks a year. It is inconceivable that one would go to Belgium and not be able to buy Belgian chocolate, or go to France and not be able to get French cheese. Salmon is one of our national dishes and we cannot sell Moy salmon. The salmon on sale in town is not what it could be. We could sell it for a few weeks a year, and include a levy which would go back into managing and protecting the river so that we continue to have that supply. We are not talking about cowboys, but rather people in restaurants and local angling associations who respect the river and respect the need for a healthy river. It is something I would ask the Minister to consider.

I have made the point about an all-Ireland angling association. Another issue that I want to highlight and pay tribute to is the Casting for Recovery agency, a group of female anglers, all of whom are breast cancer survivors and who have taken up angling as part of their recovery. Patience is part of the rebuilding of their health and IFI is fantastic in supporting them. It also does wonderful work in the summer to get children angling. I mentioned the Moy catchment association, which is a new initiative. IFI, and previously the North Western Regional Fisheries Board, hosted camps over the summer. We need to get it going into schools, partnering up with the green flag initiative, especially around water management, and making fish stocks and fish management a much more integrated part of that rather than just water management and water usage in the home. We need our children's generation to understand that a vibrant system of fish and healthy rivers are part of our ecosystem. If our fish start dying, what is next? If children understand that, they will give us the lecture.

When the showmanship is taken away, Deputy Mattie McGrath raised some issues that have not been properly dealt with or communicated. How is it that rivers are no longer cleaned? It is an Office of Public Works, OPW, issue. IFI is being blamed in the wrong here. When dealing with flood situations, IFI is practical and it will try to engage. The rivers are not being cleaned the way they were, and there seems to be a myriad of agencies blocking the basic maintenance of the river. We have a situation this evening where An Bord Pleanála has blocked an Irish Water scheme from proceedings, which will affect some 20,000 households in south Sligo, because of the presence of snails on the shores of Lough Talt. Surely that could have been managed and handled before it went to An Bord Pleanála and incurred the level of expense it has.

We have to look also at why farmers are not being allowed to open up drains and why Coillte is not being allowed to cut trees to open up rivers and the passage of rivers to ensure those rivers are not being blocked and fish are able to travel. We must take this seriously. IFI needs to re-engage with communities, with farming organisations as to their policies, and with tourism organisations. Equally, IFI itself needs to be taken seriously as an organisation. We marketed the Wild Atlantic Way, and the money that has been spent on that shows that relatively little investment can produce a major return. A relatively small investment in IFI could produce a very significant return considering its ability to promote Ireland as an angling destination. It could invest in facilities along rivers to make them more angler friendly, including facilities for disabled anglers, children and women who wish to fish. There is so much potential for IFI. A relatively small investment could bring that €836 million up even higher and increase those 11,000 jobs to 15,000. If IFI gets the budget and a sense of freedom to manage that budget, we could see phenomenal results.

The most important thing is that we need an honest discussion about what is going on with our fish stocks at sea and within the rivers. The focus is always within the rivers, but unless we have a discussion on a cross-state basis about the sea, we will not get the full answer. We also need an all-island angling organisation. We have Waterways Ireland and Tourism Ireland, but IFI is still a Twenty-six County organisation. The Minister has an understanding of the issues and of the area, and also of the issues that face IFI. I hope he takes that understanding and engages with IFI and pursues it to continue the level of engagement we had here last October. IFI should be available in the same way that Irish Water was when it started up, with meetings a couple of times a year to deal with our queries with the agency, be they around planning, prosecutions, flood management, flood maintenance or the guidance IFI can offer us on our work. This should be addressed regularly. The Minister will find he is pushing an open door. Perhaps it is something that could be done through the Business Committee to ensure it happens. Our rivers are a vital resource. We have a responsibility to protect them and to ensure that when we hand those rivers on, they are still teeming with the kind of fish we were used to as children.

Deputy Michael Fitzmaurice: A huge number of anglers have come to Ireland through the years. The sport has been worth something in the region of €86 million to this country, but unfortunately we have lost many of those anglers. We will hear many people blame the farmers for it, but the reality is that raw sewage is going into many rivers throughout the country and that is depleting fish stocks. There are major problems in some areas. It is sickening. I have seen it over the past week or two in Lough Talt in Sligo. Water has been taken out by Sligo County Council for forty years. A submission has been made which means that the water may have to stop coming out of it. That is not good and it does not bring people along.

The Bill talks about increasing fines. Working with people is how problems are solved. This State seems to think that if we continue to fine people more, they will stop doing this, that and the other. That is not how it is done. We should work with people, because at the end of the day it does not matter how many officers are working in a particular place. If communities are not working with us, we will never succeed in any walk of life. That is very important.

One year ago, we saw dramatic flooding in the west. I and other Deputies saw the frustration people were going through in our areas and when the water had drifted away, many councils tried to do remedial works so that it would not happen again. The rigmarole and paperwork one has to go through to get these jobs done cost time and money and the attitude of officials has to change. It was sickening to see a machine stopped for two weeks recently. One can give out about a council but they were trying to solve problems and I knew the man who was trying to get the work done.

Down through the years, we cleaned rivers and drains and the fish came back but we cannot touch anything now. Near Lanesborough, one side of the river could be done but bushes had to be left up on the other side and a bit of common sense is needed, rather than relying on people who went to college and got a title as na leabhar so that they could go and tell local stakeholders how to manage their lands. These people have done it for years and looked after it well and one could learn more from them.

The farming community is blamed for everything but are the keepers of our countryside so it is very frustrating. So-called environmentalists tell us how to do things from a distance, as in the song by Nanci Griffith, but they might not know the ground while the locals do. If we make a mistake on our lands it costs us in our pocket but if an official makes a mistake it is the taxpayers who pay for it. It is very important that we work with communities and we should

3 May 2017

not always be quick to say people cannot do this, that or the other. Work has to be done to take preventative actions and there are trees lying across the Shannon and the Suck. I have worked around the country and met some great people in fisheries who had common sense. If they are near a river, they put a bale of straw down, put in place a filtering system and do the paperwork later, without stopping the machine. In certain counties, however, there are new kids on the block who think that, with a flashy badge, they have the power to do what they want and they use them to stop works, thus creating friction in communities. A good working relationship is needed with a bit of cop on from officials. They should work with people and cut out much of the paperwork, the reams of paperwork comprising method statements, details of how to do this, that or the other, and the reasons that people cannot sink this or that. They made rivers years ago when there were no rivers in the country and the fish came back.

There are also problems in some lakes in keeping the stocking rate up, such as in Ballinlough. We need to make sure we give people in small towns in rural isolated areas the opportunity to fish for recreational purposes or to attract tourists. The Minister of State is from the west and knows how dependent some areas are on a few people coming to visit. There has to be a balance and I do not say we allow people to do everything willy-nilly, but we tend to go in with a heavy hand. We flash the badge and quote this or that regulation to frighten people but if one pulls a dog's tail too often, it will bite back and that is what will happen around the country. Many people were very discommoded by the flooding and put up with a lot of torture and hassle. There were dead fish which were being picked by the swans but the farmer got the blame again. We need to get away from reflex reactions and blaming the people who keep the land because if they are not on board, we will go nowhere. I ask officials to work with people rather than adopting a bullish attitude in saying how things should be done.

We need to look at the loss of fish and the many people who have been left high and dry since the eel fishing ban came in. I have talked to small operators in different counties and there was to be a Government review and report on the issue but it has gone dead in the water and, once again, the ordinary guy has been blamed for the depletion of stocks. It would be a fair eel which would come up the River Shannon at the point where the electricity is generated at ArdnaCrusha. We need to look after these people because the eel saga has dragged on for a long time.

We should make a concerted effort, especially in the lake district and along the River Shannon, to bring stocks back and with them the tourists, because if the economy is going better there will be more money to spend on something else and less social welfare to pay out. There is no good doing anything if we do not tackle the major problem. I do not blame Irish Water because it has been going on for years and years in Connemara, in my own county, in Mayo and right around the country. The EPA does lovely reports on how this and that are wrong and there will then be a reasoned opinion from our lovely buddies in Europe and a warning that they will fine us if we do not do this, that or the other, and I accept that one needs money for much of this stuff.

I know of a lake into which raw sewage is going and Irish Water wants to solve the problem. We can treat 99% of the water but an outflow licence will not be given. Instead, people are told the sewage has to be piped for 7 km. The person who came up with that has no concept of what it costs or the consequences, because we now face the major problem of letting water out onto groundwater. Raw sewage is still going into the same lake today but the company that can treat it, up to 99%, will not be listened to. We need to home in on this type of problem because doing so, and showing a bit of cop on, will save money and be good for the environment. No one

can guarantee to solve 100% of anything but if we can get 99%, the EPA should be very happy as compared with having 0%. There needs to be joined-up thinking involving the Department and the likes of the EPA. When someone puts a good proposal together they should be allowed to work with it. In Sligo, 10,000 people are relying on a water pipe being put in but because it is an SAC, about which the Minister of State will know a lot from Connemara, they will not be given an extraction licence. It is very easy to give out about a council or An Bord Pleanála but the EIAs and appropriate screenings are done. One would not want to go through the imperative reasons of overriding public interest, IROPI, process because it takes four years. The Department of Communications, Climate Action and Environment has advised councils not to go down that road because it is a never-ending journey. We need someone to point out to the authorities in Europe that we are doing the best we can and we need to get this sorted. At the end of the day human health is more important than anything, irrespective of the environmental issues.

I know the Minister of State is a fairly sensible person. Trying to punish people with heavier fines and trying to frighten the daylights out of ordinary people around the countryside with flashing badges, etc., is not helpful. Those people should work with communities. If the farmer wants to take out the bush on the other side of the river to make it better, it will not damage the fish. There is no point in saying that, because the bush will not be in the water. If they want to clean a river, they should be able to do so without any of the codswallop that goes on and filling in reams of paperwork. At the end of the day, a farmer is a farmer; he is not trained to be completing reams of paperwork.

Mistakes have been made. I was down there with Deputy Calleary one day looking at the flooding. Some years ago, some genius decided to fill with concrete some of the crevices that were heading over to the lake. It ended up that it caused some of the flooding in his town. We need to think. Some of these things are there for reasons. One would learn more talking to the oldest person in a village than spending a year in Trinity College. They know the lie of their land. There is no point in me talking about it. If I go down, as I did with Deputy Calleary one day, I can look but at the end of the day someone in that area knows every nook and cranny, just as the Ceann Comhairle would in Kildare. We need to listen to people rather than claiming to know more than them because of what is on a piece of paper. These are the mistakes that have caused problems. Unfortunately, no one pays the price for that. Ordinary farmers will pay the price because if it affects their land, it will cost them to put it right again.

I acknowledge the Minister of State is doing his best in his job and I am not criticising him. However, I have a major problem with the way some of these people go about their business. I do not accept the way they try to frighten people. In one part of Roscommon last year, there was míle murder about whether a machine was stopped. Consider a person, whose house had nearly been flooded and who could not leave it for a week or two, being told by a whippersnapper flashing a badge that he or she could not move the water. No matter how cool that person might be, he or she would get a bit blunt and excited about it.

Culverts need to be put in. We have had endless reports. A person coming from a particular area will know everything about it. They know they can do a job one way and can do right. They do not have to fill in heaps of paperwork. They do not need a consultant with 40 letters after his name charging an arm and a leg telling them how to do it when at the end of the day it could be the greatest disaster ever. The Minister of State should try to work with people in the different areas around the country.

3 May 2017

All Deputies agree that we need to try to increase the fish stocks. We need a more common-sense approach to working with people. It would be better for the environment if we were to do that. It would be better for Inland Fisheries Ireland and a less troublesome life for the farmers and the people who live in rural areas.

Minister of State at the Department of Communications, Climate Action and Environment (Deputy Seán Kyne): I thank the Deputies who have made contributions this evening and before the Easter recess on this important legislation and on issues relating to fisheries. All speakers today and the previous day commented on the importance and value of the fishing and angling sector to the economy. Prior to the recess, Deputies Dooley, Niamh Smyth, Eugene Murphy, Lawless and Stanley raised the issue of the value of inland fisheries, and the importance of development to encourage economic activity and tourism, especially in rural locations.

Deputy Smyth referred to the study commissioned by Inland Fisheries Ireland, IFI, to assess the participation rates in angling and its economic value. I am pleased that IFI had the foresight to commission the study, Socio-Economic Study of Recreational Angling in Ireland. It is the most comprehensive study of the angling sector ever undertaken in Ireland and was carried out by Tourism Development International, TDI, an internationally-renowned specialist consultant. As speakers today mentioned, the study indicates that angling contributes €836 million to the national economy and supports 11,000 jobs, mainly in rural and peripheral communities. Almost uniquely to any economic sector, the vast majority of the spend on angling remains within the local community. The publication of the study established the important economic contribution of angling to the Irish economy and places it firmly at the top of economic and social benefit in rural and coastal communities.

On foot of the study's conclusions and the clear identification of the development potential of the sector, IFI set about establishing the national strategy for angling development. This strategy is the first comprehensive national framework for the development of our angling resource. It aims to increase the economic contribution of angling to €932 million per year and increase employment by more than 1,800 jobs. Inland Fisheries Ireland is already investigating the full array of potential funding sources. I am happy to confirm our commitment to development and to report that my Department provided €500,000 for funding support for the national strategy for angling development in 2016. IFI reviewed project applications based on this funding. I announced approval for the first €500,000 of investment for 50 community-led projects nationwide in December last. I have also secured an additional €1.5 million for national strategy investment for this year and further tranches of project funding will be announced this year. In addition, IFI has secured funding of €536,000 from the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs under the Action Plan for Rural Development which, critically, will also support the national strategy.

The strategy identifies three high-level strategic objectives: making angling accessible and attractive through information, infrastructure and support, something Deputies O'Dowd and Calleary mentioned; tourism development through promotion of our angling resource; and recognition of angling as a key leisure and recreation pursuit. The strategy aims to develop our angling resource sustainably through balancing the economic, environmental, social and cultural aspects of any development in line with IFI's responsibilities for the protection, management, conservation and development of Ireland's inland fisheries and sea-angling resources.

The strategy is intended to deliver a wide-ranging set of investments, innovations and promotions over the coming years to deliver considerable benefits in terms of employment, tour-

ism, and health and well-being, particularly in rural areas. Effective and sustainable implementation of the national strategy, delivered together with local and national stakeholders, will ensure stability of existing jobs and businesses reliant on angling and the creation of new jobs as the economic impact of angling grows. This will ensure that Ireland's fish stocks and angling infrastructure are protected and enhanced for both their economic value and their recreational benefit to the communities and visitors they serve across Ireland.

A number of Deputies, including Deputies Stanley, Penrose, O'Dowd and Fitzmaurice, raised the issue of eels. Ireland's eel management plan under EU Council Regulation No. 1100/2007, which included a closure of commercial fishing, was approved by the European Commission in 2009. Ireland's eel management plan and its conservation measures were reviewed in 2012 and again in 2015 in accordance with the EU regulation. Both reviews involved an examination of the latest scientific data and the conservation measures, the results of which were the subject of public consultation processes. Based on management advice from Inland Fisheries Ireland and having considered all aspects of the 2015 review, the existing conservation measures remain in place up to mid-2018 at which time a further review is required.

IFI has been given funding for a new collaborative research initiative involving IFI scientists and a number of former eel fishermen to further develop national knowledge of the species and its medium to longer-term potential for recovery. This scientific initiative was commenced in 2016 and is expected to continue for three years to increase data and knowledge ahead of further review of eel management measures in 2018.

The latest advice from the International Council for the Exploration of the Sea, ICES, for 2016 published October 2015 is that:

...the status of eel remains critical and that all anthropogenic mortality (e.g. recreational and commercial fishing, hydropower, pumping stations, and pollution) affecting production and escapement of silver eels should be reduced to - or kept as close to - zero as possible. There is no change in the status of the stock as being critically endangered.

While I fully recognise the difficulty facing eel fishermen, there is no property right attaching to public eel licences and the issue of compensation does not arise.

However, consideration is being given to the possibility of a hardship scheme within the 2018 Estimates process. I would caution, however, that such consideration, as Deputies will be aware, will be against the background of competing requirements from all Departments as part of the Estimates process. That request is presently with the Department of Public Expenditure and Reform.

As Minister of State with responsibility for the inland fisheries sector, I wish to make sure that Inland Fisheries Ireland is fully enabled to enforce the inland fisheries Acts, thereby ensuring the conservation and protection of Ireland's inland fisheries and sea-angling resources. As I have already outlined, all prosecutions brought by Inland Fisheries Ireland under the fisheries Acts for which proceedings have been initiated cannot proceed. I know a number of Deputies have commented on this. Deputies Pringle, McGrath and Fitzmaurice all raised this issue. In February of this year, the advice was received by the Department from the Office of the Attorney General in the course of a review of the Inland Fisheries Act 2010. The Department advised Inland Fisheries Ireland of the relevant position. Effectively, the advice was that it was not considered sufficient to amend the Inland Fisheries Act 2010 to confirm the power to

3 May 2017

prosecute as this power had not been explicitly transferred to Inland Fisheries Ireland under the 2010 Act. An explicit power to prosecute should instead be included in Part 4 of the 2010 Act as a matter of priority. It should be noted that anyone who commits an offence is still liable to be prosecuted under the Act and that amending legislation is being pursued as a matter of urgency. That is what we are here for today.

Most of Inland Fisheries Ireland's roughly 150 pending prosecutions cannot proceed. That is regrettable. Inland Fisheries Ireland prosecutions that are currently in the courts system will have to be withdrawn on a case-by-case basis and have been over the past number of weeks. However, there will be no implications for persons already convicted who have not appealed their convictions within the statutory appeal period. When I first learned of this, I had two initial concerns. I was concerned that it could be a free for all and people could go out poaching in the morning. Thankfully, that is not the case. I also expressed the view that Deputy Pringle and others expressed on cases in which prosecutions have already taken place. I repeat the advice from the Office of the Attorney General that there will be no implications for persons already convicted under the 2010 Act who have not appealed their convictions within the statutory appeal period. That is the advice coming from the Office of the Attorney General. I appreciate that Deputy Pringle might not agree with it. I do not have a legal background, but that is the advice from the Office of the Attorney General.

With regard to the issue of the Gweebarra case raised by Deputies Pringle and Ferris, I note the assertions they have made. I am advised that the legal matter referred to is for Inland Fisheries Ireland. The matter is before the courts, so it would not be appropriate for me to comment. However, the State's records would not concur with Deputy Pringle's assertions that the State has no title to the fishery. On that basis, the State is defending its title.

Deputy Calleary raised a number of issues. Thankfully, the Moy is still the finest salmon river in Europe, if not the world. That has not changed. Unfortunately, it has been reduced-----

Deputy Dara Calleary: The world.

Deputy Seán Kyne: We will say the world so. A salmon caught on rod and line is considered to be valued at around €3,000 to the local community. With regard to the Inland Fisheries Ireland being a Twenty-six Counties body and not being part of the Good Friday Agreement, the Loughs Agency is a North-South body. Inland Fisheries Ireland and the Department co-operate with the Loughs Agency and the Department of agriculture and rural development in Northern Ireland. They jointly promote angling on the whole island and share science and research on the island and its fisheries.

Since 2001, selling rod-caught salmon is prohibited. I appreciate the point Deputy Calleary made, but the purpose of the legislation is to ensure there is no incentive to commercialise what is a recreational activity and put additional pressure on our fisheries.

In terms of the reduction of fish numbers referred to by Deputy Calleary, the Deputy is local to that area and would have seen the fish levels in the 1980s. The reduction is of grave concern to the whole country in terms of what is happening to the salmon stocks. The drift-net ban that was introduced was introduced in good faith on the basis that it was having a huge impact on our fish stocks. That is not to say that because fish stocks have not recovered, it was not the correct decision to enact the drift-net ban. Without the drift-net ban in 2006, perhaps the fish numbers would be even lower than they are now. The decision was made and a hardship

scheme was implemented.

In terms of what is causing the reductions, there are multiple possible reasons for it. Global warming could have an impact. The supertrawlers off the west coast have been raised by some in the House as having an impact. There are numerous issues. In the Deputy's own river, the Moy, people have talked about the possible impact of seals on the salmon stocks. I do not think it would be popular to suggest that there should be a seal-culling scheme. I think that would be very difficult and my officials would not be happy with that, though it has been suggested. Equally, it has been suggested that cormorants are having a huge impact in Limerick by taking salmon from the water. There are a number of issues.

With regard to the larger salmon farms Deputy Calleary spoke about, BIM had plans in Galway Bay off Inis Oírr which were subsequently withdrawn. I attended Comhdháil na nOileán on Inishbofin last week where there were representatives from Inishturk, an island in the Deputy's constituency. They had a different view in terms of-----

Deputy Dara Calleary: Theirs is sheltered.

Deputy Seán Kyne: Yes. They would like to see a fish farm proceed-----

Deputy Dara Calleary: In a sheltered area.

Deputy Seán Kyne: -----in terms of its possible benefits to the local community. I commented that there is this disagreement between the larger fish farms and the smaller fish farms, such as off Clare Island and that planned for Inishturk, which local communities feel are very important to sustain an island population. There is a disagreement there.

Deputy Dara Calleary: The conditions are different.

Deputy Seán Kyne: I appreciate that with regard to the siting of it, but the disagreement is over the principle of it and the possible impact that sea lice have on returning fish stocks. That issue is there.

The Deputy spoke about some of the lovely initiatives, such as the ladies who are recovering from breast cancer. I was not aware of that, but it sounds like a wonderful initiative. Going out fishing takes a certain patience and I believe it would be therapeutic in that sense as well.

A number of Deputies commented on the cleaning of rivers. I understand that Inland Fisheries Ireland has never, and certainly not in the last year, refused a request to clean a river. The request has to come through the local authority or the OPW. It is subject to certain times of the year. Perhaps Inland Fisheries Ireland gets wrongly blamed on many occasions for this. If there are cases in which Inland Fisheries Ireland has refused a request, Deputies can bring them to my attention. There are a number of bodies involved. Inland Fisheries Ireland is a consultee on this. The OPW and the local authorities can apply. Inland Fisheries Ireland and the National Parks and Wildlife Service have a role as well. I appreciate that there may be a lot of red tape, but for any of the main drainage schemes on which Inland Fisheries Ireland has to be consulted, applications go through the local authorities and they have rules and regulations for how best to protect fish stocks.

All applications for river cleaning in Deputy Fitzmaurice's area were turned around and approved within two weeks. My officials engaged with the local authorities and advised and helped with paperwork. The relevant legislation is in place since 1949. It is not new paperwork

that is strangling the system.

Deputy Fitzmaurice also commented about sewage pollution and he is right. That is the work that Irish Water is doing. There are, I think, still 43 locations where sewage is polluting waters, both inland and off our coast. It has a plan to carry out those works presently. Works are taking place in my constituency in Oughterard. That is the last major scheme required on the Corrib, which is the water source for many areas in the west. There has been investment over the years in those areas. Irish Water is going through those plans. The Deputy spoke about the outflow rules. The EPA set those rules. I agree that it would make sense if the water was 99% or 99.9% cleaner than it is. Unfortunately, the EPA sets those rules. I do not have the details on that particular case.

With regard to the fines under the original Act of 1959, it is the advice of the Attorney General to bring these into line with the fines Acts. They are being updated to be made relevant to today's world.

Deputy Mattie McGrath spoke about the appeals. I replied to him as I replied to Deputy Pringle. Whether it is theatrics or something else, I do not know why he always has to shout so loud. Anyway, he made some comments about Inland Fisheries Ireland staff.

Deputy O'Dowd, a former Minister of State with responsibility for fisheries, spoke highly of the work IFI does. The latter has a responsibility to uphold the law and to protect our fisheries and natural resources. Unfortunately, there are cases where staff have suffered direct threats. There was a case last year in Donegal involving fisheries officers who were doing their job catching people who had nets out on the river at night. There was an altercation and a gun was pulled and put directly to the head of an IFI officer. That is totally unacceptable. It is not right that Deputy Mattie McGrath or any Deputy here would disparage the reputation of the staff of IFI or its board members, who are now appointed through the Public Appointments Service.

A number of Deputies referred to septic tanks and sewerage schemes. We all know that there are issues of pollution in sewerage schemes and septic tanks. IFI, the Environmental Protection Agency and local authorities have a role in those schemes. Deputy Danny Healy-Rae stated that he cannot support the Bill. He mentioned septic tanks. We had an open day in February, which was a success. All Deputies were invited to meet national and local staff members of IFI. It was a success.

Deputy O'Dowd also mentioned eels. I am happy that the Deputy managed to get through to Irish Water about the issue relating to Castlebellingham.

It is very important to encourage young people. In that context, there is an initiative called Something Fishy. If people visit *somethingfishy.ie*, they will see that it is an educational programme which involves fisheries staff visiting schools.

Deputy Penrose spoke about the lake county, namely, County Westmeath. I know the potential that exists there. I am sure the Deputy's county will see investment under the national strategy for angling over the coming period if applications are made. Additional manpower is always an issue. We are always seeking extra resources. I was happy that there were some initiatives taken in respect of Cullion fish farm in County Westmeath. Thankfully, we were able to stop the threat of closure. The board of Inland Fisheries Ireland is considering the next steps. It has not come to me seeking any capital funding.

Deputy Wallace referred to pointless prosecutions in light of the fact that there are no fish left. Unfortunately, the River Slaney has been closed this year. I mentioned the drift net ban. Unfortunately, the impact of the fishing net ban was not as anticipated. The issue is that there was initially an increase in the level of return of salmon stocks for the first year but after that it did not happen as expected. The reasons for that are known. We talked about the catch and release policy. I have asked for a review of the catch and release policy for the 2018 season as a deterrent to possible poaching. It has been brought to my attention by people who operate on the Slaney. I am looking for that to be reviewed for the 2018 scheme. The Deputy spoke about issues of pollution. They are matters for Inland Fisheries Ireland, the local authorities and the EPA. We are continuing to monitor those matters.

I have covered many of the issues raised. On the previous occasion, Deputy Dooley spoke about issues involving Tulla and District Angling Club. We will follow up on that matter with Coillte. The Deputy also raised issues about access.

Deputy Niamh Smyth talked about investment. I have commented on the national strategy for angling.

I thank the Deputies who indicated their support for the Bill. I thank those in Fianna Fáil, the Labour Party and Sinn Féin who spoke in support of this legislation and the others who have spoken about the important work that IFI officers do. There is a requirement that the Bill be enacted speedily. I look forward to any amendment that will be made on Committee Stage.

Question put and agreed to.

Inland Fisheries (Amendment) Bill 2017: Referral to Select Committee

Minister of State at the Department of Communications, Climate Action and Environment (Deputy Seán Kyne): I move:

That the Bill be referred to the Select Committee on Communications, Climate Action and Environment pursuant to Standing Orders 84A(3)(a) and 149(1).

Question put and agreed to.

Courts (No. 2) Bill 2016: Order for Report Stage

Minister of State at the Department of Justice and Equality (Deputy David Stanton): I move: "That Report Stage be taken now."

Question put and agreed to.

Courts (No. 2) Bill 2016: Report and Final Stages

An Ceann Comhairle: There is one amendment in the name of Deputy Jonathan O'Brien which has been ruled out of order. There are no more amendments.

Amendment No. 1 not moved.

3 May 2017

Bill received for final consideration and passed.

Protection of Cultural Property in the Event of Armed Conflict (Hague Convention) Bill 2016 [Seanad]: Second Stage (Resumed)

Question again proposed: “That the Bill be now read a Second Time.”

An Ceann Comhairle: Deputy Richard Boyd Barrett was in possession. In view of the fact there is nobody offering on this Bill, will the Minister respond to the debate?

Minister for Foreign Affairs and Trade (Deputy Charles Flanagan): I thank the Deputies for their consideration of the Bill and for their contributions to the debate on it. As I said in my initial contribution, while the Bill has a narrow focus and is concerned with the protection of cultural property in the event of armed conflict, its enactment by the Oireachtas will be a further important demonstration of Ireland’s broader support for international humanitarian law generally and the essential role it plays in limiting the horrendous effects of armed conflicts on civilians and civilian property. All Deputies will agree that the wanton destruction and theft of cultural property during armed conflict is totally unacceptable. We all understand that buildings, monuments and artefacts of cultural importance are essential to the history, heritage and identity of all people. Throughout the debate Deputies have correctly recognised that acts intended to damage and destroy them are designed ultimately to break the spirit of the people who value them. The rules set out in the 1954 convention and the 1999 protocol, like those of the Geneva Conventions and other instruments of international humanitarian law, rest on respect for the inherent dignity of the individual. Without them the brutality and barbarism of war would be unmitigated. I confirm these rules are not mere pious aspirations but concrete standards formulated in the light of bitter experience and agreed by the international community as a basis for civilised conduct. It is in this context the Government proposes that Ireland now becomes a party to the Hague Convention and protocol which the passing of this legislation will enable.

I will take this opportunity to address a number of points of particular relevance to the Bill and the 1954 convention raised by Deputies in the course of this debate. Deputy Ó Snodaigh raised the issue of the provenance of some items presented to museums in Ireland in the nineteenth century. While this is clearly an important matter, it falls outside the scope of the present Bill and the Hague Convention and protocol. I have brought the matter to the attention of the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs, Deputy Humphreys, whose Department is engaged in the exercise of revising the National Monuments Acts. That exercise is, in part, intended to enable the State to become a contracting party to a number of other international instruments including the UNIDROIT Convention on Stolen or Illegally Exported Cultural Objects. I am sure the Minister will wish to consider the points Deputy Ó Snodaigh has made and the concerns he raised in that context.

Deputy Boyd Barrett raised the issue of the shocking vandalism and looting of the National Museum of Iraq in Baghdad in 2003. Such was the global reaction to this incident that the UN Security Council shortly afterwards adopted a resolution requiring all states to take steps to facilitate the safe return of Iraqi cultural property and other items of archaeological, historical, cultural and religious importance illegally removed from the museum and other locations in Iraq, including by establishing a prohibition on trade in such items. This was implemented in the European Union by a European Council regulation, and penalties for breaching that regula-

tion were laid down in Irish law by a statutory instrument. While a large number of items stolen have now been recovered and returned to the museum, efforts to recover all stolen items still continue.

I wish to add that while the USA was not a party to the Hague Convention at the time of the looting of the museum in Baghdad, it subsequently took the very welcome step of ratifying the convention in 2008, mainly due to the public reaction in America to the incident at the time.

I thank Deputies for their careful consideration of the Bill and for their thoughtful statements and comments throughout this debate. I am pleased to note the positive reception the Bill has received and the continuing strong support of this House for the protection of human life and dignity in time of war.

Question put and agreed to.

Protection of Cultural Property in the Event of Armed Conflict (Hague Convention) Bill 2016 [Seanad]: Referral to Select Committee

An Ceann Comhairle: I understand that it is proposed to refer this Bill to the Select Committee on Foreign Affairs and Trade, and Defence, pursuant to Standing Orders 84A(3)(a) and 149(1). Does the Minister wish to move the order of referral now?

Deputy Charles Flanagan: I can do so but it is regrettable that the Opposition spokespersons are not here now. Had they been here, perhaps we could have dealt with the Bill entirely.

Deputy Mattie McGrath: On that point, I do not think the relevant Deputies expected that we would be dealing with this Bill at this point in time.

Minister for Foreign Affairs and Trade (Deputy Charles Flanagan): I move:

That the Bill be referred to the Select Committee on Foreign Affairs and Trade, and Defence, pursuant to Standing Orders 84A(3)(a) and 149(1) of the Standing Orders relative to Public Business.

Question put and agreed to.

The Dáil adjourned at 9.55 p.m. until 10 a.m. on Thursday, 4 May 2017