

Written Answers.

The following are questions tabled by Members for written response and the ministerial replies as received on the day from the Departments [unrevised].

Questions Nos. 1 to 12, inclusive, answered orally.

Questions Nos. 13 to 41, inclusive, resubmitted.

Questions Nos. 42 to 54, inclusive, answered orally.

Public Sector Staff

55. **Deputy Richard Boyd Barrett** asked the Minister for Health his plans to end the staffing crisis in the health service in the context of public sector pay talks; and if he will make a statement on the matter. [26269/17]

Minister for Health (Deputy Simon Harris): Arising from recent talks between the Government and public sector staff representative bodies, the draft Public Service Stability Agreement was finalised on 8th June 2017. It applies across the public service as a whole. It contains a specific commitment with regard to recruitment and retention in certain parts of the public sector. Under this commitment, the Agreement sets out a process for a more comprehensive examination of underlying difficulties in recruitment and retention in certain sectors and employment streams where difficulties are clearly evident. This would include the health sector. There will be opportunities for submissions to be made to the Public Service Pay Commission and the exercise is due to be completed by the end of 2018. Any proposals will be subject to discussion between the parties. Also, the agreement provides for a series of salary increases over the coming years and a number of health-related allowances will be restored, provided the relevant staff representative bodies accept the Agreement. These measures should assist in recruitment and retention of staff in the public sector generally.

In the broader context, there has been a significant improvement in the staffing of the public health services in the past three years as the economic position has improved and additional funding has been made available to support service delivery. Total numbers employed have increased from end April 2014 to end April 2017 by over 10,000 whole time equivalents to 111,979.

The number of consultants has increased significantly. At the end of April 2017 there were 2,884 whole time equivalents. This constitutes an increase of 298 whole time equivalents since April 2014. The number of NCHDs has increased very significantly, from 4,982 at the end of April 2014 to 6,092 at the end of April 2017, an increase of 1,109. These additional posts are supporting increased service delivery and improved compliance with the European Working Time Directive.

Nursing and midwifery numbers at the end of April 2017 stood at 36,549 whole time equivalents, having increased by 625 whole time equivalents in the 12 months from end April 2016 and by 1,870 in the three years from end April 2014 to end April 2017. Overall nursing numbers are at the highest level since 2011 with numbers increasing consistently since early in 2014. It is acknowledged, however, that vacancies remain in the system and there was a significant fall in numbers between 2007 and 2014 due to the economic downturn.

I can also advise that, under proposals formulated at the Workplace Relations Commission between my Department, the Department of Public Expenditure and Reform, the HSE, the INMO and SIPTU in February and March this year, it was agreed that management would increase the nursing and midwifery workforce in 2017, through a broad range of initiatives that provide for 1,208 additional permanent posts.

Vaccination Programme

56. **Deputy Billy Kelleher** asked the Minister for Health the action his Department is taking to counter anti-vaccination campaigns. [29070/17]

Minister for Health (Deputy Simon Harris): As Deputies are aware, immunisation is regarded as one of the safest and most cost-effective of health care interventions. It is a recognised simple and safe way of protecting people against harmful diseases such as meningitis, measles, mumps and rubella and influenza. The importance of vaccination is acknowledged by all the major international health organisations, particularly the World Health Organisation. While no medicine is entirely without risk, the safety of vaccines, as with all medicines, is carefully monitored. The Health Products Regulatory Authority assesses the safety of medicines in Ireland and as Minister I can assure you and the public that the scientific evidence is clear that the benefits of vaccines outweigh the known side effects.

I am very disappointed that the uptake of certain vaccines, which have been the subject of recent campaigns, has dropped. Most notably HPV vaccine uptake rates have fallen from 87% in 2014/15 to 72% in 2015/16. This is a very serious development as a large number of girls are now at risk of developing cervical cancer later in their lives. My Department and the HSE are working to counter the misinformation concerning vaccines that are undermining our national vaccination programmes. We must ensure that the public and healthcare providers have full information regarding the safety and effectiveness of vaccination programmes. The HSE is implementing a strategy aimed at increasing vaccine uptake. An example of this was seen at the recent National HPV Vaccine Conference where the safety and effectiveness of the vaccine and the work to increase uptake by girls as part of the Schools Immunisation programme was outlined. I attended this Conference to not only demonstrate my support but also to clearly outline the priority my Department is placing on vaccine uptake in Ireland.

I regularly speak publically and use social media to highlight this issue. You will also be interested to note that the forthcoming National Healthcare Quality Reporting System has a key focus on childhood vaccines. Information on uptake rates and safety is provided for the MMR, meningococcal C, seasonal influenza and the HPV vaccines. This Annual Report will be published by my Department later this month.

Primary Care Centres Provision

57. **Deputy Maureen O'Sullivan** asked the Minister for Health the range of facilities and services for the new primary healthcare centre in Summerhill, Dublin 1; and when he envisages

completion of construction. [27844/17]

Minister for Health (Deputy Simon Harris): Primary care centres enable the provision of a broader and more integrated set of primary care services. In the first instance they bring together HSE staff who in many cases have previously been operating from older, more dispersed locations. They are intended to facilitate more integrated working by primary and social care staff in the HSE and general practitioners as members of primary care teams and networks, particularly in relation to the care of people with more complex needs. These centres provide scope, over time, for more comprehensive services to be provided in the community, such as structured care of people with chronic illness, an enhanced range of diagnostic services and potentially a range of specialist services on an outreach basis.

To date, 100 Primary Care Centres are already operational which has significantly enhanced the accessibility of health services in local communities. An additional 27 Primary Care Centres are expected to be operational in 2017 and 2018. There are a further 10 locations where primary care infrastructure is under construction or at advanced planning and 51 locations which are at preliminary stages of development.

With regard to the new Summerhill Primary Care Centre, construction is due to be completed in Quarter 2 of 2018 and services are expected to commence in Quarter 3 the same year. The Centre will be the base for the Summerhill Primary Care Team and the Inns Quay Primary Care Team. In addition, it will be the base for all Network Primary Care services covering the North Inner City.

The following services will be located in the new Summerhill Facility:-

- General Practice Services
- Public Health Nursing/Community Nursing Services
- Occupational Therapy Services, Physiotherapy Services, Speech & Language Services
- Psychology Services
- Dietetic Services
- Social Work Services
- Home Help Services
- Mental Health Day Hospital Services
- Early Intervention and School Age Services for children with disabilities
- Meeting and administration accommodation
- Ambulance Services (located on the site in a separate building).

Medical Card Eligibility

58. **Deputy Jackie Cahill** asked the Minister for Health if he will examine the provision of a medical card until recovery to persons on the diagnosis of cancer in view of the fact that the costs associated with a diagnosis are extensive; and if he will make a statement on the matter. [27847/17]

Minister for Health (Deputy Simon Harris): A key recommendation of the *2014 Report of the Expert Panel on Medical Need for Medical Card Eligibility* was that a person's means should remain the main qualifier for a medical card. The report also concluded that it is neither feasible nor desirable to list conditions in priority order for medical card eligibility. Therefore, medical card provision is solely based on financial assessment. Under the legislation, having a particular illness, in itself, does not establish eligibility for a medical card.

However, in the assessment of applications the HSE seeks, within the framework of the legislation, to exercise discretion. In that regard the HSE assesses the financial, social and medical circumstances of applicants who may be in excess of the income guidelines. This assessment informs the decisions taken by the HSE on whether to award a medical card on a discretionary basis.

Also, on foot of the Expert Panel's Report, the HSE established a Clinical Advisory Group to develop clinical oversight and guidance for the operation of the medical card system. This Group has been working on the development of an assessment form which will seek to capture the additional financial costs associated with an illness, including cancer, and which will assist the HSE in exercising its discretion. The Group also made a recommendation in 2015, which was accepted by the Director General of the HSE, to award a medical card to all children under 18 years of age with a diagnosis of cancer. The card will be held for 5 years to cover the average period of the acute illness, treatment and recovery.

Home Help Service Provision

59. **Deputy Eamon Scanlon** asked the Minister for Health the reason behind the 14% reduction in home help hours in counties Sligo and Leitrim for January to April 2017 relative to the same period in 2016. [29079/17]

Minister of State at the Department of Health (Deputy Helen McEntee): Home supports are a key mechanism for enabling older people to remain in their own homes and communities for as long as possible and for facilitating their discharge from acute hospitals.

The HSE's National Service Plan for 2016 originally provided for a target of 10.4 million Home Help Hours and for 15,450 Home Care Packages. However, the numbers of patients who had completed their acute treatment but required home-care in order to be discharged was very high in the early part of the year. Without additional funding this could not have been sustained and the allocations for the rest of the year would have had to be reduced.

Government responded to this challenge by providing an extra €40m for home care in 2016. Further resources were provided through the Winter Initiative, in particular extra home care packages and an increase in approvals for transitional care beds.

This year's National Service Plan provides for a target of 10.57 million Home Help Hours, 16,750 Home Care Packages and 190 Intensive Home Care Packages for clients with complex needs. While the January to April data for home help hours is less than the corresponding period in 2016, of more significance is that the HSE target for this year is to provide about 443,545 home help hours in Sligo/Leitrim. This is an increase of 10,478 hours on the number delivered in 2016. In relation to Home Care Packages, 304 people were in receipt of a Home Care Package in the Sligo/Leitrim region in April 2017, an increase of 4% on the expected target of 293 people.

Assisted Human Reproduction Services Provision

60. **Deputy Mick Barry** asked the Minister for Health his plans to provide free access to fertility treatments including IVF in the public health service; and if he will make a statement on the matter. [27862/17]

Minister for Health (Deputy Simon Harris): In February 2016, the Health Research Board (HRB) was engaged to conduct a comprehensive review of international public funding models for assisted human reproduction (AHR). The HRB evidence review is now complete and was published simultaneously on the Department of Health's and the HRB's websites on Wednesday 15 March 2017.

This evidence review from the HRB examines the public funding mechanisms for AHR in different countries. The review looks at the associated costs and benefits for the funder, provider and patient, the criteria for accessing the public funded service and the basis for these criteria in different jurisdictions.

The review does not indicate a recommendation or preference for a specific funding model; rather it outlines the pros and cons of such funding models, the different aspects of models in different jurisdictions, as well as the different rationales underpinning such funding models.

The HRB evidence review will be analysed by officials in my Department in the context of considering policy options for a potential public funding model for AHR treatment. It should be noted that, any funding model that might ultimately be introduced would need to operate within the broader regulatory framework relating to AHR.

While IVF treatment is not currently provided by the Irish public health service, there is some support available in that patients who access IVF treatment privately may claim tax relief on the costs involved under the tax relief for medical expenses scheme. In addition, a defined list of fertility medicines needed for fertility treatment is covered under the High Tech Scheme administered by the HSE. Medicines covered by the High Tech Scheme must be prescribed by a consultant/specialist and approved by the HSE 'High Tech Liaison Officers'. The cost of the medicines is then covered, as appropriate, under the Medical Card or Drugs Payment Scheme.

Psychological Services

61. **Deputy Robert Troy** asked the Minister for Health his plans to fund services such as a service (details supplied) on an annual basis. [27843/17]

Minister of State at the Department of Health (Deputy Helen McEntee): Good2Talk Counselling & Psychotherapy Support Services Ltd. is a counselling service based in Mullingar that covers county Westmeath. They are a community-based service that offers affordable and accessible counselling. They work with clients from 16 years and up who present with a range of mental health issues. These include groups such as the socially/financially disadvantaged, ethnic minorities, the LGBT community and Travellers.

Good2Talk was awarded funding through the HSE Resource Office for Suicide Prevention of €25,000 in 2014 and €39,600 in 2015.

This funding was accessed by the Resource Office for Suicide Prevention (Midlands) under the 'Community Resilience Funding' stream financed by the National Office for Suicide Prevention (NOSP). This funding stream ended in 2015 with the publication of the National Strategy 'Connecting for Life' in 2015. The ending of the Community Resilience Funding stream after

2015 was communicated to all of the recipients of the funding, including Good2Talk. All future needs for funding will be assessed under the provisions and implementation of the new County Suicide Prevention Plans which aim to ‘develop and implement consistent multi-agency suicide prevention actions plans to enhance communities’ capacity to respond to suicidal behaviours’.

In 2016 Good2Talk was awarded €18,000 under the National Lottery Grant Scheme. Good2Talk has made an application under the National Lottery Grant Scheme for 2017. Good2Talk has also been informed about the development of the Connecting for Life Implementation Plan for Longford/Westmeath and they be invited to participate in the Plan’s consultation process which will take place in October 2017.

Hospital Consultant Recruitment

62. **Deputy Eugene Murphy** asked the Minister for Health the further length of time it will take to appoint a paediatric diabetes consultant at university college hospital Galway; the reason for the delay; and if he will make a statement on the matter. [27731/17]

Minister for Health (Deputy Simon Harris): Galway University Hospital serves as a regional centre for the delivery of diabetes, endocrine and related services in the West of Ireland. This clinical care is delivered in close collaboration with related education and research programmes in the National University of Ireland, Galway.

During 2015 a consultant vacancy arose in the paediatric diabetes service at Galway University Hospital. The Saolta Healthcare Group prioritised the filling of this consultant paediatric diabetes specialist post and a candidate was selected in late 2015. However delays arose, and in February 2017 the Hospital was advised that the candidate was no longer in a position to take up the post.

In light of the importance of this post, it has been re-advertised by the Public Appointments Service as a priority, and applications have now been received. The HSE is actively engaging with the Public Appointments Service in order to fill this critical post as soon as possible.

In the interim, the Saolta Healthcare Group has been making every effort to provide appropriate diabetes care services to paediatric patients. Children under the age of 12 years are currently referred to University Hospital Limerick for diabetes treatment, while patients aged 12 years and over are commenced on insulin pump therapy under the guidance of a consultant endocrinologist at GUH.

The Saolta Healthcare Group has advised that it is committed to urgently recruiting a permanent paediatric diabetes consultant to Galway University Hospital in order that the Hospital can provide comprehensive paediatric diabetes services, so that children do not have to travel to hospitals outside the Hospital Group.

Hospital Services

63. **Deputy Bobby Aylward** asked the Minister for Health if additional resources will be allocated to the existing cardiac catheterisation laboratory at university hospital Waterford in order to increase the laboratory’s current capacity to accommodate the estimated 450 additional procedures that will be referred there through additional diagnostic angiograms set to be provided by the mobile catheterisation lab; and if he will make a statement on the matter. [27908/17]

105. **Deputy David Cullinane** asked the Minister for Health the reason for the non approval to date in 2017 of a mobile cath lab for university hospital Waterford; the timeframe for approval to be made regarding same; and if he will make a statement on the matter. [27652/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 63 and 105 together.

In his review of cardiology services at University Hospital Waterford, Dr Niall Herity concluded that the needs of the effective catchment population of the hospital could be accommodated from a single cath lab. However, Dr Herity recommended additional investment to increase capacity at the hospital. In that regard, an additional €0.5m funding was provided to University Hospital Waterford in 2017 to enable the hospital to provide two additional cath lab sessions per week. This entails an additional eight hours provision per week or a 20% expansion in operating hours. The cath lab will now be funded to provide 12 sessions i.e. 48 hours activity per week. It is expected that this capacity will facilitate the provision of an increased volume of scheduled cardiology care at the hospital.

On 23 January last, I asked the HSE to develop a Cardiology Waiting List Initiative, noting that such an initiative could include the deployment of a mobile cath lab for specific periods in specific locations. On 18 May, I requested that the HSE maximise the benefit for patients from the €0.5m funding allocated for University Hospital Waterford, in respect of both additional sessions at the existing cath lab and the temporary use of a mobile cath lab for a specific period. The Deputy may wish to note that on 12 June last, the HSE was approved by my Department to issue a tender, within one week, for the provision of a temporary mobile cath lab at the hospital. The lab will be procured in line with the normal HSE procurement process. The mobile cath lab will be funded from time related savings relating to the additional funding provided to the hospital on foot of the Herity report.

I should also mention that following a targeted initiative, there has been a significant improvement in waiting times for cardiology procedures at the hospital. The most recent data from the NTPF, which is for May 2017, indicates that a total of 296 patients are waiting for a cardiology in-patient/day case procedure, with 189 of those waiting less than 3 months. The HSE has advised that no patient will be waiting longer than 6 months for a cardiology procedure at University Hospital Waterford by the end of August.

Public Sector Pay

64. **Deputy Thomas P. Broughan** asked the Minister for Health the current engagement of his Department with the upcoming round of public pay negotiations; if he will report on the work his officials are undertaking with the Department of Public Expenditure and Reform with regard to examining the disparities in pay for section 38 and section 39 HSE funded organisations in view of the fact that employees undertake the same work; and if he will make a statement on the matter. [26060/17]

Minister for Health (Deputy Simon Harris): I can confirm that officials from my Department and the HSE participated in the recent pay talks to discuss a successor agreement to the Lansdowne Road Agreement which were held at the Workplace Relations Commission. A draft Public Service Agreement was reached on 8 June 2017 and is currently being considered by the unions in the context of the public servants they represent.

Any disparities that exist between section 38 and section 39 organisations are due to the fact that they are very different entities. Organisations that are funded under Section 38 of the

Health Act 2004 provide a defined level of health and personal social services on behalf of the HSE. These section 38 agencies include both acute and non-acute organisations. The employees of bodies that are funded under Section 38 are classified as public servants. They are subject to the standard salary scales for the health sector and have access, in the main, to public service pension schemes. These employees are also included in public service employment numbers.

On the other hand, Section 39 agencies are agencies where the HSE provides a grant to allow the agency to provide services similar or ancillary to the HSE. The governance context in which the HSE engages with section 39 agencies is distinctly different from that which applies in the case of section 38 agencies. For example, the employees of section 39 agencies are not public servants, are not members of public sector pension schemes and, unlike their section 38 counterparts, are not directly bound by the Department of Health consolidated pay scales.

As the HSE and the Department of Health have no role in the pay rates or terms and conditions of the staff employed by these section 39 agencies, it is a matter for Section 39 organisations to negotiate salaries with their staff as part of their employment relationship and within the overall funding available for the delivery of agreed services.

National Drugs Strategy

65. **Deputy Maureen O’Sullivan** asked the Minister for Health if the outstanding issues which are delaying the signing off of the new national drug strategy are being addressed; and if he will make a statement on the matter. [27845/17]

69. **Deputy John Curran** asked the Minister for Health if the new national drugs strategy will be a national substance misuse strategy including drugs and alcohol; and if he will make a statement on the matter. [27736/17]

138. **Deputy John Curran** asked the Minister for Health when the new national drugs strategy will be published; if it will be debated in Dáil Éireann before being adapted as government policy; and if he will make a statement on the matter. [27735/17]

Minister of State at the Department of Health (Deputy Catherine Byrne): I propose to take Questions Nos. 65, 69 and 138 together.

The Government is committed to putting a new drugs strategy in place this year.

The Strategy will be based on a health-led approach to the drug problem and build on progress achieved under previous drug strategies. A Steering Committee has been established to advise me on a new strategy with a view to developing an integrated public health approach to substance misuse, which is defined as the harmful or hazardous use of psychoactive substances, including alcohol and illegal drugs.

The Steering Committee last met on 25 May to discuss some outstanding issues. I understand that the final report will be submitted to me shortly. I hope to be in a position to bring my proposals to Government on the new Strategy thereafter.

Ambulance Service Data

66. **Deputy Brian Stanley** asked the Minister for Health the number of ambulances that are owned by the HSE ambulance service that are stationed in counties Laois, Kildare and Offaly; and the specific areas they are based in. [27644/17]

Minister for Health (Deputy Simon Harris): The following table details the number of National Ambulance Service (NAS) ambulances stationed in counties Laois, Kildare and Offaly:

Offaly		Kildare		Laois	
Birr	2	Naas	5	Portlaoise	4
Edenderry	2	Athy	3		
Tullamore	5	Maynooth	2		
Total	9		10		4

There is also a Rapid Response Vehicle and an Intermediate Care Vehicle stationed in Tullamore. The Deputy may wish to note that all NAS resources are dispatched to calls across the country from the NAS National Emergency Operations Centre on a nearest available to the incident basis, and not on a county boundary basis. Therefore vehicles stationed outside the area may be dispatched to Laois, Kildare and Offaly as required.

Also, at local level, the NAS is supported by 22 Community First Responder schemes in Kildare, Laois and Offaly who respond to particular types of medical emergencies where it is necessary for the patient to receive immediate care whilst an emergency response vehicle is en route.

Health Services

67. **Deputy Mick Barry** asked the Minister for Health if he will legislate to make himself legally accountable for the delivery of health services; and if he will make a statement on the matter. [27859/17]

Minister for Health (Deputy Simon Harris): Article 28.4.2 of the Constitution provides that the Government shall be collectively responsible for Departments of State “administered” by the Members of the Government. Under Article 28.12 of the Constitution Ministers are “in charge of” Departments of State. The principal legislative provisions governing my powers are the Ministers and Secretaries Acts 1924 to 2013 and the Public Service Management Act 1997. The structures of the Department of Health and distribution of its business are also regulated by these Acts.

The Ministers and Secretaries Act 1924, as amended, provides that I shall be the responsible head of the Department of Health and that I “...shall be individually responsible to Dáil Éireann alone for the administration of the Department ...”. This gives statutory effect to the constitutional principle of ministerial responsibility. I bear political responsibility under the Act of 1924 for all actions within the Department. In addition, under the *Carltona Doctrine* powers vested in me may be exercised, without any express act of delegation, by officials of certain seniority and responsibility.

The roles and responsibilities of the Minister for Health, Ministers of State and senior officials in my Department are set out in the Governance Framework for the Department of Health, which is available at www.health.gov.ie. In addition, the Framework sets out the relationship which I have with the State Bodies under my aegis. My Department’s Governance Framework and the current legislation underpinning the delivery and regulation of health and social services is in keeping with the Department of Public Expenditure and Reform’s Corporate Governance Standard for the Civil Service (2015). I am satisfied that I carry out my role in keeping with best governance practice without the need for further legislation in this regard.

Legal responsibility for the delivery and regulation of health and social services is vested in a number of statutory bodies under my aegis. The relationship between the Department and bodies under its aegis is determined primarily by the underpinning legislation establishing the body and the requirements set out in the Code of Practice for the Governance of State Bodies (2016). Legal responsibility for delivery on the mandate and functions of a body under the aegis of the Department rests in the first instance with its Board, and the Chairman of the Board, or in the case of the HSE, with its Director General.

Mental Health Services Provision

68. **Deputy Clare Daly** asked the Minister for Health the status of progress on the rollout of improvements to perinatal mental health services capacity; and if he has satisfied himself that these improvements are being rolled out with the necessary urgency in view of the fact death by suicide is the leading cause of direct and late maternal death here [27659/17]

Minister of State at the Department of Health (Deputy Helen McEntee): Perinatal Mental Health is recognised as a priority by the Health Service Executive Mental Health Division. In 2016, work commenced on scoping the need for Perinatal Mental Health Services nationally. In 2017 this prioritisation has continued, with the HSE's National Service Plan 2017 setting out as one of its priority aims the design and development of perinatal mental health services capacity.

A Multidisciplinary Working Group with Service User input was established in late 2016 and its report is due by end of June 2017.

This report will cover the specialist component of what should be an overall HSE cross-divisional approach to perinatal mental health services. The focus of the perinatal specialist component includes maternity liaison teams, specialist perinatal mental health teams, mother and baby units and the interface with secondary care mental health services (general adult psychiatry community mental health teams).

The Mental Health Division committed in the National Service Plan 2017 to starting specialist perinatal mental health services in Cork and Limerick. There has been some funding allocated from the additional government funding granted in 2016 for this purpose.

I am referring the remainder of this question to the HSE for direct reply as it is a service issue.

Question No. 69 answered with Question No. 65.

Home Help Service Provision

70. **Deputy Pat Casey** asked the Minister for Health the reason behind the 11% reduction in home help hours in County Wicklow for January to April 2017 relative to the same period in 2016. [29087/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Departmental Funding

71. **Deputy Dara Calleary** asked the Minister for Health if his attention has been drawn to the issue whereby section 39 organisations have not received extra funding to pay their employees the extra €1,000 from 1 April 2017 as provided to regular public sector workers; his plans to rectify the issue; the timeframes involved; and if he will make a statement on the matter. [26407/17]

Minister for Health (Deputy Simon Harris): Section 39 of the Health Act 2004, provides that the HSE may ‘.give assistance to any person or body that provides or proposes to provide a service similar or ancillary to a service that the Executive may provide.’. Such assistance may range from contributing to the expenses incurred by that person or body to allowing them the use of an HSE premises. Financial assistance is provided in the form of a grant and the value of such grants can vary from very high to very low value.

Where the HSE provides a grant to a voluntary provider under Section 39, the HSE puts in place a Service Level Agreement with the provider. This sets out the level of service to be provided for the grant which they receive. It is important to note that any individuals employed by these section 39 organisations are not HSE employees. The HSE has no role in determining the salaries or other terms and conditions applying to these staff. It is an accepted fact that the staff of these Section 39 organisations are not public servants. This means that they were not subject to the FEMPI legislation which imposed pay reductions or the provisions of the subsequent Public Service Agreements which provide for pay restoration.

An increase in annualised salaries of those earning up to €65,000, by €1,000 was provided for in the Lansdowne Road Agreement. Originally, it was due to be paid from 1 September 2017. However, in order to address the anomalies which arose following the Labour Court Recommendation for certain Garda Associations, the Government agreed to bring this date forward to 1 April 2017 for those civil and public servants who did not stand to benefit from this Labour Court Recommendation. These were civil and public servants who had cuts imposed on them by the FEMPI legislation.

As outlined above, staff in Section 39 organisations are not automatically eligible for this salary increase. It is a matter for Section 39 organisations to negotiate salaries with their staff as part of their employment relationship and within the overall funding available for the delivery of agreed services.

HSE Agency Staff Data

72. **Deputy Louise O’Reilly** asked the Minister for Health the number of graduates from the paediatric and general nursing course in University College Cork run in conjunction Cork university hospital that are currently working in the public health service. [27661/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

HSE Investigations

73. **Deputy Clare Daly** asked the Minister for Health if he will address a matter regarding the response by his Department and the SEHB when concerns were raised with them in the 1990s regarding a person (details supplied). [27658/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a

service issue, this question has been referred to the HSE for direct reply.

Mental Health Services Provision

74. **Deputy Thomas Byrne** asked the Minister for Health if his attention has been drawn to the delays that exist in County Meath in accessing a psychiatric consultant appointment; and if his attention has been further drawn to the fact that persons are waiting in excess of six weeks to see a psychiatric consultant. [27650/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Hospital Appointments Delays

75. **Deputy Mick Barry** asked the Minister for Health his plans to legislate for the maximum waiting times of ten weeks for an outpatient appointment, 12 weeks for an inpatient appointment and ten days for diagnostic tests as recommended in the future of healthcare report; and if he will make a statement on the matter. [27858/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. These plans have been published and their implementation is ongoing. The Inpatient/Daycase and Outpatient Plans focus on reducing the number of patients waiting 15 months or more for inpatient and daycase treatment or for an outpatient appointment by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017. Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List and nearly 49,000 patients have come off the Outpatient Waiting List.

In addition, the NTPF is currently rolling out its Daycase Waiting List Initiative focused on those waiting longest for daycase treatment, with a view to ensuring that in excess of 2,000 patients waiting more than 18 months for a daycase procedure will have received an offer of an appointment for their procedure by the end of June.

The NTPF has advised that to date over 2,500 patients files have been transferred to private hospitals under this Initiative, 631 patients have accepted an offer of treatment in a private hospital and that over 178 patients have received their procedure.

The Committee on the Future of Healthcare has now concluded its work and I look forward to the forthcoming Dáil debate on the report. I will give full consideration to the report's recommendations when I have had the opportunity to hear views from across the Dáil.

Medicinal Products Availability

76. **Deputy John Brassil** asked the Minister for Health the position regarding the action which is being taken to find a solution for persons with alpha 1 that need respreeza. [29073/17]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on pricing and reimbursement of medicines under the community drug schemes, in accordance with the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013; therefore, the matter has been referred to the HSE for reply to the Deputy.

Health Services Provision

77. **Deputy Charlie McConalogue** asked the Minister for Health if the necessary funding will be provided in order that St. Joseph's, Ramelton and Lifford community hospitals in County Donegal can meet HIQA standards and at a minimum retain their existing bed capacity; and if he will make a statement on the matter. [27784/17]

Minister of State at the Department of Health (Deputy Helen McEntee): Many public units are housed in buildings that are less than ideal in the modern context, but notwithstanding this, the care delivered to residents is generally of a very high standard. It is important therefore that we upgrade our public bed stock and this is the aim of the 5 year Capital Investment Programme for Community Nursing Units which was announced last year. This provides the framework to allow for an enhanced programme to replace, upgrade and refurbish these care facilities, as appropriate.

Significant work was undertaken to determine the most optimum scheduling of projects within the phased provision of funding to achieve compliance with National Standards. By the end of 2016 I understand that 14 projects were operational and a further 12 are expected to be operational by the end of this year.

Under this Programme it is proposed to build a new 130 bed community nursing unit in Letterkenny by the end of 2021, through a Public Private Partnership or alternative funding model, to replace existing long-stay accommodation including that provided at St Joseph's, Stranorlar and Ramelton and Lifford Community Hospitals.

Operational responsibility for delivering the programme is a matter for the HSE. The Executive has advised that the Letterkenny project is currently at Design Feasibility stage with a projected completion date of 2021. As part of the preparatory work for the development of the new community nursing unit, I understand that the HSE is undertaking a review of the three Community Hospitals, referred to by the Deputy with a view to identifying any options for their future use.

Hospital Waiting Lists

78. **Deputy Mary Butler** asked the Minister for Health if he will address the orthopaedic waiting list in University Hospital Waterford which is one of the highest in the country under the national treatment purchase fund as a priority; and if he will make a statement on the matter. [27649/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

Reducing waiting times for the longest waiting patients is one of this Government's key

priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase and Outpatient Services. These plans have now been finalised and their implementation has commenced. It is expected that the Inpatient / Daycase and Outpatient Plans will considerably reduce the number of patients waiting 15 months or more for inpatient and daycase treatment or for an outpatient appointment by the end of October. Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List and nearly 49,000 patients have come off the Outpatient Waiting List.

In addition, last December I granted approval to the NTPF for the first tranche of funding in the region of €5m, for an initiative focused on those waiting longest for Daycase treatment with a view to ensuring that in excess of 2,000 patients waiting more than 18 months for a daycase procedure will have received an offer of an appointment for their procedure by the end of June. The NTPF has advised that to date over 2,500 patients files have been transferred to private hospitals under this initiative, 631 patients have accepted an offer of treatment in a private hospital and that 178 patients have received their procedure. In relation to the specific query concerning waiting times for orthopaedic services at University Hospital Waterford, I have asked the HSE to reply to you directly.

Hospital Staff

79. **Deputy Alan Kelly** asked the Minister for Health if there are senior management staff in the national maternity hospital that have financial interests through tax break schemes or otherwise in St. Vincent's private hospital. [27537/17]

Minister for Health (Deputy Simon Harris): The personal information requested by the Deputy is not available to me. However, he may wish to note that all voluntary hospitals, under the terms of their Service Arrangements with the HSE, are obliged to comply with all applicable laws and regulations as set out in the Department of Public Expenditure and Reform's Code of Practice for the Governance of State Bodies (2016).

The National Maternity Hospital is funded by the HSE under section 38 of the Health Act 2004. Under its Service Arrangement with the HSE, the hospital is obliged to comply with the requirements of the Ethics in Public Office Acts 1995 and 2001. Under the Act all staff remunerated at Grade VII salary or higher must declare any interest which could materially influence them in performance of their official duties. These declarations must be made in an Annual Compliance Statement to the HSE.

Home Help Service Provision

80. **Deputy Éamon Ó Cuív** asked the Minister for Health the reason behind the 13% reduction in home help hours in County Galway for January to April 2017 relative to the same period in 2016. [29082/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Nursing Home Services

81. **Deputy Catherine Connolly** asked the Minister for Health the position in relation to the provision of nursing home services in view of the fact that the private public ratio has reached critical level of approximately 80 to 20; and if he will make a statement on the matter. [27904/17]

Minister of State at the Department of Health (Deputy Helen McEntee): Residential care in Ireland is provided through a mix of public, voluntary and private provision. It is worth highlighting that the net budget for long-term residential care in 2017 is €940m and the Nursing Homes Support Scheme will support 23,603 clients by the end of the year. Public Nursing Units are an essential part of our national nursing home infrastructure. They provide 5,000 long stay residential care beds. Public nursing home provision will continue to be an important part of the mix into the future, including for geographic reasons. There are also about 2,000 short stay community public beds nationally providing a combination of ‘step up/step down’ care, intermediate care, rehabilitation and respite care. To allow flexibility, these are interchangeable in their use depending on demand.

Many public units are housed in buildings that are less than ideal in the modern context, but notwithstanding this, the care delivered to residents is generally of a very high standard. It is important therefore that we maintain and upgrade our existing stock and this is the aim of the 5 year Capital programme for Community Nursing Units which was announced last year. This provides the framework to allow for an enhanced programme to replace, upgrade and refurbish these care facilities, consolidating our existing public stock and providing approximately 250 additional beds.

Hospital Waiting Lists

82. **Deputy Eugene Murphy** asked the Minister for Health the number of persons on the waiting list to see a paediatric diabetes consultant or paediatric diabetes endocrinologist at University College Hospital Galway in each of the years 2014 to 2016 and to date in 2017, in tabular form; and if he will make a statement on the matter. [27732/17]

Minister for Health (Deputy Simon Harris): In response to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Long-Term Illness Scheme

83. **Deputy Bobby Aylward** asked the Minister for Health if motor neurone disease is not included in the long term illness scheme; the reason this is the case; his plans to add it to the scheme; if this can be prioritised; and if he will make a statement on the matter. [27907/17]

Minister for Health (Deputy Simon Harris): The LTI Scheme was established under Section 59(3) of the Health Act 1970 (as amended). The conditions covered by the LTI are: acute leukaemia; mental handicap; cerebral palsy; mental illness (in a person under 16); cystic fibrosis; multiple sclerosis; diabetes insipidus; muscular dystrophies; diabetes mellitus; parkinsonism; epilepsy; phenylketonuria; haemophilia; spina bifida; hydrocephalus; and conditions arising from the use of Thalidomide. Under the LTI Scheme, patients receive drugs, medicines, and medical and surgical appliances directly related to the treatment of their illness, free of charge.

There are no plans to extend the list of conditions covered by the Scheme.

Health Services

84. **Deputy Bernard J. Durkan** asked the Minister for Health if consideration will be given to the setting up of regional bodies consisting of public representatives, the professional stakeholders and patient representatives with a view to restoring a demographic structure throughout the entire country at which the specific issues relative to these particular regions can be discussed in detail, senior representatives of which might then be considered for a national body accountable to him in the context of reorganisation of the health services; and if he will make a statement on the matter. [27854/17]

Minister for Health (Deputy Simon Harris): As the Deputy is aware, the Committee on the Future of Healthcare published its final report on the 30th May 2017. As part of its report, the Committee has made a series of recommendations in relation to the organisation, leadership and governance structures in our health system, including the potential role for regional bodies to support integrated care.

I have been clear since the cross-party Committee on the Future of Healthcare commenced the development of a long term vision for Ireland's healthcare system that I would not advance major structural reforms until it had reported out of respect for the process. The Committee has now completed its work and I would like to commend it on the significant achievement of developing a future vision, based upon political consensus, for our health services.

The report is the culmination of a year-long process of unprecedented cross-party collaboration, dialogue and engagement and is testament of the desire across the political spectrum and across the broader stakeholder community to work collaboratively to address the challenges in the health service. It is vital that we now allow time to reflect and deliberate on the findings of the Committee. I look forward to the forthcoming Dáil debate on the report and I will give full consideration to the report's recommendations when I have had the opportunity to hear views from across the Dáil.

The Taoiseach was very clear in his speech to the Dáil last week that delivering real improvements in our health services is a key priority for this Government. He has tasked me with preparing a detailed response to the report including proposed measures and timelines. It is my intention to do so following the Dáil debate and I hope to bring detailed analysis and proposals to Government quickly. I have no doubt that the report will be an essential reference point for all Governments and parties in the fundamental reform of our health services over the next decade.

Data Protection

85. **Deputy James Browne** asked the Minister for Health if he has had discussions with the Department of Justice and Equality regarding lacunas in data protection legislation that may be preventing mental health professionals from informing family members or others that are at risk of violence from a patient; and if he will make a statement on the matter. [29077/17]

Minister of State at the Department of Health (Deputy Helen McEntee): It is important to recognise that the Medical Council's Ethical Guide already specifically allows a doctor to ethically breach confidentiality if, for example, he/she believes that the patient is at risk of harming himself/herself or others. Doctors therefore have existing powers in exceptional circumstances.

The Expert Group Review of the Mental Health Act 2001 which was published in 2015 recommended that there should be greater 'proactive encouragement for the patient at all stages

to involve his/her family/carer and/or chosen advocate in the admission process and in the development of the care and treatment plan with the patient's consent'. The Group did not recommend that family involvement in the care and treatment of patients be made compulsory. There are some serious downsides to consider in terms of taking an absolute approach where those with mental illness may decide not to confide in their Doctor/medical team if they are strongly against involving family members for whatever reason.

Following on from the Expert Group Review, the Mental Health Commission wrote to all of the Executive Clinical Directors of mental health services reminding them of the enormous importance of involving family members as appropriate in accordance with the Commission's Code of Practice on Admission, Transfer and Discharge to and from an Approved Centre.

In addition, the Commission asked its Health, Social Care and Regulatory Forum to inform each of the professional regulatory bodies represented on the Forum, of the importance of 'the need to involve families/carers in the development of care and treatment plans with the patient's consent especially in cases of serious and enduring mental health problems'.

Work is underway at official level on amending the Mental Health Act and I am satisfied that the Expert Group recommendations provide a clear and well thought out direction to amend and update our mental health legislation. While the General Scheme to be prepared will reflect the Group's view on the need to encourage families to be involved, it will not go so far as to recommend that this be compulsory.

I am not aware of the particular lacuna in data protection legislation that the Deputy refers to in his question.

Hospital Waiting Lists

86. **Deputy John Lahart** asked the Minister for Health the way in which Tallaght hospital will be supported in reducing the number of outpatients enduring long waiting times in the hospital. [29092/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

There is no doubt that our public hospital system is challenged in meeting the growing demand for care. Last year alone, there was a 2% increase in inpatient and day-case activity over 2015. Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient / Daycase and Outpatient Plans which have now been published and are currently being implemented, focus on reducing as much as possible within existing resources the number of patients waiting 15 months or more for inpatient and daycase treatment or outpatient appointment by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017.

Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List, nearly 49,000 patients have come off the Outpatient Waiting List and approximately 130 scoliosis surgeries have taken place.

In addition, the NTPF has advised that under the ongoing Daycase Waiting List Initiative over 2,000 patients files have been transferred to private hospitals under this Initiative, 483 patients have accepted an offer of treatment in a private hospital and that over 120 patients have received their procedure.

Home Help Service Provision

87. **Deputy Sean Fleming** asked the Minister for Health the reason behind the 12% reduction in home help hours in counties Laois and Offaly for January to April 2017 relative to the same period in 2016. [29089/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Mental Health Services Provision

88. **Deputy Bríd Smith** asked the Minister for Health if he has satisfied himself that the closure of 11 beds at Linn Dara CAMHS will mean that children and adolescents in need of these services will receive the care needed; if this closure is in line with the government commitment to implement vision for change; and if he will make a statement on the matter. [27901/17]

Minister of State at the Department of Health (Deputy Helen McEntee): The Department of Health, and myself, have maintained close contact with the HSE in a attempt to maximise CAMHS service provision in the Linn Dara unit. Minister McEntee has met the HSE specifically about this, and visited Linn Dara . The HSE has confirmed that no young person will be discharged from Linn Dara, unless this is deemed clinically appropriate by their mental health team. It should be clearly understood also, that nobody is discharged simply to close a bed.

Due to staff shortages, for a variety of reasons , some beds cannot be refilled. This, unfortunately, has left Linn Dara with just half of its 22 bed complement operational. The HSE has indicated that, for those discharged for clinical reasons, dedicated follow-on supports from the community-based CAMHS service will be provided, if deemed necessary. The Executive will also make available the CAMHS Day Service, as appropriate in individual cases, to enhance supports for young people and their families. The core issue facing Linn Dara relates specifically to staff recruitment and retention difficulties for mental health professionals. This, unfortunately, reflects wider health system issues. The problem in this case does not relate to funding availability. Staffing cover has been augmented in recent times through methods such as staff working additional hours, overtime and engaging agency staff.

The HSE are exploring every option to maximise the operation of this service in the future. The Executive is intensifying its efforts on recruitment, and while a number of staff have been identified to join the Linn Dara service in the near future, this will take time. The Deputy may rest assured that all efforts will continue to be made to address on-going service difficulties at Linn Dara.

'A Vision for Change' came to the end of its 10-year term in 2016. The increased investment in mental health services over the last number of years has helped to facilitate an increase in the number and staffing levels of both Adult, and Children & Adolescent Community Mental Health Teams. Of the additional 1,550 new mental health posts approved since 2012, some 1,150 have been, or are in the process of being, recruited.

Increased investment has also funded the development of specialist services recommended in *A Vision for Change*, including Forensic, Eating Disorders, Psychiatry of Later Life, and Mental Health Intellectual Disability services. There has also been continued development of community mental health teams, improved 7-day responses and liaison services, Peri-natal Mental Health and two new clinical programmes – specifically for ADHD in Adults and Children, and for Dual Diagnosis of those with Mental Illness and Substance Misuse.

Respite Care Services Provision

89. **Deputy Louise O'Reilly** asked the Minister for Health the number of hours of respite care offered to families of children with disabilities in the first five months of 2017 as compared to the first five months of 2016. [27663/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

The Programme for Partnership Government states that the Government wishes to provide more accessible respite care to facilitate full support for people with a disability.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Hospital Groups

90. **Deputy John Brady** asked the Minister for Health his plans to put on a statutory footing hospital group boards not currently on a statutory footing; and the reason for the delay in this regard. [27655/17]

Minister for Health (Deputy Simon Harris): The establishment of Hospital Groups represents a very significant reform of our hospital services. Hospital Groups continue to be implemented on an administrative basis and, until legislation is advanced, will continue to operate within the existing policy and accountability frameworks of the Department of Health and the HSE.

I have been clear since the Committee on the Future of Healthcare commenced its work that I would not advance major structural reforms until it had reported out of respect for the process. It is vital that we now allow time to reflect and deliberate on the findings of the Committee. I look forward to the Dáil debate on the report later this week and I will give full consideration to the report's recommendations when I have had the opportunity to hear views from across the Dáil.

Ambulance Service Provision

91. **Deputy Catherine Connolly** asked the Minister for Health the status of the provision of ambulance services in north and south Connemara, County Galway, in view of the repeated

highlighting of serious issues in relation to same; and if he will make a statement on the matter. [27903/17]

Minister for Health (Deputy Simon Harris): The Deputy will be aware that I met with a representative group from Connemara on 20th February last to hear their views and assure them of this Government's commitment to the development of our ambulance services. At this meeting the group highlighted a number of issues which I followed up with the National Ambulance Service (NAS) and the Pre-Hospital Emergency Care Council.

It is worth noting that the Capacity Review, published last year, identifies particular difficulties serving rural areas as population density in Ireland is significantly different to that of many other countries. The Review indicated that the only practical way to improve first response times in rural areas is through voluntary Community First Responder (CFR) schemes. The further developments of a comprehensive national programme of CFR schemes has therefore been prioritised in the HSE National Service Plan 2017. The NAS continues to work with local CFR Groups across the country, and in Connemara, in an effort to enhance services and greatly values their commitment and support.

I would like to assure the Deputy that the Government and the NAS are fully committed to the provision of a safe, patient focused pre-hospital emergency care service. The Programme for a Partnership Government commits to additional annual investment in terms of ambulance personnel and vehicles. In this regard, €7.2m additional funding was provided to the NAS in 2016 and in 2017, an additional €3.6m has been provided, including €1m to fund new developments.

General Practitioner Training

92. **Deputy Fiona O'Loughlin** asked the Minister for Health if he will consider allocating a general practitioner training programme to County Kildare; and if he will make a statement on the matter. [27831/17]

Minister for Health (Deputy Simon Harris): The Government is committed to the continued development of General Practitioner capacity and to ensuring that patients across the country continue to have access to GP services. The annual number of training places available has been increased from 120 in 2009 to an expected intake of 171 in 2017. The Government is committed to further increasing this number in future years.

The HSE works alongside the Irish College of General Practitioners in actively recruiting and training GP trainees. At present, GP training is delivered by 14 separate GP training programmes throughout the country. While Co. Kildare does not have its own dedicated GP training programme, there are several GP trainees based with 18 GP trainers in Co. Kildare. These trainees are principally aligned to the Midlands and Trinity training programmes. There are no plans to introduce a new training programme for County Kildare.

Maternity Services Provision

93. **Deputy Louise O'Reilly** asked the Minister for Health when 20 week anomaly scans will be available to all women in all maternity units across the State. [27664/17]

Minister for Health (Deputy Simon Harris): I am advised that foetal anomaly scans are available in all Hospital Groups. Those hospitals/maternity units currently providing anomaly

scans accept referrals from other maternity units, if requested. This occurs where the medical team in the referring maternity unit consider that an anomaly scan is clinically indicated.

The National Maternity Strategy is very clear that all women must have equal access to standardised ultrasound services. The Strategy will be implemented on a phased basis and this work will be led by the HSE National Women & Infants Health Programme. Indeed, the issue of anomaly scanning is a priority issue for the Programme and, accordingly, it will develop clinical guidance regarding routine detailed scans at 20 weeks. In the meantime, the Programme will continue to work with the six Hospital Groups to assist in increasing access to anomaly scans for those units with limited availability.

One of the current challenges to increase access to anomaly scans is the recruitment of ultrasonographers. In this context, it is expected that the establishment of Maternity Networks across Hospital Groups will assist in developing a sustainable model that ensures that all women within each Hospital Group can access anomaly scans.

Hospital Services

94. **Deputy Alan Kelly** asked the Minister for Health the reason there has not been a full rollout of intermediate care vehicles with staff across the acute hospital network. [27540/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

Nursing Staff Recruitment

95. **Deputy Shane Cassells** asked the Minister for Health the criteria for American and Australian qualified nurses to enter the health system here; and if he will make a statement on the matter. [27829/17]

Minister for Health (Deputy Simon Harris): I have received a report from the Nursing and Midwifery Board of Ireland (NMBI) on the issue raised by the Deputy. The NMBI have advised that:

Applicants who trained outside the EU/EEA are considered as Group 3 applicants for the purpose of applying for registration with NMBI. Each application is individually assessed to include a full review of the applicant's education and training programmes. This reviews includes all pre-registration and post registration nursing education programmes. The programmes are compared to Irish standards of education and training for nurses. American and Australian nurses must provide the following documents in advance of their application being individually assessed:

- Completed application form;
- Identity documents;
- Transcript(s) of training from their University/School of Nursing;
- Professional Employment Reference;
- Verification of registration and Good Standing from all Competent Authorities where they hold/held registration.

Some American and Australian applicants unfortunately do not meet NMBI standards and requirements in terms of the nursing programmes they undertook when compared to Irish standards and requirements. Many programmes fall significantly short of the hours required for registration with NMBI or to be offered a period of adaptation/aptitude test and unfortunately these applicants are refused registration. An applicant has the right to appeal this decision within 56 days of date on decision letter. American trained applicants who only hold an Associate Degree are advised in NMBI guidance documentation that they are not eligible to apply for registration with this qualification alone as it is only a two year programme and will not meet the criteria for registration. If an American applicant who holds an Associate Degree and has taken additional relevant studies wishes to apply, the NMBI will consider their application.

It may be of interest to the Deputy to learn that as of 12th June 2017, a total number of 283 individuals who undertook their training in the United States are registered on the Active Register with NMBI. The vast majority of these Registrants would have had to undertake either an adaption placement or aptitude test as a pre-requisite to registration.

Infectious Diseases

96. **Deputy Gino Kenny** asked the Minister for Health his views on whether the diagnosis and treatment of Lyme disease here needs to be improved substantially to improve the lives of the many sufferers here; his further views on the fact that in other jurisdictions there are much more advanced and reliable blood tests which should be introduced here in place of the current unreliable ELISA test; and if he will make a statement on the matter. [27733/17]

Minister for Health (Deputy Simon Harris): Lyme disease is diagnosed by medical history and physical examination. The infection is confirmed by blood tests which look for antibodies produced by an infected person's body in response to the infection. These normally take several weeks to develop and may not be present in the early stages of the disease. The standard approach to Lyme diagnostics is a two-stage approach and involves using a sensitive enzyme immunoassay (EIA) as an initial, screening step. Screening EIAs can be insufficiently specific, giving false-positive reactions in the presence of other similar bacteria, and certain other viral infections, including glandular fever. In addition, blood samples from patients with autoimmune disorders and other inflammatory conditions can also lead to false-positive results. Samples giving positive or equivocal results in screening tests are further investigated in a second-stage immunoblot (Western blot) tests. Use of immunoblot testing greatly increases specificity. Using this two stage approach will give a great degree of certainty around the diagnosis of Lyme.

All clinical (and other) laboratories in Ireland must undergo continuous quality assurance to ensure that the quality of the diagnostics they provide is maintained at the highest international level for human diagnostics. Some laboratories abroad do not use antibody tests like the EIA (screening ELISA test) and Western Blot and instead will use other types of tests, for example, testing for levels of a specific white blood cell (CD-57) or lymphocyte transformation tests (tests to measure how specific cells in a person's immune system respond when exposed to antigens against *Borrelia burgdorferi* - the bacterium responsible for Lyme disease). These types of tests are not currently recommended by international groups such as the CDC, Infectious Diseases Society of America (IDSA) or BIA for a number of reasons:

Lyme disease can be very successfully treated using common antibiotics. These antibiotics are effective at clearing the rash and helping to prevent the development of complications. Antibiotics are generally given for up to three weeks. If complications develop, intravenous antibiotics may be considered.

The Scientific Advisory Committee of the Health Protection Surveillance Centre (HPSC) has established a Lyme Borreliosis Sub-Committee, the aim of which is to develop strategies to undertake primary prevention in order to minimise the harm caused by Lyme Borreliosis in Ireland. In addition to staff from the HPSC, the membership of the Sub-Committee includes specialists in Public Health Medicine, Consultants in Infectious Diseases, Clinical Microbiology, Occupational Health and an Entomologist from the Parks and Wildlife Service, a representative from the Local Government Management Agency, an Environmental Health Officer and, very importantly, a representative from Tick Talk Ireland, the primary Support Group for Lyme disease in Ireland.

The initial work of the Lyme Borreliosis Sub-committee involved a survey of laboratory methods for the diagnosis of Lyme borreliosis in Ireland, the development of Lyme borreliosis guidance for general practitioners, the publication of medical media articles to highlight diagnostics and laboratory methods relating to Lyme borreliosis available in Ireland. Material has been produced which is aimed both at the general public and General Practitioners. The Sub-Committee first met on 6 May 2015 and it is expected to report in 2017.

Home Care Packages Provision

97. **Deputy Billy Kelleher** asked the Minister for Health the reason behind the notable regional differences in the provision of home care packages; and if he will make a statement on the matter. [29068/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Health Services Staff

98. **Deputy David Cullinane** asked the Minister for Health his plans to address the capacity issues within the public health sector that are being driven in part by low pay and a lack of a clear career path for nurses within the public health sector; and if he will make a statement on the matter. [26059/17]

Minister for Health (Deputy Simon Harris): There has been a significant improvement in the staffing of the public health services in the past three years as the economic position has improved and additional funding has been made available to support service delivery. From end April 2014 to end April 2017, total numbers employed have increased by over 10,000 whole time equivalents to 111,979.

The number of consultants has increased significantly. At the end of April 2017 there were 2,884 whole time equivalents. This constitutes an increase of 298 since April 2014. The number of NCHDs has also increased significantly, from 4,982 at the end of April 2014 to 6,092 at the end of April 2017, in order to support service delivery and progression of compliance with the provisions of the European Working Time Directive.

Nursing and midwifery numbers at the end of April 2017 stood at 36,549 whole time equivalents, having increased by 625 whole time equivalents in the 12 months from end April 2016 and by 1,870 in the three years from end April 2014. Overall nursing numbers (WTEs) are at the highest level since 2011 with numbers increasing consistently since early in 2014. However, given that numbers fell by 5,000 between 2007 and 2013 and that we face increasing service demands due to a growing and ageing population there is an ongoing need to increase numbers.

Under proposals formulated at the WRC between this Department, DPER, the HSE, the INMO and SIPTU in February and March this year it was agreed that management would increase the nursing and midwifery workforce in 2017, through a broad range of initiatives that provide for 1,208 additional permanent posts. Delivery of these posts is possible through a combination of new development posts, for which additional funding is being provided in the current year, and the local conversion of agency employed staff into direct employees. Key measures include the conversion of agency employed staff into HSE direct employees and offering all graduating nurses and midwives full time contracts. Other important elements include enhanced maternity leave cover; a career break scheme; 130 additional undergraduate places in 2017; and offering nurses and midwives improved educational opportunities and career pathways. Recruitment measures include careers days, HSE attendance at national and international recruitment fairs, and a communication from the National Director for HR to all Nursing and Midwifery Graduates.

A number of specific measures have already been taken in relation to nurses pay. These include additional pay in return for taking on some duties from doctors and an increase in the rate of pay for the student nursing placement to 70% of the first point of the staff nurse pay scale. In the last quarter of 2016 the Government approved restoration of incremental credit for 2011 to 2015 graduate nurses in respect of the 36 week clinical placement undertaken by 4th year student nurses in the context of the 2017 Estimates. All nurses and midwives are now eligible for incremental credit for the 36 week placement.

In addition to the pay restoration that is provided for in the Public Service Agreements, and which commenced on 1st April, the recently concluded Draft Public Service Stability Agreement provides for pay increases from the unwinding of FEMPI legislation. It will see those earning up to €30,000 receiving a 7.25% increase with the remainder receiving 5.75% over the lifetime of the agreement. However, public sector unions will have to ballot their members on acceptance or rejection of this Agreement.

Health Services

99. **Deputy Ruth Coppinger** asked the Minister for Health the reason contraception is not available through health insurance; if he has discussed this matter with health insurance companies; and if he will make a statement on the matter. [27898/17]

Minister for Health (Deputy Simon Harris): Under the Minimum Benefit Regulations, 1996, all health insurance products that provide cover for in-patient hospital treatment must provide a certain minimum level of benefits. The key purpose of the Regulations is to ensure the continued availability of the type of broad hospital cover traditionally held as a minimum by the insured population and to ensure that individuals do not significantly under-insure.

The regulations protect consumers by requiring insurers to offer a minimum set of benefits to every insured person. Insurers are free to design and sell private health insurance plans, providing the plans comply with the minimum benefits regulations. I have no role to play in commercial decisions taken by health insurers when determining whether to provide cover for any particular procedure or treatment, other than those already outlined in the regulations.

European Medicines Agency

100. **Deputy Stephen S. Donnelly** asked the Minister for Health the level of support the Government is offering in order to relocate the European Medicines Agency to Ireland; and if

he will provide the associated cost suggested. [25704/17]

Minister for Health (Deputy Simon Harris): The European Medicines Agency (EMA) plays a vital role in the protection of the health of 500 million EU citizens through the scientific evaluation and safety monitoring of human and veterinary medicines. The EMA is also key to maintaining the competitiveness of the European pharmaceutical industry, which is worth approximately €260 billion annually. As a consequence of the United Kingdom's decision to leave the European Union, the EMA must relocate to another Member State. Approximately 20 Member States are seeking to host the Agency. The Government believes that moving the Agency to Dublin would offer a sustainable solution which will minimise any disruption to its critical operations caused by the relocation. In recent months the Minister of State for Health Promotion and I, with the support of Government colleagues and Irish diplomats across the EU, have engaged in an intensive campaign of meetings and visits to promote Dublin's candidacy. Subject to the finalisation of formal criteria and of the process to be used to arrive at a decision by Member States, it is anticipated that a formal bid must be submitted to the European Council by 31 July 2017. Government has tasked an interdepartmental/interagency group, led by my Department, with the preparation of Ireland's bid and this group is working intensively to ensure that a high-quality bid is ready for submission by the deadline. The question of providing particular supports to a relocation of the EMA to Dublin will be considered as part of this process.

Medicinal Products Availability

101. **Deputy Gino Kenny** asked the Minister for Health if he will consider the motion recently adopted by an organisation (details supplied) calling for the prescription of cannabis for medicinal use not to be restricted to consultants only but to allow general practitioners to do so also; and if he will make a statement on the matter. [27734/17]

Minister for Health (Deputy Simon Harris): As you know, I published the Health Products Regulatory Authority's report 'Cannabis for Medical Use – A Scientific Review' in February and announced my intention to establish a Cannabis Access Programme for cannabis-based treatments to be provided for qualifying patients. The HPRa report recommended that patients accessing cannabis through the programme should be under the care of a medical consultant.

The Chief Medical Officer's advice reiterates that it is crucial that the granting of a cannabis licence takes due care and consideration of the potential unintended consequences associated with the prescription of cannabis, a schedule 1 controlled drug, for medical purposes, and that its use is endorsed by a consultant who is familiar with and responsible for the care of the individual for whom the licence application is being made.

It has been reported that there is a legal barrier preventing consultants from prescribing cannabis-based treatments. In fact, there is no such legal barrier. It remains open to me, as Minister for Health, to consider granting a licence under the Misuse of Drugs Acts, where the proposed course of treatment has been endorsed by a consultant.

Question No. 102 answered with Question No. 49.

Hospital Waiting Lists

103. **Deputy Barry Cowen** asked the Minister for Health the way in which the Midland Regional Hospital, Tullamore, will be supported in reducing the number of outpatients enduring

long waiting times in the hospital. [29093/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

There is no doubt that our public hospital system is challenged in meeting the growing demand for care. Last year alone, there was a 2% increase in inpatient and day-case activity over 2015. Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient / Daycase and Outpatient Plans which have now been published and are currently being implemented, focus on reducing as much as possible within existing resources the number of patients waiting 15 months or more for inpatient and daycase treatment or outpatient appointment by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017.

Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List, nearly 49,000 patients have come off the Outpatient Waiting List and approximately 130 scoliosis surgeries have taken place.

In addition, the NTPF has advised that under the ongoing Daycase Waiting List Initiative over 2,000 patients files have been transferred to private hospitals under this Initiative, 483 patients have accepted an offer of treatment in a private hospital and that over 120 patients have received their procedure.

National Maternity Strategy

104. **Deputy Billy Kelleher** asked the Minister for Health the reason the taskforce for the implementation of the national maternity strategy has met just once in 18 months. [29066/17]

Minister for Health (Deputy Simon Harris): Ireland's first National Maternity Strategy - *Creating A Better Future Together 2016 - 2026* - will be implemented on a phased basis. Implementation will be led by the newly established National Women & Infants Health Programme, which was established in January 2017. The Programme chaired the first meeting of the Strategy Implementation Group in April. It is currently working on the detailed implementation plan with a view to completing it by end June.

€3 million development funding provided for maternity services in 2016 was allocated in line with the Strategy, and included funding for additional staff, including 100 midwives, the development of specialist bereavement teams and for the implementation of the Maternal and Newborn Clinical Management System. Increased funding of €6.8m has been provided for maternity services in 2017 which will allow for the continued implementation of the Strategy.

Question No. 105 answered with Question No. 63.

Health Services Staff

106. **Deputy Bríd Smith** asked the Minister for Health the way in which he plans to deal

with problems of retaining and recruiting staff in key sectors of the health service in the coming period; and if he will make a statement on the matter. [27900/17]

Minister for Health (Deputy Simon Harris): In line with the Department's Statement of Strategy, the Department of Health is working with the HSE and other cross sectoral partners to develop a national strategic framework for health workforce planning which aims to support the recruitment and retention of the right mix of health workers across the Irish health service to meet planned and projected service need. During 2016, the Department of Health convened a cross-sectoral Steering Group to begin work on the development of this Framework.

Work on the draft framework is well advanced and a stakeholder consultation process on the draft will commence during June. It is anticipated that the finalised framework, and an associated high-level implementation plan, will be submitted to the Minister for Health in September 2017.

In addition, under proposals formulated at the WRC between this Department, DPER, the HSE, the INMO and SIPTU in February and March this year it was agreed that management would increase the HSE's National Workforce Plan for nurses and midwives in 2017. Management have committed to continuing to increase the nursing and midwifery workforce in 2017, through a broad range of initiatives that will result in the delivery of 1,208 additional permanent posts; including the conversion of agency employed staff into HSE direct employees, and offering all graduating nurses and midwives full time contracts. Other key measures include maternity leave cover; a career break scheme; 130 additional undergraduate places in 2017; and offering nurses and midwives improved educational opportunities and career pathways. Recruitment measures include careers days, HSE attendance at national and international recruitment fairs, and a communication from the National Director for HR to all Nursing and Midwifery Graduates.

Although not limited to the health sector, the recent draft Public Service Stability Agreement also sets out a process for a more comprehensive examination of underlying difficulties in recruitment and retention in certain sectors and employment streams where difficulties are clearly evident. There will be opportunities for submissions to be made to the Public Service Pay Commission and the exercise is due to be completed by end- 2018. Any proposals will be subject to discussion between the parties.

Question No. 107 answered with Question No. 49.

Primary Care Centres

108. **Deputy Louise O'Reilly** asked the Minister for Health the additional staff that will be employed to ensure the full functioning of the new primary care centre in Balbriggan. [27662/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

109. **Deputy Niall Collins** asked the Minister for Health the way in which University Hospital Limerick will be supported in reducing the number of outpatients enduring long waiting times in the hospital. [29095/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

Occupational Therapy

110. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the reason for the persistent increase in long waiting times for persons under 18 years of age needing assessment for occupational therapy; and if he will make a statement on the matter. [29076/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Hospital Waiting Lists

111. **Deputy Seán Haughey** asked the Minister for Health the way in which the Mater hospital will be supported in reducing the number of outpatients and inpatients enduring long waiting times in the hospital. [29098/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

There is no doubt that our public hospital system is challenged in meeting the growing demand for care. Last year alone, there was a 2% increase in inpatient and day-case activity over 2015. Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient / Daycase and Outpatient Plans which have now been published and are currently being implemented, focus on reducing as much as possible within existing resources the number of patients waiting 15 months or more for inpatient and daycase treatment or outpatient appointment by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017.

Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List, nearly 49,000 patients have come off the Outpatient Waiting List and approximately 130 scoliosis surgeries have taken place.

In addition, the NTPF has advised that under the ongoing Daycase Waiting List Initiative over 2,000 patients files have been transferred to private hospitals under this Initiative, 483 patients have accepted an offer of treatment in a private hospital and that over 120 patients have received their procedure.

Mental Health Services Data

112. **Deputy Thomas P. Broughan** asked the Minister for Health the steps his officials are taking to liaise with hospitals and the National Office for Suicide Prevention on the number of self harm presentations at emergency departments not admitted to wards; if he is examining the reasons and trends for non admission; and if he will make a statement on the matter. [27786/17]

Minister of State at the Department of Health (Deputy Helen McEntee): In March 2016,

the HSE Mental Health Division established the National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm.

This clinical programme specifically addresses the care and treatment required by people who present to the Emergency Departments of acute hospitals following an episode of self-harm or with prominent suicidal ideation.

The aim of this programme is to develop a standardised and effective process for the assessment and management of individuals of all age ranges, including children, adolescents, adults and older adults, who present with self-harm to an Emergency Department.

Training offered by this programme will ensure that patients and their families have access to clinicians with sufficient expertise to provide high-quality, evidence-based care and treatment. Critical to the success of this clinical programme will be the consolidation and further development of close working relationships between the Emergency Department clinical team, mental health liaison staff and Community Mental Health teams and GP services.

The objectives of this programme are to improve the assessment and management of all individuals who present to an Emergency Department with self-harm, reduce rates of repeated self-harm; improve access to appropriate interventions at times of personal crisis; ensure rapid and timely linkage to appropriate follow-up care, and optimise the experience of families and carers in trying to support those who present with self-harm.

Following clinical assessment of a person who presents to an Emergency Department following self-harm, a decision with regard to ongoing treatment of the individual is required. This may indicate admission to a general hospital if physical care is required. If significant mental health considerations are clinically identified, referral to mental health services in accordance with the criteria set out in the Mental Health Acts may be appropriate.

Alternatively the individual could be referred to appropriate primary care services and supports. All such clinical decisions are set out in the Discharge and Management Plan – Emergency Care Plan developed with and given to the patient and family/friend (with consent).

Hospital Appointments Administration

113. **Deputy Billy Kelleher** asked the Minister for Health the reason that in May 2017 some 14,389 outpatient appointments had been outstanding in County Cork hospitals for more than a year, a fivefold increase by comparison to May 2014. [29069/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase and Outpatient Services. These plans have now been finalised and their implementation has commenced. It is expected that the Inpatient / Daycase and Outpatient Plans will considerably reduce the number of patients waiting 15 months or more for inpatient and daycase treatment or for an outpatient appointment by the end of October. Under these Plans, since early February, over 14,200 patients have come

off the Inpatient/Daycase Waiting List and nearly 49,000 patients have come off the Outpatient Waiting List.

In addition, last December I granted approval to the NTPF for the first tranche of funding in the region of €5m, for an initiative focused on those waiting longest for Daycase treatment with a view to ensuring that in excess of 2,000 patients waiting more than 18 months for a daycase procedure will have received an offer of an appointment for their procedure by the end of June. The NTPF has advised that to date over 2,500 patients files have been transferred to private hospitals under this initiative, 631 patients have accepted an offer of treatment in a private hospital and that 178 patients have received their procedure. In relation to the specific query concerning waiting times for outpatient appointments in hospitals in Co Cork, I have asked the HSE to reply to you directly.

National Maternity Hospital

114. **Deputy Ruth Coppinger** asked the Minister for Health the details of the governance arrangements of St. Vincent's hospital and the national maternity hospital following its relocation to Elm Park, Dublin in view of the recent announcement by the religious Sisters of Charity to not be directly involved in St. Vincent's hospital; and if he will make a statement on the matter. [27899/17]

Minister for Health (Deputy Simon Harris): The Deputy will be aware that I recently asked for a period of time to reflect on, and address, issues associated with the National Maternity Hospital project. While work is continuing on these issues, I am happy to note the significant developments that have taken place over the period. I have met with the Chair and CEO/Master of both hospitals and reaffirmed my commitment to the project. In addition, there has been extensive engagement between the St Vincent's Healthcare Group and my officials.

On 29 May last, the Sisters of Charity announced their decision to relinquish their ownership and involvement with the St. Vincent's Healthcare Group. This decision, on the part of the Sisters, is an extremely significant development for the healthcare sector. My Department has been briefed on this development. The St. Vincent's Healthcare Group's Constitution will no longer refer to the Sisters of Charity and will be amended to reflect compliance with national and international best practice guidelines on medical ethics and the laws of the Republic of Ireland. I know that despite the specific provisions in the Mulvey agreement, there was a concern on the part of some, about the potential religious influence being brought to bear on the new maternity hospital. The decision of the Sisters of Charity is extremely helpful in dispelling any such concerns.

Discussions are continuing with the St. Vincent's Healthcare Group on the terms of the State's investment in the new hospital and, in particular, arrangements for the protection of this investment. The Mulvey agreement envisaged that further consideration was required in relation to the legal mechanisms necessary to protect the State's considerable investment. My Department is very actively engaged in devising suitable arrangements to ensure that the facilities are legally secured on an on-going basis for the delivery of publicly funded maternity, gynaecology and neonatal services.

I hope to update the Government on the project very shortly.

General Practitioner Services Provision

115. **Deputy Mick Wallace** asked the Minister for Health further to parliamentary Question No. 79 of 8 March 2017, the measures he is planning in order to ensure that general practitioners do not incorrectly charge medical card holders for routine phlebotomy services; his plans to introduce sanctions for general practitioners that continue to charge patients incorrectly in this regard; and if he will make a statement on the matter. [27869/17]

Minister for Health (Deputy Simon Harris): There is no provision under the GMS GP contract for persons who hold a medical card or GP visit card to be charged for routine phlebotomy services provided by their GP, or the Practice Nurse on behalf of the GP, which are required to either assist in the diagnosis of illness or the treatment of a condition. The HSE has advised GPs that where a blood test forms part of the investigation or necessary treatment of a patient's symptoms or conditions, this should be free of charge for patients who hold a medical card or GP visit card. I am aware that in recent times, some GPs have begun to charge GMS patients for phlebotomy services in some circumstances.

This is a matter of concern to me as it has long been the position of Government and the Oireachtas that no user charges should apply to GP services provided to GMS and GP visit card patients. If a patient who holds a medical card or GP visit card believes he or she has been incorrectly charged for routine phlebotomy services by his or her GP, then that patient may make a complaint to the HSE Local Health Office, who will deal with the matter in accordance with the HSE's Complaints Policy.

In order to achieve clarity on this issue, I have asked that any difference of perspective in relation to the provision of phlebotomy services be addressed in the GP contractual review process, which is currently underway. I look forward to constructive and positive engagements with a view to achieving a satisfactory outcome.

Cancer Screening Programmes

116. **Deputy Billy Kelleher** asked the Minister for Health if waiting time targets for cancer diagnoses are being met; and if he will make a statement on the matter. [29067/17]

Minister for Health (Deputy Simon Harris): The HSE's National Cancer Control Programme set up Symptomatic Breast Disease clinics and Rapid Access Clinics for Lung and Prostate cancer at eight designated cancer centres over the period 2009-2012. A symptomatic breast cancer service was also set up in Letterkenny University Hospital as a satellite of the Galway University Hospital service.

These clinics provide high quality diagnostic services to patients with symptoms indicating possible breast, lung or prostate cancer. Data on Rapid Access Clinic attendances in all cancer centres are captured monthly, with the April 2017 report being the most recent. Many hospitals services are meeting target time frames. However, issues with respect to achieving targets are being experienced in some cancer centres.

The national target for Symptomatic Breast Disease clinics is that 95% of all urgent referrals are offered an appointment within 10 working days of the date of receipt of a referral letter. In April 74.6% of patients were offered an appointment within this time frame.

With regards to lung cancer Rapid Access Clinics, the national target is also that 95% of all lung cancer patients are offered an appointment within 10 working dates of the date of receipt of the referral letter. In April 85.4% of patients were offered appointments within 10 days.

The national target for prostate cancer Rapid Access Clinics is that 90% of all prostate can-

cer patients are offered an appointment within 20 working days of the date of the receipt of a referral letter. A total of 43.3% of patients were seen within 20 working days in April.

A review of cancer Rapid Access Clinics and Symptomatic Breast Disease clinics across all cancer centres has been undertaken by the National Cancer Control Programme and has been finalised recently. A set of recommendations for hospitals and Hospital Groups to support sustainable improvement in the performance of clinics was developed and implementation has begun.

Performance of clinics will continue to be closely monitored with a view to ensuring improvement over a period of time so that patients are seen within the target ranges at all centres.

Home Help Service Provision

117. **Deputy Robert Troy** asked the Minister for Health if he will address the drop in home help hours which has recently been reported for counties Longford and Westmeath; and his plans to increase these hours as a matter of urgency [27842/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Orthodontic Services Waiting Lists

118. **Deputy Niamh Smyth** asked the Minister for Health if he will address the waiting times for children waiting for orthodontic treatment; and if he will make a statement on the matter. [29061/17]

Minister for Health (Deputy Simon Harris): As this is a service matter it has been referred to the HSE for reply to the Deputy.

HSE Staff

119. **Deputy Fiona O'Loughlin** asked the Minister for Health his views on the lack of availability of physiotherapists in south Kildare for children with scoliosis; and if he will make a statement on the matter. [27830/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Question No. 120 answered with Question No. 49.

Maternity Services

121. **Deputy Anne Rabbitte** asked the Minister for Health when the report into maternity services in Portlinculla hospital will be published; and if he will make a statement on the matter. [29072/17]

Minister for Health (Deputy Simon Harris): As this is a service matter the question has

been referred to the Health Service Executive for attention and direct reply to the Deputy.

I am advised that regular re-audits of the maternity unit at Portiuncula University Hospital have confirmed that there is no continuing patient safety concern arising from the issues identified.

I am also advised that while the work to publish the overall report continues, implementation of the recommendations from the individual systems analysis reports provided to the families in April is progressing.

National Treatment Purchase Fund

122. **Deputy Aindrias Moynihan** asked the Minister for Health if he has used the National Treatment Purchase Fund since its introduction to make a reduction in the waiting times for persons to avail of gynaecological services in CUMH. [27863/17]

Minister for Health (Deputy Simon Harris): I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

There is no doubt that our public hospital system is challenged in meeting the growing demand for care. Last year alone, there was a 2% increase in inpatient and day-case activity over 2015.

Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient / Daycase and Outpatient Plans which have now been published and currently being implemented, focus on reducing the number of patients waiting 15 months or more for inpatient and daycase treatment or outpatient appointment as much as possible within existing resources by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017. Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List and nearly 49,000 patients have come off the Outpatient Waiting List.

The Inpatient Daycase Waiting List Action Plan makes specific reference to a targeted initiative to address long-waiting Gynaecology patients in the South/South West Hospital Group to be supported through the funding allocated to the NTPF.

Hospital Waiting Lists

123. **Deputy John Brady** asked the Minister for Health the status of the introduction of the integrated hospital waiting list management system, Comhlista. [27656/17]

Minister for Health (Deputy Simon Harris): This Government is committed to reducing waiting times for patients, and I am keenly aware that waiting times are often unacceptably long and this places a significant burden on patients and their families.

In order to reduce this burden for patients and to ensure that best practice is applied in how

waiting lists are managed, I am open to evaluating new approaches to waiting list management in our health service. I agree that greater integration of hospital waiting list management systems is a step in the right direction and IT can play a significant role in underpinning these integrated approaches.

On this basis, on 15th February during a Private Members Business debate in the Seanad regarding waiting lists and Comhliosta, I committed to asking the NTPF to establish and lead a project team of relevant experts and stakeholders to examine the feasibility of progressing to a more integrated approach to waiting list management at Hospital Group level.

Over the last few months the NTPF has been scoping out the structure and format of this study. The first meeting of the steering group took place last week and a workshop will follow later this month. I have asked the NTPF to report to me by the end of August and I will examine their recommendations once the study has been finalised.

Hospital Waiting Lists

124. **Deputy Niamh Smyth** asked the Minister for Health if he will address hospital waiting times for persons in counties Cavan and Monaghan waiting on cataract procedures; and if he will make a statement on the matter. [29062/17]

Minister for Health (Deputy Simon Harris): Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. These plans have been published and their implementation is ongoing. The Inpatient / Daycase and Outpatient Plans focus on reducing the number of patients waiting 15 months or more for inpatient and daycase treatment or for an outpatient appointment by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017. Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List and nearly 49,000 patients have come off the Outpatient Waiting List and 130 scoliosis surgeries have taken place.

In addition, the NTPF is currently rolling out its Daycase Waiting List Initiative focused on those waiting longest for daycase treatment, with a view to ensuring that in excess of 2,000 patients waiting more than 18 months for a daycase procedure will have received an offer of an appointment for their procedure by the end of June. The NTPF has advised that to date over 2500 patients files have been transferred to private hospitals under this Initiative, 631 patients have accepted an offer of treatment in a private hospital and that 178 patients have received their procedure.

The inpatient/daycase Waiting List Action Plan will be delivered through a combination of normal hospital, National Service Plan-funded activity, as well as insourcing and outsourcing initiatives using the €15m of Budget 2017. Under insourcing, initiatives to address orthopaedic and ophthalmology waiting lists will be progressed.

Home Help Service Provision

125. **Deputy Willie O'Dea** asked the Minister for Health the reason behind the 11% reduc-

tion in home help hours in east County Limerick and north County Tipperary for January to April 2017 relative to the same period in 2016. [29083/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

Cancer Services Provision

126. **Deputy Thomas Pringle** asked the Minister for Health his plans to provide support for persons that have to travel long distances for cancer treatments across the country from County Donegal; and if he will make a statement on the matter. [27643/17]

Minister for Health (Deputy Simon Harris): The overall the aim is to ensure that the best possible outcomes are delivered to cancer patients. Patients receive this treatment as close to home as possible, but inevitably long distances will be involved for some.

Arising from the 2006 National Cancer Strategy, cancer services were organised to ensure that patients received treatment in hospitals that had sufficient case volumes, as well as adequate staffing and other resources to deal with these volumes. Eight hospitals are designated as cancer centres, with Letterkenny Breast Cancer Service operating as a satellite of Galway University Hospital. Medical oncology and chemotherapy services are also available at Letterkenny University Hospital.

While the focus of the HSE's National Cancer Control Programme (NCCP) is on improving treatment outcomes, some supports are available for patients travelling from Donegal for cancer treatment, including voluntary and community transport services. The Travel 2 Care scheme, which is part funded by the NCCP and managed by the Irish Cancer Society, is open for applications from patients who are travelling more than 50kms to designated cancer centres.

Hospital Staff

127. **Deputy Eoin Ó Broin** asked the Minister for Health his plans to co-ordinate with third level institutions to ensure that there will be adequate staffing in the national children's hospital. [27654/17]

Minister for Health (Deputy Simon Harris): Excellence in modern paediatric practice cannot be achieved without an embedded culture of, and focus on, research, education and innovation. More than a hospital, the new children's hospital will be a research-intensive academic healthcare institution.

To deliver this vision, the main facilities for research and innovation will be located at the Children's Research and Innovation Centre (CRIC) on the St James's campus. The CRIC facility will be located adjacent to the Institute of Molecular Medicine, a cross university facility which delivers both undergraduate and postgraduate education and has a strong research platform in cancer, infection and immunity and neurosciences.

Clinical management and research staff at the new children's hospital will be able to study, evaluate, and improve the healthcare services provided to children and young people in Ireland.

In relation to the specific query raised by the Deputy, I have asked the Children's Hospital Group to respond to you directly.

Question No. 128 answered with Question No. 52.

Hospitals Expenditure

129. **Deputy Louise O'Reilly** asked the Minister for Health the status of the stretch income targets set for hospitals; the amount generated in 2016 from private income by hospital; the amount budgeted for in 2017; the amounts which constitute these stretch targets; and the expected consequences if said targets are not met by the hospitals. [27660/17]

Minister for Health (Deputy Simon Harris): The level of planned expenditure in individual hospitals is a function of the level of monies allocated by the exchequer and the amount of income projected for the hospitals (including patient income, canteen receipts etc.).

The process of setting expenditure budgets is a collaborative effort between the hospital and the HSE's Finance function.

Maintenance charge income from the hospitals in 2016 amounted to €626.3m - a breakdown of income by hospital is provided in the table. For 2017, estimated income in the sector is €625.8m and the budget for 2017 has been set at this level. There is no "stretched" maintenance budget included for 2017.

Overall, the HSE is required to balance its books, so an underperformance in one financial area needs to be balanced by another, or savings found.

The approach is outlined under the Performance and Accountability Framework, where underlying performance issues are considered and actions taken to deal with them.

Maintenance Charges Income	2016 Income
RCSI	82,326
Beaumont Hospital	35,818
Cavan Monaghan Gener	6,922
Connolly Memorial Ho	8,461
Louth County Hospita	491
Monaghan General Hos	0
Our Lady of Lourdes	18,681
RCSI Hosp Grp HQ	0
The Rotunda Hospital	11,952
Dublin Midlands	126,140
Coombe Women's Hospi	12,360
Dublin Midland Hosp	0
Naas General Hospita	6,776
Portlaoise General H	4,907
St James's Hospital	52,787
St Luke's Hospital	2,768
Tullamore General Ho	10,270
Tallaght (General)	36,271
Ireland East	109,833
Cappagh National Ort	1,506
Ireland East Hosp Gr	0

Questions - Written Answers

Maintenance Charges Income	2016 Income
Mater Misericordiae	29,996
Mullingar General Ho	7,771
National Maternity H	14,032
Our Ladys Hospital N	2,485
Royal Victoria Eye &	2,384
St Columcilles Gener	117
St Lukes Kilkenny	9,622
St Michael's Hospita	5,979
St Vincent's Univers	27,641
Wexford General Hosp	8,299
South/South West	143,628
Bantry General Hospi	2,242
Cork University Hosp	60,935
Kerry General Hospit	13,016
Kilcreene Orthopaedi	694
Mallow General Hospi	3,184
Mercy University Hos	18,318
South Infirmary	13,764
South Tipp General	7,945
South/South West Hos	0
Waterford Regional H	23,531
Saolta	77,583
Letterkenny General	7,720
Mayo General Hospita	8,719
Portincola Acute Hos	5,709
Roscommon General Ho	2,144
Saolta HQ	0
Sligo General Hospit	14,022
UCH Galway	39,268
UL	62,273
Croom Hospital	3,624
Ennis Hospital	1,883
Nenagh Hospital	2,701
St John's Hospital	5,398
UL Hospital Group HQ	0
University Hosp Lmk	43,159
University Mat Hosp	5,508
National Childrens Hospital	24,493
Children's Universit	6,730
Nat Childrens Hosp G	0
Our Lady's Hospital	14,734
Tallaght (Paeds)	3,029
Total	626,277

Diabetes Strategy

130. **Deputy Thomas Pringle** asked the Minister for Health the way in which his Department will implement a diabetes proactive care pilot for County Donegal; and if the proper resources will be provided including the doubling of staffing levels; and if he will make a statement on the matter. [27642/17]

Minister for Health (Deputy Simon Harris): In response to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Staff Recruitment

131. **Deputy Catherine Connolly** asked the Minister for Health his views on the recent confirmation that the vacant physiotherapy post in south Connemara will not be filled due to financial constraints (details supplied); and if he will make a statement on the matter. [27906/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Hospice Services Provision

132. **Deputy Peter Burke** asked the Minister for Health further to his meeting with a charity (details supplied), if plans have been progressed for a hospice in a location in the midlands in view of the concerns raised; and if he will make a statement on the matter. [27897/17]

Minister of State at the Department of Health (Deputy Helen McEntee): The Programme for a Partnership Government sets out the Government's commitment to "*encourage the development of a hospice in the Midlands*". This proposed and long overdue development is in line with national policy which states that each HSE region should have its own hospice as the hub of specialist palliative care service provision. I am aware that there have been many efforts over the years to realise this project on the basis of consensus which regrettably have not borne fruit. The development of a hospice in the Midlands in addition to other planned hospices in Mayo, Waterford, Wicklow and the North East will ensure equity in the provision of specialist palliative care countrywide over the next five years.

The HSE is planning for a 16-20 bedded hospice in the Midlands on the campus of the Midland Regional Hospital in Tullamore. This location is viewed as best serving the interests of the 300,000 population of the Midlands. The decision to develop a single hospice rather than two smaller units is based on the most efficient use of public money. The absence of a hospice and associated day services and specialist supports in the Midlands results in higher numbers of palliative care patients dying in the region's three acute hospitals when they could be more appropriately cared for in a hospice setting.

It is usual for local fundraising groups to fund the capital cost of new hospice builds. However, despite ongoing efforts by the HSE and the Irish Hospice Foundation over a protracted period it has not been possible to reach consensus on this matter and only one of the five local hospice groups has given any commitment towards capital funding for the proposed hospice. The HSE will provide the revenue funding once the hospice is built.

To advance the Midlands hospice project, the HSE is reviewing planning work to date and

will develop plans for submission to the HSE National Director for Primary Care and the HSE Capital Estates Steering Group in September. Key deliverables include a revised schedule of accommodation, a revised brief, indicative capital costings, the precise location of the hospice on the Tullamore Hospital campus, staffing requirements and indicative costings, and a communication and engagement plan. The HSE will continue to engage with local hospice groups as this preparatory work progresses.

Hospital Services

133. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which deficiencies in services have been identified as a contributory factor at various levels throughout the public general hospital system in the context of hospital waiting lists, overcrowding at accident and emergency and bed shortages; the degree to which the adequacy of numbers in respect of beds, consultants, hospital doctors, general practitioners and nurses has been identified as the primary or secondary cause of backlogs and waiting lists; the extent to which provision can be made to address these issues in line with best practice throughout the European Union and globally; and if he will make a statement on the matter. [27853/17]

Minister for Health (Deputy Simon Harris): I am very aware of the interrelated nature of the challenges our health service faces. As a consequence, I have prioritised a range of policy and operational initiatives to address waiting lists, Emergency Department overcrowding, bed capacity and staff recruitment.

Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018. The HSE has published, and is implementing Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services, focused on longest-waiting patients.

In relation to Emergency Departments, the HSE is implementing a Roadmap towards improving patient ED experience and reducing trolley wait times. In addition, planning for next winter has commenced.

My Department has also commenced a capacity review, in line with the Programme for a Partnership Government commitment. The review will take a whole-of-system approach, and will examine key elements of primary and community care infrastructure, in addition to hospital facilities. Further, my Department and the HSE are implementing a range of initiatives to increase the medical and nursing workforce.

The Committee on the Future of Health Care has also made a series of recommendations, including specific measures to tackle waiting times and ED overcrowding. I look forward to considering the report and its recommendations in full.

Primary Care Centres

134. **Deputy Alan Kelly** asked the Minister for Health the status of all primary care health centres in County Tipperary. [27538/17]

Minister for Health (Deputy Simon Harris): As the HSE has responsibility for the provision, along with the maintenance and operation of Primary Care Centres and other Primary Care facilities, the Executive has been asked to reply directly to the Deputy.

Hospital Consultant Recruitment

135. **Deputy Anne Rabbitte** asked the Minister for Health when a paediatric diabetic specialist will be appointed at university hospital Galway. [29071/17]

Minister for Health (Deputy Simon Harris): Galway University Hospital serves as a regional centre for the delivery of diabetes, endocrine and related services in the West of Ireland. This clinical care is delivered in close collaboration with related education and research programmes in the National University of Ireland, Galway.

During 2015 a consultant vacancy arose in the paediatric diabetes service at Galway University Hospital. The Saolta Healthcare Group prioritised the filling of this consultant paediatric diabetes specialist post and a candidate was selected in late 2015. However delays arose, and in February 2017 the Hospital was advised that the candidate was no longer in a position to take up the post.

In light of the importance of this post, it has been re-advertised by the Public Appointments Service as a priority, and applications have now been received. The HSE is actively engaging with the Public Appointments Service in order to fill this critical post as soon as possible.

In the interim, the Saolta Healthcare Group has been making every effort to provide appropriate diabetes care services to paediatric patients. Children under the age of 12 years are currently referred to University Hospital Limerick for diabetes treatment, while patients aged 12 years and over are commenced on insulin pump therapy under the guidance of a consultant endocrinologist at GUH.

The Saolta Healthcare Group has advised that it is committed to urgently recruiting a permanent paediatric diabetes consultant to Galway University Hospital in order that the Hospital can provide comprehensive paediatric diabetes services, so that children do not have to travel to hospitals outside the Hospital Group.

Hospitals Building Programme

136. **Deputy Catherine Connolly** asked the Minister for Health the progress that has been made in relation to the written request to him by the clinical director of Galway University Hospital and the management of a group (details supplied) to examine an options appraisal of a new hospital; if the permission has been given; if not, the status of the request; and if he will make a statement on the matter. [27902/17]

Minister for Health (Deputy Simon Harris): Significant progress has been made in terms of planning for a new ED at University Hospital Galway. At a visit to the Hospital in February, I announced that funding had been allocated to progress the design phase of the new Emergency Department. The Saolta Healthcare Group has since received notification of capital approval of €100,000 in this regard.

Currently, work is on-going with regard to the design team procurement process; expressions of interest were due to be submitted in early June and the project is expected to go out to tender in July of this year.

The Saolta Healthcare Group has committed to working to expedite this project as effectively as possible, as a new ED will provide valuable opportunities to significantly improve safety, dignity and privacy for patients attending UHG.

In May, I gave my approval to the Saolta Healthcare Group to develop a plan for the future of its hospitals and necessary service expansion and for the conduct of an options appraisal for the future acute hospital needs in Galway.

Having regard to the need to manage the demand for both scheduled and unscheduled care in the interim, the HSE has also been asked to develop a short to medium term plan for both the UHG and Merlin Park sites, prior to the delivery of significant new capacity.

HSE Expenditure

137. **Deputy Brian Stanley** asked the Minister for Health the amount of money spent by the HSE in 2016 on hiring private ambulances in counties Laois, Kildare and Offaly. [27645/17]

Minister for Health (Deputy Simon Harris): In the context of the continued increase in demand for emergency ambulance services in recent years, there is at times, a need to avail of private ambulance services to secure additional capacity for patient transfers. To this end, the HSE has put in place arrangements under a framework agreement, which provides for the utilisation of private ambulance providers.

The following table lists the expenditure in 2016 by Midland Regional Hospital Tullamore, Midland Regional Hospital Portlaoise and Naas General Hospital on private ambulance provision.

Private Ambulance Expenditure 2016 - Laois, Offaly and Kildare

Hospital	Expenditure €
Midland Regional Hospital, Tullamore, Co Offaly	418,853
Midland Regional Hospital, Portlaoise, Co Laois	72,416
Naas General Hospital, Co Kildare	143,760
Total	635,029

Question No. 138 answered with Question No. 65.

Central Statistics Office Data

139. **Deputy Niall Collins** asked the Taoiseach the Central Statistics Office data for persons aged 15 years of age and over in employment according to hours worked; and the approximate number of workers on zero hour contract arrangements from the latest CSO data available. [29152/17]

The Taoiseach: The exact information requested by the Deputy is not available.

The Quarterly National Household Survey (QNHS) is the official source of estimates of employment in the State.

The most recent figures available are for Q1 2017.

Table 1 shows the number of persons aged 15 years and over in employment (ILO) classified by usual hours worked in Q1 2017.

Table 2 shows the number of employees (ILO) aged 15 years and over classified by permanency of job in Q1 2017.

Table 3 shows the number of employees (ILO) aged 15 years and over not in permanent employment classified by reasons for being in temporary employment in Q1 2017.

Table 4 shows the number of employees (ILO) aged 15 years and over with temporary job/work contract of limited duration as a percentage of total employees (including not stated) in Q1 2017.

Table 1 Persons aged 15 years and over in employment (ILO) classified by usual hours worked '000

	Q1 17
1-9 hours	36.6
10-19 hours	131.8
20-29 hours	250.9
30-34 hours	106.0
35-39 hours	585.2
40-44 hours	528.4
45 hours & over	235.7
Variable hours	170.5
Total persons	2,045.1
Average hours per week	35.9

Data may be subject to future revision.

Data may be subject to sampling or other survey errors, which are greater in respect of smaller values or estimates of change.';

Reference period: q1 = January - March,

Source: Quarterly National Household Survey, Central Statistics Office.';

Table 2 Employees (ILO) aged 15 years and over classified by permanency of job '000

	Q1 17
Person has a permanent job or work contract of unlimited duration	1,579.8
Person has a temporary job/work contract of limited duration	121.1
Not stated	20.3
Total	1,721.2

Data may be subject to future revision.

Data may be subject to sampling or other survey errors, which are greater in respect of smaller values or estimates of change.';

Reference period: q1 = January - March,

Source: Quarterly National Household Survey, Central Statistics Office.';

Table 3 Employees (ILO) aged 15 years and over not in permanent employment classified by reasons for being in temporary employment

‘000

	Q1 17
It is a contract covering a period of training	8.1
Person could not find a permanent job	64.6
Person did not want a permanent job	19.2
It is a contract for a probationary period	*
Not stated	26.5
Total	121.1

Data may be subject to future revision.

* Estimates for numbers of persons or averages where there are less than 30 persons in a cell are not produced as estimates are too small to be considered reliable;

Data may be subject to sampling or other survey errors, which are greater in respect of smaller values or estimates of change.’;

Reference period: q1 = January - March,

Source: Quarterly National Household Survey, Central Statistics Office.’;

Table 4 Employees (ILO) aged 15 years and over with temporary job/work contract of limited duration as a percentage of total employees (including not stated)

%

	Q1 17
Employees (ILO) aged 15 years and over with temporary job/work contract of limited duration as a percentage of total employees (including not stated)	7.0

Data may be subject to future revision.

Data may be subject to sampling or other survey errors, which are greater in respect of smaller values or estimates of change.’;

Reference period: q1 = January - March,

Source: Quarterly National Household Survey, Central Statistics Office.’;

Departmental Functions

140. **Deputy Micheál Martin** asked the Taoiseach if he is reorganising his own Department. [29057/17]

The Taoiseach: Having appointed Ministers to their various portfolios across Government, I will reflect on how my Department can best support the important work ahead for the Government. I will continue to meet officials in the Department and decide over the coming weeks what changes might be required.

Cabinet Committees

141. **Deputy Micheál Martin** asked the Taoiseach if the Cabinet committees will remain the same in number or if he is making changes to them. [29056/17]

The Taoiseach: All Cabinet Committees stand dissolved at the end of every Government's term in office. I expect that the Government will shortly establish a number of Cabinet Committees to deal with specific aspects of policy.

Departmental Contracts Data

142. **Deputy Catherine Murphy** asked the Taoiseach the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017 by year and company engaged, in tabular form. [29238/17]

The Taoiseach: There has been no expenditure on public relations by my Department or the body under its aegis, the National Economic and Social Development Office (NESDO), in the period in question.

Departmental Functions

143. **Deputy Niall Collins** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the functions and State agencies that will be under her remit following the new Cabinet appointments and portfolios designated; the aspects and sections of labour affairs in her Department that will transfer to the Department of Social Protection; the estimated cost of this; and the timeframe for the publication of the ministerial briefing available on her department's website. [29151/17]

147. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the responsibilities that have been transferred from her Department to the Department of Employment and Social Protection. [29200/17]

148. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the responsibilities that have been transferred from her Department to other Departments. [29201/17]

151. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation if there will be changes in staffing or funding to her department as a result of its reconfiguration. [29204/17]

Tánaiste and Minister for Jobs, Enterprise and Innovation (Deputy Frances Fitzgerald): I propose to take Questions Nos. 143, 147, 148 and 151 together.

Following on the announcement by An Taoiseach of changes to the configuration of the Department of Jobs Enterprise and Innovation and the Department of Social Protection the process of identifying the functional areas, staff and resources that will transfer from my Department has begun. This is being done in accordance with the Transfer of Functions Guidelines and Best Practice Handbook published by the Department of Public Expenditure and Reform in 2016.

When the details have been agreed in consultation with the Department of the Taoiseach, my Department, as the transferring Department, will prepare a draft Transfer of Functions Order

which will be settled by the Office of the Parliamentary Counsel and brought to Government by the Department of Public Expenditure and Reform. Alteration of Title Orders are prepared simultaneously but take effect after the transfer of functions.

Transfer of functions are to be achieved on an Exchequer-neutral basis. However some costs inevitably arise where titles of Departments change or there is a need for physical movement of people or assets.

I expect that publication on my department's website, of the ministerial briefing referred to, will take place in the coming days.

Economic Competitiveness

144. **Deputy Niall Collins** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation her views on the way in which the State is now the second most expensive country in the EU for consumer goods and services based on the latest Eurostat data (details supplied). [29153/17]

Tánaiste and Minister for Jobs, Enterprise and Innovation (Deputy Frances Fitzgerald): Costs, prices and inflation levels are a key element of Ireland's international competitiveness. The National Competitiveness Council recently published its annual Costs of Doing Business 2017 report which examines a range of enterprise costs that are largely domestically determined such as labour, property, transport, energy, water, waste, communications, credit, and business services. The Council concluded that while Ireland's cost base has improved across a range of metrics over the last five years - making Ireland a more attractive location for firms to base their operations in - Ireland remains a relatively high cost location for a number of key business inputs. In the Council's report, Ireland's current price profile is described as 'high cost, rising slowly'.

The report from Eurostat referenced also concludes that Ireland is a higher cost location. Ireland, in 2016, was the second most expensive country in Europe for goods and services behind only Denmark and slightly more expensive than both Luxembourg and Sweden. Prices on average here were some 25.6 per cent higher than the EU28 average. For key business inputs, including telecommunications and transport Ireland were 33.6 and 4.3 per cent more expensive than the EU28 average. For education, Irish prices were almost 5 per cent lower than the comparable average.

Recent inflation data, however, reaffirms the NCC's price profile as high cost yet rising slowly. Annual inflation for 2016 was 0 per cent according to the Central Statistics Office. The overall Consumer Prices Index (CPI) shows that prices on average rose by 0.2% in the year to May 2017. Conversely, on a monthly basis, price actually fell by 0.2% between April and May 2017. Prices, as measured by Eurostat's Harmonised Index of Consumer Prices (HICP) – decreased slightly in 2016. Irish inflation rates are forecast at 0.7 per cent in 2017 and 1.2 per cent in 2018. The projected path for inflation over the medium term reflects the impact of higher import prices following the depreciation of Sterling over the past year as a result of Britain's decision to leave the EU.

The aforementioned report of the National Competitiveness Council is a timely reminder of the risks of complacency regarding our cost competitiveness. To protect the gains achieved to date, to sustain economic growth, and to ultimately spread the benefits of economic growth to all, we must continue to enhance all aspects of our cost competitiveness. The policy implications of the Costs of Doing Business report and the associated reforms required to address

Ireland's cost base, will be included in the Council's annual Competitiveness Challenge report which will be brought to Government and published later this year.

Appointments to State Boards

145. **Deputy Niall Collins** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the appointments made to State boards under her auspices in the period 1 May 2017 to 15 June 2017 by appointee name, position and the relevant State board, in tabular form; and the appointment process for each such appointment and the State boards under her auspices in which vacancies remain unfilled to date in 2017. [29154/17]

Tánaiste and Minister for Jobs, Enterprise and Innovation (Deputy Frances Fitzgerald): The State Board information requested by Deputy Collins is listed on the following table.

Agency	No of Appointments 01/05/2017- 15/06/2017	Name	Position	Process	Vacancies
Enterprise Ireland	None	N/A	N/A	N/A	1 vacancy since 29/05/2017
Health and Safety Authority	None	N/A	N/A	N/A	No vacancies
Irish Auditing and Accounting Supervisory Authority	2 on 30th May 2017	Ms Etain Doyle Mr David Devlin	Members	Reappointments Both were nominees of the prescribed accountancy bodies and appointed by Minister Mitchell O'Connor	1 vacancy for Ministerial Nomination Process is underway
IDA Ireland	None	N/A	N/A	N/A	1 vacancy (PAS Shortlist has been submitted)
National Standards Authority of Ireland	None	N/A	N/A	N/A	1 vacancy since May 2017- PAS has been notified
Personal Injuries Assessment Board	None	N/A	N/A	N/A	No vacancies

Agency	No of Appointments 01/05/2017- 15/06/2017	Name	Position	Process	Vacancies
Science Foundation Ireland	2 on 8th June 2017	Professor Liam Madden and Mr Aidan Donnelly	Members	Reappointments with the consent of the Minister for Public Expenditure and Reform in consultation with the Minister for Education, were made by Minister Mitchell O'Connor.	No vacancies

IDA Data

146. **Deputy Catherine Murphy** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the number of IDA sites that are vacant and or not occupied or not in use; the length of time that they have been not been in use; if some of the not in use sites have been rented to local authorities for uses other than their original purpose; if so, the location of each, in tabular form; and if she will make a statement on the matter. [29178/17]

Tánaiste and Minister for Jobs, Enterprise and Innovation (Deputy Frances Fitzgerald): The following table sets out IDA properties that are currently available to prospective investors.

To date, IDA Ireland has not rented properties to local authorities for uses other than their original purpose.

The IDA does not release details regarding the length of time that particular sites have remained vacant as such information is commercially sensitive.

County	Town	Property Location
County Roscommon	Roscommon	Roscommon B&T Park
County Longford	Longford	Aghafad
County Longford	Longford	Longford Industrial Estate
County Westmeath	Mullingar	Clonmore Ind. Est.
County Offaly	Tullamore	Tullamore Industrial Estate
County Offaly	Tullamore	Tullamore B&T Park
County Offaly	Clara	Clara
County Mayo	Ballina	Ballina Business Park
County Mayo	Bangor Erris	Bango Erris Industrial Park
County Mayo	Castlebar	Castlebar B&T Park
County Mayo	Foxford	Foxford Business Park
County Galway	Galway City	Dangan B&T Park
County Galway	Tuam	Tuam Business Park
County Galway	Roundstone	Roundstone

County	Town	Property Location
County Galway	Mountbellew/Ballygar	Mountbellew Business Park
County Galway	Gort	Gort Business Park
County Galway	Glenamaddy	Glenamaddy Business Park
County Galway	Galway City	Parkmore B&T Park (W&E)
County Galway	Ballygar	Ballygar Site
County Roscommon	Castlerea	Station Rd
County Westmeath	Athlone	Athlone B&T Park Garry-castle
County Leitrim	Carrick-On-Shannon	Carrick-On-Shannon B & T Park
County Leitrim	Carrick-On-Shannon	Carrick-On-Shannon
County Leitrim	Drumshanbo	Drumshanbo
County Leitrim	Manorhamilton	Manorhamilton
County Leitrim	Manorhamilton	Carrickleitrim
County Leitrim	Mohill	Mohill
County Sligo	Sligo	Cleveragh Business Park
County Sligo	Easkey	Easkey Business Park
County Sligo	Sligo	Finisklin B & T Park
County Sligo	Tubbercurry	Tubbercurry Business Park
County Cork	Youghal	Springfield Estate
County Cork	Youghal	Foxhole
County Cork	Skibbereen	Poundlick Estate
County Cork	Kanturk	Mallow B & T Park
County Cork	Kinsale	Rathhallikeen
County Cork	Kanturk	Pulleen
County Cork	Fermoy	Rathealy
County Cork	Cork City	Cork City Kilbarry B&T Park
County Cork	Carrigtohill	Carrigtohill B&T Park
County Cork	Charleville	Rathgoggan Estate
County Cork	Bantry	Drombrow
County Cork	Bandon	Laragh Estate
County Kerry	Killorglin	Farrantoreen
County Kerry	Dingle	Dingle
County Louth	Greenore	Greenore
County Louth	Dundalk	Dundalk Finnabair B&T Park
County Monaghan	Monaghan	Monaghan Business Park
County Kilkenny	Kilkenny	Purcellsinch Ind. Park
County Tipperary	Tipperary	Knockanrawley
County Wexford	Wexford	Wexford B&T Park
County Wexford	Wexford	Wexford Whitemills
County Wexford	Enniscorthy	Moyne Upper
County Waterford	Waterford	Waterford Industrial Estate

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County	Town	Property Location
County Wicklow	Arklow	Arklow Kilbride
County Kildare	Newbridge	Newbridge Business Park
County Kildare	Naas/Kill	Naas Ind Estate
County Kildare	Athy	Woodstock
County Dublin	Dublin 24	Dublin 24 - Whitestown Ind Est
County Dublin	Dublin 11	Dubl 11 - Poppintree Ind. Est.
County Dublin	Blanchardstown	Cruiserath
County Dublin	Blanchardstown	Blanchardstown B & T Park
County Carlow	Bagenalstown	Bagenalstown
County Cork	Cork City	Ringaskiddy
County Donegal	Ballyshannon	Ballyshannon
County Donegal	Donegal/Tully/Clar/B	Lurganboy
County Donegal	Letterkenny	Knocknamona
County Donegal	Letterkenny/Manorcun	Letterkenny B & T Park
County Donegal	Letterkenny/Manorcun	Letterkenny Lisnenan 2
County Kerry	Killarney	Killarney B&T Park
County Cork	Cork City	Cork B&T Park
County Dublin	Dublin 12	Dubl 12 - Ballymount Ind. Est.
County Wicklow	Greystones	Greystones B&T Park
County Cork	Cork City	Ringaskiddy Estate
County Mayo	Ballina	Ballina
County Cork	Cork City	Rossa Ave
County Cork	Millstreet	Millstreet IDA Estate
County Dublin	Swords	Swords Bus. Park, Green-fields
County Meath	Navan Boyerstown Bro	Navan B&T Park
County Laois	Portlaoise	Portlaoise B&T Park
County Cavan	Cavan	Cavan B&T Park
County Dublin	Dublin 5	Belcamp - B & T Park
County Westmeath	Athlone	Garrankesh Estate
County Kilkenny	Kilkenny/Bennetsbrid	Kilkenny B&T Park
County Wicklow	Arklow	Arklow B&T Park
County Waterford	Waterford	Waterford B&T Park
County Donegal	Letterkenny/Manorcun	Letterkenny B & T Park
County Galway	Ballinasloe	Ballinasloe B&T Park
County Louth	Dundalk/Ravensdale	Dundalk Mullagharlin East
County Kilkenny	Belview	Belview
County Louth	Dundalk	Dundalk Mullagharlin
County Galway	Tuam	Tuam Science & Technology Park
County Louth	Drogheda	Drogheda B&T Park
County Waterford	Dungarvan	Dungarvan B & T Park

County	Town	Property Location
County Cork	Fermoy	Fermoy B & T Park
County Westmeath	Mullingar	Mullingar B&T Park
County Sligo	Sligo	Sligo - Oakfield Site
County Tipperary	Clonmel	Clonmel Bus Park
County Galway	Galway City	Oranmore Science & Tech Park
County Galway	Athenry	Athenry
County Cork	Carrigtohill East	Cork Carrigtohill East
County Limerick	Limerick	The National Technology Park
County Limerick	Limerick	Raheen Business Park
County Kerry	Tralee	Acq c.1.0Ha Tralee

Questions Nos. 147 and 148 answered with Question No. 143.

Departmental Agencies Data

149. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the offices and agencies that come under the remit of her Department. [29202/17]

150. **Deputy Maurice Quinlivan** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the offices and agencies that previously came under the remit of her Department which no longer do so. [29203/17]

Tánaiste and Minister for Jobs, Enterprise and Innovation (Deputy Frances Fitzgerald): I propose to take Questions Nos. 149 and 150 together.

The following state agencies are currently under the aegis of my Department:

IDA Ireland;

Science Foundation Ireland;

National Standards Authority of Ireland;

Enterprise Ireland;

Health and Safety Authority;

Irish Auditing and Accounting Supervisory Authority;

Competition and Consumer Protection Commission;

Personal Injuries Assessment Board

The following are the Offices currently in my Department:

Workplace Relations Commission;

The Labour Court;

Patents Office;

Companies Registration Office;

Office of the Director of Corporate Enforcement;

Following on the announcement by An Taoiseach of changes to the configuration of the Department of Jobs Enterprise and Innovation and the Department of Social Protection the process of identifying the functional areas that will transfer from my Department has begun. This is being done in accordance with the Transfer of Functions Guidelines and Best Practice Handbook published by the Department of Public Expenditure and Reform in 2016.

When the details have been agreed in consultation with the Department of the Taoiseach, my Department, as the transferring Department, will prepare a draft Transfer of Functions Order which will be settled by the Office of the Parliamentary Counsel and brought to Government by the Department of Public Expenditure and Reform. Alteration of Title Orders are prepared simultaneously but take effect after the transfer of functions.

Question No. 151 answered with Question No. 143.

Departmental Contracts Data

152. **Deputy Catherine Murphy** asked the Tánaiste and Minister for Jobs, Enterprise and Innovation the amount spent by her Department and State agencies under her aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if she will make a statement on the matter. [29234/17]

Tánaiste and Minister for Jobs, Enterprise and Innovation (Deputy Frances Fitzgerald): My Department uses external public relations providers having regard to its business needs for specialist communications advice, training and technical materials assistance. In engaging such providers, the Department is mindful of the need to secure value for money and, accordingly, strives to keep costs to the minimum.

The amount spent by my Department on outside contract and or third party public relations advice and training in the past three years to date in 2017, by year and company engaged, is set out in the following table. My response includes work to support my Department's advertising, publicity and awareness requirements.

The hiring of public relations firms by agencies under the aegis of my Department is a day-to-day operational matter for the agencies concerned. I have asked the agencies to provide details of any such contracts and I will forward these to the Deputy once received.

Year			€
2014	Barberry Ltd T/A Keating & Associates 19 Fitzwilliam Place Dublin 2	To provide NERA with Communications Services (including PR; Media Monitoring; advising on the design, content and production of reports & brochures).	€3,136
2014	Jays Printing Unit 7 Abbey Business Park Grange Drive-Baldoyle Industrial Estate Dublin 13	To provide roll-up banners for Internal Market Unit to use at events promoting the Services Directive	€268.14

Year			€
2014	European Institute of Communications	Attendance of one staff member at Certificate in Social Media Training course	€395
2014	BMF Business Services	Attendance of two staff members at Social Media Conference	€480
2015	Atomic Advertising Ltd15A Bishop StreetDublin 8	To provide brand development work for the launch of the Low Pay Commission	€1,537
2015	Jays PrintingUnit 7Abbey Business ParkGrange Drive-Baldoyle Industrial EstateDublin 13	To provide roll-up banners for the launch of the Low Pay Commission	€379
2015	Jays Printing7 Abbey Business ParkBaldoyle Dublin 13	To provide a rigid sign for the launch of the CSR Hub website.	€74
2015	Atomic Advertising Ltd15A Bishop StreetDublin 8	To provide the Department with a one year advertising campaign, radio and digital, to raise awareness of a range of Government provided enterprise supports	€284,524
2015	Atomic Advertising Ltd15A Bishop StreetDublin 8	To create a dual language logo for the Low Pay Commission	€290
2015	Barberry Ltd T/A Keating & Associates19 Fitzwilliam PlaceDublin 2	To provide NERA (and from 1st October 2015, the Workplace Relations Commission) with Communications Services (including PR; Media Monitoring; advising on the design, content and production of reports & brochures).	€6827
2015	IPA	Attendance at one-day seminar 'Social Media for Public Sector Organisations'	€405
2015	BMF Business Services	Attendance of four staff members at one-day Social Media conference	€1079
2016	Barberry LtdT/A Keating & Associates19 Fitzwilliam PlaceDublin 2	To provide the Workplace Relations Commission with Communication Services (including PR; Media Monitoring advising on the design, content and production of reports and brochures.	€4981.50
2016	Fuzion Communications	Provision of Communications services to the Workplace Relations Commission	€6863.40
2016	Atomic Advertising Ltd15A Bishop StreetDublin 8	To provide the Department with a one year advertising campaign, radio and digital, to raise awareness of a range of Government provided enterprise supports (This amount relates to work carried out in 2015)	€20,568

Year			€
2016	Strategem b.t.l. Ltd.	To provide the Department with a six month public campaign to raise awareness of the Prompt Payment Code	€36,232
2016	Public Relations Institute of Ireland	Attendance of two staff members at four day training course 'Certificate for Civil Service Press Officers'	€3,780
2016	BMF Business Services	Attendance of 4 staff members at Social Media Conference	€1080
2016	Law Society	Social media eSeminars for one staff member	€195
2017	Strategem b.t.l. Ltd.	To provide the Department with a six month public campaign to raise awareness of the Prompt Payment Code (This amount relates to work carried out in 2016)	€25,155

Banking Sector

153. **Deputy Pearse Doherty** asked the Minister for Finance the action he will take to stop the closure of rural banks and the diminution of services at them; and if he will make a statement on the matter. [29242/17]

Minister for Finance (Deputy Paschal Donohoe): I should stress at the outset that the Irish Government has no formal role in the commercial decisions of the banks as to their future business model and whether or not they will close particular branches. While I regret the closure of any bank branches, the Deputy will no doubt appreciate that the provision of services by banks, including the location of branches, is a commercial decision for the Board of Management of the banks.

That said, I expect that any bank closing branches will do everything that it can to mitigate the impacts of the branch closures on local communities, including technology and the use of alternative means of service delivery. I also expect that the banks will ensure that customers are kept informed about developments and provided with the appropriate assistance to move branches, switch to other banks and avail of alternative means of accessing financial services.

The Deputy might wish to note that there is a provision Chapter 3.12 in the Central Bank's "Consumer Protection Code" which imposes certain obligations on banks that have decided to close, merge or move a branch in a different location. The relevant provision states:

Where a credit institution plans to close, merge or move a branch it must

- a) notify the Central Bank immediately;
- b) provide at least two months notice to affected consumers to enable them to make alternative arrangements;
- c) ensure all business of the branch is properly completed prior to the closure, merger or move, or alternatively inform the consumer of how continuity of service will be provided; and
- d) notify the wider community of the closure, merger or move in the local press in advance.

The advance notification requirement is designed to give existing consumers the necessary time to choose another credit institution.

Insurance Compensation Awards

154. **Deputy Brendan Griffin** asked the Minister for Finance if he will consider setting up a central register with details of personal injury insurance compensation awards which will include compensation claims that have been settled by insurance companies as a method to prevent fraudulent claims; and if he will make a statement on the matter. [29128/17]

Minister for Finance (Deputy Paschal Donohoe): The Cost of Insurance Working Group considered measures which could be taken to tackle insurance fraud in Ireland and recommended the setting up of a fully functioning insurance fraud database for industry to detect patterns of fraud. A dedicated Working Group has been set up in the Department of Justice and Equality to implement this recommendation. I understand that this Group met for the first time in March and is continuing to meet on a regular basis. Important issues relate to determining the parameters of the database to be established, who is to be responsible, how it will be funded and who will have access. With regard to the point raised by the Deputy, I understand that the Group is considering the extent of information to be contained on the database in light of data protection and privacy requirements.

An Garda Síochána, the Motor Insurers' Bureau of Ireland and Insurance Ireland are represented on the Working Group. It will decide whether there are any requirements for legislation and, if so, what kind of legislation is needed, taking account of current and impending EU data protection legislation.

Help-To-Buy Scheme

155. **Deputy Kevin O'Keeffe** asked the Minister for Finance the status of an application by persons (details supplied) for a first-time buyers grant. [29155/17]

Minister for Finance (Deputy Paschal Donohoe): The Deputy may be aware that it is a condition of the Help to Buy (HTB) Scheme that the contractor from whom an applicant under the scheme is purchasing their home must be approved by Revenue. Subject to such approval, Revenue will be in a position to progress the application from the persons concerned.

Tax Reliefs Availability

156. **Deputy Robert Troy** asked the Minister for Finance if he will uphold an appeal against VRT charges for a person (details supplied) in view of the fact that the vehicle was purchased narrowly inside the six month deadline for exemption; and if he will make a statement on the matter. [29186/17]

Minister for Finance (Deputy Paschal Donohoe): Relief from the payment of Vehicle Registration Tax (VRT) is provided for under the Finance Act 1992, s.134(1)(a) and Vehicle Registration Tax (Permanent Reliefs) Regulations 1993, Reg 4, (S.I. No. 59/93). In order to qualify for relief an applicant must meet a number of eligibility criteria including the possession and actual use of the vehicle outside the State for at least six months prior to their transfer of residence. As the person concerned did not submit sufficient evidence demonstrating satisfaction of this criterion, her application was refused.

The person concerned was advised by Revenue by letter dated 11th April 2017 that her application for relief from VRT was unsuccessful and that the vehicle should be registered immediately or exported from the State within 10 days. She was also advised that should she wish to appeal the decision the vehicle must be registered and the appropriate taxes paid before an appeal could be considered. While a letter of appeal was submitted by the person concerned, her appeal could not progress as the vehicle concerned was not registered and the VRT was not paid.

I am advised by Revenue that the person concerned subsequently submitted documentation in relation to her appeal on 9th June 2017. Revenue concessionally decided to consider this as a new application rather than as an appeal. However, as the documentation submitted did not conclusively show that the eligibility criteria were satisfied, the application was refused and the decision advised to the person concerned by letter dated 16th June 2017.

The option to officially appeal the decision remains open to the person concerned for a period of 2 months from 16 June 2017. The relevant legal provisions of the two stage VRT appeal process are set out in Sections 145 and 146 of the Finance Act 2001 and are also detailed on the Revenue website (please see: VRT Appeals Process). The appeals process provides for a Stage 1 review of the original decision by a Revenue officer not previously involved in the case and a Stage 2 appeal to the Tax Appeals Commission. However, as previously stated, the vehicle must first be registered and the appropriate taxes paid.

Departmental Contracts Data

157. **Deputy Catherine Murphy** asked the Minister for Finance the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29231/17]

Minister for Finance (Deputy Paschal Donohoe): My Department is currently gathering the information for the Deputy and, once completed, will be sent to the Deputy directly.

Corporation Tax

158. **Deputy Pearse Doherty** asked the Minister for Finance if the escrow account in which the estimated €13 billion plus interest from a ruling regarding a company (details supplied) will accrue interest; if so, the rate of same; if the interest will be treated as income due to the State; the estimated interest foregone as a result of the delay in collecting the money; and if he will make a statement on the matter. [29241/17]

Minister for Finance (Deputy Paschal Donohoe): Notwithstanding the appeal in the Apple State Aid case, the Government is committed to complying with the binding legal obligation the Commission's Final Decision places on Ireland to ensure that Apple are deprived of the benefit of the alleged aid.

These sums will be placed into an escrow fund with the proceeds being released only when there has been a final determination in the European Courts over the validity of the Commission's Decision.

Given the scale and bespoke nature of such a fund, the precise terms are still being negotiated and are subject to confidential and commercially sensitive deliberations.

The Government is fully committed to ensuring that recovery takes place without delay and have committed significant resources to this matter.

Irish officials are continuing this intensive work to ensure that the State complies with all our recovery obligations as soon as possible, and remain in regular contact with the Commission and Apple.

Departmental Contracts Data

159. **Deputy Catherine Murphy** asked the Minister for Public Expenditure and Reform the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017 by year and company engaged, in tabular form; and if he will make a statement on the matter. [29236/17]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): In response to the Deputy's question, the following tables outline the amount spent in the areas in question by my Department and the bodies under its aegis over the past three years.

Department of Public Expenditure and Reform

The costs incurred over the period were for training undertaken by staff in the Press Offices.

Year	Company	Amount
2017	Public Relations Institute of Ireland	€3,450
2016	Public Relations Institute of Ireland	€3,830
	European Institute of Communications	€130
2015	Public Relations Institute of Ireland	€3,680
	European Institute of Communications	€1,955

Public Appointments Service

The costs incurred were for advice on publicity for recruitment campaigns and promotional campaigns for stateboards.ie and other communications advice as required.

Year	Company	Amount
2017	Q4	€7,380
2015	Q4	€29,520
2014	Wilson Hartnell	€887

Office of Public Works

The costs incurred were for public relations work relating to the National Catchment Flood Risk Assessment and Management, Castletown House and Demesne, Casino Marino and Dublin Castle.

Year	Company	Amount
2017	Bowe Communications	€2,103

Year	Company	Amount
2016	Presence Communications	€3,754
2015	Presence Communications	€7,380
	Q4 Consultants	€4,597
2014	Presence Communications	€9,920
	Q4 Consultants	€30,458

Apprenticeship Programmes

160. **Deputy Barry Cowen** asked the Minister for Education and Skills his views on whether a deficit of construction skills is holding back construction activity especially on the residential side; and his further views on whether the forecasts for new apprenticeship registrations on page 11 of the DEIS Action Plan to Expand New Apprenticeships will not be sufficient to meet labour demand to expand housing supply to 43,000 homes per annum by 2020 which is now required. [29195/17]

Minister of State at the Department of Education and Skills (Deputy John Halligan): As the Deputy is aware apprenticeship is a demand driven alternance educational and training programme and the allocation of provision is determined by the skill demands of employers.

SOLAS, through its Skills and Labour Market and Research Unit (SLMRU) and its Apprenticeship Services Unit, regularly conducts forecasts of apprenticeship requirements. The SLMRU has developed a comprehensive methodology to generate five-year forecasts of apprentice intake for construction trades. The forecasts are revised annually and are due to be updated later this year. The methodology takes account of output forecasts, in money terms, for various segments of the construction industry, the CSO's Quarterly National Household Survey (QNHS) and the relationship between apprentice intake and employment trends in the sectors. While labour market trends remain difficult to predict in a rapidly changing labour market, SOLAS is satisfied there is sufficient provision in place, at this juncture, to meet both current and future demands from the construction sector.

Registrations in craft apprenticeships are forecast to increase from 3,742 in 2016 to 5,587 in 2020 and SOLAS predicts that new registrations in construction apprenticeships will account for 70% of total registrations across all craft apprenticeships.

School Management

161. **Deputy Richard Boyd Barrett** asked the Minister for Education and Skills the supports available in schools for children suffering from type 1 diabetes; if these supports meet the needs of these children; and if he will make a statement on the matter. [29124/17]

Minister for Education and Skills (Deputy Richard Bruton): Under the provisions of the Education Act 1998, the Board of Management is the body charged with the direct governance of a school. The welfare and safety of pupils is of paramount importance and schools have a duty of care to the pupils under their control. School management should, therefore, take whatever measures are necessary to ensure that no pupil or staff member is exposed to unacceptable risk.

It is important that the school management authorities would request parents to ensure that the school is made aware of any medical condition suffered by any pupil attending. Where the school is aware of potential difficulties that may arise as a consequence of a medical condition

suffered by one or more pupils, it may be possible for the management authorities, working in conjunction with the parents, teachers, staff and children to put preventative measures in place to lessen the possibility of any difficulties arising or to ensure that, if a pupil suffers from an illness requiring medication, that appropriate treatment is available.

The administration of medicines in primary schools is the subject of an agreement between the Irish National Teachers Organisation (INTO) and the organisations representing school management at primary level. While this agreement specifies that no teacher can be required to administer medicine or drugs to pupils, it also sets out procedures that must be followed where a teacher or teachers agree to do so.

The position is that either the parents of the child should make themselves available to administer medication as required or where they wish the staff in the school to administer it they should indemnify the school.

Where a child requires adult assistance to administer medicine and where the extent of assistance required would overly disrupt normal teaching time, SNA support may be allocated for this purpose.

It is a matter for the Board of Management to ensure that SNAs are in a position to effectively meet the care needs of pupil/pupils for whom SNA support has been allocated in the school when appointing an SNA.

Where specific training is required, the Board of Management should liaise with the Health Service Executive (HSE) in order to ensure that the HSE provides guidance and training that enables the SNA to meet the care needs of the pupil in an appropriate manner. It is a matter for individual school authorities to make such arrangements locally.

It is my Department's experience that once the matter has been discussed in detail with the Board of Management and staff of a school, and once all parties are clear as to the procedures to be followed, arrangements can normally be made to administer the type of medicine which may be required.

Schools Building Projects Status

162. **Deputy Brendan Ryan** asked the Minister for Education and Skills if a starting date for work to complete the next stage of a school (details supplied) will begin; and if he will make a statement on the matter. [29131/17]

Minister for Education and Skills (Deputy Richard Bruton): The project to which the Deputy refers was authorised to proceed to tender in October 2016. Tenders are due back in mid-July.

Subject to no issues arising it is anticipated that construction will commence in late 2017 and the project is scheduled to take approximately 18 months to complete.

Following requests from other members of the Oireachtas, including Deputy Alan Farrell and Senator James Reilly, to arrange a meeting with representatives of the school, I have requested my staff to contact the Deputies and the school authority, Dublin-Dunlaoghaire ETB to arrange such a meeting. I have requested that the ETB, the school and all Deputies in the area will be invited to the meeting to discuss the progress of this project.

Schools Building Projects Status

163. **Deputy Louise O'Reilly** asked the Minister for Education and Skills if he will meet with the parent representatives from a school (details supplied) to update them on the progress of the completion of the school; and if he will make a statement on the matter. [29144/17]

Minister for Education and Skills (Deputy Richard Bruton): The project referred to by the Deputy was authorised to proceed to tender in October 2016.

However, as the pre-qualification of contractors had first been conducted by the design team in April 2015 the design team, concerned about the possibility of legal challenges, asked the Office of Government Procurement for advice on this matter. The advice was that it would be prudent to run the pre-qualification again.

The Design Team has rerun the pre-qualification of suitable contractors and the project is now out to tender. Tenders are due back in mid July.

Subject to no issues arising it is anticipated that construction will commence in late 2017 and the project is scheduled to take approximately 18 months to complete.

Following requests from other members of the Oireachtas, including Deputy Alan Farrell and Senator James Reilly, to arrange a meeting with representatives of the school, I have requested my staff to contact the Deputies and the school authority, Dublin-Dunlaoghaire ETB to arrange such a meeting. I have requested that the ETB, the school and all Deputies in the area will be invited to the meeting to discuss the progress of this project.

Teachers' Remuneration

164. **Deputy Brendan Griffin** asked the Minister for Education and Skills his views on a matter (details supplied) regarding teachers' pay; and if he will make a statement on the matter. [29158/17]

Minister for Education and Skills (Deputy Richard Bruton): As a consequence of the financial crisis, there was a need to enact a number of measures to reduce public expenditure so as to stabilise the country's public finances. A previous Government reduced the salaries and allowances payable to all new entrants to public service recruitment grades by 10% with effect from 1 January 2011. This decision also required that such new entrants would start on the first point of the applicable salary scale, which in the case of teachers had the effect of reducing their starting pay by a further 4-5%. Later in 2011, the Government placed a cap on the overall level of qualification allowances that could be earned by teachers.

Subsequently in 2012, following the public service-wide review of allowances, the Government withdrew qualification allowances for new teachers altogether. However, the Government partially compensated for this by deciding that new entrant teachers would henceforth commence on a new salary scale which had a starting point higher than the starting point of the old scale.

The public service agreements have allowed a programme of pay restoration for public servants to start. I have used this to negotiate substantial improvements in pay for new teachers. The agreements have, to date, restored an estimated 75% of the difference in pay for more recently recruited teachers and deliver full equality at later points in the scale. This is substantial progress and strikes an equitable balance with other claims for funding on my Department, particularly needs such as enhanced service for children with special educational needs, for

disadvantaged schools, for growing schools, for Higher Education and for apprenticeships.

As a result of these changes and taking into account the proposed pay measures under the Public Service Stability Agreement 2018-2020, the starting salary of a new teacher (2012 entrant) from 1 October 2020 onwards will be €37,692. The comparable starting salary for a pre-2011 entrant post-primary teacher from 1 October 2020 (i.e. if full equalisation to pre-2011 pay rates for teachers was achieved) would be €43,879 and for a primary teacher would be €41,511.

Further to the this newly recruited teachers benefit from the terms of the Ward circular which reduced the qualifying period for a CID and the removal of the career break and secondment categories of objective grounds which had previously prevented some teachers from gaining CIDs. In addition to earlier permanency, other measures of benefit to newly recruited teachers include a revised sequence for the filling of posts to enable fixed-term and part-time teachers to gain permanent, full-time jobs more quickly and easier than before.

It must be borne in mind that the pay reduction for post-2011 entrants to the public service applied to all public servants and not just teachers, and that any restoration of these measures in respect of teachers would be expected to be applied elsewhere across the public service. While I am not in a position to provide an estimate of the total cost of restoring all post-1 January 2011 entrants in all areas of the public service to the pre-2011 pay scale arrangements, I can say that in the case of education and training sector employees, including teachers, the estimated current full year cost would be in the order of €85 million. Clearly, the cost across the entire public service would be substantially higher.

However there are other types of equality that we must also bear in mind, for example equality between public servants and people who work elsewhere or don't work at all. It would also not be equal or fair for us to do unaffordable deals with particular groups of public servants that mean that we do not have the money left in the public purse to provide increases in social welfare payments for vulnerable groups, tax reductions for people at work, or investments in improvements in public services that people rely on.

Any further negotiation on new entrant pay is a cross sectorial issue, not just an issue for the education sector. The Government also supports the gradual, negotiated repeal of the FEMPI legislation, having due regard to the priority to improve public services and in recognition of the essential role played by public servants.

Accordingly, the recently concluded draft Public Service Stability Agreement 2018-2020 includes a provision in relation to new entrants which states that an examination of the remaining salary scale issues in respect of post January 2011 recruits at entry grades covered by parties to the Agreement will be undertaken within 12 months of the commencement of the Agreement.

English Language Training Organisations

165. **Deputy Brendan Griffin** asked the Minister for Education and Skills his views on a matter (details supplied); and if he will make a statement on the matter. [29179/17]

Minister for Education and Skills (Deputy Richard Bruton): The majority of English language schools in Ireland are privately run. The relationship between teachers and private providers of education is based on a private contract, and issues relating to working conditions are a matter between the two parties and do not come under the remit of my Department. If teachers working in the English language sector have a concern about their terms and conditions of employment they should contact the National Employment Rights Authority in this regard.

The regulations governing ACELS (Accreditation and Coordination of English Language Services), which is operated by Quality and Qualifications Ireland (QQI) on a voluntary basis, and the Interim List of Eligible Programmes (ILEP), which is administered by the Department of Justice and Equality in association with my Department, specify a requirement that all obligations concerning national employment legislation are complied with by education and training providers.

Going forward, Government policy for the international education sector is the International Education Mark (IEM). Legislative amendments are necessary to facilitate the introduction of the IEM. These amendments are contained in the Qualifications and Quality Assurance (Amendment) Bill. The General Scheme of the Bill was approved by Government at the Cabinet meeting on 9th May 2017 and has now been referred to the Oireachtas Joint Committee on Education and Skills for pre-legislative scrutiny. It is the intention that the regulations governing the IEM will include a requirement that all obligations concerning national employment legislation are complied with by education and training providers seeking to access the Mark. The Qualifications and Quality Assurance (Amendment) Bill will also provide QQI with powers to examine the bona fides of a provider in the round, including English language providers seeking to access the IEM.

Apprenticeship Programmes

166. **Deputy Thomas Byrne** asked the Minister for Education and Skills the methodology behind the forecasts for new registrations for craft apprentices in each of the years 2017 to 2020; the basis for same; the reason the registrations peak in 2018 at 6,975 new registrations decline in 2019 and 2020; if construction activity inputs are included in this forecasting model; and the indicators of construction activity that were used. [29187/17]

Minister of State at the Department of Education and Skills (Deputy John Halligan): As the Deputy is aware apprenticeship is a demand driven alternance educational and training programme and the allocation of provision is determined by the skill demands of employers.

SOLAS, through its Skills and Labour Market and Research Unit (SLMRU) and its Apprenticeship Services Unit, regularly conducts forecasts of apprenticeship requirements. The SLMRU has developed a comprehensive methodology to generate annual five-year forecasts of apprentice intake for construction trades. The forecasts are revised annually and are due to be updated later this year. The methodology takes account of output forecasts, in money terms, for various segments of the construction industry, the CSO's Quarterly National Household Survey (QNHS) and the relationship between apprentice intake and employment trends in the sectors.

The forecasts for registrations in craft apprenticeships are set out in the Action Plan to Expand Apprenticeship and Traineeship in Ireland 2016-20. They show rising registrations up to 2020.

School Transport Provision

167. **Deputy John Brady** asked the Minister for Education and Skills if his Department has made a decision not to grant Educate Together schools access to school transport; when this decision was made; if Educate Together schools were informed of such a decision; the basis on which this decision was made; and if he will make a statement on the matter. [29214/17]

168. **Deputy John Brady** asked the Minister for Education and Skills the measures Educate

Together schools are expected to implement without access to school transport; and if he will make a statement on the matter. [29215/17]

169. **Deputy John Brady** asked the Minister for Education and Skills the reason his Department is refusing to recognise the ethos of a school (details supplied) for school transport purposes; and if he will make a statement on the matter. [29216/17]

Minister of State at the Department of Education and Skills (Deputy John Halligan): I propose to take Questions Nos. 167 to 169, inclusive, together.

School transport is a significant operation managed by Bus Éireann on behalf of the Department.

Currently almost 116,000 children, including some 12,000 children with special educational needs, are being transported in over 4,000 vehicles on a daily basis to primary and post-primary schools throughout the country covering over 100 million kilometres annually.

The purpose of my Department's School Transport Scheme is, having regard to available resources, to support the transport to and from school of children who reside remote from their nearest school.

Under the terms of the Post Primary School Transport Scheme children are eligible for transport where they reside not less than 4.8 kilometres from and are attending their nearest education centre as determined by the Department/Bus Éireann, having regard to ethos and language.

In relation to school transport provision, ethos relates to religious ethos and is in the context of provision for minority religions.

The terms of the Scheme are applied equitably on a national basis.

School Enrolments

170. **Deputy Clare Daly** asked the Minister for Education and Skills if he will contact a school (details supplied) and request that the number of students per class would be increased by two to three pupils which would ensure that all of the children born in 2012 will be accommodated in 2017 in view of the acute crisis of accommodation regarding junior infant uptake for a school. [29220/17]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that the matter of enrolments is one for managerial authorities of schools who are required to implement an enrolment policy in accordance with the Education Act, 1998. In regard to the school referred to by the Deputy, it is a matter for the Board of Management to determine the number of junior infant places available for September 2017.

Parents can choose which school to apply to and where the school has places available the pupil should be admitted. However, in schools where there are more applicants than places available a selection process may be necessary. This selection process and the enrolment policy on which it is based must be non-discriminatory and must be applied fairly in respect of all applicants. However, this may result in some pupils not obtaining a place in the school of their first choice.

My Department's main responsibility is to ensure that the existing schools in an area can, between them, cater for the demand in the area. I wish to assure the Deputy that my Department

is monitoring the enrolment position in the Swords area closely and is in ongoing contact with the Patrons of schools in the area.

In that regard I wish to advise the Deputy that my Department has been advised by two of the primary schools concerned that they have junior infant places currently available. These schools have also expressed a willingness to offer further junior infant places for September 2017, if necessary.

Departmental Contracts Data

171. **Deputy Catherine Murphy** asked the Minister for Education and Skills the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29229/17]

Minister for Education and Skills (Deputy Richard Bruton): The information sought by the Deputy in respect of the amount spent by my department in the years 2014, 2015 and 2016 is set out in the following table. The information in relation to 2017 has not yet been collated.

The information requested by the Deputy in respect of agencies is not held centrally by the Department. If the Deputy has an interest in a particular agency then officials in my Department will request the agency concerned to provide the relevant information insofar as it is possible.

Year	Name of Firm	Cost
2014	Mitchell-Kane, Belfast	€5,412.00
2014	Zoo Digital D2	€19,803.00
2014	PHD	€19,183.78
2014	Careers Unlimited	€3,031.95
2014	Carr Communications	€18,050.00
2015	Career Zoo	€6,143.85
2015	Carr Communications	€13,290.15
2015	PHD	€15,314.30
2015	Zoo Digital D2	€1,082.40
2016	Career Zoo	€7,257.00
2016	Carr Communications	€13,554.00
2016	Public Relations Institute Of Ireland	€1,890.00
2016	Zoo Digital D2	€2,435.40

Departmental Contracts Data

172. **Deputy Catherine Murphy** asked the Minister for Foreign Affairs and Trade the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29232/17]

Minister for Foreign Affairs and Trade (Deputy Simon Coveney): My Department has not engaged outside public relations companies for the purposes of public relations advice. My Department has from time to time commissioned companies with a public relations and communications background but this has been for the provision of other professional services such

as project management, logistics and event management, particularly in relation to Irish Aid public outreach activities.

The Public Relations Institute of Ireland (PRII) has been engaged to provide training to staff from my Department's Communications Unit on dealing with media representatives and communicating the Department's key messages effectively. Other senior Department staff members have also received PRII training on communicating in crisis situations, which is fundamental in ensuring that the Department serves Irish citizens at home and abroad during consular emergencies overseas involving Irish citizens. The relevant payments made in the past three years and to date in 2017 are listed in the table.

Payments for Public Relations Training 2014-2017 (to date)

Name of Project/Event	2014	2015	2016	2017 (to date)
Public Relations Institute of Ireland: Certificate for Civil Service Press Officers course	No relevant payments	€5,670	€3,780	No relevant payments
Public Relations Institute of Ireland: Crisis Communications training	No relevant payments	No relevant payments	€1,968	No relevant payments
Total	€0	€5,670	€5,748	€0

Brexit Negotiations

173. **Deputy Gerry Adams** asked the Minister for Foreign Affairs and Trade if he will report on his discussions with officials in his Department in respect of the commencement of Brexit negotiations. [28793/17]

Minister for Foreign Affairs and Trade (Deputy Simon Coveney): My appointment as Minister for Foreign Affairs and Trade, with special responsibility for Brexit, has coincided with an important milestone in the Brexit process, coming shortly before the formal launch of the Article 50 negotiations between the EU and the UK. The immediate focus of my discussions with the responsible officials in my Department was on preparing my attendance at the General Affairs Council (Article 50) on Tuesday 20 June, on which occasion I also undertook a number of bilateral meetings with EU partners.

At General Affairs Council (Art. 50), EU27 Ministers received a short update from Michel Barnier on the launch of the negotiations in advance of his briefing of the EU27 Heads of State and Government at the European Council (Art. 50) on Thursday 22 June.

I subsequently met with Michel Barnier on a bilateral basis, providing a timely opportunity to reiterate Ireland's key priorities and concerns.

During this meeting, as well as my contacts with other EU counterparts, I laid particular emphasis on Ireland's objective of protecting the gains of the peace process and avoiding a hard border on the island of Ireland.

I also stressed the importance of ensuring that a positive tone is struck and that momentum is created so that progress can be made as quickly as possible on the many complex issues facing the negotiators.

The EU has set out its position clearly and in this position there is a strong acknowledgment of Ireland's unique concerns and priorities, including on protecting the Good Friday Agreement in all its parts and the gains of the peace process, avoiding a hard border on the island of Ireland and maintaining the Common Travel Area.

It is important that in this first phase of the negotiations, sufficient progress is made on our issues, together with the issues of citizens' rights and the UK's financial liabilities, so that we can move as quickly as possible to begin discussions on the framework of the future relationship between the EU and the UK, including on trade.

Minimising the impact of Brexit on Ireland's trade and economy is also a key priority for the Irish Government and I will be working with my colleagues across Government to ensure that the Brexit negotiations can lead to the closest possible relationship between the EU and the UK and that effective transitional arrangements are put in place to smooth the path to this new relationship.

During my discussions with officials in my Department, I have also indicated my desire to maintain an intensive programme of engagement with EU partners, building on the meetings I have already undertaken at the GAC (Art. 50) this week and the introductory phone calls I have had with my colleagues across Europe in recent days. I also hope to meet with Secretary of State Davis at an early stage.

Garda Stations

174. **Deputy Jim O'Callaghan** asked the Minister for Justice and Equality the dates and substance of contacts between his Department and the office of the Garda Commissioner regarding her report on the possible reopening of closed Garda stations; the process by which an interim report was requested and partial implementation of the report was agreed by government; and if he will make a statement on the matter. [29126/17]

Minister for Justice and Equality (Deputy Charles Flanagan): The Deputy will appreciate that the Garda Commissioner is primarily responsible for the effective and efficient use of the resources available to An Garda Síochána, and I as Minister have no role in the matter.

As the Deputy will be aware, the Garda Síochána District and Station Rationalisation Programme gave rise to the closure of some 139 Garda stations, in 2012 and 2013, following the completion by An Garda Síochána of a comprehensive review of its district and station network. That review was undertaken with the objective of identifying opportunities to introduce strategic reforms to enhance service delivery, increase efficiency and streamline practices within the organisation. I have been advised by the Garda authorities that the closures have allowed front line Garda to be managed and deployed with greater mobility, greater flexibility and in a more focused fashion, particularly with regard to targeted police operations.

The Programme for Government commits the Government to ensuring a strong and visible police presence throughout the country in order to maintain and strengthen community engagement, provide reassurance to citizens and to deter crime. A cornerstone of this commitment is the Government plan to achieve an overall Garda workforce of 21,000 personnel by 2021 comprising 15,000 Garda members, 2,000 Reserve members and 4,000 civilians. Revisiting the decisions made to close Garda stations is also part of that commitment.

In this context, the Government on 24 June 2016 authorised the then Minister to request the Garda Commissioner, while fully cognisant of her statutory functions, to identify 6 stations for reopening on a pilot basis to determine possible positive impacts that such openings will have on criminal activity, with special emphasis on burglaries, theft and public order. The pilot will feed into the wider review being undertaken by the Garda Síochána Inspectorate, at the request of the Policing Authority, of the dispersal and use of resources available to An Garda Síochána in the delivery of policing services to local communities.

The Commissioner submitted a first Interim Report on 6 March 2017, which set out a time-line for completion of the exercise, including the delivery of a final report in May/June 2017. On 9 June 2017 a second Interim Report was submitted, in which the Commissioner indicated that she will be submitting her Final Report at the end of this month. In the most recent Interim Report, the Commissioner, having analysed population and crime trends, and taking account of the availability of stations for reuse, recommends that Stepside Station in Co. Dublin be reopened on a pilot basis subject to the necessary consultation with the Office of Public Works. On the same basis, the Commissioner makes a number of other recommendations including that if the Government decides to reopen two Stations in Dublin, that Rush Station in north Co. Dublin be reopened. However, the Commissioner requests that a decision on Rush be deferred until her final report is received to allow time for further analysis to be carried out. The Commissioner has also indicated that she is likely, subject to further analysis, to recommend the reopening of Leighlinbridge Station in Co. Carlow and Donard Station in Co. Wicklow, in her final report. The Commissioner has also highlighted the need to develop new stations to meet identified policing requirements at Dublin Airport and at Dublin Port. At its meeting on 13 June, the Government agreed to note the key recommendations in the Commissioner's report and to agree, in principle, to the reopening of Stepside Garda Station on a pilot basis as soon as any necessary preparatory works have been completed and that the decision to reopen Rush, Leighlinbridge and Donard Stations will be taken when the final report is received from the Commissioner at the end of June.

The Policing Authority has commissioned the Garda Síochána Inspectorate, on foot of a request from the former Minister, to review the dispersement of Garda Stations in the State and the boundaries of Garda Districts. This review is on-going and a report is expected later this year.

Ground Rents Abolition

175. **Deputy Brendan Smith** asked the Minister for Justice and Equality further to parliamentary Question No. 45 of 2 February 2017, if consideration is being given to a constitutional amendment pertaining to ground rents; his plans to amend the existing statutory framework regarding ground rents; and if he will make a statement on the matter. [29218/17]

Minister for Justice and Equality (Deputy Charles Flanagan): As indicated in the response to the Deputy in Parliamentary Question No. 45 of 2 February, there are no immediate plans to amend the law in relation to ground rents, either by way of constitutional amendment or amendment of the current statutory framework. However, I can assure the Deputy that operation of existing ground rents legislation is kept under review by my Department.

Departmental Contracts Data

176. **Deputy Catherine Murphy** asked the Minister for Justice and Equality the amount

spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017; by year and company engaged, in tabular form; and if he will make a statement on the matter. [29235/17]

Minister for Justice and Equality (Deputy Charles Flanagan): Expenditure by my Department for the period in question in respect of conference facilitation, training in communications, and related services, including the development of a Communications Strategy for the Irish Refugee Protection Programme, is set out in the table:

Company	2014	2015	2016	2017 to date
The Communications Clinic	€2336	€756	€24,221	-
Carr Communications Ltd.	-	-	€1,450	-

With regard to bodies and agencies under the aegis of my Department, and in line with D/Per Circular 25/2016 and the Protocol for the Provision of Information to Members of the Oireachtas by State Bodies under the Aegis of Government Departments, I have requested that the information be provided directly to the Deputy.

CLÁR Programme

177. **Deputy Mary Butler** asked the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs the approved projects in County Waterford which have just been approved under the CLÁR programme; the projects approved to date in County Waterford under the CLÁR programme for 2017; and if she will make a statement on the matter. [29138/17]

178. **Deputy Mary Butler** asked the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs the number of projects under the CLÁR programme for 2017 which were not approved in County Waterford; the details of these projects and the funds requested; and if she will make a statement on the matter. [29140/17]

Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs (Deputy Heather Humphreys): I propose to take Questions Nos. 177 and 178 together.

The 2017 CLÁR programme was launched on 31st March last, with a closing date of 5th May. The programme provides funding for small scale infrastructural projects in disadvantaged rural areas that have experienced significant levels of de-population.

Funding for the 2017 CLÁR programme is available this year under four separate Measures:

Measure 1: Support for School and Community Safety Measures

Measure 2: Play Areas

Measure 3: Targeted Community Infrastructure

Measure 4: First Responder Supports

Over 500 applications were received across the four Measures, including 28 projects from Co. Waterford.

All projects were assessed against the published criteria and 230 successful projects were announced over the last few weeks, with a total of just under €7 million allocated across the

four Measures. 11 projects from Co. Waterford were approved for total funding of €329,469.

Table 1 summarises the position with regard to Waterford for each of the Measures.

Further details of all projects approved under the CLÁR programme are available at <http://www.ahrrga.gov.ie/rural/rural-development/clar-2016/>.

Table 1: CLÁR programme 2017 – Applications and Approvals for Waterford

CLAR Measure	No. of Applications Submitted	Total Amount requested	No. of Applications approved	Total Amount approved
Measure 1: Support for School and Community Safety Measures	12	€489,870	4	€131,800
Measure 2: Play Areas	5	€181,485	5	€181,485
Measure 3: Targeted Community Infrastructure	7	€316,880	0	€0
Measure 4: First Responder Support	4	€74,791	2	€16,184
Total	28	€1,063,026	11	€329,469

Departmental Contracts Data

179. **Deputy Catherine Murphy** asked the Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs the amount spent by her Department and State agencies under her aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if she will make a statement on the matter. [29225/17]

Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs (Deputy Heather Humphreys): In light of the volume of information concerned it is not possible to provide these details to the Deputy in the time available. Arrangements are therefore being made for the information requested in respect of both the Department and the bodies under its aegis to be collated and forwarded to the Deputy in line with the timelines set out in Standing Orders.

Hospitals Funding

180. **Deputy Billy Kelleher** asked the Minister for Health his plans to ensure public hospitals in receipt of private income shall disclose if part of such income came from elective admissions or part came from emergency admissions; and if he will make a statement on the matter. [27912/17]

Minister for Health (Deputy Simon Harris): In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Ambulance Service Funding

181. **Deputy Pat Deering** asked the Minister for Health the funding which was allocated for the ambulance base in County Carlow; the position regarding the works programme; the status of the base accommodation issues; and if he will make a statement on the matter. [29125/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, I have asked the HSE to respond to you directly.

Hospital Appointments Status

182. **Deputy Robert Troy** asked the Minister for Health if he will expedite an appointment for a person (details supplied). [29127/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Services for People with Disabilities

183. **Deputy Fergus O'Dowd** asked the Minister for Health if a reply will issue to correspondence from a person (details supplied); and if he will make a statement on the matter. [29129/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

The Programme for Partnership Government states that the Government wishes to provide more accessible respite care to facilitate full support for people with a disability.

As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Infectious Diseases

184. **Deputy Brendan Griffin** asked the Minister for Health his views on a matter (details supplied); and if he will make a statement on the matter. [29133/17]

Minister for Health (Deputy Simon Harris): Lyme disease is diagnosed by medical history and physical examination. The infection is confirmed by blood tests which look for antibodies produced by an infected person's body in response to the infection. These normally take several weeks to develop and may not be present in the early stages of the disease. The standard approach to Lyme diagnostics is a two-stage approach and involves using a sensitive enzyme immunoassay (EIA) as an initial, screening step. Screening EIAs can be insufficiently specific, giving false-positive reactions in the presence of other similar bacteria, and certain other viral infections, including glandular fever. In addition, blood samples from patients with autoimmune disorders and other inflammatory conditions can also lead to false-positive results. Samples giving positive or equivocal results in screening tests are further investigated in a second-stage immunoblot (Western blot) tests. Use of immunoblot testing greatly increases specificity. Using this two stage approach will give a great degree of certainty around the diagnosis of Lyme.

All clinical (and other) laboratories in Ireland must undergo continuous quality assurance to ensure that the quality of the diagnostics they provide is maintained at the highest international level for human diagnostics. Some laboratories abroad do not use antibody tests like the EIA (screening ELISA test) and Western Blot and instead will use other types of tests, for example, testing for levels of a specific white blood cell (CD-57) or lymphocyte transformation tests (tests to measure how specific cells in a person's immune system respond when exposed to antigens against *Borrelia burgdorferi* - the bacterium responsible for Lyme disease). These types of tests are not currently recommended by international groups such as the CDC, Infectious Diseases Society of America (IDSA) or BIA for a number of reasons:

1. There is not enough scientific evidence that they are suitable tests to diagnose Lyme disease;
- 2.-There is no standard method to perform and interpret these kind of tests; and
3. Positive results in these kinds of tests may be due to other illnesses or conditions and not just *Borrelia* infection.

The Scientific Advisory Committee of the HPSC, the Infectious Diseases Society of Ireland, the Irish Society of Clinical Microbiologists, the Irish Institute of Clinical Neuroscience and the Irish College of General Practitioners agreed a Consensus Statement on the Clinical Management of Lyme Borreliosis, which endorsed the previously referenced, internationally recognised set of guidelines (those of the IDSA) to Medical Practitioners to ensure a standardised approach to the diagnosis and management of Lyme disease in Ireland.

The Scientific Advisory Committee of the HPSC has established a Lyme Borreliosis Sub-Committee, the aim of which is to develop strategies to undertake primary prevention in order to minimise the harm caused by Lyme Borreliosis in Ireland. In addition to staff from the HPSC, the membership of the Sub-Committee includes specialists in Public Health Medicine, Consultants in Infectious Diseases, Clinical Microbiology, Occupational Health an Entomologist from the Parks and Wildlife Service, a representative from the Local Government Management Agency, an Environmental Health Officer and, very importantly, a representative from Tick Talk Ireland, the primary Support Group for Lyme disease in Ireland.

The initial work of the Lyme Borreliosis Sub-committee involved a survey of laboratory

methods for the diagnosis of Lyme borreliosis in Ireland, the development of Lyme borreliosis guidance for general practitioners, the publication of medical media articles to highlight diagnostics and laboratory methods relating to Lyme borreliosis available in Ireland. Material has been produced which is aimed both at the general public and General Practitioners.

Domiciliary Care Allowance Applications are a matter for the Department of Employment and Social Protection.

Medical Card Applications

185. **Deputy Bernard J. Durkan** asked the Minister for Health if a medical card will be granted in the case of a person (details supplied); and if he will make a statement on the matter. [29134/17]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible.

The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information was issued to Oireachtas members.

Public Sector Staff Sick Leave

186. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the fact that HSE staff on certified sick leave are being forced to attend their doctor on a weekly basis to obtain medical certificates at considerable personal and financial cost to them and often at a time when they are not earning due to ill health; and if he will make a statement on the matter. [29141/17]

187. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the reason the social welfare certificate submitted for social welfare benefits during a period of extended sick leave is deemed unacceptable; and if he will make a statement on the matter. [29142/17]

188. **Deputy Louise O'Reilly** asked the Minister for Health if his attention has been drawn to the reason in circumstances in which a weekly medical certificate is requested by local management for a HSE employee in the ambulance service this cannot be obtained by visiting the HSE occupational health doctor on a weekly basis instead of paying weekly for doctors appointments in circumstances in which the employee has exhausted their entitlement to sick pay; and if he will make a statement on the matter. [29143/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 186 to 188, inclusive, together.

I have asked the HSE to respond to the Deputy directly on this matter.

Health Services Data

189. **Deputy Louise O'Reilly** asked the Minister for Health the expected rates of increase in heart failure in the next decade; the cost of heart failure here each year; the hospital related costs; the direct cost of heart failure management; and if he will make a statement on the matter. [29145/17]

Minister for Health (Deputy Simon Harris): As the cost of providing health and social care including the cost of acute hospital services to persons affected by heart failure is a service matter it has been referred to the Health Service Executive for attention and direct reply to the Deputy.

Health Services Data

190. **Deputy Louise O'Reilly** asked the Minister for Health if data suggests a 2% prevalence of symptomatic heart failure in the population rising to 10% in those persons over 75 years of age with a further 2% having asymptomatic left ventricular systolic dysfunction at risk of progressing to symptomatic failure and over 10,000 new cases are diagnosed annually; the updated figures on prevalence and projections since the original 2010 publication of the cardiovascular strategy; the actions taken on recommendations of the cardiovascular strategy; and if he will make a statement on the matter. [29146/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for attention and direct reply to the Deputy.

Obesity Strategy

191. **Deputy Louise O'Reilly** asked the Minister for Health further to parliamentary Question No. 189 of 25 May 2013, if he will provide the details of the membership of the national reformulation technical working group to agree targets for reducing fat, sugar and salt which is being established; if his Department will be consulting and engaging with the health organisations when targets are agreed similar to the process that will be engaged upon with industry; and if he will make a statement on the matter. [29147/17]

Minister of State at the Department of Health (Deputy Catherine Byrne): In line with the relevant actions in the National Obesity Policy and Action Plan 2016 - 2025, a Food Reformulation Working Group is being established and membership is being determined. Its focus will be to reduce the sugar, fat and salt content of foods and beverages in line with the EU Food Reformulation Project. I am not in a position to preempt the work of the group in advance of the process to establish it being finalised; but engagement with appropriate health expertise is likely to feature in any future work of the group.

Infectious Diseases

192. **Deputy Billy Kelleher** asked the Minister for Health the name, contact details and the location in which persons can be tested for Lyme disease; and if he will make a statement on the matter. [29160/17]

Minister for Health (Deputy Simon Harris): As this is a service issue, this question has been referred to the HSE for direct reply.

Hospitals Expenditure

193. **Deputy Brendan Ryan** asked the Minister for Health the amount being spent on formula by each maternity and children's hospital in each of the years 2013 to 2016 and to date in 2017; and if he will make a statement on the matter. [29161/17]

Minister for Health (Deputy Simon Harris): In relation to the query raised by the Deputy, as this is a service issue, I have asked the HSE to respond to you directly.

Maternity Services Provision

194. **Deputy Brendan Ryan** asked the Minister for Health his plans to implement co-sleeping beds in the new national maternity hospital being built on the St. Vincent's campus; and if he will make a statement on the matter. [29162/17]

195. **Deputy Brendan Ryan** asked the Minister for Health the guidelines the HSE plans to introduce and promote regarding co-sleeping between the newborn baby and mother; and if he will make a statement on the matter. [29163/17]

196. **Deputy Brendan Ryan** asked the Minister for Health the HSE's policy regarding co-sleeping of baby and mother in maternity hospitals; and if he will make a statement on the matter. [29164/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 194 to 196, inclusive, together.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Health Promotion

197. **Deputy Brendan Ryan** asked the Minister for Health if the HSE has plans to provide information regarding medicine that is safe for breastfeeding to pharmacies, general practitioners and hospitals; and if he will make a statement on the matter. [29165/17]

198. **Deputy Brendan Ryan** asked the Minister for Health if the HSE plans on using the information regarding medicine that is safe for breastfeeding by a person (details supplied); and if he will make a statement on the matter. [29166/17]

199. **Deputy Brendan Ryan** asked the Minister for Health the HSE's plans to launch a public awareness campaign to promote the health benefits of breastfeeding; and if he will make a statement on the matter. [29167/17]

200. **Deputy Brendan Ryan** asked the Minister for Health his plans for health care facilities and practitioners to have a support database that will recommend local breastfeeding support groups to new mothers; and if he will make a statement on the matter. [29168/17]

201. **Deputy Brendan Ryan** asked the Minister for Health the HSE's plans to create public spaces for breastfeeding support groups in primary care centres; and if he will make a statement on the matter. [29169/17]

Minister of State at the Department of Health (Deputy Catherine Byrne): I propose to

take Questions Nos. 197 to 201, inclusive, together.

Some of the matters raised by the deputy are largely encompassed in the recent Health Service Executive publication entitled *Breastfeeding in a Healthy Ireland: the HSE Breastfeeding Action Plan 2016 - 2021*.

This Action Plan sets out the priority areas to be addressed over the next 5 years to improve breastfeeding supports, to enable more mothers in Ireland to breastfeed and to improve health outcomes for mothers and children in Ireland. The Action Plan outlines the actions needed to enhance breastfeeding rates and provide skilled supports to mothers, through our maternity services, hospitals, primary care services and in partnership with voluntary breastfeeding organisations and other stakeholders.

These actions include the implementation of policies at hospital and community level; investment in breastfeeding training and skills development for healthcare staff; and partnership working to promote a culture that accepts and supports breastfeeding. The Action Plan is available at www.breastfeeding.ie/Uploads/breastfeeding-in-a-healthy-ireland.pdf.

I am also pleased to advise the deputy that breastfeeding initiatives are also reflected in the *Creating a Better Future Together: National Maternity Strategy 2016-2026*. This national strategy emphasised the importance of dedicated staff, such as the HSE National Breastfeeding Coordinator and statutory and voluntary supports, in promoting and supporting breastfeeding in Ireland. It referred to the National Breastfeeding Coordinator that works with a national committee to oversee the implementation of breastfeeding action plans and monitors progress in relation to breastfeeding targets; liaising with local breastfeeding committees, maternity hospitals, community health services and voluntary breastfeeding organisations.

Initiatives referred to in the national strategy included an annual National Breastfeeding Week, the HSE website www.breastfeeding.ie, and an on-line Ask the Expert support service provided by International Board Certified Lactation Consultants. Other initiatives mentioned included breastfeeding support groups, the development of a breastfeeding competencies framework, and a breastfeeding policy for primary care teams and community healthcare settings.

Moreover, the National Maternity Strategy reiterated that along with practical supports that can be provided to mothers, such as supports to continue breastfeeding on return to the workplace, a broader societal change is required in order to promote a more positive culture around breastfeeding. This should support women to feel confident about their choice to breastfeed. The Maternity Strategy emphasised that this includes engaging extended family members and childminders who, perhaps due to not being aware of the importance of breastfeeding, may not be best informed to support a family's choice to feed their baby expressed breast milk while in their care. It referred to breastfeeding promotion campaigns that should be tailored and targeted to help the wider community, including family members, childminders and employers, to play their role in improving Ireland's breastfeeding initiation and duration rates.

I want to also assure the deputy that the recently published Dept. of Justice and Equality National Strategy for Women and Girls 2017 - 2020: creating a better society for all, contains two actions on increasing the proportion of mothers who breastfeed.

There are some resources available to healthcare professionals in relation the use of medicinal products by breastfeeding mothers. In the first instance the Summary of Product Characteristics (SmPC) should be consulted whenever a practitioner is considering prescribing a medicine to a breast-feeding mother or where the healthcare professional requires information on the suitability of a medicine for breast feeding.

Under EU legislation, product information associated with a medicine consists of the SmPC and the package leaflet. The SmPC is a legal document approved as part of the marketing authorisation of each medicine and forms the basis of information for healthcare professionals on how to use the medicine. This information is presented according to a predefined structure and includes the situations where the medicine must not be used, defining patient populations who must not take the medicines, and special warnings and precautions on the use of the medicine. This includes qualitative and quantitative information on the benefits and the risks posed by the medicine. Section 4.6 of the SmPC provides available information regarding the use of the drug during pregnancy and recommendations on the use or not of the medicine during pregnancy. Recommendation on the need to stop or continue breastfeeding while on the medicine is also provided.

The information contained within the SmPC is updated throughout the lifecycle of the medicine as new data emerge.

The decision on whether to use a medicine during breastfeeding should be reached following a discussion between a prescriber and their patient about the potential risks and benefits of that medicine. In accordance with the Medical Council's Guide to Professional Conduct and Ethics, medical practitioners must ensure as far as possible that any treatment, medication or therapy prescribed for a patient is safe, evidence-based and in the patient's best interests.

Patients with queries about the suitability of using a medicine during breast feeding are encouraged to speak to their pharmacist or general practitioner.

Finally, as the questions from the deputy relate mainly to service issues, I have arranged for them to be referred to the Health Service Executive for direct reply on some of the specifics referred to by the Deputy.

Maternity Services Provision

202. **Deputy Brendan Ryan** asked the Minister for Health the hospitals that supply baby boxes for newborn babies; and if he will make a statement on the matter. [29170/17]

203. **Deputy Brendan Ryan** asked the Minister for Health his plans to provide baby boxes in all maternity hospitals; and if he will make a statement on the matter. [29171/17]

204. **Deputy Brendan Ryan** asked the Minister for Health the contents of each of the sets of baby boxes; and if the sets provide breastfeeding support items. [29172/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 202 to 204, inclusive, together.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Health Services Data

205. **Deputy Brendan Ryan** asked the Minister for Health the number of cases of NEC here in each of the years 2013 to 2016 and to date in 2017; and if he will make a statement on the matter. [29188/17]

206. **Deputy Brendan Ryan** asked the Minister for Health the average cost to treat NEC

here; and if he will make a statement on the matter. [29189/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 205 and 206 together.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Health Services Data

207. **Deputy Brendan Ryan** asked the Minister for Health the number of cases of otitis media of babies under six months of age here in 2013 to 2016 and to date in 2017; and if he will make a statement on the matter. [29190/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for direct reply to the Deputy.

Health Services Expenditure

208. **Deputy Brendan Ryan** asked the Minister for Health the amount the average cost to treat otitis media in babies under six months of age here; and if he will make a statement on the matter. [29191/17]

Minister for Health (Deputy Simon Harris): As this is a service matter, it has been referred to the Health Service Executive for direct reply to the Deputy.

Health Services Data

209. **Deputy Brendan Ryan** asked the Minister for Health the number of cases of gastroenteritis in babies under six months of age in each of the years 2013 to 2016 and to date in 2017; and if he will make a statement on the matter. [29192/17]

Minister for Health (Deputy Simon Harris): In relation to the query raised by the Deputy, as this is a service issue, I have asked the HSE to respond to you directly.

Health Services Expenditure

210. **Deputy Brendan Ryan** asked the Minister for Health the average cost to treat gastroenteritis in babies under six months of age; and if he will make a statement on the matter. [29193/17]

Minister for Health (Deputy Simon Harris): In relation to the query raised by the Deputy, as this is a service issue, I have asked the HSE to respond to you directly.

HSE Investigations

211. **Deputy Ruth Coppinger** asked the Minister for Health if there are standards around the time it takes to make an investigation into allegations regarding HSE employees in view of

the fact that employees are often suspended from employment pending an investigation which results in time out of employment and in the case of agency workers this can result in no income (details supplied). [29194/17]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the Deputy directly on this matter.

Pharmacy Regulations

212. **Deputy Eamon Scanlon** asked the Minister for Health the way in which a person (details supplied) who wishes to practice as a pharmacist here demonstrates the holding of an enforceable community right; and if he will make a statement on the matter. [29196/17]

Minister for Health (Deputy Simon Harris): Pharmacists must be registered with the Pharmaceutical Society of Ireland (PSI) in order to practise in Ireland. The PSI is the statutory regulator for registered pharmacists in Ireland under the Pharmacy Act 2007.

As I have no statutory function in this area, I have referred the Deputy's query to the PSI for direct reply.

Services for People with Disabilities

213. **Deputy James Lawless** asked the Minister for Health when an assessment of need will take place for a person (details supplied); if this will be expedited; and if he will make a statement on the matter. [29205/17]

Minister of State at the Department of Health (Deputy Finian McGrath): The Government is committed to providing services and supports for people with disabilities which will empower them to live independent lives, provide greater independence in accessing the services they choose, and enhance their ability to tailor the supports required to meet their needs and plan their lives. This commitment is outlined in the Programme for Partnership Government, which is guided by two principles: equality of opportunity and improving the quality of life for people with disabilities.

As the Deputy's question relates to an individual case, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Hospital Services

214. **Deputy Mary Butler** asked the Minister for Health when a person (details supplied) can have access to a DAFNE carbohydrate counting course at University Hospital Waterford; the timeframe for same; and if he will make a statement on the matter. [29207/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to

respond to you directly.

Medical Card Eligibility

215. **Deputy Eamon Scanlon** asked the Minister for Health the full rules governing the retention of a medical card when a person is returning to work; if the right of retention applies to a dependent person and children; and if he will make a statement on the matter. [29208/17]

Minister for Health (Deputy Simon Harris): The Health Service Executive has been asked to examine this matter and to reply to the Deputy as soon as possible. The Health Service Executive operates the General Medical Services scheme, which includes medical cards and GP visit cards, under the Health Act 1970, as amended. It has established a dedicated contact service for members of the Oireachtas specifically for queries relating to medical cards and GP visit cards, which the Deputy may wish to use for an earlier response. Contact information was issued to Oireachtas members.

Hospital Appointments Status

216. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an operation for a person (details supplied); and if he will make a statement on the matter. [29210/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The National Waiting List Management Policy, *A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures, January 2014*, has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care. This policy, which has been adopted by the HSE, sets out the processes that hospitals are to implement to manage waiting lists.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Appointments Status

217. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an appointment for a person (details supplied). [29211/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Appointments Status

218. **Deputy Michael Harty** asked the Minister for Health when a person (details supplied) in County Clare will receive an outpatient appointment for surgery in Galway University Hospital; and if he will make a statement on the matter. [29212/17]

Minister for Health (Deputy Simon Harris): In response to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Hospital Appointments Status

219. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an appointment for a person (details supplied); and if he will make a statement on the matter. [29219/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

The scheduling of appointments for patients is a matter for the hospital to which the patient has been referred. Should a patient's general practitioner consider that the patient's condition warrants an earlier appointment, he or she should take the matter up with the consultant and the hospital involved. In relation to the specific case raised, I have asked the HSE to respond to you directly.

Departmental Contracts Data

220. **Deputy Catherine Murphy** asked the Minister for Health the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29233/17]

Minister for Health (Deputy Simon Harris): Details of external PR companies engaged between 2014 and 2016 are presented in the following table. I will advise the Deputy separately of details if any public relations companies were engaged by the Department during 2017.

Year	Name of Company	Cost	Tendered Contract
2016	RPS Consulting Engineers Ltd	€11,826	Public consultation process to inform the development of a new National Drugs Strategy. This work has a public relations dimension, as it involves a range of different public activities and events to publicise the consultation process in order to optimise public participation
2015	DHR Communications	€86,100	Development of strategy to support communication of the Healthy Ireland Framework and toolkit for Healthy Ireland Council

It is the policy in my Department only to engage the services of external consultants where it is felt to be appropriate and cost-effective, taking account of Government decisions and policy

on the matter.

I have asked the HSE to provide details of any expenditure it may have in this area, directly to the Deputy. Details for other bodies under the aegis of the Department are operational matters for the bodies concerned and the Deputy should contact the relevant Director/CEO/Registrar directly.

Hospital Appointments Status

221. **Deputy Martin Ferris** asked the Minister for Health when a person (details supplied) can expect to receive an appointment; and if he will make a statement on the matter. [29240/17]

Minister for Health (Deputy Simon Harris): Under the Health Act 2004, the Health Service Executive (HSE) is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Section 6 of the HSE Governance Act 2013 bars the Minister for Health from directing the HSE to provide a treatment or a personal service to any individual or to confer eligibility on any individual.

In relation to the particular query raised, as this is a service matter, I have asked the HSE to respond to you directly.

Health Services

222. **Deputy Michael Healy-Rae** asked the Minister for Health if he will address the case of a person (details supplied) who is looking for a transfer; and if he will make a statement on the matter. [29243/17]

Minister for Health (Deputy Simon Harris): As the Deputy's question relates to service matters, I have arranged for the question to be referred to the Health Service Executive for direct reply to the Deputy.

Hospital Waiting Lists

223. **Deputy Billy Kelleher** asked the Minister for Health the reason the commitment to have no public patient waiting more than 15 months for surgery or a specialist appointment by October 2017 has been abandoned; and if he will make a statement on the matter. [28148/17]

227. **Deputy Billy Kelleher** asked the Minister for Health the reason the commitment to have no public patient waiting more than 15 months for surgery or a specialist appointment by October 2017 has been abandoned; and if he will make a statement on the matter. [27911/17]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 223 and 227 together.

I acknowledge that waiting times are often unacceptably long and I am conscious of the burden that this places on patients and their families.

There is no doubt that our public hospital system is challenged in meeting the growing demand for care. Last year alone, there was a 2% increase in inpatient and day-case activity over 2015.

Reducing waiting times for the longest waiting patients is one of this Government's key priorities. Consequently, Budget 2017 allocated €20 million to the NTPF, rising to €55 million in 2018.

In order to reduce the numbers of long-waiting patients, I asked the HSE to develop Waiting List Action Plans for 2017 in the areas of Inpatient/Daycase, Scoliosis and Outpatient Services. The Inpatient / Daycase and Outpatient Plans which have now been published and currently being implemented, focus on reducing the number of patients waiting 15 months or more for inpatient and daycase treatment or outpatient appointment as much as possible within existing resources by the end of October. The Scoliosis Action Plan aims to ensure that no patient who requires scoliosis surgery will be waiting more than four months for surgery by the end of 2017. Under these Plans, since early February, over 14,200 patients have come off the Inpatient/Daycase Waiting List and nearly 49,000 patients have come off the Outpatient Waiting List.

In addition, the NTPF has advised that under the ongoing Daycase Waiting List Initiative over 2,500 patients files have been transferred to private hospitals under this Initiative, 631 patients have accepted an offer of treatment in a private hospital and that over 178 patients have received their procedure .

Speech and Language Therapy

224. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the waiting time targets which are in place for persons requiring further speech and language therapy following receipt of initial therapy [28149/17]

Minister for Health (Deputy Simon Harris): As this question relates to service matters, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply.

Health Services

225. **Deputy Billy Kelleher** asked the Minister for Health if he will report on the review of medical assessment units, urgent care centres and minor injuries clinics; his plans to extend their daily hours of opening and to provide weekend opening; and if he will make a statement on the matter. [27909/17]

Minister for Health (Deputy Simon Harris): Medical Assessment Units (MAUs), Minor Injuries Clinics and similar units provide valuable services to local communities and alleviate the pressures on EDs. MAUs facilitate the immediate medical assessment, diagnosis and treatment of medical patients who suffer from a wide range of medical conditions who present to, or from within, a hospital requiring urgent or emergency care.

The Programme for a Partnership Government recognises the contribution of MAUs, Urgent Care Clinics and Minor Injury Clinics, and commits to a review of such clinics, acknowledging that some of these facilities have limited hours of operation.

The Department is committed to undertaking the Review, as outlined in the Programme for a Partnership Government, with a view to extending their hours of opening and weekend opening. In considering the opening hours of MAUs, the Review will have particular regard to the distance from the nearest ED and existing workloads. Work on this Review is progressing in 2017.

National Cancer Strategy

226. **Deputy Billy Kelleher** asked the Minister for Health the date on which the new national cancer strategy will be published; and if he will make a statement on the matter. [27910/17]

Minister for Health (Deputy Simon Harris): Government approval to the draft National Cancer Strategy 2017-2026 will be sought shortly. Subject to approval, publication of the Strategy next month is envisaged.

Question No. 227 answered with Question No. 223.

General Practitioner Services Provision

228. **Deputy Billy Kelleher** asked the Minister for Health the status on the introduction of free general practitioner care to persons under 18 years of age; the increase in general practitioner numbers required to support the additional workload; and if he will make a statement on the matter. [27913/17]

Minister for Health (Deputy Simon Harris): The introduction of GP care without fees to all people over 70 and all children under 6 years of age in 2015 represents a major step forward in improving access, quality and affordability of health care in Ireland. The Programme for Government commits to extending in phases, and subject to negotiation with GPs, free GP care to all children under 18 years of age. Legislative changes will be required for any such extension of GP care without fees to further cohorts of the population and the timetable will be subject to the outcome of discussions with GP representatives on this and other contractual matters.

The Government is committed to the continued development of GP capacity to ensure that patients across the country continue to have access to GP services and that general practice is sustainable in all areas into the future. Several efforts to increase the number of practising GPs have been undertaken in recent years. These include increases in the number of GP training places, which have risen from 120 places in 2009 to 171 places being formally accepted for the 2017 training intake as of 13th June. Changes have been made to the entry provisions to the GMS scheme to facilitate more flexible/shared GMS/GP contracts, and to the retirement provisions for GPs under the GMS scheme. An enhanced supports package for rural GP practices has also been introduced. In addition, the GP contracts review process which is currently underway will seek to arrive at contractual arrangements which will ensure that general practice is an attractive, fulfilling and rewarding career option into the future.

In September 2015, the HSE published a medical workforce planning report on the future demand for GPs in Ireland and identified a current under-supply of GPs. A follow-up review of workforce planning for general practice will be carried out by the HSE in the coming months. The results of this will assist in the development of plans for further expansion in GP training capacity and trainee numbers.

Maternity Services Provision

229. **Deputy Jack Chambers** asked the Minister for Health if he will report on the relocation of the Rotunda hospital to Connolly hospital. [27914/17]

Minister for Health (Deputy Simon Harris): 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 services in order to provide optimal clinical outcomes. Co-location of maternity services with adult services provides mothers with access to a full range of medical and support services should the need arise.

Following the Government's decision to locate the new children's hospital at the St James's Hospital campus, it was necessary to review the recommendations made in 2008 KPMG Report 'Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area' in relation to the preferred sites for maternity hospitals in Dublin. As a result of that review it was decided that the Rotunda Hospital will be co-located with adult acute services at Connolly Hospital campus, Blanchardstown.

While the Rotunda redevelopment project is still at a very early stage of development, I am aware that the hospital has commissioned consultants to prepare a draft Design Brief. In addition, work is underway on a Development Control Plan for the Connolly campus which will inform the precise location of the new hospital on the campus.

During 2017 my Department is working with the HSE and the Department of Public Expenditure and Reform to conduct a mid-term review of the capital programme. Prioritisation of funding for the new Rotunda Hospital will be considered in the context of that review.

Home Care Packages Provision

230. **Deputy Mary Butler** asked the Minister for Health the reason for the significant regional disparity in the provision of home care packages. [27916/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service matter it has been referred to the Health Service Executive for direct reply.

HSE Staff Recruitment

231. **Deputy James Browne** asked the Minister for Health the number of additional mental health staff recruited to date in 2017; and the nature of the positions filled. [27921/17]

Minister of State at the Department of Health (Deputy Helen McEntee): As this is a service issue, this question has been referred to the HSE for direct reply.

Medicinal Products Availability

232. **Deputy John Brassil** asked the Minister for Health the steps being taken to find a solution for persons with alpha 1 that need respreeza. [27922/17]

Minister for Health (Deputy Simon Harris): The HSE has statutory responsibility for decisions on pricing and reimbursement of medicines under the community drug schemes, in accordance with the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013; therefore, the matter has been referred to the HSE for reply to the Deputy.

Infectious Disease Incidence

233. **Deputy John Lahart** asked the Minister for Health if Tallaght hospital is facing a €6

million bill to tackle an outbreak of a lethal superbug. [27925/17]

Minister for Health (Deputy Simon Harris): In relation to the query raised by the Deputy, as this is a service issue, I have asked the HSE to respond to you directly.

National Parks

234. **Deputy Tom Neville** asked the Minister for Agriculture, Food and the Marine the number of persons that entered Curraghchase Park in 2016; the amount of revenue which was collected; the amount of money which was reinvested by the Government in Curraghchase Park in 2016; and if he will make a statement on the matter. [29130/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Coillte was established as a private commercial company under the Forestry Act 1988 and day-to-day operational matters, such as the management of their forest estate, are the responsibility of the company. Curraghchase Forest Park is in Coillte's ownership. Therefore the number of visitors and associated revenue generated at this Forest Park is an operational matter for Coillte.

The company also advise that there is no re-investment by the Government in this Park and add that Coillte carries the costs of all maintenance works to the company's forest parks, with some elements of cost recouped from the Rural Recreation Section of the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs. The Deputy may wish to contact Coillte directly if he would like to discuss this matter further.

Food Imports

235. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine if he has had discussions with the EU Commissioner for Health and Food Safety regarding the need to introduce new requirements pertaining to the import of meat products from Brazil; and if he will make a statement on the matter. [29183/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): As soon as details of investigations into meat fraud in Brazil first emerged I wrote to Commissioner Andriukaitis outlining my concerns and stressing the importance that all appropriate steps are taken to ensure that any imports into the EU meet all of its animal and public health standards. Commissioner Andriukaitis has since given regular updates at the EU AgriFish Council.

Since 21 March only 1 consignment of Brazilian meat, from the four implicated establishments that are authorised to export to the EU, has arrived at an EU Border Inspection Point (BIP) destined for Ireland. This consignment was rejected.

An EU wide programme of supplementary checks for Brazilian consignments of meat has also been introduced. In addition, the Commission has carried out an audit of beef processing plants, and slaughter facilities for poultry and horsemeat in the Brazilian states that were implicated in the Brazilian inquiry.

The audit findings highlighted a number of concerns including systematic failures in the controls systems and deficiencies relating to food safety standards and official certification processes.

As a result on 7 June Commissioner Andriukaitis wrote to the Brazilian authorities to advise them of the findings of the audit and inform them that of additional measures that were to be

put in place including:

- Delisting all horse meat slaughterhouses and horse exporting companies from the list of establishment eligible for export to the EU;
- Not to accept any new establishments to the lists for export to the EU;
- Introduce 100% systemic pre-export microbiological checks for export of poultry meat and meat products and preparations from Brazil to the EU.

At the Agri-Fish Council meeting on the 13 June, Member States including Ireland voiced their support for the measures undertaken by the Commissioner and Commissioner Andriukatis restated that the Commission stands ready to take further action if required in response.

Beef Industry

236. **Deputy Brendan Smith** asked the Minister for Agriculture, Food and the Marine if he has had discussions with the EU Agriculture Commissioner and with the EU Trade Commissioner regarding the need to protect the European beef sector in discussions on Mercosur; and if he will make a statement on the matter. [29184/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I and my officials have been very active in highlighting the potentially very damaging impact of a Mercosur deal on the European agriculture sector, and on the beef sector in particular.

At political level, I have continuously raised the issue with my Member State colleagues and with Commissioners Hogan and Malmström, both within the Council of Agriculture Ministers and in written form. I also continue to monitor the situation closely in co-operation with my Government colleagues, particularly the Minister for Jobs, Enterprise and Innovation, and the Taoiseach.

These efforts have been reinforced at official level through similar contacts with Member States and the Commission, particularly through the Special Committee on Agriculture and the Trade Policy Committee.

While the Commission responded to the strong lobbying by Ireland and others by excluding a beef Tariff Rate Quota (TRQ) from the offers exchanged with Mercosur on 11 May 2016, there is a need for continued vigilance in relation to the conduct of these trade negotiations. We are also insisting that the timing and content of any beef TRQ offer is handled appropriately, and in a manner that safeguards the interests of the Irish and European beef sector in particular.

This must also take into account the findings of the Commission's recent cumulative impact assessment, which strongly reinforce Ireland's position in relation to beef. They are also a very effective reminder of the need for great caution in our approach to the issue of beef TRQs.

Departmental Contracts Data

237. **Deputy Catherine Murphy** asked the Minister for Agriculture, Food and the Marine the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29224/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): In general, public relations advice is provided by my Department's Press Office. However, from time to time, it may be necessary to engage the services of an outside provider for public relations training purposes. The information requested by the Deputy is provided in the following table.

I have requested the State Bodies under the aegis of my Department to respond directly to the Deputy, on the specific information requested, as this is an operational matter for the organisations themselves.

Year 2014 to date	Workshop Training/ Advice provided to staff in relation to PR.	Name of company/ individual in receipt of payment	Cost€
2014	Nil		
2015	Nil		
2016	Media Skills Training:	Carr Communica-tions	4,700
2017	Nil		

Fish Quotas

238. **Deputy Martin Kenny** asked the Minister for Agriculture, Food and the Marine when he plans to make a decision regarding the allocation of spurdog quota to the Irish fleet. [29246/17]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Spurdog (now referred to as Picked Dogfish) is a long-lived, slow growing and late maturing species and is therefore particularly vulnerable to fishing mortality. Current advice from the International Council for the Exploration of the Sea (ICES) is that there should be no target fishery and that by-catch in mixed fisheries should be reduced to the lowest possible level. It recommends that a rebuilding plan should be developed for this stock. Spurdog spawning biomass is currently at the lowest observed level, although conservation measures have stabilised the decline in recent years.

The Marine Institute supports ICES advice and further notes that spatial avoidance measures should be put in place to avoid large catches of accidental by-catch. In terms of our responsibility to ensure the long-term sustainability of this stock and on the basis of firm scientific advice, there does not appear to be a case for the re-opening of a commercial fishery for Spurdog at this time.

The EU Total Allowable Catch (TAC) for dogfish was set at 270 tonnes for 2017 with 53 tonnes available to Ireland. This quota is only available, under EU law, to support a bycatch avoidance scheme, as approved by the European Commission's Scientific, Technical and Economic Committee for Fisheries (STECF), is in place.

Ireland has submitted a proposal for such a by catch avoidance scheme to the Commission and this will be assessed at the July Plenary meeting of STECF. It is intended that this pilot scheme will further increase our knowledge of the stock, aid in its recovery and help ensure its long-term sustainability on the basis of firm scientific evidence.

If the assessment by STECF is positive, the by catch avoidance programme will then be brought to the Quota Management Advisory Committee (involving fishing industry representatives from the catching and processing sectors) for further development, and subsequently go

to public consultation.

Ministerial Functions

239. **Deputy Clare Daly** asked the Minister for Communications, Climate Action and Environment if he will provide a copy of the official diary of his predecessor (details supplied) for the period August to December 2015. [29150/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): I have set out below an extract from the diary of then Minister, Alex White for the period August 2015 to December 2015. This calendar was previously released following a request under the FOI Act.

Subject	Start Date	End Date
Paul - A/L	4/8/2015	9/8/2015
Annual Leave	4/8/2015	13/8/2015
ACTONS HOTEL	6/8/2015	7/8/2015
Midleton' exploration well 49/11-3	7/8/2015	7/8/2015
CELTIC ROSS HOTEL	7/8/2015	8/8/2015
SOD TURNING EVENT	7/8/2015	7/8/2015
ON CALL DAYS (TAOISE-ACH'S OFFICE)	8/8/2015	10/8/2015
THIS WEEK	9/8/2015	9/8/2015
FLEADH CHEOIL	9/8/2015	11/8/2015
Claire A/L - In country & on phone	10/8/2015	15/8/2015
X Rathfarnham Festival	13/8/2015	13/8/2015
CONSTITUENCY	13/8/2015	13/8/2015
Liam O'Kelly	14/8/2015	14/8/2015
John Furlong	14/8/2015	14/8/2015
SIR ANDRAS SCHIFF	14/8/2015	14/8/2015
Mary Keogh (Party Member)	14/8/2015	14/8/2015
ON CALL DAYS (TAOISE-ACH'S OFFICE)	14/8/2015	16/8/2015
CONSTITUENCY	14/8/2015	14/8/2015
AW on leave abroad	16/8/2015	27/8/2015
Bernard Annual Leave	17/8/2015	21/8/2015
Seána AL	24/8/2015	29/8/2015
John Furlong	28/8/2015	28/8/2015
BERGEN PHILHARMONIC ORCHESTRA	28/8/2015	28/8/2015
RIC/DMP Commemoration Service 2015	29/8/2015	29/8/2015
Dental appointment	31/8/2015	31/8/2015
Party Strategy meeting	31/8/2015	31/8/2015

Subject	Start Date	End Date
PARCEL MOTEL NIGHT-LINE EXPANSION	31/8/2015	31/8/2015
Bernard Annual Leave	31/8/2015	1/9/2015
Team meeting	1/9/2015	1/9/2015
LABOUR MINISTERS MEETING	1/9/2015	1/9/2015
UAE Ambassador	1/9/2015	1/9/2015
X rte mean ghaeilge action plan 2015-2019 placeholder	1/9/2015	1/9/2015
Diary	2/9/2015	2/9/2015
SECRETARY GENERAL	2/9/2015	2/9/2015
Pre-Cabinet briefings	2/9/2015	2/9/2015
GOVERNMENT MEETING	2/9/2015	2/9/2015
E3 RESEARCH PROVOST PRENDERGAST	2/9/2015	2/9/2015
Canv - Glencairn (G/S – g(kj))	3/9/2015	3/9/2015
Persona	3/9/2015	3/9/2015
RH - lunch	3/9/2015	3/9/2015
WHITEGATE OIL REFINERY BRIEFING	3/9/2015	3/9/2015
MT CARMEL COMMUNITY HOSPITAL OFFICIAL OPENING	3/9/2015	3/9/2015
PHOTOCALL IIEA and ESB ENERGY CONFERENCE	3/9/2015	3/9/2015
ATHLONE MARCONI HERITAGE	3/9/2015	3/9/2015
SCREEN PRODUCERS IRELAND	3/9/2015	3/9/2015
CONSTITUENCY	3/9/2015	3/9/2015
BRITISH AMBASSADORS SUMMER PARTY	3/9/2015	3/9/2015
Pine Valley Family Day	6/9/2015	6/9/2015
Team meeting	7/9/2015	7/9/2015
BROADCASTING ISSUES BRIEFING	7/9/2015	7/9/2015
DEAFHEAR	7/9/2015	7/9/2015
AMBASSADOR OF THE REPUBLIC OF EGYPT	7/9/2015	7/9/2015
COILLTE CEO MEET AND GREET	7/9/2015	7/9/2015
ESG meeting	8/9/2015	8/9/2015
SEAI DINNER MEETING	8/9/2015	8/9/2015

Questions - Written Answers

Subject	Start Date	End Date
BRIEFING IEA & EIR-GRID with KEN SPRATT	8/9/2015	8/9/2015
Flight to Cph	9/9/2015	9/9/2015
PRE CABINET MEETING	9/9/2015	9/9/2015
GOVERNMENT MEETING	9/9/2015	9/9/2015
ADDITIONAL GOVERNMENT MEETING	10/9/2015	10/9/2015
Denmark Energy Minister	10/9/2015	12/9/2015
Depart Copenhagen for London on BA817	11/9/2015	11/9/2015
CARBON MONOXIDE AWARENESS WEEK 2015	14/9/2015	14/9/2015
Meet Alan Kelly re WEGs	14/9/2015	14/9/2015
Pre-Autumn Parliamentary Party Meeting	14/9/2015	15/9/2015
SECRETARY GENERAL	15/9/2015	15/9/2015
ESB PHOTOCALL	15/9/2015	15/9/2015
Canv - Roebuck Castle (S – cb (jl))	15/9/2015	15/9/2015
SECRETARY GENERAL	16/9/2015	16/9/2015
update from Michael Manley	16/9/2015	16/9/2015
TEAM MEETING	16/9/2015	16/9/2015
ENERGY BRIEFING	16/9/2015	16/9/2015
GOVT MEETING	16/9/2015	16/9/2015
Eircom event	16/9/2015	16/9/2015
Canv - Llewellyn (D – bm n (jn))	16/9/2015	16/9/2015
DIGITAL HUB - GRAIN-STORE OPENING	16/9/2015	16/9/2015
IRFU BRIEFING	17/9/2015	17/9/2015
Constituency Council Meeting	17/9/2015	17/9/2015
ESB DINNER IN ADVANCE OF EVENT ON 18TH	17/9/2015	17/9/2015
ESG	17/9/2015	17/9/2015
X Canv - Heather (D –bb (jp))	17/9/2015	17/9/2015
AN POST CHAIR	17/9/2015	17/9/2015
ASAI Event	17/9/2015	17/9/2015
VP SEFCOVIC	17/9/2015	17/9/2015
Canv - Meadow Mount (D –bm (ju))	17/9/2015	17/9/2015
Seána AL	18/9/2015	19/9/2015

Subject	Start Date	End Date
Lunch appointment/personal	18/9/2015	18/9/2015
Canv - Stillorgan Heath (S – sm (kh))	18/9/2015	18/9/2015
Canv - Lakelands (S – sk (kg))	18/9/2015	18/9/2015
IIEA/ESB FUTURE OF ENERGY CONFERENCE	18/9/2015	18/9/2015
Canv - Clonard (G/S – ds (j3))	19/9/2015	19/9/2015
Canv - Woodpark (G/S – bw (jr))	19/9/2015	19/9/2015
Balally Climate Conference	19/9/2015	19/9/2015
AN POST CHAIR FINAL CANDIDATE	21/9/2015	21/9/2015
Diary Meeting	21/9/2015	21/9/2015
Oral PQ briefing	21/9/2015	21/9/2015
CABINET COMMITTEE ON ECONOMIC RECOVERY AND JOBS	21/9/2015	21/9/2015
Construction 2020, Housing, Planning and Mortgage Arrears	21/9/2015	21/9/2015
Economic Infrastructure and Climate Change	21/9/2015	21/9/2015
Justice Reform Cabinet Committee	21/9/2015	21/9/2015
Lunch appointment - personal	21/9/2015	21/9/2015
X Canv - Gledswood Ave/Park (D – cw(jg))	21/9/2015	21/9/2015
Min BRUTON re WHITE-GATE REFINERY	21/9/2015	21/9/2015

Subject	Start Date	End Date
Flight Departs to Luxembourg	22/9/2015	22/9/2015
GOVERNMENT MEETING	22/9/2015	22/9/2015
PRE-CABINET	22/9/2015	22/9/2015
GUIDED TOUR OF LUXEMBOURG CITY	22/9/2015	22/9/2015
Energy Informal Gala Dinner	22/9/2015	22/9/2015
PLP	23/9/2015	23/9/2015
LEADERS' QUESTIONS	23/9/2015	23/9/2015
PLP	23/9/2015	23/9/2015

Questions - Written Answers

Subject	Start Date	End Date
Flight departing Luxembourg	23/9/2015	23/9/2015
INFORMAL MEETING OF ENERGY MINISTERS	23/9/2015	23/9/2015
PLP	23/9/2015	23/9/2015
LEADERS' QUESTIONS	24/9/2015	24/9/2015
RTE NEWS at ONE pre-recorded interview	24/9/2015	24/9/2015
X Canv - Mount Anville Wood (S -sd(ke))	24/9/2015	24/9/2015
BGE SMEs Conference	24/9/2015	24/9/2015
PLOUGHING CHAMPIONSHIPS	24/9/2015	24/9/2015
RTE BOARD MEETING	24/9/2015	24/9/2015
Placeholder AW	25/9/2015	25/9/2015
ST COLMCILLE SCHOOL OPENING	25/9/2015	25/9/2015
X Canv -- Sandyford Hall (G/S - g (K9))	25/9/2015	25/9/2015
SATURDAY WITH CLAIRE BYRNE	26/9/2015	26/9/2015
Carron McKinney	26/9/2015	26/9/2015
Diary Meeting	28/9/2015	28/9/2015
Team discussion on White Paper	28/9/2015	28/9/2015
Canv - Woodlands Ave/ Drive (S- mm(kf))	28/9/2015	28/9/2015
NBP going local placeholder Dave Hanley	28/9/2015	28/9/2015
TID - MICHAEL MOYNIHAN	29/9/2015	29/9/2015
TID - MARCELLA CORCORAN KENNEDY	29/9/2015	29/9/2015
COMMENCEMENT MATTER	29/9/2015	29/9/2015
Private Appt	29/9/2015	29/9/2015
Darren Quinn	29/9/2015	29/9/2015
ENERGY ACTION PHOTOCALL	29/9/2015	29/9/2015
GOVERNMENT MEETING	29/9/2015	29/9/2015
Pre Cabinet	29/9/2015	29/9/2015
PLP	30/9/2015	30/9/2015
LEADERS' QUESTIONS	30/9/2015	30/9/2015
PLP	30/9/2015	30/9/2015

Subject	Start Date	End Date
CAPITA BRIEFING WITH OFFICIALS	30/9/2015	30/9/2015
TECH MAHINDRA	30/9/2015	30/9/2015
WHITEGATE BRIEFING WITH MINISTER NOONAN	30/9/2015	30/9/2015
CAPITA MEETING DEBRIEF EIRCODES	30/9/2015	30/9/2015
PLP	30/9/2015	30/9/2015
MIN MC	1/10/2015	1/10/2015
LEADERS' QUESTIONS	1/10/2015	1/10/2015
TID - public service broadcasting in the context of the distribution of the TV licence.	1/10/2015	1/10/2015
MOS PHELAN	1/10/2015	1/10/2015
LABOUR PARTY	1/10/2015	1/10/2015
D. HANNIGAN, H. McENTEE, R. DOHERTY	1/10/2015	1/10/2015
Dundrum Post Office	2/10/2015	2/10/2015
Briefing re Public Service Broadcasting Annual Reviews 2012 and 2013	5/10/2015	5/10/2015
BRIEFING re JOC on 7TH Oct	5/10/2015	5/10/2015
BORD na MONA SUSTAINABILITY REPORT LAUNCH	5/10/2015	5/10/2015
ENERGY ACTION FUEL POVERTY CONFERENCE	5/10/2015	5/10/2015
BROADCASTING DISCUSSION	6/10/2015	6/10/2015
DINNER WITH DR TORNEY	6/10/2015	6/10/2015
COMMUNICORP	6/10/2015	6/10/2015
GOVERNMENT MEETING	6/10/2015	6/10/2015
PRE CABINET BRIEFINGS	6/10/2015	6/10/2015
Dr Torney Book Launch	6/10/2015	6/10/2015
PLP	7/10/2015	7/10/2015
LEADERS' QUESTIONS	7/10/2015	7/10/2015
PLP	7/10/2015	7/10/2015
ESG	7/10/2015	7/10/2015

Questions - Written Answers

Subject	Start Date	End Date
SEANAD DEBATE, Statements on Broadcasting and Media in Ireland	7/10/2015	7/10/2015
X IIEA	7/10/2015	7/10/2015
Helen Callanan	7/10/2015	7/10/2015
ESTIMATES PROCESS (MID-YEAR REVIEW OF OUTPUTS AND EXPENDITURE)	7/10/2015	7/10/2015
PLP	7/10/2015	7/10/2015
LEADERS' QUESTIONS	8/10/2015	8/10/2015
TID	8/10/2015	8/10/2015
PRE-CABINET	8/10/2015	8/10/2015
Construction 2020, Housing, Planning and Mortgage Arrears	8/10/2015	8/10/2015
GOVERNMENT MEETING	8/10/2015	8/10/2015
MAYO RENEWABLE POWER	8/10/2015	8/10/2015
LAURA HARMON: Women's and Equality Officer	8/10/2015	8/10/2015
Minister Coveney, Neil O'Carroll, former CEO of Philips 66 Meeting	8/10/2015	8/10/2015
BAI AUTHORITY MEETING	8/10/2015	8/10/2015
X DIVERSITY FASHION SHOW	9/10/2015	9/10/2015
OPEN FORUM ON INTERNATIONAL DISPUTE RESOLUTION	10/10/2015	10/10/2015
PRE BUDGET MEETING	12/10/2015	12/10/2015
DIARY MEETING	12/10/2015	12/10/2015
SECRETARY GENERAL	12/10/2015	12/10/2015
NOW IRELAND POLICY POSITION PAPER ENTITLED 'FISGA, The France Irish Sea Green Array	12/10/2015	12/10/2015
GOVERNMENT MEETING	13/10/2015	13/10/2015
PLP	14/10/2015	14/10/2015
LEADERS' QUESTIONS	14/10/2015	14/10/2015
PLP	14/10/2015	14/10/2015
STATEMENT ON BUDGET	14/10/2015	14/10/2015

Subject	Start Date	End Date
WLR WATERFORD INTERVIEW	14/10/2015	14/10/2015
SOUTH EAST RADIO INTERVIEW	14/10/2015	14/10/2015
ESG	14/10/2015	14/10/2015
PLP	14/10/2015	14/10/2015
DEISE COMMUNITY and ECOMERIT	15/10/2015	15/10/2015
WOODHOUSE WIND FARM LAUNCH	15/10/2015	15/10/2015
RATHFARNHAM CASTLE	16/10/2015	16/10/2015
GERMAN AMBASSADOR RECEPTION	16/10/2015	16/10/2015
Heather Lwn/Drve/Clse/Grv (D -bb (jp))	16/10/2015	16/10/2015
WHITECHURCH LIBRARY / PALMERPARK (SEAI)	16/10/2015	16/10/2015
Joe D book launch	16/10/2015	16/10/2015

Subject	Start Date	End Date
Terenure Better Energy Community	16/10/2015	16/10/2015
DIARY MEETING	19/10/2015	19/10/2015
MINISTER FERGUS EWING	19/10/2015	19/10/2015
MD	19/10/2015	19/10/2015
COCKTAIL RECEPTION	19/10/2015	19/10/2015
ESB - Corporate Plan 2015-2019	19/10/2015	19/10/2015
IRANIAN DELEGATION	19/10/2015	19/10/2015
ICANN54 OFFICIAL OPENING	19/10/2015	19/10/2015
SECRETARY GENERAL	19/10/2015	19/10/2015
O'Grada book launch	19/10/2015	19/10/2015
Bernard annual leave	19/10/2015	20/10/2015
CABINET MEETING	20/10/2015	20/10/2015
X DRINKS RECEPTION	20/10/2015	20/10/2015
Microsoft	20/10/2015	20/10/2015
NETWORKING LUNCH	20/10/2015	20/10/2015
Conference	20/10/2015	20/10/2015
Gala Dinner	20/10/2015	20/10/2015

Questions - Written Answers

Subject	Start Date	End Date
HIGH LEVEL MEETING (European Commissioner for Maritime Affairs and other European Ministers)	20/10/2015	20/10/2015
PLP	21/10/2015	21/10/2015
LEADERS' QUESTIONS	21/10/2015	21/10/2015
PLP	21/10/2015	21/10/2015
TID - JOE COSTELLO	21/10/2015	21/10/2015
AER LINGUS AN- NOUNCEMENT	21/10/2015	21/10/2015
ESG	21/10/2015	21/10/2015
PRE INTERVIEW BRIEF- ING	21/10/2015	21/10/2015
PAUL MELIA INTERVIEW	21/10/2015	21/10/2015
PHILLIPS66 GROUP OF UNIONS (WHITEGATE	21/10/2015	21/10/2015
PLP	21/10/2015	21/10/2015
LEADERS' QUESTIONS	22/10/2015	22/10/2015
LABOUR YOUTH	22/10/2015	22/10/2015
COMMENCEMENT MAT- TER	22/10/2015	22/10/2015
Broadford Rise/Ave/Close/ Pk (D – bb (jp)	22/10/2015	22/10/2015
Newsbrands Dara McMahon and Vincent Crowley	22/10/2015	22/10/2015
Kingston Ave/Cls/Walk/Pk/ Vw/Crst (G/S – bw(jr)	23/10/2015	23/10/2015
GB lunch	23/10/2015	23/10/2015
Charter Group Seminar	23/10/2015	23/10/2015
Glenbourne/Orby	24/10/2015	24/10/2015
TEAM MEETING	27/10/2015	27/10/2015
SECRETARY GENERAL	27/10/2015	27/10/2015
DLR Joint Policing Commit- tee Meeting	27/10/2015	27/10/2015
GALWAY MAYO DUCT BRIEF	28/10/2015	28/10/2015
Team meeting re White paper	28/10/2015	28/10/2015
Pre EPAG BRIEF	28/10/2015	28/10/2015
POST OFFICE BUSINESS DEVELOPMENT GROUP	28/10/2015	28/10/2015
DIARY	28/10/2015	28/10/2015
COLM MAC CAFFREY	28/10/2015	28/10/2015
PRE CABINET BRIEF- INGS	28/10/2015	28/10/2015
EPAG meeting White Paper	28/10/2015	28/10/2015

Subject	Start Date	End Date
GOVERNMENT MEETING	28/10/2015	28/10/2015
ENERGY INSTITUTE ANNUAL DINNER	28/10/2015	28/10/2015
Meadow Park/Carrickmount	29/10/2015	29/10/2015
Va, Rathmines	29/10/2015	29/10/2015
GALWAY-MAYO DUCT	29/10/2015	29/10/2015
OPENHYDRO	29/10/2015	29/10/2015
Open Public Meeting	29/10/2015	29/10/2015
LAUNCH 'OPEN HOUSE ENERGY' CAMPAIGN	29/10/2015	29/10/2015
INTERNET DAY	29/10/2015	29/10/2015
pat kenny interview	30/10/2015	30/10/2015
Wexford	30/10/2015	31/10/2015
Seána AL	30/10/2015	3/11/2015
The Week in Politics	1/11/2015	1/11/2015
BRIEFING WITH BOBBY KERR & ST JOHN	2/11/2015	2/11/2015
ECONOMIC RECOVERY AND JOBS CC	2/11/2015	2/11/2015
BRIEFING OSI IRELAND	2/11/2015	2/11/2015
ECONOMIC INFRA-STRUCTURE & CLIMATE CHANGE CABINET COMMITTEE	2/11/2015	2/11/2015
TEAM MEETING	2/11/2015	2/11/2015
SECRETARY GENERAL	2/11/2015	2/11/2015
JUSTICE REFORM CABINET COMMITTEE	2/11/2015	2/11/2015
CABINET COMMITTEE DAY	2/11/2015	3/11/2015
FACEBOOK Irish French SME's	2/11/2015	2/11/2015
CANVASS WITH TAINAISTE	3/11/2015	3/11/2015
TONY O'REILLY PROVIDENCES RESOURCES	3/11/2015	3/11/2015
OSI GEOHIVE PORTAL LAUNCH	3/11/2015	3/11/2015
SECRETARY GENERAL	3/11/2015	3/11/2015
Constituency Council AGM	3/11/2015	3/11/2015
GOVERNMENT MEETING	3/11/2015	3/11/2015
Pre Cabinet	3/11/2015	3/11/2015
X PLP	4/11/2015	4/11/2015
LEADERS' QUESTIONS	4/11/2015	4/11/2015

Questions - Written Answers

Subject	Start Date	End Date
X PLP	4/11/2015	4/11/2015
NBP update	4/11/2015	4/11/2015
Team meeting	4/11/2015	4/11/2015
X RTE 1916 CELEBRATION	4/11/2015	4/11/2015
ESG	4/11/2015	4/11/2015
Dentist	4/11/2015	4/11/2015
X PLP	4/11/2015	4/11/2015
MIN MC	5/11/2015	5/11/2015
LEADERS' QUESTIONS	5/11/2015	5/11/2015
jobs announcement	5/11/2015	5/11/2015
Duncan Stewart	5/11/2015	5/11/2015
ENVIROCOM AWARDS 2015	5/11/2015	5/11/2015
STARS OF ERIN CLUBHOUSE DEV with TOMMY ROE	6/11/2015	6/11/2015
GLENCULLEN ST PATRICKS SCHOOL KATHLEEN BYRNE	6/11/2015	6/11/2015
DES KENNEDY POSTMASTER	6/11/2015	6/11/2015
Da la salle	6/11/2015	6/11/2015
NUJ LIFE MEMBERSHIP PRESENTATION	6/11/2015	6/11/2015
Whitegate update	9/11/2015	9/11/2015
DIARY MEETING	9/11/2015	9/11/2015
DINNER with DR DAVE DANIELSON US DEPT OF ENERGY	9/11/2015	9/11/2015
TEAM MEETING	9/11/2015	9/11/2015
ORAL PQ BRIEFING	9/11/2015	9/11/2015
SECRETARY GENERAL	9/11/2015	9/11/2015
Marriage Regs	10/11/2015	10/11/2015
Ballinteer Active Retirement Association	10/11/2015	10/11/2015
CABINET MEETING	10/11/2015	10/11/2015
Oral PQs	10/11/2015	10/11/2015
LAUNCH NWCi REPORT Hearing our voices? Exploring women's underrepresentation in current affairs radio programming at peak listening times in Ireland'	10/11/2015	10/11/2015
Pre Cabinet	10/11/2015	10/11/2015
PLP	11/11/2015	11/11/2015

Subject	Start Date	End Date
ESG	11/11/2015	11/11/2015
PLP	11/11/2015	11/11/2015
PROF JOHN SWEENEY	11/11/2015	11/11/2015
ESG	11/11/2015	11/11/2015
PLP	11/11/2015	11/11/2015
LEADERS' QUESTIONS	12/11/2015	12/11/2015
IEA Briefing	12/11/2015	12/11/2015
Team re WP	12/11/2015	12/11/2015
VIDEO for COP21 Build-ings day	12/11/2015	12/11/2015
AQUA COMMS	12/11/2015	12/11/2015
MINISTER HOWLIN WHITEGATE	12/11/2015	12/11/2015
GALWAY-MAYO DUCT	13/11/2015	13/11/2015
Tom Mallon benching	13/11/2015	13/11/2015
BALINTEER PO	13/11/2015	13/11/2015
LITTLE SISTERS OF THE POOR CHRISTMAS FAIR	14/11/2015	14/11/2015
DINNER hosted by Mme Royal	16/11/2015	16/11/2015
FLIGHT AER LINGUS 524	16/11/2015	16/11/2015
IOC/UNESCO tsunami meeting	16/11/2015	16/11/2015
SECRETARY GENERAL	16/11/2015	16/11/2015
CABINET MEETING RE-SUMPTION	17/11/2015	17/11/2015
Pre Cabinet Meeting	17/11/2015	17/11/2015
BILATERAL Mme Royal	17/11/2015	17/11/2015
CABINET MEETING	17/11/2015	17/11/2015
DINNER	17/11/2015	17/11/2015
IEA MINISTERIAL GOV-ERNING BOARD	17/11/2015	18/11/2015
X PLP	18/11/2015	18/11/2015
LEADERS' QUESTIONS	18/11/2015	18/11/2015
ESG	18/11/2015	18/11/2015
X PLP	18/11/2015	18/11/2015
AER LINGUS 527	18/11/2015	18/11/2015
ESG	18/11/2015	18/11/2015
X PLP	18/11/2015	18/11/2015
EIRCODES	19/11/2015	19/11/2015
Diary	19/11/2015	19/11/2015
TIF annual digital lunch	19/11/2015	19/11/2015
SEAI AWARDS 2015	19/11/2015	19/11/2015

Questions - Written Answers

Subject	Start Date	End Date
STILLORGAN COLLEGE 50 YEARS OF EXCEL- LENCE IN EDUCATION	20/11/2015	20/11/2015
Global Irish Economic Fo- rum (GIEF)	20/11/2015	22/11/2015
SALMON WATCH IRE- LAND ANNUAL CON- FERENCE	21/11/2015	21/11/2015
Newstalk	22/11/2015	22/11/2015
OCEAN FM PRE RECORD INTERVIEW	23/11/2015	23/11/2015
READ YEATS POEM	23/11/2015	23/11/2015

Subject	Start Date	End Date
MEETING / TOUR SLIGO IT	23/11/2015	23/11/2015
ARRIVE SLIGO IT	23/11/2015	23/11/2015
ABBOT DIAGNOSTIC VISIT	23/11/2015	23/11/2015
Sligo Visit	23/11/2015	24/11/2015
TID - BROADBAND	24/11/2015	24/11/2015
TAOISEACH'S QUES- TIONS	24/11/2015	24/11/2015
BRIEF IN ADVANCE OF JOC AND ENERGY COUNCIL	24/11/2015	24/11/2015
JUSTICE MEMO BRIEF- ING	24/11/2015	24/11/2015
Eircode Commercialisation Issues Meeting	24/11/2015	24/11/2015
JOC PRE ENERGY COUN- CIL MEETING	24/11/2015	24/11/2015
CABINET MEETING	24/11/2015	24/11/2015
Pre Cabinet	24/11/2015	24/11/2015
PLP	25/11/2015	25/11/2015
LEADERS' QUESTIONS	25/11/2015	25/11/2015
ESG	25/11/2015	25/11/2015
PLP	25/11/2015	25/11/2015
WHITE PAPER REVIEW & TEAM MEETING	25/11/2015	25/11/2015
GOVT JET	25/11/2015	25/11/2015
ESG	25/11/2015	25/11/2015
SECRETARY GENERAL	25/11/2015	25/11/2015
PLP	25/11/2015	25/11/2015

Subject	Start Date	End Date
LEADERS' QUESTIONS	26/11/2015	26/11/2015
Govt Jet	26/11/2015	26/11/2015
PESENERGY MINISTERS BREAKFAST MEETING	26/11/2015	26/11/2015
CONSEIL TRANSPORT, TELECOMMUNICATIONS ET ENERGIE	26/11/2015	27/11/2015
GALWAY MAYO	27/11/2015	27/11/2015
White Paper outstanding issues	27/11/2015	27/11/2015
CHRISTOPH MUELLER	27/11/2015	27/11/2015
SEAI CEO DEPARTING	27/11/2015	27/11/2015
Consideration of a Report on the Regulation and Inspec- tion of Gas Installers Oper- ating in Ireland	27/11/2015	27/11/2015
LUDFORD DRIVE/PARK/ RD (D- bl(jv))	28/11/2015	28/11/2015
XMAS FAIR	28/11/2015	28/11/2015
CHRISTMAS EVENT	29/11/2015	29/11/2015
THIS WEEK PROG	29/11/2015	29/11/2015
ASTELLAS IRELAND	30/11/2015	30/11/2015
Lunch in Tralee	30/11/2015	30/11/2015
TLI GROUP	30/11/2015	30/11/2015
Spring Constituency Office	30/11/2015	30/11/2015
WEDGEWOOD (D - db (ka))	30/11/2015	30/11/2015
AW placeholder	1/12/2015	1/12/2015
Glencullen Dundrum Musi- cal and Dramatic Society	1/12/2015	1/12/2015
Glencullen Dundrum Musi- cal and Dramatic Society,	1/12/2015	1/12/2015
Executive Breakfast Ernst & Young	1/12/2015	1/12/2015
CABINET MEETING	1/12/2015	1/12/2015
SECRETARY GENERAL	1/12/2015	1/12/2015
PRE CABINET	1/12/2015	1/12/2015
PLP	2/12/2015	2/12/2015
LEADERS' QUESTIONS	2/12/2015	2/12/2015
ESG	2/12/2015	2/12/2015
PLP	2/12/2015	2/12/2015
Templeogue	2/12/2015	2/12/2015
Labour Ministers	2/12/2015	2/12/2015
BRIEFING RE JOC	2/12/2015	2/12/2015
Brief on Energy Bill	2/12/2015	2/12/2015

Questions - Written Answers

Subject	Start Date	End Date
COILLTE CEO FERGAL LEAMY	2/12/2015	2/12/2015
Constituency fundraiser TBC	2/12/2015	2/12/2015
ESG	2/12/2015	2/12/2015
PLP	2/12/2015	2/12/2015
LEADERS' QUESTIONS	3/12/2015	3/12/2015
Team meeting	3/12/2015	3/12/2015
RONAN DEASY	3/12/2015	3/12/2015
Photo op re Climate Change Bill	3/12/2015	3/12/2015
CAPITA & GEO DIRECTORY MEETING	3/12/2015	3/12/2015
COMMITTEE SUPPLEMENTARY ESTIMATE	3/12/2015	3/12/2015
JOC ENERGY POLICY	3/12/2015	3/12/2015
Briefing in advance of CC	4/12/2015	4/12/2015
FLAG CEREMONY	4/12/2015	4/12/2015
DUNDRUM GIRL GUIDES	4/12/2015	4/12/2015
NATIONAL FLAG CEREMONY	4/12/2015	4/12/2015
Cabinet Committee Economic Infrastructure and Climate Change	4/12/2015	4/12/2015
GROUND CAFE	4/12/2015	4/12/2015
Taney Ave /Crst /Gro / Farmhill (D-DT (JK)	5/12/2015	5/12/2015
TANEY PARISH XMAS FAIR	5/12/2015	5/12/2015
Q	6/12/2015	6/12/2015
DINNER with AMBASSADOR	6/12/2015	6/12/2015
FLIGHT TO PARIS	6/12/2015	6/12/2015
CRAFT FAIR	6/12/2015	6/12/2015
XMAS FAIR	6/12/2015	6/12/2015
BILATERAL with World Resources Institute	7/12/2015	7/12/2015
GOOGLE	7/12/2015	7/12/2015
LUNCH	7/12/2015	7/12/2015
LPAA Focus: Renewable Energy	7/12/2015	7/12/2015
Cabinet Committee on EU Affairs	7/12/2015	7/12/2015
Economic Recovery and Jobs Cabinet Committee	7/12/2015	7/12/2015
FLIGHT TO DUBLIN	7/12/2015	7/12/2015

Subject	Start Date	End Date
Justice Reform Cabinet Committee meetings Provisional dates	7/12/2015	7/12/2015
PARISCOP 21	7/12/2015	8/12/2015
BRIEF IN ADVANCE OF TELECOMS COUNCIL	8/12/2015	8/12/2015
BRIEF FOR POST OFFICE BUSINESS DEVELOPMENT GROUP AND MEMO	8/12/2015	8/12/2015
DERMOT DIVILLY AN POST	8/12/2015	8/12/2015
CABINET MEETING	8/12/2015	8/12/2015
PRE CABINET BRIEFINGS	8/12/2015	8/12/2015
PLP	9/12/2015	9/12/2015
LEADERS' QUESTIONS	9/12/2015	9/12/2015
ESG	9/12/2015	9/12/2015
PLP	9/12/2015	9/12/2015
TID - WHITEGATE	9/12/2015	9/12/2015
Briefing for The Journal	9/12/2015	9/12/2015
ICGAG Briefing	9/12/2015	9/12/2015
Brief on eSubmission - Energy Efficiency Obligation Scheme	9/12/2015	9/12/2015
LABOUR PARTY SOCIAL with political correspondents	9/12/2015	9/12/2015
DIARY	9/12/2015	9/12/2015
TEAM MEETING	9/12/2015	9/12/2015
HUGH O'CONNELL The Journal 'High Table' INTERVIEW	9/12/2015	9/12/2015
ESG	9/12/2015	9/12/2015
PLP	9/12/2015	9/12/2015
LEADERS' QUESTIONS	10/12/2015	10/12/2015
FLAG PRESENTATION	10/12/2015	10/12/2015
X JOAN BURTON XMAS RECEPTION INVITATION	10/12/2015	10/12/2015
CHRISTMAS PARTY DCENR	11/12/2015	12/12/2015
HELSINKI PHILHARMONIC ORCHESTRA	12/12/2015	12/12/2015
Broadford Rise / Ave / Cl / PK (D - bb (jp)	12/12/2015	12/12/2015
The Week in Politics	13/12/2015	13/12/2015
PQ BRIEFING	14/12/2015	14/12/2015

Questions - Written Answers

Subject	Start Date	End Date
Strategy/Manifesto meeting	14/12/2015	14/12/2015
PRE POWER SANDY-FORD	14/12/2015	14/12/2015
GSI VISIT	14/12/2015	14/12/2015
LABOUR TEAM MEETING	14/12/2015	14/12/2015
LAUNCH EXHIBITION 'Ireland's Eye: The Past, The Press, and the Obscura'	14/12/2015	14/12/2015
PUBLIC MEETING	15/12/2015	15/12/2015
CABINET MEETING	15/12/2015	15/12/2015
ORAL PQs	15/12/2015	15/12/2015
SECRETARY GENERAL	15/12/2015	15/12/2015
Pre Cabinet	15/12/2015	15/12/2015
PLP	16/12/2015	16/12/2015
LEADERS' QUESTIONS	16/12/2015	16/12/2015
ESG	16/12/2015	16/12/2015
PLP	16/12/2015	16/12/2015
Maynooth Xmas Carol Service & Buffet Supper	16/12/2015	16/12/2015
LAUNCH OF WHITE PAPER	16/12/2015	16/12/2015
XMAS BAND CONCERT	16/12/2015	16/12/2015
ESG	16/12/2015	16/12/2015
PLP	16/12/2015	16/12/2015
LEADERS' QUESTIONS	17/12/2015	17/12/2015
SATNAV COMMERCIALISATION MEETING	17/12/2015	17/12/2015
Dentist (Paul O'Reilly)	17/12/2015	17/12/2015
BOOK LAUNCH Dr. Deiric Ó Broin	17/12/2015	17/12/2015
BRIEF IN ADVANCE OF MEETING CHAIR	18/12/2015	18/12/2015
CORRIB	18/12/2015	18/12/2015
CHRISTMAS CONCERT	18/12/2015	18/12/2015
Landscape Grdns (Henley (D - CO (jc)	18/12/2015	18/12/2015
Pine Valley (G/S - BW (jr))	19/12/2015	19/12/2015
NBP PRESS BRIEFING	21/12/2015	21/12/2015
CORRIB	22/12/2015	22/12/2015
LETTER ON WEGS	22/12/2015	22/12/2015
BRIEFING ON WIND ENERGY PROJECTS	22/12/2015	22/12/2015
BRIEFING ON WHITE-GATE REFINERY	22/12/2015	22/12/2015

Subject	Start Date	End Date
BRIEFING ON APPOINTMENT TO BOARD OF DHDA	22/12/2015	22/12/2015
BRIEFING LAW SOCIETY OF IRELAND	22/12/2015	22/12/2015
BRIEFING BIOFUEL OBLIGATION SCHEME	22/12/2015	22/12/2015
NBP PROCUREMENT LAUNCH PRESS BRIEFING	22/12/2015	22/12/2015
ESG	23/12/2015	23/12/2015
ESG	23/12/2015	23/12/2015
Brief	29/12/2015	29/12/2015
ESG	30/12/2015	30/12/2015
ESG	30/12/2015	30/12/2015

National Broadband Plan Implementation

240. **Deputy Timmy Dooley** asked the Minister for Communications, Climate Action and Environment the implementation status of the national broadband plan; and if he will make a statement on the matter. [29197/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): The National Broadband Plan (NBP) aims to deliver high speed broadband services to every city, town, village and individual premises in Ireland. The Programme for Government commits to the delivery of the NBP as a matter of priority. This is being achieved through a combination of commercial investment by the telecommunications sector and a State intervention in those areas where commercial investment has not been fully demonstrated.

A key principle of the NBP is to support and stimulate commercial investment through policy and regulatory measures. Commercial investment since the publication of the NBP has considerably exceeded expectations. To date, the commercial telecommunications sector has invested over €2.5bn in upgrading and modernising networks which support the provision of high speed broadband and mobile telecoms services.

There has been significant progress in relation to broadband rollout so that today, approximately 1.4m or 61% of premises in Ireland can get high speed broadband of a minimum of 30 Megabits per second. The NBP has been a catalyst in encouraging investment by the telecoms sector, which is continuing to expand this footprint.

In April, eir signed an agreement with me committing them to follow through on their commercial plans to provide broadband to 300,000 premises in rural areas. Eir has committed to doing this work over a 90 week period, with an average of 500 premises passed per day. My Department will be monitoring this rollout to ensure that eir meets its obligations under the Agreement. A copy of the Commitment Agreement is available on my website www.dcae.gov.ie.

Quarterly updates will be published on the Departments website. I am pleased to announce

that the eir rollout is in line with the Commitment Agreement.

The decision by eir to invest in infrastructure to deploy high speed broadband services to an additional 300,000 premises in rural Ireland was taken purely on commercial grounds. Neither I nor the Department have a statutory authority to direct eir in this regard.

I also published in April an updated High Speed Broadband Map which is available at www.broadband.gov.ie. The Map shows the extent of the State Intervention area and also the areas targeted for commercial services.

- The BLUE areas represent those areas where commercial telecommunications providers are either currently delivering or have indicated plans to deliver high speed broadband services,

- The AMBER areas on the High Speed Broadband Map represent the areas that will require State Intervention and are the subject of the current procurement process.

There are approximately 2.3m premises covering Ireland's 26 counties, of which approximately 542,000 (23%) premises are located in the AMBER area on the Map. These premises will require State intervention and are the focus for the State Intervention procurement process. The remaining 1.8m premises are located in the BLUE areas and will be/are served by commercial operators. Of the 1.8m premises, 300,000 premises fall within eir's plans to deliver rural high speed broadband between now and end 2018 (Light BLUE on map). Information on eir's planned rural deployment is available at <http://fibrerollout.ie/eircode-lookup/>.

The map provides information on a county by county basis with a breakdown of coverage across the townlands in every county. Individuals can themselves check whether their premises is in a BLUE or an AMBER area by accessing the High Speed Broadband Map and entering their Eircode at www.broadband.gov.ie.

A formal procurement process is in train to select a company or companies who will roll-out a new high speed broadband network within the State Intervention Area. The procurement process is being intensively managed, to ensure an outcome that delivers a future-proofed network that serves homes and businesses across Ireland, for at least 25 years. The finalisation of the State Intervention Area for the procurement process is an important milestone as it means that bidders can progress their business plans and the Department can move to the next stage of the procurement. The three bidders have indicated that they are proposing a predominantly fibre-to-the-home solution. A fibre-to-the-home solution means that householders and businesses may get speeds not just of 30 Megabits per second but much higher, potentially up to 1000 Megabits per second.

The State Intervention network will be a wholesale network and retail service providers will be able to use the network to provide enhanced broadband services to their customers.

The timeframe for the procurement continues to be dependent on a range of factors including the complexities that may be encountered by the procurement team and bidders, during the procurement process. During the Department's extensive stakeholder consultations in 2015, telecommunications service providers indicated a 3-5 year timeline to rollout a network of the scale envisaged under the NBP, once contracts are in place.

The procurement is progressing to the next stage. This week, the Department wrote to the three bidders in the NBP procurement process inviting them to submit their "Detailed Solutions" by 26 September 2017. This is a significant milestone as the NBP procurement process moves to the next stage.

The Department will engage with winning bidder(s) on the best rollout strategy, in order to

target areas of particularly poor service, business needs and/or high demand.

However, I am aware that the rate of demand for data services has increased by 500% in the last four years and this presents a continuing challenge for telecommunication operators, regulators and policy makers both in Ireland and internationally. Recognising this challenge, I specifically included in the Programme for Government a commitment to a Mobile Phone and Broadband Task force. In July 2016, I established the Task Force together with Minister Humphreys to identify immediate solutions to broadband and mobile phone coverage deficits and investigate how better services could be provided to consumers, prior to the full build and roll-out of the network planned under the National Broadband Plan State intervention. The report of the Task Force was published in December and is available on both Departments' websites.

In producing this report, the Task Force worked with Departments, local authorities, Com-Reg, State agencies, the telecoms industry and other key stakeholders. The report contains 40 actions that will alleviate some of the telecommunications deficits across Ireland and the implementation programme on mobile phone and broadband access identifies 19 of these actions as areas where immediate and direct action by Departments and State agencies can ensure accelerated benefits to consumers.

In order to maintain momentum created by the Task Force, I, together with Minister Humphreys, established an Implementation Group. This group is driving and monitoring the implementation of the actions, bringing together all key stakeholders identified in the Task Force report with responsibility for delivery. This group will be formally reporting every 90 days on progress made on all actions. I published the first such quarterly progress report on 13th June 2017, which is available on my Department's website at <http://www.dccae.gov.ie/documents/Taskforce%20Q1%20Progress%20Report.pdf> and which shows that considerable progress has been made, particularly in relation to the implementation of actions identified for Q1 2017.

The work of the Task Force will also assist local authorities in preparing for the roll-out of the new NBP network once contracts are in place.

In addition, following regulations which I signed last year, ComReg recently announced the results of its auction for the 3.6GHz radio spectrum band, which means an 86% increase in spectrum capacity to meet the growing demand for mobile and wireless broadband services across rural and urban areas. The Regulator has awarded 15 year licences for the rights of use in this band which will provide a degree of stability and create future investment certainty. Spectrum was also awarded in lots covering 9 urban and rural regions across the country.

In my Department's Estimates for 2017, I have secured an €8 million provision for RTE to allow it to free up the 700 MHz spectrum band. ComReg in turn will make plans to allocate this spectrum to provide for significantly enhanced mobile coverage. The 700 MHz band is particularly suited to rural environments where the signal can travel long distances.

These initiatives should assist in enhancing the quality of mobile phone and data services across Ireland and particularly in rural Ireland.

National Mitigation Plan

241. **Deputy Timmy Dooley** asked the Minister for Communications, Climate Action and Environment the publication deadline for the national mitigation strategy; and if he will make a statement on the matter. [29198/17]

Minister for Communications, Climate Action and Environment (Deputy Denis

Naughten): The objective of Ireland’s first National Mitigation Plan is to set out what Ireland is doing, and is planning to do, to further the national transition objective as set out in the Climate Action and Low Carbon Development Act, 2015. The National Mitigation Plan has been prepared having regard to the provisions set out in the 2015 Act in close collaboration with all relevant Government Departments and, in particular, with the Ministers for Transport, Tourism and Sport; Housing, Planning, Community and Local Government; and Agriculture, Food and the Marine. As well as being supported by a range of technical, economic and environmental inputs, the National Mitigation Plan has also been informed by the submissions received during a public consultation in March and April 2017.

In addition, I invited the Climate Change Advisory Council, following my publication of the draft National Mitigation Plan, to engage directly with me and with other relevant Government Ministers with a view to providing its recommendations to feed into the preparation of the final Plan. All input received from the Advisory Council has been considered in finalising the National Mitigation Plan.

In accordance with the provisions of the 2015 Act, the National Mitigation Plan was circulated to Government before 10 June, 2017. In line with the provisions of the Act, Government must approve the National Mitigation Plan or approve it with such modifications as they consider appropriate. Once such approval has been given, I am looking forward to publishing the National Mitigation Plan as soon as possible thereafter.

Departmental Contracts Data

242. **Deputy Catherine Murphy** asked the Minister for Communications, Climate Action and Environment the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29227/17]

Minister for Communications, Climate Action and Environment (Deputy Denis Naughten): My Departmental remit includes complex policy areas, oversight of State regulation and service provision across key strategic services such as energy and public broadcasting, and regulation of sectors such as mining and hydrocarbon exploration. Given the technical complexity, economic significance and community interest in these areas, there is a requirement to disseminate information and to address specific issues as they arise. The Department therefore necessarily incurs some expenditure on public relations and associated training from time to time.

In procuring these services, my Department always seeks to ensure value for money and the keeping of expenditure to the minimum necessary.

The information which the Deputy requested is outlined in tabular format:

Company	Year of Expenditure			Purpose of Consultancy
	2015	2016	2017 to date	
Morrow Communications Ltd	€54,516	€41,546	€20,195	Provision of services in relation to outreach in rural communities with respect to low flying geophysical survey and soil geochemical survey.

Company	Year of Expenditure			Purpose of Consultancy
Public Affairs Institute of Ireland (PRII)	n/a	€1,890	n/a	Certificate for Civil Service Press Officers
TOTAL	€54,516	€43,436	€20,195	

The information requested regarding the agencies under the aegis of my Department is an operational matter for each Agency. I will request the relevant bodies to reply directly to the Deputy with the information sought in respect of their organisation.

Aviation Industry

243. **Deputy Clare Daly** asked the Minister for Transport, Tourism and Sport his views on the fact that since the Irish Aviation Authority took charge of aviation security in 2013, there are only three full-time aviation security inspectors covering all the airports, exporters of air freight, trainers, in flight suppliers, airport suppliers, training material approval and so on. [29148/17]

244. **Deputy Clare Daly** asked the Minister for Transport, Tourism and Sport his views on the long delays in processing aviation security queries, training programmes and security programmes by the Irish Aviation Authority, delays which are causing great difficulty for aviation companies in remaining compliant with regulations, with consequences that some have been threatened with removal of their status. [29149/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I propose to take Questions Nos. 243 and 244 together.

In 2013 the Irish Aviation Authority was designated the Appropriate Authority for the purpose of European aviation security regulations EU 300/2008, as provided for under Statutory Instrument 551 of 2012, the European Communities (Civil Aviation Security) (Amendment) Regulations 2012.

This involves responsibility on the IAA for compliance monitoring based upon a National Aviation Security Quality Control Programme (NCASQCP) against implementation of the National Civil Aviation Security Programme (NCASP) and includes approval of regulated entities aviation security programmes and training programmes and related matters.

The purpose of aviation security oversight by the IAA is to ensure that regulated entities are fully implementing security controls in accordance with their responsibilities under the NCASP. This oversight does not substitute for the responsibility of regulated entities to ensure compliance.

It is also to be noted that the 2016 EU Commission Inspection of the Irish Appropriate Authority, which includes an assessment of its capability to fulfil the NCASQCP, has been closed with no outstanding findings.

Nevertheless, in order to ensure the sustainability of the current arrangements, my Department made a commitment at the National Civil Aviation Development Forum earlier this year, to bring forward legislative amendments to extend the existing cost recovery mechanism which is used currently to support the IAA Safety Regulation Directorate activities to also include its aviation security regulation functions and activities. This could also support the engagement of additional resources if deemed necessary by the IAA subject to its ongoing assessment of capacity to meet aviation security regulation requirements.

My Department as part of a wider proposal for aviation security and safety consulted last year on proposed legislative amendments which would support cost recovery by the IAA to extend to aviation security regulation. This aspect of the proposal will be expedited this year and my Department will shortly bring forward a Memorandum for Government seeking permission to proceed to drafting of legislation on this matter.

Sports Capital Programme Applications

245. **Deputy Eamon Scanlon** asked the Minister for Transport, Tourism and Sport the status of a capital sports grant application (details supplied); and if he will make a statement on the matter. [29156/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): I can confirm that an application has been submitted by the organisation referred to by the Deputy under the 2017 Sports Capital Programme.

All of the 2,320 applications received are being assessed by officials in my Department. Given the number of applications received and the detailed information submitted, it will take a further number of weeks to complete this process. I expect that an announcement regarding allocations will be made in September.

Driver Test Waiting Lists

246. **Deputy Sean Fleming** asked the Minister for Transport, Tourism and Sport if he will expedite the scheduling of a driving test for a person (details supplied); and if he will make a statement on the matter. [29157/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The operation of the driver testing service is the statutory responsibility of the Road Safety Authority, and I have no role in individual cases. I have therefore referred the Question to the Authority for direct reply. I would ask the Deputy to contact my office if a response has not been received within ten days.

Sports Capital Programme Administration

247. **Deputy Eoin Ó Broin** asked the Minister for Transport, Tourism and Sport when he expects to announce the allocation of the 2017 sports capital grant. [29173/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): All of the 2,320 applications received under the 2017 Sports Capital Programme are being assessed by officials in my Department. Given the number of applications received and the detailed information submitted, it will take a further number of weeks to complete this process. I expect that an announcement regarding allocations will be made in September.

Driver Licences

248. **Deputy Thomas P. Broughan** asked the Minister for Transport, Tourism and Sport if he will direct the National Driver Licence Service to change its policy of driver licence renewal date beginning from the date of application when a person is encouraged to apply up to three

months early instead of receiving the additional time as per the NCT system when the current licence expires; and if he will make a statement on the matter. [29213/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): This is an administrative matter for the National Driver Licensing Service, for which the Road Safety Authority has statutory responsibility. I have therefore referred the Question to the Authority for direct reply. I would ask the Deputy to contact my office if a response has not been received within ten days.

Departmental Contracts Data

249. **Deputy Catherine Murphy** asked the Minister for Transport, Tourism and Sport the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29239/17]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): The information requested by the Deputy is available on my Departments website at the following link External Expenditure. This information is updated twice yearly, the first 6 months of 2017 will be available on the website early in the coming weeks. With regard the agencies under my Department's remit, I will forward your question to the agencies for their direct reply to you. If you do not hear back within 10 working days please contact my private office.

Departmental Contracts Data

250. **Deputy Catherine Murphy** asked the Minister for Children and Youth Affairs the amount spent by her Department and State agencies under her aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if she will make a statement on the matter. [29226/17]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): There was no spend by my Department on the matters referred to in 2014, 2015 and 2016. The spend to date in 2017 is in the table. The figures refer to spend on public relations advice. There has been no spend in relation to public relations training to date in 2017.

Company	Amount
Ms Mandy Johnston	€4,750
Persuasion Republic	€18,755
Total	€23,505

The bodies under the aegis of my Department are the Child and Family Agency (Tusla), the Adoption Authority of Ireland, the Ombudsman for Children and the Oberstown Children Detention Campus. I have referred the question to each of these bodies and asked them to provide the information sought directly to the Deputy.

Social Welfare Fraud Data

251. **Deputy John Brady** asked the Minister for Social Protection the number of allegations of social welfare fraud made to her Department since the social welfare fraud campaign began; and if she will make a statement on the matter. [29135/17]

252. **Deputy John Brady** asked the Minister for Social Protection the number of allegations of social welfare fraud made to her Department since the social welfare fraud campaign began that have been identified as actual fraud; and if she will make a statement on the matter. [29136/17]

253. **Deputy John Brady** asked the Minister for Social Protection the number of allegations of social welfare fraud made to her Department since the social welfare fraud campaign began that have resulted in penalties to a persons payment; and if she will make a statement on the matter. [29137/17]

Minister for Social Protection (Deputy Regina Doherty): I propose to take Questions Nos. 251 to 253, inclusive, together.

Reports from members of the public on their suspicions of social welfare fraud or wrongdoing are an important element in my Department's overall efforts to prevent and detect fraudulent activity. Since the launch of the recent campaign on 18 April last, 4,859 reports have been received from members of the public. This compares with some 3,322 reports which were received over the same period in 2016. The reports are now being examined and will be referred for follow-up action by the Department, where this is warranted based on the information provided. This work will be carried out over the coming weeks and months.

A determination of fraud can only be made after a detailed investigation by a social welfare inspector (SWI) and the making of a revised decision under the Social Welfare (Consolidation) Act 2005 by one of the Department's deciding officers. The person concerned has a right to appeal the decision to the Social Welfare Appeal Office where the facts are disputed. The outcome of an investigation may determine that the claim is correct, that the customer was in error or fraud is present. The payment to the person concerned may be either terminated or reduced in value based on the outcome of the investigation.

The Deputy should note that all reports received do not lead to an investigation. A preliminary examination of each report is undertaken for relevance and to identify the person reported. Once a person can be identified, the next step is to establish if they are in receipt of a social welfare payment. Where a person can be identified, is receiving a payment and sufficient information is provided to warrant further examination, the report is referred to the relevant scheme area in the Department or to a SWI for further investigation. A payment will not be suspended or stopped on the basis of the report received from a member of the public. The Department can only take this action as a result of an investigation and the making of a statutory decision.

I hope this clarifies the matter for the Deputy.

Carer's Benefit Applications

254. **Deputy Willie O'Dea** asked the Minister for Social Protection when a decision will be made regarding a carer's benefit application by a person (details supplied); and if she will make a statement on the matter. [29139/17]

Minister for Social Protection (Deputy Regina Doherty): I confirm that my department received an application for carer's benefit from the person concerned on 22 May 2017. The application is currently being processed and once completed, the person concerned will be notified directly of the outcome.

I hope this clarifies the matter for the Deputy.

Carer's Allowance Eligibility

255. **Deputy Bernard J. Durkan** asked the Minister for Social Protection the basis on which a person (details supplied) was refused a carer's allowance; and if she will make a statement on the matter. [29177/17]

Minister for Social Protection (Deputy Regina Doherty): I confirm that my Department received an application for carer's allowance (CA) from the person concerned on 7 February 2017.

It is a condition for receipt of CA that the carer must provide full-time care and attention to a person who has a disability such that they require that level of care. Social welfare legislation defines a person as requiring full time care and attention where the person has such a disability that s/he requires

a) continual supervision and frequent assistance throughout the day in connection with normal bodily functions, or

b) continual supervision in order to avoid danger to himself/herself.

The exact amount of hours or days for which care must be provided is not defined. However, one of the tests to decide if full-time care and attention is being provided is whether the care given addresses the above issues.

My Department takes the view that full-time care and attention does not necessarily mean 24 hours in each day. Full-time care and attention can be considered to apply where there is an ongoing and daily commitment by the carer and which also generally results in the carer not being able to support themselves through normal full-time employment.

The person concerned was refused carer's allowance on the grounds that, based on the evidence available to the Deciding Officer in the case, she was not providing full-time care and attention as required. The person concerned was notified on 2 May 2017 of this decision, the reason for it and of her right of review and appeal. To date, no request for a review or appeal has been received from the person concerned.

If the person concerned wishes to provide further information on the hours of care she is providing, her case will be reviewed. To date, there has been no new information submitted which would warrant a review of the decision made in this case.

I hope this clarifies the matter for the Deputy.

Departmental Websites

256. **Deputy Catherine Murphy** asked the Minister for Social Protection the cost incurred to date regarding the upgrade of a website (details supplied); if she has satisfied herself that the website is now fully operational; if she expects to incur further costs regarding the overhaul of the website; and if she will make a statement on the matter. [29185/17]

Minister for Social Protection (Deputy Regina Doherty): Jobsireland.ie is a free online jobs site that enables employers to post job opportunities and jobseekers to search and apply for these opportunities online. At 20 years old, the original site was showing its age. For example, although it enabled jobseekers to search for job opportunities based on job type and location, it wasn't possible for employers to search for suitable jobseekers on the site.

Accordingly, my Department issued a tender for the development and implementation of a new service that would enable both employers and jobseekers to search for each other using competencies and skillsets as well as the traditional job-type classifications. As part of the new service, candidate profiles are automatically matched to job specifications posted by employers. The system will also integrate with my Department's Intreo service. Through a link with my Department's Activation Case Management system, it will facilitate case officers to further support and monitor jobseeker employment search activity.

Following the procurement process, a young Irish technology company is building and delivering the new service. The contract is for a fixed fee of €3.36 million, payable over the first 5 years of a 5.5 year service period (the final 6 months of the service is payment free). The contract includes an optional extension period of 3 years, with the overall term not exceeding 8.5 years in total.

The new service was introduced in July 2016 and the total cost to date is almost €1,174,000.

There were some teething problems with the first phase implementation, but performance issues have now been resolved. Employers can now register and post vacancies, and candidates can register and upload CVs and apply for vacancies online. In addition, the system automatically matches candidates to employer specifications and both parties are notified of successful matches. There are currently almost 6,000 positions advertised on the site.

My Department continues to work with the supplier to enhance the service and will add additional functionality over the coming months. Anyone experiencing difficulties with the website can contact the Department's National Contact Centre on 1890 800 024 for assistance.

Disability Allowance Applications

257. **Deputy Alan Farrell** asked the Minister for Social Protection the action she will take to address the situation whereby a person (details supplied) was refused a disability allowance approved in April 2017 and has yet to receive payment; and if she will make a statement on the matter. [29199/17]

Minister of State at the Department of Health (Deputy Finian McGrath): Following a successful appeal, payment of disability allowance has been re-instated with effect from 11 January 2017. The first payment will be made by his chosen payment method on 28 June 2017. All arrears due will also issue on that date.

I trust this clarifies the matter for you.

Question No. 258 withdrawn.

Departmental Contracts Data

259. **Deputy Catherine Murphy** asked the Minister for Social Protection the amount spent by her Department and State agencies under her aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if she will make a statement on the matter. [29237/17]

Minister for Social Protection (Deputy Regina Doherty): The amount spent by my department on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form is as follows:

Year	Company	Amount €	Yearly Total €
2014	Carr Communica-tions	1,150.00	1,150.00
2015	Carr Communica-tions	3,150.00	3,150.00
2016	Public Relations Institute of Ireland	2,250.00	2,250.00
2017	Carr Communica-tions	3,450.00	8,533.80
	Socialmedia.ie	1,303.80	
	Public Relations Institute of Ireland	3,780.00	

There is 'nil' spend for the period in question in respect of the agencies under my aegis, with the exception of the Pensions Authority, whose expenditure is as follows:

Year	Company	Amount €
2015	Q4PR	2,570.70
2016	Q4PR	3,972.90

Foreshore Issues

260. **Deputy Michael Healy-Rae** asked the Minister for Housing, Planning, Community and Local Government if he will address a matter (details supplied) regarding the use of coral sand to supplement income; and if he will make a statement on the matter. [29209/17]

Minister for Housing, Planning, Community and Local Government (Deputy Eoghan Murphy): The Foreshore Act 1933-2011 defines beach material as, inter alia, "sand, clay, gravel, shingle..". It is not lawful to remove beach material without a licence granted in accordance with the Act.

Detail on the Foreshore consenting process can be found on my Department's website at the following link:

<http://www.housing.gov.ie/planning/foreshore/foreshore-consenting>.

Motor Tax

261. **Deputy Thomas P. Broughan** asked the Minister for Housing, Planning, Community and Local Government the changes in policy on motor taxation of State owned vehicles, in particular HSE patient transport; when these changes came into effect; the affect that this policy change is having on persons around the country, in particular those accessing services in an association (details supplied); if these changes will be reversed to halt the negative impact on vulnerable persons; and if he will make a statement on the matter. [29132/17]

Minister for Housing, Planning, Community and Local Government (Deputy Eoghan Murphy): I am currently reviewing the legislation in relation to exemptions from motor tax and will revert to the Deputy on the matter in due course.

Departmental Functions

262. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning, Community and Local Government the functions and responsibilities that will be transferred from his Department to the Department of Community and Rural Affairs. [29181/17]

263. **Deputy Eoin Ó Broin** asked the Minister for Housing, Planning, Community and Local Government when the new Department of Housing, Planning and Local Government will officially be established. [29182/17]

Minister for Housing, Planning, Community and Local Government (Deputy Eoghan Murphy): I propose to take Questions Nos. 262 and 263 together.

Restructuring of Government Departments is a matter for the Taoiseach and, following on from the Taoiseach's stated intention to establish a new Department of Community and Rural Affairs, responsibility for certain community functions will transfer from my Department.

Responsibilities transferring are likely to include community and voluntary supports and programmes and the Social Inclusion and Community Activation Programme, along with other community-related functions. The final detail of this will be discussed and agreed between my Department and my colleague Minister Ring's team as part of the formal statutory transfer of functions process. Once this transfer of functions process has been completed, my Department will progress the necessary legislation to change the Department's name.

Fire Safety

264. **Deputy Brendan Griffin** asked the Minister for Housing, Planning, Community and Local Government if he will clarify a matter (details supplied) regarding fire safety; and if he will make a statement on the matter. [29221/17]

Minister for Housing, Planning, Community and Local Government (Deputy Eoghan Murphy): While Fire authorities have powers under the Fire Services Act, 1981 and 2003 to carry out inspections of some premises such as hotels and the common areas of flat complexes, section 18(2) of the Act prescribes that the person having control over premises "take all reasonable measures to guard against the outbreak of fire on such premises, and to ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire."

It should be noted that premises occupied as a single dwelling are specifically excluded from the general obligations with regard to fire safety, as well as the inspection and enforcement provisions, in Part III of the Fire Services Acts 1981 and 2003. However, the provisions of this legislation are generally taken as applicable in dwellings within multi-unit developments or mixed-use buildings.

Local authorities have extensive powers of inspection and enforcement under the Building Control Act 1990 and the Fire Services Acts 1981 and 2003, all of which may be relevant in relation to fire safety arrangements in residential buildings, other than those specifically excluded. Details in relation to inspections and notices issued by fire services up to 2015 are available on my Department's website at the link below; 2016 information should be available shortly.

http://www.housing.gov.ie/sites/default/files/publications/files/2015-fire_prevention_statistics.xls.

There is no limitation on who can make a call for assistance to 999/112 from any of the Emergency Services, should it be required. The caller should provide as much information as

possible, listening and carefully following the advice being given by the call takers, who are trained for that purpose. In some cases a monitored Automatic Fire Alarm system may be in place, however this is not a mandatory requirement.

In response to the recent tragedy at Grenfell Tower in London, I have requested that each local authority be asked, as a matter of urgency, to review their multi-storey social housing units to ensure that all early warning systems, including alarm and detection systems and means of escape including corridors, stairways and emergency exits are in place and fully functional. Life safety must be our first concern.

In terms of raising awareness across landlords, including landlords of households in receipt of social housing supports and rental assistance, I have requested that the Residential Tenancies Board be asked to notify all landlords of their responsibilities and obligations as landlords in terms of ensuring that their properties fully comply with fire safety requirements.

In order to remind builders, assigned certifiers, designers and owners of their obligations in relation to compliance with the Building Regulations, I have also requested that a notification be issued to all registered users (approx. 52,000) through the Building Control Management System (BCMS).

Although there are no apartment blocks in Ireland comparable to Grenfell Tower, all householders, regardless of the type of accommodation they live in, are urged to take the basic but most effective fire safety precaution of ensuring that their family's home is protected with working smoke alarms. I have also emphasised the fire safety responsibilities of management companies more generally in control of multi-occupancy buildings and urged them to satisfy themselves that the arrangements in place are appropriate and safe.

Departmental Contracts Data

265. **Deputy Catherine Murphy** asked the Minister for Housing, Planning, Community and Local Government the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29230/17]

Minister for Housing, Planning, Community and Local Government (Deputy Eoghan Murphy): My Department did not incur any public relations advice or training related expenditure in the past three years to date in 2017. My Department's Press and Communications Office provide this service on behalf of the Department and will up-skill themselves as necessary to carry out their roles.

The details requested in relation to bodies under the aegis of my Department are a matter for the individual bodies concerned. Arrangements have been put in place by each Agency to facilitate the provision of information directly to members of the Oireachtas. The contact email address for each agency is set out in the following table.

Agency	Email address
An Bord Pleanála	Oireachtasqueries@pleanala.ie
Ervia, Gas Networks Ireland	oireachtas@ervia.ie
Housing Sustainable Communities Agency	publicreps@housingagency.ie
Housing Finance Agency	oireachtas.enquiries@hfa.ie

Irish Water	oireachtasmembers@water.ie
Irish Water Safety	oireachtas@iws.ie
Local Government Management Agency	corporate@lgma.ie
Residential Tenancies Board	OireachtasMembersQueries@rtb.ie
Pobal	oireachtasqueries@pobal.ie

Departmental Contracts Data

266. **Deputy Catherine Murphy** asked the Taoiseach and Minister for Defence the amount spent by his Department and State agencies under his aegis on outside contract and or third party public relations advice and training in past three years to date in 2017, by year and company engaged, in tabular form; and if he will make a statement on the matter. [29228/17]

Minister of State at the Department of Defence (Deputy Paul Kehoe): Expenditure on training related to public relations in the Department of Defence over the same period is set out in the following table.

Year	Company	Amount
2014		Nil
2015		Nil
2016	Carr Communications: Media Training	€750
2017 (to date)		Nil