

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 10, inclusive, answered orally.

Hospital Services

11. **Deputy Barry Cowen** asked the Minister for Health if the Midland Regional Hospital, Tullamore will be designated as a trauma unit. [28297/18]

Minister for Health (Deputy Simon Harris): The Report of the Trauma Steering Group – A Trauma System for Ireland was approved by Government on the 6th February 2018 and published online.

In an inclusive Trauma System, as recommended for Ireland by the Trauma Steering Group, the trauma care pathway is not organised around individual institutions but in the context of networked ones whereby all acute hospitals participate – each has a role as either a Major Trauma Centre, Trauma Unit, Local Emergency Hospital or Injury Unit.

The Trauma Unit is a hospital within a Trauma Network that provides care for most types of injuries. Depending on the injuries sustained, major trauma patients can be taken to these hospitals for definitive care rather than to the Major Trauma Centre.

The detailed proposed designation criteria for Trauma Units are set out in Appendix 6 of the Report of the Trauma Steering Group.

Currently in Ireland, there are 16 acute hospitals that could potentially meet the designation criteria for Trauma Units. The Midland Regional Hospital, Tullamore is one of these 16 hospitals. While at present these 16 hospitals all treat trauma, many of the hospitals would need further enhancement and management to meet the level of service provision required to fulfil the designation criteria for Trauma Units.

The HSE has established an interim implementation group, as recommended in the Report, with Departmental representation, to commence immediate actions including recruitment of a National Clinical Lead and establishment of the National Office for Trauma Services, and selection of a Major Trauma Centre for Dublin. The group met for the first time on 12 April and continues to meet on a regular basis to consider these actions in the first instance. Detailed implementation planning will be required to fully implement the Trauma Strategy over a number of years, and will be led by the National Office for Trauma Services.

Question No. 12 answered orally.

Questions - Written Answers
National Dementia Strategy

13. **Deputy Billy Kelleher** asked the Minister for Health if his Department has conducted a mapping project for dementia care needs; and if he will make a statement on the matter. [28205/18]

Minister of State at the Department of Health (Deputy Jim Daly): The National Dementia Strategy, launched in December 2014, seeks to increase awareness and understanding of dementia, ensure timely diagnosis and intervention and provide enhanced community based supports and services.

In 2016 and 2017, the National Dementia Office partnered with the Alzheimer Society of Ireland on a project to map dementia-specific community-based services and supports. The project did not look at the generic services that people with dementia or their families and carers may use or the quality of the identified services. However, it offers a useful snapshot and baseline study into what, where and when services are being offered. The study has also been used to inform a service finder hosted on the National Dementia Office's website. This allows people to search for dementia-specific community services in their area.

The final report, entitled 'Dementia Specific Services in the Community: Mapping Public and Voluntary Services', found gaps in access to services and a large variance in what services are provided across the country. The National Dementia Office has met with senior HSE officials in each Community Healthcare Organisation region to highlight gaps in each area and to develop local action plans to improve service provision.

The National Dementia Office has developed a needs analysis framework to support local dementia service planning and development. This framework is a mechanism to help the Office direct time, energy and resources into dementia care that most appropriately meets the needs of people with dementia. It will be used to make dementia service development more responsive and consistent across the country.

In addition to this dementia-specific mapping project, the National Dementia Office plans to work with the Centre for Economic and Social Research on Dementia in NUI Galway to identify the range of dementia-appropriate services available nationally.

Disabilities Assessments

14. **Deputy Michael Moynihan** asked the Minister for Health the reason almost half the number of applications for assessment of need under the Disability Act 2005 that were overdue for completion at end of March 2018 were in counties Cork and Kerry; and if he will make a statement on the matter. [28202/18]

Minister of State at the Department of Health (Deputy Finian McGrath): Cork Kerry Community Healthcare recognises the long waiting times for clinical assessments within the current Assessment of Need process. A portion of the 'overdue for completion' figure under the current AON statistics includes cases where the clinical assessment has been completed and a clinical report has been given to the families. However, the formal report from the Assessment Officer as required by legislation has not issued. Resources have been directed towards this particular piece of work since the beginning of 2018 and it is expected that the backlog of reports will be completed by Assessment Officers by year end. This will in turn reduce the overdue figures.

In an effort to standardise Assessment of Need procedures and to facilitate timely assessments, the HSE identified a requirement to develop a Standard Operating Procedure (SOP). This SOP is intended to replace the suite of approximately 50 guidance notes that have been issued since 2007 and will define the assessment. This will ensure a standardised approach across the state in respect of the operational application of the Disability Act 2005 and provide an important opportunity to balance or ensure equity in terms of assessment and support interventions for vulnerable children and young people with a disability.

The HSE is engaged in a consultation process through Forsa on its introduction and hopes to successfully conclude this engagement in the coming weeks prior to roll out.

Autism Support Services

15. **Deputy Jackie Cahill** asked the Minister for Health the status of the review of autism services which took place in 2017; and if he will make a statement on the matter. [28289/18]

Minister of State at the Department of Health (Deputy Finian McGrath): My portfolio includes disability related matters in the Department of Justice and Equality and that Department has responsibility for the promotion and co-ordination of disability policy, including the development of the National Disability Implementation Plan. In this context, the Department coordinated the development of a Programme of Additional Actions in relation to Autism in conjunction with the National Disability Authority through the Cabinet Committee on Social Policy and Public Service Reform.

The Programme of Actions on Autism is in keeping with the cross disability, whole of government, social model of disability approach set out in the National Disability Strategy Implementation Plan. This recognises that an increased understanding of autism across the public sector is required to ensure that the implementation of the Plan addresses the needs of people with autism on an equal basis to other people with disabilities.

The overarching principle governing the planning and delivery of health services and supports for adults and children with disabilities including autism is that they should be integrated, as much as possible, with services and supports for the rest of the population. The Government's agenda in this regard is clearly set out in the current National Disability Strategy which is based on a non-condition specific approach to the delivery of public services and the mainstreaming agenda.

The Minister for Health, in 2017 asked the HSE to carry out a review of the level of supports and services to people with autism spectrum disorder. A cross divisional working group was established by the HSE, lead by Chief Officer Tony Canavan, to undertake the review. The role of the group was to examine the operational effectiveness of existing health service responses in addressing the particular needs of those with autism spectrum disorder and seek to identify models of good practice.

In conjunction with the HSE review of services, the Department of Health carried out a review of data sources and an epidemiological study into the prevalence and future projections for Autism Spectrum disorder earlier this year.

The Minister, Deputy Harris, and I are currently considering the findings from both the working group and the review of research.

Hospital Services

16. **Deputy Bobby Aylward** asked the Minister for Health the position regarding his commitment to examine a number of proposals to improve cardiac care in the south east, including the deployment of a modular laboratory that will allow for diagnostic angiograms and intervention procedures; the position regarding efforts by UHW management to recruit additional staff to extend the operation of the existing cath lab by 20%; and if he will make a statement on the matter. [28380/18]

Minister for Health (Deputy Simon Harris): Following an independent review of the need for a second cath lab in University Hospital Waterford, the Herity report concluded that the needs of the effective catchment population for Waterford University Hospital could be accommodated within a single cath lab. Funding has been provided to support extension of the existing cath lab operating hours to 12 weekly sessions per week, or by 20%, as recommended in the Herity Report.

As I advised the Deputy in my response to his most recent Parliamentary Question on 29 May last, approval and funding has been provided for the posts required to facilitate this service expansion and recruitment is currently being progressed by local management and the HSE's National Recruitment Service. A mobile cath lab has been deployed since October 2017, initially for a period of 20 weeks but since extended to allow time for University Hospital Waterford to complete recruitment of the additional staff required for the service extension to the existing cath lab.

The Herity report also recommended that the current 9 to 5 provision of emergency pPCI services should cease to allow the hospital focus on the much larger volume of planned work. I asked my Department to address the implications of this recommendation by undertaking a National Review of Specialist Cardiac Services. The aim of this Review is to achieve optimal patient outcomes at population level with particular emphasis on the safety, quality and sustainability of the services that patients receive by establishing the need for an optimal configuration of a national adult cardiac service. As set out in the National Development Plan 2018-2027, investment in cardiac catheterisation laboratories and other cardiac services infrastructure nationally will be informed by the outcome of the National Review, which is expected to be complete by June 2019.

When I met with South East Oireachtas members on 14 February last, I indicated that I would give some consideration to the various issues raised by the group, including the potential for the deployment of a modular cath lab, as an interim solution, pending the outcome of the National Review of Specialist Cardiac Services. My Department is currently examining this matter at my request and it is envisaged that this examination will be completed shortly.

Hospital Waiting Lists Action Plans

17. **Deputy Kevin O'Keeffe** asked the Minister for Health the action that will be taken to reduce outpatient waiting times for ophthalmology consultations in Cork University Hospital in which 2,888 appointments are outstanding for more than 12 months. [28199/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures and outpatient appointments is a key commitment in the Programme for Government. In Budget 2018 the NTPF budget was increased to €50 million. The priority for this funding is reducing waiting time for hospital procedures, and the Inpatient/Day Case Action Plan 2018, published in April, targets a reduction in the number of patients waiting for a hospital procedure to under 70,000 by the end of this year. A key target under this plan is patients waiting for Ophthalmology services, specifically Cataract procedures, and the NTPF will fund over 5,000

procedures this year.

However, the issue of growing outpatient waiting list numbers is one that impacts on patients across a wide number of health specialties, including ophthalmology. The NTPF has allocated €3 million of its 2018 funding for Outpatient initiatives and my Department, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. All Hospital groups have been invited by the HSE and the NTPF to develop and bring forward proposals for outpatient initiatives for inclusion in the Action Plan.

This plan will support the HSE's compliance with its National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF-funded interventions, including weekend and out-of-hours clinics.

Cork University Hospital advice that the development of Ophthalmology services in Cork is being progressed and that this may include the recruitment of medical ophthalmologists whose work would focus on outpatient clinics. I have asked Cork University Hospital to provide greater details on their plans to reduce outpatient waiting times for this service and I will forward them to the Deputy as soon as I received them.

Home Care Packages Funding

18. **Deputy John Curran** asked the Minister for Health his plans for a more flexible funding system to limit the delays being experienced by vulnerable older persons on waiting lists for home supports in view of the changing demographics in the provision of home care supports and intensive home care packages and the funding for these supports being finite; and if he will make a statement on the matter. [28405/18]

Minister of State at the Department of Health (Deputy Jim Daly): The Government is committed to promoting care in the community so that people can continue to live with confidence, security and dignity in their own homes for as long as possible. To support this, we plan to establish a new statutory scheme for home care services. The potential for changes to the funding system for home support will be considered as part of the process of developing the new scheme.

I am happy to say that we reached an important milestone in this process earlier this week when I published the report of the findings of the public consultation on home care. The consultation process took place last year and approximately 2,600 submissions were received. The report includes a number of interesting points made by respondents in relation to innovative funding models and is available from the Department's website. The findings will now be used help to inform the design of the new home care scheme.

I am committed to progressing the development of the new scheme as quickly as possible. However, this is a complex undertaking and will require a significant amount of detailed preparatory work.

In the meantime, the Department and the HSE are continuing to improve existing services, including in 2018 the introduction of a single funding stream for home support services. Also in 2018, an additional 754,000 hours will be delivered, bringing the total to over 17m hours, along with 235 Intensive Home Care Packages.

19. **Deputy Richard Boyd Barrett** asked the Minister for Health if his attention has been drawn to communications received by the Ombudsman for Children from HSE management in 2011 regarding the resources available and the referral pathway in counties Laois and Offaly CAMHS; and if he will make a statement on the matter. [28386/18]

Minister of State at the Department of Health (Deputy Jim Daly): I am not aware of the communication referred to by the Deputy.

Initial enquiries with the HSE indicate that they are so far unable to identify the communication mentioned by the Deputy. I have requested the HSE to examine the question and reply directly to the Deputy. In the meantime if the Deputy would like to provide further information to clarify his request I will be happy to pursue further with the HSE.

I wish to reiterate the Government's strong commitment to develop all aspects of mental health. Since 2012, around €200m additional funding has been provided for this care programme, including approval of some 2,000 new posts. The HSE continues to enhance various aspects of its CAMHS service, including improved access at local level for areas such as Laois and Offaly.

There has been increased funding for Child and Adolescent Mental Health Services for Laois/Offaly from €1.387m in 2011 to €2.528m in 2018. Overall staffing levels for the service increased from approximately 16 in 2011 to 34 in 2018. It should be noted too that there has been a significant increase in activity levels for the respective years with, for example the number of referrals received increasing from 167 to 1044; new appointments offered increased from 146 to 797; and new clients seen increased from 107 to 484.

Hospital Groups

20. **Deputy Stephen S. Donnelly** asked the Minister for Health the procedures in place to enable the sharing of best practice between hospital groups; and if he will make a statement on the matter. [28313/18]

Minister for Health (Deputy Simon Harris): The Reports The Establishment of Hospital Groups as a transition to Independent Hospital Trusts (DoH, 2013) and Securing the Future of Smaller Hospitals: A Framework for Development (HSE, 2013) provided the foundations for the reorganisation of hospital services into Hospital Groups. The goal of this reform is to develop a world class person-centred hospital service that values and empowers staff to deliver safe, high quality, integrated services based on health care needs and driven by efficiency and best clinical evidence, research, practice, education and innovation leading to better patient outcomes.

The implementation of Hospital Groups is continuing, with a more co-ordinated approach to the planning and delivery of services across all the hospitals within the group. This allows for a stronger role for smaller hospitals in delivering less complex care while ensuring that patients who require true emergency or complex planned care are managed safely in larger hospitals.

The HSE has established a Hospital Group CEO Forum that enables and supports information sharing across Hospital Groups. The membership includes all Hospital Group CEOs and the Forum is now well established with meetings held monthly. The Hospital Group CEOs also meet regularly with the HSE National Director for Acute Operations.

Further, the HSE Clinical Strategy and Programmes Division (CSPD) was established to rethink the delivery of health and social care in order to improve and standardise patient care

across all healthcare settings, irrespective of location. The CSPD works to bring together clinical disciplines, enabling them to share innovative, evidence-based solutions in the interest of providing improved person-centred care. As part of this, the National Clinical Programmes have been established to improve and standardise patient care by bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user of our services. The programmes involve close collaboration between the HSE and the Colleges, working in partnership with patients, nursing and therapy leads, and with the Department of Health. Each of the Clinical Programmes has a Clinical Lead, a multi-disciplinary Working Group (including patient representatives), and a Clinical Advisory Group. Having a wide range of clinicians involved means that the proposed solutions are more robust in their conception, and supports effective implementation.

The Clinical Programmes are tasked with improving specific areas of the health service. This is achieved by designing and specifying standardised models of care, guidelines, pathways and associated strategies for the delivery of integrated clinical care. The programmes provide clinical leadership to support local implementation teams where needed. Examples include National Clinical Programmes for Acute Medicine, Acute Surgery, COPD, Diabetes, Emergency Medicine, Critical Care, Chronic Heart Disease, Stroke and many more.

A further platform to share good practice is through the Health Service Excellence Awards. Held annually, these enable the HSE to identify new and creative service developments that can be shared and implemented, as appropriate, in different parts of the health system.

Air Ambulance Service

21. **Deputy Aengus Ó Snodaigh** asked the Minister for Health if his Department tendered for the provision of air ambulance services. [27761/18]

Minister for Health (Deputy Simon Harris): In late 2016 the Department of Defence informed my Department that due to a shortage of pilots and air traffic controllers, the Air Corps would not be able to sustain the level of service previously provided for the transfer of Priority One paediatric transplant patients to the UK. This was compounded when, following a review, the Irish Aviation Authority indicated that all patient transfers provided by the Irish Coast Guard had to be operated under Helicopter Emergency Medical Services (HEMS) rules. This meant that aircrew providing HEMS would be restricted to a maximum of 12-hour duty cycles with the result that for UK Priority 1 patient transfers, the Coast Guard was no longer available to provide air transfers between the hours of 7pm and 7.30am from 5 September 2017.

At my Department's request, HIQA carried out an urgent Health Technology Assessment to provide advice on the options for the treatment and transport of Priority 1 transfer patients. The Health Technology Assessment advised that in the short term, Priority 1 transfers would best be provided through a private provider. A temporary arrangement was made by the HSE with a private provider pending the completion of a tender process.

The HSE has now completed the formal tendering process for the provision of an established air ambulance service to transfer Priority 1 paediatric transplant patients to the UK between 7pm and 7.30am. The contract was awarded to Air Alliance Express and will be in place for a 2-year period. It is envisaged that most of the patients who will use this service will be children who need to go the UK to undergo major organ transplant. The Air Alliance Express service has been operational since 23 April 2018.

Abortion Services Provision

22. **Deputy Thomas Pringle** asked the Minister for Health the way in which it will be ensured that women from Northern Ireland will have unfettered access to abortion services in County Donegal in view of its proximity to Northern Ireland and in further view of the fact that women in the jurisdiction do not have access to full healthcare rights; and if he will make a statement on the matter. [28255/18]

Minister for Health (Deputy Simon Harris): The Thirty-Sixth Amendment of the Constitution Bill 2018 seeks to delete Article 40.3.3 of the Constitution and substitute it with wording confirming that the Oireachtas may make laws for the regulation of the termination of pregnancy. The Bill passed all stages in the Houses of the Oireachtas on 28 March 2018. A Polling Day Order for a referendum was held on 25 May 2018. A certificate with the provisional result of the referendum was published in *Iris Oifigiúil* on Tuesday, 29 May 2018.

Three applications for permission to challenge the result of the referendum have been made to the High Court under section 42 of the Referendum Act 1994. The High Court began to hear the applications on Tuesday the 26 June. It is possible that the hearings may run over a number of days, after which a decision will be made by the Court.

Work is ongoing on the legislation to regulate termination of pregnancy with the intention of finalising it by mid-July. This legislation will be based on the General Scheme of a Bill to Regulate Termination of Pregnancy approved by Government on the 27 of March and published on my Department's website.

A range of issues are being considered in developing the legislation and operational response to the referendum. I will continue to keep opposition spokespersons and the wider House updated on developments.

Health Services

23. **Deputy Ruth Coppinger** asked the Minister for Health if he will report on the availability of healthcare for transgender persons wishing to avail of hormone treatment and surgery; if he will report on the implementation of guidelines (details supplied) here; and if he will make a statement on the matter. [28323/18]

Minister of State at the Department of Health (Deputy Catherine Byrne): Transgender-specific guidelines have been developed by the World Professional Association for Transgender Health and the Endocrine Society. The guidelines recommend a comprehensive assessment prior to commencement of hormone therapy. They highlight several criteria which must be met prior to referral for hormonal intervention, so that people access the supports needed to manage co-morbid difficulties.

International best practice involves an assessment by a multi-disciplinary team and shared decision making in the best interests of the individual. The assessment must be carried out by a mental health professional with experience in transgender healthcare and possess specific skills.

The HSE Quality Improvement Division has developed a model of care for transgender children, adolescents and adults, in consultation with clinicians, policy makers, advocates and service users.

I am committed to ensuring the provision of appropriate care for transgender persons wishing to avail of hormone treatment and surgery, in line with best practice, and taking into account

the resources and clinical expertise available within the HSE.

Mental Health Services Staff

24. **Deputy Mary Butler** asked the Minister for Health the action that will be taken to bolster mental health services in County Waterford and the south east following the decision of three consultant paediatric psychiatrists to resign; and if he will make a statement on the matter. [28185/18]

Minister of State at the Department of Health (Deputy Jim Daly): The pending resignation of three psychiatrists in the South East is currently being examined by the HSE with a view to minimising disruption of services. Last week, I met with national and local HSE representatives who assured me that they are exploring every possible option to ensure that the vacancies in the CAMHS services in the South East are filled and to ensure continuity of service.

Notwithstanding the global lack of availability of mental health specialists, the HSE is currently conducting an extensive advertising campaign to fill these vacancies. In terms of immediate cover, they have established weekend Consultant Paediatric Psychiatry clinics in Waterford by availing of support from Galway-based Consultants. In addition, the HSE has been in contact with other CHO areas and with agencies both abroad and in the private sector to look for locum cover.

I wish to strongly re-state the Government's commitment to mental health. This is reflected by the allocation of an additional €200 million for mental health services since 2012 resulting in around €910 million being available to the HSE for mental health this year. While this amount is significant by any standard I will continue to press for further resources annually in line with Programme for Partnership Government commitments.

The HSE Service Plan 2018 commits to further development of CAMHS. This is against a background where the demand for CAMHS has increased by 26% between 2012 and 2017. Around 18,800 referrals are expected for HSE CAMHS this year alone.

To meet this demand, we have increased the supply of services. We have approved over 2,000 new posts in Mental Health since 2012. We now have 69 CAMHS teams and three Paediatric Liaison Teams supported by around 75 CAMHS beds nationally. Further beds are planned to come on-stream as quickly as possible. In addition, we have funded an extra 140 Psychiatric Nurse Undergraduate places each year.

The recent appointment by the HSE of around 114 Assistant Psychologists and 20 Psychologists will help to develop counselling services in Primary Care. I understand that 13 Assistant Psychologists posts have been introduced in CHO 5, which includes Waterford & Wexford. It is anticipated that these posts will deal with the less complex child and adolescent cases thereby reducing the demand on CAMHS.

I will be meeting the HSE again on 3 July next where they will provide me with a progress report on addressing the issue raised by the Deputy.

Drug and Alcohol Task Forces

25. **Deputy John Curran** asked the Minister for Health the status of the development of a performance measurement system to improve accountability across all sectors of local and regional drug task forces; and if he will make a statement on the matter. [28406/18]

Minister of State at the Department of Health (Deputy Catherine Byrne): Measuring the effectiveness of responses to the drug problem is an important objective of the national drugs strategy, Reducing Harm, Supporting Recovery. The level of progress in delivering the strategy can be measured using performance indicators linked to specific objectives and actions. Measuring progress is supported by a coordinated system of monitoring, evaluation and research.

External consultants have advised the Department on the development of a performance measurement system. The system is concerned with the net effects of the strategy at the population level, in particular the health, wellbeing and quality of life of people living in local areas.

A performance measurement system will enable the targeting of communities which face a higher risk of substance misuse. It will also help to improve accountability in the use of government funding by linking outcomes with resources.

The Department of Health is committed to implementing a performance measurement system in consultation with relevant stakeholders, including drugs and alcohol local and regional task forces.

I strongly believe that resources should be directed towards interventions that are most effective in reducing problem substance use. I am confident that a performance measurement system will improve accountability across all sectors.

Community Pharmacy Services

26. **Deputy John Brassil** asked the Minister for Health the action he will take to boost the role of community pharmacists in primary care; and if he will make a statement on the matter. [28224/18]

Minister for Health (Deputy Simon Harris): I wish to acknowledge the vital role that pharmacies play in their communities. In that regard, the Programme for a Partnership Government contains a commitment to expand the role of community pharmacy in managing patient health, and this is an issue I intend to progress.

Work has been done in recent years on wider healthcare roles for pharmacies, including the Pharmaceutical Society of Ireland's Future Pharmacy report, concerning expansion of professional pharmacy practice. It is clear from this and other work that there is potential to increase the range of publicly funded health services delivered through community pharmacy. Important new services, including influenza vaccination and emergency contraception services, have already been introduced.

New public services in community pharmacy should improve health outcomes and provide value for money and benefits for patients. Any new or transferred services should be based on sound evidence with matching improvements in governance and administration.

My Department intends to consult with contractor representative bodies on putting in place a new multi-annual approach to fees, in return for service improvement and contractual reform and in line with Government priorities for the health service. This approach is also intended to deliver a phased exit pathway from FEMPI for contractors and this will form part of the proposed consultation.

Hospital Waiting Lists Action Plans

27. **Deputy Anne Rabbitte** asked the Minister for Health if the outpatient action plan will contain measures to help children waiting long periods for rheumatology appointments. [28319/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures and outpatient appointments is a key commitment in the Programme for Government. My Department, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. This plan will support the HSE's compliance with its National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF funded interventions, including weekend and out of hours clinics.

The Children's Hospital Group (CHG) continues to work with the NTPF to manage long waiting lists for clinically appropriate groups. CHG has received investment in 2018 in Paediatric Orthopaedic services, that will assist rheumatology. An additional €9 million has been allocated in the HSE 2018 National Service Plan for paediatric orthopaedics, including scoliosis services, to further reduce waiting times for paediatric orthopaedic services and support the development of a sustainable paediatric orthopaedic service.

Part of the rationale for the development of the new children's hospital is the challenges with existing physical infrastructure across the hospitals in the Group. The design of the new children's hospital and Paediatric Outpatient and Urgent Care Centres at Connolly and Tallaght Hospitals is based on a thorough analysis of capacity and demand and services will be provided in line with best practice and the National Model of Care for Paediatrics and Neonatology, the acute strand of the HSE's Integrated Care Programme for Children.

Cancer Screening Programmes

28. **Deputy Bríd Smith** asked the Minister for Health his views on whether the two site visits conducted on the laboratories that conducted the cervical screening programme over the ten years of the programme to be a sufficient way to ensure standards and quality of the screening process; and if he will make a statement on the matter. [28379/18]

Minister for Health (Deputy Simon Harris): Currently, the testing of cervical smear tests is carried out by the following three institutions:

- Quest Diagnostics Inc, Teterboro, New Jersey USA;
- MedLab Pathology Ltd, Dublin (US company); and
- Coombe Women and Infant's University Hospital, Dublin.

Approximately 50% of the testing is done in Ireland, with the remaining 50% being done outside Ireland. Currently, approximately 250,000 smear tests are processed each year.

The clinical advice is that there is no evidence that the clinical and technical aspects of the programme have performed outside or below international standards or the quality guidelines set for the programme. Smear tests can produce both false positive and false negative results. However, the Scoping Inquiry and the Independent Clinical Expert Panel Review will provide independent and international scrutiny of performance.

The site visits to the laboratories in 2011 and 2014 were additional and complementary to the continued external accreditation of laboratories, the continued participation by laboratories

in external quality assurance schemes and the continuous monitoring of quality metrics with reference to the Guidelines for Quality Assurance in Cervical Screening (Cytopathology, HPV testing).

Dietician Service Provision

29. **Deputy Mick Barry** asked the Minister for Health if he will report on the availability of ketogenic diets for children with particular reference to availability in Cork University Hospital; and if he will make a statement on the matter. [28325/18]

Minister for Health (Deputy Simon Harris): The ketogenic diet is used in the treatment of intractable epilepsy (as per NICE Guidance Ketogenic Diet and other Dietary Treatments for Epilepsy 2016) and metabolic disorders including glutathione 1 deficiency. This is a highly specialised service at Cork University Hospital, requiring specific training and experience, and currently provided to a small number of patients.

Following retirement of one dietician, the HSE has advised that a suitably qualified replacement has not yet been secured. In the meantime, the service is currently being covered by another dietician at Cork University Hospital. Cork University Hospital has also supported the training of three dieticians to deliver backup service for this treatment and, once completed, this will allow for a small number of additional cases to be treated. It is understood that a Business Case is being developed for an additional ketogenic dietician post at the hospital. As with all service requirements, this will be considered in the context of the Estimates process.

Hospital Waiting Lists Action Plans

30. **Deputy Shane Cassells** asked the Minister for Health the initiatives that will be taken to reduce long waiting times for an outpatient appointment in Our Lady's Hospital, Navan; and if he will make a statement on the matter. [28292/18]

Minister for Health (Deputy Simon Harris): The National Treatment Purchase Fund (NTPF) data published on 13 June 2018 indicates that there is a total of 5,815 adults waiting for an outpatient appointment in Our Lady's Hospital Navan. This is an increase of 3.5% on the numbers waiting in May 2017 (5,618).

The Ireland East Hospital Group advises that Our Lady's Hospital has undertaken a number of initiatives to deliver additional outpatient clinics and to address some of the long waiters on the outpatient waiting list.

In Orthopaedics, the hospital has added an Arthroplasty Clinical Nurse Specialist since February 2018 to assist with outpatient clinics. The appointment of a new Musculoskeletal Physiotherapist is planned for early autumn which should free up additional capacity for new patients.

Cardiology services will be improved with the upcoming appointment of a new Cardiologist between Our Lady's in Navan and the Mater Hospital. This is one of a number of additional posts approved between both hospitals as part of the Navan redesign programme.

The regional rheumatology service will be supported with the appointment of two new Advanced Nurse Practitioners – these nurses will manage existing patients in nurse-led clinics thus freeing up space to accommodate new referrals.

New organisational structures are to be introduced in the hospital. A recruitment campaign

is currently underway to appoint a Scheduled Care Lead who will oversee scheduling of patients in a timely manner, and support the validation of outpatient lists and measures to improve the rates of “Did Not Attend” (DNA) patients at outpatient clinics.

Hospital Waiting Lists Action Plans

31. **Deputy Willie O’Dea** asked the Minister for Health the action that will be taken to reduce outpatient waiting times for neurology consultations in University Hospital Limerick in which 443 appointments are outstanding for more than 18 months. [28290/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures and outpatient appointments is a key commitment in the Programme for Government.

The University of Limerick (UL) Hospital Group has advised that all patients who are waiting on outpatient lists, including for neurology, are prioritised according to clinical need. In addition UL Hospitals Group continues to focus on seeing and treating those who have been waiting the longest.

The Hospital Group further advises that neurology outpatient activity at UL has been steadily increasing year-on-year since 2016, and saw a 7% increase from 2017 to 2018 (Jan to April). UL advises that the increase is growth in demand and an increase in the number of urgent referrals are the main reasons for these increases.

The Hospital Group also advises that it continues to explore further waiting list initiatives, including long-waiter clinics and outsourcing, to make further improvements to waiting lists across the Hospital Group.

In order to address the issue of growing outpatient waiting list numbers, my Department, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. This plan will support the HSE’s compliance with its National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF funded interventions, including weekend and out of hours clinics. I look forward to publishing the plan in the coming weeks.

Audiology Services Provision

32. **Deputy Eugene Murphy** asked the Minister for Health if a full review of cases carried out by the audiologist that worked in counties Mayo and Roscommon for over a ten year period from the early 2000s will now be carried out in view of the recent failings identified as part of the review of paediatric audiology services; and if he will make a statement on the matter. [27794/18]

86. **Deputy Eugene Murphy** asked the Minister for Health if the failings identified as part of the review of paediatric audiology services in more than 900 cases by one audiologist in counties Mayo and Roscommon in each of the years 2011 to 2015, which left some children with lifelong impairments, will be addressed; and if he will make a statement on the matter. [27793/18]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 32 and 86 together.

The Report of the look-back of paediatric services in Mayo and Roscommon provided be-

tween 2011 and 2015 represents a thorough analysis of the quality of service delivery in the area against standards for such services that were set out in the National Audiology Review Group Report (2011). Since 2011, the recommendations of this Report, including clinical governance and quality assurance processes, have been the benchmark for the quality of service delivery throughout the country.

The Report and accompanying communication from the HSE includes an apology for the failures identified and for the anxiety that this has caused to families and those who may have been harmed. The HSE has invited parents of the children to meet with a senior manager and a senior audiologist to discuss the findings of this report and be updated on their child's care.

All 49 children who needed follow up as a result of the look back process are either currently receiving, or have already received, the appropriate care they need.

The HSE is reviewing the employment history of the individual clinician who provided the service with a view to determining if any further action is required. This is being expedited as quickly as possible.

Hospital Consultant Recruitment

33. **Deputy Timmy Dooley** asked the Minister for Health the processes in place for the recruitment of psychiatrists; the number of vacancies for consultant psychiatric posts; the number of same filled on a non-specialist basis; and if he will make a statement on the matter. [28209/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Paediatric Services

34. **Deputy Brian Stanley** asked the Minister for Health the steps being taken to address the chronic shortage of services for children such as occupational therapy, physiotherapy and speech and language therapy in counties Laois and Offaly. [27893/18]

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

Home Care Packages Data

35. **Deputy Darragh O'Brien** asked the Minister for Health the number of persons waiting for home care packages in the north County Dublin LHO area. [28229/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Ambulance Service Provision

36. **Deputy Seán Haughey** asked the Minister for Health if the level of ambulance provision in Dublin can be increased; and if he will make a statement on the matter. [28192/18]

Minister for Health (Deputy Simon Harris): Dublin Fire Brigade provides emergency ambulance services in Dublin city and county, by arrangement between Dublin City Council and the HSE. The HSE National Ambulance Service also provides some emergency capacity in the greater Dublin area. Where required, the NAS provides additional resources from neighbouring counties to address demand in Dublin, including motorbikes, rapid response vehicles and emergency ambulances. In addition, ambulances from other parts of the country, which may be travelling to or from a Dublin hospital, are available to respond to emergency calls in the Dublin area where they are the nearest resource to a patient.

Of course the Capacity Review identified a requirement for increased ambulance resources in the eastern region, which covers Dublin, Kildare and Wicklow. That review underlined the need for a multi-annual programme of phased investment in ambulance manpower, vehicles and technology. In that context, over recent years the Government has provided additional annual investment for ambulance services. This year, an additional sum of €10.7m has been made available which includes €2.8m to fund new developments.

As the allocation of the additional funding is an operational matter, I have asked the HSE to respond to you directly with any further information which may be available.

HIQA Reports

37. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the action being taken on foot of HIQA's finding that the level of compliance with the health and safety and risk management outcome in disability centres was less than 50% in 2017; and if he will make a statement on the matter. [28318/18]

Minister of State at the Department of Health (Deputy Finian McGrath): All centre-based residential and respite care facilities for older persons and persons with disabilities are subject to registration and inspection by the Health Information and Quality Authority (HIQA), in accordance with the provisions of the Health Act 2007. The purpose of regulation is to safeguard and support the delivery of person-centred care to vulnerable people of any age who are receiving residential care services and to ensure that their health, well-being and quality of life is promoted and protected.

HIQA is a fully independent authority charged with ensuring high-quality and safe care for people using health and social care services in Ireland. Compliance with HIQA standards is a requirement under the Service Level Arrangements between the HSE and voluntary service providers under Section 38 and 39 of the Health Acts. It should be noted, in this context, that HIQA has reported evidence of good practice in the delivery of many residential services to people with disabilities where the support and care needs of residents have been prioritised and there is a strong focus on the needs of service providers.

The particular issue raised by the Deputy is a service matter for the HSE. Accordingly, I have arranged for the Deputy's question to be referred to the HSE for direct reply to the Deputy.

Home Help Service Provision

38. **Deputy Declan Breathnach** asked the Minister for Health the reason CHO 8 was 51,000 home support hours behind target in the first quarter of 2018; and if he will make a statement on the matter. [28226/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Cannabis for Medicinal Use

39. **Deputy Stephen S. Donnelly** asked the Minister for Health when a cannabis for medicinal use access programme will be put in place; and if he will make a statement on the matter. [28316/18]

Minister for Health (Deputy Simon Harris): On foot of the HPRRA report 'Cannabis for Medical Use – A Scientific Review', I announced my intention to establish a 'Cannabis for Medical Use Access Programme' to facilitate access to cannabis-based products, that are not authorised as medicines but are of a standardised quality and meet an acceptable level of quality assurance. The programme will provide access to cannabis treatments for patients who are under the care of a medical consultant, for certain medical conditions which have failed to respond to standard treatments.

An Expert Group has drawn up clinical guidance for healthcare professionals treating patients through the Access Programme, which includes guidance on which cannabis products are appropriate for medical use.

The Access Programme is not yet operational, as further work is required in relation to certain elements, in particular the availability of appropriate quality-approved medical cannabis products that are affordable to patients. This is a critical aspect in establishing the access programme. The Department is working intensively on finding solutions to the supply of appropriate products for Irish patients.

In the meantime, prescribing of cannabis for medical treatment by medical consultants, for their individual patients is being facilitated via the Ministerial licence application route.

Hospital Waiting Lists Action Plans

40. **Deputy Brendan Smith** asked the Minister for Health his plans to increase orthopaedic capacity for patients in the north east in view of delays in persons accessing assessments and follow-up procedures; and if he will make a statement on the matter. [28237/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures is a key commitment in the Programme for Government and €50 million was allocated to the National Treatment Purchase Fund (NTPF) in 2018 to provide treatment for patients.

The recently launched Inpatient/Day Case Action Plan outlines the combined impact of HSE and NTPF activity in 2018 to reduce the number of patients waiting for treatment. Under the Plan, the NTPF will outsource 22,000 inpatient day cases across a range of specialties, while the HSE will deliver 1.14 million hospital operations or procedures. The Action Plan places a particular focus on hip and knee replacements, and commits to offering procedures to all patients waiting more than 9 months for a hip and/or knee replacement in 2018, if clinically suitable for treatment at an outsourced facility. The NTPF will also offer treatment for a range of other orthopaedic treatments in 2018.

Under the Plan, the NTPF and HSE will also invite proposals from hospitals for waiting list initiatives. The NTPF will provide funding to the solutions proposed if appropriate.

In response to this particular query, I have also asked the Health Service Executive to respond to you as soon as possible outlining any specific plans to increase orthopaedic capacity in the North East.

Mental Health Services

41. **Deputy Sean Fleming** asked the Minister for Health his plans to provide a treatment purchase fund for mental health services; and if he will make a statement on the matter. [28299/18]

Minister of State at the Department of Health (Deputy Jim Daly): The development of all aspects of mental health services remains a priority for the Government. Services have benefitted from the significant additional investment for mental health over recent years which has resulted in an overall provision of some €910 million for this care programme in the current year. This is an increase of over €200m, or around 28%, in six years. I have already secured agreement from the Minister for Public Expenditure that the budget will increase by a further €55 Million in 2019.

While the level of vacancies and difficulty in recruiting skilled staff continues to pose a significant challenge to service provision, particularly in CAMHS, the provision of 136 new Primary Care Psychologists (including 22 basic grade psychology posts and 114 Assistant Psychologists) aims to reduce pressure on specialist CAMHS. These are currently being put in place by the HSE. In addition, we have funded the increase of Psychiatric Nurse Undergraduate places by 130 per year by 2021/22.

Work is also continuing on improvements to Out-of-Hours liaison, seven-day response services, and the progression of several National Clinical Specialist Mental Health Programmes.

I am open to considering all avenues that will assist with the timely treatment of mental health service users, and services such as CIPC are good examples of this. There are no specific mental health services that I am considering for inclusion under the National Treatment Purchase Fund at this current time.

Child and Adolescent Mental Health Services Staff

42. **Deputy Bríd Smith** asked the Minister for Health his views on whether the resignations of three consultant child and adolescent psychiatrists in the south east are least partly a result of the lack of resources at primary care level and the resulting over-burdening of an already grossly under-resourced secondary care CAMHS operating at less than a quarter of recommended resources for a safe service; his further views on whether this is the case in other

CAMHS areas nationally; the advice his Department will give to consultant child psychiatrists operating in these circumstances that triage the children referred to them and must reject the less severe and waitlist the most severe of the non-urgent referrals; and if he will make a statement on the matter. [28375/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Hospital Waiting Lists Data

43. **Deputy Bernard J. Durkan** asked the Minister for Health the categories of patients now on various waiting lists throughout the country; if the most common causes for the accumulation of such waiting lists has been identified with a view to specific intervention to deal with the issue within a reasonable time and in accordance with best international practice; and if he will make a statement on the matter. [28332/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures is a key commitment in the Programme for Government.

In recent years, public acute hospital inpatient / daycase activity has increased on a year-on-year basis. In 2016, there was a 2% increase in inpatient/day-case activity over 2015, with almost 1.69 million patients receiving treatment in public hospitals, an increase of almost 40,000 on the previous year.

Waiting list data from the past three years show that the highest waiting lists have been across the specialties of orthopaedics, ophthalmology and Otolaryngology (ENT).

The National Treatment Purchase Fund (NTPF) collects and collates information in respect of the Inpatient, Day Case, Planned Procedure (IDPP) and Outpatient (OP) Waiting Lists.

NTPF publishes monthly figures in the following categories:

- Patients waiting for an appointment date for their treatment are categorised as ‘Active’;
- Patients who have a scheduled appointment date for their treatment are categorised as ‘TCI’, or ‘To Come In’;
- Patients suspended because they are temporarily unfit or unable to attend due to clinical or personal/social reasons are categorised as ‘Suspension’. The Suspension category is also used where patients are at the stage of being offered treatment through various Insourcing or Outsourcing Initiatives.

The recently launched Inpatient/Day Case Action Plan outlines the combined impact of HSE and NTPF activity in 2018 and includes a particular focus on those specialties with high waiting lists.

Under the Action Plan, the HSE will deliver 1.14 million elective inpatient and day case discharges and the NTPF will deliver 22,000 Inpatient Day Case treatments through both out-sourcing and HSE insourcing. As part of this process the NTPF and the HSE are currently reviewing proposals from hospitals for waiting list initiatives. The NTPF will provide funding to the solutions proposed if appropriate.

The NTPF initiatives will include a number of high volume specialties and in particular

5,000 cataracts, 800 hip/knee replacements, 1,200 tonsillectomies. In addition, under the Plan, the NTPF commits to offer treatment to all clinically-suitable patients waiting more than 9 months for treatment in these high volume specialties.

Finally, my Department has placed a particular priority on performance improvement in scheduled and unscheduled care in order to improve access for patients. At the end of 2017, a new Unit was established in my Department with a remit to work with colleagues, with the HSE and NTPF to provide strategic direction and drive a whole of Department approach to performance oversight and innovation in this area. The monitoring of waiting lists is a key activity of this Unit.

Mobility Allowance Eligibility

44. **Deputy Willie Penrose** asked the Minister for Health his plans to provide a mobility allowance or similar supports to those in receipt of disability allowance and other related payments. [26563/18]

Minister of State at the Department of Health (Deputy Finian McGrath): The Deputy will be familiar with the background to the closure of both the Mobility Allowance and Motorised Transport Grant schemes in February 2013.

Since the closure of the Mobility Allowance, the Government has directed that the Health Service Executive should continue to pay an equivalent monthly payment of up to €208.50 per month to the 4,046 people in receipt of the Mobility Allowance, on an interim basis, pending the establishment of a new Transport Support Scheme.

With regard to the Motorised Transport Grant, this scheme operated as a means-tested grant to assist person with severe disabilities with the purchase or adaptation of a car, where that car was essential to retain employment. The maximum Motorised Transport Grant, which was payable once in any three year period, was €5,020. Following the closure of the scheme in February 2013, no further Motorised Transport Grants have been payable.

The Government decided that the detailed preparatory work required for a new Transport Support Scheme and associated statutory provisions should be progressed by the Minister for Health. The Programme for a Partnership Government acknowledges the ongoing drafting of primary legislation for a new Transport Support Scheme, to assist those with a disability to meet their mobility costs. The Health (Transport Support) Bill is on the list of priority legislation for publication in the Spring / Summer session 2018.

My colleague, the Minister for Health and I recently brought a Memorandum to Government for proposals for a new Transport Support Payment Scheme. Following consideration of the matter, it was decided to withdraw the Memorandum from the Cabinet agenda on 8 May last. I intend to revert to Government with revised proposals to reflect the discussion at Cabinet, in due course.

While I cannot comment on the specific proposals under consideration, I can confirm that the proposals seek to ensure that:

- There is a firm statutory basis to the Scheme's operation;
- There is transparency and equity in the eligibility criteria attaching to the Scheme;
- Resources are targeted at those with the greatest needs; and

- The Scheme is capable of being costed and is affordable on its introduction and on an ongoing basis.

It is important to note that the Disabled Drivers and Disabled Passengers scheme, operated by the Revenue Commissioners, remains in place. This scheme provides VRT and VAT relief, an exemption from road tax and a fuel grant to drivers and passengers with a disability, who qualify under the relevant criteria set out in governing regulations made by the Minister for Finance. Specifically adapted vehicles driven by persons with a disability are also exempt from payment of tolls on national roads and toll bridges. Transport Infrastructure Ireland has responsibility for this particular scheme.

There are improvements in access to a range of transport support schemes available to persons with disabilities in the State and on-going work is being carried out by Government Departments, agencies and transport providers to further improve access to public transport services. Under the National Disability Inclusion Strategy, the Department of Transport, Tourism and Sport has responsibility for the continued development of accessibility and availability of public transport for people with a disability.

Hospital Waiting Lists Action Plans

45. **Deputy Marc MacSharry** asked the Minister for Health the action that will be taken to reduce outpatient waiting times for neurology consultations in Sligo University Hospital in which 263 appointments are outstanding for more than 18 months. [28207/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures and outpatient appointments is a key commitment in the Programme for Government. While the Inpatient and Day Case (IPDC) Action Plan was published in April to address waiting times for IPDC procedures, the Outpatient waiting list remains a significant challenge to be addressed in 2018.

There are currently 650 patients on the neurology outpatient waiting list in Sligo, representing a decrease of 7% on figures for July 2017.

In order to address the issue of growing outpatient waiting list numbers, my Department, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. This plan will support the HSE's compliance with their National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF funded interventions, including weekend and out of hours clinics.

It is worth noting that in 2017 almost half a million (477,000) outpatients did not attend their appointment. Therefore, the validation of waiting lists is an important part of the Outpatient Action Plan and of the successful management of waiting lists and clinics. This month I approved the establishment of a Central Validation Office in the National Treatment Purchase Fund in order to centralise the validation of all waiting lists across the HSE. The NTPF envisages being in a position to commence validation of patient files from September of this year.

In relation to the specific measure being taken by Sligo University Hospital, as this is a service matter, I have asked the HSE to respond to the Deputy directly.

Hospital Services

46. **Deputy Niamh Smyth** asked the Minister for Health if urgent investment will be provided for hospital services in counties Cavan and Monaghan; and if he will make a statement on the matter. [28107/18]

69. **Deputy Niamh Smyth** asked the Minister for Health his plans to invest in Cavan and Monaghan hospitals; and if he will make a statement on the matter. [28108/18]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 46 and 69 together.

The planning and management of future health expenditure is considered as part of the annual estimates and budgetary process which seeks to balance available funding across all service areas to achieve the best possible outcomes for the greatest number of service users and prioritise areas of greatest need. The 2018 HSE National Service Plan outlines the HSE's need to continue to pursue increased efficiency, value for money and budgetary control in delivering safe and effective healthcare services within its budget allocation.

In response to the particular query raised, I have asked the Health Service Executive to respond to you as soon as possible outlining any specific investment plans at these two hospitals.

Home Help Service Provision

47. **Deputy Eamon Scanon** asked the Minister for Health the reason CHO 1 was 61,000 home support hours behind target in the first quarter of 2018; and if he will make a statement on the matter. [28188/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Home Care Packages Provision

48. **Deputy Martin Heydon** asked the Minister for Health if he will address the delays being experienced in the delivery of home care packages in the CHO 7 areas in counties Kildare and Wicklow; and if he will make a statement on the matter. [28304/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Health Services Reports

49. **Deputy Stephen S. Donnelly** asked the Minister for Health when a Sláintecare implementation plan will be published; and if he will make a statement on the matter. [28312/18]

Minister for Health (Deputy Simon Harris): The successful delivery of the ambitious reform plans envisaged in the Sláintecare report will be a significant undertaking and needs to be translated into a detailed and phased programme of work to be delivered over a ten year timeframe. In this regard, my Department is currently finalising an implementation plan in response to the Sláintecare report, with a focus on the initial three year period. It is my intention

to bring proposals to Government before the summer recess and to publish the implementation plan shortly thereafter. While I accept that this is later than originally envisaged, it is important that we get it right.

I have already acted on several of the specific recommendations proposed in the Sláintecare report. A Sláintecare Programme Office is being established in the Department of Health and a provision of €1 million was made available for the Office in Budget 2018. This office will be tasked with implementing a programme of reform, as agreed by Government, arising from the Sláintecare Report. The process for the appointment of an Executive Director to lead the Sláintecare Programme Office has been managed independently by the Public Appointments Service. This has been a thorough process involving a national and international executive search. An appointment will be made shortly.

An independent board for the HSE is being established as recommended in the Sláintecare report. The General Scheme of a Bill has been published and it is hoped that legislation will be enacted this year.

The Sláintecare Report recommended the removal of private practice from public hospitals. I have established an Independent Review Group to examine how private practice can be removed from public hospitals. It will report later this year.

A public consultation on the geographical alignment of Hospital Groups and Community Healthcare Organisations has recently been completed and responses are being analysed. This will inform work on broader health service structural reform as recommended in the Sláintecare report.

Finally, the Government has demonstrated significant commitment to invest in our health and social care services since the publication of the Sláintecare report. Funding for new initiatives in Budget 2018 were closely aligned with proposals in Sláintecare. In addition, funding of €10.9 billion has been earmarked for health projects in the National Development Plan. This will include the development of primary care centres, community diagnostics, community care beds and additional acute hospital capacity, including three elective facilities.

This is the first time in the history of the State that cross-party consensus of this scale has been achieved on health policy and I welcome this. I intend to harness the consensus generated by the Report to move forward with a significant programme of health reform. The Government is committed to making tangible improvements in our health service and the Sláintecare Report provides the direction of travel for this.

Commencement of Legislation

50. **Deputy Paul Murphy** asked the Minister for Health when Parts 2 and 3 of the Children and Family Relationships Act 2015 will be commenced; the reason for the delay in their commencement; his plans to uphold the rights of those impacted; and if he will make a statement on the matter. [28151/18]

Minister for Health (Deputy Simon Harris): The Children and Family Relationships Act 2015 reforms and updates family law to address the needs of children living in diverse family types, the commencement of Parts 2 & 3 of the Act is the responsibility of the Minister for Health. During the preparation of regulations to facilitate the commencement of Parts 2 & 3 of the Act a number of technical drafting issues came to light that required amendments to the Act of 2015 through primary legislation.

The Minister for Health received Government approval on Tuesday 26 of June to draft an amendment Bill to remedy the defect in the Act of 2015. The commencement of parts 2 and 3 of the Children and Family Relationships Act 2015 will allow same-sex couples to apply to the courts for parentage rights. This will be a very welcome step for lots of families. I hope to be in a position to introduce this legislation into the Dáil as soon as possible and commence in the autumn.”

The registration of births is the responsibility of the Department of Employment Affairs and Social Protection.

Hospital Waiting Lists Action Plans

51. **Deputy Aindrias Moynihan** asked the Minister for Health the steps he will take to reduce waiting lists for gynaecological services at Cork University Maternity Hospital; and if he will make a statement on the matter. [28285/18]

Minister for Health (Deputy Simon Harris): The waiting list data from the National Treatment Purchase Fund for the end of May 2018 indicates that there were 395 people waiting for Cork University Maternity Hospital (CUMH) gynaecology inpatient services, compared with 495 waiting in May 2017. Of these, 54% were waiting for less than 6 months, and 81% were waiting for less than 12 months. The outpatient waiting list data for May indicates there were 3,629 people waiting for gynaecology services, compared with 4,610 in May 2017, a decrease of 21%. Of these, 44% were waiting for less than 6 months, 74% were waiting less than 12 months.

In recent years, CUMH, has received funding to invest in the improvement in its Gynaecology Services. The South/South West Hospital Group (SSWHG) committed an additional €700,000 to the service for 2017 to provide increased theatre capacity and staffing resources to deliver improved waiting times for inpatient/day case treatment and outpatient appointments. While an additional €0.4m in funding has also been allocated by SSWHG for CUMH gynaecology services in 2018.

In January 2017, a National Women & Infants Health Programme was established within the HSE to lead the management, organisation and delivery of maternity, gynaecological and neonatal services.

In addition, the SSWHG has developed a phased approach to improve waiting times for gynaecology services at CUMH. This includes the establishment of the SSWHG Women and Children Services Directorate last year, which, I expect, will ensure better coordination and utilisation of maternity gynaecological resources across the group.

More broadly, the Inpatient/Day Case Action Plan 2018 which was published in April outlines the combined impact of HSE and NTPF activity in 2018 to reduce the number of patients waiting for treatment. Under the Plan, the HSE will deliver 1.14 million hospital procedures across a range of specialties. The NTPF will deliver 22,000 Inpatient Day Case treatments across a range of specialties through both outsourcing and HSE insourcing. As outlined in the Plan, the NTPF and the HSE will invite proposals from hospitals for waiting list initiatives. The NTPF will provide funding to the solutions proposed if appropriate.

Hospital Overcrowding

52. **Deputy Jim O’Callaghan** asked the Minister for Health his views on figures from an organisation (details supplied) which indicate that the number of patients on trolleys in St. Vincent’s Hospital in May 2018 was higher than in November 2017; and if he will make a statement on the matter. [28303/18]

Minister for Health (Deputy Simon Harris): As the Deputy will be aware, my Department uses validated data from the HSE TrolleyGAR system to monitor the trolley situation in our Emergency Departments (EDs). This data is available from the HSE website.

However, the INMO independently collate data on trolleys and wards beds. The INMO Trolley and Ward Watch figures are available at the INMO website.

The HSE TrolleyGAR data is collected each day at 8am every day of the week, while INMO data is collected at 11am but not on Saturdays, Sundays and bank holidays.

In relation to St Vincent’s Hospital, according to figures from the HSE TrolleyGAR system, a total of 437 trolleys were recorded in May 2018, as compared with 257 in November 2017, a rise of 41%. This increase reflects a significant rise in attendances of almost 20% and admissions of almost 12% by patients aged over 75 at St Vincent’s Hospital during May 2018, as compared with the same period last year.

It is simply unacceptable that patients have to wait on trolleys for long periods of time, especially those who may be elderly and vulnerable. Behind every “trolley number” there is a patient in need of effective, timely and compassionate care from our health service. That is why this Government is committed to breaking the cycle of overcrowding in our health service.

In the light of the conclusions of the Health Service Capacity Review that the system will need nearly 2,600 additional acute hospital beds by 2031, I have asked my Department to work with the HSE to identify the location and mix of beds across the hospital system which can be opened and staffed this year and into 2019 in order to improve preparedness for Winter 2018/2019. My Department has received proposals from the HSE in this regard, which are currently under consideration.

In addition, a review of the Winter Initiative 2017/2018 is currently being finalised by the HSE, which will inform a 3-year plan for unscheduled care, as well as supporting the provision of additional capacity in Winter 2018/19.

Finally, Minister Daly, who has special responsibility for Mental Health and Older People at my Department, has established a Working Group to undertake an independent expert review of delayed discharges, which can impact on patient flow and ED performance. This Group is due to report back to him by the end of August 2018 with interim recommendations and a final report with full recommendations and an implementation plan by the end of September 2018.

Occupational Therapy Waiting Lists

53. **Deputy Jack Chambers** asked the Minister for Health the way in which he plans to address the long waiting times in the Dublin north west LHO area for children and adolescents needing an assessment for occupational therapy. [28321/18]

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

Hospital Overcrowding

54. **Deputy James Lawless** asked the Minister for Health his views on figures from an organisation (details supplied) which indicate that the number of patients on trolleys in Naas Hospital in May 2018 was higher than in November 2017; and if he will make a statement on the matter. [28300/18]

Minister for Health (Deputy Simon Harris): As the Deputy will be aware, my Department uses validated data from the HSE TrolleyGAR system to monitor the trolley situation in our EDs. This data is available on the HSE website.

However, the INMO independently collate data on trolleys and wards beds. The INMO Trolley and Ward Watch figures are available at the INMO website. The HSE TrolleyGAR data is collected each day at 8am every day of the week, while INMO data is collected at 11am but not on Saturdays, Sundays and bank holidays.

In relation to Naas Hospital, according to figures from HSE TrolleyGAR system, a total of 320 trolleys were recorded in May 2018, as compared with 307 in November 2017, a rise of 6%. This increase is in the context of an almost 20% rise in attendances and a 15% rise in admissions of patients over 75 at Naas Hospital during May 2018, as compared with the same month last year.

It is simply unacceptable that patients have to wait on trolleys for long periods of time, especially those who may be elderly and vulnerable. Behind every "trolley number" there is a patient in need of effective, timely and compassionate care from our health service. That is why this Government is committed to breaking the cycle of overcrowding in our health service.

In the light of the conclusions of the Health Service Capacity Review that the system will need nearly 2,600 additional acute hospital beds by 2031, I have asked my Department to work with the HSE to identify the location and mix of beds across the hospital system which can be opened and staffed this year and into 2019 in order to improve preparedness for Winter 2018/2019. My Department has received proposals from the HSE in this regard, which are currently under consideration.

In addition, a review of the Winter Initiative 2017/2018 is currently being finalised by the HSE, which will inform a 3-year plan for unscheduled care, as well as supporting the provision of additional capacity in Winter 2018/19.

Finally, Minister Daly, who has special responsibility for Mental Health and Older People at my Department, has established a Working Group to undertake an independent expert review of delayed discharges, which can impact on patient flow and ED performance. He has asked the Group to report back to him by the end of August 2018 with interim recommendations, and a final report with full recommendations and an implementation plan, by the end of September 2018.

Hospital Waiting Lists Action Plans

55. **Deputy Éamon Ó Cuív** asked the Minister for Health the action that will be taken to reduce outpatient waiting times for neurology consultations in Galway University Hospital in which 466 appointments are outstanding for more than 18 months. [28196/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures and outpatient appointments is a key commitment in the Programme for Government. While the Inpatient and Day Case (IPDC) Action Plan was published in April to address waiting times for IPDC procedures, the outpatient waiting list remains a significant challenge to be addressed in 2018.

There are currently 2,664 patients on the neurology outpatient waiting list in Galway University Hospital, with 70% (1,891) waiting less than a year.

In order to address the issue of growing outpatient waiting list numbers, my Department, the Health Service Executive (HSE) and the National Treatment Purchase Fund (NTPF) are in the process of finalising an Outpatient Action Plan for 2018. This plan will support the HSE's compliance with its National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF-funded interventions, including weekend and out-of-hours clinics.

It is worth noting that in 2017 almost half a million (477,000) outpatients did not attend their appointment. Therefore, the validation of waiting lists is an important part of the successful management of waiting lists and clinics. This month I approved the establishment of a Central Validation Office in the NTPF in order to centralise the validation of all waiting lists across the HSE. The NTPF envisages being in a position to commence validation of patient files from September of this year.

In relation to the specific measure being taken by Galway University Hospital, as this is a service matter, I have asked the HSE to respond to the Deputy directly.

Disabilities Assessments

56. **Deputy Margaret Murphy O'Mahony** asked the Minister for Health the status of the introduction of new assessment of need procedures under the Disability Act 2005; and if he will make a statement on the matter. [28317/18]

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

Health Services Reform

57. **Deputy Bernard J. Durkan** asked the Minister for Health if, in conjunction with the implementation of the Sláintecare report, a radical reorganisation of the HSE will be ensured (details supplied); and if he will make a statement on the matter. [28331/18]

Minister for Health (Deputy Simon Harris): The Sláintecare report makes a number of recommendations in relation to improving health service structures, governance and accountability, including the establishment of a governing board for the HSE and the establishment of regional bodies to support the delivery of integrated care.

A range of actions are already underway in response to the Sláintecare report. Work is at an advanced stage in my Department in developing a Sláintecare Implementation Plan. The plan will translate the Sláintecare Report into a detailed programme of reform over the next 10 years, with a focus on the immediate years ahead. I have already signalled my support for the Committee's recommendations in relation to structures, governance and accountability and these will form an integral component of the Implementation Plan. I expect to bring this Plan to Government very shortly.

As part of delivering early on this element of the reform programme, the Government has agreed to the establishment of an independent board for the HSE. The required legislation is being drafted and it is hoped that it can pass through the Houses of the Oireachtas and be enacted quickly.

The task of identifying the optimal set of health structures and the most appropriate governance, accountability and performance framework for the future health system will also be an important stream of work under the Sláintecare programme of reforms. As an initial first step, my Department has undertaken a public consultation regarding the geographical alignment of Hospital Groups and Community Healthcare Organisations. The outputs from this consultation process will inform the development of detailed proposals in this area, including the role and function of regional bodies.

Reducing waiting times and the numbers on waiting lists is a key priority for the Government and will form an important component of the forthcoming Sláintecare Implementation Plan. I have already put in place a number of important initiatives to improve waiting times.

In Budget 2018, €50 million was provided to the NTPF to provide treatment for public patients this year, which more than doubled its 2017 total allocation for the NTPF. The NTPF will provide all the treatment for patients in both public and private hospitals.

I published the Inpatient and Day Case Action Plan in April, a joint initiative between my Department, the NTPF and the HSE with the aim of reducing the overall number of patients waiting for treatment.

My Department, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. Also, this month I approved the establishment of a Central Validation Office in the National Treatment Purchase Fund in order to centralise the validation of all waiting lists across the HSE.

Hospital Waiting Lists Action Plans

58. **Deputy Louise O'Reilly** asked the Minister for Health the detail of the ongoing wait list validation process which is being undertaken in the Children's Hospital Group; the steps that occur; the way in which a decision is made that a child should be removed from the outpatient waiting list; if it is a clinical or administrative decision; the way in which children are

safeguarded during this process; if the child's consultants are involved in the decision making process; and if he will make a statement on the matter. [27853/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures and outpatient appointments is a key commitment in the Programme for Government. In order to address the issue of growing outpatient waiting list numbers, my Department, the HSE and the NTPF are in the process of finalising an Outpatient Action Plan for 2018. This plan will support the HSE's compliance with its National Service Plan targets, reduce the growth in the number of patients waiting for outpatient services, improve the accuracy of the waiting list, and trial a number of NTPF funded interventions, including weekend and out of hours clinics.

Since the end of 2017, the HSE and individual hospitals have undertaken validation of waiting lists. The validation of waiting lists is an important part of the Outpatient Action Plan and of the successful management of waiting lists and clinics. This month I approved the establishment of a Central Validation Office in the National Treatment Purchase Fund in order to centralise the validation of all waiting lists across the HSE. The NTPF envisages being in a position to commence validation of patient files from September of this year.

In terms of the procedures that are in place within the Children's Hospital Group for the validation of waiting lists, I have asked the HSE to respond to the Deputy directly.

Mental Health Services

59. **Deputy James Browne** asked the Minister for Health the action that will be taken to bolster mental health services in County Wexford and the south east following the decision of three consultant paediatric psychiatrists to resign; and if he will make a statement on the matter. [28204/18]

Minister of State at the Department of Health (Deputy Jim Daly): The pending resignation of three psychiatrists in the South East is currently being examined by the HSE with a view to minimising disruption of services. Last week, I met with national and local HSE representatives who assured me that they are exploring every possible option to ensure that the vacancies in the CAMHS services in the South East are filled and to ensure continuity of service.

Notwithstanding the global lack of availability of mental health specialists, the HSE is currently conducting an extensive advertising campaign to fill these vacancies. In terms of immediate cover, they have established weekend Consultant Paediatric Psychiatry clinics in Waterford by availing of support from Galway-based Consultants. In addition, the HSE has been in contact with other CHO areas and with agencies both abroad and in the private sector to look for locum cover.

I wish to strongly re-state the Government's commitment to mental health. This is reflected by the allocation of an additional €200 million for mental health services since 2012 resulting in around €910 million being available to the HSE for mental health this year. While this amount is significant by any standard I will continue to press for further resources annually in line with Programme for Partnership Government commitments.

The HSE Service Plan 2018 commits to further development of CAMHS. This is against a background where the demand for CAMHS has increased by 26% between 2012 and 2017. Around 18,800 referrals are expected for HSE CAMHS this year alone.

To meet this demand, we have increased the supply of services. We have approved over 2,000 new posts in Mental Health since 2012. We now have 69 CAMHS teams and three Paedi-

atric Liaison Teams supported by around 75 CAMHS beds nationally. Further beds are planned to come on-stream as quickly as possible. In addition, we have funded an extra 140 Psychiatric Nurse Undergraduate places each year.

The recent appointment by the HSE of around 114 Assistant Psychologists and 20 Psychologists will help to develop counselling services in Primary Care. I understand that 13 Assistant Psychologists posts have been introduced in CHO 5, which includes Waterford & Wexford. It is anticipated that these posts will deal with the less complex child and adolescent cases thereby reducing the demand on CAMHS.

I will be meeting the HSE again on 03 July next where they will provide me with a progress report on addressing the issue raised by the Deputy

Health Products Regulatory Authority

60. **Deputy Ruth Coppinger** asked the Minister for Health if he has discussed the seizure of Mifepristone and Misoprostol with the Health Products Regulatory Authority; and if he will make a statement on the matter. [28324/18]

Minister for Health (Deputy Simon Harris): Misoprostol and mifepristone are both classified as prescription-only medicines in Ireland and may only be supplied on foot of a valid prescription. A prescription-only medicine should be taken only when it has been prescribed for an individual by their medical practitioner, or other appropriate health professional, who has taken the person's medical history into account.

Under the Medicinal Products (Prescription and Control of Supply) Regulations 2003 the mail order supply of prescription-only medicines is prohibited. Supply of prescription-only medicines by way of information society services (which includes internet sales) is also not permitted. The supply of unauthorised prescription-only medicines in any manner in or into Ireland is prohibited.

There are significant concerns associated with the purchase of prescription-only medicines over the internet. There is no guarantee as to the safety, quality or efficacy of the unauthorised products purchased online. Medicines purchased in this manner are often found to be counterfeit or have inaccurate labelling or product information.

The Health Products Regulatory Authority is the competent authority for the regulation of medicines in Ireland. The HPRA, in co-operation with Revenue's Customs Service and An Garda Síochána, employs enforcement actions to identify the unauthorised supply of prescription-only medicines, including those containing misoprostol and mifepristone, to the public. The HPRA uses a range of enforcement powers to tackle this activity, including seizing the products.

Following the outcome of referendum on 25 May, a provisional result was published in Iris Oifigiúil on 29 May. However, three applications for permission to challenge the result of the referendum have been made to the High Court under section 42 of the Referendum Act 1994. On 26th June the High Court began to hear the applications. It is possible that the hearings may run over a number of days, after which a decision will be made by the Court.

The Constitution is not yet amended, and until the legislation to regulate termination of pregnancy is enacted, the Protection of Life During Pregnancy Act 2013 remains the law on termination of pregnancy. The 2013 Act allows for termination of pregnancy only where there is a risk to the life of the pregnant woman. The use of any medicinal products for the termina-

tion of pregnancy must be in line with the 2013 Act.

Work is ongoing on the legislation to regulate termination of pregnancy and the services necessary to support its implementation.

Health Services Expenditure

61. **Deputy Thomas P. Broughan** asked the Minister for Health the amount of a supplementary budget he expects to need in 2018; his views on the reason the annual health budget is significantly underestimated in 2018; and if he will make a statement on the matter. [28121/18]

Minister for Health (Deputy Simon Harris): My Department and the Department of Public Expenditure and Reform are engaging in ongoing dialogue on the Health Service Executives performance year to date with consideration of the implications for outturn for the year. These discussions are still progressing and until they are concluded my Department is not in a position to determine the final figures that may be required.

Disability Services Provision

62. **Deputy Thomas Byrne** asked the Minister for Health when a hub or centre will be provided for a person (details supplied) and others to access adult disability services in Dunboyne, County Meath. [28174/18]

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 a service matter, I have arranged for the question to be referred to the Health Service Executive (HSE) for direct reply to the Deputy.

Health Services Staff

63. **Deputy Thomas P. Broughan** asked the Minister for Health his plans to introduce new grades and professions into the health service; and if he will make a statement on the matter. [27790/18]

Minister for Health (Deputy Simon Harris): The public health service is comprised of many grades and professions who are engaged in a broad range of activities to ensure the delivery of quality, safe health services to the population. The introduction of new grades or professions is a complex matter, requiring careful consideration and planning, prior to any decisions being taken, particularly in relation to clinical roles.

In November 2017, I launched 'Working Together for Health', a National Strategic Framework for Health and Social Care Workforce Planning. The Framework proposes a consistent approach to strategic workforce planning along with the establishment of structures and governance arrangements that support and enable the application of this approach in the health sector.

Implementing this Framework is an ambitious multi-year undertaking, involving actions and activities at various levels of the system – both sectorally and cross-sectorally. Early actions to implement the Framework are currently taking place. These include the establishment of governance and oversight arrangements, the resourcing of workforce planning operations in the health sector and the identification of priority projects to test and evaluate the approach recommended in the Framework.

Cannabis for Medicinal Use

64. **Deputy Mick Barry** asked the Minister for Health his views on the continued requirement for children to travel to other European states to avail of medicinal cannabis; and if he will make a statement on the matter. [28326/18]

Minister for Health (Deputy Simon Harris): Prescribing of cannabis for medical treatment by medical consultants, for their individual patients, is facilitated via Ministerial Licence.

Irish-based medical practitioners who wish to prescribe cannabis products containing THC may apply to me as Minister for Health for a licence under the Misuse of Drugs Acts.

The CMO has advised me that the granting of such a licence will be premised on an appropriate application being submitted to the Department of Health, which is endorsed by a consultant who is responsible for the management of the patient and who is prepared to monitor the effects of the treatment over time.

Valid applications received by the Department are assessed and responded to without delay.

To date, licences have been issued for the treatment of seven separate individual patients.

Consultants or GPs requiring further information or clarification in relation to the licence application process are advised to contact the Department of Health directly.

Appropriate and affordable quality-approved medical cannabis products are not yet available in Ireland. This means that licence holders must source the products from abroad. Department officials are working intensively on finding solutions to the supply of appropriate medical cannabis products for the Irish marketplace.

Respite Care Services

65. **Deputy Thomas Pringle** asked the Minister for Health the status of the proposed establishment of the parental reference group aimed at addressing complex medical needs in children; if issues related to respite needs for families in County Donegal and the loco parentis principle will be addressed as part of this new engagement mechanism; and if he will make a statement on the matter. [28259/18]

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 Staff Recruitment

66. **Deputy Brian Stanley** asked the Minister for Health if there is a recruitment and train-

ing programme in place to fill vacancies in services for children such as occupational therapy, physiotherapy and speech and language therapy in counties Laois and Offaly [27894/18]

Minister for Health (Deputy Simon Harris): The Health Business Services (HBS) Recruit function in the HSE has established recruitment working groups with HSE Occupational Therapy Managers, Principal Psychology Managers, Physiotherapy Managers and Speech & Language Therapy Managers. The purpose of these working groups is to provide a collaborative, profession-led approach to the recruitment of these grades within the HSE. The Groups have worked jointly to tailor and improve the selection and recruitment process in accordance with the needs of each profession.

The HSE has confirmed that CHO 8, which includes both County Laois and County Offaly, benefited from the allocation of additional Speech & Language Therapy and Psychology posts under dedicated funding streams secured in 2016. In addition, Budget 2018 included dedicated funding for the recruitment of 40 additional Occupational Therapy posts from the third quarter of this year which, I understand, will also have a geographical spread.

In relation to training, the HSE's National Health & Social Care Professions (HSCP) Office was established to strategically lead and support health and social care professionals in maximising their potential and in achieving greatest impact in the design, planning, management and delivery of person-centred, integrated care.

To provide further information on services in Counties Laois and Offaly, I have arranged for the question to be referred to the HSE for direct reply to the Deputy.

Child and Adolescent Mental Health Services

67. **Deputy Anne Rabbitte** asked the Minister for Health his views on comments made by the Office of the Ombudsman for Children that it is disappointed with the lack of progress in relation to young persons struggling with serious mental health issues that are trying to access the emergency supports they need. [28320/18]

Minister of State at the Department of Health (Deputy Jim Daly): One of the Government's priorities is ensuring appropriate and accessible mental health services for children to ensure that needed services are provided as close as possible to the patient and in the most accessible manner.

It is the policy of the HSE, in its annual Service Plan, to provide an age appropriate mental health service for those under age 18. Mental Health remains a key care programme priority for this Government. This is reflected by a Budget 2018 allocation of an additional €35 million for new developments, bringing the total HSE mental health budget to over €910 million.

The HSE Service Plan 2018 commits to further development of Child and Adolescent Mental Health Services (CAMHS). This is a Strategic Priority Action in the Plan, against a background where the population of children is expected to be increasing, and where the demand for CAMHS has seen a 26% increase between 2012 and 2017. Around 18,800 referrals are expected for HSE CAMHS this year, with about 14,300 being seen by this specialist service.

CAMHS has been prioritised in new funding made available by Government over recent years. Additional resources and facilities means there are now 69 CAMHS teams, and 3 Paediatric Liaison Teams, supported by around 75 CAMHS beds nationally, with further beds planned to come on-stream in the near future.

There has been widely acknowledged difficulties in recruiting and retaining specialist CAMHS staff, particularly Consultant Psychiatrists.

The HSE is working to provide the best possible service within available staffing resources. A key focus is on managing clinical risks and prioritising referrals accordingly. Mental health services, including CAMHS, will continue to deliver on a number of service improvements to increase productivity and efficiencies. A key approach to developing services for young people, and thereby reducing pressures on CAMHS, is the decision by Government to increase access to counselling services in Primary Care, with the appointment of 114 Assistant Psychologists and 20 Psychologists. These key staff are now being put in place nationally by the HSE.

Other CAMHS specific measures included in the HSE Service Plan 2018 includes:

- An initiative to increase the number of CAMHS referrals to be seen this year by 27%, compared to 2017;
- Provide for a seven day per week service for CAMHS to ensure supports for young people, in line with Connecting for Life;
- Improve Day Hospital services within CAMHS; and
- Develop Eating Disorder specialist community teams for young people.

The HSE is also focussing on enhanced access by older adolescents to specialist mental health services, along with continued appropriate placement and care in CAMHS specific settings.

My Department has set as a priority with the HSE, the development of a 24 hour helpline and digital support services. These services will provide for easier access to supports and where appropriate early and urgent interventions using innovative digital technologies.

The Minister is introducing a telepsychiatry pilot project to ascertain the merits of delivering care from a distance using technology and videoconferencing. Telepsychiatry can provide a range of services including psychiatric evaluations, individual, group and family therapy, education and patient management. There is substantial evidence regarding the effectiveness of telepsychiatry and research indicates a high level of patient satisfaction, especially among adolescents and those with autism and severe anxiety disorders.

There are many types of mental health services available in Ireland and it can be difficult to understand what service is most suitable to address an individual's needs. Minister Daly has prioritised the establishment of a 24/7 signposting telephone mental health line service as a single point of contact to assist people locate and be referred to appropriate mental health services in their area.

Minister Daly is working closely with the HSE to develop a crisis digital texting service for those who feel that they are in need of urgent support. People will be able to text a specific number monitored by a trained counsellor responding from a secure online platform. A trained volunteer can then be assigned to the caller to assist the individual immediately. Following the call or texting conversation, appropriate referrals and follow-up work begins.

Every effort is being made to address the important issues raised in the Ombudsman's report, including prioritising cases based on professional assessment. My Department will continue to closely monitor the issues raised, in conjunction with the Health Service Executive.

Cancer Screening Programmes

68. **Deputy Bríd Smith** asked the Minister for Health if he will release or instruct the HSE to release the details requested by numerous members of Dáil Éireann in relation to each of the laboratories that conducted the cervical screening programme, specifically a clear comparison on detection rates and false negative statistics for each laboratory in view of delays with the Scally report; and if he will make a statement on the matter. [28378/18]

Minister for Health (Deputy Simon Harris): The Scally Inquiry, which the Government established on 08 May 2018, is examining all aspects of CervicalCheck, and all relevant documents within the Department and the HSE. As part of the Terms of Reference of the Inquiry, Dr Scally will examine the tendering, contracting, operation, conflict of interest arrangements, performance information and performance management, accreditation and quality assurance of contracted cytology laboratory services by CervicalCheck from initiation of the programme.

Separately, the International Clinical Expert Review Panel led by the Royal College of Obstetricians and Gynaecologists will review the results of screening tests of all women who have developed cervical cancer who participated in the screening programme since it was established. This will provide independent clinical assurance to women about the timing of their diagnosis and any issues relating to their treatment and outcome.

These two strands of investigation will establish the facts with regard to the performance of contracted cytology laboratory services, as indeed is required by the very comprehensive terms of reference set for Dr Scally as agreed by a majority of the Opposition. It is important now that we allow these reviews to conclude.

Question No. 69 answered with Question No. 46.

Home Care Packages

70. **Deputy Martin Heydon** asked the Minister for Health the way in which the number of elderly persons that can be cared for in their own homes through the provision of increased home care packages will be increased; and if he will make a statement on the matter. [28305/18]

Minister of State at the Department of Health (Deputy Jim Daly): The Government is committed to promoting care in the community so that people can continue to live with confidence, security and dignity in their own homes for as long as possible. To support this, we plan to establish a new statutory scheme for the financing and regulation of home care services. The Department is currently engaged in a detailed process to progress this.

The Health Service Capacity Review 2018, published in January, outlines projections of demand and capacity requirements for a range of health services to 2031. As our population, particularly our older population continues to grow, key projections from the analysis indicate, for the period 2016-2021

- 12% growth in overall population;
- 59% growth in 65+ population; and
- 95% growth in 85+ population.

The review notes that if key reforms and productivity measures are implemented, a 120% increase in home supports will be required by 2031.

While the new home care scheme is under development, the Department of Health and HSE are continuing to incrementally improve the existing services and meet the growing demand for home support services. The HSE has begun streamlining services in 2018 by bringing together the funding for home help and standard home care packages, which now operate as a single home support service. This new approach will provide significant benefits including making the services easier to understand; streamlining the application and decision-making processes; and facilitating service users to move to changed levels of service as their assessed needs change, without the need for an additional application process.

Additional funding of €112 million has been provided for home support services over the past three years. Home support services were a particular area of focus in Budget 2018, with an additional €18.25 million allocated. As a result, 2018 has seen a further increase in the provision of home support services. The HSE's National Service Plan provides for a target of just over 17 million home support hours to be provided to 50,500 people. This represents an increase of 754,000 hours and home support for 500 more people over last year. In addition, 235 intensive home care packages will provide 360,000 home support hours for people with complex needs. Earlier this year, due to the adverse winter weather, a further initiative saw an additional 324 people being provided with home support services.

The Programme for Government committed to increasing funding for Home Care Packages and Home Help every year. The planning and management of future health expenditure will be considered as part of the annual estimates and budgetary process which seeks to balance available funding across all the various service areas to achieve the best possible outcomes for the greatest number of service users and prioritise areas of greatest need.

Hospitals Funding

71. **Deputy Charlie McConalogue** asked the Minister for Health if approval will be forthcoming for a request for additional funding of €1.8 million from Letterkenny University Hospital to enable it to open an additional 20 bed ward and staff it appropriately in order to address an issue with persons waiting on trolleys for hospital admission; and if he will make a statement on the matter. [27817/18]

Minister for Health (Deputy Simon Harris): In the light of the conclusions of the Health Service Capacity Review that the system will need nearly 2,600 additional acute hospital beds by 2031, I have asked my Department to work with the HSE to identify the location and mix of beds across the hospital system which can be opened and staffed this year and into 2019 in order to improve preparedness for Winter 2018/2019.

A submission in this regard from the HSE is currently under consideration by my Department, which includes proposals from Saolta Hospital Group in relation to opening additional capacity at Letterkenny University Hospital.

Speech and Language Therapy Waiting Lists

72. **Deputy Thomas Byrne** asked the Minister for Health his views on whether waiting lists for speech and language therapy, occupational therapy and psychologists in County Meath are acceptable; if there is a shortage of professionals in these areas; and when a person (details supplied) will receive a psychological appointment. [28175/18]

Minister for Health (Deputy Simon Harris): I share the Deputy's concerns about waiting

lists for primary care services, but I can assure him that every effort is being made to reduce waiting times and that the available resources are being used to best effect in order to provide assessment and ongoing therapy to those that need it in line with their prioritised needs.

At a national level, funding has been provided for a number of specific initiatives to support development of primary care services. In 2016, €4m was provided for the recruitment of 83 additional full-time speech and language therapists (SLT) and 74 of these posts are now filled. Also in 2016, €5m was provided for the recruitment of 114 assistant psychologists and 20 staff grade psychology posts and 131 of these staff are now in role. In addition, Budget 2018 included funding for the provision of 40 additional occupational therapy posts from the third quarter of this year. I am aware that County Meath benefitted from the allocation of both SLT and psychologist posts under these initiatives, while the recruitment of occupational therapists will have a geographical spread.

In addition, I understand that the HSE is finalising reports on new national models of therapy provision that should also help to improve access to services.

To provide further information on service levels in County Meath and to respond to the question concerning the named individual, I have arranged for the question to be referred to the HSE for direct reply to the Deputy.

Ambulance Service

73. **Deputy Thomas Pringle** asked the Minister for Health the way in which the recently announced review of ambulance provision in south and west County Donegal will be carried out; the timeline for the review; and if he will make a statement on the matter. [28257/18]

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

HSE Staff

74. **Deputy Stephen S. Donnelly** asked the Minister for Health when the HSE will have a new director general; and if he will make a statement on the matter. [28314/18]

Minister for Health (Deputy Simon Harris): The recruitment competition for the appointment of a Director General to the Health Service Executive has commenced. It was advertised on Friday 22 June 2018 with a closing date of Thursday 9 August 2018.

It is expected that an appointment will be announced by year end.

Mental Health Services Provision

75. **Deputy John McGuinness** asked the Minister for Health the initiatives being taken to improve psychiatric services in County Kilkenny; and if he will make a statement on the matter. [28232/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Hospital Overcrowding

76. **Deputy Stephen S. Donnelly** asked the Minister for Health the status of the measures to reduce overcrowding in emergency departments; and if he will make a statement on the matter. [28315/18]

Minister for Health (Deputy Simon Harris): Against a background of rising demand for unscheduled care, €30m was allocated to the HSE in 2017 and a further €40m provided in 2018 to respond to winter pressures and alleviate overcrowding in hospital Emergency Departments (EDs).

This Government is committed to breaking the cycle of overcrowding in our health service. In the light of the conclusions of the Health Service Capacity Review that the system will need nearly 2,600 additional acute hospital beds by 2031, I have asked my Department to work with the HSE to identify the location and mix of beds across the hospital system which can be opened and staffed this year and into 2019 in order to improve preparedness for Winter 2018/2019. My Department has received proposals from the HSE in this regard, which are currently under consideration.

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

Disabilities Assessments

77. **Deputy Brendan Smith** asked the Minister for Health his plans to improve services for children awaiting appointments under assessment of needs and follow-up services in counties Cavan and Monaghan; and if he will make a statement on the matter. [28238/18]

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

Drug and Alcohol Task Forces

78. **Deputy Catherine Murphy** asked the Minister for Health if consideration has been given to an increase in funding for local drugs task forces in view of the increase in demand on such services and budget increases to his Department; and if he will make a statement on the matter. [26082/18]

Minister of State at the Department of Health (Deputy Catherine Byrne): The Department of Health secured an additional €6.5 million for drug-related actions in Budget 2018, as a first step in implementing the national drugs strategy, Reducing Harm, Supporting Recovery. This additional funding is being used to expand the availability of drug and alcohol treatment services and to improve health services for drug-users who are homeless.

Drug and alcohol task forces play a key role in assessing the extent and nature of the drug problem and in initiating appropriate responses, so that there is a coordinated approach involving all sectors to the problem of substance misuse in local communities. The 24 task forces currently receive approximately €28 million in funding per annum from the Department of Health and the Health Service Executive.

An additional €250,000 was provided in Budget 2018 to improve the organisational effectiveness of the task forces in implementing the national drugs strategy. Task forces were recently invited to apply for up to €10,000 in additional funding, on a once-off basis, under this scheme. Their applications are currently being processed by my Department.

I strongly believe that resources should be directed towards interventions that are most effective in reducing problem substance use. Measuring the effectiveness of responses to the drug problem is therefore an important objective of public policy. Towards this end, the Department of Health will develop a performance measurement system by 2020 which will improve accountability across all sectors, including the task forces.

Hospital Consultant Recruitment

79. **Deputy Louise O'Reilly** asked the Minister for Health the number of consultant posts vacant across the State; the vacant consultant posts by specialisation; the consultant posts filled by locum and or agency staff by specialisation; and if he will make a statement on the matter. [27854/18]

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

Hospital Waiting Lists Action Plans

80. **Deputy Aindrias Moynihan** asked the Minister for Health the steps contained within the HSE waiting list action plans and initiatives for 2018 to reduce waiting lists for gynaecological services at Cork University Maternity Hospital; and if he will make a statement on the matter. [28286/18]

Minister for Health (Deputy Simon Harris): The waiting list data from the National Treatment Purchase Fund (NTPF) for the end of May 2018 indicates that there were 395 people waiting for Cork University Maternity Hospital (CUMH) gynaecology inpatient services, compared with 495 waiting in May 2017. Of these, 54% were waiting for less than 6 months, and 81% were waiting for less than 12 months. The outpatient waiting list data for May indicates there were 3,629 people waiting for gynaecology services, compared with 4,610 in May 2017, a decrease of 21%. Of these, 44% were waiting for less than 6 months, 74% were waiting less than 12 months.

In recent years, CUMH has received funding to invest in the improvement in its Gynaecology Services. The South/South West Hospital Group (SSWHG) committed an additional €700,000 to the service for 2017 to provide increased theatre capacity and staffing resources to deliver improved waiting times for inpatient/day case treatment and outpatient appointments. An additional €0.4m in funding has also been allocated by SSWHG for CUMH gynaecology services in 2018.

In January 2017, a National Women & Infants Health Programme was established within

the HSE to lead the management, organisation and delivery of maternity, gynaecological and neonatal services.

In addition, the SSWHG has developed a phased approach to improve waiting times for gynaecology services at CUMH. This includes the establishment of the SSWHG Women and Children Services Directorate last year, which, I expect, will ensure better coordination and utilisation of maternity gynaecological resources across the group.

More broadly, the Inpatient/Day Case Action Plan 2018 which was published in April outlines the combined impact of HSE and NTPF activity in 2018 to reduce the number of patients waiting for treatment. Under the Plan, the HSE will deliver 1.14 million hospital procedures across a range of specialties. The NTPF will deliver 22,000 Inpatient Day Case treatments across a range of specialties through both outsourcing and HSE insourcing. As outlined in the Plan, the NTPF and the HSE will invite proposals from hospitals for waiting list initiatives. The NTPF will provide funding to the solutions proposed if appropriate.

Suicide Prevention

81. **Deputy Paul Murphy** asked the Minister for Health the steps he is taking to address the increase in the suicides of young mothers in CHO 7; and if he will make a statement on the matter. [28152/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

National Children's Hospital

82. **Deputy Louise O'Reilly** asked the Minister for Health the future plans for Crumlin children's hospital once the new national children's hospital is operational; if consideration has been given to making it an elective only hospital or for other health or medical purposes; and if he will make a statement on the matter. [27852/18]

Minister for Health (Deputy Simon Harris): The new children's hospital on the campus shared with St James's Hospital, is scheduled to become operational in 2022. Until such time as all inpatient services transfer to the new hospital, they will continue to be provided in the facilities on the site of Our Lady's Children's Hospital Crumlin.

The potential future uses to which the Crumlin land and buildings, or the proceeds of same, can be put for the benefit of children's services is under consideration. No decision has been taken on this as yet.

Food Marketing Programme

83. **Deputy Denise Mitchell** asked the Minister for Health if he has discussed with the Ministers for Children and Youth Affairs and Communications, Climate Action and the Environment the issue of establishing a monitoring body to monitor the voluntary codes of practice on the marketing of food and non-alcoholic beverages aimed at children; and if he will make a statement on the matter. [25558/18]

Minister of State at the Department of Health (Deputy Catherine Byrne): In February, I launched new voluntary Codes of Practice for the advertising and marketing of food and non-alcoholic drinks in the non-broadcast media - including digital media - in accordance with a recommendation in the national Obesity Policy and Action Plan (OPAP). The OPAP was launched in September 2016 under the auspices of the Healthy Ireland agenda.

The purpose of the Codes, which have been agreed with the food industry, is to ensure that foods high in fat, salt and sugar are marketed in a responsible way. In particular the Codes seek to ensure that children are not exposed to inappropriate marketing, advertising or sponsorship associated with these kinds of food and drink products, and that healthier food choices are actively promoted.

In effect, the purpose of the Codes is to reduce the exposure of children to unhealthy foods.

Both the Department of Children and Youth Affairs and the Broadcasting Authority of Ireland, under the auspices of the Minister for Communications, Climate Action and the Environment, were represented on the multi-stakeholder group established by the then Minister for Health to develop the Codes of Practice; and it was in this context that my Department would have worked with both representatives of these Departments, including section 10 of the Codes that refers to the designation of a monitoring body.

Home Care Packages Data

84. **Deputy Jack Chambers** asked the Minister for Health the number of persons waiting for home care packages in the Dublin north west LHO area. [28322/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Child and Adolescent Mental Health Services Provision

85. **Deputy Thomas Pringle** asked the Minister for Health his plans to address the increasing number of children and adolescents on CAMHS waiting lists in County Donegal; and if he will make a statement on the matter. [28258/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Question No. 86 answered with Question No. 32.

Mental Health Services

87. **Deputy Bríd Smith** asked the Minister for Health his plans to carry out an audit of the number of children that are being prescribed psychostimulant drugs in view of the interim report of the Oireachtas Joint Committee on the Future of Mental Health Care that highlights the over reliance on medication in the absence of sufficient primary care resources across mental health services; and if he will make a statement on the matter. [28376/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Direct Provision System

88. **Deputy Louise O'Reilly** asked the Minister for Health the physical and mental health supports which have been put in place for those in direct provision (details supplied); and if he will make a statement on the matter. [27850/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Vaccination Programme

89. **Deputy Bríd Smith** asked the Minister for Health the actions he will take to insure there is sufficient capacity and resources to conduct the new HPV cervical screening testing here without outsourcing the service; and if he will make a statement on the matter. [28377/18]

Minister for Health (Deputy Simon Harris): The outcome of a health technology assessment carried out by the Health Information and Quality Authority (HIQA) for the National Screening Service was that the HPV test is a more accurate testing mechanism than the current liquid-based cytology, that the use of the HPV test would result in fewer false negative results, and that the use of the HPV test would result in more cancers being prevented.

I approved the switch to HPV testing as the primary screening mechanism for the CervicalCheck programme in February. Under the proposals, cytology testing will still be done on a smaller cohort as a secondary test. I have asked the HSE to implement the move to HPV testing as the primary screening method as soon as possible.

While the extent to which the HPV testing can be done in Ireland is being assessed, it is likely that a tendering process will be needed to meet at least some of the HPV testing requirement. Any decisions regarding the provision of screening laboratory services are subject to competition rules governed by HSE procurement policy and will form part of the project planning and implementation.

Hospital Consultant Recruitment

90. **Deputy Thomas Pringle** asked the Minister for Health the efforts he has taken to address chronic recruitment issues in the CHO 1 region; his plans to revisit the centralised system of recruitment via the Consultant Appointments Advisory Committee and the Public Appointments Service; and if he will make a statement on the matter. [28256/18]

Minister for Health (Deputy Simon Harris): The need to increase the numbers of consultants and other health professionals in the public health service is a priority for me against a backdrop of global shortages in health professionals and international competition for staff trained in Ireland.

The HSE has been focused on addressing issues associated with the creation and approval of

consultant posts and successful recruitment. The Consultant Appointments Advisory Committee remains in place and is considered a necessary measure to manage consultant appointments. The HSE is also giving effect to the report 'Towards Successful Consultant Recruitment, Appointment and Retention', completed in December 2016. It is also focused on implementing the recommendations of the 'MacCraith Group' to support the recruitment and retention of NCHDs.

I have asked the HSE to reply to the Deputy directly on measures being taken to address specific recruitment issues in the CHO 1 region.

Mental Health Services

91. **Deputy Richard Boyd Barrett** asked the Minister for Health his views on whether the over-reliance on medication in the absence of sufficient primary care resources across mental health services (details supplied) is in part the reason for the resignation of three consultant psychiatrists in the south east; his plans to carry out an audit of the number of children that are being prescribed psychostimulant drugs; and if he will make a statement on the matter. [28385/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Defence Forces Funding

92. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence the budget in the past five years in Vote 35 Army Pensions and Vote 36 Defence. [28428/18]

Minister of State at the Department of Defence (Deputy Paul Kehoe): Details of the original gross budget allocations for Vote 35 Army Pensions and Vote 36 Defence for the past five years (2013-2017) are outlined in the table.

	2013	2014	2015	2016	2017
Vote 35 Army Pensions	€214.8m	€221.0m	€221.0m	€223.7m	€229.6m
Vote 36 Defence	€681.3m	€677.8m	€677.3m	€681.8m	€691.8m
Total	€896.1m	€898.8m	€898.3m	€905.5m	€921.4m

In the years in question the Army Pensions Vote required Supplementary Estimates, with corresponding amounts saved on the Defence Vote. The amounts of the gross Supplementary Estimates in each of the years are outlined in the table below.

Supplementary Estimate	2013	2014	2015	2016	2017
Vote 35 Army Pensions	€9m	€4.7m	€6.5m	€11m	€11m

Defence Forces Expenditure

93. **Deputy Clare Daly** asked the Taoiseach and Minister for Defence the actual spend in the past five years in Vote 35 Army Pensions and Vote 36 Defence. [28429/18]

Minister of State at the Department of Defence (Deputy Paul Kehoe): Details of the gross expenditure for Vote 35 Army Pensions and Vote 36 Defence for the past five years (2013-2017) are outlined in the table.

	2013	2014	2015	2016	2017
Vote 35 Army Pen- sions	€223.7m	€225.7m	€227.4m	€234.7m	€240.0m
Vote 36 De- fence	€667.0m	€673.0m	€670.5m	€670.7m	€680.5m
Total	€890.7m	€898.7m	€897.9m	€905.4m	€920.5m

Naval Service Data

94. **Deputy Seamus Healy** asked the Taoiseach and Minister for Defence the number of occasions on which a Naval Service vessel participating in Operation Sophia in the Mediterranean Sea transferred migrants and refugees from an Irish vessel to another vessel at sea; the number transferred in each case; the national designation of the ship to which they were transferred in each case; the port at which the transferred migrants and refugees were put ashore in the case of each transfer; and if he will make a statement on the matter. [28452/18]

Minister of State at the Department of Defence (Deputy Paul Kehoe): In July 2017, Government and Dáil approval was secured for the deployment of an Irish Naval Service vessel as part of Operation Sophia. Irish naval vessel L.É. Niamh subsequently deployed on 6 October 2017 to join Operation Sophia and returned on 20 December 2017. The participation by L.É. Niamh in Operation Sophia represented the first involvement by the Naval Service in a multi-lateral security operation under a UN mandate. In the course of an 11 week deployment in the Mediterranean, L.É. Niamh rescued 613 migrants, assisting with a further 107 migrant rescues.

In February 2018, the Government approved the consecutive deployment of 2 naval vessels for a period of approximately 30 weeks running from mid-April to end-November. L.É. Samuel Beckett is currently deployed in this operation and will be replaced in mid-July by L.É. James Joyce.

While participating in Operation Sophia a total of 294 rescued migrants disembarked from L.É. Niamh at an Italian port.

Irish Naval Service Vessels have in addition, transferred rescued persons to other vessels at sea on four occasions as follows:

- a) 23 October 2017 - 21 persons were transferred to an Italian naval vessel
- b) 1 November 2017 - 276 persons were transferred to an Italian Coastguard vessel

- c) 2 November 2017 - 76 persons were transferred to a German naval vessel
- d) 3 November 2017 - 53 persons were transferred to a Spanish naval vessel

Each of these transfers were either to an Italian Coastguard vessel or other Operation Sophia vessels for disembarkation at an Italian port. The specific Italian port of disembarkation subsequently used in each case is a matter for the Italian authorities in consultation with the vessel in question.

Brexit Issues

95. **Deputy Micheál Martin** asked the Tánaiste and Minister for Foreign Affairs and Trade the Brexit scenario planning that his Department officials are involved in; and the stage the preparations are at. [28543/18]

Tánaiste and Minister for Foreign Affairs and Trade (Deputy Simon Coveney): Co-ordination of the whole-of-Government response to Brexit is being taken forward through the cross-Departmental coordination structures chaired by my Department. Contingency planning for a no-deal or worst-case outcome, bringing together the detailed work being undertaken by individual Ministers and their Departments on issues within their policy remit, is now well advanced. Its focus is on the immediate economic, regulatory and operational challenges which would result from such an outcome. It assumes a trading relationship based on the default WTO rules, but also examines the possible effects on many other areas of concern. This work is therefore providing baseline scenarios for the impact of Brexit across all sectors, which can then be adapted as appropriate in light of developments in the EU-UK negotiations, including in regard to transition arrangements and the future relationship. This approach is also enabling the modelling of potential responses under different scenarios, such as one where a withdrawal agreement is concluded and where a Free Trade Agreement is the basis for the future relationship between the EU and the UK.

It also takes account of the planning being undertaken at EU level by the Commission Preparedness Unit, which is issuing information notes aimed at different business sectors and examining legislative actions which may be needed at EU level.

However, the Government is already acting in order to get Ireland Brexit ready. Dedicated measures were announced in Budget 2018, including a new €300m Brexit Loan Scheme for Business and a €25m Brexit Response Loan Scheme for the agri-food sector. Capital expenditure of €116bn over the coming decade under Project Ireland 2040 will also allow the State and its agencies to properly plan major infrastructure projects while ensuring that communities and businesses can plan ahead. There was also increased funding provided to my Department in Budget 2018 for the opening of six new diplomatic missions. A further seven new Missions will be opened as part of the next phase of expanding Ireland's global footprint. These thirteen new Missions will be located in Europe, Asia, Africa, South America, North America, and Oceania and will contribute to helping our exporters find new markets.

Our Government's enterprise agencies continue to work with companies, helping them to deal with Brexit – making them more competitive, diversifying market exposure, and up-skilling teams. In total 34 reports analyzing the effects of Brexit across a broad range of sectors and in some cases setting out responses have been published to date by Government Departments. All these reports are available on a dedicated Brexit webpage on my Department's website: <https://www.dfa.ie/brexit/>

Longer-term economic strategies will also be critically important in addressing the chal-

lenges of Brexit, including Ireland 2040 –the National Development Plan. The Enterprise Strategy 2025 Renewed was recently launched and we are in active discussions with the European Investment Bank on a potential increase in investment in the country.

Passport Applications

96. **Deputy Bernard J. Durkan** asked the Tánaiste and Minister for Foreign Affairs and Trade the correct procedure to be followed to obtain a passport for a child in the case of a person (details supplied); and if he will make a statement on the matter. [28565/18]

Tánaiste and Minister for Foreign Affairs and Trade (Deputy Simon Coveney): The Passport Service has confirmed that an application for the person to whom you refer, has been received. I have instructed staff of the Passport Service to update the applicant's mother on the outstanding requirements for the application.

EU Meetings

97. **Deputy Brendan Smith** asked the Tánaiste and Minister for Foreign Affairs and Trade the issues discussed at the recent EU Foreign Affairs Council; and if he will make a statement on the matter. [28574/18]

Tánaiste and Minister for Foreign Affairs and Trade (Deputy Simon Coveney): I attended the EU Foreign Affairs Council in Luxembourg on 25 June, where Ministers discussed security and defence, the implementation of the EU Global Strategy, developments in the Horn of Africa and the Red Sea, and Jordan. We were also briefed on the situation in Yemen by the UN Special Envoy. My EU colleagues and I discussed ongoing work on security and defence issues, and took stock of progress on the implementation of the EU Global Strategy. Ireland continues to play an active role in shaping the Common Security and Defence Policy to equip the EU to act as an effective international peace provider in support of the UN. The UN Special Envoy for Yemen, Martin Griffiths, updated the Council on his efforts to prepare a framework for peace negotiations. Ireland fully supports the efforts of the UN Special Envoy and his team as they work towards a peace agreement.

Following this, the Council discussed developments in the Horn of Africa and Red Sea region. I welcomed the resolve expressed by the EU to deepen its engagement in the region. I also debriefed the Council on my recent visit to Jordan and called on the EU to step up its efforts to support the resilience of that country.

Betting Regulations

98. **Deputy Michael Healy-Rae** asked the Minister for Finance his views on the issue of possible increases in tax levels on the betting industry (details supplied); and if he will make a statement on the matter. [28446/18]

Minister for Finance (Deputy Paschal Donohoe): As the Deputy will be aware, it is a longstanding practice of the Minister for Finance not to comment, in advance of the Budget, on any tax matters that might be the subject of Budget decisions.

Brexit Issues

99. **Deputy Micheál Martin** asked the Minister for Finance if he has met with the Revenue Commissioners to discuss Brexit scenario planning since President Juncker's comments on same on 21 June 2018; and if he will make a statement on the matter. [28550/18]

Minister for Finance (Deputy Paschal Donohoe): President of the European Commission, Jean-Claude Juncker, and Chief EU Brexit Negotiator, Michel Barnier, visited Dublin on 21 June, this was an important opportunity for the Government and the Commission to take stock of state of play in the Brexit negotiations. President Juncker again emphasised that Ireland has the full backing of the EU and that Irish issues must be dealt with in the Withdrawal Agreement.

The European Union and the United Kingdom share the objective of avoiding a hard border on the island of Ireland. Concrete commitments with a view to achieving this objective were agreed and set out in the Joint Report on Progress in December 2017 and have since been transposed into legal terms in the draft Protocol on Ireland and Northern Ireland, which is an integral part of the Withdrawal Agreement. The EU has been clear that this is an essential element of the EU-UK withdrawal agreement and that negotiations can only progress as long as all commitments undertaken so far are respected in full.

The Revenue Commissioners are actively engaged in examining the range of scenarios that may apply post-Brexit and have ongoing communications with my Department on this and on other issues.

Stability Programme Data

100. **Deputy Pearse Doherty** asked the Minister for Finance the effects of minimum compliance with the expenditure benchmark on the general government balance and structural balance respectively as a percentage of GDP if the position of minimum compliance with the expenditure benchmark was taken, including the use of monies earmarked for a Rainy Day Fund as spending, for the years 2019, 2020 and 2021. [28557/18]

Minister for Finance (Deputy Paschal Donohoe): The Government is committed to establishing the Rainy Day Fund as a fiscal buffer in the event of a major shock to the economy.

By spending the €900 million available as per minimum compliance with the expenditure benchmark, it would increase borrowing further by the amounts shown in the table below and would result in not achieving the Medium Term Objective (MTO) until 2021.

In this scenario, the estimates prepared by the European Commission, in its Spring Forecast, and my Department, in the Stability Programme Update 2018, both project a structural deficit of 0.4 per cent of GDP for next year.

Table 4 in the Summer Economic Statement sets out the minimum compliance with the expenditure benchmark. This does not include spending the allocations set aside for the rainy day fund.

This table is reproduced for the Deputy's convenience below:

	2019	2020	2021
a. General Government Balance (SPU 2018)	-0.1	0.3	0.4

	2019	2020	2021
b. Structural Balance (SPU 2018)	-0.4	0.1	0.3
c. MTO	-0.5	-0.5	-0.5
Targeting minimum compliance with expenditure benchmark:			
d. General Government Balance (minimum compliance)	-0.4	-0.4	0.2
e. Structural Balance (minimum compliance)	-0.7	-0.6	0.1

Note: The scenario above does not take into account the second round effects of any such measures

If an additional €500 million were to be spent this would, in the first instance, increase the general government deficit by another 0.2 per cent of GDP and have a corresponding impact on the structural position in each of the years 2019-2021. Under the structural balance pillar Ireland would not have achieved the required annual improvement. So we would be running a headline deficit of 0.6 at an advanced stage of the economic cycle - this would be economically reckless. Instead the Government will frame budgetary policy on the basis of what is right for the economy to ensure continued steady improvements in Irish employment and living standards.

Fiscal Data

101. **Deputy Pearse Doherty** asked the Minister for Finance the impact on the State's borrowing if the net fiscal space under the expenditure benchmark, including the €0.5 billion earmarked annually for the rainy day fund as spending, was committed to expenditure for the years 2019, 2020 and 2021. [28559/18]

102. **Deputy Pearse Doherty** asked the Minister for Finance the impact on the State's debt to GDP and debt to GNI star ratio, both in gross terms and as percentage, if the net fiscal space under the expenditure benchmark, including the €0.5 billion earmarked annually for the rainy day fund as spending, was committed to expenditure for the years 2019, 2020 and 2021. [28560/18]

Minister for Finance (Deputy Paschal Donohoe): I propose to take Questions Nos. 101 and 102 together.

The Government is committed to establishing the rainy day fund as a fiscal buffer in the event of a major shock to the economy. This will impact on the State's borrowing by €500 million for each of the years 2019, 2020 and 2021 and is already captured in the State's debt.

If this €500 million were to be spent this would increase the deficit by another 0.2 per cent of GDP and have a corresponding impact on the structural position. Furthermore as I set out in the SES, the focus of budgetary policy is to balance the books and reduce nominal debt.

The table shows the impact on debt if the net fiscal space were to be fully spent in 2019-

2021.

Debt projections as set in Stability Programme Update 2018	2019	2020	2021
Gross government debt as per SPU (€ millions)	209.4	207.7	211.4
Debt % GDP	63.5%	60.2%	58.7%
Debt % GNI*	93.7%	88.9%	86.8%
Debt projections if full utilisation of net fiscal space	2019	2020	2021
Gross government debt (€ billions)	210.3	210.9	215.4
Debt % GDP	63.8%	61.1%	59.8%
Debt % GNI*	94.1%	90.3%	88.5%

The fiscal rules are currently unhelpful, a full and literal application of these rules would involve the adoption of policies that would mean more borrowing, which is not appropriate for where our economy is now.

We have one of the highest debt per capita ratios in the developed world. There is general recognition that sovereign borrowing costs are going to rise. So borrowing even more and adding to our debt pile is reckless - especially in view of the major risks to the economy at present, which I assume the Deputy is aware of. Such an irresponsible approach would also be repeating the mistakes of the past. The Government, on the other hand, will act in a responsible manner, to build our resilience and ensure steady, sustainable improvements in living standards.

Stability Programme Data

103. **Deputy Michael McGrath** asked the Minister for Finance the projected general deficit and the structural deficit in 2019 if the €900 million was spent as permitted solely under the expenditure benchmark and if the €500 million dedicated to the rainy day fund was instead spent; and if he will make a statement on the matter. [28610/18]

Minister for Finance (Deputy Paschal Donohoe): The estimates prepared by the European Commission, in its Spring Forecast, and my Department, in the Stability Programme Update 2018, both project a structural deficit of 0.4 per cent of GDP for next year.

The impact of spending this €900 million is shown in Line 'd' in table 4 of the Summer Economic Statement. The deficit in 2019 would increase from 0.1 per cent of GDP to 0.4 per cent. As shown in table 4, the medium term budgetary objective is not achieved.

If an additional €500 million were to be spent this would, in the first instance, increase the

deficit by another 0.2 per cent of GDP and have a corresponding impact on the structural position.

The total impact of spending the €900 million and the €500 million dedicated to the rainy day fund would increase the deficit from 0.1 per cent of GDP to a deficit of 0.6 per cent of GDP and increase the structural deficit from 0.4 per cent of GDP to 0.9 per cent of GDP.

The Government is committed to establishing the rainy day fund as a fiscal buffer in the event of a major shock to the economy.

As I set out in the 2018 Summer Economic Statement, the increases permitted under the fiscal rules represent money that we would have to borrow. Budgetary policy will be formulated on the basis of what is right for the economy at this stage in the cycle and not by rules that which would increase borrowing.

Banking Sector

104. **Deputy Michael McGrath** asked the Minister for Finance his views on establishing a public banking model here along the lines of a Sparkasse model in Germany; and if he will make a statement on the matter. [28611/18]

Minister for Finance (Deputy Paschal Donohoe): As the Deputy is aware, my Department, along with the Department of Rural and Community Development, are responsible for fulfilling the Programme for a Partnership Government to “thoroughly investigate the German Sparkassen model for the development of local public banks that operate within well-defined regions”.

Local public banking is where the state, or another public body, has ownership of a bank or other financial institution, as opposed to private ownership. In Germany, local public banks are called Sparkassen. These Sparkassen are only permitted to operate in specific geographic areas. The aim and philosophy of the Sparkassen is the promotion of economic development and financial inclusion in the particular regional area in which they operate, rather than solely maximising profits. Working closely and building relationships with local SMEs is an important element of the German local public banking model and the work of the Sparkassen.

Officials in both departments have been working closely together to conduct a thorough consideration of the potential for a local public banking model in Ireland, based on the German Sparkassen model. This has included a detailed analysis of a proposal put forward by Irish Rural Link and the Savings Banks Foundation for International Cooperation (SBFIC), the international development wing of the Sparkassen group. The proposal outlines how a local public banking model, based on the German Sparkassen model I have described above, could work in Ireland. This process included a number of meetings between officials from both my own Department and Minister Ring’s Department, and representatives from Irish Rural Link and SBFIC.

The report on local public banking has now been completed. Minister Ring and I circulated the report to all Government departments for comments and observations before jointly submitting it to Government at a Cabinet meeting in May. I am pleased to inform the Deputy that the report has now been approved by Government and I anticipate that it will be ready for publication in the near future.

Additionally, there are already significant Government measures in place to support access to finance by Irish SMEs. These include the Strategic Banking Corporation of Ireland (SBCI),

the Supporting SMEs Online Tool, the Microenterprise Loan Fund, Local Enterprise Offices, the Credit Review Office and the Credit and Counter Guarantee Schemes.

Finally, my Department is working with other Government departments to develop tailored and innovative schemes to meet the evolving needs of Irish SMEs, such as the Agricultural Cashflow Support Loan Scheme and the Brexit Loan Scheme I announced in Budgets 2017 and 2018 respectively.

Departmental Reports

105. **Deputy Michael McGrath** asked the Minister for Finance when his Department's report on corporation tax will be published; and if he will make a statement on the matter. [28612/18]

Minister for Finance (Deputy Paschal Donohoe): It is my understanding that the Deputy is referring to 'Ireland's Corporation Tax Roadmap.' This report relates to the implementation of the Anti-Tax Avoidance Directives and also the recommendations of the 'Review of Ireland's Corporation Tax Code', undertaken by Mr Seamus Coffey

At present, this report is being finalised and it is my intention to publish it in the coming weeks.

Tax Data

106. **Deputy Michael McGrath** asked the Minister for Finance further to Parliamentary Question No. 79 of 21 June 2018, the annual cost of removing the income tax, including USC and PRSI, on dividend income and replacing it with a flat rate of taxation on dividend income of 20%, 30% and 40%, respectively; and if he will make a statement on the matter. [28613/18]

Minister for Finance (Deputy Paschal Donohoe): It is assumed that the Deputy is referring to dividend income from Irish resident companies.

I am advised by Revenue that based on tax returns and the yield from Dividend Withholding Tax for 2016, the replacement of all Income Tax, USC and PRSI on dividend income with a flat rate of taxation of 20% is tentatively estimated to be a loss in the region of €95 million.

On the same basis, the estimated tax yield from imposing a flat tax rate of 30% in place of Income Tax, USC and PRSI on dividend income could be in the region of €95 million. The estimated tax yield from imposing a flat tax rate of 40% could be in the region of €280 million. These estimates are based on no behavioural change.

Tax Reliefs Data

107. **Deputy Michael McGrath** asked the Minister for Finance the estimated cost of expanding the CGT entrepreneurial relief to include individual external investors, such as angel investors and so on; and if he will make a statement on the matter. [28614/18]

114. **Deputy Michael McGrath** asked the Minister for Finance the annual number of persons based on the most recent data that have availed of the entrepreneurial relief for CGT; the annual cost in this regard; and if he will make a statement on the matter. [28621/18]

Minister for Finance (Deputy Paschal Donohoe): I propose to take Questions Nos. 107 and 114 together.

I am advised by the Revenue Commissioners that based on initial analysis of Capital Gains Tax (CGT) returns filed for the tax year 2016, the latest year available, approximately 410 individuals have availed of entrepreneurial relief with an estimated cost in the region of €20 million. This is provisional and likely to change as further analysis is done.

In relation to the estimated cost of expanding entrepreneurial relief to include individual external investors, it is not possible to accurately estimate the cost of the proposal as information in respect of potential taxable gains affected is not available.

Tax Data

108. **Deputy Michael McGrath** asked the Minister for Finance the estimated annual cost of expanding the SURE scheme to include persons that were previously self-employed before establishing a new company; and if he will make a statement on the matter. [28615/18]

Minister for Finance (Deputy Paschal Donohoe): As the Deputy will be aware, Start Up Refunds for Entrepreneurs (SURE) provides a refund of tax paid in the previous six tax years to those previously in PAYE employment, or recently unemployed, where they invest funds into a new company set up by them. I am advised by Revenue that there is no statistical basis on which to estimate the cost of broadening the SURE scheme to self-employed taxpayers as it is not possible to quantify the potential uptake as a result of this change, or the amount of income tax paid by these taxpayers in the previous four years.

Employment Investment Incentive Scheme

109. **Deputy Michael McGrath** asked the Minister for Finance the estimated annual cost of removing the 30% share ownership restriction for the EIIS; and if he will make a statement on the matter. [28616/18]

110. **Deputy Michael McGrath** asked the Minister for Finance the estimated annual cost of increasing the annual cap for the EIIS from €150,000 to €1 million; and if he will make a statement on the matter. [28617/18]

Minister for Finance (Deputy Paschal Donohoe): I propose to take Questions Nos. 109 and 110 together.

As the Deputy will be aware, I made significant changes to the operation of the Employment and Investment Incentive (EII) in Finance Bill 2017 in order to ensure that the incentive accords with Art 21(3) of the European Commission General Block Exemption Regulations (GBER). GBER requires that risk finance aid schemes such as the EII should be restricted to independent private investors and should not provide relief to persons with close connections to the undertaking.

The changes provided for in Finance Bill 2017 came into effect on 2 November 2017 and allow that only independent private investors, within the meaning of GBER, are eligible for relief under EII. Prior to these changes being made, Part 16 of the Taxes Consolidation Act allowed connected persons up to 30% shareholding (or options) in the enterprise to avail of the incentive.

On the basis that the change will result in fewer eligible applicants, with the saving to the Exchequer estimated at between €6 million and €10 million (based on 2016 data). This represents the latest available estimate of the effect of the change.

I am advised by Revenue that based on investments made under the EII for each tax years from 2012 to 2016, the estimated annual cost of increasing the annual cap for the EIIS from €150,000 to €1 million would have been as set out in the table below. The figures do not include investments made through funds and assume the maximum relief available to all investors.

Tax Year	Additional Cost (€m)
2012	1.06
2013	0.53
2014	1.73
2015	2.18
2016	1.16

Tax Deduction Systems

111. **Deputy Michael McGrath** asked the Minister for Finance the estimated annual cost of expanding the foreign earnings deduction to an extra country; and if he will make a statement on the matter. [28618/18]

115. **Deputy Michael McGrath** asked the Minister for Finance the annual number of persons based on the most recent data that have availed of the foreign earnings deduction; the annual cost in this regard; and if he will make a statement on the matter. [28622/18]

Minister for Finance (Deputy Paschal Donohoe): I propose to take Questions Nos. 111 and 115 together.

I am advised by Revenue that the latest information on the cost and number of individuals availing of the Foreign Earnings Deduction (FED) is as follows:

Year	Numbers	€m
2015	472	3.2
2014	144	1.1
2013	135	1
2012	108	0.8

The latest year for which data is currently available is 2015. I am further advised by Revenue that data in respect of 2016 will become available shortly.

Regarding the Deputy's question on the estimated annual cost of expanding FED to an extra country, Revenue has advised me that it is not possible to estimate the cost of this proposal as there is no data available on the number of taxpayers that would qualify to claim the deduction, how this would vary from country to country, or the ability of taxpayers to absorb the deduction.

Tax Data

112. **Deputy Michael McGrath** asked the Minister for Finance the estimated annual cost of

removing the outsourcing restriction on the research and development tax credit; and if he will make a statement on the matter. [28619/18]

113. **Deputy Michael McGrath** asked the Minister for Finance the number of companies that have availed of the research and development tax credit by companies employing fewer than 10, 10 to 50, 50 to 250 and companies employing more than 250 employees, respectively; the associated annual cost for each classification of company based on the most recent data in tabular form; and if he will make a statement on the matter. [28620/18]

Minister for Finance (Deputy Paschal Donohoe): I propose to take Questions Nos. 112 and 113 together.

I am advised by Revenue that information in respect of the additional cost of the credit that would arise if the outsourcing restriction was lifted is not available as there is no reliable basis from tax returns data to allow an estimate of the cost to be produced.

I am further advised by Revenue that details of the number of companies claiming the research and development tax credit by range of number of employees, together with associated annual costs, are published on the Revenue website at: <https://www.revenue.ie/en/corporate/information-about-revenue/statistics/tax-expenditures/r-and-d-tax-credits.aspx>.

Information obtained from these statistics outlining the cost and the number of companies claiming the R&D Tax Credit, by number of employees, is provided in the Tables below.

Table 1: Cost in Millions of Euro

Year	2011	2012	2013	2014	2015	2016
Less than 10 (employees)	33	38	46	44	39	38
11 to 49	41	46	153	45	47	48
50 to 249	55	57	68	60	62	61
250+	133	141	154	404	560	523

Table 2: Number of Claimants

Year	2011	2012	2013	2014	2015	2016
Less than 10 (employees)	505	549	549	528	502	470
11 to 49	497	554	584	563	560	550
50 to 249	292	313	326	341	330	334
250+	115	127	117	138	143	152

Question No. 114 answered with Question No. 107.

Question No. 115 answered with Question No. 111.

Civil Service Staff Data

116. **Deputy Lisa Chambers** asked the Minister for Public Expenditure and Reform the

number of information and communications technology specialists that have been hired in the Civil Service in County Mayo since July 2016; and if he will make a statement on the matter. [28441/18]

117. **Deputy Lisa Chambers** asked the Minister for Public Expenditure and Reform the number of ICT specialists that have been hired in the Connaught region by county since July 2010; and if he will make a statement on the matter. [28442/18]

118. **Deputy Lisa Chambers** asked the Minister for Public Expenditure and Reform the number of persons offered positions in the Connaught region following the two public service competitions for information and communication technology specialists that were run in 2016 in which regional positions were available; and if he will make a statement on the matter. [28443/18]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): I propose to take Questions Nos. 116 to 118, inclusive, together.

As the Deputy will be aware, I am responsible for employment in the civil service. Other Ministers are responsible for employment in other parts of the public service

PAS undertook competitions in 2016 for Executive Officer and Higher Executive Officer in ICT for the civil service, and approximately 240 staff were assigned from these panels.

I understand from PAS that no requests to fill ICT vacancies in Mayo was received for either ICT competition and that one request to fill a vacancy was received for Galway and one person was assigned.

Although PAS held a number of ICT competitions between 2010 and 2016 no one was assigned to the Connacht region.

Teachers' Remuneration

119. **Deputy Thomas P. Broughan** asked the Minister for Public Expenditure and Reform if the issue of pay inequality for post-2010 entrants to the teaching profession will be resolved; if pay parity for primary school principals awarded in 2007 will be implemented; and if he will make a statement on the matter. [28461/18]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): The Public Service Stability Agreement 2018-2020 (PSSA), provided that an examination of remaining salary scale issues in respect of post January 2011 recruits at entry grades would be undertaken within 12 months of the commencement of the Agreement.

Additionally this Government accepted an amendment at Section 11 of the Public Service Pay and Pensions Act 2017, that within 3 months of the passing of the Act, I would prepare and lay before the Oireachtas a report on the cost of and a plan in dealing with pay equalisation for new entrants to the public service.

This was a significant body of work and staff resources from within the Irish Government Economic Evaluation Service (IGEES) were assigned to collect, collate and examine the data and provide detailed point in time costs associated with the measure.

In accordance with the legislation I submitted a report to the Oireachtas on the 16th of March. This report, and the substantial amount of data and analysis underpinning it provide a valuable evidence base for consideration of this matter. The report shows that there has been

strong recruitment since 2011 to the estimated 237 recruitment grades across the public service, with over 60,500 new entrants hired. This includes over 16,000 teachers and nearly 5,000 Special Needs Assistants. Full year costs based on a two point increment jump for those effected were estimated at approximately €200m.

Discussions on this issue with public service trade unions and representative associations, commenced in October 2017, with a formal plenary meeting taking place on 27th of April last. Further discussions are ongoing as the parties continue to work through the various aspects of this issue.

I understand the issue regarding primary school principals raised in the question relates to one of the recommendations by the Public Service Benchmarking Body (II) in December 2007 based on a particular point in time public service pay review. The recommendation related to an increase in the allowance payable to principals of primary schools. Provision for payment of the recommendations of the Public Service Benchmarking Body (II) was made under the Towards 2016 – Review and Transitional Agreement 2008-2009. However, payment of the increases provided for under that Agreement were not paid as part of the then Government's programme of measures to restore stability to the Public Finances and reduce the then existing deficit between income and expenditure.

The non-payment of general round increases under the terms of the Towards 2016 Agreement and certain other third party recommendations were not and have not been paid and were acknowledged under the Haddington Road Agreement as part of the substantial contribution made by public servants to the fiscal consolidation process at that time. Accordingly, I have no plans to implement the recommendations of the Public Service Benchmarking Body (II) made in 2007.

Departmental Projects

120. **Deputy Joan Burton** asked the Minister for Public Expenditure and Reform his plans to advance the project to create a pedestrian bridge and cycleway to connect the Phoenix Park to the War Memorial Gardens, Islandbridge; and if he will make a statement on the matter. [28579/18]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): The original design for the Irish National War Memorial Gardens, by renowned architect Edwin Lutyens, originally featured a bridge across the river Liffey with a formal entrance to the Gardens from Conyngham Road. The bridge was never constructed and therefore access from the north bank of the river was never realised. The Commissioners of Public Works are in continuing discussions with relevant stakeholders with a view to advancing the development of a modern pedestrian and cycle way bridge at this location which would be sympathetic to the original plans and would allow for connectivity between the INWMG and the Phoenix Park, subject to satisfactory funding arrangements being in place.

Office of Public Works Projects

121. **Deputy Robert Troy** asked the Minister for Public Expenditure and Reform when applications were last open for the OPW approved asbestos consultant list to sufficiently qualified companies; the reason there is only one consultant accredited by a board (details supplied) on the OPW list; when the OPW approved asbestos consultant list will be opened to receive new applications from sufficiently qualified companies; and if he will make a statement on the mat-

ter. [28581/18]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): The current OPW panel of asbestos identification consultants is in operation since 2012. There are currently five consultant companies on the panel which OPW engages to carry out asbestos identification surveys and air monitoring services.

OPW assessed the applicants on competency and experience in asbestos surveying and air monitoring and they were required to demonstrate that they hold the following accreditation:

- UK British Occupational Hygiene Society (BOHS) Certificate P402 in Building Surveys and Bulk Sampling for asbestos or national equivalent.

- Air monitoring to conform to UK HSE method.

OPW and the State Claims Agency are currently engaging with the Office of Government Procurement (OGP) in relation to progressing a new multi party asbestos identification consultant framework. I hope companies will be invited to apply for inclusion on the framework soon.

Expenditure Reviews

122. **Deputy Barry Cowen** asked the Minister for Public Expenditure and Reform when the mid-year expenditure report will be published; and if he will make a statement on the matter. [28604/18]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): Work on the Mid-Year Expenditure Report is ongoing in my Department. Last year, the report was published on July 19th. The exact publication date for 2018 has yet to be finalised, however it is intended that it will follow a similar timeline to 2017.

Public Procurement Contracts

123. **Deputy Barry Cowen** asked the Minister for Public Expenditure and Reform the public procurement rules surrounding public construction contracts; his views on whether small and medium sized construction companies are being forced to bid too low and are being put at risk; and if he will make a statement on the matter. [28605/18]

Minister for Public Expenditure and Reform (Deputy Paschal Donohoe): Public Procurement is governed by EU legislation and National rules and guidelines. The aim of these rules is to promote an open, competitive and non-discriminatory public procurement regime which delivers best value for money.

All public works projects that are delivered under the Exchequer-funded element of the Government's capital plan must be procured in accordance with the provisions laid down in the Capital Works Management Framework (CWMF). The CWMF is mandated by circular and was developed to assist contracting authorities in meeting their ongoing procurement requirements. It provides an integrated set of contractual provisions, guidance material, technical templates and procedures which cover all aspects of the delivery process of a public works project from inception to final project delivery and review.

Public works contracts are awarded following a competitive process where tendering contractors, respond to an invitation to tender issued in accordance with EU or National rules.

Projects up to €50,000 may be awarded following a direct invitation to at least 5 contractors, between €50,000 and €5.548m a contract notice must be published on eTenders, the national tendering portal. All projects with a value in excess of €5.548m must also be published on the Official Journal of the EU. In the case of the latter two, contracts are usually awarded using the open or restricted procedure.

In the case of the open procedure, the tenders of all contractors who meet the minimum pre-stated selection criteria will be considered for evaluation and award in accordance with the stated award criterion. In the restricted procedure, contractors respond to a request to participate notice, they are normally shortlisted by reference to selection criteria and only those who are shortlisted are invited to tender.

In all cases tenderers are provided with identical sets of tender documents which provide significant detail on the project. Tenderers, when arriving at their tendered price, must take into account the requirements of the project, the constraints within which it is to be built and the attendant risks allocated under the conditions of contract.

The management of the tendering process for a public works contract is a matter for each contracting authority. It is the responsibility of each contracting authority to ensure that tenderers comply with all the requirements of the process. Under the EU procurement directives contracting authorities are obliged to seek an explanation from tenderers where the price bid appears to be abnormally low in relation to the works defined in the tender documents. Having undertaken an examination of the make-up of the price, a contracting authority may only reject a tender where it is satisfied that the evidence supplied does not account for the low price taking into account:

- The economics of the construction method;
- The technical solutions chosen or the exceptionally favourable conditions available to the tenderer from suppliers;
- The originality of the works proposed by the tenderer;

Where the evidence suggests that the tenderer's price is low because of non-compliance with labour or environmental law, or where the tenderer is in receipt of State aid then it must be rejected.

It is worth noting that recent studies undertaken in the United Kingdom, following the collapse of Carillion, have highlighted the meagre margins that main contractors earn on building projects. Given the commonality in approach between the UK and Irish construction industries there is every reason to believe it is prevalent in the Irish construction sector. This culture must be addressed within the industry if it is to service its client base in a professional manner.

There are consequences both to the contractor who tenders a price that is unsustainable and to the contracting authority who accepts that price. From the contracting authority's point of view, poor quality materials and workmanship can often arise in these circumstances, claims and disputes may also arise and in cases where the contractor becomes insolvent it can lead to extensive delays to the project's delivery. Where the contractor is concerned they may be operating without a profit (if not incurring a loss), may have very poor relationships with suppliers and, in the worst cases, may become insolvent as a result of a failure to properly account for real cost of the works.

There is a balance to be struck in deciding to award a public contract between value for money and a quality project outcome. From the taxpayers perspective it can be very difficult to justify a decision to reject the lowest price out of hand, particularly in the circumstances where

the contractor who has bid the price is willing to undertake the project.

The impact of awarding contracts at low prices was highlighted in the Report on the Review of the Performance of the Public Works Contracts published in 2014. A range of measures was recommended in that report to discourage unsustainably low pricing, amongst other aspects. One of these measures, which has been implemented since 2016, requires contracting authorities to prepare a bill of quantities to a defined set of rules which accurately measures all the necessary works on larger projects. Tenderers are required to price all of the measured items providing a very detailed breakdown of the price bid meaning that low pricing can be identified.

A further measure identified in the Report is the development of a medium term strategy for the procurement of public works projects. Engagement with industry stakeholder bodies has recently commenced on that strategy which will outline the optimum means of procuring the necessary expertise to deliver Ireland 2040 in a sustainable, efficient and cost effective manner.

School Accommodation Provision

124. **Deputy Danny Healy-Rae** asked the Minister for Education and Skills if an application by a school (details supplied) will be responded to as a matter of urgency; and if he will make a statement on the matter. [28410/18]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that my Department received an application for additional accommodation from the school referred to within the last week. The application will be assessed and the school authority advised of the position once the assessment process has concluded.

Pupil-Teacher Ratio

125. **Deputy Michael Healy-Rae** asked the Minister for Education and Skills if a matter (details supplied) will be addressed regarding class sizes at primary level; and if he will make a statement on the matter. [28418/18]

Minister for Education and Skills (Deputy Richard Bruton): In the last two years, we have hired 5,000 additional new teachers. It is the case that many teachers who would have carried out substitution work are now gaining permanent contracts.

The Statistics Section of my Department's website contains extensive data relating to class sizes at primary level. The most recent published information relates to the 2016/2017 school year. Statistics in relation to the current school year will be published later this year when the data has been compiled.

Budget 2018 marks the second year of major reinvestment in the education sector, as we continue to implement the Action Plan for Education, which has the central aim to make the Irish education and training service the best in Europe within a decade.

Budget 2018 provides for an additional 1280 teaching posts in the 2018/19 school year. This includes a one point improvement in the staffing schedule in primary schools which brings the position to the most favourable ever seen at primary level. These changes will come into effect in September for the 2018/19 school year.

It is expected that this one point improvement in the staffing schedule, when implemented in September 2018, will further improve the overall ratio of teacher to students. The latest figures

in relation to pupil teacher ratio show an improved ratio of teachers to students from 16:1 to 15.7:1 at primary level when comparing the 2015/16 school year to the 2016/17 school year. Average class sizes at primary level improved from 24.9 to 24.7 in the same period.

State Examinations Commission

126. **Deputy Patrick O'Donovan** asked the Minister for Education and Skills the reason the mileage rates for supervisors of State exams were reduced; and if he will make a statement on the matter. [28420/18]

Minister for Education and Skills (Deputy Richard Bruton): The State Examinations Commission has statutory responsibility for operational matters relating to the certificate examinations.

In view of this I have forwarded your query to the State Examinations Commission for direct reply to you.

DEIS Eligibility

127. **Deputy Margaret Murphy O'Mahony** asked the Minister for Education and Skills when the expansion of the DEIS programme as part of the school completion programme will be announced in view of the fact that it was due to be announced in May 2017; and if he will make a statement on the matter. [28430/18]

Minister for Education and Skills (Deputy Richard Bruton): As the Deputy is aware, following the publication of DEIS Plan 2017 in February of last year, DEIS was extended to a further 79 schools. Schools included in the DEIS programme have access to a wide range of supports including additional capitation in the form of the DEIS grant, reduced class size for Band 1 schools, access to HSCL scheme, priority access to a range of professional development supports as well as to the Centre for School Leadership and access to the Incredible Years and Friends Programmes.

One of the supports available under DEIS is access to the School Completion Programme (SCP). SCP focuses on targeting and providing supports to young people identified to be most at risk of early school leaving. Access to the SCP has not yet been extended to those 79 schools which were included in the DEIS programme last year. As noted in DEIS Plan 2017, supports under DEIS will be extended on a phased basis to those schools not already in receipt of these supports. SCP comes under the remit of my colleague, the Minister for Children and Youth Affairs. The Minister for Children and Youth Affairs and Tusla Educational Welfare Service are fully committed to the future of the School Completion Programme and will continue to work with colleagues in my Department to ensure that it will deliver the best possible outcomes for young people at risk of early school-leaving.

Teachers' Remuneration

128. **Deputy Michael Healy-Rae** asked the Minister for Education and Skills if the issue of pay inequality among teachers will be addressed (details supplied); and if he will make a statement on the matter. [28447/18]

Minister for Education and Skills (Deputy Richard Bruton): The public service agree-

ments have allowed a programme of pay restoration for public servants to start. I, together with my colleague the Minister for Public Expenditure and Reform, negotiated a 15-22% pay increase for new teachers. The agreements to date have restored an estimated 75% of the difference in pay for more recently recruited teachers and deliver convergence of the pay scales at later points in the scale.

As a result of these changes, the current starting salary of a new teacher is €35,958 and from 1 October 2020 onwards will be €37,692.

To have gone further than the pay increases that have been negotiated for 2018 would mean I would have had less money available to hire over 1,000 extra SNAs and over 1,000 extra teachers.

Differential pay scales were introduced by the then Government in 2010. It must be borne in mind that the pay reduction for post-2011 entrants 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.

In accordance with the Public Service Pay and Pensions Act 2017, the Minister for Public Expenditure and Reform recently laid before the Oireachtas a report on the matter of the pay of new entrants to the public service. The report assesses the cost of a further change which would provide a two scale point adjustment to new entrants recruited since 2011. The total cost of such an adjustment across the public sector is of the order of €200 million, of which Education accounts for €83 million. The report also acknowledges that during the financial crisis there were policy changes which affected remuneration in different occupations across the public sector (including education). Addressing any issues arising from changes which are not specifically detailed in the report would give rise to additional costs over and above the foregoing figures.

Any further negotiation on new entrant pay is a cross sectoral 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.

The Minister for Public Expenditure and Reform's report will inform discussion on remaining salary scale issues with the parties to the Public Service Stability Agreement 2018-2020 in accordance with the commitment in the Agreement to consider the issue of newly qualified pay. That process commenced with a first meeting on 12 October 2017. The three teacher unions attended that first meeting. Further talks began on the 27th of April with all public service unions in relation to new entrant pay. Further engagement is being arranged as the parties continue to work through the various aspects of this issue.

School Accommodation Provision

129. **Deputy Paul Kehoe** asked the Minister for Education and Skills the status of an application by a school (details supplied) for additional accommodation; when a decision will issue in regard to the application; and if he will make a statement on the matter. [28449/18]

Minister for Education and Skills (Deputy Richard Bruton): I can confirm to the Deputy that the school in question submitted an application for additional accommodation. The application will be considered and a decision will be conveyed to the school authority shortly.

Pupil-Teacher Ratio

130. **Deputy Thomas P. Broughan** asked the Minister for Education and Skills his plans to reduce primary class sizes in 2019; the estimated cost of a reduction by 1, 2, 3, 4 and 5 pupils per class, respectively; and if he will make a statement on the matter. [28455/18]

131. **Deputy Thomas P. Broughan** asked the Minister for Education and Skills his plans to reduce primary DEIS classes in 2019; the estimated cost of a reduction in DEIS class sizes by 1 and 2 pupils, respectively; and if he will make a statement on the matter. [28456/18]

Minister for Education and Skills (Deputy Richard Bruton): I propose to take Questions Nos. 130 and 131 together.

From September 2018, class sizes in primary schools will be at their lowest ever level following the government decision to reduce the pupil teacher ratio in Budget 2016 and Budget 2018.

The criteria used for the allocation of teaching posts is published annually on the Department website. The key factor for determining the level of staffing resources provided at individual school level is the staffing schedule for the relevant school year and pupil enrolments on the previous 30 September. The staffing schedule also includes an appeals mechanism for schools to submit an appeal under certain criteria to an independent Appeals Board.

The staffing schedule operates in a clear and transparent manner and treats all similar types of schools equally irrespective of location.

Budget 2018 includes a further one point improvement in the staffing schedule in primary schools which brings the position to the most favourable ever seen at primary level. This budget measure delivers on a commitment made in the Confidence and Supply Agreement and Programme for Government to reduce primary schools class size.

These changes will come into effect in September 2018 for the 2018/19 school year.

Each 1 point adjustment to the primary staffing schedule is estimated to cost in the region of €16.5m per annum.

School Management

132. **Deputy Thomas P. Broughan** asked the Minister for Education and Skills his plans to fully restore middle management posts in primary schools; the estimated cost of a full restoration of posts in 2019; and if he will make a statement on the matter. [28457/18]

Minister for Education and Skills (Deputy Richard Bruton): Budget 2017 allowed for the commencement of restoration of middle management posts as part of an agreed distributed leadership model and meant lifting the rigidity of the longstanding moratorium on these posts at primary and post-primary levels. This recognises the key role school leadership has in promoting a school environment which is welcoming, inclusive and accountable.

€2.75m was allocated in Budget 2017 to restore middle management positions i.e. the equivalent of approximately 1,300 middle management posts (Assistant Principal I and Assistant Principal II) at both Primary and Post-Primary (2,600 in total).

The lifting of the moratorium is an initial phase in the restoration of middle management posts and any future improvements to the number of posts allocated will be dependent on budgetary demands.

The estimated cost of lifting the moratorium on posts of responsibility and restoring them to pre-moratorium levels would be in the order of €29m.

School Staff

133. **Deputy Thomas P. Broughan** asked the Minister for Education and Skills the reason his Department has failed to restore supply panels for primary schools in view of the importance of such panels in the past in ensuring the smooth running of primary education; and if he will make a statement on the matter. [28458/18]

Minister for Education and Skills (Deputy Richard Bruton): In the last two years we have hired 5,000 additional new teachers. It is the case that many teachers who would have been available to carry out substitution work are now gaining permanent and long term contracts.

I am aware of reports that some schools are experiencing difficulties in finding substitute teachers. In order to ease the situation, in the last school year I suspended the limits that teachers on career break can work as substitutes. Schools were also reminded that, in considering career break applications, the needs of pupils should take precedence and they must take account of the availability of appropriate qualified replacement teachers.

As the Deputy is aware, I recently established the Teacher Supply Steering Group, which is chaired by the Secretary General of my Department. The Group is considering the issues that impact on teacher supply, including: initial teacher education policy, provision, funding and support; data/research requirements; policies and arrangements for schools and teachers that impact on teacher mobility/supply; and promotion of the teaching profession. The Steering Group will oversee a programme of actions according to strict timelines and clear deliverables. In undertaking its task, the Group is cognisant of the requirement that all persons wishing to teach in recognised schools must meet the professional registration standards and criteria set by the Teaching Council, which is the professional regulatory body for the teaching profession.

At this point the Steering Group and, the working groups reporting to it, have met on a number of occasions. The Group will meet again on 29 June and I hope to be in a position to announce further measures in this area over coming months.

A value for money review of the Supply Teacher Scheme was published in July 2006. Following that review, it was considered more cost effective to use the normal substitution arrangements that apply to all other schools to cover sick leave absences rather than retaining the supply panel as then constituted.

Capitation Grants

134. **Deputy Thomas P. Broughan** asked the Minister for Education and Skills his plans to increase primary and secondary capitation grants in 2019 in view of the negative legacy of cuts in capitation since 2010 and the continuing additional financial burden placed on parents, staff and school communities; and if he will make a statement on the matter. [28459/18]

Minister for Education and Skills (Deputy Richard Bruton): I recognise the need to improve capitation funding for schools having regard to the reductions that were necessary over recent years.

Restoring capitation funding as resources permit is one of the actions included in the Action Plan for Education.

Budget 2018 marked the second year of major reinvestment in the education sector, as we continue to implement the Action Plan for Education, which has the central aim to make the Irish Education and Training service the best in Europe within a decade. In 2018, the budget for the Department of Education increased by €554 million to over €10 billion. Through budget 2017 and Budget 2018, we are now investing €1 billion more in education.

The process is underway for restoring grant funding that is used by schools to fund the salaries of ancillary staff. The ancillary grant was increased by €6 in 2016, €5 in 2017 and €5 in 2018, in order to enable primary schools to implement the arbitration salary increase for grant funded school secretaries and caretakers and to also implement the restoration of salary for cleaners arising from the unwinding of FEMPI legislation.

The commitments in the Action Plan including to increase capitation funding, will be considered in the context of the budgetary process.

Teachers' Remuneration

135. **Deputy Thomas P. Broughan** asked the Minister for Education and Skills if the issue of pay inequality for post-2010 entrants to the teaching profession will be resolved; if pay parity for primary school principals awarded in 2007 will be implemented; and if he will make a statement on the matter. [28460/18]

Minister for Education and Skills (Deputy Richard Bruton): The public service agreements have allowed a programme of pay restoration for public servants to start. I, together with my colleague the Minister for Public Expenditure and Reform, negotiated a 15-22% pay increase for new teachers. The agreements to date have restored an estimated 75% of the difference in pay for more recently recruited teachers and deliver convergence of the pay scales at later points in the scale.

As a result of these changes, the current starting salary of a new teacher is €35,958 and from 1 October 2020 onwards will be €37,692.

To have gone further than the pay increases that have been negotiated for 2018 would mean I would have had less money available to hire over 1,000 extra SNAs and over 1,000 extra teachers.

Differential pay scales were introduced by the then Government in 2010. It must be borne in mind that the pay reduction for post-2011 entrants 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.

In accordance with the Public Service Pay and Pensions Act 2017, the Minister for Public Expenditure and Reform recently laid before the Oireachtas a report on the matter of the pay of new entrants to the public service. The report assesses the cost of a further change which would provide a two scale point adjustment to new entrants recruited since 2011. The total cost of such an adjustment across the public sector is of the order of €200 million, of which Education accounts for €83 million. The report also acknowledges that during the financial crisis there were policy changes which affected remuneration in different occupations across the public sector (including education). Addressing any issues arising from changes which are not specifically detailed in the report would give rise to additional costs over and above the foregoing figures.

Any further negotiation on new entrant pay is a cross sectoral 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.

The Minister for Public Expenditure and Reform's report will inform discussion on remaining salary scale issues with the parties to the Public Service Stability Agreement 2018-2020 in accordance with the commitment in the Agreement to consider the issue of newly qualified pay. That process commenced with a first meeting on 12 October 2017. The three teacher unions attended that first meeting. Further talks began on the 27th of April with all public service unions in relation to new entrant pay. Further engagement is being arranged as the parties continue to work through the various aspects of this issue.

In the second report of the Public Service Benchmarking Body (issued in December 2007), the Body evaluated the pay and jobs of 109 grades across the public service, including school Principals. The Body recommended pay increases for 15 grades, including changes to the allowance payable to Principals of primary schools and of small post-primary schools.

Under the Towards 2016 Review and Transitional Agreement 2008-2009, it was agreed that the increases recommended in the second report of the PSBB would be paid as follows:

(a) 5% from 1 September 2008, or where the total increase is less than 5%, the full increase from that date;

(b) The issue of the payment of any balances will be discussed between the parties in the context of any successor to this Transitional Agreement which might be agreed between the Social Partners, or whatever other arrangements may be in place on the expiry of this Transitional Agreement.

The pay terms contained in the Towards 2016 Review and Transitional Agreement 2008-2009 were not implemented due to the State's worsening financial circumstances. In line with current Government policy, there are no plans to implement the recommendations set out in the second report of the Public Service Benchmarking Body as they apply to any public servant.

School Accommodation Provision

136. **Deputy Paul Kehoe** asked the Minister for Education and Skills the status of an application for additional accommodation by a school (details supplied); and if he will make a statement on the matter. [28469/18]

Minister for Education and Skills (Deputy Richard Bruton): I can confirm to the Deputy that the school in question submitted an application for additional accommodation.

The application is being considered and a decision will be conveyed to the school authority as soon as the assessment process has been completed.

School Accommodation Provision

137. **Deputy Paul Kehoe** asked the Minister for Education and Skills the status of an application by a school (details supplied); and if he will make a statement on the matter. [28473/18]

Minister for Education and Skills (Deputy Richard Bruton): I can confirm to the Deputy that my Department has no record of receiving a recent application from the school in question.

The latest interaction that my Department had with the school was in 2017 and this related to the school's application to replace a number of prefabricated units. My Department advised the school that due to the Department's need to prioritise funding for the provision of essential mainstream classroom accommodation to meet demographic need, that it was not possible to consider the school's application at that time.

The school authority was also advised that it is my Department's intention to replace temporary accommodation, including purchased accommodation, with permanent buildings, over the lifetime of my Department's 6 Year Capital Programme.

To enable this development, my Department will be carrying out an assessment of the number of prefabs being used in schools to deliver the curriculum. This will also determine whether or not individual prefabs need to be replaced in the context of the long-term accommodation needs of each individual school. When completed this assessment will quantify the number of prefabs to be replaced. It is intended that this assessment, when finalised, will enable the replacement of such prefabs to commence in 2019. A funding provision of €180 million is being made available from 2019 for this initiative in the programme.

Schools Building Projects Status

138. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills the timeframe for the construction of the new boys and girls primary school in Monasterevin. [28481/18]

Minister for Education and Skills (Deputy Richard Bruton): The major building project referred to by the Deputy is at an advanced stage of architectural planning Stage 2b (Detailed Design), which includes the application for statutory approvals and the preparation of tender documents. All statutory approvals have been secured.

The Design Team has confirmed that it is working on finalising the Stage 2b report which will be submitted through the Board of Management to my Department.

Upon completion and review of the Stage 2(b) submission, the project will then be authorised to complete pre-qualification of Contractors. Pre-qualification normally takes between 8 and 12 weeks to complete.

When pre-qualification is complete the project will then be progressed to tender stage. A tender stage normally takes between 7 and 8 months to complete. In this context, the school building project has been profiled to commence construction in Quarter 4 2019.

A letter issued from my Department to the Board of Management on 9th March 2018 outlining the projected timeframe for the progression of this project to tender and construction stage and the steps involved.

DEIS Applications

139. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills his plans to introduce a fair appeals system for schools not admitted to the DEIS programme. [28482/18]

Minister for Education and Skills (Deputy Richard Bruton): The identification of schools for receipt of additional resources under the DEIS programme is informed by a scientific data based model which assesses levels of disadvantage in individual schools based on the pupil cohort of the school.

The key data sources used in the DEIS identification process are the DES Primary Online Database (POD) and Post-Primary Online (PPOD) Databases, and CSO data from the National Census of Population as represented in the Pobal HP Index for Small Areas which is a method of measuring the relative affluence or disadvantage of a particular geographical area. Variables used in the compilation of the HP Index include not only single parent rate, but those related to demographic growth, dependency ratios, education levels, overcrowding, social class, occupation and unemployment rates. This data is combined with pupil data, anonymised and aggregated to small area, to provide information on the relative level of concentrated disadvantage present in the pupil cohort of individual schools.

A detailed document explaining the methodology used in the Identification process is available on the Department's website at <https://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools-/DEIS-Identification-Process.pdf>.

DEIS Plan 2017 provides for the verification of the information used to access the level of disadvantage of a school. This process involves a check of the school data used and a check of the application of the data by my Department to ensure that no administrative errors have occurred. Therefore, there is no appeals system as such for schools but they can contact the Department to ensure their data is up to date or check the online database (POD and PPOD).

Apprenticeship Data

140. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills the level of females undertaking apprenticeships here. [28483/18]

141. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills his views on the uptake in the number of apprenticeships by females; and his plans to address the issue. [28484/18]

Minister of State at the Department of Education and Skills (Deputy John Halligan): I propose to take Questions Nos. 140 and 141 together.

At the end of May, 2018 there was a total of 156 female apprentices registered across the 36 apprenticeship schemes currently on offer, which represents an increase of 160% on the 2016 figure of 60 and 500% on 2015 of 26.

The 2014 Review of Apprenticeship in Ireland acknowledged that the number of women employed in craft apprenticeships is low as they operate in sectors that have traditionally low levels of female employment. SOLAS offers a bursary to employers to encourage them to employ female apprentices in these areas. Despite this the number of female apprentices in the craft apprenticeships remains low.

Currently the Apprenticeship Council is overseeing the expansion of the apprenticeship system in Ireland into a range of new sectors of the economy, following two calls for new apprenticeship proposals from employers and education and training providers. To date eleven apprenticeship programmes are operational and we are now seeing a strong increase in female participation in many of these new programmes, particularly in the financial and hospitality sectors. With further new apprenticeships to get underway this year, many of which that are in sectors where there is a different gender balance in the workplace, it is expected, as these new apprenticeships are rolled out, that this will lead to a continued increase in female participation. While this is welcome, it is also important to address issues influencing the low level of recruitment of women in the craft sectors.

As set out in our Action Plan to Expand Apprenticeship and Traineeship in Ireland, my Department, in conjunction with SOLAS, is currently reviewing the pathways to participation in apprenticeship in a range of diverse groups, including female participation. The review is due to be completed shortly.

Furthermore, a digital campaign to promote apprenticeship is now underway with a dedicated Twitter feed #Generation Apprenticeship, a new apprenticeship website www.apprenticeship.ie, an Apprenticeship Ireland Facebook page and a LinkedIn page. In all aspects of the digital campaign women feature prominently and there will be a specific focus on encouraging women and girls to consider apprenticeship as a means of launching or developing their careers.

Special Educational Needs Service Provision

142. **Deputy Fiona O'Loughlin** asked the Minister for Education and Skills the status of the provision of ASD units at both primary and post primary level in County Kildare; and if he will make a statement on the matter. [28485/18]

Minister for Education and Skills (Deputy Richard Bruton): The National Council for Special Education (NCSE) is responsible for organising and planning provision for children with Special Educational Needs, including the establishment of special classes in mainstream primary and post primary schools.

Special classes offer a supportive learning environment to students with ASD who are unable to access the curriculum in a mainstream class, even with support, for most or all of their school day. Special classes are for students who have a recommendation for a special class placement in their professional reports.

Should the NCSE identify the requirement for additional special class placements in the area it will contact schools in the area in relation to establishing an ASD special class. Schools may also apply to the NCSE to open a special class where a need has been identified in their area i.e. a number of students have professional reports indicating they require the support of a special class.

The NCSE, in looking to open special classes, must take into account the present and future potential need for such classes, taking particular account of the educational needs of the children concerned. The NCSE will also take account of location and sustainability in looking to establish special classes in certain areas.

In addition, the NCSE will consider:

- the school's accommodation and accessibility
- the number of special classes, if any, already in the school.

With regard to Co. Kildare in particular, there are 4 special schools and 70 special classes attached to mainstream schools. Of these, 6 are ASD early intervention classes, 42 are primary ASD classes and 14 are post primary ASD classes. The number of ASD special classes in Co. Kildare have increased from 32 in 2011/2012 to 62 in 2017/2018.

The NCSE has informed my Department that they intend to establish approx. 5 new ASD Special Classes in Co. Kildare for 2018/19 school year to meet currently identified need.

In the case of all new schools, it is general practice to include a Special Needs Unit (SNU) in the accommodation brief for new school buildings, unless local circumstances indicate that it

will not be required. A two classroom Special Needs Unit is being provided in each of the two post-primary schools currently under construction in the area referred to by the Deputy. Both of these schools are due to be completed by May 2019.

Parents/Guardians who may need advice or are experiencing difficulties in locating a school placement, including special class placement, should contact their local Special Educational Needs Organiser (SENO) who can assist in identifying an appropriate educational placement for their child. Contact details are available at <http://ncse.ie/seno-contact-list>.

My Department continues to work with the NCSE to ensure that there is appropriate planning in place to ensure that all children who require special class placements can access such placements in schools within their communities

School Funding

143. **Deputy Paul Kehoe** asked the Minister for Education and Skills the status of an SLE application by a school (details supplied); and if he will make a statement on the matter. [28504/18]

Minister for Education and Skills (Deputy Richard Bruton): I can confirm to the Deputy that my Department is in receipt of an application for major capital funding from the patron of the school in question. It is my Department's intention to liaise with the patron in the context of the application.

Disabilities Assessments

144. **Deputy Catherine Murphy** asked the Minister for Education and Skills the time-frame for conducting an assessment of need following an application being received; if there are variations between different parts of the country; if so, the locations in which they are different; the reason that is the case; if cases such as the case of the person (details supplied) are commonplace; if not, the changes occurring; the reason they are occurring; and if he will make a statement on the matter. [28515/18]

Minister for Education and Skills (Deputy Richard Bruton): I can advise the Deputy that the Assessment of Need process to which she refers in her question falls under the Disability Act 2005 and within the responsibilities of the Health Service Executive (HSE) and therefore the matter should be addressed to my colleague the Minister for Health.

Multidenominational Schools

145. **Deputy Tom Neville** asked the Minister for Education and Skills his views on a matter (details supplied); and if he will make a statement on the matter. [28520/18]

Minister for Education and Skills (Deputy Richard Bruton): As the Deputy will be aware, I have announced new plans aimed at accelerating the provision of multi-denominational and non-denominational schools across the country, in line with the choices of parents, families and school communities and the Programme for Government commitment to reach 400 such schools by 2030.

I would point out that the previous model of divestment yielded only a very limited number

of schools for transfer to multi-denominational patrons (10 since 2013). I believe that the new schools reconfiguration for diversity process has the potential to significantly increase patron diversity in our school system.

While these new structures are being introduced, my Department will continue to work with the main stakeholders to progress delivery of diversity in areas already identified, of which the area referred to by the Deputy is one.

DEIS Status

146. **Deputy Tom Neville** asked the Minister for Education and Skills if DEIS status will be awarded to a school (details supplied); and if he will make a statement on the matter. [28525/18]

Minister for Education and Skills (Deputy Richard Bruton): The identification of schools for receipt of additional resources under the DEIS programme is informed by a scientific data based model which assesses levels of disadvantage in individual schools based on the pupil cohort of the school.

The key data sources used in the DEIS identification process are the DES Primary Online Database (POD) and Post-Primary Online (PPOD) Databases, and CSO data from the National Census of Population as represented in the Pobal HP Index for Small Areas which is a method of measuring the relative affluence or disadvantage of a particular geographical area. Variables used in the compilation of the HP Index include not only single parent rate, but those related to demographic growth, dependency ratios, education levels, overcrowding, social class, occupation and unemployment rates. This data is combined with pupil data, anonymised and aggregated to small area, to provide information on the relative level of concentrated disadvantage present in the pupil cohort of individual schools.

A detailed document explaining the methodology used in the Identification process is available on the Department's website at <https://www.education.ie/en/Schools-Colleges/Services/DEIS-Delivering-Equality-of-Opportunity-in-Schools-/DEIS-Identification-Process.pdf>.

An update of the DEIS Identification process is in the process of being finalised. This is taking account of updated school data as provided by schools for the current school year combined with the Pobal HP Index of Deprivation, based on CSO Small Area Population statistics derived from the 2016 National Census. A detailed quality assurance process in respect of this is currently being carried out.

It is important to note that any adjustment to the DEIS status of a school, including the school referred to by the Deputy, will be based on the DEIS Identification process.

Schools Building Projects Status

147. **Deputy Tom Neville** asked the Minister for Education and Skills when plans for a new school (details supplied) will be finalised; and if he will make a statement on the matter. [28526/18]

Minister for Education and Skills (Deputy Richard Bruton): I can confirm to the Deputy that my Department is in receipt of a current application from the school referred to for major capital works comprising of a new school building.

The application is currently being considered and my Department expects to be in further

contact with the school authority on the matter.

Capitation Grants

148. **Deputy Tom Neville** asked the Minister for Education and Skills if the capitation funding will be restored for a school (details supplied); and if he will make a statement on the matter. [28529/18]

Minister for Education and Skills (Deputy Richard Bruton): I recognise the need to improve capitation funding for schools, including the school referred to by the Deputy, having regard to the reductions that were necessary over recent years.

Restoring capitation funding as resources permit is one of the actions included in the Action Plan for Education.

Budget 2018 marked the second year of major reinvestment in the education sector, as we continue to implement the Action Plan for Education, which has the central aim to make the Irish Education and Training service the best in Europe within a decade. In 2018, the budget for the Department of Education increased by €554 million to over €10 billion. Through budget 2017 and Budget 2018, we are now investing €1 billion more in education.

The process is underway for restoring grant funding that is used by schools to fund the salaries of ancillary staff. The ancillary grant was increased by €6 in 2016, €5 in 2017 and €5 in 2018, in order to enable primary schools to implement the arbitration salary increase for grant funded school secretaries and caretakers and to also implement the restoration of salary for cleaners arising from the unwinding of FEMPI legislation.

School Therapy Services

149. **Deputy Charlie McConalogue** asked the Minister for Education and Skills if his attention has been drawn to the Partnering for Change programme developed in Canada in 2013 and the benefits it has had for young persons affected by dyspraxia; if the pilot programme announced by him for certain pilot schools in September 2018 has included learning from the Canadian model; the details of the particular schools to be included in the pilot programme; if the programme will be extended to include all schools in County Donegal; and if he will make a statement on the matter. [28553/18]

Minister for Education and Skills (Deputy Richard Bruton): I recently announced that a demonstration project to provide in-school and pre-school therapy services will be introduced for the 2018/19 school year.

The project will be managed and co-ordinated by the National Council for Special Education.

The demonstration project is being developed by a Working Group which includes representatives from the Departments of Education, Children and Youth Affairs, Health, and the Health Service Executive.

I can confirm that the Working Group has received a copy of the report on the Partnering for Change Programme, which was developed in Canada in 2013, and that the findings of this report will be taken into account in developing the project.

The purpose of the project is to test a model of tailored therapeutic supports that allows for early intervention in terms of providing speech and language and occupational therapy within 'educational settings'. This innovative pilot will complement existing HSE funded provision of essential therapy services.

The project is taking place in Community Healthcare Organisation (CHO) 7 Region of South West Dublin, Kildare and West Wicklow.

This region has been selected to ensure that the pre-school and in-school therapy model can be tested in both urban and rural locations and with a suitable mix of various types of schools and pre-schools.

The schools selected will therefore be from this region, which means that, unfortunately, schools from the Donegal region cannot be included at this time.

Decisions in relation to the extension of the service to other Counties, including County Donegal, or to extend the service nationally, will be taken following an evaluation of the existing informed pilot phase.

76 schools, including a representative sample of primary, post primary, and special schools will take part in the project.

This will include:

- Schools with significant levels of educational disadvantage.
- A mixture of urban, large, and small schools.
- Schools with high levels of support needs as identified under the new special education teaching allocation model.
- Mainstream schools which have special classes
- Special schools with significant levels of therapy support needs.
- Schools of various types including Irish medium schools.

Pre-school settings associated with primary schools participating in the project are being included in order to provide for therapy interventions to be made at the earliest possible time and to create linkages between pre-school and primary school provision.

The list of the participating schools and pre schools is currently being finalised and will be available shortly.

The project aims to develop a more cohesive, collaborative approach to delivering supports to children by allowing therapists and educational professionals to work together in schools.

School Accommodation Provision

150. **Deputy Pearse Doherty** asked the Minister for Education and Skills when a determination will be made in respect of an application for additional school accommodation made by a school (details supplied) in County Donegal; if his attention has been drawn to the lack of facilities available at the school and the negative impact this is having on pupils and teachers; and if he will make a statement on the matter. [28599/18]

Minister for Education and Skills (Deputy Richard Bruton): I wish to advise the Deputy that my Department received an application in recent weeks for the provision of additional accommodation at the school referred to.

The application is currently being assessed by my Department and a decision will issue to the school directly as soon as this process is completed.

Visa Applications

151. **Deputy Jack Chambers** asked the Minister for Justice and Equality if his attention has been drawn to considerable delays processing visa applications at the New Delhi visa office; the reason for these delays; the number of personnel employed in the office in each of the past five years; the number currently employed; the measures underway to tackle the backlog of visa applications and to bring down waiting times; and if he will make a statement on the matter. [28468/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the New Delhi Visa Office is currently experiencing high volumes of visa applications due to seasonal demands at this time of year. This is in line with similar trends from previous years and, more generally, an increase in visa applications from people wishing to come to Ireland for a whole variety of reasons.

That said, I am informed that business and conference visas are currently being processed within two to eight days. Study visas at this time are being processed within three weeks. Employment and visit visas are currently within the time-frame of four to seven weeks. Processing times for long stay visas invariably take longer and are generally determined by the volume of applications received, the particular merits of individual applications, their complexity, whether the need to investigate or enquire further, and the time taken to receive applicant responses.

The Deputy can be assured that every effort is made to keep processing times to a minimum, and a number of measures have been put in place to deal with the expected demand this summer. This includes the assignment of additional staff to help process these applications, and more generally the streamlining of visa processing where possible.

The total number of staff currently assigned to the Visa Office is fifteen, and includes five Department of Justice and Equality staff who have been seconded to the Department of Foreign Affairs & Trade (DFAT). Certain staff are recruited locally by DFAT and this number has doubled since 2013. The position in this regard continues to be kept under review.

Garda Deployment

152. **Deputy Jan O'Sullivan** asked the Minister for Justice and Equality his plans to increase the number of Garda in the Limerick city district; and if he will make a statement on the matter. [28413/18]

Minister for Justice and Equality (Deputy Charles Flanagan): The Deputy will appreciate, it is the Garda Commissioner who is responsible for the distribution of personnel, among the various Garda Divisions and I, as Minister, have no direct role in the matter. Garda management keeps this distribution of personnel under continual review in the context of crime trends and policing priorities so as to ensure that the optimum use is made of these resources.

28 June 2018

I am informed by the Commissioner that on 31 May 2018, the latest date for which figures are readily available, the strength of the Limerick Division was 564, of whom 308 and 136 Gardaí were assigned to the Henry Street and Roxboro Road Districts respectively. There are also 26 Garda Reserves and 54 civilians attached to the Division. When appropriate, the work of local Gardaí is supported by a number of Garda national units such as the National Bureau of Criminal Investigation, the Armed Support Units, the Garda National Economic Crime Bureau and the Garda National Drugs and Organised Crime Bureau.

This Government is committed 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. To achieve this the Government has put in place a plan for an overall Garda workforce of 21,000 personnel by 2021 comprising 15,000 Garda members, 2,000 Reserve members and 4,000 civilians. We are making real, tangible progress on achieving this goal.

I am informed by the Commissioner that since the reopening of the Garda College in September 2014, just over 1,960 recruits have attested as members of An Garda Síochána and have been assigned to mainstream duties nationwide, of whom 63 members have been assigned to the Limerick Division, 10 of whom were allocated to the Henry Street and Roxboro Road Districts from the latest attestation on the 15 June 2018. Garda numbers, taking account of retirements, increased to 13,551 at the end of 2017 – a net increase of over 600 since the end of 2016.

I am pleased that funding is in place to maintain this high level of investment in the Garda workforce to ensure that the vision of an overall workforce of 21,000 by 2021 remains on track. This year a further 800 new Garda Recruits will enter the Garda College; some 400 of whom have already done so. In total, 800 Garda trainees are scheduled to attest during the year, 400 of whom have attested to date. Further, Garda numbers, taking account of projected retirements, are on track to reach 14,000 by the end of 2018.

In addition to the investment in more Gardaí, a further 500 civilians will also be recruited to fill critical skills gaps across the organisation and to facilitate the redeployment of Gardaí from administrative and technical duties to front-line operational duties. There are plans to strengthen the Garda Reserve with new Reserves expected to commence training in 2018.

This focus on investment in personnel is critical. We are now rebuilding the organisation and providing the Commissioner with the resources needed to deploy increasing numbers of Gardaí. Undoubtedly, the ongoing recruitment process will support all Garda activities and enhance visibility within our communities and will enable the Commissioner to provide additional resources across every Garda Division, including the Limerick Division, as new Garda recruits continue to come on stream.

Irish Naturalisation and Immigration Service Administration

153. **Deputy James Browne** asked the Minister for Justice and Equality if he will request the INIS to engage with a person (details supplied); and if he will make a statement on the matter. [28432/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that correspondence from Unit 2, Residence Division issued to the person concerned on 20 June 2018.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically

established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Ministerial Meetings

154. **Deputy Peadar Tóibín** asked the Minister for Justice and Equality if he will meet with a person (details supplied) in view of the delay in the case. [28450/18]

Minister for Justice and Equality (Deputy Charles Flanagan): As outlined in my recent response to Parliamentary Question 528 of 12 June 2018, my Department wrote to the person in question on 6 June 2018 to provide them with an update in relation to his request for a meeting.

The Deputy will appreciate that I, as Minister, have no role in relation to the management of Garda investigations or, indeed, the prosecution or trial of alleged offences. This is a long-standing principle of our system of justice. The role of An Garda Síochána is to investigate alleged offences, to gather whatever evidence may be available and to submit a report to the Director of Public Prosecutions (DPP). Any information in relation to possible criminal acts should be provided directly to An Garda Síochána for investigation. The question of whether or not a particular person should be prosecuted and for what criminal offence is the responsibility of the DPP, who is completely independent in carrying out her functions.

Similarly, the Courts, subject only to the Constitution and the law, are independent in the exercise of their judicial functions and the conduct of any court case is a matter entirely for the presiding judge. It is not open to me to comment or intervene in any way in relation to how particular proceedings are conducted or, indeed, on the outcome of such proceedings.

If someone is not satisfied with the manner in which their complaints have been handled by An Garda Síochána, then it is open to them to contact the Garda Síochána Ombudsman Office (GSOC). GSOC, as you are no doubt aware, is the independent body charged with receiving complaints from the public concerning members of An Garda Síochána.

Unfortunately, it is not open to me to intervene in this case in the manner the person in question is seeking. It is An Garda Síochána, specifically the Garda Commissioner and his management team, who are responsible for investigating all forms of alleged criminality in the State in the first instance and not the Minister for Justice and Equality. Accordingly, I cannot accede to this particular meeting request.

Notwithstanding the above, it is, of course, open to the person in question to seek independent legal advice in relation to their concerns, if they so wish.

Garda Data

155. **Deputy Aindrias Moynihan** asked the Minister for Justice and Equality the number of Garda sergeants in each of the Cork Garda divisions; and if he will make a statement on the matter. [28462/18]

156. **Deputy Aindrias Moynihan** asked the Minister for Justice and Equality the number of vacancies for Garda sergeant positions in each of the Cork Garda divisions; and if he will make a statement on the matter. [28463/18]

157. **Deputy Aindrias Moynihan** asked the Minister for Justice and Equality the number of vacant Garda sergeant positions in each of the Cork Garda divisions by those vacant 0 to 6, 6 to 12 and greater than 12 months, respectively; and if he will make a statement on the matter. [28464/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I propose to take Questions Nos. 155 to 157, inclusive, together.

As the Deputy will appreciate, the distribution of personnel is a matter for the Garda Commissioner and I, as Minister have no direct role in the matter. I am assured by the Commissioner that Garda personnel assigned throughout the country, together with overall policing arrangements and operational strategies, are continually monitored and reviewed. Such monitoring ensures that optimum use is made of Garda Resources and the best possible Garda service is provided to the general public.

Appointments to the rank of Sergeant are a matter for the Commissioner under section 14 of the Garda Síochána Act 2005.

I am advised by the Commissioner that the overall strength of the Sergeant rank was 1,845 as of 31 May 2018, the latest date for which figures are available. I am further advised by the Commissioner that there is currently a competition in train for promotion to the rank of Sergeant with the aim of bringing the strength to 2,000 as agreed under the Employment Control Framework. I am assured by the Commissioner that following completion of these competitions the needs of all Garda Divisions including the Cork Divisions will be fully considered when determining the allocation of Sergeants.

For the Deputy's information I have set out below in tabular form the number of Garda Sergeants in each of the Cork Divisions, on 31 December 2016, 30 June 2017, 31 December 2017 and on 31 May 2018 the latest date for which figures are currently available.

Cork Divisions Sergeant Strength

Division	31 December 2016	30 June 2017	31 December 2017	31 May 2018
Cork North	46	48	46	45
Cork West	44	44	44	43
Cork City	101	97	95	92

Garda Stations

158. **Deputy Aindrias Moynihan** asked the Minister for Justice and Equality the opening hours of a Garda station (details supplied); his plans to increase the opening hours of the station; if there are works planned to make the station more accessible to the public; and if he will make a statement on the matter. [28465/18]

Minister for Justice and Equality (Deputy Charles Flanagan): As the Deputy will appreciate, it is the Garda Commissioner who is primarily responsible for operational decisions in respect of the effective and efficient use of resources available to An Garda Síochána including the opening hours of Garda stations and I, as Minister, have no role in relation to the matter.

I understand that Garda management keeps this distribution of resources under continual

review in the context of crime trends and policing priorities so as to ensure that the optimum use is made of these resources.

I am advised by the Garda authorities that the opening hours of Ballincollig Garda Station, subject to availability, are Monday to Saturday 12pm to 8pm; and Sunday 12pm to 2pm.

Ballincollig Garda Station forms part of the Cork City Division. I am informed by the Commissioner that the number of Gardaí assigned to that Division on 31 May 2018, the latest date for which information is readily available, was 678, of whom 19 were assigned to Ballincollig Garda Station. There are also 42 Garda Reserves and 71 Garda civilian staff attached to the Division. When appropriate, the work of local Gardaí is supported by a number of Garda national units such as the National Bureau of Criminal Investigation, the Armed Support Units, the Garda National Economic Crime Bureau and the Garda National Drugs and Organised Crime Bureau.

As the Deputy will be aware, the programme of replacement and refurbishment of Garda accommodation is progressed by the Garda authorities working in close co-operation with the Office of Public Works (OPW), which has the responsibility for the provision and maintenance of Garda accommodation.

I understand from An Garda Síochána that the OPW has recently commenced an access survey on Ballincollig Garda Station and that the OPW has advised that following the survey, a decision will be made on what works, if any, may be undertaken to improve public access at the station.

Prison Service Staff

159. **Deputy Clare Daly** asked the Minister for Justice and Equality the rationale for his reply to Parliamentary Question No. 129 of 20 June 2018 in view of the fact that the statutory responsibility outlined under the IPS's own material states that it rests with the campus governor rather than the operational governor. [28478/18]

Minister for Justice and Equality (Deputy Charles Flanagan): The duties of a prison governor are set out in the Prison Rules, 2007. Section 75(1) states that "Subject to the directions of the Minister and the Director General, the Governor shall be responsible for the management of the prison of which he or she is responsible." Furthermore, Section 75(7) states that "A Governor shall comply with any directions of the Minister or the Director General or such persons as may be designated by the Minister or the Director General."

I wish to advise the Deputy that the Irish Prison Service, having re-examined PQ 129 of 20 June 2018 on the basis of the clarification provided in the Deputy's question, have informed me that the information sought is as set out below. Any confusion caused by the initial misinterpretation of the Deputy's question is regretted.

Statutory responsibility for Portlaoise prison was held by Campus Governor Martin Mullen from 29 July 2012 to 12 December, 2016. From 13 December, 2016 to 30 December, 2016 statutory responsibility rested with the lead operational Governor Daniel Robbins. Ethel Gavin was appointed acting Campus Governor from 31 December, 2016 and held statutory responsibility for Portlaoise prison until 2 June 2018 when it transferred to Governor John Farrell who continues to hold this position.

Insurance Fraud

160. **Deputy John Brassil** asked the Minister for Justice and Equality his plans to the set up an insurance fraud unit in An Garda Síochána; and if he will make a statement on the matter. [28507/18]

Minister for Justice and Equality (Deputy Charles Flanagan): Recommendation 26 of the ‘Report on the Cost of Motor Insurance’, published in January 2017, relates to exploring the potential for further cooperation between the insurance sector and An Garda Síochána in relation to insurance fraud investigation. Specifically, this involves considering the feasibility of establishing a specialised and dedicated insurance fraud unit within An Garda Síochána, funded by industry.

The Garda National Economic Crime Bureau (GNECB) has engaged with Insurance Ireland, submitting a mechanism for further cooperation and a costed proposal to Insurance Ireland in the latter half of 2017. Insurance Ireland has agreed to explore the proposal further, subject to a full cost benefit analysis, to be carried out by Insurance Ireland’s Chief Financial Officers Working Group. The intention would be that such a dedicated Garda unit would be funded by Insurance Ireland members and non-members alike, i.e. all entities writing non-life insurance business in Ireland.

Further progress on this recommendation is dependent upon the outcome of this cost benefit analysis, which is currently awaited. As I have previously informed the House, Insurance Ireland has indicated that it expects to be in a position to provide an update in this regard by the end of June 2018.

Any proposed agreed mechanism will, of course, ultimately be subject to the approval of the Garda Commissioner and myself, as Minister for Justice and Equality.

Irish Prison Service

161. **Deputy Thomas P. Broughan** asked the Minister for Justice and Equality the number of category A complaints received in 2017 and to date in 2018 that were upheld, not upheld, not proven, terminated or incomplete, respectively; and if he will make a statement on the matter. [28511/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by my officials in the Irish Prison Service that the information requested by the Deputy in relation to the number of category A complaints received in 2017 and to date in 2018 that were upheld, not upheld, not proven, terminated or incomplete is contained in the tables attached

All prisoners have the right to make a complaint at any time and all complaints are treated with the utmost seriousness. Complaints can vary in nature. Some may relate to, for example, conditions of accommodation, quality of food or access to services. Other complaints can be more serious such as allegations of assault, mistreatment or intimidation.

Under the Irish Prison Service Complaints System there are 6 categories of complaints depending on the seriousness of the complaint. The most serious being Category A Complaints which are investigated by persons outside the Prison Service.

Category A complaints are complaints alleging assault or use of excessive force against a prisoner, or ill treatment, racial abuse, discrimination, intimidation, threats or any other conduct against a prisoner of a nature and gravity likely to bring discredit on the Irish Prison Service.

Table A

	No. of Cat A complaints received	Investigation Completed	Ongoing	Unfounded	Withdrawn	Re-categorised
2017	70	61	0	8	0	1
2018 (1.1.18 to 26.6.18)	41	12	22	3	4	0

Table B

	Investigation Completed	Upheld	Not Upheld	Not Proved	Part Upheld
2017	61	6	53	0	2
2018 (1.1.18 to 26.6.18)	12	1	9	2	0

Prison Education Service

162. **Deputy Thomas P. Broughan** asked the Minister for Justice and Equality further to Parliamentary Question No. 515 of 12 June 2018, the reason for the significant drop in the majority of prisons from January to April 2018; if he will report on the very low rates of participation in Mountjoy male and Wheatfield prisons; the measures being undertaken to promote and increase participation in education; and if he will make a statement on the matter. [28512/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Prison Service that education services are available in all Irish Prisons and are provided in partnership with the Education and Training Boards and a range of other educational agencies. Broad programmes of education are provided which generally follow an adult education approach. The Department of Education and Skills funds an allocation of 220 whole-time teacher equivalents to the prisons through the ETBs. A Joint IPS/ETBI Education Strategy 2016-2018 was launched in June 2016.

The aim of the Education Service is to deliver a high quality, broad, flexible programme of education that helps prisoners cope with their sentence, achieve personal development, prepare for life after release and establish an appetite and capacity for life-long learning.

The attached table shows the recorded education participation rates for each Prison Education Centre from January to May of 2018. These show that there had been decreases in the participation rates in some establishments in January to April this year, but participation levels have increased again in May. The primary reasons for the decreases in March and April are the Easter break which occurred at the end of March and into the first week of April; the suspension of some classes due to the unavailability of discipline staff and increasing numbers of protection prisoners in custody. There were also some closures of Prison Education Centres due to Storm Emma at the end of February.

In Mountjoy male prison, the drop in numbers participating in education is linked directly to the increasing number of prisoners on protection and the fact that by April all prisoners on both A and B wing were on protection. In response to this significant development, the timetable was overhauled in order to provide the same educational opportunities to those on protection as was

being provided to other prisoners. This means that education is provided to non-protection prisoners only in the morning and to protection prisoners only in the afternoon. While this change makes education available to all, it has resulted in a notable reduction in overall participation levels, as many protection prisoners are unwilling to mix freely with each other.

The Progression Unit (Mountjoy West) allows increasing numbers of prisoners to attend external training programmes on a day release basis. These are not counted in the participation rates for Mountjoy Prison Education Centre. There is also high participation in work and training activities, which is not included in the education participation statistics.

In the Progression Unit Education Centre, modules have been developed to better prepare people for the World of Work: QQI Health and Safety Awareness, Work Experience, Customer Services Occupational First Aid, Career Preparation, Self-Employment Skills, Money Management, Soft Skills, Cooking on a budget and Manual Handling.

Participation levels in education in Wheatfield Prison Education centre have been heavily impacted by full and partial closures from January to April this year due to officer shortages and as a result of nationally mandated closures due to adverse weather conditions. Wheatfield Prison Education Centre offers a comprehensive and dynamic curriculum, QQI, State Examination, Creative Arts and Holistic programmes and aims for a high level of student participation. In spite of restrictions due to unavailability of discipline staff, many students completed state exams, QQI and music examinations this year. In 2018, Wheatfield Prison Education Centre recruited new teachers to expand the curriculum. In order to boost participation levels, extra-curricular activities are offered one afternoon each month, a Wellness and Mental Health Weeks was hosted and frequent Musical events are also hosted for the student body. Interviews of prospective students take place on an ongoing basis and students are recruited directly from prison landings and workshops and student mentoring also takes place on some landings. A separate school is provided for the segregated landings in Wheatfield i.e. North-Three School.

The current successful recruitment campaign for new prison officers will enable the Irish Prison Service to increase its staff complement and will greatly reduce the number of occasions on which classes have to be suspended due to the unavailability of discipline staff.

The Irish Prison Service has also put Regime Management Plans in place to manage staff detail when there is a shortfall in the number of staff on duty. This is designed to minimise the impact on prisoners engaged in structured activity including education.

The Prison Education Service works as part of the multi-disciplinary team in each prison to promote education participation, provide a relevant curriculum for students and to prepare them for the transition back to the community.

Education Unit	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Arbour Hill	70.9%	50.0%	52.6%	46.8%	65.5%
Castlerea	45.5%	33.1%	33.6%	33.8%	32.7%
Cloverhill	22.9%	19.0%	17.2%	17.1%	26.3%
Cork	46.0%	38.6%	34.7%	32.9%	49.7%
Dochas	54.0%	39.5%	36.9%	46.2%	63.3%
Limerick	43.7%	36.5%	33.9%	33.9%	44.7%
Loughan	81.7%	59.7%	61.2%	58.5%	80.1%
Midlands	37.8%	27.4%	25.0%	26.5%	36.1%
Mountjoy	19.8%	19.5%	16.7%	18.0%	27.8%

Education Unit	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Portlaoise	50.2%	44.2%	42.1%	35.9%	50.3%
Shelton Abbey	55.7%	42.3%	42.6%	45.7%	56.6%
MJ West	58.1%	42.5%	47.0%	49.5%	56.7%
Wheatfield	23.8%	19.4%	15.2%	19.6%	27.4%

Garda Station Refurbishment

163. **Deputy Alan Kelly** asked the Minister for Justice and Equality when Stepside Garda station will open and will be providing a full 24 hour service; the number of full time gardaí and Garda vehicles that will be assigned to the station; and if he will make a statement on the matter. [28517/18]

Minister for Justice and Equality (Deputy Charles Flanagan): The Deputy will appreciate that the programme of replacement and refurbishment of Garda accommodation is progressed by the Garda authorities working in close cooperation with the Office of Public Works (OPW), which has responsibility for the provision and maintenance of Garda accommodation. This includes identifying and progressing any necessary remedial or refurbishment works required at individual stations. As Minister, I have no direct role in these matters.

As the Deputy will be aware, the Programme for a Partnership Government commits to a pilot scheme to reopen 6 Garda stations to determine possible positive impacts on criminal activity, with special emphasis on burglaries, theft and public order.

The Garda Commissioner's final report on the matter, which is available on my Department's website, recommends that Stepside Garda Station be reopened, along with stations in Bawnboy, Co. Cavan, Ballinspittle, Co. Cork, Donard, Co. Wicklow, Leighlinbridge, Co. Carlow and Rush, Co. Dublin.

I am informed by the Garda authorities that a brief of requirements was provided to the OPW in relation to the reopening of each of these 6 stations and that the Garda authorities requested the OPW to undertake technical surveys to determine the works which would be required to enable the stations to reopen.

I understand that the OPW has concluded the necessary technical surveys and advised the Commissioner accordingly. The Commissioner is currently considering the matter.

It is not possible to say at this stage when the six stations will reopen as this depends on a number of factors, but my officials are engaging on an on-going basis with An Garda Síochána and the OPW as they progress these very important projects.

Insofar as concerns the resources to be allocated to Garda stations reopened under the pilot programme, as the Deputy will appreciate, it is the Garda Commissioner who is responsible for the distribution of resources, including personnel and vehicles and I have no role in the matter.

Immigration Status

164. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the progress to date in the consideration of an application pursuant to section 3(6) of the Immigration Act 1999 as amended and all other applicable legislation in the case of a person (details supplied); and if he will make a statement on the matter. [28561/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that, in response to a notification pursuant to the provisions of Section 3 of the Immigration Act 1999 (as amended), written representations have been submitted on behalf of the person concerned.

These representations, together with all other information and documentation on file, will be fully considered, under Section 3 (6) of the Immigration Act 1999 (as amended) and all other applicable legislation, in advance of a final decision being made.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

165. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the progress to date in the consideration of an application pursuant to section 3(6) of the Immigration Act 1999 as amended and all other applicable legislation in the case of a person (details supplied); and if he will make a statement on the matter. [28562/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that, in response to a notification pursuant to the provisions of Section 3 of the Immigration Act 1999 (as amended), written representations have been submitted on behalf of the person concerned.

These representations, together with all other information and documentation on file, will be fully considered, under Section 3 (6) of the Immigration Act 1999 (as amended) and all other applicable legislation, in advance of a final decision being made.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

166. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality further to Parliamentary Question No. 118 of 22 February 2018, if contact from the INIS has now been made with a person (details supplied) with particular reference to updating their stamp 4 status; and if he will make a statement on the matter. [28563/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish

Naturalisation and Immigration Service (INIS) of my Department that contact has been made with the applicant through their solicitor on the 17 April 2018. INIS are now awaiting further information before a final decision can be made on the person's permission to remain.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Garda Investigations

167. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality if there are further developments arising from the assault of a person (details supplied); if the perpetrator has been apprehended; and if he will make a statement on the matter. [28566/18]

Minister for Justice and Equality (Deputy Charles Flanagan): The Deputy will appreciate that I, as Minister, have no direct role in the manner in which Garda investigations are conducted. This is solely a matter for the Garda authorities.

However, to be of assistance I have asked the Garda authorities for a report on the matters referred to and I will contact the Deputy directly when the report is to hand.

Immigration Policy

168. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the procedure to be followed by a person (details supplied) that is requesting another person to join them here; and if he will make a statement on the matter. [28567/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Nationalisation and Immigration Service (INIS) of my Department that Congolese nationals are required to hold an Irish visa to travel to Ireland. As with all other visa required nationals, visa applications are considered on their own merits and in accordance with the requirements for the particular visa type applied for.

Comprehensive guidelines and information on the documentation needed for each type of application can be found on the INIS website www.inis.gov.ie.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Immigration Status

169. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the progress to date in the determination of an update of stamp 4 in the case of a person (details supplied);

and if he will make a statement on the matter. [28569/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that, in response to a notification pursuant to the provisions of Section 3 of the Immigration Act 1999 (as amended), written representations have been submitted on behalf of the person concerned.

These representations, together with all other information and documentation on file, will be fully considered, under Section 3 (6) of the Immigration Act 1999 (as amended) and all other applicable legislation, in advance of a final decision being made.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Leave to Remain

170. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the progress to date in the consideration of an application for permission to remain in the case of a person (details supplied); and if he will make a statement on the matter. [28571/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that correspondence from Unit 2, Residence Division issued to the legal representative of the person concerned on 13 June 2018. The legal representative of the person concerned has indicated that the person concerned intends to submit an application for permission to remain to a different area within INIS.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Naturalisation Applications

171. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality the current and expected residency status in the case of a person (details supplied); and if he will make a statement on the matter. [28572/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that the processing of an application for a certificate of naturalisation from the person referred to by the Deputy, which was received 20 January 2017, is still under consideration and has not yet reached a conclusion. The application will be submitted to me as expeditiously as possible.

As the Deputy will appreciate, the granting of Irish citizenship through naturalisation is a privilege and an honour which confers certain rights and entitlements not only within the State but also at European Union level and it is important that appropriate procedures are in place to

preserve the integrity of the process.

It is recognised that all applicants for citizenship would wish to have a decision on their application without delay. While most straightforward cases are now processed within six months, the nature of the naturalisation process is such that, for a broad range of reasons, some cases will take longer than others to process. In some instances, completing the necessary checks can take a considerable period of time.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Naturalisation Applications

172. **Deputy Bernard J. Durkan** asked the Minister for Justice and Equality when a person (details supplied) will become eligible for naturalisation; and if he will make a statement on the matter. [28573/18]

Minister for Justice and Equality (Deputy Charles Flanagan): I am advised by the Irish Naturalisation and Immigration Service (INIS) of my Department that there is no record of a current application for a certificate of naturalisation from the person referred to by the Deputy. A determination on whether an applicant satisfies the statutory criteria attendant to naturalisation can only be made after an application is received.

It is open to any individual to lodge an application for a certificate of naturalisation if and when they are in a position to meet the statutory requirements as prescribed in the Irish Nationality and Citizenship Act 1956, as amended, which governs the granting of Irish citizenship through naturalisation.

Detailed information on Irish citizenship and naturalisation, as well as the relevant application forms, is available on the INIS website at www.inis.gov.ie. The website also contains guidance on the completion of an application for naturalisation and an on-line naturalisation residency calculator which individuals may find of assistance in establishing if the statutory residency requirements are met.

Queries in relation to the status of individual immigration cases may be made directly to the INIS of my Department by e-mail using the Oireachtas Mail facility which has been specifically established for this purpose. This service enables up to date information on such cases to be obtained without the need to seek information by way of the Parliamentary Questions process. The Deputy may consider using the e-mail service except in cases where the response from the INIS is, in the Deputy's view, inadequate or too long awaited.

Startup Funding

173. **Deputy Bernard J. Durkan** asked the Minister for Business, Enterprise and Innovation the correct procedure to be followed by a start-up business to apply for financial assistance; the number of schemes operating that are offering financial assistance in this regard; and if she will make a statement on the matter. [28407/18]

Minister for Business, Enterprise and Innovation (Deputy Heather Humphreys): The Local Enterprise Offices (LEOs) and Enterprise Ireland and are the agencies within the remit of my Department which support start-ups across the country.

The LEOs are the ‘first-stop-shop’ for advice and guidance, financial assistance and ‘soft’ supports for anyone wishing to start their own business. The LEOs may offer direct financial assistance to microenterprises (10 employees or fewer) in the manufacturing and internationally traded services sectors which, over time, have the potential to develop into strong export entities.

LEO grant support schemes for start-ups include Priming Grants (available to micro enterprises within the first 18 months of start-up and may be paid to buy new equipment and assist with direct business costs such as salary, rent, utilities, marketing and consultancy). The LEOs may also offer a Feasibility Study Grant, the aim of which is to assist start-ups with the cost of researching a new business idea to establish viability and sustainability.

The LEOs may also provide a Technical Assistance for Micro Enterprise Grant which can enable clients to explore and develop new market opportunities. It supports participation at trade fairs, the development of specific marketing materials and to investigate new internal or external processes to develop export business.

Anyone who wishes to apply for LEO financial assistance should contact their LEO who will assess the applicant’s eligibility in line with certain criteria including the potential for employment and sales growth. Once the application has been assessed, a meeting will be arranged with the LEO and the applicant to discuss the business proposal. The application will then be evaluated by the LEO Evaluation and Approvals Committee and the applicant will be informed of the decision in writing.

Anyone with a viable business proposal can make an application through their LEO to MicroFinance Ireland (MFI), which offers loans of up to €25,000 to start-ups with viable business propositions that do not meet the conventional risk criteria applied by the banks. Further information on any of the schemes can be found at www.localenterprise.ie

Enterprise Ireland (EI) supports companies in regional and rural areas to start, innovate and remain competitive in international markets, now and into the future. EI actively works with High Potential Start-Up (HPSU), companies with the potential to develop an innovative product or service for sale in international markets and the potential to create 10 jobs and €1m in sales within 3 to 4 years of starting up. In 2017 Enterprise Ireland supported 90 HPSUs with an equity investment.

EI’s HPSU Team works with start-up companies to ensure that they can avail of supports that reflect the stage of development of the business and the type of activity in which the business is engaged. Each year EI provides early stage advice and direction to over 950 entrepreneurs and provides some level of early stage funding to over 450 Start-Up businesses. The Start-Up Enquiries Team guides potential HPSUs towards supports most relevant to them and are the first port of call for a prospective HPSU. This Team will advise on what is required to develop and scale a business.

In addition to their head office in Dublin, Enterprise Ireland has a national network of nine regional offices throughout Ireland. These offices are located in Dundalk, Letterkenny, Sligo, Galway, Athlone, Shannon, Tralee, Cork & Waterford. Further information and detail on the schemes is available on EI’s website – www.enterprise-ireland.com

The supports EI makes available to HPSUs are presented in the Table below:

Enterprise Ireland Start-Up Supports		
Support	Description	Method of Application
HPSU Feasibility Grant	Used to support the development of an innovative/high potential start-up and the development of an Investor Ready Business Plan. Eligible costs include; Salaries and Overheads, Consultancy Fees, Foreign Travel and Subsistence, EI approved Business Accelerator Fees, Trade Fair costs and Prototype costs.	Contact your Enterprise Ireland Adviser and apply via the Online Application Tool
New Frontiers Entrepreneur Development Programme	New Frontiers is Ireland's national entrepreneur development programme run in partnership with the Institutes of Technology. The programme is designed to support entrepreneurs with innovative business ideas who are planning to establish and run their own company.	Various call dates throughout the year. Two phases: Phase 1 is run over several evenings – no financial assistance given. Competitive call for Phase 2: Stipend of €15k given to successful applicants. Applications managed through individual IOTs
Mentor Grant	Used to support the cost of a Mentor Assignment. Enterprise Ireland can match you with an experienced business mentor to assist you in your start-up phase or advise on specific areas of your plan.	Contact your Enterprise Ireland Adviser and apply via the Online Application Tool
Innovation Voucher	Innovation Vouchers, worth €5,000, are available to assist early stage companies to work with a registered college or knowledge provider in Ireland and Northern Ireland to explore a business opportunity or solve a technical problem.	Various call dates throughout the year and apply via the Online Application Tool.

Competitive Start Fund (CSF)	A €50k equity investment designed to accelerate the development of high potential start-up companies by supporting them to achieve commercial and technical milestones such as evaluating international market opportunities or building a prototype.	Various call dates throughout the year.
Innovative HPSU Fund (Equity)	The Innovative HPSU Fund allows Enterprise Ireland to offer equity investment to HPSU clients, on a co-funded basis to support the implementation of a company's business plans. First time and follow-on equity investments in HPSUs are supported under this offer.	Contact your Enterprise Ireland Development Adviser
Regional Accelerator	EI has invested in 4 Accelerators on a pari passu basis with the private sector. The vision of the Accelerator Development Scheme (2015-2017) is to increase the number of Accelerators that are operating in the Irish market to support the commercial development of entrepreneurship, company creation and job creation in all sectors ICT, Medtech and, Aviation and Aerospace technologies.	Various call dates will commence in Q3 2018 for the next cohort selection.
Seed & Venture Capital Funds	Enterprise Ireland has also invested in a number of Seed & Venture Capital Funds in the General technology and Lifesciences sectors. These funds invest equity in a range of high growth companies with global potential	There are a number of currently supported list of Seed & Venture Capital Funds which is available from our Seed and Venture Capital 2017 Report.

Brexit Supports

174. **Deputy Billy Kelleher** asked the Minister for Business, Enterprise and Innovation the contingency plans and strategies ready for deployment in the event of a no-deal Brexit for

small and medium enterprises, businesses and exporters as warned by several EU leaders and President Juncker; and the details of such plans. [28606/18]

Minister for Business, Enterprise and Innovation (Deputy Heather Humphreys): Brexit presents the most significant economic challenge of the past 50 years for businesses in all parts of the country. My Department and its agencies are working hard to ensure that all potentially impacted firms are taking the necessary steps to mitigate the risks and take advantage of potential opportunities resulting from Brexit.

My Department is engaged in helping SMEs prepare to withstand all Brexit scenarios, including a no-deal situation. Encouraging companies to take action to identify their individual areas of exposure and to take positive steps to address them will build strong resilient businesses that can prosper in the face of difficult economic circumstances.

I am confident that the agencies under my remit have the supports available to enable companies to both consolidate market share within the UK, and become more resilient by broadening their exports to other international markets.

Enterprise Ireland (EI), has launched several initiatives in response to Brexit, including:

- **Brexit Scorecard:** This interactive online platform can be used by all Irish companies to self-assess their exposure to Brexit under six business pillars. Based on answers supplied by the user, the Scorecard generates an immediate report which contains suggested actions and resources, and information on events for companies to attend, to prepare for Brexit.

- **Be Prepared Grant:** This grant offers SMEs a grant of up to €5,000 to assist them in preparing an action plan for economic shocks such as Brexit. The grant can be used to help cover consultancy, travel and travel expenses associated with researching the direction of their action plan.

- **Brexit Advisory Clinics:** Enterprise Ireland held four Brexit Advisory Clinics over the past few months in Portlaoise, Mayo, Cavan, Cork and last week in Dublin's Aviva Stadium. The purpose of these Clinics is to support companies affected by Brexit to take immediate action to address their exposure. More Clinics are due to take place throughout the year.

- **Brexit 'Act On' Programme:** This funding is to support the engagement of a consultant to draw up a report with tailored recommendations to help clients

address weaknesses and become more resilient.

- **Strategic Consultancy Grant:** This grant helps client companies to hire a strategic consultant for a set period to assist the company to develop and implement significant strategic initiatives.

In addition, EI is implementing extensive trade mission and event schedules focused on further developing in-market expertise and networks, and placing greater focus on identifying new sectoral opportunities and stimulating demand for Irish products and services through international marketing campaigns. In 2017, EI launched a new Eurozone Strategy to increase exports to Eurozone countries by 50% by 2020.

The 31 LEOs nationwide are assisting clients with a suite of supports which includes information, training and mentoring on Brexit related issues as well as advice on other sources of support.

InterTrade Ireland (ITI), has also been very active in assisting businesses address the chal-

lenges that Brexit may present for future cross-border commerce. A series of information and awareness raising events have been underway in towns across both North and South over recent months. ITI is also rolling out a 'Start to Plan' readiness voucher scheme, which enables companies to purchase specialist advice in areas such as customs, tax, tariff and non-tariff barriers, legal and labour mobility issues.

Other initiatives that my Department is advancing include the €300 million Brexit Loan Scheme, under which accessible finance is made available to businesses at favourable terms. I recently launched the second call of the Regional Enterprise Development Fund, which is aimed at supporting the development and implementation of collaborative and innovative projects that can sustain and add to employment at a national, regional and county level. Twenty-one successful applicants representing all regions of the country have secured up to €30.5m for their projects in the first competitive call.

The work of my Department is focused on supporting businesses throughout the country to withstand current challenges and succeed into the future, therefore I feel that all our efforts will put Ireland in a strong position in the event of a hard Brexit/no-deal scenario.

EU Directives

175. **Deputy Billy Kelleher** asked the Minister for Business, Enterprise and Innovation if she had discussions with the Minister for Justice and Equality regarding Ireland opting into the EU reception conditions directive (details supplied); the way in which such persons can access work permits via her Department; the supports and points of contact available for information in this area; if an analysis of skills shortages in the economy and sourcing labour from non-EU persons including those that wish to access the labour market via this directive was carried out; and the number of inquiries received on this matter from interested persons since Ireland opted into the directive. [28607/18]

Minister for Business, Enterprise and Innovation (Deputy Heather Humphreys): The Supreme Court judgement in NVH v MJE of 30 May 2017 declared that an absolute ban on the right to work for international protection applicants is contrary to Article 40.1 of the Constitution. Under section 16(3)(b) of the International Protection Act 2015, an applicant was prohibited from accessing or seeking to access the labour market while their application is being determined. The Government approved the recommendations of the inter-Departmental Working Group (IDG) chaired by the Department of Justice and Equality (DJE), established to examine the implications of the judgement and decided to opt into the EU (recast) Reception Directive to give effect to the Supreme Court Judgement.

An Implementation Group was established to oversee the opt-in process and involved formal discussions with the European Commission to ensure compliance with each aspect of the Directive. My Department's officials participated proactively and constructively on the IDG and on the Implementation group in relation to labour market access.

Arrangements agreed under the opt-in process, which falls under the remit of the Minister for Justice and Equality, were announced on the 27th June 2018. International Protection Applicants may apply to the Minister for Justice and Equality for a labour market permission, which covers both employment and self-employment, if they haven't received their first instance decision within 9 months. The Labour Market Access Unit (LMAU) of the Irish Naturalisation and Immigration Service (INIS), on behalf of the Minister, will process applications. The permission will be granted to eligible applicants for six months and will be renewable until there is a final decision on their protection application.

Under the new arrangements for International Protection Applicants will not have access to the employment permit system operated by my Department.

The interim arrangements for the short period from 9th February 2018 when Section 16(3) (b) was struck down until the introduction of the new process, enabled those seeking international protection to access the labour market through the Employment Permit Acts on the same basis as other non-EEA citizens. The Employment Permits Section of my Department inform me that only two applications for employment permits had been received from International Protection applicants.

The Department of Justice and Equality advise that on 9th February 2018 it established a self-employment scheme for those who have sought International Protection in Ireland that are waiting more than nine months for a first instance decision on their application. As of Friday 22nd June 2018, the Department of Justice and Equality had received 754 applications for self-employment and 525 of those applications had been granted.

Ireland operates a managed employment permits system which maximises the benefits of economic migration while minimising the risk of disrupting Ireland's labour market. It operates an occupational list system for in-demand occupations and those for whom a ready source of labour is available which are ineligible for an employment permit. Changes to access to the Irish labour market for occupations through the employment permits system are made on the basis of evidence involving research by the Expert Group on Future Skills Needs, the National Skills Council, a public consultation process and extensive engagement with Government Departments.

Competition and Consumer Protection Commission Remit

176. **Deputy Billy Kelleher** asked the Minister for Business, Enterprise and Innovation her views on a proposal reported in the media (details supplied) that the Competition and Consumer Protection Commission has requested the powers to mount electronic surveillance and intercept communications such as tapping phones and emails as a further tool to fight combat white collar crime. [28608/18]

Minister for Business, Enterprise and Innovation (Deputy Heather Humphreys): I am aware of the media report to which the Deputy refers. However, I have not yet received a request from the Competition and Consumer Protection Commission on this matter. I will consider any such request in consultation with the Minister for Justice and Equality and the Attorney General.

General Practitioner Services

177. **Deputy Michael Harty** asked the Minister for Health his views on the depth of the manpower crisis that exists in general practice; and if he will make a statement on the matter. [28531/18]

Minister for Health (Deputy Simon Harris): General Practitioners play a crucial role in the provision of primary care services. The number of GPs on the specialist register continues to increase – up from 2,270 in 2010 to 3,668 in 2018 and the number of GPs contracted by the HSE has also risen from 2,098 in 2008 to 2,497.

The Government is aware of workforce issues facing general practice, including the influ-

ence of demographic factors, and has implemented a number of measures to improve recruitment and retention in general practice.

GP training places have increased from 120 to 194 places since 2009. Our objective is to achieve annual increases in the number of training places while ensuring that all of the places are filled.

Entry provisions to the GMS scheme have been changed to accommodate more flexible GMS contracts and the retirement age has been extended to 72. An enhanced support package for rural practices has also been introduced with improved qualifying criteria and an increased financial allowance of €20,000 per annum.

The Government is committed to engaging with GP representatives on necessary service improvements and reforms to the current contract.

My Department and the HSE met with the IMO at the beginning of May to set out the State's position and subsequently wrote to the Organisation setting out these proposals formally and its response is awaited.

I would like to assure the Deputy that the Government remains 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 remains an attractive career option.

Long-Term Illness Scheme Coverage

178. **Deputy Jack Chambers** asked the Minister for Health if dementia will be added to the long-term illness scheme; and if he will make a statement on the matter. [28412/18]

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.

Services for People with Disabilities

179. **Deputy Kevin O'Keeffe** asked the Minister for Health the position regarding the provision of specific services to a school (details supplied) in County Cork; and the reason for the ongoing delay in the delivery of these services [28414/18]

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

Home Help Service Provision

180. **Deputy Michael Healy-Rae** asked the Minister for Health the status of an application for additional home help by a person (details supplied); and if he will make a statement on the matter. [28417/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Hospital Appointments Administration

181. **Deputy Niamh Smyth** asked the Minister for Health if an appointment sooner than 1 August 2018 will be scheduled for a person (details supplied); and if he will make a statement on the matter. [28419/18]

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, since 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 the Deputy directly.

Commencement of Legislation

182. **Deputy Richard Boyd Barrett** asked the Minister for Health when sections 2 and 3 of the Children and Family Relationships Act 2015 will be commenced to allow registration of the non-biological parent's name on the child's birth certificate; the support that will be available to couples to register the non-biological parent on the child's birth certificate in the case of donor assisted births; and if he will make a statement on the matter. [28423/18]

213. **Deputy Pearse Doherty** asked the Minister for Health if his attention has been drawn to the difficulties being faced by same-sex couples with children seeking to obtain parental rights equal to heterosexual couples in view of the fact that parts of the Children and Family Relationships Act 2015 have not been commenced (details supplied); the timeline for the legislation in respect of these specific issues to be commenced; the supports that will be made available to couples in order to register a non-biological parent on a child's birth certificate such as in the case of donor assisted births at present and post commencement; and if he will make a

statement on the matter. [28522/18]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 182 and 213 together.

The Children and Family Relationships Act 2015 reforms and updates family law to address the needs of children living in diverse family types, the commencement of Parts 2 & 3 of the Act is the responsibility of the Minister for Health. During the preparation of regulations to facilitate the commencement of Parts 2 & 3 of the Act a number of technical drafting issues came to light that required amendments to the Act of 2015 through primary legislation.

The Minister for Health received Government approval on Tuesday 26 of June to draft an amendment Bill to remedy the defect in the Act of 2015. The commencement of parts 2 and 3 of the Children and Family Relationships Act 2015 will allow same-sex couples to apply to the courts for parentage rights. This will be a very welcome step for lots of families. I hope to be in a position to introduce this legislation into the Dáil as soon as possible and commence in the autumn.”

The registration of births is the responsibility of the Department of Employment Affairs and Social Protection.

Counselling Services Provision

183. **Deputy Bernard J. Durkan** asked the Minister for Health if contact can be made with a person (detail supplied) to facilitate a required counselling session; and if he will make a statement on the matter. [28425/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Nursing Homes Support Scheme Appeals

184. **Deputy Brendan Smith** asked the Minister for Health when the review of the fair deal pricing mechanism will be published; and if he will make a statement on the matter. [28426/18]

185. **Deputy Brendan Smith** asked the Minister for Health his plans to introduce an independent appeals process in respect of the fair deal scheme; and if he will make a statement on the matter. [28427/18]

Minister of State at the Department of Health (Deputy Jim Daly): I propose to take Questions Nos. 184 and 185 together.

The Nursing Homes Support Scheme (NHSS), commonly referred to as Fair Deal, is a system of financial support for people who require long-term residential care. Participants contribute to the cost of their care according to their means while the State pays the balance of the cost. The Scheme aims to ensure that long-term nursing home care is accessible and affordable for everyone and that people are cared for in the most appropriate settings.

The Report of the NHSS Review published in 2015 identified a number of issues for more detailed consideration, including a review of the pricing mechanism used by the NTPF, with a view to:

- Ensuring value for money and economy, with the lowest possible administrative costs for clients and the State and administrative burden for providers;
- Increasing the transparency of the pricing mechanism so that existing and potential investors can make as informed decisions as possible; and
- Ensuring that there is adequate residential capacity for those residents with more complex needs.

The terms of reference for the review of the pricing mechanism also includes consideration of the appeals mechanism available to nursing homes.

A Steering Committee was established to oversee this review, chaired by the NTPF and including representatives from my Department and the Department of Public Expenditure and Reform. The NTPF are close to completing the review and will bring a draft of report to the Steering Group shortly.

Hospital Appointments Delays

186. **Deputy Barry Cowen** asked the Minister for Health when a person (details supplied) can expect an appointment. [28467/18]

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, since 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 the Deputy directly.

Health Services Staff Recruitment

187. **Deputy Jackie Cahill** asked the Minister for Health if a nurse specialist for multiple sclerosis will be appointed in the Mid West hospital group; and if he will make a statement on the matter. [28470/18]

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

Speech and Language Therapy Provision

188. **Deputy Jackie Cahill** asked the Minister for Health the location in which a person (details supplied) can access speech and language therapy; and if he will make a statement on

the matter. [28472/18]

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

Medical Card Applications

189. **Deputy Frank O'Rourke** asked the Minister for Health if a medical card application by a person (details supplied) will be expedited; and if he will make a statement on the matter. [28474/18]

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

Haddington Road Agreement Implementation

190. **Deputy Clare Daly** asked the Minister for Health the number of employees that did not make the criteria in the first round of the Haddington Road regularisation process; and the number of that group whose attention was formally drawn to the appeals process in the correct timeframe by human resources senior management. [28475/18]

191. **Deputy Clare Daly** asked the Minister for Health if the HSE will be required to review the number of staff regularised outside of the Haddington Road Agreement or appeals process that met no criteria. [28476/18]

Minister for Health (Deputy Simon Harris): I propose to take Questions Nos. 190 and 191 together.

The Haddington Road Agreement provided for the regularisation of long term acting positions in the context of workforce planning for IMPACT (now FORSA) grades. HSE HR Circular 017/2013 and associated HR Guidance document sets out the implementation arrangements for the HSE. An audit of the implementation of the regularisation process is underway.

As the questions seeks specific data, I have asked the HSE to respond directly to the Deputy on this matter.

HSE Staff

192. **Deputy Clare Daly** asked the Minister for Health the reason the HSE human resources department conduct closed interviews for staff to be appointed in their post in the HSE SS-WHG. [28477/18]

Minister for Health (Deputy Simon Harris): I have asked the HSE to respond to the

Deputy directly on this matter.

Hospital Appointments Status

193. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a hospital appointment for a person (details supplied); and if he will make a statement on the matter. [28486/18]

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, since 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 the Deputy directly.

Child and Adolescent Mental Health Services Provision

194. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing an additional CAMHS bed in tabular form. [28487/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Child and Adolescent Mental Health Services Staff

195. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing an additional CAMHS team in tabular form. [28488/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services Expenditure

196. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing an additional crisis house in tabular form. [28489/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as

possible.

Mental Health Services Staff

197. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing an additional suicide crisis assessment nurse in tabular form. [28490/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services Staff

198. **Deputy Pat Buckley** asked the Minister for Health the number of suicide crisis assessment nurse positions now occupied; the number of vacant positions; and his plans for additional positions to be opened. [28491/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services Expenditure

199. **Deputy Pat Buckley** asked the Minister for Health the estimated average cost of recruiting a new consultant psychiatrist, including advertising and all related costs in tabular form. [28493/18]

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

Mental Health Services Expenditure

200. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing a seven day week community mental health service across the State in tabular form. [28494/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services

201. **Deputy Pat Buckley** asked the Minister for Health the community mental health services operating at seven day week schedules; the progress in developing this type of service model; and if he will make a statement on the matter. [28495/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as

possible.

Mental Health Services Expenditure

202. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of establishing a dedicated advocacy service for mental health service users in tabular form. [28496/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Health and Social Care Professionals Regulation

203. **Deputy Pat Buckley** asked the Minister for Health the estimated cost of establishing a regulatory body for counsellors and therapy services in tabular form. [28497/18]

Minister for Health (Deputy Simon Harris): Regulations to designate the professions of counsellor and psychotherapist under the Health and Social Care Professionals Act 2005 and to establish the Counsellors and Psychotherapists Registration Board were approved by both houses of the Oireachtas on 22 March 2018. I am pleased to advise that I have since signed the regulations, which will come into force on 2 July 2018.

The regulation of these professions will not require the establishment of a regulatory body. The professions will be regulated by the Counsellors and Psychotherapists Registration Board under the governance of the Health and Social Care Professionals Council (CORU), which was established as Ireland's multi-profession health regulator under the Health and Social Care Professionals Act 2005. The designating regulations will bring the number of professions regulated by CORU to sixteen. CORU was allocated €3,135,000 in State funding for 2018 in respect of the ongoing implementation of the 2005 Act and the regulation of all professions designated under the Act. It is envisaged that the Council will become self-financing in due course as the registers for all sixteen designated professions are established on a phased basis. The annual registration fee is €100.

The Public Appointments Service will undertake an advertisement campaign later this month inviting suitably qualified and experienced persons to apply for lay and professional positions on the thirteen person registration board. I will then make the appointments and CORU will arrange for the board to hold its first meeting later this year. There is no remuneration payable in respect of these board appointments. Travel and subsistence is payable in accordance with approved civil service rates.

Primary Care Centres Expenditure

204. **Deputy Pat Buckley** asked the Minister for Health the annual cost of ensuring that each primary care team has at least one mental health professional in tabular form. [28498/18]

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.

Mental Health Services Expenditure

205. **Deputy Pat Buckley** asked the Minister for Health the average cost of providing a free counselling session at primary care. [28499/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services Data

206. **Deputy Pat Buckley** asked the Minister for Health the number of persons in receipt of free counselling sessions in primary care in 2016 and to date in 2018, by CHO area; and the number that completed all eight free sessions in tabular form. [28500/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services Expenditure

207. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing an additional mental health homeless service liaison nurse or an equivalent position in tabular form. [28501/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Question Heading for question(s) 208

208. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of re-opening the closed CAMHS bed at a centre (details supplied) in tabular form [28502/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Mental Health Services Expenditure

209. **Deputy Pat Buckley** asked the Minister for Health the estimated annual cost of providing a mental health nurse position in tabular form. [28503/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Nursing Homes Support Scheme Applications

210. **Deputy John Brassil** asked the Minister for Health the status of a nursing home support scheme appeal by a person (details supplied); and if he will make a statement on the matter. [28514/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Hospital Appointments Status

211. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a hospital appointment for a person (details supplied); and if he will make a statement on the matter. [28518/18]

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, since 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 the Deputy directly.

Services for People with Disabilities

212. **Deputy Niamh Smyth** asked the Minister for Health if a matter raised in correspondence by a person (details supplied) will be examined; the reason for the delay in receiving an appointment; the status of the appointment; and if he will make a statement on the matter. [28519/18]

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

Question No. 213 answered with Question No. 182.

Hospital Appointments Status

214. **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. [28523/18]

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, since 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 the Deputy directly.

Health Services Provision

215. **Deputy Niamh Smyth** asked the Minister for Health the discussions that have taken place with an organisation (details supplied) in relation to setting up a centre in counties Cavan and Monaghan; and if he will make a statement on the matter. [28524/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Hospital Appointments Status

216. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a surgery appointment for a person (details supplied); and if he will make a statement on the matter. [28527/18]

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, since 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 the Deputy directly.

Health Services Staff Recruitment

217. **Deputy Niamh Smyth** asked the Minister for Health if an officer (details supplied) is now in place; his plans to recruit additional staff to clear the backlog due to this position being vacant for a period of time; and if he will make a statement on the matter. [28533/18]

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

Medical Card Administration

218. **Deputy Niamh Smyth** asked the Minister for Health if a review of procedures for issuing medical cards to persons with cancer as per the programme for partnership Government has been conducted; and if so, the findings and recommendations of same. [28552/18]

Minister for Health (Deputy Simon Harris): The Clinical Advisory Group (CAG) was established by the Director General of the Health Service Executive (HSE) in January 2015 to provide clinical oversight and guidance to the operation of a more compassionate and trusted medical card system. Its establishment followed the completion of the work of the Expert Panel on Medical Need for Medical Card Eligibility.

The Report of the Expert Panel on Medical Need for Medical Card Eligibility found that it is not feasible, desirable, or ethically justifiable to list medical conditions for medical card eligibility. However, in an interim report to the HSE in 2015, the CAG recommended that all children under the age of 18 years with a diagnosis of cancer should be awarded a medical card for a period of five years. The HSE gave effect to this recommendation on 1 July 2015.

The Group was also tasked with developing guidance on assessing medical card applications involving significant medical conditions, so as to take account of the burden involved and the needs arising from the condition and to ensure that appropriate services are provided to people who need them. To that end the National Medical Card Unit (NMCU) in collaboration with the CAG has finalised the development of a Burden of Illness Questionnaire (BIQ).

The BIQ is now being utilized in selective circumstances where the assessing doctor in the NMCU requires more complete information to allow a comprehensive assessment of the person's medical and social circumstances and any resulting undue financial hardship.

Hospital Complaints Procedures

219. **Deputy John McGuinness** asked the Minister for Health the reason a person (details supplied) has not been fully treated having been admitted to hospital four times in the past six weeks only to be discharged without having had all of their complex medical conditions addressed; if a query or complaint submitted on the matter to the hospital manager will be an-

swered as a matter of urgency; and if he will make a statement on the matter. [28554/18]

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

Home Care Packages Data

220. **Deputy Peter Burke** asked the Minister for Health the number of persons that have been approved and are waiting for home help services and home care packages in County Roscommon; and if he will make a statement on the matter. [28555/18]

Minister of State at the Department of Health (Deputy Jim Daly): As this is a service matter I have asked the Health Service Executive to respond directly to the Deputy as soon as possible.

Respite Care Services Provision

221. **Deputy Michael Healy-Rae** asked the Minister for Health the status of respite care for a person (details supplied); and if he will make a statement on the matter. [28580/18]

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

National Treatment Purchase Fund

222. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which the National Treatment Purchase Fund can be utilised to alleviate waiting lists at various public hospitals; and if he will make a statement on the matter. [28584/18]

Minister for Health (Deputy Simon Harris): The National Treatment Purchase Fund (NTPF) is responsible for collecting and validating all waiting lists for public hospitals. The most recently published NTPF figures for the end of May confirm that just under 78,600 patients are waiting for a hospital inpatient or day case procedure.

In Budget 2018, €50 million was provided to the NTPF to provide treatment for public patients this year, which more than doubled its 2017 total allocation for the NTPF.

I published the Inpatient and Day Case Action Plan in April which marked a very important milestone in delivering on the Government's objective to tackle waiting lists. The Action Plan is a joint initiative between my Department, the NTPF and the HSE and has been developed to

ensure an appropriate balance between high volume activities and offering treatment to complex long waiting patients.

Under the Plan, in 2018 the HSE will deliver 1.14 million hospital operations or procedures and the NTPF will deliver 22,000 Inpatient Day Case treatments. The NTPF commits to offer treatment to all patients waiting more than 9 months for treatment in a number of high volume specialities - including cataract, hip and knee replacement, tonsils and scopes.

Under the Plan, the NTPF and HSE will also invite proposals from hospitals for waiting list initiatives. The NTPF will provide funding to the solutions proposed if appropriate.

Hospital Waiting Lists

223. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which requests for specific medical and surgical procedures have dominated hospital waiting lists in the past two years; the procedures in place to address the issue; and if he will make a statement on the matter. [28585/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures is a key commitment in the Programme for Government and €50 million was allocated to the NTPF in 2018 to provide treatment for patients.

Waiting list data for the past three years show that the highest waiting lists have been across the specialties of orthopaedics, ophthalmology and otolaryngology (ENT).

At the end of May this year, 56% of patients on the Inpatient / Daycase Waiting List were waiting less than 6 months, and 82% waiting less than 12 months for their procedure. This is despite the additional demands on our Acute Hospitals, which, since 2000 are carrying out four times more procedures for patients ages 65 and over and twice as many in the under 65 age group. The overall IPDC waiting list is currently the lowest it has been since October 2016 when it was 79,621.

The recently Inpatient/Day Case Action Plan launched in April, outlines the combined impact of HSE and National Treatment Purchase Fund (NTPF) activity in 2018. The Action Plan has been developed to ensure an appropriate balance between high volume activities and offering treatment to complex long waiting patients. NTPF authorisations are made in respect of the longest waiting patients first.

Under the Action Plan the HSE will deliver 1.14 million elective inpatient and day case discharges and the NTPF will deliver 22,000 Inpatient Day Case treatments through both outsourcing and HSE insourcing.

The NTPF initiatives will include a number of high volume specialities and in particular 5,000 cataracts, 800 hip/knee replacements, 1,200 tonsillectomies. In addition, under the Plan, the NTPF commits to offer treatment to all clinically suitable patients waiting more than 9 months for treatment in these high volume specialities.

Under the Plan, the NTPF and the HSE are also currently reviewing proposals from hospitals for waiting list initiatives. The NTPF will provide funding to the solutions proposed if appropriate.

Health Services Reports

224. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which he expects the public hospital sector to respond to the challenges set out in the Sláintecare report; if he expects the necessary funding to become available; and if he will make a statement on the matter. [28586/18]

Minister for Health (Deputy Simon Harris): The Oireachtas Committee on the Future of Healthcare was established in recognition of the scale of the challenges facing the health service and was tasked with devising cross-party agreement on a long-term vision for healthcare and the direction of health policy over a 10 year period. It's report, Sláintecare, makes clear that a system-wide programme of reform, that has the full buy-in and support of all stakeholders in the health service, will be necessary to address these challenges.

The successful delivery of the ambitious reform plans envisaged in the Sláintecare report will be a significant undertaking and needs to be translated into a detailed and phased programme of work to be delivered over a ten year timeframe. In this regard, my Department is currently finalising an implementation plan in response to the Sláintecare report, with a focus on the initial three year period.

This implementation plan will give direction to all stakeholders in the system, including the acute hospital sector, on the actions that will need to be taken in the coming years.

I am also committed to investing in our acute hospital sector. The National Development Plan provides for €10.9bn to be invested in health infrastructure in the coming decade. This allocation includes a commitment to increase acute bed capacity by 2,600 and to build 3 new elective hospitals in Cork, Dublin and Galway. I believe that this investment will be essential in meeting future demand needs of our population and can also act as a catalyst for change.

The process that led to the development of the Sláintecare report has laid the foundation for consensus building and constructive engagement across all stakeholders. I intend to continue in this spirit and I look forward to working with stakeholders as we embark on this programme of reform.

Hospital Waiting Lists Data

225. **Deputy Bernard J. Durkan** asked the Minister for Health the number of persons on waiting lists for hip replacements at various hospitals throughout the country; the longest period of time a person has been on this waiting list; and if he will make a statement on the matter. [28587/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures is a key commitment in the Programme for Government and in 2018 €50 million was allocated to the NTPF to provide treatment for patients. The recently launched Inpatient/Day Case Action Plan outlines the combined impact of HSE and NTPF activity in 2018 to reduce the number of patients waiting for treatment to below 70,000 in 2018. This plan marks a very important milestone in delivering on this commitment.

In 2018 the NTPF will provide 22,000 inpatient day case procedures though both insourcing and outsourcing, while the HSE will deliver 1.14 million hospital operations or procedures. This will mean that by the end of 2018 we will expect to see a significant reduction in the number waiting for a procedure to under 70,000 - from a peak of 86,100 in July 2017.

The Action Plan places a particular focus on hip and knee replacements, with €9.8 million allocated by the NTPF for such procedures. The plan commits to offering procedures to all

patients waiting more than 9 months for a hip and/or knee replacement in 2018, if clinically suitable for treatment in an outsourced facility. The NTPF will also offer treatment for a range of other orthopaedic treatments in 2018.

While the improvements set out in the plan are significant, they are just the start, and I am committed to building on this progress with further initiatives to reduce waiting time for patients, including for those patients waiting for an outpatient appointment, within our Health System.

In relation to the specific data requested by the Deputy, a full breakdown of the waiting list for hip replacements is attached to this reply.

Waiting List Totals for Hip Replacements by Hospital by Wait Time Band as at 21/06/2018

	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Beaumont Hospital	12	7	5	0	1	0	2	27
Cappagh National Orthopae- dic Hos- pital	131	117	83	37	9	1	5	383
Childrens University Hospital Temple Street	2	1	2	2	1	0	1	9
Connolly Hospital	1	1	1	1	0	1	0	5
Croom Or- thopaedic Hospital	14	2	3	0	0	0	0	19
Galway University Hospital	94	41	37	38	22	14	5	251
Kerry General Hospital	23	8	0	0	0	0	0	31
Letter- kenny University Hospital	29	8	6	6	1	1	3	54
Lourdes Ortho- paedic Hospital Kilcreene	54	8	2	0	1	0	0	65

	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Mater Mi- sericordiae University Hospital	4	0	3	1	0	1	3	12
Mayo General Hospital	50	37	34	12	7	6	22	168
Midland Regional Hospital Tullamore	40	26	41	24	10	5	2	148
National Childrens Hospital at Tallaght University Hospital	1	0	0	0	0	0	0	1
Our Lady's Children's Hospital Crumlin	0	0	0	1	0	0	0	1
Our Lady's Hospital Navan	54	24	20	6	3	0	0	107
Sligo Regional Hospital	18	6	10	5	2	0	0	41
South Infirmary Victoria University Hospital	43	22	13	3	3	2	2	88
St. James's Hospital	7	10	7	5	3	2	2	36
St. Vin- cent's University Hospital	3	0	1	0	0	0	0	4
Tallaght University Hospital	65	65	49	35	3	5	5	227
University Hospital Waterford	5	3	0	1	0	1	1	11

Questions - Written Answers

	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Grand Total	650	386	317	177	66	39	53	1688

Date	Hospital	Wait Time Band	Total
21/06/2018	Beaumont Hospital	0-3 Months	12
21/06/2018	Beaumont Hospital	3-6 Months	7
21/06/2018	Beaumont Hospital	6-9 Months	5
21/06/2018	Beaumont Hospital	12-15 Months	1
21/06/2018	Beaumont Hospital	18+ Months	2
21/06/2018	Cappagh National Orthopaedic Hospital	0-3 Months	131
21/06/2018	Cappagh National Orthopaedic Hospital	3-6 Months	117
21/06/2018	Cappagh National Orthopaedic Hospital	6-9 Months	83
21/06/2018	Cappagh National Orthopaedic Hospital	9-12 Months	37
21/06/2018	Cappagh National Orthopaedic Hospital	12-15 Months	9
21/06/2018	Cappagh National Orthopaedic Hospital	15-18 Months	1
21/06/2018	Cappagh National Orthopaedic Hospital	18+ Months	5
21/06/2018	Childrens University Hospital Temple Street	0-3 Months	2
21/06/2018	Childrens University Hospital Temple Street	3-6 Months	1
21/06/2018	Childrens University Hospital Temple Street	6-9 Months	2
21/06/2018	Childrens University Hospital Temple Street	9-12 Months	2
21/06/2018	Childrens University Hospital Temple Street	12-15 Months	1
21/06/2018	Childrens University Hospital Temple Street	18+ Months	1
21/06/2018	Connolly Hospital	0-3 Months	1
21/06/2018	Connolly Hospital	3-6 Months	1
21/06/2018	Connolly Hospital	6-9 Months	1
21/06/2018	Connolly Hospital	9-12 Months	1
21/06/2018	Connolly Hospital	15-18 Months	1

Date	Hospital	Wait Time Band	Total
21/06/2018	Croom Orthopaedic Hospital	0-3 Months	14
21/06/2018	Croom Orthopaedic Hospital	3-6 Months	2
21/06/2018	Croom Orthopaedic Hospital	6-9 Months	3
21/06/2018	Galway University Hospital	0-3 Months	94
21/06/2018	Galway University Hospital	3-6 Months	41
21/06/2018	Galway University Hospital	6-9 Months	37
21/06/2018	Galway University Hospital	9-12 Months	38
21/06/2018	Galway University Hospital	12-15 Months	22
21/06/2018	Galway University Hospital	15-18 Months	14
21/06/2018	Galway University Hospital	18+ Months	5
21/06/2018	Kerry General Hospital	0-3 Months	23
21/06/2018	Kerry General Hospital	3-6 Months	8
21/06/2018	Letterkenny University Hospital	0-3 Months	29
21/06/2018	Letterkenny University Hospital	3-6 Months	8
21/06/2018	Letterkenny University Hospital	6-9 Months	6
21/06/2018	Letterkenny University Hospital	9-12 Months	6
21/06/2018	Letterkenny University Hospital	12-15 Months	1
21/06/2018	Letterkenny University Hospital	15-18 Months	1
21/06/2018	Letterkenny University Hospital	18+ Months	3
21/06/2018	Lourdes Orthopaedic Hospital Kilcreene	0-3 Months	54
21/06/2018	Lourdes Orthopaedic Hospital Kilcreene	3-6 Months	8
21/06/2018	Lourdes Orthopaedic Hospital Kilcreene	6-9 Months	2
21/06/2018	Lourdes Orthopaedic Hospital Kilcreene	12-15 Months	1

Questions - Written Answers

Date	Hospital	Wait Time Band	Total
21/06/2018	Mater Misericordiae University Hospital	0-3 Months	4
21/06/2018	Mater Misericordiae University Hospital	6-9 Months	3
21/06/2018	Mater Misericordiae University Hospital	9-12 Months	1
21/06/2018	Mater Misericordiae University Hospital	15-18 Months	1
21/06/2018	Mater Misericordiae University Hospital	18+ Months	3
21/06/2018	Mayo General Hospital	0-3 Months	50
21/06/2018	Mayo General Hospital	3-6 Months	37
21/06/2018	Mayo General Hospital	6-9 Months	34
21/06/2018	Mayo General Hospital	9-12 Months	12
21/06/2018	Mayo General Hospital	12-15 Months	7
21/06/2018	Mayo General Hospital	15-18 Months	6
21/06/2018	Mayo General Hospital	18+ Months	22
21/06/2018	Midland Regional Hospital Tullamore	0-3 Months	40
21/06/2018	Midland Regional Hospital Tullamore	3-6 Months	26
21/06/2018	Midland Regional Hospital Tullamore	6-9 Months	41
21/06/2018	Midland Regional Hospital Tullamore	9-12 Months	24
21/06/2018	Midland Regional Hospital Tullamore	12-15 Months	10
21/06/2018	Midland Regional Hospital Tullamore	15-18 Months	5
21/06/2018	Midland Regional Hospital Tullamore	18+ Months	2
21/06/2018	National Childrens Hospital at Tallaght University Hospital	0-3 Months	1
21/06/2018	Our Lady's Children's Hospital Crumlin	9-12 Months	1
21/06/2018	Our Lady's Hospital Navan	0-3 Months	54

Date	Hospital	Wait Time Band	Total
21/06/2018	Our Lady's Hospital Navan	3-6 Months	24
21/06/2018	Our Lady's Hospital Navan	6-9 Months	20
21/06/2018	Our Lady's Hospital Navan	9-12 Months	6
21/06/2018	Our Lady's Hospital Navan	12-15 Months	3
21/06/2018	Sligo Regional Hospital	0-3 Months	18
21/06/2018	Sligo Regional Hospital	3-6 Months	6
21/06/2018	Sligo Regional Hospital	6-9 Months	10
21/06/2018	Sligo Regional Hospital	9-12 Months	5
21/06/2018	Sligo Regional Hospital	12-15 Months	2
21/06/2018	South Infirmity Victoria University Hospital	0-3 Months	43
21/06/2018	South Infirmity Victoria University Hospital	3-6 Months	22
21/06/2018	South Infirmity Victoria University Hospital	6-9 Months	13
21/06/2018	South Infirmity Victoria University Hospital	9-12 Months	3
21/06/2018	South Infirmity Victoria University Hospital	12-15 Months	3
21/06/2018	South Infirmity Victoria University Hospital	15-18 Months	2
21/06/2018	South Infirmity Victoria University Hospital	18+ Months	2
21/06/2018	St. James's Hospital	0-3 Months	7
21/06/2018	St. James's Hospital	3-6 Months	10
21/06/2018	St. James's Hospital	6-9 Months	7
21/06/2018	St. James's Hospital	9-12 Months	5
21/06/2018	St. James's Hospital	12-15 Months	3
21/06/2018	St. James's Hospital	15-18 Months	2
21/06/2018	St. James's Hospital	18+ Months	2

Date	Hospital	Wait Time Band	Total
21/06/2018	St. Vincent's University Hospital	0-3 Months	3
21/06/2018	St. Vincent's University Hospital	6-9 Months	1
21/06/2018	Tallaght University Hospital	0-3 Months	65
21/06/2018	Tallaght University Hospital	3-6 Months	65
21/06/2018	Tallaght University Hospital	6-9 Months	49
21/06/2018	Tallaght University Hospital	9-12 Months	35
21/06/2018	Tallaght University Hospital	12-15 Months	3
21/06/2018	Tallaght University Hospital	15-18 Months	5
21/06/2018	Tallaght University Hospital	18+ Months	5
21/06/2018	University Hospital Waterford	0-3 Months	5
21/06/2018	University Hospital Waterford	3-6 Months	3
21/06/2018	University Hospital Waterford	9-12 Months	1
21/06/2018	University Hospital Waterford	15-18 Months	1
21/06/2018	University Hospital Waterford	18+ Months	1

Hospitals Building Programme

226. **Deputy Bernard J. Durkan** asked the Minister for Health the position regarding the provision of the next stage of development of Naas General Hospital with particular reference to upgrading the endoscopy services; if his attention has been drawn to the need for the immediate implementation of the programme; and if he will make a statement on the matter. [28588/18]

Minister for Health (Deputy Simon Harris): My Department has asked the Health Service Executive to respond to the Deputy directly in relation to the proposed new endoscopy unit at Naas General Hospital.

Hospital Waiting Lists Action Plans

227. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which a streamlined support service exists throughout the public hospital sector to ensure that consultants have an opportunity to carry out the maximum number of procedures and to ensure that ancillary facilities such as theatre staff, equipment and theatre space remains available and does not impede progress in this area; and if he will make a statement on the matter. [28589/18]

Minister for Health (Deputy Simon Harris): Improving waiting times for hospital procedures is a key commitment in the Programme for Government.

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

Mental Health Services Funding

228. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which adequate and financial provision remains available to his Department to meet the requirements of the mental health services with particular reference to the need to ensure the maintenance of the necessary supportive structures; and if he will make a statement on the matter. [28590/18]

Minister of State at the Department of Health (Deputy Jim Daly): The strengthening of Mental Health Services is a priority for me and for this Government. The mental health budget has risen from €711 million in 2012 to over €912 million in 2018, an increase of over €200m, or around 28%, in six years. I have already secured agreement from the Minister for Public Expenditure that the budget will increase by a further €55 Million in 2019.

This funding increase has helped to increase staffing levels, introduce new posts, improve our seven-days-a-week response and liaison services and to develop new clinical programmes.

In April 10,008 staff were employed in mental health services. Staffing levels in mental health services show an increase of approximately 193 when compared to the April 2017 figure. In excess of 2,000 new posts have been approved since 2012 up to the end of 2017, of which some 1,352 have been recruited or are in the recruitment process.

While the level of vacancies and difficulty in recruiting skilled staff continues to pose a significant challenge to service provision, particularly in CAMHS, the provision of 136 new Primary Care Psychologists (including 22 basic grade psychology posts and 114 Assistant Psychologists) aims to reduce pressure on specialist CAMHS. Another measure in this area has seen the increase of Psychiatric Nurse Undergraduates places by 130 per year by 2021/22.

In relation to improved 7/7 (seven-days-a-week) response and liaison services, the HSE is now in the final stages of recruiting the staff required to deliver 7/7 Mental Health service cover for the areas that do not currently have a service in place.

Work continues to progress on mental health Clinical Programmes such as the Eating Disorder Care Programme, Perinatal Mental Health, ADHD in Adults and Children, and Dual Diagnosis of those with Mental Illness and Substance Misuse.

While funding mental health services, which is not exclusive to my department, is an important component of achieving a reduction in suicides and improved services, simply adding more money to the budget will not improve mental health services on its own. I would welcome proposals outlining recommendations and proposed actions from any organisation, which can in turn be evaluated on outcomes and available funding.

Nursing Staff Data

229. **Deputy Bernard J. Durkan** asked the Minister for Health the degree to which adequate numbers of nurses are likely to become available throughout the public health sector over the next three years; and if he will make a statement on the matter. [28591/18]

Minister for Health (Deputy Simon Harris): The main source of supply of nurses for the public health system is from those who graduate from the undergraduate degree programme for nursing. Projections on the number of nurses due to become available are based upon previous student intake, those who complete nursing programmes and subsequently register with the NMBI.

Of the cohort of 1,570 students who commenced this programme in 2012, 1,428 registered with the NMBI in 2016. In 2017, a total of 1,598 commenced the education programme and 1,289 Irish trained nurses and midwives registered.

The number of places available on the undergraduate programme and therefore the potential supply from the education sector prior to 2016 was approximately 1,570 students. In 2016, the number of places available on the undergraduate degree programme for nursing increased from 1,570 to 1,630. This cohort are due to complete in 2020. A further increase of 130 places occurred in 2017 with a total increase of 200 places due to complete in 2021.

In general terms, the number of available places has been increasing and should have a positive impact on the number of nurses who are likely to become available to the public health sector in the coming years.

Medicinal Products Supply

230. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which use of the single European market can be identified as a means of alleviating the impact of persons faced with the high cost of experimental drugs; and if he will make a statement on the matter. [28592/18]

Minister for Health (Deputy Simon Harris): Each EU member state is responsible for the procurement of its own medicinal products. However, our membership of the single market offers an opportunity for international cooperation with other member countries to try and reduce the cost of new drugs. The challenge of securing affordable access to innovate medicines is not unique to Ireland and we have been engaging with other EU countries in an effort to identify solutions.

Ireland joined the BeNeLuxA Initiative on Pharmaceutical Policy on 22 June 2018. This Agreement is in line with my objective to work with other European countries to identify workable solutions, in an increasingly challenging environment, to secure timely access for patients to new medicines in an affordable and sustainable way.

In addition to BeNeLuxA, Ireland is participating in a number of other voluntary EU forums, including the Roundtable meetings with EU Health Ministers and the Pharmaceutical Industry, High Level Pharmaceutical Policy Meetings and the Valletta Technical Committee. These platforms are currently exploring possible areas for cooperation including information sharing, horizon scanning and possible price negotiations and joint procurement. Such platforms could also lead to faster access for patients for some treatments.

Health Services Staff Recruitment

231. **Deputy Bernard J. Durkan** asked the Minister for Health the degree to which staff shortages at various levels continue to be identified as a contributory factor causing delays for persons awaiting various procedures; and if he will make a statement on the matter. [28593/18]

Minister for Health (Deputy Simon Harris): There are recruitment and retention difficulties in certain areas of the health service, including some consultant and nursing specialties. In these instances, the HSE utilises a range of measures, including agency, locum and other-short term arrangements to support service delivery. Following on from its first report, in which it identified recruitment and retention problems in specialist groups in the health sector that are internationally in demand, the Pay Commission is currently giving consideration to a number of groups including nurses and consultants.

The Health Service Capacity Review which I published in January highlighted the scale of reform needed to meet the healthcare demands of our growing and ageing population. Under the National Development Plan capital funding for our health services, €10.9 billion over the next ten years, will be 165% higher than it was for the last 10 years. This provides a real, long-term opportunity to improve our health services, drive down waiting lists, increase bed capacity, reform pathways of care and modernise how we deliver health services guided by the principles in the Sláintecare report.

Even with the required reforms, the Review concludes that acute hospital bed capacity will need to increase by 2,600 to support timely delivery of care. This will require additional staffing at all levels and real changes to healthcare delivery in order to have a sustainable healthcare system, with an emphasis on public health and illness prevention.

In the short term, reducing waiting times for the longest waiting patients is one of this Government's key priorities. In Budget 2018, €50 million was provided to the NTPF to provide treatment for public patients this year, which more than doubled its 2017 total allocation for the NTPF.

The most recently published National Treatment Purchase Fund figures for the end of May confirm that just under 78,600 patients are waiting for a hospital inpatient or day case procedure. This represents a fall of more than 7,500 patients, or almost 9% in just 10 months. This positive progress in reducing waiting times for patients waiting for a hospital procedure is the result of the focus and investment by Government in this area utilising available capacity within and outside of the public health service. In Budget 2018, €50 million was provided to the NTPF to provide treatment for public patients this year, which more than doubled its 2017 total allocation for the NTPF.

Primary Care Strategy

232. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which primary care in all regions, urban and rural, is likely to be reorganised in line with the increased demands and ready access to the services; and if he will make a statement on the matter. [28594/18]

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 Staff

233. **Deputy Bernard J. Durkan** asked the Minister for Health the extent to which it is expected to ensure the retention of nursing, medical and consultant staff is sufficient to meet the demand nationwide; and if he will make a statement on the matter. [28595/18]

Minister for Health (Deputy Simon Harris): Retaining and increasing the number of nursing, medical and consultant staff in the public health service is a key priority for me and my Department. It is a significant challenge given a backdrop of global shortages in health professionals and international competition for medical staff trained in Ireland. Where vacancies arise, the HSE utilises a range of measures, including agency, locum and other-short term arrangements to support service delivery.

Considerable progress has been made in growing the nursing and medical workforce in recent years as the economy has improved and more resources have become available.

Increasing nursing and midwifery numbers has been a key priority for the past 18 months. The 2017 funded workforce plan, as part of the Nursing Recruitment and Retention Agreement, committed the HSE to recruiting 1,224 additional nurses and midwives. The final report setting out progress on implementation of the Agreement shows that there has been a significant growth in the appointment of nurses and midwives with 942 WTE of the 1,224 posts filled (WTE's). The HSE remain committed to the Agreement and efforts are underway to develop the 2018 nursing workforce plan. It has once again committed to offer all 2018 graduating student nurses and midwives permanent contracts within a Hospital Group or CHO, subject to their attaining registration and satisfactory performance. Nursing numbers have increased by 2,638 in the five years to end April 2018.

With regard to consultants, numbers have increased by 101 in the 12 months to end April 2018 and by 456 in the five years to end April 2018. The number of Non Consultant Hospital Doctors has also increased, by 284 in the 12 months to end April 2018, and by 1,368 in the five years to end April 2018. The HSE has been focussed on addressing issues associated with the creation and approval of consultant posts and successful recruitment. It is now implementing the report 'Towards Successful Consultant Recruitment, Appointment and Retention', completed in December 2016. It is also focussed on implementing the recommendations of the 'MacCraith Group' to support the recruitment and retention of consultants and NCHDs

Following on from its first report, in which it identified recruitment and retention problems in specialist groups in the health sector that are internationally in demand, the Pay Commission is currently giving consideration to a number of groups including nurses and consultants and is expected to report by the end of July. While there are many challenges I am satisfied that we will be able to recruit and retain sufficient numbers of nursing, medical and consultant staff to meet demand.

Hospital Appointments Status

234. **Deputy Michael Healy-Rae** asked the Minister for Health the status of a hospital appointment for a person (details supplied); and if he will make a statement on the matter. [28598/18]

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, since 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 the Deputy directly.

Hospital Consultant Contracts

235. **Deputy Stephen S. Donnelly** asked the Minister for Health the extent to which his attention was drawn to the use of private investigators to track hospital consultants pertaining to public and private work; if contracts were used to detail the surveillance required; and if he will make a statement on the matter. [28602/18]

Minister for Health (Deputy Simon Harris): There are occasions when it may be appropriate to utilise the services of a private investigator in the context of court proceedings and in this instance it arose in the context of defending the recent High Court cases taken by consultants who held Consultant Contract 2008 in pursuit of pay increases.

Consistent with the Government decision in February 2017 to robustly defend the High Court cases, my Department, in conjunction with the Department of Finance, and the Department of Public Expenditure and Reform, supported the decision of the HSE to utilise private investigators in preparing defences to the lead cases. This was not brought to my attention as it was considered to be consistent with the Government decision.

The three Departments reaffirmed their position in the lead up to the hearing date for the ten lead cases. This investigative work was required to gather evidence to support the HSE's counter-claims in relation to non-compliance by consultants. It is noted that the use of surveillance by a private investigator was limited to a small number of the lead cases.

Departmental Investigations

236. **Deputy Stephen S. Donnelly** asked the Minister for Health the oversight measures, contractual obligations and regulations in place in cases in which his Department hires a private investigator to investigate health service staff; and if he will make a statement on the matter. [28603/18]

Minister for Health (Deputy Simon Harris): My Department does not hire private investigators to investigate health service staff. The issue you are referring to was in the context of court proceedings where such services may be appropriate where evidence may need to be gathered to support a case.

Disability Support Services Funding

237. **Deputy Pearse Doherty** asked the Minister for Health if the HSE national estates has discussed and made a determination in respect of an application for capital funding for a project proposal (details supplied) in County Donegal; and if he will make a statement on the matter. [28635/18]

Minister for Health (Deputy Simon Harris): I understand that the Health Service Execu-

tive replied to your previous parliamentary question regarding the disability centre in Donegal on 19 June 2018 and informed you that the capital proposals for the centre will be considered in July at the next meeting of the national capital and property steering committee.

GLAS Issues

238. **Deputy Eugene Murphy** asked the Minister for Agriculture, Food and the Marine if the deadline of 1 July 2018 will be brought forward to allow farmers participating in GLAS to cut traditional hay meadows in the coming week to avail of the good weather which is forecast; and if he will make a statement on the matter. [28411/18]

239. **Deputy Michael Fitzmaurice** asked the Minister for Agriculture, Food and the Marine if the cutting date for the traditional hay meadow will be brought forward by one week in view of the weather forecast to enable farmers that are in the GLAS scheme to complete their work; and if he will make a statement on the matter. [28415/18]

241. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine if he will address a matter (details supplied) regarding hay making under the GLAS scheme; and if he will make a statement on the matter. [28575/18]

242. **Deputy Eamon Scanlon** asked the Minister for Agriculture, Food and the Marine if the start date for the cutting of traditional hay meadows under GLAS can be extended; and if he will make a statement on the matter. [28597/18]

243. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine his plans for a once-off amendment to the rules regarding traditional hay meadows under the GLAS scheme to allow for the saving of hay or haylage off such crops in order to avail of the strong spell of sunny weather forecasted. [28623/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I propose to take Questions Nos. 238, 239 and 241 to 243, inclusive, together.

Joining GLAS is a voluntary commitment by a farmer to undertake certain actions during their participation in the scheme. The Traditional Hay Meadow action in GLAS promotes the maintenance of a traditional method of forage conservation that is beneficial to grassland flora and fauna. Farmers who have opted to participate in this action voluntarily commit to the closure of such meadows until July 1st and receive €315 payment per hectare per year to compensate for income foregone. In total, these farmers will be paid at least €18m this year for this one action. My priority is to ensure that farmers continue to qualify to receive payment for this action.

There are currently no plans to bring forward the date permitted for cutting these meadows.

GLAS Payments

240. **Deputy Michael Healy-Rae** asked the Minister for Agriculture, Food and the Marine the status of a GLAS payment for a person (details supplied); and if he will make a statement on the matter. [28466/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The person named was approved into GLAS 1 with a contract commencement date of 1 October 2015 and has received payment for scheme year 2015 along with the 2016 advance payment.

The participant was selected for an inspection and has requested a review of the inspection findings. The Department has received additional documentation in support of the review request. This documentation is currently being examined. The person named will be informed of the outcome when the review is complete.

Question Nos. 241 to 243, inclusive, answered with Question No. 238.

Basic Payment Scheme Data

244. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the number of 2017 BPS recipients with payment entitlements with an initial unit value less than 90% of the BPS national average by county; and the number in each county that have to date reached 60% or above of the BPS national average based on latest BPS data. [28624/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): The table below details the following requested information based on initial allocation values:

- Number of Farmers with Payment Entitlements with a 2015 Initial Unit Value less than 90% of the Basic Payment Scheme National Average by County and,

- Number of Farmers that have Payment Entitlements greater than or equal to 60% of the Basic Payment Scheme National Average in 2017 by County

County	Number of Farmers with Payment Entitlements with a 2015 Initial Unit Value less than 90% of the Basic Payment Scheme National Average by County	Number of Farmers that have Payment Entitlements greater than or equal to 60% of the Basic Payment Scheme National Average based on 2017 Payment Entitlement Values by County
CARLOW	432	296
CAVAN	2302	1298
CLARE	3384	2202
CORK	4545	2731
DONEGAL	6184	2271
DUBLIN	284	158
GALWAY	6171	3041
KERRY	4856	2341
KILDARE	769	440
KILKENNY	930	628
LAOIS	861	528
LEITRIM	2684	1447
LIMERICK	2446	1475
LONGFORD	1036	670
LOUTH	537	326
MAYO	7154	3467
MEATH	1313	760
MONAGHAN	1553	932
OFFALY	1313	760

ROSCOMMON	2993	1932
SLIGO	2578	1478
TIPPERARY	2285	1479
WATERFORD	766	474
WESTMEATH	1336	796
WEXFORD	1004	650
WICKLOW	938	537
TOTAL	60,654	33,117

Commonage Management Plans

245. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the number of commonage farmers that have completed a commonage management plan by county in tabular form; the number of commonage farmers that have not completed a CMP; the number of commonage farmers that have received 2017 GLAS payments, that is, 85% and 15% payments; and if he will make a statement on the matter. [28625/18]

246. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the number of commonage farmers by county in tabular form; the number of commonage farmers that have applied to GLAS 1, 2 and 3 that have had their applications processed by county; the number of commonage farmers that have received or not received their 2017 GLAS payments, respectively by county; and if he will make a statement on the matter. [28626/18]

247. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the number of commonage farmers that have applied to GLAS 1, 2 and 3 that have had their applications processed; the number that have received or not received their 2017 GLAS payments, respectively; and if he will make a statement on the matter. [28627/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I propose to take Questions Nos. 245 to 247, inclusive, together.

Commonage Management Plans are a core requirement for participants with a commonage GLAS action, within the GLAS scheme. I would encourage any GLAS applicant with outstanding obligations, such as the finalisation of a Commonage Management Plan to speak to their Advisor and ensure that this work is completed as a priority. Without the submission of all the required information, these applicants will remain ineligible for further GLAS payments. A number of cases remain ineligible for payment as the GLAS participant and/or their Advisor need to take action.

Attached is the requested breakdown of commonage information in tabular form.

Herds with active commonage:

County	2017 GLAS1 Advance Payment Paid	2017 GLAS1 Balance Payment Paid	2017 GLAS2 Advance Payment Paid	2017 GLAS2 Balance Payment Paid	2017 GLAS3 Advance Payment Paid	2017 GLAS3 Balance Payment Paid	2017 All Paid
Carlow	27	17	10	12	25	2	31
Cavan	3	20	6	16	21	11	47
Clare	60	17	34	15	49	12	44

County	2017 GLAS1 Advance Payment Paid	2017 GLAS1 Balance Payment Paid	2017 GLAS2 Advance Payment Paid	2017 GLAS2 Balance Payment Paid	2017 GLAS3 Advance Payment Paid	2017 GLAS3 Balance Payment Paid	2017 All Paid
Cork	160	144	93	132	52	79	355
Donegal	477	130	352	90	474	115	335
Dublin	10	0	0	0	4	0	0
Galway	410	173	264	66	313	66	305
Kerry	446	103	272	94	181	60	257
Kildare	2	3	2	1	12	0	4
Kilkenny	8	0	4	0	1	0	0
Laois	11	4	7	0	15	2	6
Leitrim	68	66	55	38	69	34	138
Limerick	10	6	3	0	8	1	7
Longford	8	1	7	2	6	2	5
Louth	32	0	27	0	14	0	0
Mayo	376	275	332	166	464	169	610
Meath	0	0	0	0	1	0	0
Offaly	0	1	1	2	8	2	5
Roscom- mon	15	9	16	3	16	2	14
Sligo	70	27	60	23	75	14	64
Tipperary	55	21	45	1	23	2	24
Water- ford	44	3	12	0	15	0	3
West- meath	1	0	0	1	1	0	1
Wexford	32	1	5	1	14	0	2
Wicklow	51	12	54	8	60	0	20
Totals		1033		671		573	2277

Commonage Management Plans Submitted/ Outstanding:

County	No of CMPs Submitted	No of CMPs Outstanding
Carlow	9	18
Cavan	35	11
Clare	34	61
Cork	274	94
Donegal	265	579
Dublin	0	8
Galway	316	424
Kerry	204	366
Kildare	1	4
Kilkenny	0	6
Laois	6	17
Leitrim	85	52

Limerick	9	8
Longford	3	9
Louth	1	27
Mayo	399	464
Meath	0	1
Offaly	4	3
Roscommon	13	29
Sligo	39	96
Tipperary	17	58
Waterford	1	39
Westmeath	0	0
Wexford	2	16
Wicklow	22	80
Totals	1739	2470

Commonage Management Plans

248. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the steps being taken to expedite payments for the substantial number of GLAS commonage farmers that still remain to be paid their final 15% instalment for 2017. [28628/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Commonage Management Plans are a core requirement for participants with a commonage GLAS action, within the GLAS scheme. I would encourage any GLAS applicant with outstanding obligations, such as the finalisation of a Commonage Management Plan to speak to their Advisor and ensure that this work is completed as a priority. Without the submission of all the required information, these applicants will remain ineligible for further GLAS payments. A number of cases remain ineligible for payment as the GLAS participant and/or their Advisor need to take action. A dedicated email address glascommonages@agriculture.gov.ie has been set up to support GLAS Commonage Advisors on any questions they may have, a guide to the completion of a GLAS Commonage Management Plan is also available on the DAFM website and the GLAS helpline is available 0761 064451.

Brexit Issues

249. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the contingency plans and strategies ready for deployment in the event of a no-deal Brexit in his Department for the agrifood and fisheries sectors as warned by several EU leaders and President Juncker; and the details all such plans. [28629/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): My Department continues to feed into the EU-UK Brexit negotiations, through the whole-of-government approach, to ensure that the post-Brexit environment for the agrifood and fisheries sectors remains the status quo.

Notwithstanding this, and in line with the whole-of-Government approach to Brexit contingency planning, my Department has been engaged in an assessment of the contingencies that may arise in relation to Brexit, and the resource implications for such contingencies.

My Department has been in consultation with the relevant stakeholders through a number of channels. These include DAFM's Brexit Stakeholder Consultative Committee, the All-Island Civic Dialogue process and, more recently, focused sectoral meetings with businesses that have a strong trading relationship with the UK and/or use the UK landbridge to Europe. These meetings have helped my Department to establish the extent of sectoral reliance on the UK market, the potential implications of Brexit for each sector and the possible responses to the challenges presented. My Department has also been analysing the potential practical impact of a 'hard' Brexit on the day-to-day functioning of trade, as well as potential WTO tariffs that might be applied to Ireland's agri-food exports to the UK. In addition, Bord Bia's Brexit Barometer has helped participating companies to assess their preparedness for Brexit and will be of assistance in the design of strategies to support such companies.

This process is complex, involving many variables, and the detailed assessment is ongoing.

Livestock Issues

250. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine if he has made changes to the operation of livestock bed and breakfast practice; if the option to apply for a certificate of compliance for movement to another holding for feeding purposes has been discontinued and all applications now treated as movement of an animal to another holding; if the passport or ID card is now required to accompany the bovine animal at all times during movement and each transfer recorded as a movement for QA criteria; if he consulted farming organisations in advance of bringing forward these potential meetings; the number of such meetings; and the rationale for such changes to bed and breakfast rules. [28630/18]

253. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the reason for the introduction in January 2019 of new rules regarding the permit for the movement of cattle; and the reason for these rules in view of the fact they do not appear to be related to disease control. [28633/18]

254. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine his views on whether it is fair for farmers following the introduction in January 2019 of new rules regarding the permit for the movement of cattle of a scenario (details supplied). [28634/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): I propose to take Questions Nos. 250, 253 and 254 together.

The Department engaged in a consultation process with the farm organisations including ICMSA, ICSA and IFA on revision of the procedures for an application for a Certificate of Compliance associated with the movement of animals from farm to farm. The consultation process focussed on the movement of cattle for feeding purposes, requirement for specification of the destination herd and a reduction in the validity period.

My Department deemed it appropriate to review the application process for a Certificate of Compliance in the light of its endeavours on a consistent basis to ensure the highest standards in bovine traceability through the Animal Identification and Movement database (AIM). The AIM database underpins confidence in food supply, disease control, provides requisite assurances to consumers as to the origin/traceability of cattle and plays a key role in enhancing Ireland's ability to trade internationally.

The facility to record feedlot movements on the AIM system was historically introduced to assist in the establishment of stocking density for premia payments. The facility to record this

movement type is no longer required. Thus with effect from 1 June 2018, the option to apply for a Certificate of Compliance for movement of animals to another holding for feeding purposes was removed. All applications received on or after that date for movement to a feedlot are treated as an application for the movement of an animal(s) to another holding.

As has been the position to date, S.I. No 77 of 2009, European Communities (Identification of Bovines) Regulation 2009 requires that a person shall not, except in accordance with a permit, transfer ownership or responsibility for a bovine to another person unless the passport relating to that bovine is completed and transferred to the person concerned with the animals. In that regard the passport must accompany the bovine animals at all times during movement.

Keepers can continue to apply online for a Certificate of Compliance to move an animal to another holding using agfood.ie online services or an approved farm software package. Alternatively, keepers can complete a form NBAS 31A (that is available on the Department's website or from a Regional Veterinary Office) and submit it to the Cattle Movement Notification Agency in Clonakilty as is currently the case.

The quality bonus payment scheme is a meat industry lead initiative and is not a Department scheme. For the purpose of the meat industry quality bonus payment scheme the count of farm residencies remains unchanged. That count is based on the number of residencies, including the herd of origin and each change in farm residency as a result of a farm to farm movement. Movements to a holding for feeding purposes have historically been counted as a farm residency movement and therefore the removal of the feedlot movement facility on AIM will not impact on this.

Dairy Sector

251. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine his plans to implement recommendations from the report People in Dairy Action Plan to address labour issues in the dairy sector. [28631/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): At a meeting of the Food Wise 2025 High Level Implementation Committee (HLIC) last October, I asked Tom Moran, former Secretary General of my Department, to establish a multi-stakeholder industry group to consider in detail the range of labour issues facing the dairy sector and to prepare a report and recommendations on how they can be addressed. The 22 person group worked diligently over the subsequent months and I was delighted to publish their final report, 'The People in Dairy Action Plan', last week.

The Plan contains a total of 29 specific actions which are grouped into six broad areas:

- measures to ensure adequate availability of skilled farm operatives both seasonally and throughout the year (5 actions),
- improving the labour efficiency of farms (4 actions),
- developing dairy farmers into employers with good HR skills (4 actions),
- new training and ongoing CPD for dairy farmers and employees (6 actions),
- providing career progression pathways (5 actions),
- promoting dairy farming as an attractive career (5 actions)

The Chairman of the group has emphasised that these six areas are all inter-linked and cannot be taken in isolation.

The success of the Action Plan will be in its implementation and I welcome the fact that it contains a chapter dedicated to this aspect, which sets out three specific actions:

- The appointment of a programme manager
- The establishment of a stakeholder advisory group
- Consideration and development of funding mechanisms.

For each of the 29 actions, lead and support organisations are identified, as well as timelines. I have asked the Chairman to report back to the HLIC periodically so that implementation of the Plan can be monitored.

EU Budget Contribution

252. **Deputy Charlie McConalogue** asked the Minister for Agriculture, Food and the Marine the number of EU member states that are prepared to increase national contributions to the EU budget and MFF 2021-2027 in order to increase spending for CAP; the estimated number of member states against increasing national contributions to the EU budget proposed by the European Commission in May 2018; and the increased national percentage in GNI terms needed for each member state to increase contributions to stop proposed cuts to CAP post-2020. [28632/18]

Minister for Agriculture, Food and the Marine (Deputy Michael Creed): Recently in Madrid I agreed a Memorandum, with five of my European colleagues, seeking that CAP funding for 2021 - 27 would not be subject to cuts and would remain at the current level for the 27 EU member states. Ireland, France, Spain, Portugal, Greece and Finland all signed the Memorandum. Support has grown for this position and I understand that up to twenty Member States have expressed support for this position.

Questions Nos. 253 and 254 answered with Question No. 250.

Rail Network

255. **Deputy Frank O'Rourke** asked the Minister for Transport, Tourism and Sport the status of the design and planning of the proposed electrification of the Maynooth rail line; his plans for improvements in services for commuters on the existing rail line; and if he will make a statement on the matter. [28431/18]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): As Minister for Transport, Tourism and Sport I have responsibility for policy and overall funding in relation to public transport. The National Transport Authority (NTA), working with other relevant State bodies, is responsible for ensuring the planning and delivery of the public transport infrastructure priorities in the GDA. This includes the electrification of the Maynooth line as part of the DART Expansion Programme. I am also advised that NTA, working with Irish Rail, intends to implement Maynooth and Kildare route off-peak improvements for services operating via the Phoenix Park, commencing in December.

Therefore, in light of the NTA's role, I have forwarded the Deputy's questions to the NTA

for further response.

Transport Infrastructure Ireland Projects

256. **Deputy Stephen S. Donnelly** asked the Minister for Transport, Tourism and Sport when a report on the agreed cost and safety recommendations on the N81 will be completed. [28505/18]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): As Minister for Transport, Tourism & Sport, I have responsibility for overall policy and funding in relation to the national roads programme. The planning, design and operation of individual roads is a matter for Transport Infrastructure Ireland under the Roads Acts 1993-2015 in conjunction with the local authorities concerned.

Noting the above position, I have referred the Deputy's question to TII for direct reply. Please advise my private office if you don't receive a reply within 10 working days.

Tourism Funding

257. **Deputy Brendan Smith** asked the Minister for Transport, Tourism and Sport the capital funding available for tourism development in Ireland's Hidden Heartlands; the range of tourism projects eligible for grant assistance; and if he will make a statement on the matter. [28576/18]

Minister for Transport, Tourism and Sport (Deputy Shane Ross): With regard to Exchequer allocations for investment in tourism product development in the Ireland's Hidden Heartlands region, I can inform the Deputy that in 2018 an initial capital allocation of €1m has been allocated to allow Fáilte Ireland commence the initial development stage of the new brand experience. Further Exchequer allocations for subsequent years will be decided in the context of the annual Estimates process between my Department and the Department of Public Expenditure and Reform.

In regard to the tourism projects eligible for grant assistance, my Department provides funding to Fáilte Ireland for investment in tourism, but it is not directly involved in the management or development of individual tourism projects and has no role in the administration of the agency's capital grant programmes. These are operational matters for the board and management of Fáilte Ireland.

I have referred the Deputy's questions to Fáilte Ireland and asked them to provide any additional information directly to the Deputy. Please contact my private office if you have not received a reply within ten working days.

Sports Capital Programme Eligibility

258. **Deputy Charlie McConalogue** asked the Minister for Transport, Tourism and Sport the criteria used to decide the level of funding each individual application received in the 2017 sports capital programme; if all groups which were deemed as qualifying received funding; if the same criteria will be used in the upcoming sports capital programme as was used in the 2017 programme; and if he will make a statement on the matter. [28582/18]

Minister of State at the Department of Transport, Tourism and Sport (Deputy Brendan Griffin): All valid local applications under the 2017 Sports Capital Programme (SCP) were allocated funding. The overall funding was first divided by county on a per capita basis. The exact amount allocated to each project was then based on a combination of the score obtained by the project following assessment, the total amount sought for the project and the overall amount available for the relevant county. In the case of national/regional applications, the top scoring 2/3 of applications were allocated funding. A full review of the 2017 round of the programme has been finalised and is available on my Department's website (www.dttas.ie). The review includes full details on how allocations were decided.

The review also includes some suggested changes for the next round of the programme. In this regard, arrangements for the 2018 round of the SCP are currently being finalised and I expect to make an announcement in this regard in the coming weeks. As with the 2017 round, I envisage that the full scoring system will be published in advance of the assessment of 2018 applications commencing.

Legislative Programme

259. **Deputy Charlie McConalogue** asked the Minister for Children and Youth Affairs the status of the progression of the Adoption (Information and Tracing) Bill 2016; and if she will make a statement on the matter. [28510/18]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): The Adoption (Information and Tracing) Bill 2016 has passed Second Stage in the Seanad and it is my intention is that the Bill will be enacted by the end of the year. In order to progress the Bill, and proceeding to Committee Stage, I recently met with advocacy groups and with Oireachtas colleagues, which was informative and helpful. I have also arranged to meet with the Attorney General and his officials to discuss how we can move forward with this legislation.

It is essential that the Bill progresses as quickly as possible, as it places the information and tracing service on a statutory footing for the first time.

It will also protect relevant records by bringing them into the custody of the Adoption Authority of Ireland. It will create offences for the concealment, destruction, mutilation or falsification of such records.

Officials are currently reviewing the Bill, in the light of the recent evidence emerging on illegal birth registrations, to ensure that it is robust in addressing this issue. If additional amendments to the Bill are required to ensure this, this can be addressed as the Bill progresses through the Houses of the Oireachtas.

I look forward to engaging with members of this House and of the Seanad so that all of us who wish to see this Bill implemented as soon as possible can work together to achieve this.

HSE Properties

260. **Deputy Patrick O'Donovan** asked the Minister for Children and Youth Affairs the number of children aged one or under buried at the HSE owned cemetery attached to a former home (details supplied); and if she will make a statement on the matter. [28577/18]

261. **Deputy Patrick O'Donovan** asked the Minister for Children and Youth Affairs the number of children aged one or under that died at a former home (details supplied) in periods;

and if she will make a statement on the matter. [28578/18]

Minister for Children and Youth Affairs (Deputy Katherine Zappone): I propose to take Questions Nos. 260 and 261 together.

I wish to advise the Deputy that the Department of Children and Youth Affairs does not hold records in relation to the issues raised. In addition, I am advised that Tusla, the Child and Family Agency, does not hold records relevant to the Deputy's query. I note from the information provided by the Deputy that the cemetery involved is in the ownership of the Health Service Executive (HSE). I do not have any details on the information which may be held by the HSE. I understand that St. Ita's Community Hospital is currently a residential care unit for the elderly and that former facilities at this site would also have operated under the relevant health authorities of the time.

The Deputy may be aware that the independent Commission of Investigation into Mother and Baby Homes has been tasked with examining the treatment of unmarried mothers and their babies in Mother and Baby Homes as well as a representative sample of County Homes. In accordance with its remit, the Commission previously announced that it had selected four County homes which it considered to have provided comparable functions to a Mother and Baby Home. However, the former County Home in Newcastle West was not specifically identified for further examination by the Commission.

Local Improvement Scheme

262. **Deputy Noel Grealish** asked the Minister for Rural and Community Development the timeframe for the review of the national local improvement scheme; if the existing eligibility criteria will be amended to include city councils in the scheme in view of the fact that they are not permitted to apply for funds from the existing scheme; and if he will make a statement on the matter. [28448/18]

Minister for Rural and Community Development (Deputy Michael Ring): The Local Improvement Scheme (LIS), is a scheme for carrying out improvement works on private/non-public roads. Often these roads lead to multiple residences, parcels of land that support agricultural activity, or to amenities such as lakes, rivers or beaches.

I reintroduced the LIS in September 2017 after a gap of 8 years. The scheme is currently funded by my Department in conjunction with the County Councils. The Councils administer the scheme, select individual roads for improvement, and carry out the works. To date, I have approved funding of over €28 million under the scheme, which will benefit over 1,100 LIS roads across rural Ireland.

The scheme currently operates under the criteria outlined in a 2002 Memo issued by the then Department of the Environment and Local Government. Under the provisions of that Memo, the scheme applies to County Councils only.

My Department intends to carry out a review of the LIS later this year, and will consider in that context whether the scheme should be extended to include City Councils.

Invalidity Pension Applications

263. **Deputy Michael Healy-Rae** asked the Minister for Employment Affairs and Social Protection the status of an application for an invalidity pension by a person (details supplied);

and if she will make a statement on the matter. [28416/18]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): Invalidity pension (IP) is a payment for people who are permanently incapable of work because of illness or incapacity and who satisfy the pay related social insurance (PRSI) contribution conditions.

The department received a claim for IP for the gentleman referred to on 28 March 2018. His claim was disallowed on the grounds that the medical conditions for the scheme were not satisfied. He was notified on the 27 June 2018 of this decision, the reasons for it and of his right of review and appeal.

I hope this clarifies the matter for the Deputy.

Disability Allowance Appeals

264. **Deputy Tom Neville** asked the Minister for Employment Affairs and Social Protection if a decision has been made on a disability allowance appeal by a person (details supplied) in County Cork; and if she will make a statement on the matter. [28424/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The Social Welfare Appeals Office has advised me that an appeal by the person concerned was registered in that office on 11th April 2018. It is a statutory requirement of the appeals process that the relevant papers and comments by or on behalf of the Deciding Officer on the grounds of appeal be sought from the Department of Employment Affairs and Social Protection. These papers have been received in the Social Welfare Appeals Office and the case will be referred to an Appeals Officer who will make a summary decision on the appeal based on documentary evidence presented or, if required, hold an oral hearing.

The Social Welfare Appeals Office functions independently of the Minister for Employment Affairs and Social Protection and of the Department and is responsible for determining appeals against decisions in relation to social welfare entitlements.

I hope this clarifies the matter for the Deputy.

Social Welfare Benefits Expenditure

265. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of increasing the weekly State pension by €5 per week to build towards achieving the commitment in the national pensions framework of a State pension set at 35% of average weekly earnings. [28433/18]

266. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of ensuring the final 15% of the Christmas bonus is restored as a double week payment for Christmas 2019 for all social welfare recipients. [28434/18]

267. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of increasing the living alone allowance by €3 per week. [28435/18]

268. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of increasing the over 80s allowance by €2 per week. [28436/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): I propose to take Questions Nos. 265 to 268, inclusive, together.

The full year cost of increasing all weekly pension payments by €5 per week is estimated to be €160.9 million in 2019. This cost includes the following schemes: State Pension Contributory; Widow's, Widower's or Surviving Civil Partner's Contributory Pension (where recipient is aged 66 and over); Deserted Wives Benefit (where recipient is aged 66 and over); Death Benefit Pension (where recipient is aged 66 and over); State Pension Non-Contributory and Carer's Allowance (where recipient is aged 66 and over).

Last December, an 85% Bonus was paid to some 1.2 million long-term social welfare recipients, including pensioners, people with disabilities, carers, lone parents and the long-term unemployed, at a cost of €218.6 million. The cost of a 100% Bonus is estimated at circa €257 million in 2018. As was the case in previous years where a Bonus was subsequently paid (2014 to 2017 inclusive), there is no provision in the 2018 Revised Estimates for the payment (at any rate) of a Christmas Bonus in 2018. Any decision taken regarding the payment of a Bonus in 2018 will have to be consistent with the legal requirements set out in the domestic Fiscal Responsibility Acts 2012 and 2013 and the targets set for Ireland by the EU Stability and Growth Pact.

It should be noted that these costings include proportionate increases for qualified adults and for those on reduced rates of payment, where relevant.

The full year cost of increasing the Living Alone Allowance by €3 per week is estimated to be €32.8 million in 2019.

The full year cost of increasing the Over 80 Allowance by €2 per week is estimated to be €17.4 million in 2019.

The costs shown above are on a full year basis and are based on the estimated number of recipients in 2019. It should be noted that these costings are subject to change in the context of emerging trends and associated revision of the estimated numbers of recipients for 2019.

State Pensions

269. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of reversing the changes introduced in 2012 to the State pension system by reducing the number of bands from six to four. [28437/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The reversal of the rate bands for post 2012 pensioners to the 2000-2012 rate band percentages would carry an estimated cost of some €73 million in 2018 (including inflows from other payments such as the State Pension non-contributory and Increases for Qualified Adults), rising at a rate of €10m to €12m extra per annum (i.e., an extra €85 million approx. in 2019 and an extra €97 million in 2020).

The Government is not proposing to reverse the rate band changes, and instead intends to introduce a more progressive proposal. On the 23rd January the Government agreed an interim Total Contributions Approach (TCA) solution for those affected by the 2012 rate-band changes. Under this approach, a person who reached pension age after 1 September 2012 (i.e. who is among those affected by the new ratebands introduced from that date) and who has a 40 year record of paid and credited social insurance contributions, subject to a maximum of 20 years of credits, will qualify for a maximum contributory pension where they satisfy the other qualifying

conditions for the scheme. Those with lesser records may qualify for a pro-rata amount.

Up to 20 years of HomeCaring credits, and / or 10 years of other qualifying credits, for example when unemployed or ill, may be used, subject to the total number of credits not exceeding 20 years.

This approach is expected to significantly benefit many people, particularly women, whose work history includes an extended period of time outside the paid workplace, while raising families or in a caring role. It will make it easier for pensioners assessed under the yearly average model, to qualify for a higher rate of the State Pension (contributory). This interim TCA will ensure that the totality of a person's social insurance contributions - as opposed to the timing of them - determines a final pension outcome.

It should also be noted that taking this approach – TCA with up to 20 years of homecaring credits for periods both before and after 1994 – is more advantageous to women who cared in the home, and who were the most affected by the 2012 changes, than a simple reversion to the status quo before 2012, which would have created new inequitable outcomes. A simple reversal along those lines would, in many cases, have resulted in a smaller increase for such women, but a bigger increase for people who did not have such caring duties and who, in many cases, would have significant income from foreign pensions, in addition to their Irish pension.

Work is underway to draft legislation to enable implementation of these arrangements. In line with the legislation, IT solutions must be developed to implement the changes. Accordingly, in the final quarter of this year, the Department will begin inviting impacted recipients of the State Pension (contributory) to seek a review of their pension calculations, with the first payments being made in the first quarter of 2019, backdated to the 30th March 2018.

This interim TCA solution is distinct from the one which will apply for all new pensioners from 2020, and which is currently subject to a public consultation. The final design of that TCA model will be proposed to Government before the end of this year.

I hope this clarifies the matter for the Deputy.

Bereavement Grant

270. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of restoring the bereavement grant. [28438/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): During the economic downturn, my Department protected primary social welfare rates and in recent years, as the economy recovered, the Government has concentrated resources in improving the core rates of payments, particularly for pensioners. Abolishing the bereavement grant provided a significant annual saving and allowed my Department to protect other core social welfare payments such as the State pension.

The number of bereavement grant claims in 2013 was 23,716, and this represented an increase of approximately 4% on 2012. Based on a similar yearly increase each year since 2013, it is estimated that the number of bereavement grant claims that might arise in 2019, were the scheme to be re-introduced, would be in the region of 30,000, and the number would be expected to increase in future years. Accordingly, if there were 30,000 such grants made in 2019, at a rate of €850 each, the cost would be approx. €25.5 million.

Any decision to reinstate the Bereavement Grant would have to be considered in the context

of overall budgetary negotiations.

It's worth noting that there are a range of supports available for people following bereavement which provide more significant support than the grant. These include weekly-paid widow's, widower's or surviving civil partner's (contributory and non-contributory) pensions, which are based on contributions or a means test, and a once-off widowed or surviving civil partner grant of €6,000 where there is a dependent child. A number of social welfare payments, including State pension, continue in payment for six weeks following a death. In Budget 2016, the Government increased the payment after death period to 12 weeks for carer's allowance. Guardian payments are available where someone cares for an orphaned child. A special funeral grant of €850 is paid where a person dies because of an accident at work or occupational disease.

Under the SWA scheme, the Department of Social Protection may make a single exceptional needs payment (ENP) to help meet essential, once-off expenditure which a person could not reasonably be expected to meet from their weekly income, which may include help with funeral and burial expenses.

I hope this clarifies the matter for the Deputy.

Fuel Allowance Expenditure

271. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of restoring the fuel allowance to 32 weeks. [28439/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The fuel allowance is a targeted payment of €22.50 per week, paid for the duration of the fuel season from October to April. Over 364,000 low income households benefit from this allowance, at an estimated cost of €227 million in 2018. The purpose of this payment is to assist these households with their energy costs. One allowance is paid per household representing a contribution towards the energy costs of a household; it is not intended to meet those costs in full.

The cost of an additional week of fuel allowance is estimated at approx. €8.6 million. Extending the duration of the scheme from 27 to 32 weeks would therefore cost an estimated €42.9 million. Any decision to extend the duration that fuel is paid for would have budgetary consequences and would have to be considered in the context of budget negotiations.

The fuel scheme is intended to provide some additional support for people on long-term welfare payments during the winter season which clearly does not last for 32 weeks. By reducing the fuel season it restored the core purpose of the payment as a winter fuel support. There was no cut in the rate of payment of the fuel allowance. In 2016, with the improved economic conditions, the rate of fuel allowance was increased from €20 per week to €22.50. The Government believed that increasing the rate during the colder weeks of the year, when the actual need was greatest, rather than extending a lower payment into months during which recipients faced a lesser heating cost, was the correct decision to make.

Fuel allowance is not the sole income support mechanism through which assistance is provided to people with special or additional heating needs. My Department also pays an electricity or gas allowance as part of the household benefits package at an estimated cost of €237 million in 2018. Under the supplementary welfare allowance scheme, a special heating supplement may be paid to assist people in certain circumstances that have special heating needs. Exceptional needs payments (ENP) may be made to help meet an essential, once-off cost which an applicant is unable to meet out of his/her own resources.

While I am aware that fuel poverty is a very real issue for low income households, income support is only part of the answer in terms of addressing fuel poverty. The Government is committed to protecting vulnerable households from the impact of energy costs through a combination of supports, investment in programmes to improve the energy efficiency of the housing stock and energy efficiency awareness initiatives.

I hope this clarifies the matter for the Deputy.

Free Travel Scheme

272. **Deputy John Brady** asked the Minister for Employment Affairs and Social Protection the estimated full cost of increasing the funding for the free travel scheme by €5 million to make it more attractive for operators to join and to ensure that it continues to address passenger needs. [28440/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The free travel scheme provides free travel on the main public and private transport services for those eligible under the scheme. These include road, rail and ferry services provided by companies such as Bus Átha Cliath, Bus Éireann and Iarnród Éireann, as well as Luas and services provided by over 80 private transport operators. There are currently approx. 914,000 customers with direct eligibility. The scheme is available to all people aged over 66 living permanently in the State. To qualify for the scheme, applicants who are under age 66 must be in receipt of a qualifying payment. These are invalidity pension, blind pension, disability allowance, carer's allowance or an equivalent social security payment from a country covered by EC Regulations or one with which Ireland has a Bilateral Social Security Agreement.

In order to maintain service at existing levels, and to facilitate new entrants/services to the scheme, funding to the free travel scheme was increased by €10 million in Budget 2018, an increase of 12.5%. Accordingly, the estimated expenditure on free travel in 2018 is €90 million. To increase the funding by an additional €5 million would bring the total expenditure for the scheme up to €95 million.

I hope this clarifies the matter for the Deputy.

Carer's Allowance Eligibility

273. **Deputy Robert Troy** asked the Minister for Employment Affairs and Social Protection if a carer's allowance will be granted to a person (details supplied); and if she will make a statement on the matter. [28453/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Carer's allowance (CA) is a means-tested social assistance payment made to a person who is habitually resident in the State and who is providing full-time care and attention to a person who has such a disability that they require that level of care.

I confirm that my department received an application for CA from the person concerned on the 12 January 2018.

It is a condition for receipt of a CA that the person being cared for must have a disability whose effect is that they require full-time care and attention.

This is defined as requiring from another person, continual supervision and frequent assis-

tance throughout the day in connection with normal bodily functions or continual supervision in order to avoid danger to him or herself and likely to require that level of care for at least twelve months.

The evidence submitted in support of this application was examined and the deciding officer decided that this evidence did not indicate that the requirement for full-time care and attention was satisfied.

The person concerned was notified on 3 May 2018 of this decision, the reason for it and of her right of review and appeal.

The person concerned requested a review of this decision. The outcome of the review is that the original decision is confirmed. On 23 May 2018 the person concerned was notified of this outcome and of their right of appeal.

I hope this clarifies the matter for the Deputy.

Carer's Benefit Payments

274. **Deputy Clare Daly** asked the Minister for Employment Affairs and Social Protection the reason there are delays of up to 11 weeks for applications to be processed by the carer's benefit section (details supplied); and if she will make a statement on the matter. [28479/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): My Department is committed to providing a quality service to all its customers. This includes ensuring that applications are processed and that decisions on entitlement are made as quickly as possible. Carer's benefit (CARB) is a payment made to insured people who leave the workforce to care for a person(s) in need of full-time care and attention.

At the end of May 2018 the average waiting time for new carer's benefit (CARB) applications was 9 weeks.

To qualify a person has to show that they have the required level of PRSI contributions, that they have left full-time employment, that they are providing full-time care and attention and that the person being cared for has such a disability that they require full-time care and attention.

Schemes that require a high level of documentary evidence from the customer, particularly in the case of disability and caring schemes, can take longer to process.

In some cases the documentary evidence provided at initial application stage is incomplete or insufficient and this can lead to delays in processing.

The Department is beginning a redesign of the CARB application form. It is expected that this new form will allow carers to provide more information on the type and level of care they provide, and more relevant information on their previous employment, which would provide Deciding Officers with the information they need to expedite decisions on entitlement.

I hope this clarifies the matter for the Deputy.

Social Insurance

275. **Deputy Tom Neville** asked the Minister for Employment Affairs and Social Protection

if a social insurance contribution review in respect of a person (details supplied) in County Cork has been completed; and if she will make a statement on the matter. [28509/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): A review of a social insurance record will be carried out for any person who makes such a request. In this case, the Department has no record of having received a request from the person concerned to have their social insurance record reviewed. Therefore, as a starting point, the person concerned should forward any information they may have in relation to any concern that their record is incomplete or missing contributions.

I hope this clarifies the matter for the Deputy.

Invalidity Pension Applications

276. **Deputy Michael Healy-Rae** asked the Minister for Employment Affairs and Social Protection the status of an application for an invalidity pension by a person (details supplied); and if she will make a statement on the matter. [28513/18]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): Invalidity pension (IP) is a payment for people who are permanently incapable of work because of illness or incapacity and who satisfy the pay related social insurance (PRSI) contribution conditions.

To qualify for IP a claimant must, inter-alia, have at least 260 (5 years) paid PRSI contributions since entering social insurance and 48 contributions paid or credited in the last complete contribution year before the date of their claim. Only PRSI classes A, E or H contributions were reckonable for IP purposes up to 30 November 2017.

The department received a claim for IP for the gentleman concerned on the 08 November 2017. His application was refused on the 27 February 2018 on the grounds that the contribution and medical conditions for the scheme are not satisfied. He was notified on the 27 February 2018 of this decision, the reasons for it and of his right of review and appeal.

The gentleman concerned requested a review of this decision and submitted further medical evidence in support of his request. Self-employed contributors have been eligible for the invalidity pension from the 01 December 2017. As the gentleman concerned has class S (self-employed) PRSI contributions paid, he fulfils the contribution criteria for IP from 01 December 2017. Following a review of all the information available the deciding officer is satisfied that the medical conditions for the scheme are satisfied and the gentleman has been awarded IP with effect from the 07 December 2017. Payment will issue to his nominated bank account on the 05 July 2018. Any arrears due from the 07 December 2017 to 04 July 2018 (less any overlapping social welfare payment) will issue in due course. The gentleman in question was notified of this decision on the 27 June 2018.

I hope this clarifies the matter for the Deputy.

Invalidity Pension Appeals

277. **Deputy Michael Healy-Rae** asked the Minister for Employment Affairs and Social Protection the status of an invalidity pension application by a person (details supplied); and if she will make a statement on the matter. [28516/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): The Social Welfare Appeals Office has advised me that an appeal by the person concerned was referred to an Appeals Officer, who will make a summary decision on the appeal based on the documentary evidence presented or, if required, hold an oral hearing.

The Social Welfare Appeals Office functions independently of the Minister for Employment Affairs and Social Protection and of the Department and is responsible for determining appeals against decisions in relation to social welfare entitlements.

I hope this clarifies the matter for the Deputy.

Disability Allowance

278. **Deputy Tom Neville** asked the Minister for Employment Affairs and Social Protection if she will request the disability allowance section to complete a rate review requested in April 2017 in respect of a person (details supplied); and if she will make a statement on the matter. [28528/18]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): I can confirm this gentleman has been in receipt of disability allowance (DA) since 2 April 2014. A review of his means is currently taking place.

His file has been referred to a Social Welfare Inspector (SWI) for a report on his means. Once the SWI has submitted his/her report to DA section, the review will be completed and this gentleman will be notified directly of the outcome.

I trust this clarifies the situation for the deputy.

Domiciliary Care Allowance Applications

279. **Deputy Bernard J. Durkan** asked the Minister for Employment Affairs and Social Protection if and when domiciliary care allowance payment will be approved in the case of a person (details supplied); and if she will make a statement on the matter. [28570/18]

Minister of State at the Department of Employment Affairs and Social Protection (Deputy Finian McGrath): An application for domiciliary care allowance (DCA) was received in respect of this child on the 18th April 2018. The application was not allowed as it was considered that the child did not meet the eligibility criteria for the allowance. A letter issued on the 25th June 2018 outlining the decision in this case.

In the case of an application which is refused, the applicant may submit additional information and ask to have the decision reviewed, and/or they may appeal the decision directly to the Social Welfare Appeals Office. The options available have been advised in the decision letter.

I hope this clarifies the matter for the Deputy.

State Pensions Payments

280. **Deputy Michael Moynihan** asked the Minister for Employment Affairs and Social Protection if her Department will issue updated tax credit certificates to the Revenue Commissioners in respect of social welfare recipients when rates of payments change during a calendar

year; if her attention has been drawn to the fact that this is causing underpayments of income tax due to inaccurate information being provided to the Revenue Commissioners; the steps being taken to rectify the situation; and if she will make a statement on the matter. [28583/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): This matter relates to the information provided annually by my Department to the Revenue Commissioners in respect of expected payment for the forthcoming tax year under various schemes which are considered as taxable income. Currently, Revenue makes the necessary adjustment in future tax years to address any underpayment of tax due to increases in the rates of payments.

From the information provided, I note that recipients of state pensions, in particular, can find that additional income tax may accrue when the rate at which the state pensions is paid increases during the course of the year. The Deputy will know that the Government has been able to increase the rate of State Pension in recent years.

I trust that this clarifies the matter for the Deputy.

Tús Programme

281. **Deputy Éamon Ó Cuív** asked the Minister for Employment Affairs and Social Protection the reason persons that have completed their participation on a community employment scheme are not permitted to transfer immediately to a Tús scheme; and if she will make a statement on the matter. [28596/18]

Minister for Employment Affairs and Social Protection (Deputy Regina Doherty): Community Employment (CE) and Tús are active labour market programmes with the emphasis on progression into employment and/or further education and training. They are designed to break the cycle of unemployment and maintain work readiness, thereby improving a person's opportunities of returning to the open labour market. Tús places are reserved for those who are in danger of becoming distant from the labour market. A person cannot go directly from CE to Tús. Eligibility for the Tús scheme is confined to those on the Live Register for 12 months and currently in receipt of a jobseekers allowance payment. Selection is by way of random selection of those eligible by the Department. A maximum of 30% of the places can also be filled by assisted referral. Time spent on CE does not count towards Tús eligibility. If the person concerned is unsuccessful in finding full-time work after their engagement on their CE scheme, it is open to them to contact their local Intreo Office to discuss other activation options that may be available to them.

I trust this clarifies the matter for the Deputy.

Departmental Functions

282. **Deputy Peadar Tóibín** asked the Minister for Housing, Planning and Local Government if a matter will be addressed regarding a conference (details supplied). [28422/18]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): Neither I nor my Department have had any involvement with the organisation of the INBO Europe Conference 2017 which took place in Malahide in September 2017. My Department were contacted with a request for funding by the Conference organisers, but due to other funding priorities in 2017, we were not able to agree to the request. The Department did however assist by providing two speakers for the event.

Harbours and Piers Funding

283. **Deputy Richard Boyd Barrett** asked the Minister for Housing, Planning and Local Government if funding will be provided for Dún Laoghaire Rathdown County Council to carry out the repairs necessary to Dún Laoghaire harbour to bring it up to taking in charge standard as outlined by the recent due diligence and risk management reports received by the council; and if he will make a statement on the matter. [28451/18]

Minister for Housing, Planning and Local Government (Deputy Eoghan Murphy): The National Ports Policy 2013 recommends that designated Ports of Regional Significance which are currently State-owned should be transferred to more appropriate local authority led governance structures. This policy, and associated issues arising, including any issues in relation to funding, are a matter for my colleague, the Minister for Transport, Tourism and Sport.

Turbary Rights

284. **Deputy Robert Troy** asked the Minister for Culture, Heritage and the Gaeltacht if the refusal of compensation for the turbary rights holders at a bog (details supplied) will be reviewed. [28409/18]

Minister for Culture, Heritage and the Gaeltacht (Deputy Josepha Madigan): The cessation of turf cutting compensation scheme was established in 2011 for active turf cutters arising from the cessation of turf cutting on raised bog special areas of conservation. This scheme is comprised of a payment of €1,500 per annum, index-linked, for 15 years, or relocation, where feasible, to a non-designated bog, together with a once-off incentive payment of €500. In 2014, the scheme was extended to active turf cutters from 36 raised bog natural heritage areas.

The bog referred to in the Deputy's Question is one of the 36 raised bog natural heritage areas. With respect to these sites, the qualifying criteria of the scheme are that:

- The applicant must have had a legal interest (ownership or a turbary right (right to cut turf)) in one of these sites on 25 May 2010 and must have had the right to cut and remove turf from the property on that date;
- The applicant must have been cutting turf on the land in question during the relevant five year period up to 14 January 2014;
- The turf resource on the site has not been exhausted; and
- No turf cutting or associated activity is ongoing on the property.

My Department assesses each application received on its individual merits and within the parameters of the qualifying criteria for the scheme.

28 June 2018