

# DÁIL ÉIREANN

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## COISTE SPEISIALTA UM FHREAGRA AR COVID-19

## SPECIAL COMMITTEE ON COVID-19 RESPONSE

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*Déardaoin, 18 Meitheamh 2020*

*Thursday, 18 June 2020*

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Tháinig an Coiste le chéile ag 11 a.m.

The Committee met at 11 a.m.

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Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	
Colm Brophy,	
Colm Burke,	
Mary Butler,	
Holly Cairns,+	
Jennifer Carroll MacNeill,	
Michael Collins,	
Catherine Connolly,+	
David Cullinane,	
Stephen Donnelly,	
Mairéad Farrell,+	
Aindrias Moynihan,*	
Fergus O'Dowd,	
Louise O'Reilly,	
Éamon Ó Cuív,+	
Aengus Ó Snodaigh,+	
Matt Shanahan,	
Róisín Shortall,	
Bríd Smith,	
Duncan Smith,	
Ossian Smyth.	

\* In éagmais / In the absence of Deputy John McGuinness.

+ In éagmais le haghaidh cuid den choiste / In the absence for part of the meeting of Deputies Mary Butler, David Cullinane, Louise O'Reilly, Matt Shanahan and Róisín Shortall.

Teachta / Deputy Michael McNamara sa Chathaoir / in the Chair.

## **Minute's Silence for a Member of An Garda Síochána**

**Chairman:** Before we get into the business of the committee, I invite members to stand for a minute's silence in tribute to a member of An Garda Síochána who lost his life last night.

*Members rose.*

## **Business of Special Committee**

**Chairman:** We have been notified that Deputies Cairns, Ó Cuív and Aindrias Moynihan will substitute for their party colleagues today.

## **Congregated Settings: Nursing Homes (Resumed)**

**Chairman:** I welcome our witnesses for our resumed hearing on Covid-19 outbreaks in congregated settings. We are joined by our witnesses from committee room 1 this morning. From the Department of Health we have Mr. Jim Breslin, Secretary General; Ms Kathleen MacLellan, assistant secretary, social care division; and Mr. Niall Redmond, principal officer of the social care division. From the HSE we have Mr. Paul Reid, CEO; Dr. Colm Henry, chief clinical officer; and Mr. David Walsh, national director of community operations.

I wish to advise the witnesses that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the committee. However, if they are directed by the committee to cease giving evidence on a particular matter and they continue to so do, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a manner as to make him, her or it identifiable.

Members are reminded of the provisions within Standing Order 186 that the committee shall refrain from enquiring into the merits of a policy or policies of the Government or a Minister of the Government or the merits of the objectives of such policies. We expect witnesses to answer questions asked by the committee clearly and with candour, but witnesses can and should expect to be treated fairly and with respect and consideration at all times in accordance with the witness protocol.

I invite Mr. Breslin to make his opening statement and, as I have done previously, ask that he please limit it to five minutes as it has been circulated in advance.

**Mr. Jim Breslin:** Since its emergence, Covid-19 has spread rapidly, presenting an unprecedented global challenge. Of the more than eight million cases worldwide, some 25,000 have been in Ireland, where, very sadly, as of last night, 1,710 people had lost their lives. The deaths in our nursing homes are the most difficult aspect of our national experience, and each person who has died is deeply mourned by his or her family and all of us collectively. Nursing homes are what more than 30,000 of our citizens call home. Residents of nursing homes are vulnerable because of their age, underlying medical conditions and the extent of their requirement for

care involving close physical contact. The National Public Health Emergency Team, NPHET, the Department of Health, the HSE and HIQA placed a focus on supporting older people from the outset of the pandemic.

Responding to Covid-19 involves an all-of-society, public health-led approach, with interruption of virus transmission the main goal. Suppressing the virus in the general population is a key action to limit spread to nursing homes and other settings. In addition, specific protective measures for nursing homes were introduced, including general infection prevention, social distancing, visitor restrictions, cocooning, guidance, training, testing and enhanced HSE supports for providers. The public health advice suggests that the key to protecting patients and staff in nursing home settings is to follow the whole package of infection control. Compliance with infection control standards forms part of the legal responsibilities of persons in charge of nursing homes.

Whereas Ireland recorded its first case of Covid-19 on 29 February, it was not until 16 March that the first case in a nursing home was notified by the Health Protection Surveillance Centre, HPSC. Cases peaked in the general population on 28 March but, around this time, cases in nursing homes commenced their increase in numbers. The peak in nursing homes occurred almost four weeks later on 22 April. Since then, the number of new cases has steadily declined and, today, 50% of all nursing home clusters are closed, meaning they have been Covid free for 28 days or longer. This has been a very challenging time for the residents, staff and families. Some 18% of the 30,000 residents of nursing homes have had a confirmed diagnosis of Covid-19. I want to recognise the enormous efforts of staff in nursing homes throughout the period and others who have supported them. Owing to their efforts, 56% of all nursing homes have remained virus free and the great majority of residents never contracted the virus. This is in the context of a highly infectious virus, much more infectious than influenza, smallpox or measles.

On 29 and 30 March, the Department convened a series of meetings to examine the disease trends in nursing homes, strategies adopted to date and further measures available. The Department, HIQA, the HPSC and the HSE participated. HIQA's regulatory programmes provide it with a unique knowledge of the nursing home sector. In response to a specific request from the Department, on 30 March HIQA provided details of nursing homes considered potentially at risk, having been found in previous inspections not to have fully met regulations in areas such as infection control and risk management. On the next day, NPHET requested HIQA to risk assess all nursing homes and liaise with nursing homes and the HSE nationally and regionally as necessary. On 3 April, HIQA established an infection prevention and control hub and commenced a Covid-19 daily escalation pathway to the HSE, which has informed the HSE's targeting of supports to private nursing homes.

Ireland is one of the few countries that have undertaken mass testing in nursing homes. More than 95,900 tests have been completed in long-term care settings. In addition, our commitment to recording all deaths associated with Covid-19 means our figures are more accurate than in many other countries. This was highlighted by Dr. David Nabarro, the WHO's special envoy who appeared before this committee last week, who stated Ireland's data were more "honest" than those of many other countries.

Guidance, personal protective equipment, PPE, staffing, accommodation and financial support issues have been addressed as speedily as possible. On 9 March, availability of PPE was provided by the HSE through local teams to private nursing homes. Up-to-date figures show that over the course of the pandemic, PPE of a value of €27 million has been provided. Furthermore, a €72 million temporary support package is in place. In the earliest period, the HSE

experienced difficulties in securing supplies and scaling up testing and PPE operations. Such difficulties were experienced in many other health systems, sometimes with less success in overcoming them than the HSE achieved.

Ireland will continue to manage the impact of Covid-19. It has taken the efforts of the entire country to suppress the virus in recent months, and it will take great vigilance on all our parts to prevent a further surge in the future. The priority now is to maintain high-quality prevention measures in all healthcare settings. The recommendations of the Covid-19 nursing home expert panel established by the Minister will be available in the coming weeks to provide further guidance in respect of nursing homes. The social care sector in many jurisdictions has been hit hard by Covid-19. There is a need for greater integration between health and social care. Hospitals tend to be better endowed with expertise and resources, while the continuum of care for older people is not sufficiently integrated. The HSE's mobilisation of 23 Covid-19 multidisciplinary response teams demonstrates the type of integrated approach needed. Integration of services and structures at the population level is key to the Sláintecare reform programme. It will be extremely beneficial in addressing the growing needs of our ageing population into the future.

**Chairman:** I thank Mr. Breslin for his opening statement. I invite Mr. Paul Reid, chief executive officer, HSE, to make his opening statement. Again, I ask that he limit it to five minutes.

**Mr. Paul Reid:** I thank the Chairman and members for the invitation to meet the Special Committee on Covid-19 Response. I am joined by my colleagues, Dr. Colm Henry, chief clinical officer, and Mr. David Walsh, national director, community operations.

I express again my condolences to the families and relatives of those deceased as a result of Covid-19, in particular those who were residents of nursing homes. We have seen the impact of Covid-19 was greatest in such settings. The experience of the outbreak across these facilities and the immediate responses put in place by the HSE to support these services across public, private and voluntary settings were unprecedented.

I have submitted a detailed paper to the committee which captures the substantive ongoing level of engagement across the system between the HSE, HIQA, the Department of Health, as well as the private and voluntary nursing home representative group, Nursing Homes Ireland, NHI. In the paper, I have set out the different mandates of the HSE and HIQA in this sector. However, we are united in the singular mandate of safeguarding the health and well-being of older persons living in long-term residential care. A significant feature of the response to this pandemic has been the extent of the co-operation between HIQA, as the regulator, and the HSE. The knowledge of the sector, acquired by HIQA over many years through its inspectorate, has been used on an ongoing basis to inform the actions and supports provided by the HSE.

The HSE area crisis management teams, which were formed with a specific purpose of implementing the Covid response in turn set up Covid response teams. These enable the management of outbreaks of this insidious disease with absolute equity across public, private and voluntary operated services. These teams of clinical specialists provided a range of advice and support throughout the period, including on-site assessments of residents' needs. The HSE also had to provide additional staffing, not only to its own facilities but also to private providers.

Public health and other guidance was issued across a range of measures, sometimes on a daily basis. A full nationwide personal protective equipment, PPE, logistical distribution system was formulated and deployed to all providers in a short timeframe, making what was a scarce commodity both here and internationally available in a fair and equitable manner to sup-

port demand in as far as possible.

Through the work of the area crisis management teams and Covid response teams, it is fair to say that tremendous work was undertaken in conjunction with staff of these residential facilities preparing for and dealing with Covid-19 related issues. Over 80% of long-term care facilities registered with HIQA are operated by private and voluntary providers. However, the HSE's local knowledge, supplemented by HIQA's knowledge of the sector, and the support it provided through the response teams, was critical throughout the period concerned. It assisted greatly in ensuring many of these facilities are now functioning normally once again.

The HSE did not have the opportunity of a dress rehearsal to plan for and manage this crisis. Covid-19 is a novel virus. Information is constantly evolving on how it is transmitted, how it presents in different age groups and how it can be present in people without symptoms. As with any disease, decisions are made at a point in time based on the available evidence and knowledge. We were receiving international advice and learnings from other countries simultaneously with our own experience of its spread across our population. This knowledge was changing on an ongoing basis throughout.

The committee has inquired about the learning from the events of the past six months in order to inform how we, as a nation, are prepared to address further outbreaks of this or other diseases. I have addressed this in my submission. It is clear there is a requirement for significant changes in the models of care used in this country to care for our most vulnerable older people. These changes require a concerted effort across policymakers, regulators, providers and clinical experts to achieve a safe and sustainable model of care into the future. Significant areas for development include assessing the overall governance arrangements for private nursing homes, further development of HSE support structures, funding models for long-term care and alternatives to long-term care.

I pay tribute to all healthcare workers in residential care settings, the staff who volunteered to support these services at critical stages, as well as the co-operation of the representative bodies which engaged positively with the HSE to support the flexible deployment of staff of all grades and professions. I also pay tribute to the community and family volunteers who continue to provide a bedrock of support to older people both at home and in care during these difficult times.

While we have the virus under control, it has not gone away and there is the risk of a second wave as the country further opens the economy and society. It is, therefore, vital that all the public health advice and guidance are followed by us all so we can continue to do everything we can to prevent the resurgence and spread of this deadly virus.

That concludes my statement. We are happy to take questions.

**Chairman:** The first speaker is Deputy O'Dowd from Fine Gael. He has ten minutes.

**Deputy Fergus O'Dowd:** We need a national day of mourning and remembrance to remember all who have passed away, particularly the elderly in nursing homes. Many people were very worried and concerned about how their family members died. They did not see them when they were dying and, in some cases, they did not even know they were ill. They never got to see them when they died. Their friends could not comfort or hold them. We need to address that. I welcome the extension of the bereavement support line for families of those who died in Dealgan House nursing home but we need much more proactive engagement with all those

concerned, who are suffering greatly. I am sure every Member is hearing this every day. There is considerable pain and suffering and we must address it.

I want to divide my time into two periods of five minutes, if I may. Given that the non-compliance rate of nursing homes – public, private and not-for-profit - was 77% in respect of all the regulations when they were last inspected, which had gone down from the previous year, is it good enough to wait for the report that is due on changes we have to make?

A representative of HIQA stated at our most recent meeting that the non-compliance rate of nursing homes regarding infection control was 8%. I queried that rate with the authority afterwards. In fact, the true figure for non-compliance in respect of infection control in 2019 was 22%. Of the 239 nursing homes examined, 52 were non-compliant. Why are patients going to continue to be sent to nursing homes that are either not fully compliant or, particularly with regard to infection control, not compliant? If more than 100 nursing homes did not have proper infection control in 2019, how can the witnesses stand over that? What are they going to do? How are they going to ensure the homes are compliant and that patients will not be sent to them if they are not?

**Mr. Jim Breslin:** I might take that question. As the Deputy will be aware, HIQA uses three categories in the categorisation of compliance: full compliance, substantial compliance, and non-compliance. Sometimes the percentage for full compliance can be low but-----

**Deputy Fergus O'Dowd:** With respect to information available, 52 were non-compliant. This meant a rate of 22%.

**Mr. Jim Breslin:** Yes, and I believe 18% was the figure last year. Zeroing in on non-compliance is really important. This is a standards-based approach and it is intended to have an improvement focus. Every time an inspection is done, the nursing home has to come up with an action plan on how to address the findings and improve. That does not mean that because a nursing home falls down in respect of one standard, HIQA believes it is unsafe for it to continue in operation. If HIQA believes that, it has the power to go to the courts to seek the deregistration of the home.

I absolutely agree with the Deputy that the infection-control standard in nursing homes, both public and private, is really important. The infectivity of Covid-19 has only emphasised this further. There is an all out focus on trying to ensure the standard is fully met, and the supports that are being put in place, including the multidisciplinary Covid-19 response team and the training, advice and guidance, are all targeted at ensuring the full implementation of infection control guidance. That guidance has been added to in the context of Covid-19 whereby we have learnt more about the virus over the period.

**Deputy Fergus O'Dowd:** Will Mr. Breslin revert to us, through our secretariat, with up-to-date figures for 2020? I have asked for them and would appreciate it if they were made available to us. A key point is that if a nursing home does not meet infection control standards for Covid-19, it should not have patients at all because it is not fit for purpose.

My second question concerns the ratio of nurses and medical professionals to patients. We have huge conglomerates running massive nursing homes and we do not know the ratio between the number of high-dependency patients and the number of nurses who should be there to look after them. Is the Department going to do something about that? Will there be a new addition to the requirements so that nursing homes will have to have X number of nurses for X

number of high-dependency patients, particularly given that 70% of such patients have dementia? What are we going to do in that regard?

**Mr. Jim Breslin:** Traditionally, as the Deputy knows, there is a regulation and a standard around staffing within nursing homes. They need to have both adequate staffing on a daily basis and a contingency plan in place. There is a set of requirements on a nursing home provider which includes that the facility must not be overly dependent on agency staff and must have contingency plans in place. Obviously, Covid-19-----

**Deputy Fergus O'Dowd:** With respect, there is no definitive percentage or ratio-----

**Mr. Jim Breslin:** I will deal with that. I was about to say that Covid-19 placed substantial unprecedented pressures on staffing given the absenteeism that affected staff numbers. Going back to when the regulations were first done, the difficulty in specifying a particular ratio arises from the difference and variety among patients and the variety of accommodation and infrastructure available to any particular nursing home.

**Deputy Fergus O'Dowd:** I would like to develop this point further with Mr. Breslin but, because of time constraints, I ask that he communicate with the committee on it.

**Mr. Jim Breslin:** We can write to the Deputy regarding the safe staffing framework.

**Deputy Fergus O'Dowd:** I would like to see more defined and absolute criteria, which are not there right now.

My next question is on a separate area. I welcome all the work the Department and HSE have done in providing personal protective equipment to staff. As I understand it, €27 million worth of PPE has been provided by the HSE, since the first delivery on 1 March, to private and other nursing homes. How much, if any, money has been paid by private nursing home owners to the State towards that €27 million? I understand the sum is twice what the executive would usually spend on this equipment for all HSE institutions and hospitals nationally.

**Mr. Paul Reid:** The figure of €27 million is what the HSE has provided through funding from Government directly to the nursing home sector. Along with that, the temporary assistance payment scheme has been put in place to support nursing homes with other funding costs they will have had. There has been a further spend on that to date of approximately €11 million but we project that, up to 5 June, the probable spend will have been closer to €26 million. The spend we have provided directly to nursing homes was very significant. I will give the context, as I have pointed out before, that in any normal given year, the HSE would spend between €15 million and €20 million on PPE. That is in normal times.

**Deputy Fergus O'Dowd:** With respect, I am under time constraints. Will Mr. Reid say how much the private nursing homes have paid towards that spend?

**Mr. Paul Reid:** That sum is directly paid by ourselves, not by-----

**Deputy Fergus O'Dowd:** By how much have private nursing homes recompensed the taxpayer for that spend?

**Mr. Paul Reid:** That funding is directly provided by the State and taxpayers.

**Deputy Fergus O'Dowd:** The private nursing homes have not given any recompense. Have they been asked to do so?

**Mr. Paul Reid:** Not at this stage. In our case, we wanted to-----

**Deputy Fergus O'Dowd:** Fine. I will move on to my next question, to which I would like a quick "Yes" or "No" answer. The HSE provided 322 staff to private nursing homes, which is fantastic and welcome. Have the private nursing homes hired any additional staff that the HSE is aware of as a result of the crisis? I only have two minutes left so I ask for a quick answer because I have one other very important question to ask.

**Mr. David Walsh:** The purpose of the temporary assistance payment is twofold. Its first purpose is to enable nursing homes to hire additional staff and the second is to fund ancillary work such as cleaning, separation and cohorting that needs to be done and which may lead to additional costs. Nursing homes have brought in additional staff but I do not have the details of that.

**Deputy Fergus O'Dowd:** My final question concerns a very important issue that was brought to my attention yesterday relating to dentists and the provision of PPE. The witnesses may not have the necessary information to answer it but I will put it to them. A dental practice in County Louth has sent a text to all its medical card patients informing them that, from receipt of that text, it will no longer provide them with dental care. It has caused absolute panic among a number of the people who got that text and who communicated their worry to me. People who have long-term chronic illnesses such as diabetes, arthritis, cancer - and there is a disease called Ehlers-Danlos syndrome - are extremely worried. I have been informed that they cannot get any other appointment with this dentist who is cutting them off immediately even though they are obliged to provide them with three months service after they terminate their contract. Is that not a serious crisis and is it happening elsewhere? The Dental Council of Ireland is investigating that this morning, and I welcome that, but it is unacceptable that any professional dentist would refuse to treat public patients because of the cost of personal protective equipment, PPE, or any possible dispute they are having with the HSE or the Department of Health. This has to be stopped immediately. People are entitled to be treated as human beings. I absolutely reject the treatment this dentist is meting out to medical card holders. It is arbitrary, unacceptable, entirely unprofessional and a disgrace.

**Chairman:** Could I question whether that is about the subject matter-----

**Deputy Fergus O'Dowd:** It is about PPE.

**Chairman:** -----of this morning's session?

**Deputy Fergus O'Dowd:** As I said, the witnesses may know about it. I am asking if they are aware of dentists-----

**Chairman:** Would the Deputy accept a reply in writing?

**Deputy Fergus O'Dowd:** I will, of course, yes.

**Chairman:** I move on to Deputy O'Reilly. The Deputy is taking ten minutes.

**Deputy Louise O'Reilly:** Yes. This is my first opportunity to speak in the Chamber and I would like to express my sympathy, and that of Sinn Féin, to the family, friends and colleagues of Detective Garda Colm Horkan. Ar dheis Dé go raibh a anam.

I thank the witnesses for coming in again to give evidence this morning. I appreciate that it is a busy time for them. I express my thanks and appreciation for the work being done in the



HSE and the Department of Health. We fully appreciate how busy they are at this time. Also, our sympathies are with those who are bereaved as a result of Covid-19.

My questions are mainly around the transfer of patients initially from the acute hospital sector into the private and the public nursing home sector. When Tadhg Daly was before the committee a couple of weeks ago, he said that there was no plan for the nursing home sector for the entire month of March. He also said that the sector was exasperated and that they were crying out for a specific plan but that there was none forthcoming. He further said that key State organisations left the nursing home sector and its residents isolated in those early days. Would Mr. Breslin agree with Mr. Daly that the nursing home sector was abandoned and left without a plan for almost the entire month of March?

**Mr. Jim Breslin:** No. I do not agree with that. I do note that Mr. Daly also commented very favourably at least half a dozen times on the extent of the engagement he had with the Department and the HSE over the period. The documents we have released to the committee - 160 separate communications - show just how much engagement and problem-solving was going on at the time. The fact that we were dealing in a national situation with the scaling up of PPE supply and testing did have implications for the nursing home sector but that was not the nursing home sector being discriminated against. It was quite the reverse. There was a clear focus on vulnerable older people, both in the community and in nursing homes, and a clear process in place to try to get as much support to nursing homes as possibly could be provided. That was continued throughout March and into April. We can see that in that as the situation worsened in nursing homes we were able to put further support in place, including further infection control advice and the community teams that were put in place on a multidisciplinary basis to respond and to get the situation back under control.

**Deputy Louise O'Reilly:** On 10 March, when Mr. Daly wrote asking that all transfers would be risk-assessed, medically assessed and tested for Covid-19 at the same time as the acute hospital sector was being emptied in preparation for the expected surge - very necessary work which we do not dispute - that was not done at that stage. In terms of the patients who were moved out, can Mr. Breslin timeline that for me? According to figures I have, 819 patients on the nursing homes support scheme were transferred from the acute hospital sector, which would be more than double the norm, so there was an escalated transfer of patients. In the month of March specifically, how many of those patients were tested for Covid-19 before they were transferred out? How many were risk assessed and how many medically assessed? My next question might be one for Mr. Reid. On whose instruction were the patients transferred? It is my understanding that they were transferred without being tested. There was a big increase in the numbers and a concerted effort was made to clear the hospitals, so somebody was telling the discharge co-ordinators to discharge these patients to the care of nursing homes. Where did that instruction come from? The discharges could not have started spontaneously.

**Mr. Jim Breslin:** I will take the first part of the Deputy's question. Regarding engagement with Nursing Homes Ireland, Deputy O'Reilly mentioned 10 March. On the same day, guidance was issued by the HSE concerning the transfer of patients between acute hospitals and nursing home settings. I am sure representatives from the HSE can address that further.

**Deputy Louise O'Reilly:** No, I asked a very specific question about the numbers of people tested.

**Mr. Jim Breslin:** That guidance set out in detail the protocols to be adopted regarding testing and isolation of patients, depending on which categories they fell into.

**Deputy Louise O'Reilly:** Guidance is not a plan. I asked a specific question. How many patients were tested?

**Mr. Jim Breslin:** I am happy for the HSE to address that issue, but guidance is a plan. It tells a clinician and an institution how to put the procedures in place that are going to manage the transfer of patients. It is more detailed than a plan because it works at an individual patient level.

**Deputy Louise O'Reilly:** How many of those individual patients were tested?

**Mr. Jim Breslin:** I think the HSE has communicated with the committee on that matter. I am happy to have that answered.

**Deputy Louise O'Reilly:** How many patients were tested in March?

**Mr. Paul Reid:** Perhaps Dr. Henry might take that question.

**Dr. Colm Henry:** It is important, looking at testing at the time, to recognise it was based on our understanding of the case definition. The case definition at the time presumed the presence of symptoms for Covid-19. We know since then, because of evolving evidence that did not come through until the beginning of April when it was published in medical literature, the significance of asymptomatic transmission and atypical transmission.

**Deputy Louise O'Reilly:** I am sorry, but we are under extreme time pressure. This is not like a normal committee, so I am just looking for a number. Of the 819 patients transferred out in March, how many were tested? It is fine if the number is zero. I would just appreciate the number for March.

**Mr. Paul Reid:** I will come in on that question. First, the 800 figure refers to applications for the nursing home support scheme and, as such, they are applications from a range of sources. We cannot give a definitive number of people who were tested, but it can be assumed, as Mr. Breslin said, that guidance to our hospitals was very strong guidance. It was not a request but a direction. That was the protocol and process to test people on 10 March. That was the guidance at that stage.

**Deputy Louise O'Reilly:** In the period up to 10 March, therefore, no testing was taking place, but Mr. Reid is stating that from 10 March the testing would have taken place. Is that the testing that was recommended, as I understand it, in April so that there would be two negative tests before a person would be transferred out, as well as the medical and risk assessment? It is my understanding they were not being carried out in March.

**Dr. Colm Henry:** It was. People were tested in hospitals settings and elsewhere based on the symptoms and case definition at the time. Regarding people who were Covid-19 positive within hospital settings and who were due for transfer, the direction on 10 March stated that there would be two negative tests prior to transfer out. Testing was, therefore, taking place. The point I was trying to make, however, and I will not labour it, is that testing was based on a case definition as the transmission of the virus was understood at the time.

**Deputy Louise O'Reilly:** People were not tested unless they were symptomatic or unless they fulfilled the case definition. If that is the case, I will go back to my original question. Somebody made a strategic decision to transfer the patients from the acute hospital sector into the nursing home sector. Who was that? Was it done by memorandum or how was it done?

The numbers are significant. I appreciate they were only applications, but they were still way out of line with the normal level of applications.

**Dr. Colm Henry:** At that time, based on what we were seeing internationally, hospital systems in other countries were overwhelmed with Covid-19. There was no reason for us, other than the plan, not to have a similar eventuality. It was not just a case of getting people out of hospitals; it was a case of recognising that hospital settings were potentially hazardous scenarios, particularly for vulnerable older people. The reason for getting people out of hospitals was not just to create space in hospital settings for an anticipated surge in Covid-19 presentations, but also in recognition that a hospital setting could be potentially hazardous.

**Deputy Louise O'Reilly:** That is understood. Who made the decision to transfer out the patients? It did not just happen. Somebody sent a memo or direction. Who was that and can we have a copy of the direction that was issued?

**Dr. Colm Henry:** It is my understanding that these decisions are made by clinicians on the ground and they are made, as happened well before Covid-19-----

**Deputy Louise O'Reilly:** They were made without any national guidance, individual clinicians made that decision. I must tell Dr. Henry that I find that hard to believe.

**Dr. Colm Henry:** As part of our overall approach we were of course trying to create as much capacity in our hospital system as we could. We were also trying to discharge people out of what was a potentially hazardous health care setting, namely the acute hospitals, as we were watching the experience of other countries.

**Deputy Louise O'Reilly:** I have only a few seconds left. No memo was issued to instruct the transfer out of patients to clear space in the hospitals, that was just done on a case-by-case basis by individual clinicians. I do not find that to be a very credible statement. It strikes me that the Department and the HSE had a plan to use the capacity in the nursing home sector but no plan to protect the nursing home residents. I do not hold any candle for the private nursing home sector. Anyone who knows me knows my views on that but the Department and the HSE had a duty of care to the patients - not to the private nursing home sector - but to the residents of those nursing homes, all of whom should be entitled to the full protection of PPE and the full protection of the State. I do not think that it is enough for people, by the way, who may or may not be complicit in the privatisation to say that somehow there could have been a hands-off approach. I have asked a series of very simple questions. It is clear that there was no plan to protect nursing home residents, there was only a plan to utilise that capacity.

**Chairman:** I thank Deputy O'Reilly.

Deputy Butler is next, she is taking ten minutes.

**Mr. Jim Breslin:** If the Chairman will excuse me, Mr. Walsh wanted to complete the answer to Deputy O'Reilly and you cannot hear us on the microphone when everybody is talking.

**Chairman:** Apologies. Mr. Walsh may come back in on that point.

**Mr. David Walsh:** I thank the Chairman. Perhaps I can clarify to Deputy O'Reilly that the HSE uses two mechanisms to assist with the discharge of people from acute hospitals. One is the nursing home support scheme that the committee is familiar with. The second support to that is the use of transitional care where people are going through the process of that scheme or,

if they just need some convalescent time in a nursing home prior to discharge home, then they can access transitional care funding. Additional transitional care funding was made available to assist with the discharge of people who had completed the acute phase of their care to take people who were inappropriately in hospital so that they could be cared for in an appropriate setting, which is a nursing home.

**Chairman:** I thank Mr. Walsh.

**Deputy Mary Butler:** Mr. Reid stated in his opening statement that the HSE did not have the opportunity of a dress rehearsal to plan and manage the crisis and I believe everyone accepts that it was an unprecedented pandemic that bore down on our country. As we all know it bore down most heavily on our older population. Due to the fact that 64% of the 1,710 deaths - and we offer our condolences and sympathies to all those families - took place in residential settings including nursing homes, care homes and other residential facilities does Mr. Reid now accept that the wrong approach was taken in transferring patients in March and April, at the height of the pandemic, to nursing homes without testing them? Nothing will convince me that this was anything other than the wrong approach. The more I hear sitting in this committee for the past month and the more documentation we receive, the more I am convinced that this was the wrong approach. As we prepare for a possible resurgence of the pandemic does Mr. Reid stand over this approach and will the HSE take the same one if we have a resurgence?

**Mr. Paul Reid:** I thank Deputy Butler. I will make a couple of points on her comment that the wrong approach was taken. If one looks at what was happening and the timeline that it was happening on across Europe, what learnings were happening as the disease spread from China and particularly as it spread through Spain and Italy there were definitely indications that older people were more vulnerable. However there was limited information about the impact in longer-term care settings and indeed in nursing homes, right up to and including the middle of March and indeed later in March when it became very evident. Evidence of the transmission of the disease, particularly as we experienced it in Ireland, was that people who were elderly and frail did not experience the symptoms that were projected as part of the normal case definition, that is, they were not symptomatic. The transmission occurred through non-symptomatic persons, residents and others.

I will comment on the overall approach. Dr. David Nabarro was before the committee last week. He outlined the approach we have taken in Ireland. He said that he could not think of more things we could have done to protect citizens and elderly people. As CEO of the HSE I am wide open to learning lessons. We will fully embrace the advisory committee or expert panel that has been established. We have to understand the lessons.

**Deputy Mary Butler:** Mr. Reid was before the committee a month ago. I asked similar questions and I was not satisfied by the answers. Mr. Reid replied to me that "That is a process we would have done, and that was the right thing to do at the point in time of doing it." Does he still stand over that reply? I am very concerned that if there is a resurgence of the pandemic and we take the same approach of transferring patients from acute hospital settings to nursing homes without testing them, that approach will be wrong.

**Mr. Paul Reid:** No. As I said in my opening statement, we were making decisions at particular points in time.

**Deputy Mary Butler:** I accept that and understand that there was a learning curve, but we must learn from the past three months. The purpose of this committee is to point out that we

accept that everything was done in good faith, but if the HSE is going to take the same approach again, and 1,075 people lost their lives in nursing and residential care settings, I do not want to be part of that where we do not learn from our mistakes and test people at the right time. At the height of the pandemic the requirement for testing prior to admission to residential care facilities was removed, though patients did have to self-isolate. This has been changed to a requirement for prior tests as well as 14 days of self-isolation in a single room after transfer. Reports indicate that there was a 70% increase in the number of patients sent to nursing homes in March this year compared with March 2019, that is, 1,363 compared with 805. It is not known how many were tested prior to transfer, how many tested positive later in nursing homes, and how many died as a result of not being tested.

My question is simple and I ask it again: would the witnesses take the same approach again? Following up on Deputy O'Reilly's question, was it a combined decision by the HSE, the Department of Health and NPHET? We must get to the nub of this. Fantastic work was done in the past three months by health workers and care workers in nursing homes, hospitals, acute settings and the community. The response was fantastic but the disease bore down hardest on people in residential homes. Dr. Nabarro rightly said that we have done well in Ireland, but Mr. Breslin forgot to mention that he also said quite specifically that the number of deaths in residential settings was at the upper end. If there is another surge, will the HSE take the same approach or will it ensure that patients are tested before they go into nursing home settings? Many nursing home owners believe the virus was brought into their facilities through patients being transferred out of hospitals in advance of the expected surge. I do not want to labour the point but I feel very strongly about this.

**Mr. Paul Reid:** We are wide open to learning lessons. I said that we make decisions at a point in time. We did change our approach on testing and the case definition and how we ascertain it. Many of our top geriatrician consultants, one of whom, Dr. Colm Henry, is here with me today, were also quite taken aback at the presentation of positive cases and how asymptomatic people did not demonstrate any symptoms at all but may have just gone off their food. I spoke to GPs and geriatricians last week who spoke of how taken aback they were on this. As we learned more, our approach changed. I want to agree with the Deputy. As we have gone through the process, our approach has changed, and as we go forward, I have no doubt our approach will change. That is part of what we have learned about the virus. Nobody is more upset than the healthcare workers who work in the system, both public and private, and have seen what has happened. Overall, I think our strategy approach was based on knowledge we had at a particular time and it did change as we gained more knowledge. I have no doubt learnings will be and should be made for the future.

**Deputy Mary Butler:** I thank Mr. Reid very much. Mr. Breslin said in his opening statement: "The deaths in our nursing homes are the most difficult aspect of our national experience, and each person who has died is deeply mourned by his or her family and all of us collectively." We all agree with that. He also complimented the significant effort of staff in nursing homes. It does not matter to me whether nursing homes are public or private. During a pandemic what must be uppermost is the care of the patient. We compliment the staff on the work that was done. I have been calling for more than a month for more frequent testing for nursing homes, and I am pleased that the go-ahead for the testing of staff is to begin next week. Why are patients not also being tested at this time? Have we not learnt at this stage? Why was the decision taken to test staff only and what is the scientific evidence to support it? Those questions are for Mr. Breslin.

**Mr. Jim Breslin:** I will pick up on Deputy Butler's previous question too by saying I absolutely agree with both elements of what she said earlier. I welcome the fact that she said everything was done in good faith and that we have to learn for the future. That is our absolute focus as well right across the healthcare sector.

The current guidance reflects our knowledge now of this virus to a greater degree than was available at the start of March, and it reflects the fact that the HSE has done such Trojan work in getting the testing capacity in place. That means that all patients transferred from acute hospitals are now tested and all transfers are isolated for 14 days, so we are learning and we will apply the learning as we go ahead.

I have forgotten Deputy Butler's other question to me.

**Deputy Mary Butler:** The question relates to the testing of staff in nursing homes from next week for four weeks in a row. I raised it with the Minister last week in the Dáil. My question is why only staff are to be tested not patients. Does it not make sense to test everyone in the facility?

**Mr. Jim Breslin:** I am not a public health doctor so I might ask Dr. Colm Henry to come in. The rationale is that the WHO recommends that staff be tested every week, but there is a testing regime for patients alongside that. It is based on WHO recommendations.

**Dr. Colm Henry:** There is testing of residents based on public health advice. Sometimes that is mass testing of one institution or sometimes it is based on clinical suspicion. That is happening all the time. From the evidence we have accrued internationally since the beginning of this crisis, the biggest predictor of outbreaks is community transmission. The level of community transmission is the single most important predictor of how residential care facilities are affected and, as such, while Deputy Butler characterised the outbreaks in nursing homes as a function of transfer of people who were not tested, the fact is that the important actions were advised. Testing enables the public health actions that are necessary, that is, isolation of patients and infection prevention and control measures. Testing is not an end in itself. Looking back now, with our awareness of asymptomatic transmission, it is certainly possible that some people who had no symptoms who were transferred from acute hospitals to residential care facilities took the virus with them. It is equally possible that asymptomatic people who were working in residential care facilities transmitted the virus. Hence the importance of focusing in this exercise in the coming weeks on the level of asymptomatic transmission of the virus among healthcare workers.

**Deputy Mary Butler:** I thank Dr. Henry very much.

**Deputy Ossian Smyth:** My questions today are aimed at whoever of the witnesses feels most qualified to answer. I will start with the differences between outcomes for nursing homes in the public and private sectors. I understand that about 80% of older people are in private nursing homes. Has any analysis been done on the outcomes in terms of infection rate or mortality rate between the public and the private sector? Did this lead to a conclusion about which one was working better or whether we should have more public involvement?

**Mr. Jim Breslin:** I might take that question. I know the HSE has supplied a breakdown of figures as between public and private nursing homes. From our look at that, nothing obvious jumps out in terms of a particular trend. The expert panel that has been put in place by the Minister has commenced looking at this. I say this on a very preliminary basis. Our guess at

the moment is that the biggest predictor of the number of cases in a nursing home is the extent of community transmission in that local area. There is a range of other factors and we would be interested in finding out their ranking and order of magnitude. At the moment, however, I think community transmission rather than the size of a facility or whether it is public or private is probably the biggest explanation. We will certainly examine that in some detail. Dr. Henry might add to that.

**Dr. Colm Henry:** I totally agree. As I said in answer to the previous question, community transmission is the single biggest predictor we have. One of the fortunate things now is that we have very low levels of community transmission. Hence the greatly reduced number of outbreaks in all residential care facilities.

There are a number of differences, generally speaking, between public and private facilities which do not apply across the board, thus making comparison a little more difficult. Our public facilities tend to be older infrastructurally, have different types of staffing and, speaking from professional experience, tend to accept more frail and perhaps dependent people in comparison with private facilities. That is not to say that private facilities do not accept frail, dependent and unwell people but there is a certain differential that makes it difficult to compare like with like.

**Deputy Ossian Smyth:** There have been a number of changes to how we are dealing with the nursing homes. These emergency measures include, for example, greater subventions and the use of additional use of PPE, which comes with a cost. Given that we are relying on the private sector and private facilities must, presumably, ensure they earn enough money to be able to pay their staff, is this considered sustainable? Are we planning to continue with these measures forever? Do we have enough private operators to provide the capacity that has been predicted?

**Mr. Paul Reid:** The Deputy touched on a range of supports such as PPE. As we discussed, there are other supports in place, for example, staff supports and Covid response teams, which are integrated teams with various clinical and specialist skills. Those supports will continue. We will continue to do the right thing until such time as we have the virus under control, both in the community and in terms of these highly vulnerable and frail elements of the population. We will continue to provide these supports. Suffice to say, the schemes that have been put in place through the Department and the HSE are being drawn down significantly. The PPE we have acquired is very significant. We will continue to do the right thing for these vulnerable populations until such time as we are confident that the virus is under control. It is a significant cross to bear and there has been a significant increase in HSE expenditure to date. This will continue towards year end as we continue to do the right thing.

**Deputy Ossian Smyth:** If we continue with the existing measures in nursing homes, for example, requiring that visitors do not have physical contact with residents and that all staff are masked and gowned and limiting group activities, it will seriously compromise the quality of life of people who live in nursing homes. Strict infection controls and measures for visitors' use of PPE could be acceptable in acute hospital settings where stays are for days or weeks. However, subjecting people living in nursing homes to those types of restrictions could make their quality of life very poor. A balance must be struck between quality of life and reducing risk. Have the witnesses considered that issue?

**Mr. Jim Breslin:** We absolutely agree with the Deputy. It is important to understand that these are people's homes. They are not places they are visiting but where they live, often for the rest of their lives. The connectedness between the people who live in nursing homes and their families is most important both in terms of what the family gets from it and what the resident

receives from it. Good nursing homes understand that and ensure socialising between families and residents and among residents. Unfortunately, that has been interrupted by the virus. All of us are conscious of that and it was an influencing factor on decisions not to implement some of the restrictions prematurely. It is also part of the review of these restrictions. This week, we have commenced, on a managed and precautionary basis, contact again between families and residents. One could create a sterile healthcare environment in these facilities but that is not where I would want to spend my last days. As such, it speaks to the model of care as well and how those facilities might look and feel in the future. They might well be quite different. In the past, we thought making big living rooms where people could have activities and socialise was the way forward. We must rethink that now in light of this infection.

**Deputy Ossian Smyth:** Is it planned to have physical contact between families and guests or visitors and residents?

**Mr. Jim Breslin:** It is difficult. We will have to judge that carefully. We are rolling out contact this week, which is not physical contact, and there will be much benefit in that. We will continue to assess this as we go along.

**Deputy Duncan Smith:** My first question is for Mr. Reid. What is the guidance for testing of staff in nursing homes? Mr. Tadhg Daly was on “Morning Ireland” this morning and seemed to imply this relates just to healthcare staff. Does the guidance for testing include support staff such as cleaners or caterers, or staff who may be working between different care home settings or different institutions?

**Mr. Paul Reid:** It is about healthcare workers. The common thread, as we have said this morning, is the strong evidence of community transmission being a big factor. It is to test healthcare workers within each of the settings. They have the highest risk and the most exposure. With regard to the second part of the question, we have worked with private nursing homes to have dedicated staff in order to reduce the impact of agency staff working between different nursing homes. Instead we were looking to have dedicated staff working in dedicated nursing home settings.

**Deputy Duncan Smith:** That is encouraging. The testing of any staff moving between nursing homes and institutions or who are regularly visiting them is a must. Even if improved efforts could be made in that regard, that work would go a long way.

I acknowledge a submission to the committee from former Senator Colette Kelleher, Dr. Maeve O’Rourke and their colleagues on a human rights-based framework not only for learning from what has happened but also planning for a resurgence or second or third waves. With due regard to that submission and Mr. Reid’s opening statement, where he indicated that significant areas of development are needed, how will people who are currently living in the institutionalised care settings such as nursing homes be considered and heard with respect to developing improvements in this area?

**Mr. Paul Reid:** There will be a number of ways. With respect to the Deputy’s general point on learning, this is related to Deputy Butler’s comment. We need to ensure we learn from this and the HSE wants to ensure we can learn from it. I have just outlined some of the actions, and a number will be for the HSE directly. Our Covid-19 response teams have made an impact and we have managed to put our arms around all homes, both private and public, to a greater extent. It is a big lesson for us with respect to sustaining the integrated teams and the draw this will, quite correctly, have on us. We will continue with those teams.



**Dr. Kathleen MacLellan:** I thank the Deputy. The voice of the resident is something we take very seriously. We have already agreed with HIQA, the HSE and the Department that the national care experience survey, which the Deputy knows is conducted annually across acute hospitals, and which has been extended to maternity hospitals this year, will be extended to long-term residential care settings. This will provide a real structured approach to hear the voice of residents within those settings and to have that information used as it is currently used across our acute hospitals to provide quality improvement.

NPHEH has published an ethical guidance framework for long-term residential care settings, including nursing homes, which takes into account a human rights approach. The approach has proportionate measures for protecting residents as well as trying to support those residents so they can have as high a quality of life as possible. It is something we will keep a focus on in as much as we can while being very conscious that these are people's homes and where they live, so we must try to open them as much as we can to people's families. We have seen significant innovation across nursing homes to continue contact with families, including the use of FaceTime and other types of technology. We really want to get back, as much as possible, to the type of visiting and supports described by the Deputy.

**Deputy Duncan Smith:** I thank the witness. I have a final question for Mr. Reid. Is he satisfied with the ability of the HSE safeguarding and protection teams to carry out safeguarding inquiries in private care homes? Have there been any cases where they have been refused entry or there have been difficulties in co-operation?

**Mr. Paul Reid:** I will ask my colleague to comment on that.

**Mr. David Walsh:** The capacity of the safeguarding teams to function, particularly in recent months, has been compromised by virtue of the disease. The HSE is currently working on a revised policy to address some of the areas of learning for the future on safeguarding. It is a huge area that warrants further consideration of how we operate within that hybrid model of public, voluntary and private to ensure the rights of residents, no matter what their care setting is, are looked after.

**Chairman:** I thank Deputy Smith. I call Deputy Shortall.

**Deputy Róisín Shortall:** It is important that we all recognise the Government policy context in which care for older people is being provided. In respect of nursing homes, as we are aware, that is largely privatised. It is an 80% privatised approach using for-profit services with no clinical oversight, and it is also a political context, which allows for poor staffing ratios and practices.

Many questions have been asked about learning from mistakes. The key learning needs to be at a political level in terms of taking a new approach to the care of older people and doing things differently. I hope that learning will be understood and followed by the incoming Government.

It is also important to recognise the need to free up hospital beds at a particular point in March and April in preparation for what looked like a huge surge coming towards Ireland. In fairness, that needs to be recognised, and freeing up as many hospital beds as possible was the right thing to do. Notwithstanding that, clearly there were issues, and mistakes were made. At this point, we had a situation a couple of weeks ago where Nursing Homes Ireland made an allegation that the transfer of patients from acute hospitals was a significant contributory factor to

the ensuing appalling situation we saw in nursing homes in terms of prevalence and death rates. What analysis has been done of those patients who were transferred from acute hospitals? Can that analysis be made available publicly?

My second question, which I have received queries from families about, relates to what seems to be the current practice for families who are trying to get elderly patients transferred from hospitals to nursing homes. It seems it has gone to the opposite extreme in terms of being very tight. That is a good thing, but there seems also to be a requirement for a nursing home to be Covid-closed for 28 days, including patients not having any fevers. Is that the case? Can detail of that guidance be provided to the committee?

My final question relates to a previous comment made by Dr. Jack Lambert about the nursing home sector not being adequately prepared for a second wave. Is there a clear protocol on that, has it been published, and will that be made available to the committee?

**Mr. Paul Reid:** I thank the Deputy for her comments regarding the process we were engaged in at the start of this, and, as I keep saying, whatever learning we can develop we are certainly wide open to them.

There is no direct analysis that we have completed of all patients who would have been transferred at this stage. I will make the point - and I acknowledge that the Deputy quoted what Mr. Tadhg Daly had mentioned - that there will be learning as we move through, but the strongest evidence is of community transmission-----

**Deputy Róisín Shortall:** I accept that, but does Mr. Reid intend on doing an analysis of that cohort of patients who were transferred? A serious allegation has been made in respect of that, and many things need to be accepted in the context of that, but surely, it makes sense to do an analysis of that cohort of patients.

**Mr. Paul Reid:** We want to collect whatever data we can on deaths, whether it is from testing or from *www.rip.ie*. We want to get the best knowledge and data possible. We are still living and working through this, but gathering all the data we can to help inform ourselves will definitely be of key importance. That data will be fed into the expert group.

**Deputy Róisín Shortall:** Does the HSE have a timeframe for that analysis?

**Mr. Paul Reid:** We do not have a date.

**Deputy Róisín Shortall:** The HSE should treat this as a matter of urgency.

**Mr. Jim Breslin:** I would like to comment on preparedness for a second wave. There is no complacency around this anywhere in the healthcare service, nor should there be. HIQA has put a quality assurance framework regarding preparedness in place, against which it is reviewing nursing homes. The infrastructure that has been put in place, including the multidisciplinary community response teams, is being maintained so that the HSE has support in place across the continuum of care. I also note the stockpiling of PPE and testing capability. We are more advanced in our preparedness than we could have been at the start of the year, but continued and sustainable focus on this will be needed right across the sector for the foreseeable future.

**Deputy Róisín Shortall:** Will the Department of Health publish that guidance?

**Mr. Jim Breslin:** It is available. HIQA has published it. We will get that to the committee.

**Deputy Róisín Shortall:** I thank Mr. Breslin.

**Deputy Bríd Smith:** In the short space of time available, I would like to make some observations. Although Mr. Reid continually repeats that we need to learn from what has happened in our nursing homes, the submissions seem to suggest that there were basically no mistakes, no delays in acting and no errors in dealing with the virus in the homes and that everything that could have been done was done at the right time. I do not believe this narrative. I struggle to see how the Department, the HSE and HIQA can say that they made no mistakes, or if they do not admit that mistakes were made, how they can possibly learn in time for a possible second outbreak of the virus.

That narrative is contradicted by some of the facts, such as the overall higher proportion of deaths in our nursing homes. It is also contradicted by my experience and that of other Deputies who were contacted repeatedly throughout March and April by members of staff and the families of people in those nursing homes. They were in absolute despair about the provision and use of PPE and the lack of testing for themselves and patients. At a briefing on 12 March, I asked if workers who look after our elderly were being tested. I was bluntly told that we do not do that. We are now beginning large-scale testing because we believe it is the best thing to do. If it we did not have the capacity at the time, that should have been the answer, not an assertion that we do not do that. I am not a healthcare professional but testing those working in the homes seemed eminently sensible to me. We were told that the virus was not brought into the homes by the patients because they were being isolated, which I do not accept. It did not come in with visitors because the homes were closed to visitors. Clearly it was coming in with the carers, and they were not being tested.

I refer to the issue of PPE. Although PPE was provided in large quantities, until 22 April the HSE guidelines instructed that members of staff should not wear masks unless they were showing symptoms. We now know that this was crazy advice. It was only withdrawn on 22 April. Now all members of staff wear masks regardless of whether they are symptomatic.

I turn to my question, about which I am always going to wonder unless there is an independent public inquiry into the level of care in the nursing homes, which I believe is needed. Very few people who contracted the virus and became very ill received care in emergency department or acute hospital settings. I know the answer to that point concerns the end-of-life care plan, etc. However, our nursing homes were without sufficient PPE and had low-paid staff who were not properly trained. Some 80% of them are run on a for-profit basis. I cannot help wondering if they were the best places to care for our elderly when their workers were screaming about the lack of facilities and PPE.

I agree with Mr. Breslin about one lesson that can be drawn from this. We cannot continue to have a split of 80% private nursing homes to 20% public nursing homes in this country. We need to learn the lesson that the State should take responsibility for the care of our elderly. These people have worked and paid taxes all their lives. They do not deserve to be hived off to a for-profit system. Just because the State contracts out care, it is not absolved of its responsibility for the care of the elderly. That was clearly shown in the context of CervicalCheck and the Ruth Morrissey case. The State still has responsibility when things go wrong, even when it has contracted out care.

Staff in care homes have contacted me today to say that patients are coming in without being isolated and tested in advance. Many questions still need to be asked about what is going on.

St. Mary's centre in Telford is a nursing home for the visually impaired that has had no cases of Covid-19. I understand the centre is run by the Religious Sisters of Charity and is due to be closed. I have asked the Minister if the State will take over this facility and run it in the interests of public medicine for those who are visually impaired and elderly. The Minister told me bluntly that this was a matter for the board. That does not indicate to me that anybody in the Department of Health has learned lessons from the catastrophe of the privatised nature of the care for our elderly. If we want a testimony to those who died in nursing home settings throughout the country and those who looked after them, taking St. Mary's in Telford into State ownership would be a way to begin. We must stop the nonsense of contracting out the care of our vulnerable people.

**Deputy Matt Shanahan:** I will direct questions to Mr. Reid or Mr. Breslin. Something that might come through here and be shown up by the expert panel is that one of the most likely vectors for disease has been agency staff who were transiting between different care homes. That is a function of the private nature of nursing home care. As previous speakers noted, 80% of such care is provided in the private sector.

I will talk about the support that was given to the private nursing home sector and support payments. I have previously raised the fact that significant costs were incurred and flagged within the private nursing home sector back in March. I do not believe those costs have been looked at since. The capitation grant was not given to private patients, even though they were in the process and were surely part of the risk metric. The cost of personal protective equipment paid by nursing homes in March has not been covered and repaid. Isolation requirements that the Department and the HSE are mandating on private nursing homes are reducing their revenue streams. That is an additional cost.

Another issue that was highlighted early on in the process was that the HSE was recruiting temporary staff who were largely coming across from private agencies that were supplying support to the private nursing sector. Have any steps been taken to mitigate the effects of those issues in future, in the context of the possibility of a second surge of the virus, and has consideration been given to how they might be dealt with?

**Mr. Jim Breslin:** I might answer a couple of the policy questions and will hand over to the HSE to respond on the question about agency staff. The temporary assistance scheme has been extended to include residents, whether they are under the fair deal scheme or are privately paying their own way. The available supports cover occupancy.

It remains the case that the scheme started on 1 April and a cross-Government policy decision was made as to when it should commence, given that various schemes were being mobilised at the time. That policy decision was made at the time. I will ask the representatives of the HSE to comment on the agency matter.

**Mr. Paul Reid:** The HSE issued a direction about agency staff very early on in the process. Our preference is that we have dedicated staff in dedicated settings, particularly in areas of high transmission in community. We have said this before, but it would still be unfair to pinpoint one particular cohort for the transmission of disease within these settings because it is never directly linear. That will be a part of the learning, however.

I will make a general point about costs and PPE. I made the point earlier that the HSE has been providing significant amounts of PPE to the public and private sectors, and will continue to do so at a scale that is required. That is our approach.

There are some learnings, as the Deputy and others have touched on, about staffing. The clinical advisory group on older persons of the Royal College of Physicians of Ireland, RCPI, has done a recent assessment and will draw learnings around staff, staffing structures, permanent staffing, particularly in private nursing homes. Those lessons must be learned for the future. I will ask my colleague to make a quick comment.

**Mr. David Walsh:** On agency staff, the HSE issued an instruction to the agencies we deal with very early in this process not to facilitate agency staff working in multiple locations.

Regarding HSE recruitment of private nursing home staff, where I have been asked to by Nursing Homes Ireland, I have followed up in specific cases. We have a policy of not targeting private nursing home staff and where people were already in process, in some cases we have delayed that recruitment in order to facilitate the nursing home. However, there has always been an element of travel between public, voluntary and private across long-term care.

**Deputy Matt Shanahan:** I thank Mr. Walsh for that. It is just that I am under time pressure.

I will direct a couple of questions to the Secretary General, Mr. Breslin. In terms of congregated settings, there is an outstanding issue which is between the section 38 and section 39 workers. Is there any opportunity or policy coming down the track which will redress the differences in pay, structures, etc.?

In the committee earlier this week, we heard from Sebastian Barnes of the Irish Fiscal Advisory Council. Mr. Barnes highlighted that the council's analysis showed that the Sláintecare implementation cost would be €3 billion - he did not say what would be the ongoing costs of that. Has Mr. Breslin any thoughts as to what provision within that budget might go into the older residential nursing care sector because it would appear that even a small amount of what we spend at present in the private hospital deals would have done much to mitigate what happened in the nursing homes?

**Mr. Jim Breslin:** In terms of the last question, core to Sláintecare is how we manage the population and the risk factors in it. When one looks at a population, older people are among the greater users of the health service. Therefore, any investment in Sláintecare will have to look at integrated approaches for older people right across the care continuum, most of which should be targeted at trying to keep older people in their own homes. That is why we are working on the statutory home care scheme.

The work that the HSE has done on the integrated care programme for older people will also be important. Indeed, many older people have multiple chronic illnesses. The focus in Sláintecare on chronic disease will be equally important.

I am sorry I forgot the Deputy's first question.

**Deputy Matt Shanahan:** I asked about the section 38 versus section 39 workers.

**Mr. Jim Breslin:** With the help of the labour relations machinery, there is work under way between the Department, the HSE and the unions on assessing it. The issue is that in many cases the practice has been different over the course of the crisis and people had different things done to their pay.

**Chairman:** I ask Mr. Breslin to provide a reply in writing to that.

**Mr. Jim Breslin:** We are trying to work through that with the agencies involved. The employees are not public servants but we recognise that there is a process under way.

**Chairman:** I thank Mr. Breslin and call Deputy Michael Collins.

**Deputy Michael Collins:** I thank our guests for coming here today.

I sympathise with the families of those who died in nursing homes and community hospitals due to coronavirus and pay tribute to the dedicated staff in each of these care facilities who are working under enormous pressures.

While we are concentrating today on nursing homes, we should not forget community hospitals that were not brought up to standard in 2016, which was the first deadline for them to be made 80% single-bed occupancy. I am blessed to have so many excellent nursing homes in my constituency which have been Covid free but they know this can never be taken for granted. I have spoken to these nursing homes - Cramers Court in Belgooly, Bushmount and CareChoice in Clonakilty, Deerpark in Bantry, Fairfield in Drimoleague and Skibbereen residential centre. I also spoke to those in the community hospitals in west Cork. I thank each and every staff member who fought bravely to protect their patients.

HIQA set standards of 80% single-room occupancy by 2016. The Minister signed a statutory instrument which extended this deadline to 2021. Maybe the Secretary General would answer the following question. Will the extended date of January 2021 be met in all of the community hospitals and nursing homes?

**Mr. Jim Breslin:** That will be difficult given what has happened with the construction sector over the course of this year. The HSE was already challenged to make it in respect of all facilities. Many completely new facilities have been put in place and many refurbishments have been undertaken, but to make it by that deadline is certainly not the most probably outcome at this stage.

**Deputy Michael Collins:** Was a risk assessment done on infection control before the statutory instrument was signed?

**Mr. Jim Breslin:** Absolutely. The full extent of the knowledge, not just in Government but across the whole community, in respect of the infrastructure deficits within healthcare generally but particularly within our public nursing home sector was known at that time. The question that was facing Government was whether these facilities would be closed or maintained over a period as a programme was put in place to refurbish or replace them. Through regulation, HIQA was allowed to register them with conditions. The conditions require workaround solutions and that the best be made of the infrastructure. These are valued institutions in many localities and they deliver good care. The decision at the time was to sustain them and allow that programme of infrastructure development to be put in place.

**Deputy Michael Collins:** Does the Department of Health accept that in the context of Covid-19, the statutory instrument which resulted in the date being pushed out has cost lives?

**Mr. Jim Breslin:** I do not accept that because, as we discussed earlier, there are multiple factors as to where cases broke out. Some facilities we are talking about had a good experience, while some modern facilities had a poorer experience. All of us have to work every year with the overall resource constraints we face and we have faced stop-go in respect of healthcare capital. We had a very good national development plan in 2007 but it was never implemented. In

fact, only about half the money in general and much less for community services was available over the subsequent period. In 2016, some €500 million was put in place for the refurbishment and rebuild of these facilities. That programme of work is under way.

**Deputy Michael Collins:** Has the Department of Health considered doctors and nurses in nursing homes and community hospitals to do coronavirus testing?

**Mr. Jim Breslin:** I did not follow the question.

**Deputy Michael Collins:** At the present time, people have to go to specialised centres to have coronavirus testing carried out. Has the Department considered having doctors and nurses in these nursing homes and community hospitals carry out coronavirus testing?

**Mr. Jim Breslin:** There is a programme under way for nursing homes to be skilled up to do their own swab taking. The swabs then go to laboratories. The HSE might want to comment on that.

**Mr. David Walsh:** In the serial testing that is about to commence across the nursing home sector, the majority of swabbing will be done by the staff in the nursing homes.

**Deputy Michael Collins:** Does the Department of Health intend to keep flying coronavirus tests out to Germany at a cost of up to €200 per test when we can have them done in the Republic for less than €50 a test?

**Mr. Paul Reid:** We put together a capacity plan to have the capacity to deliver 100,000 tests per week. We have 41 laboratories in total and one laboratory has capacity overseas which we need for surge if we reach such levels. It is part of our strategy right now. The pricing on it is fairly competitive in comparison with overall pricing for testing across the country. It is part of what we need to sustain a capacity of 100,000 tests per week.

**Deputy Colm Burke:** I thank Mr. Breslin, Mr. Reid and all of the staff from the HSE and the Department for the work they have done. I also thank the staff in all of the medical facilities in nursing homes, hospitals and care facilities. My understanding is that in February 2019, the number of deaths in nursing homes connected to the flu virus increased from about 600 per month, which would be the normal number of deaths in nursing homes across the country, to about 1,000. In view of that, would it not have been the priority of both the Department and the HSE to clearly see that this was very much a vulnerable group in respect of Covid-19? There are 23,500 people in private nursing homes. There is no denying that there was communication with the nursing homes and Nursing Homes Ireland. However, there was no involvement at any kind of committee stage where a representative from that group would have made a contribution. There was Alone, for instance, which deals with people in the community and is giving great support to elderly people, but Nursing Homes Ireland or any representative from the private sector was not involved in any committee. In hindsight, would it have been better to have had the private sector involved at an early stage rather than in April?

I turn to HSE facilities where there was a high incidence of deaths, such as those in Clonakilty, Portlaoise, Donegal and the Phoenix Park. In one of them, there were six beds per ward. No action appears to have been taken. In some of the facilities, no isolation units were available. If the facilities had been hit with the virus, what action was planned for dealing with it? It appears that very little would have been able to have been done to deal with it.

Some 56% of nursing homes are Covid-19 free. Of that figure, what numbers of patients

were transferred from hospitals to those units over the past three months? Were there no transfers or, if not, can we have sight of the numbers transferred to Covid-free units?

Finally, can we have a breakdown of the total number of staff recruited by the HSE from 1 January 2019 to 30 May 2020 who were previously employed in nursing homes, either as nurses or care staff?

**Mr. Jim Breslin:** On the representation of Nursing Home Ireland and the HSE, the health and social care sector is a very large sector. When we put in place the preparedness structures for this pandemic, we did not seek to have a representative of every sector on the committees. We sought to put expertise in place and engage seriously with those experts from different sectors on an ongoing basis. As the Deputy noted, there has been very significant engagement with the nursing home sector, both by the Department and the HSE, and the record shared by the Department of 160 separate communications, which does not take account of phone calls late at night and so on, bears that out.

I accept that Nursing Homes Ireland wanted to be represented on those structures. A committee was set up specifically in respect of nursing homes, and while it might seem obvious that Nursing Homes Ireland should have been on it, it was set up to devise the temporary assistance scheme, that is, the financial scheme that benefits the sector. The view I took as Accounting Officer was that Nursing Homes Ireland should be consulted throughout that process, but due the design of it, it was not proper to have the beneficiaries of the scheme in the room.

**Deputy Colm Burke:** Would Mr. Breslin accept that there was also expertise within nursing homes? There were 23,500 people in nursing homes, so a very large number of people were being catered for. It was 1 April or 2 April before consultation started with nursing homes. If they had been involved from 6 March, perhaps we would have been better able to deal with the challenges they had.

**Mr. Jim Breslin:** No, the consultation and engagement took place from the outset, once we saw what we faced. There was a significant level of outreach to Nursing Homes Ireland, and the HSE can comment on the level of outreach that took place throughout the sector. I do not think the engagement started in April. The work on the scheme took place towards the end of March, but there was a great deal of outreach before that.

**Mr. Paul Reid:** I will make a couple of comments and ask my colleague, Mr. Walsh, to add to them. There was significant and wide engagement, not just in March but from January, in terms of guidance we would have been given and communications directly with private nursing homes and Nursing Homes Ireland. There was regular engagement throughout February and March. There were reasonably strong relationships between Nursing Homes Ireland, the HSE and the Department.

Not specifically on the facilities mentioned by the Deputy but generally on the actions taken, it would involve an outbreak management team. That is the first thing that triggers, once we have identified an outbreak in a long-term care setting or nursing home. That is largely led by our public health teams in the first instance. It involves public health specialist doctors advising on infection, disease, prevention and control. It also involves mobilising nationally some of our quality and patient safety crews. The Covid response multidisciplinary teams would go in, which may have some dedicated geriatricians, clinical nurse specialists or wider supports.

**Deputy Colm Burke:** In a ward, for instance, with six patients, my understanding is that



no action was taken until the outbreak started and there were no isolation facilities. There were no staff changing rooms. Staff came in from home and straight into work without any changing facilities available.

**Mr. Paul Reid:** I cannot comment on specific locations or nursing home facilities.

**Deputy Colm Burke:** This indicates that there was no planning.

**Mr. David Walsh:** The Deputy mentioned four specific HSE-operated units: Clonakilty, Portlaoise, Donegal and St. Mary's. Without doubt, where there are multiple occupancy rooms, and where the facility is full or near capacity, then isolation is difficult. Following public health and other clinical advice, cohorting is advised. A feature of those four units was not only that there was significant public health input but the relevant consultant geriatrician from the local acute hospital was involved in each one of those units. The Donegal unit has since closed and will not be in further use.

**Deputy Colm Burke:** On the 56% which showed Covid free and the transfer of patients to those, can I get the numbers of transfer patients?

**Mr. David Walsh:** I will do my best to get that information. It may take some extraction but I will start that process.

**Deputy Colm Burke:** Can we get the numbers of staff recruited, both nurses and care assistants, who previously worked in nursing homes?

**Mr. David Walsh:** Across the HSE and the major funded agencies, there are many avenues of recruitment. Many of the larger hospitals do their own recruitment. I will speak to the national director of HR to see if that sort of analysis is possible and come back directly to the Deputy.

**Deputy Colm Burke:** One of the problems nursing homes had, especially in February and March, was that they found the staff that they had were suddenly gone. Accordingly, they then had to recruit agency staff, which was a challenge in itself.

**Mr. David Walsh:** I have asked Nursing Homes Ireland on a number of occasions to flag such issues to me. To be fair to Nursing Homes Ireland, it flagged a maximum of ten such cases. In a number of those cases, the recruitment was stopped. I am happy to follow up on any other issues that arise. I am not sure of the scale of it.

**Deputy David Cullinane:** I welcome our two witnesses. I again thank both of them and their staff for their service in what is still a difficult and challenging time. I commend Mr. Reid for his commitment to look at changes in protecting older vulnerable people. This might come down the track. If there are positive changes, he will certainly have the support of my party.

I want to ask some questions of Mr. Breslin on the nursing home sector generally. This is not about a blame game. This is about whether, during the months of February and March, there was a comprehensive plan in place to protect older people, and it is about who should have been or was responsible for it. Is Mr. Breslin satisfied there was a plan in place for nursing homes to ensure the very highest levels of care and protection for older people in February and March? Is he satisfied, as head of the Department, that there was such a plan in place?

**Mr. Jim Breslin:** The overall plan was adopted by the Government in the middle of March. The nature of it was such that it was a crisis management response. Every day, we were taking

actions. We did not go off and produce a plan right at the start. We mobilised and put actions and preparations in place. We went to the Government in the middle of March with an overall action plan for the whole health-----

**Deputy David Cullinane:** Was there not a plan in place for acute hospitals? I commend the Department on it. I had very high-level engagement with the management of University Hospital Waterford in early March. It had a plan in place that involved shifting staff out of the hospital to a private hospital. It involved freeing up beds for Covid patients. In fact, we did not need the capacity in the end because of the low level of contraction in Waterford, but it struck me that there was planning at a high level. Considering that Mr. Breslin said there was a plan put in place in the middle of March, why was there not an overarching, comprehensive plan in place for nursing homes prior to that?

**Mr. Jim Breslin:** It is also the case that there was not a single plan in place for acute hospitals before that. There was what the Deputy talked about, whereby at every level, including service provider, regional and national levels, preparedness activity was under way and processes were in place, but the national action plan was adopted in the middle of March. There was not a separate action plan for acute hospitals in February, or indeed earlier than-----

**Deputy David Cullinane:** The question, then, is whether there should have been a comprehensive plan. Mr. Breslin himself talked about the consultation and engagement “from the off”. Maybe he will be able to enlighten me on what he meant by “from the off”. I refer to when we first became aware that the virus was a real problem. Mr. Breslin says consultation and engagement were evident “from the off”. First, when was that? The second question, which is more obvious, is whether Mr. Breslin accepts that the sector, or perhaps one element of it, had the polar opposite view on the levels of consultation and engagement.

**Mr. Jim Breslin:** Regarding the documents we have shared, the Deputy will see that from February onwards, there was very routine and interactive engagement, almost daily but definitely weekly, with the sector. On the perspective of the sector, if we had had knowledge of this six months in advance, the best thing in the world we could have done would have been to have formulated a clear plan and a full strategic framework. Instead, what we had to do was use the emergency plans we already had in place, use the guidance already in place in respect of infection control, and mobilise a whole set of additional activities.

**Deputy David Cullinane:** I am not asking the witness to look back with the benefit of hindsight. I have said on previous occasions that people like Mr. Breslin and staff in the HSE were in a very difficult position when a virus came at us very quickly and real decisions had to be made in real time. Everybody accepts that, but we read hundreds of pages of correspondence, including emails, from March that seemed to be mostly one way. It seemed that the calls and demands being made by the nursing home sector were not being met. Very strong opinions were aired by the representatives of an element of the nursing home sector in this very Chamber a number of weeks ago. They talked about their being exasperated and said there was no specific plan, and they also said they felt let down by the Department and HSE. While Mr. Breslin has one view, the nursing home sector feels differently.

Let me outline to him where the sector feels there was a lack of support. It cites insufficient testing of residents and staff and a mass shortfall of PPE. We heard also that some nursing homes were forced to use painters’ overalls. That was a shock to many. Also cited were aggressive recruitment of nursing home staff initially by the HSE and discharges from acute hospitals to nursing homes without testing. The sector seemed to hold a view that was the polar opposite

of that of Mr. Breslin on both the level of engagement and the level of support being put in place by the State for nursing homes in what was a critical time, when patients needed to be protected.

**Mr. Jim Breslin:** I will come to the level of supports in a moment. Obviously, the Department and the HSE were working within constraints. In respect of the level of engagement, even the Nursing Homes Ireland representative who attended a meeting of this committee acknowledged that engagement. I have counted his comments in this regard and they number more than half a dozen. He told the committee:

It is fair to say we had very good engagement ... It is very important to put on the record that we engaged quite regularly with officials in the Department ... We had really good engagement ... We had very good engagement with officials ... I deal with officials in the Department on an ongoing basis ... We were not disappointed with the level of engagement.

That does not sound to me like officials were ignoring Nursing Homes Ireland but quite the reverse-----

**Deputy David Cullinane:** With respect, the Nursing Homes Ireland representative may have said all that but he also said that the sector was exasperated, that it felt let down and that it was put in a very difficult position when, as he put it, nursing homes were “crying out for help” in a range of areas and that support was not forthcoming. I think what he was saying was that in the latter stage, from March onwards, there was a better level of engagement-----

**Mr. Jim Breslin:** No.

**Deputy David Cullinane:** -----but prior to that, there seemed, from the perspective of the sector, to be real difficulties and challenges.

**Mr. Jim Breslin:** Absolutely not. I have read faithfully and accurately what he said. We have shared the records with the committee and they do not start at the end of March. They start much earlier than that. What I would have said, if the Deputy had allowed me to finish my answer, is that the supports the sector were critical of were given in a situation where the HSE, along with every health system internationally, was seeking to mobilise supplies that were not readily available. That problem was being experienced across all sectors within the health services. The constraints in regard to PPE and testing affected the nursing home sector but were not discriminatory to that sector. It was quite the reverse and the sector was dealt with equitably.

**Deputy David Cullinane:** I will use one of Mr. Breslin’s own analogies from a previous meeting in putting my next question. Does he believe that the HSE and the Department sent enough firefighters to support the residents of nursing homes? Does he accept any level of the commentary - criticism might be a strong word but, certainly, there were strong assertions - from the nursing home sector that there were real challenges in regard to a shortfall of PPE and testing and that there was, as nursing home owners see it, a lack of a comprehensive plan and no underpinning with funding and resources? There were an awful lot of very emotional things said by people who manage nursing homes and I am conscious that there are families who are bereaved. I am not putting the blame for this on any individual but it does strike me that the Department and the HSE are maybe being a little overly defensive on this issue. It is always better to acknowledge if there were mistakes made or there was not sufficient time or, for whatever reasons, the supports were not put in place. It should be acknowledged that this is what happened rather than just saying, “We did everything possible”, when we have the nursing

home sector saying that is not the case.

**Mr. Jim Breslin:** I am very much committed to learning. As I said in my previous answer, I had to recognise that we would have liked to have had more PPE and more testing to make available. I absolutely recognise that. However, it is also fair for us to say that, objectively, everything possible within those constraints was done. The committee had the benefit of hearing from the WHO envoy last week, who said:

As far as I can tell from the analysis that I have done, Ireland moved pretty quickly on a number of issues particularly trying to get personal protective equipment, PPE, in its various forms, to the staff in nursing homes and restricting visitation in nursing homes, recognising that visitors were a primary way of bringing in the virus. Ireland, possibly, might have been one of the faster countries to introduce this. At the moment I am not thinking that there is something that Ireland has not done. I just think that one, we have got a very honest counting of numbers and two, as with every country, this has been quite a struggle but it seems that Ireland did pretty well.

**Deputy David Cullinane:** I thank Mr. Breslin. I want to put one quick question to the HSE representatives if I can. It is not Covid-related but a response might be given to me in writing. A question was raised by Deputy Shanahan at the latest session in regard to the second catheterisation laboratory for Waterford. There is a bigger issue here concerning the national review of cardiac services. That review has been going on for an awfully long time and there is no sense of when the work will be completed, when we will see an interim report and when we will see any finality in terms of that process. I am sure both HSE witnesses will know that it is a very important issue for people in the region. The witnesses will not have time now but they might provide an update to me in writing on this matter.

**Chairman:** As this matter is not within the committee's terms of reference, the witnesses are not required to answer the Deputy's question. They are, of course, free to respond to him in writing if they so choose.

**Mr. Jim Breslin:** We will write to the Deputy on that point.

**Mr. Paul Reid:** Can I make a brief comment on PPE and testing?

**Chairman:** If it is very brief, yes.

**Mr. Paul Reid:** I want to comment on the issue of Nursing Homes Ireland crying out for help and not getting a response. I may be paraphrasing it wrongly but I, too, strongly contend that we had engagement throughout January, February and March. I met personally Tadhg Daly and the chairman of Nursing Homes Ireland on 19 February. We engaged in ongoing communications and engagement throughout January, February and March. The Deputy is correct that there were issues in terms of availability in early March of testing reagents and kits, and it did significantly impact us on our testing across the country. That was a major factor globally. It was a major factor we struggled with in early March. Similarly, on PPE, we did struggle in terms of PPE across the system, and that was a factor. I would comment that in early March there were requests from private nursing homes for some PPE. On some occasions we distributed PPE. We closed down a testing centre and distributed to a private nursing home. When we got a significant delivery from China on 29 March, the first major delivery, that following week-----

**Chairman:** I think we covered a lot of that in the last-----

**Mr. Paul Reid:** -----40% of deliveries went to nursing homes.

**Chairman:** I do not want to speak over Mr. Reid but I think we covered a lot of that in the last session.

**Mr. Paul Reid:** I will revert to the Deputy on the question about Waterford and the cath lab.

**Deputy David Cullinane:** I thank Mr. Reid.

**Deputy Stephen Donnelly:** I thank all of our witnesses not just for their time today but for the ongoing work they have been doing over the past few months on what is the biggest public health crisis the country has ever faced. This State has done incredible work in areas such as getting the hospitals ready for the surge. Our clinicians have done extraordinary work. The engagement with the public has been fantastic. The one area where we probably have not fared well is on nursing homes and because that is the subject matter of the session today, I want to focus on that.

We have had 1,710 fatalities to date from Covid-19. Our fatality rate is high by international and European standards. I have put that to various people previously and the answer has always been that we are not comparing like for like because we have a very good reporting regime. However, new analysis in *The Sunday Business Post* by Susan Mitchell and Rachel Lavin deals with that. It looks at excess deaths over the past five years and has been lauded by statisticians as robust analysis. We now have comparable data on Ireland's Covid-19 fatality rate versus that of other European countries and what it shows is what the other data showed as well. We have the eighth highest fatality rate in Europe. Many people have said that given that we are an island and therefore have less cross-border traffic than mainland European countries, and that we are on the western edge of Europe and therefore we had more time, we would have expected to be in the lower end of fatalities in Europe, but we are not. We are in the higher end; we are in the top third. If we had had the same level of fatalities as countries like Germany, Austria, Finland, Denmark and many others, instead of having 1,700 fatalities we would be down around 500, and if we were in the bottom third we would be lower again.

The reality is that two in every three fatalities have come from long-term residential settings in Ireland and the vast majority of those are from nursing homes. Have the witnesses and the organisations they lead - the Department and the HSE - looked at what those other countries did because they have a fraction of the fatality rate that we have and a fraction of our fatality rate in nursing homes? It is plausible that they took actions that we should know about that we did not do and from which we should be learning because we could be looking at a second wave. God knows, we could be looking at more than a second wave. Has the State looked at what the countries with much lower fatality rates did to protect their nursing homes? Are there actions we can take in the future? Is there anything we have learned from that and anything we are putting in place to improve our ongoing response?

**Mr. Jim Breslin:** I will take that question initially. Throughout the process, we have gathered evidence internationally and repeatedly as part of the NPHE process. I refer to what measures have been taken across all countries and what we can learn from them. That includes people to whom the Deputy referred. When I say the data do not give us a definitive picture, I mean there are things we can learn from everybody, and we have been doing that.

When it comes to the data, there are two main types. One is fatality rate, which is generally the number of cases and how that number converts into mortality, in other words, how many

people got Covid-19 and how many died. The second type, which is what the Deputy referred to and *The Sunday Business Post* produced, is excess all-cause mortality over this period. Regarding the second type, it is important which time period is picked. We will learn more from this as time goes on. We went through our excess mortality period using the up-to-date data from the *rip.ie* website. We went through those data in March and April. That rate has now subsided, but other countries are continuing to have excess mortality. In saying that, I am not taking from the fact that we zero in on particular countries and particular measures that have been taken. The NPHET measures for nursing homes taken at the end of March and start of April were based on evidence gathered internationally on what others were doing.

**Deputy Stephen Donnelly:** I thank Mr. Breslin for that response. No matter how the data are cut, be that excess deaths, reported fatalities or data pulled from the *rip.ie* website, we have a very high fatality rate. As many people with expertise in this area have stated, we should have had a relatively low rate. In light of that, does the Department of Health, the HSE or NPHET have a team in place looking at what the Germans, the Finns and the Austrians did? Many countries around Europe have a much lower fatality rate than Ireland. It is not a little bit lower. For every one fatality those countries have had, we have had five, six, seven or eight. Is there anything we have identified and learned that we are now implementing to strengthen our response?

**Mr. Jim Breslin:** A whole range of lessons have been learned. The types of measures we have taken on testing and case definition have all been informed by international learning. I do not fully accept that we have a very high fatality rate. I believe Dr. David Nabarro was correct in stating that we have been much more comprehensive in our recording of deaths. In addition, regarding the proportion of deaths that have taken place in nursing homes, while I will not say we have been fully successful, we have put in place many measures to suppress community transmission that avoided deaths in the community. This leads to a higher proportion of deaths being in nursing homes. If we had twice the number of community deaths, the percentage of deaths in nursing homes would be 40%, not 60%.

**Deputy Stephen Donnelly:** I appreciate that, and it is a fair point, but the fact that we have multiples of the overall fatality rate definitively proves that other countries had much lower mortality rates in nursing homes. The statement from Dr. Nabarro to which Mr. Breslin referred was made in response to a question from me. I put that question and he answered in that way because we did not have *The Sunday Business Post* analysis at that time. He referred to the response to date, which has been that the data is not comparable. The reason *The Sunday Business Post* analysis on excess deaths is so important is because it moves beyond Dr. Nabarro's point and states we do now have comparable data. It is not just *The Sunday Business Post* analysis. We have had statisticians and mathematicians look at the data and say this is the right way to go.

I thank Mr. Breslin for his answer. I believe one of the reasons that not everything was done in nursing homes that could have been done was that the sector did not have a voice. I have listened to Mr. Breslin, Mr. Reid and others and read through all the correspondence provided. I appreciate there was engagement. I know Mr. Breslin, Mr. Reid and their staff were engaging because I have read through the multitude of emails. What I do not understand is why that engagement did not turn into action. The first time NPHET mentioned nursing homes was on 10 March when it told nursing homes to remove the visitor restrictions that had been put in place. The Government's national Covid-19 response was published on 16 March. It is a detailed document but it mentions nursing homes just once, and only in the context of being somewhere

to discharge acute patients to. We have the protocols now that show patients were discharged from nursing homes to hospitals with Covid outbreaks and the patients were not tested. The protocols also show that even if the patient was a defined close contact of a Covid case in a hospital where there was an outbreak, he or she still were not tested. The nursing homes wrote immediately saying they were not comfortable with this and that all these patients need to be isolated in the hospitals for two weeks. None of these things seemed to happen. While I accept that there was engagement, why does Mr. Breslin think that at NPHE and in the Government strategy that was published, there was so little action until close to the end of March, when the nursing homes were clearly raising a growing crisis much earlier than that?

**Mr. Jim Breslin:** Part of it is terminology. Whereas the term “nursing homes” might not be used, if one looks at the national action plan, there are quite a number of references to long-term care for older people and care for older people, transitional and long-stay beds. Simply using “nursing homes”, therefore, would not give the full spread of actions that are in that action plan. As to NPHE, again while the words “nursing homes” might not have been used, there were ongoing reports in to NPHE from HSE community operations, that is the non-hospital side of the HSE, which would have extended to nursing homes and issues of preparedness and long-stay facilities.

**Deputy Stephen Donnelly:** I thank the witnesses for their responses.

**Chairman:** I thank Deputy Donnelly.

I have a number of questions. I will try to keep them short and I would appreciate it if the witnesses could keep their answers short as well, if possible. In response to Deputy O’Dowd, who pointed out that 22% of nursing homes were not HIQA-compliant, Mr. Breslin pointed out that there is a power to seek deregistration in the courts. In the meantime, however is it correct to say that the HSE are still funding those nursing homes through the nursing homes support scheme, the National Treatment Purchase Fund, etc.? If so, is that satisfactory, or are there any plans to change that arrangement?

**Mr. David Walsh:** There is not a direct link. The key to enabling the HSE to pay in respect of care is that the nursing home be registered and as long as it is, then-----

**Chairman:** Even if it is registered and failing, the HSE continues to pay them?

**Mr. David Walsh:** Well-----

**Chairman:** Yes.

**Mr. David Walsh:** If we ceased to pay, then care would cease, so HIQA goes through a process of trying to improve standards within the home through its mechanisms-----

**Chairman:** Does the HSE pay for new patients in nursing homes that are not HIQA-compliant and are failing infection-control guidelines?

**Mr. David Walsh:** I am not sure if there are many nursing homes that are 100% compliant. I am sure there are-----

**Chairman:** Does the HSE pay for new patients going into the 22% of nursing homes that are failing?

**Mr. David Walsh:** If a person is approved under the nursing homes support scheme and the

nursing home is a registered nursing home, unless some impediment is put in place through a condition of registration by HIQA, then the HSE is obliged to-----

**Chairman:** Merely failing infection control is not, therefore, an impediment. Mr. Walsh mentioned discharge, and said individual clinicians were discharging people who were inappropriately in acute hospitals. Can he confirm that only people who were inappropriately in acute hospitals were being discharged?

**Dr. Colm Henry:** I am not sure what the Chairman's reference was to, but I earlier referenced the discharge of people from acute hospitals when it was deemed that their journey of clinical care was finished there. As happened well before Covid, patients are discharged once the clinician managing their care feels they no longer need to be in an acute hospital. As I referenced earlier, throughout March, there was an acute awareness of the impact that Covid-19 was having on acute hospitals in other countries-----

**Chairman:** I get all of that. My question was: is it only people who were inappropriately in acute hospitals and whose planned treatment had been completed who were discharged? Can Dr. Henry confirm that or not?

**Dr. Colm Henry:** No, not at all. It was anyone whose course of treatment had finished.

**Chairman:** Was it only people whose course of treatment had finished who were discharged?

**Dr. Colm Henry:** Yes, that has always been the way. They are either discharged home or they go back to where they came from, which might be a residential-----

**Chairman:** The witnesses may or may not know this. How many people on any given day are still in acute hospitals even though their course of treatment has finished?

**Mr. David Walsh:** The figure for those who have completed their treatment and await an onward placement is around 400.

**Chairman:** Some 400 people are taking up beds in acute hospitals, whose treatment is complete and they are waiting for somewhere else to go. The only reason they are there is because they have nowhere else to go, even during these times of Covid.

**Mr. David Walsh:** Sometimes where people are listed for long term care or for assistance at home for home support, they become unwell again. There may be an impediment to them moving, but at any one time there is a time lag between being declared fit for discharge and the arrangements being put in place.

**Chairman:** Four hundred is the answer. Mr. Walsh mentioned international comparators and how we needed to be able to free up our acute hospitals because we did not know what was coming at us. Everyone accepts that. The lack of ventilators in Ireland was pointed out at the time. How many have been bought since 1 March?

**Mr. Paul Reid:** We had an initial stock across all our systems of about 1,100. We aimed to double that but late into the stage we stopped the procurement. Approximately 700 ventilators were bought.

**Chairman:** Deputy Colm Burke mentioned that about 56% of nursing homes had no incidence of Covid, which is obviously good news. Did anyone look at why that was and, in particular, whether there is any correlation between the 56% and nursing homes that did not



receive discharges from acute hospitals?

**Dr. Colm Henry:** The biggest single correlation which we have seen so far, bearing in mind that we are still at the early stages of the pandemic, is the level of community transmission. Where there are high levels of community transmission-----

**Chairman:** No, I heard that and appreciate the answer, but did the HSE look at whether there is a correlation between the 56% of nursing homes that had no incidence of Covid and those nursing homes that did not receive discharges from acute hospitals?

**Dr. Colm Henry:** A range of correlations have been examined so far. We are still in the middle of analysing this-----

**Chairman:** Has that correlation been looked at?

**Dr. Colm Henry:** No, no such correlation has yet been shown. The most significant level of correlation is with community transmission.

**Chairman:** I understand that. Has the HSE examined whether there is a link between the 56% of nursing homes where there is no incidence and the number of nursing homes where there were no discharges from acute hospitals?

**Dr. Colm Henry:** A direct study of that nature-----

**Chairman:** Not yet.

**Dr. Colm Henry:** -----looking at a single correlate has not been carried out to my knowledge.

**Chairman:** That has not been looked at? That has or has not been looked at?

**Dr. Colm Henry:** Not at this stage, no.

**Chairman:** Media reports suggest there were 240 deaths in the ten worst affected nursing homes. Is that correct? Were those ten worst affected nursing homes on the list HIQA sent to the HSE, expressing its concerns?

**Mr. David Walsh:** I have two separate streams of communication from HIQA, one on HSE or section 38 homes and, daily since the beginning of April, I have also received updated lists from HIQA on the totality of registered nursing homes, public or private. From those lists, it is clear that, as Dr. Henry has said, there is no direct correlation between-----

**Chairman:** The question was more specific. HIQA sent the HSE a list, or it told the committee it did so, of nursing homes that it had specific concerns about in the context of Covid-19.

**Mr. David Walsh:** Yes.

**Chairman:** First, is it correct that in the ten worst affected nursing homes there were 240 deaths, as reported in the media? Second, were those nursing homes on the list sent to the HSE by HIQA which was concerned about specific nursing homes?

**Mr. David Walsh:** On the HSE or section 38 nursing homes notified to me, a significant number had no deaths whatever and some had significant numbers of deaths. They were not the highest number of deaths. Regarding private nursing homes, it is important to say that the data

that were published were not validated data in terms of confirmed deaths from Covid. Once again, there was not a direct correlation between the nursing homes that HIQA would have had most concern about and those nursing homes with the highest number of RIPs.

**Chairman:** I thank Mr. Walsh very much. Mr. Breslin talked about resuming visits to nursing homes. I heard on “Morning Ireland” on Monday, or perhaps it was Tuesday, the suggestion that people would visit their loved ones in nursing homes through a Perspex screen. Is that actually happening and is it satisfactory to the Department of Health and the HSE?

**Mr. Jim Breslin:** Dr. Henry might speak to this issue. A set of precautions is in place at the moment to facilitate visits.

**Chairman:** Is that through a Perspex screen?

**Dr. Colm Henry:** Yes, we have advised nursing homes on the resumption of visiting and the advice pertains not to Perspex but to the number of visitors and the time that they can spend with their relative in nursing home settings. As was cited by a Deputy earlier, this is a critically important component of their care. The isolation has been, to say the least, damaging for people.

**Chairman:** I thank Dr. Henry. So there are no Perspex screens then. Is that what I am hearing?

**Dr. Colm Henry:** The advice did not specifically refer to them. It is possible that some nursing homes may introduce them but the advice given was in terms of distancing, the number of visitors and the time spent with the resident. If nursing homes choose for whatever reason to use Perspex screens-----

**Chairman:** As somebody who has taken legal instructions from people through screens in prisons and visited a loved one for a considerable period of time in a nursing home, I personally would have concerns about Perspex.

**Mr. Jim Breslin:** Dr. MacLellan might have something to add.

**Chairman:** I do fully accept that precautions have to be taken but screens seem to me to be somewhat dehumanising.

**Mr. Jim Breslin:** Excuse me, Chairman. Dr. MacLellan will just add something.

**Dr. Kathleen MacLellan:** The visiting guidance here is very much around the fact that the person in charge would plan visits and that where social distancing cannot be maintained visitors would be required to wear a surgical mask. The facilities themselves would provide the mask. The visit should occur in the resident’s room, if the room is a single room and if it is a multi-occupancy room the visit would be a room away from other people.

**Chairman:** I thank Dr. MacLellan. It is noteworthy that the advice is entirely compliant with WHO guidelines. Mr. Breslin mentioned that he is looking at *RIP.ie* for excess deaths. Given that the Oireachtas beefed up the power of the registration service for deaths, births and marriages, why is he looking at *RIP.ie* data rather than data from the register of births, deaths and marriages?

**Mr. Jim Breslin:** The legislation on the registration of deaths in this country allows a three-month period for a death to be registered. In normal times that is probably fine although it

does leave a lag for the information to be available, but in the context of a pandemic where one wants the information to be as up to date as possible, that is quite a lag. In Northern Ireland, for example, a death must be registered in five days. We are in discussions with other Departments on that but to get around the issue a full analysis is being done on *RIP.ie* and it is a very close approximation of the total number of deaths.

**Chairman:** I thank Mr. Breslin. I have two final questions. I do appreciate his forbearance. He mentioned the expert panel report that is being led by Professor Kelleher. As a committee we hope to look at that. When does he expect the report?

**Mr. Jim Breslin:** The Minister has asked that the panel would come back by the end of June. The panel is independent so it will try to work to that deadline but I have not had confirmation yet that it will meet it exactly. It is our wish that the panel would complete its report by the end of June.

**Chairman:** My final question does not relate to nursing homes but to something that was in the media today. Good results seem to be coming from the use of the steroid dexamethasone, which is not a particularly expensive one, but it is not yet used in Ireland. Could anybody explain why that is or what the plans are around it?

**Dr. Colm Henry:** The drug is widely used in Ireland. These are early trial results on a very select number of patients who are high-ventilatory support and highly dependent. We have sent an alert out to our own clinical community. As with any other drug that is licensed and available, it will be based on individual clinical judgment in the appropriate critical care settings.

**Chairman:** I thank Dr. Henry very much. I have gone over time. I thank the witnesses very much for answering all of the questions and for their patience and forbearance.

**Deputy Colm Burke:** Regarding the 56% of nursing homes that are Covid-free, could we have the number of patients transferred to them?

**Chairman:** Yes, could we get the number of patients? That is a very reasonable request by Deputy Colm Burke. If possible, could we get by correspondence the exact number of patients that were transferred to the 56% of nursing homes that are Covid-free?

**Mr. David Walsh:** Yes, we will work on that.

**Chairman:** Is ten working days a reasonable period?

**Mr. David Walsh:** Yes.

**Chairman:** I will now suspend the committee until 2 p.m. I thank all the witnesses very much.

*Sitting suspended at 1.10 p.m. and resumed at 2 p.m.*

### **State's Response to Impact of Covid-19 on Gaeltacht Areas and the Islands**

**Chairman:** Cuirim fáilte roimh na daoine seo a leanas ón Roinn Cultúir, Oidhreachta agus Gaeltachta a mbeidh ag láithriú i seomra coiste 1: an Seanadóir Ó Cadhain, Príomh-Aoire an Rialtais agus Aire Stáit le freagracht as an nGaeilge, as an nGaeltacht agus as na hoileáin; an Dr.

Aodhán Mac Cormaic, stiúirthóir na Gaeilge; an tUasal Micheál Ó Conaire, príomhoifigeach; an tUasal Sorcha de Brúich, príomhoifigeach; agus an tUasal Seán Mac Eoin, príomhoifigeach.

Ar mhiste leis an Aire Stáit a ráiteas tosaigh a dhéanamh? Ba mhaith liom a mheabhrú do na comhaltaí go bhfuil cúig nóiméad acu chun ceisteanna a chur ar na finnétithe agus freagraí a fháil uathu.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Cuirim fáilte roimh an deis seo-----

**Chairman:** Nóiméad amhain; tá ceist ag an Teachta Ó Cuív.

**Deputy Éamon Ó Cuív:** An bhfuil cúig nóiméad againn?

**Chairman:** Tá cúig nóiméad ag Fianna Fáil, ag Sinn Féin agus-----

**Deputy Éamon Ó Cuív:** Idir ceisteanna agus freagraí, cé mhéad ama atá ag chuile ghrúpa?

**Chairman:** Tá fiche nóiméad ag Fianna Fáil, ag Fine Gael agus ag Sinn Féin.

**Deputy Éamon Ó Cuív:** Fiche nóiméad an dream, an ea?

**Chairman:** Tá. Deich nóiméad agus deich nóiméad.

**Deputy Éamon Ó Cuív:** Tá cúig nóiméad le ceisteanna a chur agus cúig nóiméad d'fhreagraí.

**Chairman:** Is that how the Deputy wishes to proceed?

**Deputy Éamon Ó Cuív:** To be clear, we each have ten minutes and we can choose to have five minutes for questions and five minutes for answers or any other combination. If we speak for ten minutes there would be no time for questions.

**Chairman:** Beidh deich noiméad ar fáil chun statements a dhéanamh.

**Deputy Éamon Ó Cuív:** That is great. Go raibh míle maith agat.

**Deputy Catherine Connolly:** An bhfuil cóip den ráiteas ar fáil?

**Chairman:** Tá súil agam go bhfuil. An bhfuil cóip ag an gcléireach?

**Deputy Fergus O'Dowd:** An bhfuil ceann as Béarla ar fáil?

**Chairman:** Níl a fhios agam.

**Deputy Fergus O'Dowd:** An bhfuil aistriúchán de ar fáil?

**Chairman:** Ceart go leor.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Mar Aire Stáit le freagracht as an nGaeilge, an Ghaeltacht agus na hoileáin, fáiltím roimh an deis seo labhairt leis an gcoiste maidir le cúrsaí Gaeilge, Gaeltachta agus oileánda.

Tá tionchar tromchúiseach imeartha ag Covid-19 ar phobal na Gaeltachta agus na Gaeilge araon agus, dár ndóigh, ar phobail na n-oileán. Thuig muid ón tús i mo Roinn gur mar seo a bheadh agus, mar sin, ceann de na céad bearta a thug muid faoi sa Roinn Cultúir, Oidhreacht-

ta agus Gaeltachta ag tús na géarchéime ná réamhíocaíochtaí a dhéanamh leis na heagrais Ghaeilge, Ghaeltachta agus oileánda a bhíonn ag brath ar mhaoiniú na Roinne chun a gcuid seirbhísí a reáchtáil, lena chinntiú go raibh dóthain maoiniú acu go dtí deireadh mí Bealtaine ar a laghad. I measc na n-eagraíochtaí agus na scéimeanna a fuair réamhíocaíochtaí ó mo Roinn, bhí: Údarás na Gaeltachta agus Foras na Gaeilge; scéim na gcúntóirí teanga; clár na gcluichí Gaelacha; Ealaín na Gaeltachta; Comhar Naíonraí na Gaeltachta; Tuismitheoirí na Gaeltachta; Acadamh na hOllscolaíochta Gaeilge; na comhlachtaí farantóireachta agus aeir a dhéanann freastal ar na hoileáin; agus na comhlachtaí forbartha ar na hoileáin.

Bhí tionchar dearfach ag an gcur chuige seo, dár ndóigh, ar ábáltacht Údarás na Gaeltachta agus Foras na Gaeilge a gcuid cliantghrúpaí féin a mhaoiniú le linn na paindéime agus, san áireamh anseo, tá na comharchumainn Ghaeltachta agus an sé cheanneagraíocht atá faoi chúram Fhoras na Gaeilge. Thug sé seo cinnteacht maidir lena gcuid ioncaim do na grúpaí sin ar fad agus thug sé spás dúinn sa Roinn dul i mbun cainte leis na grúpaí éagsúla agus tabhairt faoi na dúshláin nua seo a bhí amach romhainn. Níos tábhachtaí fós, chiallaigh an beart seo go raibh pá seachtainiúil fós ag teacht isteach chuig teaghlaigh na ndaoine atá ag obair leis na heagraíochtaí éagsúla ar fud an oileáin atá gníomhach in earnáil na Gaeilge agus na Gaeltachta agus ar na hoileáin.

Ó shin i leith, tá oifigigh mo Roinne i dteagmháil rialta lenár gcuid custaiméirí ar mhaithe le tacú leo teacht tríd an ngéarchéim. Le linn an ama seo, tá roinnt bearta éigeandála curtha i bhfeidhm againn ar mhaithe le tacaíochtaí ar leith a dhíriú ar na hearnálacha is mó atá ag fulaingt de bharr Covid-19.

Ar 20 Aibreán, d'fhógair mo Roinn nach reáchtálfaí aon chúrsaí Gaeilge sa Ghaeltacht an samhradh seo de bharr na paindéime ar mhaithe le sláinte phoiblí a chosaint. Thuig mé go maith na dúshláin ar leith atá roimh na pobail Ghaeltachta de bharr an chinnidh seo agus thuig mé go raibh beart sonrath ag teastáil chun inmharthanacht leanúnach na hearnála a chinntiú. Dá réir sin, an mhí seo caite, d'fhógair mé go raibh ciste beart éigeandála aon uaire ar fiú €4.7 milliún é ceadaithe chun tacú le cobhsú earnáil na gcoláistí samhraidh Gaeilge sa Ghaeltacht.

Faoin tionscnamh cobhsaithe seo, cuirfear tacaíocht ar fiú suas le €3.1 milliún é i dtreo údaráis na gcoláistí le cur ar a gcumas táillí agus éarlaisí a aisíoc le tuismitheoirí agus cuirfear €1.6 milliún ar fáil chun tacú leis an 700 teaghlach Gaeltachta incháilithe a chuireann lóistín ar fáil dóibh siúd a fhreastalaíonn ar cheann de na 42 coláiste samhraidh Gaeilge sa Ghaeltacht a bhfuil aitheantas acu faoin scéim. Gabhaim buíochas le CONCOS, scátheagraíocht na gcoláistí samhraidh, a d'oibrigh go dlúth linn le cúpla mí anuas chun teacht ar an réiteach seo.

Mar atá a fhios ag an gcoiste, tá comhlachtaí ar fud na tíre, an Ghaeltacht san áireamh, faoi bhrú ollmhór de bharr ghéarchéime Covid-19, le cailteanas post i gceist agus éiginnteacht maidir le céard atá amach rompu. Tá Údarás na Gaeltachta i dteagmháil díreach le gnólachtaí Gaeltachta chun tacú leo i rith na tréimhse seo. Anuas ar sin, tá mo Roinn agus an t-údarás ag obair as lámha a chéile le Ranna agus eagrais forbartha eile, Fiontar Éireann go háirithe, ar chur chuige aontaithe i leith Covid-19 chun a chinntiú go bhfuil cliaint chomhlachtaí de chuid an údaráis ar an eolas maidir leis an gcomhairle is déanaí agus na tacaíochtaí éagsúla atá ar fáil don earnáil ghnó.

Ina measc siúd tá an scéim dearbháin trádála ar líne, agus cuireadh €600,000 breise ar fáil d'Údarás na Gaeltachta chun é a sholáthar sa Ghaeltacht le roinnt seachtainí anuas. Tá an-éileamh ar an scéim seo de bharr Covid-19 agus is chuige sin a chheadaigh mé féin agus mo chomhghleacaithe Rialtais an maoiniú breise seo.

Gach bliain, reáchtáiltear beagnach 200 campa samhradh sa Ghaeltacht agus freastalaítear ar níos mó ná 6,000 páiste. Gan aon chinnteacht go mbeifear in ann dul ar aghaidh le campaí samhraidh sa ghnáth bhealach de bharr Covid-19 an samhradh seo, d'fháiltigh mé roimh an bhfógra an tseachtain seo caite go mbeidh TG4, le tacaíocht airgeadais mo Roinne, ag craoladh sraith chlár teilifíse Campaí Cúla4 cúig lá sa tseachtain ar feadh cúig sheachtainí i rith an tsamhraidh.

Ó thús na géarchéime, d'aithin an Roinn an chontúirt a bhainfeadh le scaipeadh Covid-19 i measc na bpobal atá lonnaithe ar na hoileáin. Tá eacnamaíocht na n-oileán ag brath go mór ar an earnáil turasóireachta. I 2019, thaistéal beagnach leath mhilliún paisinéir ar na seirbhísí atá fóirdheonaithe ag an Roinn. Bhí an-ínní ann go scaipfeadh an víreas dá bhfágfaí amchlár na seirbhísí fóirdheonaithe mar a bhí siad.

Ag tús Mhárta, rinne an Roinn teagmháil leis na comharchumainn agus na heagraíochtaí forbartha ar na hoileáin ag iarraidh orthu mianta na n-oileánacha a lorg agus teacht ar shocrú leis na farantóirí agus lucht seirbhís aeir le go gcuirfí amchlár laghdaithe i bhfeidhm. Iarradh go gcinnteofar sna hamchláir nua go mbeadh seirbhís dhóthanach ann nach bhfágfadh na hoileánaigh gan bealach amach chuig an mórthír. Theastaigh uainn a chinntiú freisin go bhféadfaí treoirlínte Fheidhmeannas na Seirbhísí Sláinte maidir le haonrú sóisialta a chur i bhfeidhm ar na báid agus eitleáin a bhí in úsáid ar na seirbhísí éagsúla.

Chun na socraithe nua seo a chur i bhfeidhm, b'éigean do mo Roinn agus na soláthraithe paisinéirí agus lastais teacht ar shocrú maidir le híocaíochtaí do na seoltaí nár déanadh de réir na hamchláir leasaithe. Tá moladh mór ag dul do na comhlachtaí farantóireachta agus aeir mar gheall ar chomh tiomanta is a bhí siad chun sláinte na bpobal ar a mbíonn siad ag freastal a chosaint agus muid ag iarraidh teacht ar an socrú nua seo.

Ar 27 Aibreán, d'fhógair an Taoiseach go mbeadh srianta nua ag teacht i bhfeidhm le dul i ngleic le géarchéim Covid-19. Fógraíodh nach mbeadh cead ach acu siúd a bhfuil buanchónaí orthu ar na hoileáin agus iad siúd a bhíonn ag cur seirbhísí riachtanacha ar fáil bheith ag taistéal isteach agus amach chuig na hoileáin.

Ag eascairt ó fhógra an Taoisigh, rinne mo Roinn teagmháil leis na comharchumainn agus le heagraíochtaí forbartha na n-oileán arís ag iarraidh orthu tuilleadh leasaithe a dhéanamh ar na hamchláir. Déanadh é sin go fonnmar agus cuireadh na hamchláir i bhfeidhm láithreach.

Táim féin agus oifigigh mo Roinne i dteagmháil rialta le pobail na n-oileán ó shin maidir le hathoscailt na n-oileán. Tuigim go rímhaith go bhfuil na pobail seo ínníoch i gcónaí maidir le scaipeadh an víris agus, ar an taobh eile den scéal, go bhfuil lucht ghnó na n-oileán ag iarraidh tosú ag trádáil arís. Tuigtear dom go bhfuil an CMO le comhairle a chur ar an Rialtas an tseachtain seo maidir le freastal ar na riachtanais éagsúla seo.

Is cinnte go bhfuil Covid-19 tar éis go leor brú a chur ar na pobail ar a bhfuil mo Roinn ag freastal, ach sílim go bhfuil iarracht déanta againn sa Roinn caitheamh go tuisceanach leis na pobail sin le linn na géarchéime ar mhaithe leis an tsláinte phoiblí a chosaint agus muid uile, mar phobal amháin, a thabhairt slán tríd an ghéarchéim seo.

**Deputy Aengus Ó Snodaigh:** Gabhaim buíochas leis an Aire Stáit. Tá sé deacair tuiscint a bheith againn nuair nach bhfuil sé sa seomra agus muid ag caint leis an teilifís. De ghnáth nuair a bhím ag caint leis an teilifís bíim ag scread air agus mé ag féachaint ar chluichí sacair nó peile.

Is maith an rud go bhfuil an deis seo againn labhairt istigh sa Dáil as Gaeilge ar cheisteanna

Gaeilge, ach is trua gur coiste atá ann agus táim tar éis an cheist seo a thógáil leis an gCeann Comhairle ó lár Mhí an Mhárta le go mbeadh Aire ag teacht os comhair na Dála ag déileáil leis na ceisteanna. Dúirt an tAire Stáit i gcónaí go raibh sé sásta ach go raibh srian air. Measaim féin gur is trua nach bhfuil sé anseo mar Aire sinsearach ach nach bhfuil an Dáil ag déileáil ach gur coiste atá ann. I ndeireadh thiar thall tá sé go maith agus is léiriú é ar an ngá chun Aire sinsearach a bheith ann le Gaeilge chun déileáil le ceisteanna Gaeilge agus Gaeltachta, agus ní caitheamh anuas ar an Aire Stáit é seo in aon chor. Bhí sé i gcónaí ar fáil agus sásta na ceisteanna seo a fhreagairt. Is ceist mhór é agus b'fhéidir go bhfuil freagra ag an Aire Stáit go mbeidh sé in ann í a roinnt linn, is é sin, an mbeidh Aire sinsearach ann a bheidh in ann déileáil le ceisteanna mar seo ar bhonn seachtainiúil, más gá. Is é sin ceann de na laigí is mó ó thaobh na Dála seo agus na tréimhse seo, nach raibh ceisteanna Gaeilge agus Gaeltachta chun cinn. Bhíomar ag déileáil le gach uile cheist eile ach nach rabhamar ag déileáil leis an nGaeilge i gceart go dtí seo.

Is í ceann de na ceisteanna is mó atá ag déanamh tinnis orm, ar a lán daoine in earnáil na Gaeilge agus dóibh siúd a bhfuil cónaí orthu sa Ghaeltacht is ea na ceisteanna a chuireann daoine mar gheall ar na coláistí samhraidh agus na mná tí. Tá ceist amháin agam ar mhaith liom a dhíriú isteach ar Údarás na Gaeltachta. Luaigh an tAire Stáit tamall gairid ó shin an scéim dearbháin, trádáil ar líne, agus tá sé go maith. Tá sé sin ar fáil ag a lán daoine seachas siúd atá sa Ghaeltacht. Cad é an rud breise atá déanta aige agus an t-airgead breise atá infheistithe ag an Rialtas in Údarás na Gaeltachta chun cuidiú leis an údarás teacht timpeall ar deacrachtaí breise a bheith aige de thairbhe an chruachás Covid-19 agus na faidhbe atá at teacht romhainn ó Brexit agus a thuilleadh? Is stuif breise anuas é seo ón méid a bhí geallta agus más féidir an cheist sin a fhreagairt ar dtús báire, tiocfaidh mé ar ais le ceisteanna faoi nithe eile.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Gabhaim buíochas leis an Teachta as sin. Ar dtús, go pearsanta, bheinn an-sásta a bheith i m'Aire sinsearach do chúrsaí Gaeilge. Chaill mé mo shuíochán, mar is eol don Teachta. Bhí ról ag a pháirtí sa rud sin, ach is é sin scéal eile.

Maidir le hairgeadú Údarás na Gaeltachta, tá an ceart ag an Teachta go bhfuil an €600,000 ansin fógartha againn maidir le dearbháin ar líne agus tá tábhacht ar leith ag baint leis sin trasna na tíre mar gheall go bhfeiceann daoine anois an tábhacht a bhaineann le rudaí mar chúrsaí ar líne. Is maith an rud go bhfuil sé sin ag tarlú ar aon nós agus go bhfuil deis ag daoine agus ag comhlachtaí beaga tríd Údarás na Gaeltachta úsáid a bhaint as an scéim sin.

Maidir le hÚdarás na Gaeltachta, tá caidreamh aige agus leis an Roinn Gnó, Fiontar agus Nuálaíochta go seachtainiúil tríd an ngéarchéim. Gach rud atá ar fáil trí Fiontar Éireann, tá sé ar fáil do chomhlachtaí sa Ghaeltacht freisin. Tá dul chun cinn déanta maidir le pacáiste don údarás tríd an an Roinn Gnó, Fiontar agus Nuálaíochta agus sílim go bheidh fógra déanta go luath agus táim dóchasach faoi sin. Tá chuile rud atá ar fáil taobh amuigh den Ghaeltacht ar fáil tríd Údarás na Gaeltachta do na comhlachtaí sa Ghaeltacht freisin.

**Deputy Aengus Ó Snodaigh:** Cad é an rud sa bhreis? Má tá sé ar fáil do gach uile earnáil eile timpeall na tíre tríd Enterprise Ireland nó tríd aon chomhlacht eile, fiú tríd an Rialtas, níl aon idirdhealú á dhéanamh nó níl aon tacaíocht sa bhreis ar fáil d'Údarás na Gaeltachta nach bhfuil ar fáil in aon áit eile. An bhfuil airgead sa bhreis ar fáil dó chun cuidiú leis athruithe a dhéanamh sna foirgnimh atá ann? Tá roinnt díobh as dáta ar aon chaoi. An bhfuil airgead sa bhreis ann chun stuif sa bhreis a fháil agus chun a dhéanamh cinnte de gur féidir leis an gnáth-phobal atá ag obair sna monarchana agus sna hionaid trádála nó a leithéid i gceantair Ghaeltachta leanacht ar aghaidh? An bhfuil airgead sa bhreis ar fáil dóibh? An bhfuil aon airgead nó

infheistiú sa bhreis déanta in Údarás na Gaeltachta le ceithre mhí nó mar sin anuas agus muid ag déileáil le Covid-19?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Tá an cheist sin freagartha agam i mo ráiteas tosaigh. Tá réamhíocaíocht déanta agam d'Údarás na Gaeltachta. Tá €2.35 milliún ann sa deontas caipitil le haghaidh chúrsaí pá, pin-sin agus riaracháin. Tá €1.099 milliún ann le haghaidh gníomhaíochtaí teanga agus pobal, agus tá €1 milliún ann le haghaidh pleanáil teanga d'Údarás na Gaeltachta. Rinneadh réamhíocaíocht d'Údarás na Gaeltachta mar gheall ar an ngéarchéim seo. Tá sé sin luaite freisin leis an €600,000 sa bhreis. Tá a lán scéimeanna atá fógartha ag an Roinn Gnó, Fiontar agus Nuálaíochta ar fáil do chliant chomhlachtaí de chuid Údarás na Gaeltachta, ach tá an caidreamh sin ag dul ar aghaidh idir an dá thaobh agus táimid dóchasach go mbeimid in ann rud éigin a fhógairt go luath agus go mbeidh fáil ar airgead ag Údarás na Gaeltachta tríd an Roinn Gnó, Fiontar agus Nuálaíochta.

**Deputy Aengus Ó Snodaigh:** Tá ceist eile agam ar ghné eile a bhaineann ní hamháin leis an Roinn Cultúir, Oidhreacht agus Gaeltachta agus le gach uile Roinn, ach go háirithe le Feidhmeannacht na Seirbhíse Sláinte. Tá ról ag an Aire Stáit ann mar Aire Stáit sa Roinn Cultúir, Oidhreacht agus Gaeltachta. Tagraím don bheagán fógraí nó míchothromas atá ann maidir le fógraíocht Fheidhmeannacht na Seirbhíse Sláinte. Botún ón Rialtas ina hiomlán atá ansin nach bhfuil an méid chéanna caite ar fhógraíocht i nGaeilge ar líne, ar na meáin agus ar leithéidí Twitter agus Facebook. An mbeidh gearán ag teacht ón Roinn Cultúir, Oidhreacht agus Gaeltachta dírithe ar na Ranna eile agus an raibh an Aire Stáit ag ardú ceist na fógraíochta mar gheall ar Covid-19 sa tréimhse seo leis na hAireí ag fiafraí cén fáth nach raibh Feidhmeannacht na Seirbhíse Sláinte ag cloí leis an riail gur chóir go mbeadh an méid chéanna fógraíochta déanta as Gaeilge, fiú sa chruachás ina rabhamar?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Gabhaim buíochas don Teachta as an gceist tábhachtach sin. Ós rud é go bhfuil ionadaíocht ag an Roinn Cultúir, Oidhreacht agus Gaeltachta ar an gcoiste cumarsáide idir-rannach atá bunaithe ag an Rialtas mar fhreagra ar ghéarchéim Covid-19, is ar an Roinn seachas ar Fhoras na Gaeilge a thit an dualgas chun Feidhmeannacht na Seirbhíse Sláinte a chur ar an eolas maidir leis an riachtanas chun ábhair fhaisnéis don phobal a chur ar fáil i nGaeilge. Tá an cheist seo ardaithe ag ionadaí na Roinne ar bhonn rialta agus tuigtear don Roinn go bhfuil raon leathan faisnéis curtha ar fáil i nGaeilge. Mar shampla, tá an information booklet do Covid-19 foilsithe as Gaeilge agus cuireadh é sin amach do gach uile theach sa tír.

The leaflet was produced in both Irish and English. All tiers of the Department of Health public information posters were also published in Irish, as was the cocooning information from the Department. HSE information campaign posters about how to prevent symptoms and explaining who is at risk were also published bilingually, as were the Covid-19 hand hygiene poster, television advertisements about symptoms and messages about prevention, staying at home and cocooning. The daily press releases are translated into Irish and posted to the website of the Department of Health. I am told that content on that website is regularly updated and translated into Irish. The passenger locator form is produced in English and Irish, as was the public health locator form before it. Táim sásta go bhfuil a lán eolais ar fáil trí mheán na Gaeilge, mar is ceart. Is ceart go mbeimid ag plé na rudaí seo. Ag an am céanna, is ceart an cheist a ardú. Táim sásta go bhfuil a dóthain déanta ag an Roinn. Mar a dúirt mé, tá feidhmeannaigh ó mo Roinn ar an gcoiste cumarsáide trasrannach. Táim ag coinneáil súil ar na rudaí seo.

**Deputy Éamon Ó Cuív:** Is é sin an uair dheireanach - don tráth seo ar a laghad; b'fhéidir



go mbeidh sé ann arís - go mbeidh an Teachta os ár gcomhair mar Aire Stáit le freagracht as an nGaeltacht. Gabhaim buíochas pearsanta leis as a chúirtéis i gcaitheamh an ama sin agus as an obair a rinne sé. De réir mar a thuigim, tá cásanna faoi bhráid an Choimisinéir Teanga mar nár cloíodh leis an dlí. Ní hé seo an chéad uair. Is údar buartha agus díomá é go bhfuil Acht na dTeangacha Oifigiúla á sárú arís agus arís eile.

Molaim an tAire Stáit as an gcúnamh atá sé ag tabhairt do na mná tí agus do na coláistí Gaeilge ach tá dhá easnamh mhór ann. B'fhéidir go bhféadfadh an tAire Stáit muid a chur ar an eolas fúthu. An mbeidh airgead ar fáil do na hionaid phobail? Bhí siad ag brath go mór ar ioncam na gcoláistí Gaeilge ó thaobh cíosa, árachais agus mar sin de. Táim ag caint faoin gcíos a n-íoctar leo agus a n-úsáideann siad é le haghaidh cothabhála agus árachais. An bhfuil aon mhachnamh á dhéanamh sa Roinn maidir leis an gceist sin?

Tá na mná tí a choinníonn scoláirí faoi scéim na bhfoghlaimeoirí Gaeilge sa samhradh ag fáil cúitimh. An bhfuil sé i gceist cúiteamh a thabhairt do na mná tí a bhí ag coinneáil Gaeilgeoirí nó scoláirí meánscoile i rith na bliana ina dtithe féin ar na hoileáin chun go bhféadfadh scoláirí freastal ar scoileanna na n-oileán? D'imigh na scoláirí i mí Mhárta. An bhfuil aon chúiteamh le déanamh leo don tréimhse idir mí Mhárta agus mí an Mheithimh?

Ó thaobh an údarais de, an bhfuil aon airgead breise ó Roinn an Aire Stáit le cur ar fáil d'Údarás na Gaeltachta? Chuala mé an rud a dúirt sé faoi Fhiontar Éireann, ach is é an Roinn an príomhfhoinsé maoinithe ag an údarás.

As the Minister of State will be aware - I will say this in English because there are islands both in the Gaeltacht and not in the Gaeltacht - when the announcement was made in relation to opening up the country and the dates were brought forward, no announcement whatsoever was made regarding the islands and this has sparked an intense debate within the islands themselves.

The first thing we must recognise is that safety has to be paramount. The health and well-being of the people on the islands has to be paramount, and I accept that. I cannot make a call as to what the Minister of State should do because I do not have the information that the Department of Health and the HSE have but different cases have been made, as the Minister of State will be aware, for islanders who live permanently on the mainland but come home every summer and for people who own houses on the island and maybe spend a month or two in the summer there. Then there is the issue of tourists who stay versus day tourists. As I said, I cannot make a call as to what way this should fall. We all must recognise that public health is absolutely paramount but in the event of it not being decided to open up the islands on the same basis as the rest of the country, will there be a special package of assistance to the businesses on the islands, many of which have mortgages and overheads? We cannot tell them they cannot trade when other people are trading in equivalent businesses and, on the other hand, tell them they are meant to paddle their own canoe without assistance. We have to resolve this issue in a fair and safe way but in a way that recognises the massive financial pressures many businesses on the islands are under, like everywhere else. If that is the health and safety advice I will accept it, but if the date is put back then we have to do something for those businesses.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Bhí an ceart ag an Teachta sa mhéid a bhí le rá aige faoin teanga agus faoin gcoimisinéir. Is é sin an fáth go bhfuil Bille na Gaeltachta níos láidre foilsithe agam agus ag an Rialtas. Is faoin chéad Rialtas eile a bheidh sé brú ar aghaidh leis an mBille sin agus é a chur tríd an Oireachtas. Nuair a bheidh an Bille á phlé, beidh deis ann athruithe a dhéanamh a bhaineann le caighdeán Gaeilge na heagraíochtaí Stáit a bhíonn ag déileáil le muintir na Gaeltachta chuile lá.

Tá an ceart ag an Teachta go bhfuil pacáiste curtha ar fáil. Mar a dúirt mé leis na mná tí agus na coláistí samhraidh, tá sé fíorthábhachtach go gcinnteoidis go mbeidh an earnáil thábhachtach seo ar fáil agus i bhfeidhm an bhliain seo chugainn agus sna blianta eile amach romhainn. Is é sin an fáth go bhfuil an t-airgead sin curtha ar fáil againn.

Bhí ceist eile ag an Teachta maidir leis na hionaid phobail. Aithníonn an Roinn go bhfuil an tréimhse seo dúshlánach do phobal na Gaeltachta. Tá tionchar na géarchéime Covid-19 ag cur as do chúrsaí eacnamaíochta sa Ghaeltacht. Mar is eol don Teachta mar iar-Aire, cabhraíonn an Roinn le forbairt áiseanna pobail agus teanga sa Ghaeltacht tríd an chlár caipitil. Níl aon scéim ag an Roinn chun cabhrú le riaradh na hionaid phobail. Sílim go bhfuil an brú céanna ar chuile phobal trasna na tíre de thoradh na géarchéime - is í sin an fhadhb. Níl an Cumann Lúthchleas Gael ag íoc as úsáid na hionaid phobail faoi láthair. Níl rudaí ar nós biongó ag dul ar aghaidh. Tá imeachtaí na ngrúpaí ar fad a úsáideann na háiseanna seo de ghnáth curtha ar ceal. Rinne an Roinn cinneadh chun réamhíocaíochtaí na scéimeanna seo a chur ar fáil ionas nach mbeadh daoine as póca go pearsanta agus go mbeadh airgead ag teacht isteach go seachtainiúil. Tá rudaí tábhachtacha eile, ar nós an íocaíocht dífhostaíochta phaindéim Covid-19 agus an scéim fóirdheontais shealadaigh pá, déanta ag an Rialtas freisin. Tá an scéal céanna trasna na tíre ó thaobh grúpaí deonacha agus grúpaí pobail. Tá a lán déanta ag an Rialtas. Tá thart ar €40 milliún ón dormant accounts fund ar fáil faoi scéim atá curtha ar aghaidh ag an Aire, an Teachta Ring. Mar fhreagra dhíreach ar an gceist atá curtha ag an Teachta, níl aon airgead curtha ar fáil go díreach le haghaidh na hionaid phobail.

Táimid ag breathnú ar chás na mná tí ar na hoileáin. Táimid dóchasach go mbeimid in ann rud éigin a dhéanamh dóibh. Bhí ról ag an Teachta nuair a cuireadh an scéim thábhachtach seo, atá an-mhaith, i bhfeidhm. Tá ciall leis do na hoileáin agus dóibh siúd a fhreastalaíonn ar na cúrsaí. Táimid ag breathnú ar an scéim sin agus táimid dóchasach go mbeimid in ann cúpla punt a chur isteach ann.

Tá €200,000 curtha ar fáil ag an Roinn díreach chuig Údarás na Gaeltachta ó thaobh an scéim ar-líne. Tháinig breis airgead ón Roinn Cumarsáide, Gníomhaithe ar son na hAeráide agus Comhshaoil agus tá an scéim sin fógartha. Mar fhreagra ar an Teachta Ó Snodaigh, táimid ag obair agus tá caidreamh idir an tÚdarás agus an tAire Gnó, Fiontar agus Nuálaíochta maidir le cúrsaí airgid.

Ó thaobh na nOileán, tá sé seo an-deacair. Tá gnóthaí ag iarraidh oscailt go luath agus tá a lán daoine eile ag iarraidh na hoileáin a fhágáil dúnta mar atá. Cuid acu, tá siad sásta na hoileáin a fhágáil dúnta go dtí 2021. Bhí pobalbhreith ar Inis Oírr, agus bhí 92% in aghaidh athoscailt na noileán.

Tá NPHEt ag casadh le chéile inniu agus beidh moltaí ag dul ar aghaidh chuig an chruinniú Rialtais ar maidin. Beidh mé ann ag an gcruinniú sin agus pléimid na moltaí sin

It is a difficult one to sort out because some people are quite wary of reopening the islands at all. From the conversations I have had, both speaking to people from a number of the islands and in email communication, they believe they have been protected since the crisis began. There has been limited interaction with other people and, therefore, the threat has been reduced. One can understand, particularly where there might be an elderly or vulnerable population, the concerns that islanders have. Many of them were quite happy with the August reopening. They were used to it and when NPHEt removed phase 5, there was no mention of the islands in terms of changes to phase 2 and their-----

**Chairman:** I ask the Minister of State to conclude in order that we can accommodate everybody.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** NPHE is reappraising phases 3 and 4 and that advice will come to the Government.

**Deputy Fergus O'Dowd:** Cuirim fáilte roimh an Aire. Molaim an obair atá déanta aige. Bhí sé i gcónaí ann chun caint linn. D'éist sé i gcónaí linn nuair a bhí fadhbanna againn, go háirithe maidir le cúrsaí Ghaeilge, agus bhí sé sásta cabhrú linn.

Tá cúpla ceist agam. Níl chónaí agam sa Ghaeltacht, mar sin níl mion-eolas agam ar an rudaí atá ag titim amach agus ní bhaineann an méid seo chomh mór sin le mo dhúthaigh féin, ach sna Gaeltachtaí, na daoine atá ag obair, a leithéid gardaí, fear an phoist agus daoine a mbíonn orthu dul isteach chuig tithe, go mórmhór in áiteanna iargúlta, an bhfuil an tAire sásta go bhfuil go leor Gaeilge acu nó go bhfuil siad dátheangach? Nuair a théann daoine in aois, nó daoine le dementia, uaireanta cailleann siad an Béarla ach bíonn siad in ann labhairt trí Ghaeilge. An bhfuil an tAire sásta go bhfuil go leor daoine ag obair sna Gaeltachtaí ach go háirithe, a bhfuil dátheangach? I gcomhthéacs Covid-19 nó aon ghalar eile, an bhfuil go leor Gaeilge ag daoine a théann chuig na tithe altranais, nó go leor daoine ag obair sna tithe altranais, le Gaeilge?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Go raibh maith agat, a Theachta. Ceist an-tábhacht í an cheist sin. Leis na heagraíochtaí Stáit, oibríonn sé go maith ó thaobh na Gaeilge de agus daoine le Gaeilge a bheith sa Ghaeltacht chun freastal ar daoine a bhfuil líofa sa Ghaeilge. Ach tá níos mó le déanamh. Beidh na rudaí seo clúdaithe sa Bhille teanga a bhéas muid ag ullmhú.

Ó thaobh na géarchéime agus an méid atá ag tarlúint sa Ghaeltacht faoi láthair, tá ról an-tábhachtach ag na comharchumainn agus tá obair mhór déanta ag na comharchumainn atá faoi chúram Údarás na Gaeltachta i dtaobh soláthair seirbhísí riachtanacha pobail ar fud na Gaeltachta ó thús na géarchéime a bhaineann le Covid-19. I measc na seirbhísí atá comharchumainn ag cur ar fáil le tacaíocht an Údaráis ná seirbhísí seachadadh siopadóireachta, béilí ar rothaí, bailiú agus cóir leighis agus oideas, soláthar spás do Fheidhmeannach na Seirbhíse Sláinte, bailiú pinsin, seirbhísí priontála d'ábhair scoile, seirbhísí seachadadh breosla, teagmháil le daoine aosta a bhí i mbun cocúnú, soláthar ranganna ceoil ar líne agus scaipeadh eolais don phobal maidir le Covid-19. Tá a lán déanta agus bhí comharchumainn ag obair leis an Údarás chun spásanna stiúideo agus tacaíocht a chur ar fáil do RTÉ Raidió na Gaeltachta agus Nuacht TG4. Déanann siad sárjab i gcónaí ach go mór mór i rith na géarchéime seo chun daoine a chur agus a choinneal ar an eolas faoin méid atá ag tarlú agus céard atá ar fáil ón Stát, ón gcomhairle contae, ó sheirbhísí sláinte, nó aon eagraíocht eile atá ag freastal ar na hoileáin agus Gaeltachtaí.

**Deputy Fergus O'Dowd:** Sin freagra an-mhaith agus molaim an obair atá déanta. Is cinnte ón méid atá ráite ag an Aire Stáit go bhfuil na Gaeltachtaí agus na hoileáin bríomhar beo agus go bhfuil daoine ag féachaint chuige ionas go bhfuil comhluadar agus ceangal ag aon duine nach bhfuil in ann dul ag siopadóireacht nó má tá aon rud ag teastáil uathu.

Cuirfidh mé cuid de mo chéad cheist eile i mBéarla. Molaim an méid airgid atá tugtha ag an Aire Stáit do na mná tí. Tá sé an-tábhachtach. Tá mise ag dul chuig na Gaeltachtaí gach samhradh le fada an lá agus is cuimhin liom go maith na céadta dalta ag siúl na bóithre agus ní bheidh siad ann i mbliana. Is mór an trua é sin ach tá sé an-mhaith go bhfuil airgead tugtha ag an Aire Stáit do na mná tí chun go mbeidh an t-ioncam ag teacht isteach acu. Mar a dúirt an Teachta Ó Cuív, ba chóir airgead breise á thabhairt do na siopaí agus na háiteanna a bheadh na

daoine óga sin ag dul freisin más féidir. Baineann mo cheist le daoine óga a bheadh ag obair de ghnáth nó a bheadh ag súil le hobair, mar iad siúd atá ag déanamh na hardteiste nó ag fágáil scoile le gairid.

Is there more that we can do to assist young people? If I am correct, unemployment in the tourism and leisure industry will most affect those aged between 18 and 34. Many of these young people will not have work now. However, they will not be able to go from áiteanna iargúlta to Sasana nó Meiriceá nó na háiteanna a chuaigh siad roimhe seo. They will not be able to go to the places they would normally go to. A significant number of people, not just in Gaeltacht areas but all over the country, who depend on tourism and leisure activities, will be affected.

Is there more that we should or could be doing? I know with the forbairt eacnamaíochta that there will be support. Does the Minister of State have views on what the committee could recommend or ask to be carried out?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Tá an Teachta ceart go bhfuil daoine óga trasna na tíre, ach sa Ghaeltacht sa chás seo, dífhostaithe mar gheall ar an ngéarchéim. Tá cuid acu ag fáil na híocaíochta Covid ón Stát, agus tá cuid acu a bhí ag obair ag fáil an wage subsidy scheme freisin. Tá na híocaíochtaí sin ar fáil sa Ghaeltacht mar aon le haon áit eile sa tír mar gheall ar na cinntí a rinne muid sa Rialtas, le tacaíocht ón Oireachtas.

Ó thaobh aon rud eile a bheimid in ann a dhéanamh, tá a fhios ag an Teachta go bhfuil turasóireacht fíorthábhachtach do dhaoine óga. Beidh cuid acu ag freastal ar an ollscoil i rith an gheimhridh agus an fómhar, agus bheidís ag obair de ghnáth in óstáin, pubanna, cafés agus chuile áit sna Gaeltachtaí nó i gcathair na Gaillimhe. Táimid ag breathnú ar na seirbhísí sin a athoscailt so tá súil agam go mbeidh cuid de na daoine óga in ann poist a fháil arís don samhradh, i mí Iúil agus mí Lúnasa. Beidh cinneadh á dhéanamh ag an Rialtas go luath ó thaobh phase 3.

Tá mo chomhghleacaí, an tAire Stáit, an Teachta Breandán Ó Grifín, atá freagrach as cúrsaí spóirt agus atá ag freastal sa Roinn Iompair, Turasóireachta agus Spóirt, in éineacht leis an Aire sinsearach, Shane Ross, tar éis task force nó grúpa speisialta ó thaobh turasóireachta de a chur le chéile. Tá feidhmeannaí ar an task force sin ó gach uile áit sa tír. Tá a fhios agam go bhfuil siad ag breathnú ar an earnáil tábhachtach sin do na h-oileáin, an iarthar agus don tír uile agus go mbeidh siad at teacht suas le smaointí.

Freisin, cé nach bhfuil clár Rialtais nua aontaithe, tá caint ann faoi July stimulus nó rud éigin mar sin. Sílim, más rud é go bhfuil Rialtas nua ann, go mbeidh deiseanna ansin agus airgead ar fáil d'earnáil ar nós turasóireacht atá fíor-thábhachtach agus ina noibríonn a lán daoine - daoine óga agus daoine eile - go lán-aimseartha agus go páirt-aimseartha. Tá súil agam go mbeidh teacht amach as an task force sin go luath.

**Deputy Fergus O'Dowd:** Táim ag smaoineamh ar daoine a bheadh ag dul thar lear agus nach mbeadh ag freastal ar na hollscoileanna. Caithfidh siad fanacht sa bhaile anois. Táim ag díriú ar an cohort sin. Molaim an rud atá ráite ag an Aire Stáit agus tuigim go mbeidh breis eolas againn má bhíonn Rialtas nua ann. Molaim chomh maith, áfach, go mbeadh muid ag díriú ar na daoine sin, rud atá an tAire Stáit ag déanamh, in other words, that we concentrate on the cohort who would normally emigrate but who may not now have the opportunity to do so because of economic difficulties in other countries. They might not necessarily have the education or intention to go to university. There is a major issue here that should and, I hope, will

be addressed through upskilling, retraining, alternative careers and so on. It could be a major problem.

Go raibh maith ag an Aire Stáit as ucht na freagraí a thug sé dom. Is féidir leis freagraí scríofa a sheoladh chugam mar tá an t-am istigh.

**Deputy Duncan Smith:** Tá brón orm ach níl a lán Gaeilge agam so I will ask my questions as Béarla.

Could the Minister of State give us further detail on discussions with the ferry and airline companies and the impact on their long-term viability? Have there been any discussions with groups representing charter boat fishermen and those who provide pleasure angling services around the islands and in the Gaeltacht area? Is the Minister of State satisfied with how quickly essential Government information on Covid-19 and the national response was provided in the Irish language? Were there any delays in that regard? Are there any plans to provide capital funding to organisations that have community centres and facilities in the Gaeltacht and on the islands to help them adapt to the new norm of physical distancing?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Go raibh maith agat as sin. I will take the last question first. There is an ongoing capital scheme open in the Roinn to eligible groups. With regard to how this relates to adapting to a new normal, I am not sure that there has been any discussion but it would make sense. It could be considered, particularly where minor works are necessary. Relevant groups could get in contact with the Roinn to explore the possibilities associated with what might be needed.

Regarding the ferries and air services, Covid had an impact on the operators' businesses but, to be honest, many of the operators are themselves island people. It is fair, therefore, to say their primary concern was the health of islanders. They worked with the Roinn to amend the timetables and reduce the numbers of sailings or flights to relevant islands. That, in itself, represented a saving in terms of the businesses. They are funded through the schemes within the Department and I think they were quite happy with how things were done. I did acknowledge in my opening statement the co-operation there has been with the Roinn in this regard.

Regarding other charter businesses, it would be a matter for them to engage with Údarás na Gaeltachta, like any other company in the country, to see what might be available. If they fulfil the conditions that were announced by the Government in regard to the Covid-19 payment and the wage subsidy scheme, those schemes will apply. Whatever supports are available outside the Gaeltacht are also available in it through Údarás na Gaeltachta, which operates as the local enterprise office for the Gaeltacht as well as engaging with Enterprise Ireland.

Will the Deputy repeat his other question?

**Deputy Duncan Smith:** I asked about the provision of information in the Irish language.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** I am happy with what has been done in this regard. We have representatives on the specialist cross-departmental group who are keeping that group informed of its responsibilities in this regard and what is the right thing to do in terms of providing information to people in their native and first language. I am happy that even if there were delays, they have been rectified and there is sufficient information being put out bilingually both in some of the direct mailings and on websites.

**Deputy Duncan Smith:** I thank the Minister of State.

**Deputy Holly Cairns:** Like Deputy Smith, I ask the Minister of State to excuse my inability to speak as Gaeilge. I welcome today's sitting, which recognises the unique challenges faced by the Gaeltacht and the islands. It may already have been mentioned - my inability to understand Irish is the same as my inability to speak it - but perhaps the committee might consider having another session where we could hear from representatives of island communities and enable a fuller discussion. I understand witnesses from other communities have attended meetings of the committee and it would be great to have the same representation for the islands.

My first question concerns what we can learn from the current situation. The pandemic has been a time to reflect and seek improvements in how the State and society operate. As part of this process, we should commend our island communities. There are several in my constituency, including on Bere Island, Sherkin Island, Heir Island, Cape Clear Island and Long Island. We have people there really pulling together and helping each other, including services providers like local supermarkets, ferries and healthcare services. However, the inherent vulnerabilities of island living have also been highlighted throughout the pandemic. An action plan for the islands is due later this year. What processes has the Department put in place to work with island communities in learning from the emergency in order to help to develop and improve that plan?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** I thank the Deputy for her question. I know she has a huge interest in the islands. In my role as Minister of State, I met her at an event on Bere Island last summer when she was newly elected to Cork County Council. I congratulate her on her elevation to the Dáil.

One could argue that we are always learning from situations that arise. The Tánaiste and I launched an islands policy on Sherkin Island last November. It was a position paper or discussion paper and, since then, officials in my Department started a public consultation and information process, which involved consulting with a number of different island communities in January and February and through to 7 March. Things were halted thereafter when the Covid-19 crisis emerged and, as the Deputy knows, sometimes such activities are halted by weather conditions in any case. The officials travelled to a number of islands, including Cape Clear Island on 7 February, Inis Uí Drisceoil on the same date, Inis Mór on 29 January, an tOileán Mór on 17 January, Oileán Faoide on 10 January, Árainn Mhór on 13 February, Inis Fada on 7 February, Inis Meáin on 30 January, Inis Oírr on 22 January, Inis Buí on 10 January, and Inis Acaill on 9 January. That process is under way and we hope it will be concluded once the restrictions are lifted and travel can be resumed to allow public gatherings on islands. It is a very important part of the process and, as the Deputy said, the aim is to publish an action plan as quickly as we can do so.

**Deputy Holly Cairns:** Everyone appreciates that island and Gaeltacht communities face additional complications in recovering from the pandemic. Greater attention needs to be paid to the way our current and future responses to Covid-19 and the recovery can be adapted to support the islands. If the public health advice for the mainland is a phased approach and it is not for the islands, people in island communities will have concerns about that. We need regional measures that acknowledge the different conditions on islands and also in rural Ireland compared with urban areas. For example, if a business cannot open on an island simply because it is on an island, we may need to consider targeted supports for those businesses, including special VAT rates, a monetary fund and more flexible grants than the existing ones. Can the Minister of State provide clarity on how it is envisaged that the islands will be reopened and supported

in the current challenging environment?

Due to time constraints a written response will be fine to my final question. This year, entire groups of secondary and college students will not benefit from the immersive experience of the Gaeltacht, for example, such as the one we have on Cape Clear, in west Cork. I am a perfect example of somebody who spent 14 years learning Irish every day in school, and there are many other people in the same boat. The best and most effective way to learn Irish is through immersion in those Gaeltacht communities. We can all acknowledge that they are essential when everything is taken into consideration. It is lovely to hear everybody speaking Irish in the Chamber; I envy them. Are there plans for alternative facilities such as online platforms or shorter stays in Gaeltacht communities during the spring if health advice allows them to continue? Can the Minister of State ensure that specific schemes will be put in place to make sure that Irish colleges can keep operating after this pandemic?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** First, regarding the islands, which I touched on earlier, NPHET gave the original advice in regard to phase 5. When it removed phase 5, it did not determine when there would be a full reopening of the islands but I understand it is doing that now. I understand it is meeting today and will provide advice. There will be a type of reconfiguration of the advice on phases 3, 4 and 5 and an updated roadmap will be published.

In terms of a phased reopening, that would be my view but we have to wait for NPHET's view based on the health risk and the fact that the R rate and the transmission rate is much lower. Many islanders who have contacted me directly wish to remain closed and their view is that there would not be tourism on their islands this year. As others have said, there is a balance to be achieved in terms of businesses that need to make money.

**Deputy Holly Cairns:** That is if it is-----

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** If there were to be restrictions, I could see that they would have a valid case for a package. I imagine that is something the task force on tourism will examine. However, the advice has to come from NPHET and be agreed at Cabinet. There is a view among a majority of business owners that they wish to reopen and, importantly, get a decision quickly. I agree with them on that in that I wish that we could get to that point. I hope that NPHET can come forward with the advice and that we can make an announcement on that.

Second, with regard to learning Irish and the immersion aspect, the Deputy is correct. The coláistí samhraidh in the Gaeltacht areas are hugely important and it is a pity that they are not available this year. As well as the craic and spraoí that youngsters get out of that, and the friendships, they are important in terms of appreciating that many people speak Irish on a daily basis and not just in an education setting. It is good to see that as part of a community. The supports we have put in place for the coláistí samhraidh and the mná tí this year will ensure that there will be courses next year, assuming there is no pandemic but we all hope that will not happen, that the coláistí samhraidh will be viable, that the mná tí will be available to cater for students, and that the students can attend.

Regarding the next stages, there is a good scheme, although numbers are limited for many reasons, whereby ten pupils come from different parts of the country to spend a year on the Aran Islands attending school. That is full immersion. The concern regarding that scheme is that there might be an impact on the spoken language on the islands, but that does not seem to hap-

pen. Based on leaving certificate results, there does not seem to be any negative impact on the education of the islanders and it hugely improves the language skills of those people suddenly immersed in the language, whether they are from Dublin, Cork or wherever.

Conradh na Gaeilge, other groups and the coláistí samhraidh are looking at online courses as well. I am sure those will be announced in due course, at which point we can send a note to Deputies who may have an interest in this area. I reiterate that everything we have done in this area has been to try to ensure that these important resources are available once the pandemic is over, and that we continue to have viable companies and mná tí.

**Deputy Bríd Smith:** Tá sé thar am dúinn an seisiún seo mar gheall ar Covid-19, na hoileáin agus an Ghaeltacht a bheith againn mar is cuid shaibhir dár gcultúr agus dár n-oidhreacht iad ár n-oileáin agus ár gceantair Ghaeltachta. Tá easpa bearta agus easpa reachtaíochta againn sa tréimhse seo. Nílimid ag cur tacaíocht i bhfeidhm le linn Covid-19 agus tá i bhfad níos mó le déanamh. Níl bunachar bunúsach ag cuid de na hoileáin ar nós uisce agus tá céanna nua ag teastáil in áiteanna. D'éirigh leis na hoileánaigh an víreas Covid-19 a choinneáil amach ach tá brú orthu chun athoscailt. Tá an brú sin ag teacht ó ghnóthaí ar na hoileáin agus ón easpa turasóireachta. Tá an turasóireacht an-tábhachtach do na hoileáin ach tá sláinte phobail na hoileáin níos tábhachtaí fós.

I am sure the Minister of State has answered this question, but I hope he will not mind doing so again. Will there be a discussion about a special financial package to support the islands and their businesses and avoid pressure on them to reopen too early? I heard the Minister of State say that NPHEAT will look in detail at this matter. Will he give us some idea as to when that will happen, and when NPHEAT will then give advice to the islanders on the question of reopening and public health? Chaiill muintir na hoileáin an samhradh agus is sin an t-am is tábhachtaí den bhliain dóibh.

Ba mhaith liom ceist a chur ar an Aire Stáit mar gheall ar Bhille na dTeangacha Oifigiúla. Admhaíonn an t-Aire Stáit agus gach Teachta go bhfuil ár nGaeltachtaí i dtrioblóid agus níl mórán le rá i gclár an Rialtais mar gheall ar na Gaeltachtaí. Tá an-chuid le rá ann mar gheall ar cheantair lasmuigh de na Gaeltachtaí agus tá sé sin ceart go leor ach caithfidimid béim níos láidre a chur ar na Gaeltachtaí féin. Táimid tar éis fanacht go ró-fhada chun Bille na dTeangacha Oifigiúla a fhoilsiú. Cathain a bheidh an Bille os ár gcomhair? An mbeidh an t-Aire Stáit in ann time limit sensitivities a chur sa Bhille sin?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Gabhaim buíochas don Teachta as na ceisteanna tábhachtacha sin. Tá an ceart aici go bhfuil rudaí ag teastáil go fóill ar na hoileáin, ach é sin ráite, tá dul chun cinn suntasach déanta ag an Roinn, ag an Rialtas seo agus ag an Rialtas roimhe sin freisin ó thaobh seirbhísí farantóireachta, seirbhísí aeir, seirbhísí ingearáin agus seirbhísí éigeandála de, ó thaobh infheistíocht i gcoláistí, agus in áiseanna pobal ar na hoileáin de. Tá níos mó le déanamh, áfach, agus tá togra fíor-thábhachtach i nGaillimh Thiar - is mór an trua nach raibh mé ann chun é a bhrú ar aghaidh níos mó mar atá déanta cheana - agus is é sin céibh Inis Oírr. Tá dul chun cinn déanta ansin, áfach, agus táimid ag súil le go mbeimid in ann tairiscintí a fháil roimh dheireadh na bliana.

Tá an Teachta ceart ó thaobh seirbhísí uisce de. Tá Uisce Éireann ag tabhairt uisce isteach ón mórthír go dtí Inis Oírr agus go dtí Inis Meáin faoi láthair, go mór mór go dtí Inis Oírr, agus rinne an chomhairle contae an rud céanna roimhe sin freisin. Cé go bhfuil infheistíocht déanta acu ó thaobh ionad cóireála uisce, tá níos mó le déanamh chun na faidhbe bliantúla seo a réiteach.



Sílim go bhfuil NPHET ag teacht le chéile inniu chun phase 3 agus phase 4 a phlé. Bhí mé ag teagmháil inniu le Liz Canavan ó Roinn an Taoisigh, a bhíonn ar an teilifís chuile lá ag déanamh cur i láthair ar chuile rud. Tá súil agam go mbeidh comhairle ó NPHET ag teacht os comhair an Rialtais go luath ó thaobh na n-oileán. Tá cuid de na hoileánacha ag iarraidh na hoileáin a choimeád dúnta agus cuid acu, go háirithe na gnóthaí, ag iarraidh iad a oscailt chomh luath agus is féidir. Tá sé deacair agus ní bheidh aon duine in ann 100% de na daoine a thabhairt leo maidir leis seo. Braitheann sé ar an gcomhairle ó NPHET agus an díospóireacht a mbeidh ag an Rialtas.

Ó thaobh pacáiste cúitimh do na hoileánacha, tá scéimeanna fógartha ag an Rialtas, an pandemic unemployment payment agus an wage subsidy scheme. Tá an íocaíocht sin ar fáil. Those are available to islanders as they are to people everywhere else in the Gaeltacht, or outside as well. If a package was made available that would be a matter for the task force on tourism, which is dealing with this. This would be the same throughout the country. There is talk of a July stimulus so there may be something in that. However, I have no details except what has been talked about in the programme for Government and we do not have a Government yet. I cannot pre-empt what might come from such a stimulus or even that there will be a Government in place by July.

**Chairman:** I thank the Minister and Deputy Smith.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** I will reply in writing regarding an Bille na dTeangacha Oifigiúla (Leasú) 2019, but it is a priority. It has been published and we started Second Stage. I hope the next Government will try to get through it as fast as they can and insert additional rights for the language.

**Chairman:** Go raibh maith agat a Aire Stáit. An Teachta Shanahan le cuig nóimead.

**Deputy Matt Shanahan:** Gabhaim buíochas leis an Aire agus lucht an Roinne. Tá brón orm nach bhfuil mo Ghaeilge a dóthain chun comhrá a dhéanamh agus cuirfidh mé mo cheisteanna trí Bhéarla.

In a previous meeting I asked on behalf of Conradh na Gaeilge about the publication of coronavirus information as Gaeilge and the Minister of State said that he is happy with the publications that are now issuing. Does the Minister feel that there has been enough communication as Gaeilge on social media to highlight the problem of coronavirus, its impacts and prevention?

I refer to the impact of the pandemic on the economy of the Gaeltacht areas and the islands in particular. I am a past visitor to Cape Clear and Ring is in my own constituency so I am well aware of the Gaelic and Gaeltacht experience, and the summer experience. Has the Minister thought of any future opportunities to try to engage people in the autumn and winter considering a large portion of the summer season will, I presume, have passed unfavourably?

On the matter of changing work practices, another issue that is being highlighted now is the ability of people to work remotely. Broadband is probably an issue. Is there a possibility, particularly for the islands, to try to offer short-term working arrangements for people who might go there for a fortnight or a month and work there, even during the winter if such a thing were possible? This would be a great way to introduce visitors into Gaeltacht areas and it has to be feasible now.

Finally, the Minister mentioned the air services from Galway in particular. Is he satisfied

that in the event of Covid activity in the autumn and winter the islands will be properly catered for and protected with respect to medical services?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** I thank the Deputy. Bíonn ábhair ar social media ó na seirbhísí sláinte i gcónaí agus táim sásta leis sin. B'fhéidir go raibh fadhbanna ar dtús ach táim sásta go bhfuil dul chun cinn suntasach déanta i rith thréimhse na géarchéime seo chun daoine a chur ar an eolas. There has been progress in ensuring that there is enough information available bilingually for those who speak Irish. I listed those provided by the HSE earlier. There are representatives of the Department on the interdepartmental group on Covid that will make the group aware, if others have not done so, of the responsibilities towards Irish speakers.

Covid has had an impact on the Gaeltacht and on the islands as there has been in every rural and, indeed, urban community, whether it is on unemployment, reduced income, tourism and all that goes with it. On what can be done, there are a range of supports. We prioritised ensuring that everyone would have some payment coming in weekly. That is why the pandemic unemployment payment and the wage subsidy scheme were put in place and why supports were put in place through Enterprise Ireland and through the Department of Business, Enterprise and Innovation.

On what else might come, assuming we continue to flatten or crush the curve, I assume there will be more opportunities for staycations. There is talk of staycation vouchers and things like that, which again would be a matter for the next Government. I do not know what might be possible. Dublin might be different, but so much of our tourism sector in rural areas is seasonal, in some cases weather dependent, and is impacted by a crisis such as this particularly during June, July and August. The next Government will consider what can be done to encourage things, including staycations.

We are also looking at digital hubs on islands as we have in Gaeltacht areas. That is important for remote working, something that has shown itself to be particularly important during Covid, which is why the outgoing Government has invested in the national broadband plan following the approval of the European Commission regarding state aid. That is important in rolling that out and giving opportunities to work from home, whether someone lives on an island or in the remotest part of the country, so that he or she does not have to commute. It is good for the carbon footprint, reducing costs, quality of life and so on.

I cannot answer specifically on working arrangements. Many of our islands are very seasonal. They are spring, summer and autumn to a degree, and some might hope for a season from St. Patrick's Day to October. Many businesses would close over the winter and some tourist towns would do the same. There are not specific areas but tourism is hugely important.

**Chairman:** I thank the Minister of State and ask him to conclude.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** On the islands, it is hoped the action plan will be published later in the year and, cross-departmentally, other opportunities may arise.

**Deputy Michael Collins:** I thank the Minister of State and his officials. There are quite a few islands in my constituency of Cork South-West: Durse, Bere, Whiddy, Long, Heir and Sherkin as well as Cape Clear. Since the Minister of State's appointment as Minister with responsibility for the islands, he has been no stranger to west Cork, with many visits to Sher-

kin Island and Bere Island, which first come to mind. I thank the islanders off west Cork and around the country for the measures they have taken through this Covid crisis to protect the people who live on the islands.

The Minister of State might not be able to answer all my questions as some might be more appropriately answered by the Minister, Deputy Madigan, as they relate to people who live on the islands and the arts. The Minister of State needs to take leadership on islands as there is a high degree of confusion. I have been contacted by people on the islands continually in the past two to three weeks and I contacted people on most of the islands in west Cork last night to see what the feeling is out there. They want to know when islands can open up to the public in a safe manner. That is the first question.

I am told there are no public toilet facilities on many of the islands. Hygiene is a big issue and it will be at the forefront of the minds of all who will visit islands such as Long Island and Sherkin Island. Will the Department fast-track efforts to open public toilets where they are currently unavailable?

I looked through the new programme for Government drawn up by three of the parties. I went through it page by page and from back to front to see what the vision is for our islands for the next five years and all I found was two lines, basically 33 words, explaining that someone will publish a plan for islands this year. During the weeks of negotiation, was there no one from rural Ireland or the islands at the table who could have formulated some sort of a vision for the islands? That is a worry.

Are there any plans to build social housing on the islands in the next five years? If we are to rebuild our islands, we need social housing. I know the arts are very important to the islands, Sherkin Island among others. Many are worried. A total of €6.4 million was lost to the arts sector from cancelled events. Will the Government continue to support freelance artists and arts workers through the pandemic unemployment payment until mass gatherings are permitted again? An Indigo national audience survey indicates that the arts and culture sector will be the last to return to full capacity and will need support to ensure survival and recovery. Will the Government ensure that an equitable portion of the European Commission's structural funding is committed to the arts and culture sector?

The arts will be fundamental to Ireland's recovery, impacting across society in many different ways, including the economy, education, tourism, health and well-being. Will there be a full Minister for culture in the next Cabinet?

**Chairman:** The Deputy asked a lot of questions. The Minister of State should answer what he can in two and a half minutes.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** I will start off by referring to the arts. I am aware that the Minister for Culture, Heritage and the Gaeltacht, Deputy Madigan, and the Taoiseach published a €25 million package for the arts during the week. I do not have the details to hand but I will ask the Minister's office to send the Deputy details on that.

Regarding the vision for the islands, that is the plan that we launched on Sherkin Island. I believe the Deputy was present with the Tánaiste on the day of the launch. He has accompanied me on numerous visits to the islands. That is what we are doing. It has been much commented on that there has not been a plan for the islands for 25 years. That is why we initiated one. It

is something the island community wanted and that is why we started the consultation process, which as the Deputy might imagine, was interrupted by the Covid crisis in terms of gatherings of people and social distancing. We could not conclude the consultation but it will hopefully resume as soon as possible.

I accept what the Deputy said about confusion. He asked when the islands can open up safely. The problem is I cannot say if islands will ever be able to open up safely in terms of Covid. As with anywhere else, there are inherent risks and that is why we are taking the advice of NPHET. As I understand it, it is meeting today to discuss the reconfiguration of the phases and it will provide advice to the Government. I accept that islanders would like certainty at this stage. Many of them were quite happy with the August deadline in phase 5, as was initially published. We want to get a new date as quickly as possible on that. I have put forward proposals based on conversations that I have had with islanders and within the Roinn. We submitted our own views to Roinn an Taoiseach and it is in consultation with NPHET, which is independent. NPHET will present proposals to the Government in due course, hopefully tomorrow.

We do not have a direct role in social housing. The relevant local authority deals with the housing needs of those currently living on islands. The issue will be examined and policies will be written in the action plan as well. The matter will be taken in hand. I accept that population maintenance on islands is important. I hope we will be able to look at the islands policy in the action plan that will be presented after that. On the reopening, I know that people are somewhat confused. As things stand at the moment, based on the phase 5 advice, the full opening of islands is still set for 10 August. In terms of international tourism and people coming in, that is still the advice until NPHET has provided us with an alternative. It was NPHET that chose to put islands in phase 5 and keep them separate from the mainland. Many people were happy with that, but some were not. A balance must be struck. As I have said, we will take advice from NPHET when this matter comes to the Cabinet.

**Chairman:** I thank the Minister of State and Deputy Collins. I call Teachta Connolly and she has cúig nóiméad.

**Deputy Catherine Connolly:** D'fháiltigh mé roimh an bpacáiste ó thaobh na coláistí samhraidh de, agus tá na mná tí ceangailte leis an mhéid sin. Rinne an Rialtas an cinneadh ceart. Thóg sé am, ach tá mé thar a bheith sásta go ndearnadh an cinneadh ceart. Níl mé ag iarraidh an iomarca a rá faoi na scéimeanna a luaigh an tAire Stáit, ach ba mhaith liom aitheantas a thabhairt dóibh. Ní aontaím leis an Aire Stáit, áfach, go bhfuil “an scéal céanna trasna na tíre”. Is rudaí faoi leith iad na hoileáin. Tá costais bhreise i gceist ar na hoileáin. Tá dúshlán faoi leith acu. Ní mar a gcéanna iad. Ní féidir áiféal a dhéanamh faoi chomh buartha is atá muintir na hoileáin. Bhí daoine as na trí Oileáin Árann agus Inis Bó Finne i dteagmháil liom. Ní mór dom a rá nach bhfuil aon easpa cinnteachta anseo ó thaobh formhór na ndaoine de. Tá sé ráite go soiléir acu go bhfuil siad buartha. Tá sé thar a bheith soiléir i bhformhór na n-aighneachtaí atá faighte agam go bhfuil siad ag iarraidh nach n-osclofar na hoileáin roimh am. Tuigim an scéal ar an lámh eile, mar atá leagtha amach ag gnó nó dhó, b'fhéidir, ach is léir go bhfuil cinnteacht ag teastáil chomh sciobtha agus is féidir.

Caithfidh mé a rá go bhfuil mé beagáinín buartha faoi NPHET. Nuair a chuaigh mé tríd na miontuairiscí, ba léir dom nár thug NPHET aird faoi leith do na hoileáin, i ndáiríre, ach amháin ó thaobh taistil de. Tá a fhios agam go bhfuil NPHET gnóthach. Níl aitheantas ar bith tugtha ag NPHET do na fadhbanna atá ag na hoileánaigh. Tá a fhios ag an Aire Stáit go bhfuil siad ag streachailt le easpa uisce. An bhfuil NPHET ar an eolas sin? Tá siad ag streachailt freisin maidir le easpa bia do na beithígh. Chuala an tAire Stáit agus mé féin fear ó Inis Meáin inniu ag

cur in iúl an faitíos a bhíonn air chuile lá nuair a théann sé amach go mbeidh na beithígh marbh ar an talamh de bharr easpa bia. An raibh an tAire Stáit i dteagmháil leis an Aire Talmhaíochta, Bia agus Mara? An bhfuil tacaíocht ar bith le fáil? Tá sé ag teastáil go práinneach anois. Tiocfaidh mé ar ais go dtí pacáiste tarrthála eile.

Tá a fhios ag an Aire Stáit go bhfuil na hoileáin i dtrioblóid ó thaobh na céibheanna de. Chuala mé an dea-scéal ón Aire Stáit go bhfuil na hoifigigh i mbun tairiscintí a réiteach. Tá léargas tugtha agam ar chuid de na fadhbanna lena bhfuil muintir na hoileáin ag streachailt. Ní féidir a rá go bhfuil an fhadhb seo mar a gcéanna ag gach duine ar fud na tíre. Níl sé sin fíor. Tá sé nochtaithe go soiléir go bhfuil easpa polasaí agus easpa reachtaíocht i gceist chun cabhair dhlíthiúil agus aitheantas a thabhairt do na hoileánaigh. Tá a fhios agam go bhfuil an Rialtas i mbun oibre, agus tá a fhios agam ón bhfreagra atá faighte agam go bhfuil Covid tar éis cur isteach ar na cruinnithe. Bhí orm brú damanta a chur ar an gcóras chun tús a chur leis an bpróiseas sin. An bhfuil aon eolas ag an Aire Stáit i dtaobh cén uair a bheidh an polasaí foilsithe? Tá sé ag caint faoi phlean gníomhaíochta, ach ba chóir go mbeadh an plan sin bunaithe ar pholasaí agus ar reachtaíocht. Ní féidir dul ar aghaidh mar seo. Tá éacht déanta ag muintir na n-oileáin agus ag na comharchumainn. Mar is eol don Aire Stáit, tá trí dhualgas ar Údarás na Gaeltachta. Tá i bhfad níos mó dualgais ar an Údarás ná mar atá ar IDA Ireland nó Fiontraíocht Éireann. Tá an tÚdarás thíos leis na blianta - ó bhí 2008 ann - ó thaobh airgead de.

Is é sin an méid gur féidir liom a rá. Ba mhaith liom an méid atá ag teastáil uaim a leagan amach arís. Cén t-ionchur a bheidh ag muintir na n-oileán nuair a bheidh an cinneadh seo á dhéanamh ag NPHE? Tá an t-ionchur sin ag teastáil ionas go mbeidh NPHE ar an eolas go hiomlán. An bhfuil pacáiste práinneach tarrthála i gceist ó thaobh na feirmeoirí atá ag streachailt gan bhia? Sa téarma níos faide, ach sa bhliain seo, cén pacáiste a bheidh ar fáil, mar tá an séasúr turasóireachta seo scriosta, nach bhfuil? Ní mór dúinn é sin a admháil agus rud a dhéanamh faoi.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Gabhaim buíochas leis an Teachta. Chuir sí ceisteanna an-tábhachtach. Bhí mé i dteagmháil leis na comharchumainn faoi na fadhbanna ar na hoileáin ó thaobh na mbeithígh mar gheall ar easpa uisce agus easpa báistí. Níl sé ag cur báistí ar na hOileáin Árann ó mhí an Mhárta. Bhí mé i dteagmháil le comhairleoir speisialta an Aire Talmhaíochta, Bia agus Mara, an Teachta Creed, inné. Tá sé ag breathnú air sin. D'iarr mé air comhairleoirí ó Theagasc a sheoladh chuig na hoileáin chun breathnú ar na rudaí sin agus teacht ar ais chuig an Aire le féidearthachtaí. Tá a fhios agam go gcuirtear pacáistí cúitimh ar fáil in amanna mar seo. D'iarr mé air breathnú ar an bhfuil cás ag na hoileán cabhair a fháil. Sílim go bhfuil.

Tá an ceart ag an Teachta ó thaobh na heaspa uisce ar na hoileáin go ginearálta. Bíonn fadhbanna ag Comhairle Contae na Gaillimhe agus bíonn na fadhbanna céanna ag Uisce Éireann. Tá siad ag caitheamh airgid chun uisce a thabhairt isteach. Caithfidh siad níos mó a dhéanamh ó thaobh infheistíochta i bpiopaí ón mórthír, mar atá luaite ag daoine, nó ó thaobh cóireála uisce ar na hoileáin. Tá scéim ann, AranLIFE. Is deascéal é ó thaobh na n-oileán. Tá togra déanta ansin. Tá a lán water catchers do bheithígh tógtha trasna na trí oileán. Tá siadsan tábhachtach chuile bhliain, i mbliana ach go háirithe. Is deascéal é sin.

Maidir le hathoscailt na n-oileán, tá a fhios agam go bhfuil an chuid is mó de na hoileáin ina choinne. Bhí mé i dteagmháil lena lán daoine in Árann, in Inis Bó Finne agus i gCorcaigh. Bhí mé i dteagmháil le mo chomhghleacaí, an tAire, an Teachta McHugh, faoi oileáin Dhún na nGall freisin. Tá a fhios agam go bhfuil daoine buartha faoi. Bhí a lán de na hoileánaigh sásta leis an dáta 10 Lúnasa. Anois, mar gheall ar chinneadh NPHE, caithfidh breathnú air sin

arís. Tá súil agam go mbeidh comhairle againn go luath. Mar a dúirt mé, tá moltaí, smaointe agus comhairle curtha ar aghaidh chuig Roinn an Taoisigh againn. Tá a fhios agam go bhfuil sé faighte ag feidhmeannaigh NPHE. Táimid ag fanacht ar an gcomhairle. Beidh sé á phlé ag cruinniú Rialtais. Beidh mé ag cur na ceisteanna atá luaite ag an Teachta agus ag baill eile an choiste ar mo chomhghleacaí agus luafaidh mé an méid atá faighte agam ó na hoileánaigh.

Ar an dtaobh eile, mar a dúirt mé féin agus a lán daoine eile, tá gnóthaí faoi bhrú agus ag iarraidh oscailt arís. Tá an samhradh fíorthábhachtach do na gnóthaí sin. Tá cuid acu ag iarraidh athoscailt chomh luath agus is féidir. Níl mé ag rá go bhfuil chuile cheann ag iarraidh é sin ach tá an chuid is mó dóibh á iarraidh. Caithfidh cothromaíocht idir an dá thaobh a thógáil san áireamh in aon chinneadh a dhéanfaimid. Tá a fhios agam go bhfuil inní orthu agus go bhfuil siad buartha faoi athoscailt luath. Má tharlaíonn sé - ba cheart dom “nuair a tharlaíonn sé” a rá mar beidh na hoileáin oscailte go cinnte - ní bheidh na huimhreacha céanna ag dul amach go dtí na hoileáin ar bháid nó in eitleáin de bharr na srianta ó thaobh social distancing, más rud é go bhfuil siad fós i bhfeidhm.

**Deputy Mairéad Farrell:** Gabhaim buíochas leis an Aire Stáit. Tréasláim leis as an obair ar fad atá déanta aige le linn na paindéime seo. Bhí sé i gcónaí sásta ceisteanna a fhreagairt. Molaim go mór an pacáiste cúitimh do na mná agus fir tí.

Mar atá a fhios ag an Aire Stáit agus mar atá luaite anseo cheana, tá an-inní ar na hoileáin maidir le cén uair a osclófar iad arís do thurasóirí. Tá mé féin agus an Aire Stáit tar éis a bheith ag caint le daoine ó Inis Meáin, Inis Oírr agus Inis Mór le laethanta agus seachtainí anuas, agus tá sé soiléir go bhfuil inní orthu. Tá roinnt acu ag iarraidh go n-osclófar na hoileáin an samhradh seo agus tá daoine eile nach bhfuil á iarraidh sin. Tá roinnt gnólachtaí, go mór mór, ag iarraidh go n-osclófar arís iad. Beidh orainn breathnú ar an toradh d’aon phobalbhreith a dhéantar, ach teastaíonn treoir shoiléir ón Roinn freisin.

Mura bhfuil na hoileáin chun athoscailt, beidh pacáiste cúitimh ag teastáil go géar ó na gnólachtaí ann. Dúradh leo ar dtús go n-osclódh na hoileáin ar 10 Lúnasa, ach tá an géarú ar an bpróiseas le srianta Covid-19 a bhaint ag cothú go leor éiginnteacht agus breathnaíonn sé ar nós go mbeidh an plean sin ag athrú. Tá roinnt de mhuintir Árann ag cur fúthu i mBaile Átha Cliath, Londain agus áiteanna eile. Níl deis faighte acu aghaidh a thabhairt ar an mbaile le trí mhí anuas ach bhíodar sásta na treoracha sin a leanúint chun sláinte an phobail sin a chosaint.

Dúirt an tAire Stáit go mbeidh cruinniú ann faoin ábhar seo anocht. An bhfuil sé ag rá go mbeidh treoir shoiléir againn amárach nó an tseachtain seo chugainn? Teastaíonn treoracha uainn agus beidh orainn éisteacht le muintir na háite freisin.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Gabhaim buíochas leis an Teachta as ucht a ceisteanna. Sílim go bhfuil an coiste NPHE ag teacht le chéile inniu chun phase 3 agus phase 4 a phlé agus go bhfuil an cónasc sin le déanamh idir phase 3, 4 agus phase 5, ina raibh na hoileáin chun athoscailt ar dtús. Táimid ag fanacht ar an treoir ó NPHE agus beimid á phlé, le cúnaimh Dé, ag an gcruinniú Rialtais amárach, ach braitheann sé sin ar an gcomhairle sin a bheith ar fáil ó NPHE.

Ó thaobh an pacáiste cúitimh atá luaite ag an Teachta, tá impleacht ar an eacnamaíocht chuile áit sa tír, ní amháin ar na hoileáin agus sa Ghaeltacht, agus ní féidir rud éigin a dhéanamh d’óstán ar oileán nach mbeimid ag déanamh d’óstán in aon áit eile sa tír. Má tharlaíonn aon rud ina thaobh sin, tiocfaidh sé ón Rialtas trí phacáiste cúitimh ón Roinn Iompair, Turasóireachta agus Spóirt nó rud éigin mar sin. Níl mé in ann a rá go mbeidh a leithid de rud ann ach tá

task force ann faoi láthair. Ní bheidh an Roinn seo in ann pacáiste cúitimh a chur ar fáil do na hoileáin gan comhairle agus cead a fháil ón Roinn Caiteachais Phoiblí agus Athchóirithe, so sin ceist don Aire Airgeadais. Tá impleachtaí na géarchéime Covid ar eacnamaíocht na tíre pléite againn ag bord an Rialtais agus sa Dáil. Le bheith soiléir, ní bheimid ag déanamh rud éigin do na hoileáin nach mbeidh déanta d'aon áit eile ó thaobh cúitimh de. Ní bheimid in ann é sin a dhéanamh.

**Deputy Mairéad Farrell:** An rud is tábhachtaí ná go dtéann an Roinn i dteagmháil go díreach le muintir na n-oileán chomh luath agus atá cinneadh nó moladh de chineál éigin déanta i leith athoscailt na n-oileán.

Tá cúpla ceist agam maidir leis an uisce, rud atá pléite againn inniu freisin. Tá srianta uisce i bhfeidhm ar roinnt de na hoileáin amuigh ón gcosta faoi láthair agus tá siad ag cur an-bhrú ar mhuintir na n-oileán. Bíonn an cheist seo ag crá croithe na n-oileánacha gach uile bhliain, mar is eol don Aire Stáit. I ndáiríre, caithimid teacht ar réiteach fadtéarmach ar an fhadhb seo. Ba cheart don Roinn dul ag obair air sa chaoi is nach mbeimid á phlé arís an bhliain seo chugainn. Tá an fhadhb níos measa arís le linn paindéime. An bhfuil an Roinn ag obair ar phlean chun an fhadhb seo a réiteach? Sampla maith de na himpleachtaí tromchúiseacha a bhíonn aige seo ar na hoileáin is ea an srian uisce ar Inis Oírr ó 5 p.m. gach lá, dhá uair sula dtagann an bád far-antóireachta deireadh isteach ag céibh Inis Oírr. Ba mhaith liom fíor ón Aire Stáit air seo agus is dócha go n-aontaíonn sé liom ach ní chloíonn sé seo leis an gcomhairle sláinte phoiblí gur féidir le daoine teacht isteach agus nach féidir leo a gcuid lámha a ní. Bhí muintir Inis Meáin i dteagmháil liom ag rá go raibh srian ar an uisce ó 9 p.m. go 9 a.m. agus ag an am sin, mar gheall go bhfuil caidéal lochtach ar an oileán, ní raibh roinnt tithe i mBaile na Seoigheach ag fáil uisce go dtí 8.30 p.m. agus ansin bhí sé á chaitheamh as arís ag 9 p.m. Bhí mé i dteagmháil le Uisce Éireann faoi sin agus dúirt mé go dteastaíonn caidéal nua ach arís, ní chloíonn sé seo le comhairle sláinte phoiblí agus níl sé sin sách maith le linn paindéime. Tá mé buartha go bhfuil sé seo ag tarlú ar na hoileáin agus dá mbeadh sé ag tarlú i gcathair ar nós Baile Átha Cliath ní cheapadh daoine go bhfuil sé sin sách maith le linn paindéime den chineál seo.

Luaigh an Teachta Connolly go raibh muid ag éisteacht le “Adhmhaidin” ar maidin faoin bhrú atá ar feirmeoirí ar Inis Meáin freisin. Mar is eol don Aire Stáit, tá na feirmeoirí ag cur a gcuid beithíoch ar bháid agus iad á gcur chuig Maigh Eo. Tá go leor costas ag baint leis sin. Luaigh an tAire Stáit an céibh in Inis Oírr agus ba bhreá liom é dá mbeadh sé in ann tuilleadh sonraí a thabhairt dom faoi sin. Tá sé sin ina chrá croí do mhuintir Inis Oírr freisin.

Ba mhaith liom na hionaid phobail a lua leis an Aire Stáit. Tá sé iontach go bhfuil an scéim sin de €4.7 milliún a thugann faoiseamh do na fir agus na mná tí ann agus cuirim fáilte roimhe sin. Áfach, tá a fhios againn go bhfuil na hionaid phobail sa Ghaeltacht ag fulaingt. Tá aithne mhaith ag an Aire Stáit ar ionad pobail Chill Chiaráin i gceantar Iorras Aithneach agus ar an gcoláiste samhraidh a bhíonn ar siúl sa cheantar sin. Deireann an coiste phobail áitiúil go gclúdaíonn an t-airgead a fhaigheann sé ón gcoláiste sin thart ar 50% de na costais a bhíonn orthu as an ionad pobail sin a choinneáil ag imeacht. Is iad cúrsaí árachais agus deimhniú sábháilteacht ó dhóiteán is mó a bhíonn sna costais sin. Mar sin, muna bhfuil an t-árachas agus an teastas sin aige, ní féidir leis an halla a oscailt. Tá an t-airgead aige i gcomhairle árachais ar feadh mí nó mí go leith agus tá sé ag íoc an buanordú. Muna bhfuil an t-airgead aige, beidh air é a dhúnadh. Má stopann sé leis an bpolasaí árachais sin, ní bheidh sé in ann é a athoscailt. Mar sin, tá súil agam go n-éistean an tAire Stáit leis an méid atá ráite ag roinnt Theachtaí inniu agus go gcuireann an Roinn cúiteamh de chineál éigint ar fáil do na hionaid phobail sin. Tá siad difriúil mar gheall go bhfuil siad ag brath ar an airgead ó na cúrsaí de chuid na coláistí

samhraidh chun a choinneáil ar oscailt.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Tá a lán ceisteanna ansin.

**Deputy Mairéad Farrell:** Tá a fhios agam agus tá brón orm faoi sin.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Pléifidh mé na ceisteanna faoi uisce ó thaobh na beithígh de. Bhí mé i dteagmháil le oifig an Aire Talmhaíochta, Bia agus Mara agus d'iarr mé air comhairleoirí teagasc a chur amach ar na hoileáin chun breathnú orthu agus chun teacht ar ais lena gcuid tuairimí.

Níl ról díreach ag an Roinn maidir le seirbhísí uisce. Is le Uisce Éireann, agus roimhe sin le Comhairle Contae na Gaillimhe i gcás Árann, atá an ról sin. Táimid ag ullmhú an polasaí, mar is eol don Teachta, agus beidh sé sin ag teacht chun cinn. Tá a fhios agam go ndearna Uisce Éireann obair ar Chléire i gContae Chorcaí. Chaith sé a lán airgead le déanaí ansin. Nuair a raibh mise i mo chomhairleoir chontae ar Chomhairle Contae na Gaillimhe, phléamar na cúrsaí seo agus an easpa ionaid chóireála ansin. Bhí mé i gcónaí i dteagmháil leis na comharchumainn ansin agus le déanaí bhí mé i dteagmháil leis na trí comharchumainn agus le cuid de na feirmeoirí féin freisin maidir leis na fadhbanna a bhí ann ag na feirmeoirí. In Inis Oírr, tá an fhorbairt ar an liosta de thograí atá le forbairt faoi Thionscadal Éireann 2040. Bíonn cruinniú go minic againn le comhairleoirí ón gcomhairle contae. Tá siad ag brú ar aghaidh maidir leis an gcás gnó agus tá caidreamh eadrainn féin agus an Roinn Caiteachais Phoiblí agus Athchóirithe. Is rud fíorthábhachtach é sin ó thaobh an public spending code go mbeimid ag déanamh gach rud i gceart agus ag dul sa treo ceart maidir leis an togra tábhachtach seo. Tá sé ag barr an liosta ag chuile dhuine in Inis Oírr agus ag barr mo liosta féin ó thaobh tograí caipitil. Táim dóchasach mar gheall ar an obair ata déanta agam maidir leis an gcás gnó agus go mbeimid in ann tairiscintí a lorg i mbliana. Tá tábhacht ag baint leis an togra seo.

**Chairman:** Gabhaim buíochas leis an Aire Stáit agus an Teachta Mairéad Farrell. Iarraim ar an Teachta Moynihan labhairt anois.

**Deputy Aindrias Moynihan:** Gabhaim buíochas leis an gCathaoirleach agus leis an Aire Stáit as an gcur i láthair níos luaithe. Bhí roinnt mhaith eolais ann. B'fhéidir go bhfuil roinnt de mo cheisteanna freagartha aige cheana féin ach tá roinnt angles difriúla agam chomh maith.

Déanaim comhghairdeas leis an Aire Stáit mar ní bhfuair mé deis casadh leis ó toghadh é ina Sheanadóir agus ta a fhios agam go bhfuil sé an-ghnóthach mar Aire Stáit arís.

Buaileadh gach pobal ar fud na tíre go trom leis an bpaindéim ach bhí ualach breise chomh maith ar phobal na nGaeltachta toisc na coláistí samhraidh a chailleadh. Cuirim fáilte roimh an bpacáiste atá ansin chun cabhrú leis na coláistí samhraidh agus leis na tithe lóistín. Bhí sé sin riachtanach agus bhí sé an-tábhachtach go gcuirfí é sin ar fáil. Nuair a bhí an tAire Stáit ag féachaint ar an bpacáiste sin a chur le chéile, cén aird a tarraingíodh ar an bpobal i gcoitinne agus ar na gnóthaí eile mórthimpeall na Gaeltachta a bheadh ag brath ar an slua ón gcoláiste Gaeilge? Luaim i dtaca leis sin na siopaí, na bialanna, agus na hallaí pobail mar atá luaite cheana féin? Bhí siad sin go léir ag brath go mór ar an gcoláiste. An rabhadar sin i lár an aonaigh nuair a bhí smaoinemh á déanamh ar an bpacáiste seo a chur le chéile, mar níl aon tairbhe ann dóibh? An féidir cabhrú leo? An raibh aon aird tugtha dóibh go dtí seo nuair a bhí an pacáiste seo á chur le chéile, agus cén fáth nach mbeidís san áireamh ansin, go háirithe nuair a bhí siad ag baint an-tairbhe as an gcoláiste? Caithfidimid cuimhneamh ní hamháin ar na ranganna ach ar



na coláistí agus na daltaí a thagann ann. Baineann siad an-tairbhe as an bpobal agus as sprid na Gaeltachta i gcoitinne. Caithfear é sin a chothú chomh maith.

Braithim go raibh cúrsaí Gaeilge brúite siar chuig ról tánaisteach le linn na paindéime. Bhí sé sin go mór le feiceáil maidir le fógraíochta agus leis an teagmháil le muintir na Gaeilge ar fud na tíre, mar atá luaite ag an Aire Stáit féin, agus is ceart go m-imeoimis uaidh sin. B'fhéidir go bhfuil feabhas éigin tagtha air sin. Cén teagmháil a bhí ag an Aire Stáit féin leis an HSE nó leis an Roinn chun é sin a bhrú ar aghaidh agus a cheartú?

Cén teagmháil a bhí acu leis an Roinn Oideachais agus Scileanna? Seoladh teachtaireacht an-dhiúltach chuig daltaí um an ardeistiméireacht, nuair a bhí siad ag clárú i gcomhair torthaí an scrúdaithe sin. Bhí go leor teagmhála acu liom féin ag fiafraí dá mba rud go raibh siad ag clárú as Béarla go gcaillidís an bónas a bhí ar fáil. Tuigim go mbeadh na múinteoirí ag cur é sin san áireamh maidir leis an toradh ach ní raibh an t-eolas ag na daltaí ag an am. Bhí teachtaireacht cinnte seolta chucu go raibh siad san áit tánaisteach. An raibh aon teagmháil ag an Roinn leis an Aire and leis an Roinn Oideachais agus Scileanna chun é a chur i gceart? Níor cheartaíodh é. Ní raibh tairseach ann i gcomhair muintir na Gaeilge ag deireadh an lae, nó fiú líne cabhrach agus iad ag teagmháil leis an Roinn.

Tá cúpla ceist maidir leis na hoileáin. Tuigim go dtagann mórchuid oileánach chuig an mhórháir le haghaidh oibre. Beidh siad ag iarraidh filleadh ar na hoileáin. Beidh sé mar an gcéanna le daoine a bhfuil tithe acu ar na hoileáin. An féidir soiléireacht a thabhairt dóibh siúd mar gheall ar an deis a mbeidh acu filleadh ionas go mbeidh siad cinnte an mbeidh fáilte rompu nó cad go díreach é an scéal? Tuigim go mbeidh NPHEAT ag bualadh le chéile níos déanaí in-niu. Cuireann NPHEAT comhairle ar fáil; beidh an cinneadh agus an treoir á leagadh síos ag an Rialtas. An mbeidh cinneadh mar gheall air sin agus an féidir soiléireacht a thabhairt do na hoileánaigh a bhfuil ag obair ar an mórháir agus do dhaoine a bhfuil tithe acu ar na hoileáin?

Tá cúrsaí turasóireachta an-tábhacht ar na hoileáin agus sa Ghaeltacht. Tuigim go mbeidh an taskforce turasóireachta gnóthach, ach céin teagmháil a mbeidh ann le hionadaithe na n-oileán? An raibh aon teagmháil ann fós? Cad é an plean atá leagtha síos? An raibh aon teagmháil ag Roinn an Aire leis an taskforce chun a chinntiú go mbeadh riachtanais na n-oileánach san áireamh?

Tá ceist nó dhó eile agam ach ar dtús ba mhaith liom freagraí ar na ceisteanna sin.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Gabhaim comhghairdeas don Teachta as suíochán a bhaint amach.

Ó thaobh impleachtaí ar eacnamaíocht na Gaeltachta, na srianta agus na himpleachtaí maidir leis na coláistí samhraidh, an chéad rud a rinne muid, agus tá sé luaite agam cheanna, ná réamhíocaíochtaí a chur ar fáil do na grúpaí atá ag freastal ar an nGaeltacht: Údarás na Gaeltachta, Foras na Gaeilge, Ealaín na Gaeltachta; Comhar Naíonraí na Gaeltachta, Tuismitheoirí na Gaeltachta, Acadamh na hOllscolaíochta Gaeilge agus na comhlachtaí farantóireachta.

Mar sin, bí cinnte de go bhfuil freastal á dhéanamh ar mhuintir na Gaeltachta. Tá na comharchumainn ag déanamh jab fíor-thábhachtach agus léigh mé amach chuid de na rudaí atá siad ag déanamh trasna na Gaeltachta agus na n-oileán ó thús an ghéarchéime.

Ní d'fhéadfá níos mó ná sin a dhéanamh gan na rudaí céanna a chur ar fáil trasna na tíre. Ní bheadh cead againn ón Roinn Caiteachais Phoiblí agus Athchóirithe aon rud eile a dhéanamh seachas scéim iomlán don tír uilig. Beidh orainn an cheist sin a fhágáil don chéad Rialtas eile.

B'fhéidir go mbeidh deis ag an Teachta féin ag braith ar na cainteanna agus rudaí amach anseo.

Ó thaobh seirbhísí trí mheán na Gaeilge ón Roinn Oideachais agus Scileanna, tá mé sásta – tá sé luaithe agam cheana – go mbíonn oifigigh na Roinne agus an tÚdarás ag teagmháil go rialta le pobal na Gaeltachta. Bíonn cruinnithe ar líne le tamall anuas leis na grúpaí atá ag maoiniú agus tá ionadaí freisin ar an gcoiste tras-rialtas atá ag plé le Covid-19 agus na ceisteanna seo á phlé acu.

Ó thaobh na n-oileán, táimid ag fanacht ar chomhairle ó NPHEH ach tá an ceart ag an Teachta go mbeidh cinneadh le déanamh ag an Rialtas ina dhiaidh sin. Tá súil agam go mbeimid ag déanamh plé air sin go luath. Teastaíonn cinnteach ó na hoileánaigh go luath. Táimid dóchasach go mbeimid in ann cinneadh a dhéanamh go luath. Ó thaobh an task force, beidh ionadaí ón údarás air, nó i dteagmháil leis ar aon nós, ar son na Roinne agus ar son na Gaeltachta agus na n-oileán. Tá súil agam go mbeidh na ceisteanna sin ó thaobh turasóireachta, na n-oileán agus rudaí mar sin á bplé. Beidh jab tábhachtach le déanamh ag an task force sin. Beidh na moltaí a dtagann sé suas leo tábhachtach. Tá súil agam go mbeidh an chéad Rialtas eile ag plé leo agus go gcuirfidh sé pacáiste ar fáil, más féidir.

**Deputy Aindrias Moynihan:** Tá dhá cheist thapa agam. Maidir le hÚdarás na Gaeltachta, tá géarchéim fostaíochta ann go forleathan ar fud na tíre. An bhfuil aon mhaoiniú breise á chur ar fáil don údarás nach raibh aige roimh an bpaindéim chun dul i ngleic le cúrsaí fostaíochta?

Tugann Comórtas Peile na Gaeltachta pobail Ghaolainne ar fud na tíre, go háirithe pobail Ghaeltachta ach pobail níos leithne chomh maith, le chéile. Feicimid go bhfuil cúrsaí spóirt ag teacht ar ais arís. An bhfuil aon phlean don chomórtas?

Chun filleadh ar cheist na hardteistiméireachta, an raibh aon teagmháil ag Roinn an Aire Stáit leis an Roinn Oideachais agus Scileanna mar gheall ar an tslí gur fágadh muintir na Gaolainne i ról tánaisteach ansin?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Ó thaobh an údaráis, cuireadh thart ar €200,000 breise ar fáil dó chun tacú leis an scéim jabanna ar líne. Tá pacáiste de €600,000 ann in iomlán atá le roinnt idir an t-údarás agus an Roinn Cumarsáide, Gníomhaithe ar son na hAeráide agus Comhshaoil chun cabhair a thabhairt do ghnóthaí agus comhlachtaí beaga.

Tá an ceart ag an Teachta gur comórtas fíorthábhachtach don Ghaeltacht agus don Chumann Lúthchleas Gael é Comórtas Peile na Gaeltachta. Tá cinneadh déanta ag an gcoiste sin an comórtas a chur siar go dtí an chéad bhliain eile. Sílim go mbeidh sé ag dul ar aghaidh ar cheann de na hoileáin in 2021. Beidh impleacht ansin sna blianta amach romhainn ach tá an cinneadh sin déanta.

Ó thaobh an fógra a rinne an tAire Oideachais agus Scileanna, ní raibh mé i dteagmháil leis go díreach ach tá a fhios agam go bhfuil sé ar an eolas faoi mar bhí mé ag coinneáil súil ar rudaí. Tá an tAire agus an Roinn ar an eolas faoi. Bhí sé ar na meáin shóisialta. Bhí mé ag coinneáil súil air sin so tá a fhios agam go raibh sé ar an eolas faoi na fadhbanna agus na ceisteanna.

**Deputy Colm Burke:** I want to deal with the issue of online shopping, which came up earlier. It increased substantially during the lockdown. What plans have we put in place to deal with this issue and the challenges? The more shopping that is done locally, the more jobs that are protected. What plan has been put in place to deal with this in the Gaeltacht areas and across the entire country? A lot of the online shopping we have now is from the UK. After 31

December, the UK will have exited the European Union. What plans are in place to deal with online shopping from the UK after that date?

My next question is about helping companies based in Gaeltacht areas to become more involved in online retail. Many companies from Gaeltacht areas are already involved in online shopping. What further incentives and financial assistance can be given to them to help them compete in a totally changed market? Although the research conducted so far is limited, I imagine that when surveys are conducted over the next few months, the increase will be shown to have been substantial. We, therefore, face new market challenges. What new financial incentives will be put in place so that companies based in rural and Gaeltacht areas can deal with those challenges?

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Online shopping has always been important and it has grown because of people being required to stay at home due to shops being closed and due to the crisis. The potential is considerable and the trading online voucher scheme is very important in that regard. We have been able to secure additional money for Údarás na Gaeltachta to service Gaeltacht companies. There is approximately €14 million in additional funding throughout the country and €600,000 for Udarás na Gaeltachta.

There is also a Covid-19 online retail scheme suitable for retailers employing more than ten people, the objective of which is to support companies in the indigenous retail sector with a pre-existing online presence to respond to both the domestic and international consumer demand for competitive online offers. Successful applicants will be awarded funding to support a maximum of 80% of project costs and grants ranging from €10,000 to €40,000 will be awarded under a competitive scheme, with Údarás na Gaeltachta providing advice and support to Gaeltacht companies to assist them in preparing applications for the scheme, which is operated by Enterprise Ireland.

We want to ensure every Irish company has an online presence, which is an aspiration across government. It is very important for indigenous job creation and tax and VAT receipts. I do not have the cross-departmental figures to hand but I have heard previously that there is significant online expenditure abroad. The potential for Irish companies, therefore, is significant. Part of the turnaround in An Post's fortunes has been from the parcel business and it has been quite busy in recent years with parcel delivery emanating from online shopping, which is an important positive for a company that has had its own difficulties.

The Deputy mentioned Brexit, and while I do not have all the information on that, co-operation between Údarás na Gaeltachta and the relevant comparable authorities in Scotland has been ongoing for a number of years. That relationship has been built up and is important, not least between Donegal and Scotland, where there is an historical connection between the two communities. The potential is huge and has always been recognised but it has been brought home by the Covid crisis. I am confident in both the supports, namely, the Covid online retail scheme and the trading online voucher scheme.

**Deputy Colm Burke:** What about after Brexit? I refer especially to goods coming from the UK.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** Brexit is a very complicated area and I would not like to say something here that is not entirely correct. Údarás na Gaeltachta is in constant contact with officials at Enterprise Ireland

and others involved in that area. It is an area of expertise of the Minister for Business, Enterprise and Innovation but the engagement is ongoing among those within Údarás na Gaeltachta, Enterprise Ireland and the Department of Business, Enterprise and Innovation.

**Chairman:** I welcome the trading online voucher scheme but, as the Minister of State said, it is limited to companies that employ more than ten people. I am from Scariff, where one hundred years ago, there were a number of milliners, and now there is a milliner in Annaghneal again. It offers opportunities. Philip Treacy had to leave where he grew up to go to London to make his name, but I wonder whether that will always be required and whether the scheme could be broadened. It is an excellent scheme, and I commend the Minister of State and Údarás na Gaeltachta on it, but I wonder whether the opportunity to get craftspeople, in particular, online could be broadened. I appreciate this is probably not a decision for a Government in its twilight but the Minister of State is a member of a party which is more than likely going to be in government. Is there something from this scheme that could feed into a national policy and a broader application in future? Milliners or shoemakers in small towns face significant challenges from imports. Equally, however, they now have an opportunity as craftspeople to sell to the world.

**Minister of State at the Department of Culture; Heritage and the Gaeltacht ( Seán Kyne):** I agree with the Chairman. He referred to the Government and twilight. It has been a fairly long twilight. Hopefully, there will be a new Government soon.

This is an area with significant potential. Many small businesses do not have that online presence. The trading online voucher scheme is hugely important in establishing that presence. Once it is established and once one puts in the basics such as software to pay online, etc.s, the potential can be huge.

The Chairman referred to milliners, shoemakers and craftspeople. There is much happening in the Gaeltacht, as well as outside it in County Clare, and our islands. The possibilities are endless. I am sure he will explore this in his term as a Deputy with the Minister for Business, Enterprise and Innovation to see what else can be done in promoting online presence. More importantly, indigenous businesses must be able to grow the national market to ensure people are aware that when they go online they can buy Irish but also that these companies can sell abroad. The potential in Clare, rural and urban Ireland is significant. We have seen it in some companies that are now listed on the Stock Exchange but started off on a small basis.

**Chairman:** Ba mhaith liom buíochas a ghabháil leis an Aire Stáit inniu as ucht freastal agus as ucht na faisnéise a cuireadh ar fáil le haghaidh chruinniú an lae inniu.

The committee adjourned at 4.03 p.m. until 11 a.m. on Tuesday, 23 June 2020.