Health Budget Oversight Group
Minutes of Meeting

Thursday, 03 March 2022 – 15.00-16.30

Health Service Executive TBC: Stephen Mulvany, Anne Marie Hoey, Colum Maddox, Brian Lee, Triona Graham, Dorothea Dolan, Tim Cummins, Brian Donovan, Martin Quinlivan, Phillipa Withero, Chloe Caffrey, Damien McCallion,

Department of Health TBC: Louise McGirr, John O'Grady, Margaret Campbell, Daniel Curry, Claire Doyle, Pat Mullen, Michael O'Leary, Fiona Prendergast, Eleanor Horan, Colin Layde, David Smith.

Department of Public Expenditure and Reform: John Kinnane (Chair), Jim Deane, Daniel O'Callaghan, Terry Jennings, Robert Scott, Patrick Moran, Nicola Fitzpatrick, Niamh O'Reilly, Noel Howard, Tara Featherstone.

Opening Statement

DoH opened the meeting with reference to some recent media reports emphasising that the language and selected comments reported does not characterise the DoH and HSE relationship. DOH would be writing to HSE to acknowledge the collaborative and constructive engagement on Health Finances. HSE acknowledged and expressed appreciation for the steps taken by DoH in this regard.

1. Minutes of the meeting of 27th January 2022

Draft minutes were circulated in advance of this meeting – amendments/corrections to be emailed.

2. New Developments Update (Budget 2021 and 2022)

<u>Staffing:</u>

- DPER asked when it could expect to receive the final Pay and Numbers Strategy (PNS) for 2022.
    - DoH replied that it expects to finalise this document with HSE shortly.

DPER asked for an update on recruitment so far in 2022, both in terms of overall numbers and of staffing categories and locations that were presenting particular challenges.

- DoH replied that January recruitment was above target in all categories except Medical & Dental.
- HSE pointed to the likely impact of a tight labour market for health sector staff in 2022, noting that the minimum recruitment target (5,500 WTE) for the HSE in 2022 was based on likely workforce availability.
- HSE also noted region-specific difficulties recruiting certain specialities of consultant.

HSE emphasised that it would continue to seek to recruit beyond the minimum target of 5,500 up to as close to the fully funded level of additional posts as practical, with any posts not recruited in 2022 intended to be recruited as early as possible in 2023. HSE also clarified its understanding that any material once-off utilisation of savings arising from phased recruitment of new posts would require DOH and DPER support in advance (HSE will draft an initial proposal).

PER noted that the budget is ring-fenced for staffing purposes only. Funding cannot be reallocated to meet other cost pressures. Further discussions would be necessary in relation to any proposed use of savings.

Beds:

- HSE provided an update on the Beds Census, due to be carried out this month. Emphasised the importance of relating funding to delivery and purpose with respect to additional beds. Noted that a significant number of beds are currently occupied between covid patients and delayed discharges.
- DPER requested that monthly updates be provided to HBOG on delivery of additional beds versus profile, total bed capacity and overall targets for same, broken down by bed type.
    - HSE responded that information from this bed census will be contained in a database that will be maintained by hospitals daily, with sign-off on the monthly figures. This will mean that actual status of beds will be fully accounted for.
    - HSE predicted that monthly reporting on bed numbers should commence 4-6 weeks after the completion of the bed census.
    - HSE also noted that a certain level of information on bed numbers is currently available in weekly PMO reports.
    - DPER requested access to these on a continuing basis in advance of the bed census data coming on-stream.

Waiting lists

- DPER raised the issue of tracking spending to address waiting lists against the new plan.
    - HSE described the oversight features for the new Waiting List plan, including weekly waiting list reports and meetings of the steering group.
    - Reporting on sub-targets of the plan will happen at least monthly and can feed into HBOG.

    - HSE intends to consult with DPER/DoH to ensure reporting framework will be sufficient.
- DPER also queried whether NTPF will be tracked in this respect.
    - NTPF is trackable on a case-by-case basis however, disaggregation within public facilities can be difficult.
- DoH queried whether reporting will be possible at the level of each discrete allocation in the plan.
    - HSE responded that this will be done to the extent that it is possible, but it may involve using average cost of each type of activity resulting from a decision to commit funds.
- DPER proposed that tracking delivery and expenditure of the €350 million waiting list plan for 2022 could best be achieved by ensuring that both these aspects were tracked in the monthly report, for both the HSE and the NTPF, and that this would be circulated each month in advance of the HBOG meeting. DoH to confirm that this can be provided.
- Reporting on both waiting lists and other larger development funding allocations will be prioritised for consideration within the reporting working group previously proposed by HSE and which DOH and HSE are in the process of establishing.

3. Covid expenditure 2022

- DoH and the HSE mentioned that Covid expenditure in January had been quite high although DPER noted they had yet to see the relevant financial reporting; DoH agreed to send the January PR to DPER without delay.
- DPER asked for an update on the current profile for Covid spending for the remainder of 2022, including tracking mechanisms.
    - DoH responded that, while the position on PPE was fairly clear, the evolving situation meant that prediction of future requirements for Test & Trace (T&T) and vaccinations was difficult. DoH expressed desire to come to a clearer position as quickly as possible.
    - HSE pointed out the constantly changing assumptions that lie beneath current forecasts. Consideration needs to be given to whether a given operational measure can be phased out quickly, should be retained to end-2022, or might be retained long-term.
    - HSE also provided an update on the vaccination programme and the associated uncertainty, e.g., the potential for a 4th dose or the emergence of another variant of concern during 2022.
- DPER queried the rationale for continuation of GP triages for covid testing in light of significantly updated public health advice, and whether this represents good value for money into the future given other expenditure pressures
    - HSE responded that maintaining this approach can keep fixed costs lower in the medium term.
    - HSE notes that, while significantly lower than the peak of the Omicron wave, general demand for testing is still high and that there remains uncertainty around how quickly this demand might change under the now-prevalent Omicron variant.

- DPER suggested that 2022 covid spending should again be discussed at the next HBOG. Highlighted the risk of covid-specific allocations becoming permanently embedded.

4. Update on End-2021 Position

- HSE provided an update on the I&E position for end-2021, where draft accounts estimate an overall deficit that was largely related to a VAT technical adjustment.
- Some discussion followed around the technical accounting treatment of the 2020 surplus in the 2021 AFS, and HSE agreed to provide more detail on this in due course, as well as sharing the draft accounts.

5. Monthly Reporting to HBOG

- All parties noted the time wasted in the monthly pursuit of information during the lead up to HBOG. The proposed reporting schedule was welcomed; however, DPER queried some of the timings.
    - HSE replied that the year-end can often be an informational bottleneck and that the timetable should be feasible from here on in. The technical reporting group would be useful in this regard.
    - DoH proposed that the technical reporting group commence with engagement between HSE and DoHin the first instance
- DPER requested additional informational items for the reporting schedule: Waiting List progress reports; Bed numbers (PMO reports until Bed Census database comes online); Management Data Reports (MDRs) two months in arrears.
- DPER further requested that a subset of MDR KPIs (headline indicators) be provided alongside the Financial Progress Reports (FPRs).
- HSE again noted the role of the reporting working group previously proposed by HSE and which DOH and HSE are in the process of establishing.

6. AOB

<u>HSE self-audit</u>

- DPER asked for information about the HSE self-audit.
    - HSE replied that this exercise should be completed by end-Q1 2022.

<u>Next meeting</u> of this group provisionally set for 7th of April, depending on progress with reporting issues.