Health Budget Oversight Group

Meeting: Wednesday, 14th December 2022, 15.00

DPER, 7-9 Merrion Row

1. Minutes from Previous Meeting

An amendment was proposed for the minutes of the meeting of October 17th. Revised minutes to be circulated in advance of next meeting.

2. Expenditure Plan

a. Core

Expenditure Update:

DPER enquired about the likely end-year expenditure position in light of the recently approved Supplementary Estimate for the Health Vote. DoH provided an update on the emerging end year position. Some discussion followed and DOH flagged a likely request for sanction of retention of cash balances to be submitted in the near future.

DPER emphasised that any proposal in relation to the retention of HSE cash balances into 2023 must be in line with relevant requirements and not exceed the amount required to meet 2022 liabilities that fall due early in the New Year. DOH and HSE agreed with this. DPER requested that the sanction request be provided as soon as possible including a detailed reconciliation between the funded supplementary estimate, the estimated end year expenditure position and retained balances cash requirement.

DPER raised the issue of cost of replacing HRA hours since July and some discussion followed. DoH committed to providing further detail on this point.

DOH and HSE provided a brief update on Health expenditure related to the Ukrainian situation.

Expenditure Management:

DPER opened this topic by reminding the Group that an expenditure management plan was requested by the Minister for PER three times in 2022 but, to date, no plan was provided that included actions for mitigation. Apart from Covid expenditure and excluding time related savings, a significant Core expenditure deficit was likely. DPER stated that this was especially worrying in the context of under-

delivery of funded staffing increases and other measures. DPER emphasised the importance of delivering core expenditure within budget in 2023, and that clear mitigating strategies are set out for consideration in the event of any deviation from same, in order to avoid the difficulties in budget management over 2022

DOH raised the issue of the need to consider HBOG information flows and noted that satisfying the information requests for HBOG is very time consuming and reduces the time that can be spent managing expenditure and identifying potential savings.

HSE responded that it would welcome agreement around which 2023 information will be most useful for sharing with the Group and noted the unwieldy nature of sourcing data considering that the HSE does not yet have an integrated financial management system (IFMS).

DPER noted that HBOG was established for the timely identification of both potential overruns *and* of mitigating actions. This can only occur if the correct information is provided regularly and frequently. The information sought is generally focused on the key points necessary to understand the drivers of increased spending.

b. Covid

There was some general discussion about overall trends in Covid related expenditure to the end of 2022. DPER enquired about the progress made by the working group convened to consider the use and stock-holding of PPE. DOH committed to providing an update on this in due course. There was also some discussion by the group of expenditure on vaccinations and the system's ability to scale up those vaccinations if necessary. There was also discussion around expenditure on waiting lists through Access to Care – DPER requested that further information be provided on this.

3. AOB

There was a brief update from DOH on the proposed new Consultants' contract.

DPER enquired about progress on the rollout of the IFMS system within the Health Service. HSE replied that it will be online for testing early in 2023 and committed to providing further information

There was also a brief discussion between DOH and DPER about both the Disability Transfer of Functions and the proposed Regional Health Areas (RHAs).