Health Budget Oversight Group/
Finance Subgroup of NPHET
10.45am, 16th April 2020
Conference call

Health Service Executive:	Stephen Mulvany, Tim Cummins, Colum Maddox, Joe Sheeky, Jennifer O Callaghan, Sinead Stone, Tony Patterson, Nigel O Keefe, Alan Ryan, John Sheil,
Department of Health:	Paul Bolger, Gerry O'Brien, Kevin Colman, Louise Carrigan, Caoimhe Dolan, Aonraid Dunne, David Bolger, Denise McCarthy, Eoin Halpin, Evan Walker, Fiona Prendergast, Rhona Broderick, Matthew Dignam, Megan Coll, Sharon Gilligan, Aidan Gilchrist,
D/Public Expenditure & Reform:	Ronnie Downes (Chair), David Owens, Terry Jennings, Robert Scott, Deirdre Collins, Patrick Moran, Albert Morris, Seán Prior, Cian McCarthy, Kevin O'Farrell.

1. **Introductions and minutes**

Minutes of the previous meeting (09.04) agreed.

2. **HSE COVID-19 Action Plan**

The HSE presented the HBOG Summary Sheet and weekly Flash Report to the Group. Both were acknowledged as useful and informative reference points in the context of the proposed Memo for Government.

Logged queries from PER and D/Health had been responded to by HSE in a mail prior to the meeting.

A gross sanctioned figure will be agreed upon to put forward in the Memo for Government.

Noted that finance memos will not be taken at incorporeal meetings. There is no date for the next full Government meeting.

3. **COVID-19 Reporting and Monitoring Procedures**

<u>Private hospitals</u>

All parties expressed concern in relation to the utilisation of private hospital capacity and agreed on the need for continuous appraisal, using the best available evidence, of anticipated demand and consultant availability in the broader context of whether or not continue the existing arrangement beyond the initial license. Maximising the use of facilities available to the HSE is of the utmost importance in the current crisis; it was acknowledged however that the Government had agreed to the arrangement on the basis that there would be a significant and urgent requirement for additional capacity.

In this regard, it was confirmed there was activity taking place in the private hospitals and public patients had moved across. Reporting on the number of patients who have moved across to private hospitals will be shared with the Group as soon as collated and on a regular basis going forward. It

was further acknowledged by all that utilisation of capacity at levels below that originally projected, e.g. under a surge scenario, was, of course ,a positive development.

The leasing contract with private hospitals is set to roll for three months, with monthly options thereafter. In order to withdraw by end-June, a decision would need to be communicated in May.

A cost of €90m has been agreed to be reimbursed in April (80% of the estimated monthly costs). PER queried when they would see the results of the exercise to independently review the previous 6 months accounts of these private hospitals, as there are questions on which PER would like assurance from the independent review.

Action: HSE to share private hospital accounts and results of review exercise as soon as these become available.

Action: PER to forward questions in regards private hospitals via the Finance Unit of D/Health, to the HSE in writing.

GP contract:

Additional metrics (including the % take-up of the GPs) will be included in future Flash Reports.

Action: HSE anticipates that additional metrics sought by D/PER and D/Health would be included in the next Flash Report.

Nursing Homes:

Metrics have been agreed between PER and D/Health. This payment will go live today (April 17th) with first payment next week.

Procurement:

PPE remains a critical risk. Demand has increased significantly and there is a risk that the demand will increase further when the economy reopens. HSE to clarify for next meeting whether the 20% of the first delivery deemed unsuitable by the HSE was by value or volume.

Action: PER to include any queries in regard to procurement in query log for HSE to revert.

Other:

The next Flash Report will include additional costs around the license fee in regard to the Citywest facility.

There has been a significant increase in estimated testing costs associated with carrying out 15,000 tests per day (€1.5m per day). HSE to make submission in this regard to D/Health today.

Antibody testing is a work stream under NPHET. There is no costs proposal on this as yet. It was noted that vaccines, antibody tests, treatments and trials will all come with future associated costs.

D/Health working on profiling overall COVID-19 expenditure for the next 3 months with the HSE.

PER Central Section has requested the expenditure profile within the next week.

Action: PER to receive submission from D/Health once they have had an opportunity to log queries re testing to the HSE.

Action: D/Health to provide expenditure profile for PER Central Section.

Action: HSE to undertake additional definitional workaround gross and net costs.

4. Workforce

Student nurses

Metrics have been agreed and will continue to be monitored.

Medical interns:

Medical interns begin work on May 17th for a period of 14 months.

PER requested a weekly report on employees and redeployment of all staff movements within the HSE. It was noted that the original employer organisation will continue to pay staff even if redeployed to other public service areas.

5. AOB.

No other sanctions for request at this stage.

Bringing forward and widening the eligibility of Winter Flu vaccines were highlighted for future discussion.

It was agreed that future service consideration relating to overall costs and net additionally for the 2020 and 2021 Estimates, would be deferred for future substantive discussion between D/PER and D/Health.

Next meeting: 11am, 22nd April.