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Deputy Thomas Gould  
Dáil Éireann  
Leinster House  
Dublin 2

7<sup>th</sup> June 2024

***PQ 23679/24 - To ask the Minister for Health the average cost of delivering an in-patient clinical setting bed. -Thomas Gould***

Dear Deputy Gould,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

I have been advised by HSE Finance, Healthcare Pricing Office (HPO) that the average daily running cost of delivering an in-patient clinical setting bed is €1,202.

This figure is based on 2022 data and represents the in-patient cost of a hospital bed including costs associated with:

- Clinical staffing
- Theatres
- Laboratories
- Non-clinical staffing
- Cleaning, maintenance and other running costs

The €1,202 is a 'fully-absorbed' cost which means it includes all treatment and care costs (such as diagnostics, theatres etc.) as well as running costs such as heating and lighting, servicing equipment etc. but excludes capital and depreciation. It does not include other associated hospital costs such as day case, outpatient and emergency department costs.

This cost is a national average across all nights, all hospitals and all types of inpatient cases from the most routine to the most complex.

I have been advised by HSE Capital and Estates regarding capital costs of delivering an in-patient clinical setting bed.

For the purpose of providing a response to this Parliamentary Question, it is understood that the focus is on the provision of in-patient acute hospital accommodation, in single room, ensuite, configuration, within a new ward layout.

The indicative cost range for the additional acute in-patient bed capacity is estimated between €0.75m to €1.1m based on recent construction projects and performance and the need to protect the state's interest in any future market engagement. These indicative estimates can only be confirmed at the end of a market engagement exercise.



Furthermore any clinical and ancillary service costs associated with the acute bed additionality (eg in the form of additional diagnostics, theatres, catering and facilities support) will also need to be considered.

Furthermore, the capital costs associated with any significant enabling works and or other accommodation that may be required can only be determined through more detailed analysis.

I trust this is of assistance to you.

Yours Sincerely,

A handwritten signature in blue ink, appearing to read 'Nessa Lynch', written over a horizontal line.

**Nessa Lynch**  
**General Manager**  
**Acute Operations**