

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY THE DEPUTY OF ST. JOHN  
ANSWER TO BE TABLED ON TUESDAY 17th NOVEMBER 2020**

**Question**

“Will the Minister –

- (a) state how many inpatient bed spaces will be provided in the new hospital, not including spaces in the Day Surgery Unit, Emergency Department, Urgent Treatment Centre, Intensive Care Unit, or Outpatients Department;
- (b) state how many of these spaces will be occupied by beds; and
- (c) provide a numerical breakdown by medical speciality of the designation of these inpatient beds?”

**Answer**

The definition of in-patient beds is increasingly difficult and under a process of change internationally. The terms are changing to include the following:

- End of life care
- Long term in-patient care
- Medium term in-patient care
- Short term in-patient care
- Overnight stay
- 23-hour stay
- Day-case
- Ambulatory care
- Therapeutic care
- Clinic-based treatment

This makes direct comparisons difficult and inherently open to misinterpretation. In addition it should be noted that the functional brief that this is based on may be subject to modification due to the iterative process of ongoing clinical engagement as the Our Hospital Project (OHP) is a clinically-led project.

Furthermore, looking at beds alone is not a useful measure of the functionality of a hospital and even less so when assessing a healthcare system. To elaborate on this further, a 21<sup>st</sup> century hospital is designed for a variety of clinical and therapeutic functions needing a selection of clinical spaces and bed/couch/ambulatory options. Put simply, a hospital is so much more than just the ‘In-patient’ beds.

In any any healthcare system, one needs the full range of care facilities – personal home care, preventative measures, community-based care, primary care, intermediate care, secondary care, tertiary care, long-term care and end of life care. It is the totality of this that matters in a well-functioning health care system and not just hospital beds.

In any case, the OHP functional brief at present has between 267 and 436 “beds or designated clinical therapeutic spaces” as well as other facilities as outlined above. The final functional brief is yet to be approved by senior officers and the Political Oversight Group and will be subject to continuous clinically-led evaluation until the SOC (strategic outline case), the OBC (outline business case) and the final contract to build is confirmed.

