

## Greater Glasgow NHS Board

### Board Meeting

Tuesday 17<sup>th</sup> February 2004

Board Paper No. 2004/6

Director of Planning and Community Care

### Maternity Services: Estates Review

#### Recommendation:

- **The Board note this detailed report on the condition of the Queen Mother's and Southern General maternity units.**

#### A. BACKGROUND

- 1.1 This report was commissioned in June 2003 to feed into the Maternity Services Working Group with a view to ensuring there was an objective and fair appraisal of the condition and related capital cost issues in considering the closure of a maternity unit.

#### B. PURPOSE

- 2.1 This estates review was reflected in the report of the Maternity Services Working Group, put to the Board in October 2003 and the basis of our current formal consultation. The review was circulated to Board members in November 2003. Issues around the condition of the two maternity buildings have become a focus of public interest during the consultation process, which was designed to focus on the key clinical issues. It is therefore appropriate to ensure this analysis has an appropriate public profile. This may be of particular importance in considering the theme emerging from many consultation responses supporting the potential move of the Sick Children's Hospital to an adult site, although that issue was one the Board decided should not be part of the present consultation process.

## GLASGOW MATERNITY REVIEW

### CAPITALANALYSIS



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# 1 Introduction

Keppie Design Ltd and Currie & Brown were commissioned by Greater Glasgow Health Board to undertake a 3 week desk study to generate a single report offering their assessment of the capital costs associated with the following three scenarios at both the Queen Mother's Hospital, Yorkhill and the Southern General Hospital –

- ***The capital requirement and assessment of timeframe to provide a facility able to deliver the capacity as stated in the brief, in the short term. - To Category C standard. – referred to as Option 1***
- ***The capital requirement to provide a facility able to deliver the capacity below with a 10-year life. – referred to as Option 2***
- ***The capital requirement to provide a facility able to deliver the capacity below with a 25-year life. – referred to as Option 3***

***In Options 2 and 3 to Category B standard at minimum capital cost, i.e., a durable and reasonable standard of facility but not necessarily the equivalent of the PRMH or other new built.***

(Please refer to Appendix A for the full Greater Glasgow Health Board Brief.)

Keppie Design Ltd and Currie & Brown reviewed the Reports previously prepared by the Trusts and their Advisors and attended a number of meetings and held various discussions with the interested parties. (Refer to Appendix B for a list of the Reports presented by the Trusts.)

The restricted timescale has meant that we have only been able to draw general conclusions and have had to make certain assumptions. This criteria has been applied equally to both Hospitals.

## Statement of Experience

Keppie Design was founded in Glasgow in 1854, John Keppie designing the Victoria Infirmary with James Sellars in 1888. The practice has specialised in healthcare projects over the last 50 years.

Maternity projects in more recent times have included strategy / feasibility studies for the location of units at Glasgow Royal (1988) and Crosshouse (1994). Keppie is the designer for one of the teams currently bidding the PFI project at the latter. The Simpson Maternity Unit at the Royal Infirmary of Edinburgh was opened in 2002, and our design for the Cork University Hospital maternity unit (£38m) is under construction.

Keppie were Trust advisors for the Wishaw Hospital PFI project which contained maternity facilities. Other current advisory roles containing business case and briefing activities include the Birmingham New Hospitals Project (£350m) and Pinderfields and Pontefract Hospitals in mid Yorkshire (£205m).

Currie & Brown was established in 1876 and is now one of the largest construction consultancies in the UK. The business employs around 900 construction professionals in over 50 offices worldwide, helping us achieve our status as world market leader in construction and engineering consulting.

Currie & Brown offers unrivalled experience across a diverse range of sectors and procurement routes. Our healthcare experience has involved many large-scale projects including the current Glasgow Acute Services Review,

Our maternity experience includes extending and upgrading a part occupied maternity block at Harold Wood Hospital in Essex, Technical Adviser for the Maternity Unit at Hull Royal Infirmary and we are currently Technical Advisor for the provision of a new maternity unit at Crosshouse Hospital.

## 2 Summary of Findings

The following Accommodation needs to be provided and the stated facilities upgraded to meet the identified shortfalls –

Please note that in all cases (both new build and refurbishment) the new accommodation is to be provided in compliance with the space standards recommended by HBN 21.

Southern General Hospital

### Option 1 – Short Term

- New build 4-bed unit. (Wards 47, 48 and 49 will provide 78 beds once current works are complete) – Refer to Appendix D for schedule of accommodation.

**Commentary - It would appear likely that this work could be carried out with minimum disruption to the existing facility.**

- Extend the existing neo-natal facility over the adjacent roof to create a further 16 cot facility. The extension will need to be built off a new floor structure as the existing roof will not accommodate the new building. This will represent a new-build footprint of approx. 790 sqm.

**Commentary - It would appear likely that this work could be carried out with a manageable amount of disruption to the existing facilities.**

### Option 2 – Medium term – 10 years

- Existing Theatres/Labour Rooms/Outpatient Dept. to be upgraded in terms of fittings, finishes and equipment – these are the only areas which are not being refurbished as part of the current phased programme or as part of the work described above.

**Commentary - A rolling programme of work would need to be instigated to avoid closure of too many facilities simultaneously.**

- The opportunity for 'Betterment' of the facilities is considered as part of Option 3

### **Option 3 – Long Term – 25 years.**

- To achieve standards to the recommendations of HBN 21, the existing Labour rooms would need to be upgraded and extended to include en-suite showerrooms/wc – 5no. rooms each at 6.5 sqm = 32.5 sqm. The potential for including LDRP rooms should be considered – approx. 275 sqm new-build = 5 rooms. It would appear that all other areas of the facilities are provided largely to HBN 21 recommended standards.

***Commentary - It would appear likely that this work could be carried out with minimum disruption to the existing facility.***

- Minimal anticipated costs involved in upgrading to level B.
- No anticipated costs involved in meeting statutory requirements.

***Commentary - Work that is already underway or has been previously completed ensure that the building would appear to be meet statutory requirements.***

Queen Mother's Hospital

### **Option 1 – Short Term**

- Current bed capacity = 78 beds. Additional four beds formed by re-converting existing 'Breastfeeding Clinic' in North Ward (approx. area of refurb = 52 sqm)

***Commentary - It would appear likely that this work could be carried out with minimum disruption to the existing facility. It should be carried out following the relocation of the 'Breastfeeding Clinic' to ensure continuity of service.***

- Existing 'Store' and 'Education rooms to in North Ward (currently under-utilised) to become new 'Breastfeeding Clinic' (approx. area of refurb = 40 sqm)

***Commentary - It would appear likely that this work could be carried out with minimum disruption to the existing facility.***

- An additional 9 cot spaces are to be provided. Assuming space standards as recommended by HBN 21, 108 sqm of floor is to be converted to neonatal cot space with a further 108 sqm of accommodation to be relocated elsewhere on the Second Floor.

***Commentary - This work will require to be carried out adjacent to the currently operating Neonatal Facility and adjacent to the main stairs and lifts. Careful consideration should be given to the sequence and programming of the works. A risk assessment should be carried out to identify and minimise the impact of any control of infection issues.***

## Option 2 – Medium Term – 10 years

- Statutory upgrades required as follows –
  1. Stairs - none of the existing stairs appear to comply with requirements for mattress evacuation. Need to build a minimum of one stair either end of the building. Approx area = 40 sqm per floor/per stair and where possible upgrade all the existing stairs. (This will prove difficult given the deep plan location of the stairs.)
  2. Lifts – assume all new lifts required. A second patient lift should be installed, given the reliance on vertical circulation.
  3. DDA – upgrades required to all stair and lifts.
  4. Corridor Widths – it would appear that the majority of all corridors do not comply with the requirements of HBN 40 for circulation and compliance with HTM 80.

***Commentary - It is imperative that this work is carried out without compromising the normal service provision of QMH, however, it will be difficult to achieve continuity of the service given the very real disruption that this work will create.***

- Building Services Upgrades to level B
- Building Fabric Upgrades to level B
- The opportunity for 'Betterment' of the facilities is considered as part of Option 3

## Option 3 – Long term – 25 years

The following items are areas where there should be some 'betterment' in the building layout to accommodate a 25-year life –

- All wards to have en-suite wc/shower rooms – a theoretical addition of 276 sqm (It is not possible within the timescale of this Report to find a simple solution to the addition of en-suites. It is also not possible to gauge the amount of disruption this will create)
- All delivery rooms to be to HBN 21 recommended areas and have en-suite wc/shower rooms with 5 no rooms converted to LDRP – this equates to approx. 250sqm of reconfiguration work to the third floor. (This is a theoretical area. It is not possible within the timescale of this Report to find a workable solution to the reconfiguration. It is also not possible to gauge the amount of disruption this will create)
- All Neonatal cot bays to be increased in size to HBN 21 recommendations – (including additional ECA = 164 sqm. This will require the reconfiguration of the north end of the second floor and will displace approx. 164 sqm of non Neonatal accommodation to an other floor level)
- It is assumed that all work to stairs, lifts etc will have been carried out.

***Commentary – Given the structural constraints of the building, it will be difficult to impose a new layout within the footprint. The existing Neonatal and Labour accommodation is at upper floor level, which will make implimentation of any alterations extremely difficult. It is not clear how this work can be executed within a working hospital.***



## 4 Programmes

### Design and Build Programmes for Short Term Options

Action	Months																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
<b>Queen Mothers Hospital</b>																							
Scheme Design																							
Client Approval																							
Detail Design																							
Building Warrant Approval																							
Tender Period																							
General Services Upgrade to Category 'C' *																							
Alterations to form new Breastfeeding Clinic																							
Alterations to form new 4 bed ward																							
Alterations to form new neonatal accommodation - non-cot																							
Alterations to form new neonatal accommodation - cots																							
Commissioning																							

### Southern General Hospital

Scheme Design																						
Client Approval																						
Planning Application																						
Detail Design																						
Building Warrant Approval																						
Tender Period																						
Construction Period *																						
Commissioning																						

\* There is insufficient detail currently available to include time for decanting. This would need to be dealt with at a future date.

## 5 Conclusion

The findings of our Report appear to indicate that the costs for implementing the work to satisfy Option 1 at both sites appears relatively similar. However, the costs do not reflect the difficulty of undertaking the work to category C at the QMH, identified by WS Atkins in their report of 1997, noting; "...it would seem evident that massive disruption of the service would be caused throughout the development, greatly reducing the amount of clinical accommodation available and substantially complicating the decanting arrangements. This would produce significant implications for the maintenance of the service over a prolonged period."

We believe that to allow the QMH to continue to operate, without risk of potential building failure, the backlog of upgrade work must be completed, at worst, within a 5-10 year period. Furthermore, the work, which is required to satisfy the statutory requirements, should be considered as urgent and be carried out within the same timescale. It has not been possible within the timescale of our study to consider in detail the disruption that will be created by these works. We agree with the WS Atkins report that it may not be possible to carry out these works whilst the QMH remains operational. The cost of the work is illustrated under the Option 2 Cost Detail – refer to Appendix E.

There remains the question of long-term 'betterment' of the QMH. Our report summarises the extent of work that would be considered a minimum improvement for a facility that is to have a life of 25 years. In our opinion, the current configuration of the QMH limits the potential for any cost effective redevelopment which could be carried out whilst the building remains operational. It may prove to be better value for money to consider a new-build facility for the QMH.

The short-term solution at the Southern General Hospital is to build an extension to the new Neonatal Department and to provide 4 additional beds. It would appear that this work could be built with a manageable degree of disruption to the existing facilities. The cost of this work is more than the equivalent short-term accommodation solution at the QMH. However, unlike the QMH, there is only a small amount of residual upgrade work, which needs to be addressed, due to the current state of the existing facilities.

The costs associated with the medium and long-term Options (2 and 3) reflect not only the good current state of the Southern General Hospital, but also recognises the relatively small amount of 'betterment' that would be required to provide a facility for a 25-year life.

On the basis of our findings, in response to the Health Board's Brief, we believe that the Southern General Hospital option provides better value for money, will be easier to implement and will provide a more appropriate solution for the Second Maternity Unit for Glasgow.

# Appendix A

## BRIEF FOR MATERNITY CAPITAL ANALYSIS

### **A. Process**

Keppies will link with each Trusts advisors to generate a single report offering their assessment of the capital costs associated with the three scenerios below. The draft report will be available for discussion when we meet at 2pm on 22/8/03 before a final version is made available to the Working Group.

### **B. Three Timeframes**

1. The capital requirement and assessment of timeframe to provide a facility able to deliver the capacity below, in the short term.  
  
To Category C standard.
2. The capital requirement to provide a facility able to deliver the capacity below with a 10 year life.
3. The capital requirement to provide a facility able to deliver the capacity below with a 25 year life.

In cases 2 and 3 to Category B standard at minimum capital cost, ie, a durable and reasonable standard of facility but not necessarily the equivalent of the PRMH or other new built. Because the two sites may offer different standards of accommodation in these timeframes we will need to be explicit if the outputs for a particular capital cost are not directly comparable.

### **C. Capacity**

The three timeframes should be assessed on the basis of providing the necessary in-patient beds, theatres, delivery rooms, neonatal in-patient and day case facilities for 4,500 deliveries, set out below is our assessment of the total facilities required:

1. Beds:
  - 55 deliveries/bed and 60 deliveries/ bed
  - range 82 - 75 beds for the second unit.
2. Delivery rooms:
  - using PRMH current performance 11rooms/5000 births
  - capacity requirement 10 rooms for the second unit.

3. Neonatal:

using DoH NNICU review, March 200,3 would suggest the requirements below for the West of Scotland at 27,000 deliveries per annum:-

	West of Scotland requirement	Available elsewhere	Glasgow requirement
NNICU	38	20	18
HDU	30	9	21
SCBU	117	75	42

Given the capacity at the GRMH this generates a Greater Glasgow second unit requirement:

NNICU	6
HDU/SUBU	31
Total	37

Catrina Renfrew 28/07/03

## Appendix B

### **Information Available**

Our Report is based on information taken from the following documents, together with various meetings and discussions with the two Trusts and their advisors -

South Glasgow University Hospitals NHS Trust

**“Outline Proposals for Gynaecology & Maternity at the Southern General Infirmary”**

**Drawings Nos.      AL(00)01 - Neonatal as proposed - 20/08/03  
                             AL(00)02 - Neonatal as proposed - impact on GF - 20/08/03**

Yorkhill NHS Trust –

**“Estates Condition Survey - Queen Mother’s Hospital, Parts 2, 3, 4 and 5” - 1997**

**“Site Evaluation Report” – Final Report 14 June 2000**

**“Maternity Services - Queen Mother, Capital Cost Analysis” - August 2003**

# Appendix C

## Glasgow Maternity Services - Capital Analysis for Second Unit

### New Build - Department Area Schedule

Areas are based on HBN21 and an assumption that the new build would be designed for 5000 births per annum. Providing potential expansion beyond 4500 births

Department	Areas (note 1)
Entrance	40
Antenatal/Postnatal Clinic	820
Essential Complementary Accommodation	372
Optional Accommodation	172
Ultrasound	220
Essential Complementary Accommodation	82
Optional Accommodation	56
Day Assessment	290
Essential Complementary Accommodation	204
Optional Accommodation	338
Early Pregnancy Unit	320
Essential Complementary Accommodation	148
Optional Accommodation	280
In-Patient Birthing/OT/HDU	4710
Essential Complementary Accommodation	424
Optional Accommodation	504
Neo Natal	1215
Essential Complementary Accommodation	175
sub total	10370
Communication Area @ 10%	1037
Total Area	<b>11407</b>

Note 1 - all areas include an allowance of 30% for Circulation and engineering

# Appendix D

## Glasgow Maternity Services - Capital Analysis for Second Unit

### Southern Additional Ward Accommodation - 4 bed unit

Areas are based on HBN21 and an assumption that certain accommodation will be shared with the existing facilities.

Room	Area	Quantity	
Single Bed Rooms	11.50	4	46.00
En-suite facilities	6.50	4	26.00
Medical Equipment Store	5.00	1	5.00
Staff Base	6.00	1	6.00
Beverage Bay	6.00	1	6.00
Clean Utility	10.00	1	10.00
Dirty Utility	9.00	1	9.00
Disposal Room	3.00	1	3.00
Linen Store	2.00	1	2.00
D.S.R.	7.00	1	7.00
			<b>120</b>
5% planning			6
			<b>126</b>
30% Circulation and Engineering			38
			<b>164</b>

# Appendix E

## Cost Details

This report focuses on a review of the costings and reports prepared by Yorkhill NHS Trust and South Glasgow University Hospitals NHS Trust and their advisors. It provides an indicative high-level review of capital costs for three options providing equal function on each site. Where current cost information has not been available we have compiled our own indicative costs. The options to be considered as required by the GGHB brief are as follows: -

1. Immediate works to facilitate the required capacity in the short term.
2. Immediate works to facilitate the required capacity in the short term and capital to provide a 10 year life.
3. Immediate works to facilitate the required capacity in the short term and capital to provide a 25 year life.

**In respect of Option 1** - Where any new build or upgrading is proposed to meet current capacity requirements, these are on the basis of Category B. All other existing estate is as is, i.e. at current Category that may be B to D. This is particularly relevant to the Queen Mothers Hospital (QMH) where the previous reports would indicate that much of the estate is in fact below Category C at present. We have therefore sought to indicate costs to bring the estate to at least Category C condition.

**In Options 2 and 3** - The standards have been assessed on the basis of Category B of Estatecode, and align with the methodology of the P&EEx PMS, for both new build or refurbishment and all other existing estate.

(additionally)

**In respect of Option 3** - We have sought to include an indication of any costs necessary to provide current standards of provision in regard to functionality and current clinical practice.

During meetings with both Yorkhill NHS Trust and South Glasgow University NHS Trust and their advisors as appropriate, detailed discussions were held in review of their current capacity and respective solutions to Options 1, 2, and 3. These are detailed below with the respective indicative costs.

**South Glasgow University Hospitals NHS Trust (Southern General)**

**Option 1- SGH**

**Immediate works to facilitate the required capacity in the short term.**

From the analysis compiled by Keppie Design the shortfall in capacity is: -

	<b>Number</b>
<b>Beds</b>	4
<b>Neonatal Cots</b>	16
<b>Delivery Rooms</b>	At required capacity

Beds – new build 4-bed unit – based on departmental cost allowance guidance applied to the schedule prepared by Keppie Design (OBC basis with VAT, Professional Fees and Equipment included)	£719,805
Neonatal Cots – extension to provide additional 21 cot facility (790m2) - based on departmental cost allowance guidance applied to areas taken from HBN 56 (OBC basis with VAT, Professional Fees and Equipment included)	£3,658,116
Upgrade to Category C – there are no costs apparent in this regard	N/A
<b>Sub-Total</b>	<b>£4,377,921</b>

## Option 2 - SGH

Immediate works to facilitate the required capacity in the short term and capital to provide a 10 year life.

<b>Immediate works as Option 1</b>		<b>£4,377,921</b>
Remaining 2no. existing Theatres, Labour Rooms (en suite in Option 3) and Outpatients to be upgraded – based on departmental cost allowance guidance.		
£ 1,222 + 36.75% @ 40% + 30% on costs x 357m2	£310,220	
£ 1,141 + 36.75% @ 40% + 25% on costs x 925m2	£721,647	
£ 1,083 + 36.75% @ 40% + 25% on costs x 626m2	<u>£463,554</u> £1,495,421	
Professional Fees @ 12%	£179,450	
Equipment @ 20%	£299,084	
VAT @ 17.5%	£314,038	<b>£2,287,993</b>
Only minimum anticipated costs are anticipated in respect of physical, and statutory upgrading in addition to the remaining areas Theatres, Labour Rooms and Outpatients noted above. Based on a survey carried out by the Trust in October 2001 and updated in 2002 we would assess an indicative cost as noted with VAT and Professional Fees included:		<b>£500,000</b>
<b>Sub Total</b>		<b>£7,165,914</b>

### Option 3 - SGH

Immediate works to facilitate the required capacity in the short term and capital to provide a 25 year life.

<b>Immediate works and upgrading to Category B as Option 2.</b>		<b>£7,165,914</b>
Upgrading existing Labour rooms to provide en-suite facilities and provision of LDRP rooms. Based on indicative areas provided by Keppie Design we would assess an indicative cost of:		
£ 1,141 + 36.75% @ 60% + 25% on costs x 33m2	£38,618	
£ 1,089 + 36.75% @ 100% + 65% on costs x 275m2	<u>£675,727</u> £714,345	
Professional Fees @ 14%	£100,008	
Equipment @ 20%	£142,869	
VAT @ 17.5%	£ 150,012	<b>£1,107,234</b>
Sub-Total		<b>£8,273,148</b>

**Yorkhill NHS Trust (QMH)**

**Option 1 - QMH**

**Immediate works to facilitate the required capacity in the short term.**

From the analysis compiled by Keppie Design the shortfall in capacity is: -

	<b>Number</b>
<b>Beds</b>	4
<b>Neonatal Cots</b>	9
<b>Delivery Rooms</b>	Overcapacity of 1no.

Beds – re-convert existing Breastfeeding Clinic (55m2) and re-provide Breastfeeding Clinic in existing Store and Education rooms (40m2) – based on Atkins Report of August 2003 and departmental cost allowance guidance.		
£ 1,141 + 36.75% @ 50% + 20% on costs x 55m2	£51,490	
£ 973 + 36.75% @ 60% + 20% on costs x 40m2	£38,320 £89,810	
Professional Fees @ 14%	£ 12,573	
Equipment @ 20%	£17,962	
VAT @ 17.5%	£ 18,860	<b>£139,205</b>
Neonatal Cots – convert existing Overnight Stay (95m2) and re-provide Overnight Stay in existing Store rooms (95m2) – based on Atkins Report of August 2003 and departmental cost allowance guidance.		
£ 1,210 + 36.75% @ 60% + 20% on costs x 95m2	£113,180	
£ 794 + 36.75% @ 60% + 20% on costs x 95m2	£74,268 187,448	
Professional Fees @ 14%	£26,242	
Equipment @ 20%	£37,490	
VAT @ 17.5%	£39,364	<b>£290,544</b>

Category C upgrade – while difficult to assess within the timescale of this report following discussion with Atkins and based on their report of June 2000 it would be prudent to make the following allowance to bring the existing estate up to Category C in respect of physical condition with VAT and Professional Fees included.		
£7,410,000 + 24% x 40%	£ 3,675,360	
Professional Fees @ 12%	£441,043	
VAT @ 17.5%	£ 643,188	<b>£4,759,591</b>
Sub-Total		<b>£5,189,340</b>

## Option 2 - qmh

**Immediate works to facilitate the required capacity in the short term and capital to provide a 10-year life.**

<b>Immediate works as Option 1</b>		<b>£5,189,340</b>
As noted by Keppie Design there significant works required in respect of physical, and statutory upgrading to the existing QMH. Within the timescale for this report we have assumed that such works are included in the costs for functional upgrade identified in the Atkins report of June 2000.		
£4,468,000 + 24%	£ 5,540,320	
Professional Fees @ 12%	£664,838	
VAT @ 17.5%	£969,556	<b>£7,174,714</b>
In regard to physical condition upgrades to Category B the Atkins report of August 2003 proposed costs based on the earlier 2000/1997 report but abated to 60% to account for 40% non-Maternity areas. While recognising the theoretical logic of this approach we would consider that in practice it would not be possible to limit upgrading to specific areas nor is it feasible to upgrade a portion of a heating system, and that even if this were feasible this could generate a risk of disruption to upgraded areas and costs in the event of any failures in the areas not upgraded. Furthermore, we believe it would be potentially hazardous to mothball one part of the building. For example there could be potential control of infection issues arising from 'mothballed' accommodation being adjacent to operational areas. We would therefore suggest that it would be prudent to include the full costs noted in the 2000 report with VAT and Professional Fees included.		
£7,410,000 – 40% (Incl in Option 1.) + 24%	£ 5,513,040	
Professional Fees @ 12%	£661,565	
VAT @ 17.5%	£964,782	<b>£7,139,387</b>
Sub-Total		<b>£19,503,441</b>

### Option 3 - QMH

Immediate works to facilitate the required capacity in the short term and capital to provide a 25 year life.

Immediate works and upgrading to Category B as Option 2		<b>£19,503,441</b>
Wards to have en-suite, wc/shower rooms, delivery rooms to be upgraded to HBN21 with five rooms converted to LDRP, and all Neo-natal cot bays to be increased in size to HBN 21.		
£ 1,141 + 36.75% @ 100% + 65% on costs x 276m2	£710,569	
£ 1,089 + 36.75% @ 60% + 25% on costs x 250m2	£279,226	
£ 1,210 + 36.75% @ 60% + 25% on costs x 164m2	£203,525	
£ 900 + 36.75% @ 40% + 20% on cost x 164m2	<u>£96,888</u> £1,290,205	
Professional Fees @ 12%	£154,825	
Equipment @ 20%	£258,041	
VAT @ 17.5%	£ 270,943	<b>£1,974,014</b>
Sub-Total		<b>£21,477,455</b>