

Trust Board Meeting : Wednesday 11 March 2015

TB2015.34

Title	Business Case for the Refurbishment and Reconfiguration of the bed based areas of the Emergency Assessment Unit at the John Radcliffe Hospital, to deliver improvements in Single Sex Accommodation, Privacy and Dignity and Patient Safety
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Status	For approval
History	Supported by Business Planning Group – 16/2/15 Supported by MRC DME – 23/2/15 Supported by TME – 26/2/15

Board Lead	Mr Paul Brennan, Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. This business case seeks approval for capital and revenue investment to refurbish and reconfigure the bed-based area within the Emergency Assessment Unit (EAU) at the John Radcliffe Hospital. This will increase capacity, improve patient flow and deliver significant qualitative improvements in single sex accommodation, privacy and dignity and patient safety within the unit.</p>
<p>2. Patients are referred to the EAU by their GP or by the Emergency Department (ED) for a specialist medical opinion. Since the unit was originally designed the volume of presenting patients, their clinical needs and the models of clinical care have changed dramatically. The current facilities and their configuration do not optimally meet the needs of this patient group. Investment is required to refurbish and reconfigure the bed-based area of EAU to enable a high quality service to be sustainably delivered.</p>
<p>3. The proposed reconfiguration will allow significant shortcomings to be addressed in the following areas, to deliver :</p> <ul style="list-style-type: none"> • Improvements to infection control requirements • Enhanced privacy and dignity for patients • Higher levels of patient confidentiality • Clinically appropriate ambulatory care • Secure record keeping • Compliance with medication policy • Compliance and improvement of single sex requirements • A more dementia friendly environment • Improve the safety of vulnerable patients • Improve the clinical safety of staff • Additional bed capacity • Improvements to clinical processes and flow • An enhanced patient experience • Allow for enhanced information technology to support high quality, safe clinical care and management
<p>4. The financial implications of this proposal are :</p> <ul style="list-style-type: none"> • Capital investment of £954k (incl. VAT). Provision has been made within the Capital Programme for this development. • £8k per annum revenue consequences (capital charges)
<p>5. The procurement route for the works may be by measured term contract, or by competitive tender. It is proposed to delegate authority for selection of the appropriate procurement route to the Director of Finance and Procurement, in consultation with the Director of Clinical Services, and the Director of Development and the Estate.</p>
<p>6. Recommendation</p> <p>It is recommended that the Trust Board approve:</p> <ul style="list-style-type: none"> • Refurbishment of the inpatient area within EAU • Capital investment of £954k (incl. VAT) • Annual revenue consequences of £8k per annum • Delegation of authority for selection of the appropriate procurement route to the Director of Finance and Procurement, in consultation with the Director of Clinical Services, and the Director of Development and the Estate.

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Appendices	Appendix A – Current EAU layout Appendix B – Proposed EAU Works Appendix C – Estates Work Estimate Appendix D – Equality Analysis Form
Background papers (if any)	
Strategic Objectives that the case will help deliver	SO1 To be a patient-centred organisation, providing high quality, compassionate care with integrity and respect for patients and staff – “ delivering compassionate excellence ” SO4 To provide high quality general acute healthcare to the people of Oxfordshire, including more joined up care across local health and social care services– “ delivering integrated healthcare ”
Proposed date that revenue spend will begin:	October 2015
Proposed date that capital spend will begin:	March 2015
Conclusion of Equality Analysis	This proposal will improve access and the environment within EAU which will benefit all patients who are cared for in this area.
Review Date	September 2017
Acronyms and abbreviations used	EAU – Emergency Assessment Unit ED – Emergency Department ECIST – Emergency Care Intensive Support Team
Authors	Ms Siobhan Hurley, Operational Service Manager Acute Medicine & Rehabilitation Dr James Price, Clinical Director Acute Medicine & Rehabilitation Ms Louise Rawlinson, Matron Emergency Department / Emergency Assessment Unit Ms Caroline Mills, MRC Service Improvement and CQUIN Manager

Lead Finance Manager	Mr Andrew Hall, Divisional Business Partner
Lead Estates Manager	Ms Louise Bishop, Estates Project Manager

Business Case for the Refurbishment and Reconfiguration of the bed based areas of the Emergency Assessment Unit at the John Radcliffe Hospital to deliver improvements in Single Sex Accommodation, Privacy and Dignity and Patient Safety

1. Strategic Context and Case for Change

1.1. Overview

- 1.1.1. The Emergency Assessment Unit (EAU) at the John Radcliffe Hospital accepts referrals from primary care and the Emergency Department (ED) where a specialist medical opinion or observations are required. The EAU plays a key role in supporting the workload of the ED by offering adjacent and complementary care for this patient group.
- 1.1.2. EAU provides the clinical space for the care of those with mental health issues awaiting specialist input. Currently there is no specified or specifically designed space to meet the needs of this patient group in the department. This space is called a “green room”. Without this type of space the patient, staff and other people in EAU are placed at risk.
- 1.1.3. The EAU has a policy of maximum stay of 12 hours within the unit before discharge or admission to other hospital beds. At peak times there is acute pressure to maintain flow in the unit with rapid and frequent changes in the patients being cared for.
- 1.1.4. The current design of the department no longer supports the needs of patients or the delivery of evidence based models of care recommended for implementation, for example around ambulatory and dementia care.
- 1.1.5. Environmental challenges to the delivery of high quality care to patients include:
 - Compromises to patient’s privacy and dignity
 - Limited areas for confidential patient consultations
 - The size of the medication room is limited and impacts on the ability to provide timely take home medications
 - Toilet facilities are located away from the patient areas
- 1.1.6. There is currently little differentiation between assessment, ambulatory and bedded treatment areas.
- 1.1.7. This business case supports the key recommendations from :
 - Emergency Care Intensive Support Team (ECIST), 2014
 - Care Quality Commission (CQC), 2014
 - Design Council “Reducing Violence in A&E”, 2011
<http://www.designcouncil.org.uk/projects/reducing-violence-and-aggression-ae>
 - British Geriatrics Society “Silver Book” – Quality Care for Older People with Urgent and Emergency Care Needs, 2012
<http://www.bgs.org.uk/index.php/bgscampaigns-715/silverbookT>

1.1.8. The Trust Business Plan 2014-16 specified the need for “reconfiguration of emergency assessment capacity and facilities”. This proposal supports the delivery of this need.

1.1.9. This business case seeks to reconfigure the main inpatient area and interior corridor between EAU and the ED. The department is “land-locked” by surrounding departments, increasing the importance of utilising available space efficiently. To achieve the most efficient and clinically effective space the works will include:

- Moving the location of side rooms
- Introducing appropriately positioned bathroom facilities
- Increasing private assessment spaces
- Rationalising the position and size of utility rooms and non-patient spaces.

The proposed changes are evidence based to reflect the current and future needs and demands of the department.

1.2. Demand on Services in EAU

1.2.1. The use of EAU as a flexible non-elective medical assessment space is vital to maintaining and managing the flow of admissions into the Trust. The majority of the admissions originate from the ED and require either further medical assessment or high level care prior to moving into another acute hospital bed.

1.2.2. Demand in the past three calendar years is shown below (based on OHIS figures) :

	2012	2013	2014 (forecast out-turn)
Annual admissions	21,451	23,462	22,559
Average daily admissions	59	64	62

1.2.3. It is recognised that congestion in EAU, with limited patient movement away from the unit, has a disproportionate impact on flow throughout the John Radcliffe. With an average of 62 new patients passing through 29 beds and 15 chairs each day the requirement to maintain single sex accommodation and protect the privacy and dignity of the patients is a significant challenge. The current environment does not promote the efficient use of ambulatory space in a separate environment from those requiring bed based care.

1.3. Current and Future Size and Layout

1.3.1. Appendix A shows the EAU floor plan. Appendix B shows the construction area for this scheme. The table below provides a summary of the changes to the clinical space within the EAU, resulting from this scheme :

Area	Current accommodation	Proposed accommodation	Change
MDT Assessment space	2 (off unit)	3 (on unit)	+1
Female beds	8	11	+3
Female side rooms	3	3	0
Male beds	10	8	-2
Male side rooms	2	3	+1
"Green Room"	0	1	+1
Total	25	29	+4

1.3.2. Other changes, such as the moving of toilets, staff bases and linen stores will make more appropriate use of the limited space available.

1.4. Proposed Changes

1.4.1. This proposal will effect the following changes :

- Improvements to infection control requirements

Area	Type of change	Impact
Medication Room	New location Improved size	<ul style="list-style-type: none"> • Minimised travel distances for staff • Reduces risk of cross contamination
Near Patient Testing area	New facility	<ul style="list-style-type: none"> • Increases speed of diagnosis and medical planning • Minimises potential of samples being left on the ward
Dirty linen store	New location Improved size	<ul style="list-style-type: none"> • Secured area located close to the hospital street to reduce the need for porters to enter the main circulation space of the unit
Dirty utility room	New location Improved size	<ul style="list-style-type: none"> • Minimised travel distances for staff • Reduces risk of cross contamination • Enhances infection control
Patient toilet and shower facilities	New location Increased number	<ul style="list-style-type: none"> • Sex appropriate WC are moved to adjacent clinical area • Separate sex appropriate shower facilities

		<ul style="list-style-type: none"> Limits movement though the unit Reduces risk of contamination Separate rapid assessment WC limits cross contamination with inpatients

- Enhanced privacy and dignity for patients

Area	Type of change	Impact
Assessment cubicles	New location Improved size	<ul style="list-style-type: none"> Separate, private area for discussions away from bed based areas Appropriate area for personal examinations
Patient toilet and shower facilities	New location Increased number	<ul style="list-style-type: none"> Reduction of patients having to leave single sex designated areas
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> Better management of area space to reflect patient population Demarcation of bedded / ambulatory area aiding management of movement of people through areas

- Higher levels of patient confidentiality

Area for change	Type of change	Impact
MDT base	New location New facilities	<ul style="list-style-type: none"> Area set back from areas populated by patients Area outside earshot for telephone calls
Assessment cubicles	New location Improved size	<ul style="list-style-type: none"> Separate and flexible areas for discussions / examinations with patients that will not be used as part of the bed base

- Secure record keeping

Area for change	Type of change	Impact
MDT base	New location New facilities	<ul style="list-style-type: none"> • Area set back for record storage and review

- Compliance with medication policy

Area for change	Type of change	Impact
Medication room	New location Improved size	<ul style="list-style-type: none"> • Minimised travel distances for staff • Appropriate secure storage
Near Patient Testing area	New facility	<ul style="list-style-type: none"> • Improved diagnostics prior to medication

- Compliance and improvement of single sex requirements

Area for change	Type of change	Impact
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> • Better management of area space to reflect patient population • Demarcation of bedded / ambulatory area aiding management of movement of people through areas
Patient toilet and shower facilities	New location Increased number	<ul style="list-style-type: none"> • Facilities provided within the sex appropriate area

- Dementia friendly environment

Area for change	Type of change	Impact
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> • Calmer environment with increased side room facilities to be used as required. • Spaces to be decorated according to best principles • Reduced noise and staff congestion
Signage	Improved quality	<ul style="list-style-type: none"> • Compliance with “Silver Book” guidance on clear signage to create a clearer environment

- Improved safety of patients and staff

Area for change	Type of change	Impact
Green room	New facility	<ul style="list-style-type: none"> • For use by psychiatric patients and/or police interviews • Provides 3 exit routes for safety • Set aside from other patient areas • Close access to MDT staff base for monitoring
Medication room	New location Improved size	<ul style="list-style-type: none"> • Secure and central area for controlled drugs • E-prescribing computers to support prescribing • Sufficient space for preparation of medication
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> • Beds replacing trolleys • Reduce instance of pressure sores

- Additional bed capacity

Area for change	Type of change	Impact
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> • Additional bed and side room • Reconfiguration of beds to rationalise male / female spilt • Beds replacing trolleys

- Improvements to clinical processes and flow

Area for change	Type of change	Impact
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> • Minimised travel distances for staff • Improved IT access in appropriate areas • Separation of ambulatory patients from inpatients, differentiating pathways
MDT base	New location New facilities	<ul style="list-style-type: none"> • Dedicated area for MDT working • Improved IT access in all areas

- Enhanced patient experience

Area for change	Type of change	Impact
Ambulance turnaround times	Improved configuration	<ul style="list-style-type: none"> • Reduction in delays in handover from ambulance crews
Equalising departmental temperatures	New equipment	<ul style="list-style-type: none"> • Revision of the Air Handling Unit will allow for appropriate temperature control
Assessment cubicles	New location New configuration Increased number	<ul style="list-style-type: none"> • Improved privacy • Space for sensitive conversations
Bedded zone	New configuration Increased bed numbers	<ul style="list-style-type: none"> • Less interruption by staff • Beds rather than trolleys • Improved privacy and dignity • Calmer environment
Medication room	New location Improved size	<ul style="list-style-type: none"> • More responsive medication turnaround, limiting time in department
Near Patient Testing area	New facility	<ul style="list-style-type: none"> • Faster diagnostics to improve time to diagnosis and patient turnaround
Patient toilet and shower facilities	New location Increased number	<ul style="list-style-type: none"> • Improved facilities based on appropriate single sex areas
Green Room	New facility	<ul style="list-style-type: none"> • Acts as a family room which is not currently provided in the unit • "Safe" area for patients with mental health needs
Signage	Improved quality	<ul style="list-style-type: none"> • Clearer direction around department • Demarcation of clinical areas.

2. Objectives and Benefits Criteria

2.1. Reduction in complaints

- 2.1.1. The maintenance of privacy and dignity in this high volume patient flow area is recognised as being challenging to deliver. The proposed improvements will enable some of these issues to be managed more appropriately and reduce the number of complaints received.

2.1.2. Improved infrastructure will support the unit in developing models of care that provide a safer environment based on evidence from :

- Emergency Care Intensive Support Team (ECIST) OUH report, 2014
- Care Quality Commission (CQC) OUH report, 2014
- Design Council “Reducing Violence in A&E”, 2011
<http://www.designcouncil.org.uk/projects/reducing-violence-and-aggression-ae>
- British Geriatrics Society “Silver Book” – Quality Care for Older People with Urgent and Emergency Care Needs, 2012
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Many complaints centre on confidentiality. With the movement of the MDT staff base and accompanying changes, changes in practice can be introduced which will support improvements in this area.

2.2. Improved staff and patient environment

2.2.1. The current environment does not provide an optimal environment that supports the delivery of care to this patient group.

2.2.2. Staff do not have the access to information technology to aid process driven improvements.

2.2.3. The separation of inpatient and ambulatory spaces supports the utilisation of staff to care for the most acutely ill patient.

2.2.4. The reallocation of spaces to support single-sex accommodation will enhance the patient environment.

2.3. Promotion of Ambulatory model

2.3.1. Ambulatory care is a patient focused service where some conditions may be treated without the need for an overnight stay in hospital.

2.3.2. The demarcation of ambulatory spaces from inpatient beds promotes rapid assessment and decision making, improving flow within the department.

2.3.3. Supports the implementation of National Ambulatory Emergency Care guidance from the Institute of Innovation and Improvement.

2.4. Increased Patient Safety

2.4.1. As seen in section 1.4, the reconfiguration will allow the limited space of EAU to be used in a way that supports best clinical practice.

3. Options

3.1. The following options have been considered in the development of this proposal:

3.1.1. Option 1 – “Do Nothing”

- Risks around safety, privacy & dignity and single sex accommodation will continue.
- Continued environmental challenges will impact on patient turnaround.

3.1.2. Option 2 – Reconfiguration of inpatient area within the current footprint to support patient flow and care within the non-elective pathway.

4. Option Appraisal Using Benefit Criteria

Benefit criteria	Option 1 Do nothing	Option 2 Full reconfiguration of inpatient area
Increase capacity to better meet patient demand	✗	✓
To create an environment that provides single sex accommodation and bathroom facilities	✗	✓
Provide a physical environment which supports the development of ambulatory care	✗	✓
To enhance the patient experience	✗	✓
To improve infection control within the clinical areas	✗	✓
To create a calmer and more secure environment for vulnerable patient groups	✗	✓

4.1. The preferred option is Option 2.

5. Financial Analysis of Preferred Option

5.1. Capital and Revenue Costs

Element	Refit/reconfiguration but assume some new functionality – e.g. additional bathrooms
Value £000s	954
Estimated % addition to Depreciated Replacement Cost	10%
Estimated increase in DRC £000s	95
Estimated remaining useful life	20
Depreciation £000s	4.75
Cost of Capital (year one) £000s	3.24
Total capital charges £000s	7.99

- 5.1.1. The works relate largely to the reconfiguration of existing space, e.g. removing existing partitions and putting new ones in place. This does not add to the estimated replacement cost of the estate. However there is also an element of increasing the services provided to meet single sex and privacy and dignity requirements, e.g. new bathrooms. This will add some value to the infrastructure, estimated at 10% of gross cost.
- 5.1.2. Capital costs are £954k (incl. VAT) with revenue consequences of £8k per annum.
- 5.1.3. There is provision in the Trust Capital Programme to fund this scheme

6. Market Assessment (including commissioner discussions)

- 6.1. This scheme is consistent with Oxford Clinical Commissioning Group's desire to optimise the use of ambulatory pathways for emergency and urgent care, for clinically appropriate patients.
- 6.2. This development supports the promotion of dementia friendly environments, the widening of the application of the ambulatory pathway, demarcation between inpatient and ambulatory needs, and the promotion of patient safety in all aspects of clinical care.

7. Benefits realisation

- 7.1. The table below shows the quantifiable benefits of the proposal and the plan for achieving them:

Benefit	Performance Measure	Current Value	Target Value	Target Date
Increase in clinical capacity	Number clinical areas available for the management of care	<ul style="list-style-type: none"> • 2 assessment cubicles • 5 side rooms • 18 inpatient beds • 0 dedicated space for care of patients with Psychological Medicine issue 	<ul style="list-style-type: none"> • 3 assessment cubicles • 6 side rooms • 19 inpatient beds • 1 dedicated space for care of patients with Psychological Medicine issue 	Q4 2015/16
Reduction in complaints	Reduction in formal complaints	17	14	2016/17
Increase staff satisfaction	National Staff survey	TBC		2016/17
Increased use of ambulatory model of care	Proportion of patients discharged before midnight	29% of attendances	39% of attendances	2016/17
Reduction in incidents relating	Reduction in recorded	14	10	2016/17

to confidentiality and information governance	incidents			
Reduction in number of falls recorded	Recorded incidences of falls.	45	35	2016/17

8. Implementation Plan

8.1. The following table provides an indicative implementation plan :

Action	Timeline
Business Case approved by MRC DME	February 2015
Business Case approved by TME	February 2015
Business case approved by Trust Board	March 2015
Pre-installation works start on site	Construction work – 6 months
Works completed on site	
Commissioning completed	
Scheme completed	October 2015

8.2. The procurement route for the works may be by measured term contract, or by competitive tender. It is proposed to delegate authority for selection of the appropriate procurement route to the Director of Finance and Procurement, in consultation with the Director of Clinical Services, and the Director of Development and the Estate.

9. Project Management Arrangements

9.1. Estates Project Lead to co-ordinate meetings and planning processes with external contractors and service users

9.2. Dr James Price (Clinical Director for Acute Medicine and Rehabilitation) will be the Project Lead. He will be supported by:

- Siobhan Hurley, Operational Service Manager for Acute Medicine and Rehabilitation
- Louise Rawlinson, Emergency Department and Emergency Assessment Unit Matron

10. Management of Risks of Implementation of Proposal

10.1. The table below lists the remaining risks and plan to manage them if the scheme was agreed

Risk	Impact (I)	Likelihood (L)	Total (IxL)	Mitigating Action	Residual Risk	Contingency plan to address risk
Maintaining service capacity while building works are underway	5	4	20	The programme has been designed to mitigate disruption to the service. Works are provisionally planned to be completed prior to 2015/16 winter period.	8	
Managing delivery of the project on time	3	3	9	Project team meetings take place on a regular basis. Continuous review of progress against plan with corrective action taken to address slippage	4	
Managing delivery of the project on budget	2	2	4	There are contingencies within the capital projections which will allow for unforeseen capital expenditure to be met	2	

11. When and how with the impact and intended effect be reviewed and reported on?

11.1. The impact of the changes will be monitored within the Acute Medicine Directorate Quality and performance structure.

11.2. This will form a standard part of monthly Divisional reporting to TME and the Trust Board on performance.

12. Conclusion

12.1. Since the EAU was originally designed the volume of presenting patients, their clinical needs and the models of clinical care have changed significantly. The current facilities and their configuration do not optimally meet the needs of this patient group.

12.2. Investment is required to refurbish and reconfigure the bed-based area of EAU to enable a high quality service to be sustainably delivered.

13. Recommendations

13.1. It is recommended that the Trust Board approve :

- 13.1.1. Refurbishment of the inpatient area within EAU.
- 13.1.2. Capital investment of £954k (incl. VAT)
- 13.1.3. Annual revenue consequences of £8k p.a.
- 13.1.4. Delegation of authority for selection of the appropriate procurement route to the Director of Finance and Procurement, in consultation with the Director of Clinical Services, and the Director of Development and the Estate.

Lead Director: Paul Brennan, Director of Clinical Services

Authors: Siobhan Hurley, Operational Service Manager Acute Medicine & Rehabilitation
James Price, Clinical Director Acute Medicine & Rehabilitation
Louise Rawlinson, Matron Emergency Department / Emergency Assessment Unit
Caroline Mills, MRC Service Improvement and CQUIN Manager


February 2015

Appendix A – Current EAU Layout

Appendix B – Proposed EAU Works



Appendix C – Estates Work Estimate

Initial Estimate						Oxford University Hospitals 	
Please note that this Initial Estimate is a preliminary cost based upon outline sketch						NHS Trust	
Project Number	2012.119					Capital Programme	
Project Name	Expansion of EAU					Capital Code:	5877
Project Manager	Louise Bishop					Capital Outturn 13/14:	
DATE:	November 2014					Capital Allocation 14/15:	
Work Stage	Stage 2 - 8					Charitable Funds:	
Procurement Strategy	MTC therefore no allowance for prelims					Total	£0
Notes: e.g. cost does not include the following: i) medical equipment - new or relocated						Maintenance - total p.a:	
Initial Estimate base docs-	GBS Phasing drawings 6215.172-175B					Area cost	
		Part 2.2	Part 2.3	Part 2.4	Part 2.5	Cost per m2	
		Month 1-2	Month 3-4	Month 4-5	Month 5-6	m2 cost based on HPCG's plus allowances for abnormalities	
Construction costs	%					sub total	0
Construction costs		£69,893	£208,299	£161,724	£72,707		
DayWorks / Out of Hours		£2,000	£3,000	£2,000	£2,000		
Construction contingencies	10.00	£7,189	£21,130	£16,372	£7,471		
Sub Total		£79,082	£232,429	£180,096	£82,178		
Scion Site Manager		£15,000	£17,500	£12,500	£12,500	Notes/ Qualification	
Phasing (Building & Services)	3.00	£2,822	£7,498	£5,778	£2,840		
	sub total	£96,905	£257,427	£198,374	£97,518		
		£650,224					
Professional fees (VAT 100% recoverable)	Assumed 13% of Construction Costs						
	sub total	£12,598	£33,465	£25,789	£12,677		
		£84,529					
Non works costs	Assumed 2% of Construction Costs						
	sub total	£1,938.10	£5,148.54	£3,967.49	£1,950.36		
		£13,004					
Group 2 & 3 equipment	Allowance of 2% Construction Cost Made						
	sub total	£1,938.10	£5,148.54	£3,967.49	£1,950.36		
		£13,004					
Sub total of Construction Cost (incl. Contingency), Professional fees, Non-Works costs, Group 2 & 3 Equipment costs		£113,379	£301,189	£232,098	£114,096		
		£760,762					
Planning contingencies %	based upon Risk Analysis. % range form 5%-30% (30% advised by NHS at Stage 0)					% applied to Construction costs (incl. Contingency), Professional fees, Non works costs and Group 2&3 equipment costs	
	2.50	£2,834	£7,530	£5,802	£2,852		
		£19,019					
Total		£116,213	£308,719	£237,900	£116,948		
		£779,780.96					
Optimism Bias	7.00	£8,135	£21,610	£16,653	£8,186	% applied to total Construction costs (inc. Contingency), Professional fees, Non works costs, Group 2&3 equipment costs and Planning contingencies	
		£54,585					
Inflation - Excluded	0.00						
VAT (Excluding Fees)	20.00	£22,350	£59,373	£45,753	£22,492	20% VAT applied to Construction costs (incl. Contingency), Non-works costs, Group 2 & 3 Equipment costs	
Recoverable VAT 20,40 or 75%. No independent objective assessment of VAT abatement has been undertaken	20.00	£4,470	£11,875	£9,151	£4,498		
		£291,156					
Total Scheme Cost		£142,228	£377,828	£291,156	£143,128		
		£954,339					