

Jersey Future Hospital Project

Outline Business Case

Appendix 30 – Risk Register

Document Control

Version	Date Issued	Summary of Changes	Author
V1	26.9.17	Document compilation	T Nicholls
V2	24.10.17	Template updated	T Nicholls

Number	PESTLE Category	Organisation	Owner	Risk Owner	Client Risk Allowance (Contingency)	Contractor Risk Allowance (Contingency)	Client Risk Allowance (Optimism Bias)	Uncertainty	Risk Description	Mitigation	Impact	Likelihood	Initial Risk Score	Management Effectiveness	Residual Risk Score	Status	Update
R 001	Technical	GMS	MP	SoJ	£200,000	£0	£0	£0	Failure of Interim Hospital: If current interim service plan for existing six theatres cannot meet modelled demand.	Change Request CR22 benefit intervention modelling. Support SOJ to review capacity planning and scheduling of theatre use.	3	5	15	3	5	Open	
R 002	Economic	SoJ	RF	SoJ	£0	£0	£0	£0	Under-achievement of Out of Hospital Strategies: Financial savings targets cannot be achieved or spend is not achieved resulting in impact on transitional funding and delay risk or cost to future hospital.	Good HSSD achievement of financial savings. PSR process. Coordinate design to ensure delivery of operational savings is possible.	3	3	9	1	9	Open	
R 003	Technical	SoJ	RG	SoJ	£10,667	£0	£0	£0	Fixed points on site (e.g. listed buildings, planning restrictions (services) etc.) prevent service development appropriate for future needs.	Experienced Lead Advisor to ensure planning application is reflective of site constraints and planning expectations (through prior engagement) and a no surprises approach to submission. Work completed to review residual site development opportunities	2	4	8	3	3	Open	
R 004	Technical	SoJ	RF	SoJ	£120,000	£0	£0	£0	Site spatial constraints compromises place acceptably. High risk of unsustainable or unsafe operation.	General Site Configuration risk (Medical gas containment).	3	3	9	3	3	Open	
R 005	Technical	SoJ	BP	SoJ	£40,000	£0	£0	£0	The site configuration impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	Competent patient flow and internal configuration planning with Clinical sign off is underway through Hassell.	3	1	3	3	1	Open	

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R 006	Technical	GMS	MP	SoJ	£180,000	£0	£0	£0	Potential Travel Plan associated with Site does not mitigate impact of environmental of access, egress and transport between sites. Travel Plan unable to mitigate output of TA (Westaway/Key worker homes, Westmount, Catering and Hospital).	Arup to complete Transport Assessment and Travel Plan as a single owner. Travel Plan Co-ordinator to be appointed by HSSD or Other app.	3	3	9	2	5	Open	
R 007	Technical	GMS	MP	SoJ	£3,200,000	£0	£0	£0	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	Integral to Hassell design, phasing, redline demise for planning and contractors Construction Mitigation Statement.	4	2	8	1	8	Open	
R 008	Technical	SoJ	BP	SoJ	£0	£1,066,667	£0	£0	Risk to patient, staff, visitor and neighbour safety during construction arising from site restrictions.	Separation of construction activity from surrounding environment. General Site Configuration risk to be set out in Construction Phase Plan, Infection Control Risk Assessment: dust, noise and vibration.	4	2	8	3	3	Open	
R 009	Political	SoJ	BP	SoJ	£0	£0	£360,000	£0	Non acceptance by staff or stakeholders of service changes required to achieve acute services strategy resulting in safety risk, cost or delay. Possible Operational cost risk crossover.	Excellent clinical engagement and leadership.	3	3	9	1	9	Open	
R 011	Technical	GMS	MP	SoJ	£80,000	£0	£0	£0	Lack of appropriate evidence to support brief (i.e. benchmark data) resulting in delay or cost.	Excellent lead advisor	3	2	6	3	2	Open	
R 012	Political	SoJ	BP	SoJ	£0	£0	£0	£0	Care pathways (across both Hospital and external pathways) insufficiently design across systems resulting in cost or delay.	EY report released end of April for demand of capacity modelling. Benefit Modelling and Acute Service Strategy implemented by MTFP investments.	4	4	16	2	8	Open	

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R 013	Technical	GMS	MP	SoJ	£0	£0	£1,600,000	£0	Poor or insufficient current infrastructure integration, results in delay or cost or residual inefficiency.	Experienced Client Team and Lead Advisor Coordinated Acute Service Plan development.	4	3	12	3	4	Open	
R 015	Economic	SoJ	BP	SoJ	£2,666,667	£0	£0	£0	Change to HSSD Brief causes delay or cost (any change results in a qtr. slippage to account for inflation at 4m/qtr.).	Project Director of Health Brief. Experienced HSSD Leadership. Acute Service Planning Process. Service prioritisation exercise.	4	5	20	3	7	Open	
R 017	Technical	SoJ	BP	SoJ	£0	£0	£0	£0	Difficulty in retaining existing or recruiting new staff during transitional period.	Experienced Hospital Management and Lead Advisor. Acute Workforce Strategy and Planning implementation.	4	5	20	3	7	Open	
R 019	Social	SoJ	RF	SoJ	£3,200,000	£0	£0	£0	Preferred solution not acceptable to staff, results in project delay or failure and poor health outcomes.	Clinical engagement in brief development, ASP, Stakeholder Briefing, Communications Strategy implementation.	4	4	16	2	8	Open	
R 021	Social	SoJ	BP	SoJ	£1,600,000	£0	£0	£0	Time taken to obtain stakeholder support results in unaffordable design - project failure.	Experienced HSS Team, Health Leadership. Clinical engagement. Acute Services Strategy and Planning, Clinical Engagement, Experienced Advisor Appointment. Reduced likelihood following new approach and States Member engagement and improved management effectiveness.	4	3	12	3	4	Open	

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R 022	Social	SoJ	BP	SoJ	£0	£0	£0	£0	Wrong model of care results in poor long term health outcomes.	Experienced HSS Team, Clinical engagement, HASMAP. Experienced adviser appointment, HSSH Scrutiny Panel and Programme Assurance reviews.	5	2	10	3	3	Open	
R 023	Economic	GMS	NA	SoJ	£0	£0	£0	£0	Chosen feasibility design fails to drive necessary operational savings and results in unaffordable revenue costs.	SOC, Use of NHS and HMT procurement methodology, MTFP 2 cost modelling and bids, Design Champion. Experienced Advisor Appointment, OBC, FBC, ASP.	4	2	8	2	4	Open	
R 024	Technical	SoJ	RF	SoJ	£16,000	£0	£0	£0	Programme extended due to unforeseen client requirement results in increased cost.	Fixed affordability envelope, SAS approach. Experienced adviser appointment, Coordinated Acute Service Planning process, Control of scope creep by Board.	2	4	8	2	4	Open	
R 025	Political	SoJ	BP	SoJ	£0	£0	£3,300,000	£0	Clinical leadership does not drive necessary change in operation or culture resulting in wrong brief or failed implementation.	Experienced Hospital Management and Leadership. Acute Service Planning, Financial Modelling and Acute Workforce Planning support.	5	3	15	2	8	Open	
R 026	Social	GMS	MP	SoJ	£0	£0	£0	£0	Site selection process challenged, results in delay and reduced general hospital capacity due to inflation.	Strategic Outline Case site assessment. Stakeholder workshops. Experienced Advisor Appointment, EIA, OBC and FBC.	5	2	10	1	10	Open	
R 027	Economic	SoJ	RF	SoJ	£0	£0	£0	£0	Insufficient investment in change process causes increased cost or delay.	Health transformation programme team and resources. Acute Service, Equipment, ITC and Workforce Strategy required to set out change requirement.	4	4	16	2	8	Open	

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R 028	Political	SoJ	RF	SoJ	£600,000	£0	£0	£0	Insufficient Project Team resource results in Project Delay or failure.	Experienced project team, Tri Department support, Advisor Contract requirements. Secure agreement from accountable officers (Finance and HR Directors) that in house capacity and capability will be supported. Secure agreement that funding will be available to fund Technical Advisors, to undertake the work. Appointment of interim positions to support this	3	5	15	1	15	Open	
R 029	Social	SoJ	BP	SoJ	£0	£0	£0	£0	Insufficient transitional capacity care results in increased pressure on planned capacity or under sizing of general hospital. Wider flow impacts - GPSU etc. how patients are directed into care.	Experienced HSS Team, metrics for effectiveness developed. Community, Mental Health and Sustainable Primary Care Strategies in development. Although metrics exist, UK experience indicates proposed interventions are unlikely to have sufficient effect to address as hoped. Out of hospital team to provide assurance to board that capacity will be sufficient to resource the hospital (RW to expedite). EY modelling outputs has informed Capacity Modelling.	5	5	25	2	13	Open	
R 030	Economic	SoJ	BP	SoJ	£80,000	£0	£0	£0	Revenue implications of care model: Unforeseen financial cost of preferred model of care working results in upward pressure on general hospital operating costs.	MTFP process has identified costs associated with demography and ICT. ASP and financial modelling, OBC, FBC.	3	2	6	3	2	Open	
R 031	Political	SoJ	BP	SoJ	£1,600,000	£0	£0	£0	Clinical Stakeholders do not prioritise development of brief causing delay or cost.	Experienced Hospital Management team and Lead Advisor. Acute Service Planning Process. Service prioritisation exercise.	4	3	12	3	4	Open	
R 032	Technical	SoJ	RF	SoJ	£0	£0	£0	£0	Existing Hospital Continuity risk (to run prior to new-build completion 2025 incl Granite Block as ES 11) - failure in general hospital facility or services, prior to new-build / replacement results in delay or cost. Recent leaks within 1960's block confirm risk to healthcare continuity.	Liaison between JPH and HSSB engineering, facility management and maintenance. Optimised phasing supported by experienced technical advisors. Funding for watch and wait backlog maintenance items to be provided to de-risk.	4	5	20	2	10	Open	
R 033	Technical	SoJ	RF	SoJ	£0	£0	£1,600,000	£0	Future proofing: Installed Service, ICT or FF&E infrastructure has insufficient flexibility to meet foreseeable future requirements.	Quality and technical design: Experienced Client Team and Lead Advisor. Service, ITC and FF&E Strategies.	4	3	12	3	4	Open	
R 034	Economic	SoJ	JR	SoJ	£0	£0	£0	£0	Changing funding strategy and further delay in decision making impact of scheme redesign (abortive design cost and loss of market interest/confidence) - reduction to project funding results in delay to implementation of phases. This accounts for 2 qtrs. cost risk delay for inflation.	POG Ministerial representation, senior and effective Project Board. Linked to Special Fund. Budget based on 2015 and MTFP 2016.	4	5	20	1	20	Open	

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R 035	Political	SoJ	BP	SoJ	£0	£0	£0	£0	Required services to deliver Health Transformation are not aligned.	Experienced HSSD Transformation programme team. Transformation coordination process.	4	2	8	2	4	Open	
R 036	Economic	SoJ	BP	SoJ	£0	£0	£1,600,000	£0	HSSD brief - wrong facility specified - results in long term poor health outcomes	P.82/2012, Acute Service Strategy Principles. Acute Services Strategy and Plan, Technical Advisor Visits.	4	3	12	3	4	Open	
R 037	Political	SoJ	RF	SoJ	£0	£0	£3,200,000	£0	Interdependency with other offsite project causes delay to completion or approval of Brief. ES projects impact i.e.. Westaway ES 07.	Experienced Project Board and Senior Supplier. Watching brief and monitoring of related corporate and private initiatives.	4	4	16	2	8	Open	
R 038	Technical	SoJ	BP	SoJ	£60,000	£0	£0	£0	Failure to agree safe, sustainable, affordable distribution for Laboratory Services results in delay.	Experienced HSS Team, health Leadership, Clinical engagement. Independent Review of Laboratory Services commissioned.	3	2	6	4	2	Open	
R 039	Technical	SoJ	BP	SoJ	£0	£0	£2,400,000	£0	ICT linkage - Lack of interface between remote site systems causes long term safety or financial issue.	Experienced Client Team and Lead Advisor. Coordinated Acute Service Plan development. IT strategy signed off	4	3	12	2	6	Open	
R 043	Economic	SoJ	BP	SoJ	£533,333	£0	£0	£0	HSSD brief unaffordable results in delay and poor health outcomes. Brief target is for a 15% saving over healthcare planning guidance - SoJ derogation.	Experienced HSS Team, health Leadership, Clinical engagement. ASP and financial modelling, OBC, FBC.	4	1	4	3	1	Open	

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R 044	Technical	SoJ	BP	SoJ	£0	£0	£0	£0	Unforeseen Delay to construction results in increase in waiting lists.	Project Management, Minimised Feasibility timings. Experienced advisor appointment Transitional theatre and bed capacity projects (Operational Contingency). Improved utilisation for capacity planning. Attain a productivity towards Upper Quartile.	4	2	8	2	4	Open	
R 045	Technical	GMS	SR	SoJ	£0	£180,000	£0	£0	Increased risk to patient, staff and visitor health during decant to allow enabling works to take place. Dependency on ES projects delivery.	Client led moves programme to be established. Experienced Hospital Management team and Lead Advisor. Review and co-ordination of development plans.	3	3	9	2	5	Open	
R 047	Technical	SoJ	BP	SoJ	£0	£0	£0	£0	Absence of relevant benchmarking data in specific service areas.	Experienced Hospital Management and Lead Advisor. Acute Service Planning Process.	4	4	16	3	5	Open	
R 048	Political	SoJ	JG	SoJ	£0	£0	£0	£0	Failure to receive or expend investment in Workforce Strategy Plan in relation to General Hospital. Coordination issues between Workforce Strategy and hospital development have occurred and issue being addressed by client department leadership.	Workforce revenue modelling for NPV. HSSD Human Resource Team and Public Sector Reform Support. Workforce elements under Client Department review following delayed delivery. Acute Workforce Training and Organisational Development Strategy Plan.	4	5	20	2	10	Open	
R 049	Political	SoJ	RF	SoJ	£0	£0	£0	£0	Project delivery is insufficiently aligned with Public Sector Reform process.	Experienced HSSD Transformation programme team. Co-ordination meetings with Public Sector Reform leaders.	4	3	12	3	4	Open	
R 053	Political	SoJ	BP	SoJ	£0	£0	£2,133,333	£0	Unresolved clinical conflict and absence of resolution mechanism leads to increased time or cost. Sign off strategy. Linked to R 15 to avoid cost duplication.	Experienced Hospital Management and Leadership. Clinical Leadership and Decision Making process.	4	4	16	3	5	Open	
R 054	Technical	SoJ	BP	SoJ	£0	£0	£0	£0	Insufficient investment in transition planning means acute services cannot be maintained to required standards.	Experienced HSSD Transformation programme team. Transformation coordination and service prioritisation process.	4	4	16	2	8	Open	

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R 056	Legal	SoJ	BP	SoJ	£0	£0	£0	£0	JGH facilities in transitional period fall below acceptable levels to meet Royal College and other accreditation standards.	Experienced operational team and professional leads to foresee these risk before they materialise. Form Transitional Capital Plan.	5	3	15	2	8	Open	
R 057	Economic	SoJ	RF	SoJ	£2,400,000	£0	£0	£0	Interdependency between relocation work elements causes delay to completion of health brief and related change in scope.	Experienced Acute Service team, relocation works lead and project advisors. Ensure timely and effective engagement of client in brief development.	4	3	12	2	6	Open	
R 062	Technical	SoJ	BP	SoJ	£120,000	£0	£0	£0	Appropriate Private Patients capacity is not incorporated in brief.	EY Project to assess PP business opportunity in FH. Experienced EY PP advisors and internal HSSD PP managers.	3	3	9	3	3	Open	
R 063	Technical	GMS	MP	GMS	£0	£360,000	£0	£0	Failure to maintain or protect existing General Hospital adequately during development period.	Maintain continuity of Healthcare through	3	3	9	1	9	Open	
R 074	Technical	SoJ	BP	SoJ	£360,000	£0	£0	£0	Clarity required for relocation of existing equipment impacts on time, quality or cost.	Strategic equipment group to be established in April, to define requirements for Hospital and Westaway. For main hospital assume 100% new clinical equipment.	3	3	9	1	9	Open	
R 077	Political	SoJ	BP	SoJ	£90,000	£0	£0	£0	Risk that appointed facilitator causes uncertainty or undermines existing confidence amongst political or key stakeholder representatives in the engagement process resulting in delay.	Stakeholder engagement strategy is in place approved by project board for implementation by BP.	3	3	9	4	2	Open	

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R 078	Technical	SoJ	GLS	SoJ	£0	£90,000	£0	£0	Soft Landings Risk: Snagging / defects damage credibility of project.	Develop robust on site workmanship and management plan, agree sign-off and testing regime, write commissioning management plan, and include required performance for post-handover period as part of contract. Engage end user (FM/Clinical) leads throughout the process.	3	3	9	4	2	Open	
R 080	Economic	SoJ	RF	SoJ	£0	£0	£0	£0	Crash to Bond equity market impacts on funding source causing delay or cost.	Treasurer limited the exposure through robust funding strategy.	4	2	8	1	8	Open	
R 083	Economic	SoJ	RF	SoJ	£0	£2,400,000	£0	£0	Jersey factor results in unaffordable construction cost and reduced general hospital capacity.	Use of NHS procurement methodology, Outline Procurement Strategy Current allowance (Location Factor) based on most recent understanding	4	3	12	2	6	Open	
R 084	Economic	GMS	TB	GMS	£0	£0	£0	£0	Pre-feasibility estimate assumptions over optimistic (above optimism bias).	Experienced Technical, Legal, Financial and Procurement Advisors required for pre-feasibility. Receipt of CR25 has indicated that some elements i.e. Granite block refurbishment may not be affordable within the project indicative budget but sufficient contingency exists to address	5	2	10	3	3	Open	
R 085	Economic	SoJ	RB	SoJ	£0	£0	£0	£0	Insufficient funding from Strategic Reserve prioritised to afford Future Hospital solution and phasing. Alternative to Bond funding.	Experienced Treasury Team. Affordability analysis as part of OBC (Deliverable 8) completing Dec 2017. Likelihood reduced as ability to part fund the proposed Bond structure.	5	3	15	1	15	Open	
R 086	Political	SoJ	BP	SoJ	£0	£0	£0	£0	Failure to obtain political support to model of care resulting in project failure.	COM and States Assembly support for P.82/2012 and Budget 2014, Ministerial Oversight Group, SOC. Engagement with HSSH Scrutiny Panel, Stakeholder Engagement, Communications Strategy. Acute Strategy approved.	4	3	12	2	6	Open	
R 087	Political	SoJ	JR	SoJ	£0	£0	£0	£0	Electoral /political executive or scrutiny changes cause change to brief or rebriefing requirement. Additional Narrative from OBC Risk Workshop: Effects of changes in elected ministerial positions causing fundamental changes to the scope and purpose of the scheme	An assurance review is required Oct 2017. Experienced Project Board and support of the current Health Minister and Infrastructure Minister prior to purdah. Ministerial and Council of Minister briefings. Draft concludes September for October submission, OBC in November.	5	4	20	1	20	Open	

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R 089	Political	SoJ	MP	GMS	£0	£0	£0	£0	Competing priorities of key members of the Integrated Project Team.	Experienced Project Board and Advisory Team, Gateway Assurance Reviews and Progress Meetings.	4	4	16	3	5	Open	
R 090	Technical	GMS	MP	GMS	£0	£0	£200,000	£0	Project team inexperienced in new Hospital facility construction results in delay or poor value.	Client Team brings together available experience. Experienced adviser appointment, IPT gap analysis .	3	5	15	3	5	Open	
R 092	Technical	SoJ	HoS	BP	£360,000	0	£0	£0	Client team requirements fall short or underestimate, insufficient consideration given to changes in system, service models, processes, culture, legal implications and communications causes delay or cost.	Project Team, wider support of Client Departments through Project Board and Resource Planning/Responsibility Matrix.	3	3	9	1	9	Open	
R 093	Environmental	SoJ	RF	SoJ	£0	£0	£0	£0	Partial BREEAM implementation causes long term operational or lifecycle cost. Revenue implication. Targeting Excellent but this may be at cost	Proposal for BREEAM during design phase and compliance from Lead Advisor. Cost plan includes for BREEAM Excellent in terms of Capital Investment but Revenue consequence needs to be	4	3	12	3	4	Open	
R 094	Social	GMS	MP	GMS	£360,000	£0	£0	£0	Reputational Risk - Loss of key personnel within Delivery Team causes delay, quality issue or cost, and lack of continuity.	Recruitment policy, good team spirit and flexible project team. Experienced advisors appointment. Robust contract appointments.	3	3	9	1	9	Open	
R 096	Legal	SoJ	BP	SoJ	£0	£0	£0	£0	Unforeseen change to acute service as a result of Regulation of Care Law implementation. This might result in abortive costs for redesign and programme delay/inflation impact and prelims if post	Experienced Hospital Management and Leadership. Transformation coordination and service prioritisation process.	4	2	8	3	3	Open	
R 099	Technical	GMS	MP	SoJ	£60,000	£0	£0	£0	Outcome of GI/SI surveys triggers the requirement for additional design and therefore increased cost or delay.	Lead advisory feasibility and specialist studies undertaken. Active clinical engagement. Early advice to be obtained from surveyors and incorporated into design.	3	2	6	4	2	Open	
R 100	Economic	GMS	MP	SoJ	£0	£1,600,000	£0	£0	On-Island Supply Chain lack the ability, resources or capacity to undertake the relocations projects to programme causing delay or cost.	Relocation works procurement strategy allows off island partnerships. Main hospital procurement strategy will limit on island role to appropriate level. Soft market testing to be undertaken and early engagement underway.	4	3	12	3	4	Open	

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R 102	Technical	GMS	MP	SoJ	£0	£0	£1,600,000	£0	Quality - Design / quality incorrectly specified and does not meet whole life requirements resulting in cost or delay.	Excellent lead advisor to ensure the correct products are specified to reflect the client requirements.	4	3	12	3	4	Open	
R 104	Technical	GMS	MP	SoJ	£0	£0	£2,400,000	£0	Planning application delay causes time or cost issue.	Regular communication with Planning Officers. Avoid public appeals on public inquiry by providing comprehensive information. The assumption for main hospital is Planning Inspector will control timescale and planning advised timescale is assumed.	4	3	12	2	6	Open	
R 105	Technical	SoJ	RF	SoJ	£480,000	£0	£0	£0	Additional requirements stipulated by Planning Condition or Reserved matter add cost or time or affect safety or sustainability.	Regular communication with Planning Officers. Planning Inquiry anticipated which will review conditions. Lead Advisor on Planning and Infrastructure in post. Support of TTSD in EIA process. Experienced Technical (planning) advisor appointment.	3	4	12	1	12	Open	
R 106	Economic	GMS	MP	SoJ	£0	£0	£2,933,333	£0	High out-turn cost of initial relocation and enabling works results in compromise to later phases.	Effective Project Board and Project Team Experienced technical advisor appointment. Implement strong Change Management process to ensure	5	4	20	3	7	Open	
R 114	Legal	GMS	MP	GMS	£0	£120,000	£0	£0	Supply chain - Failure to obtain appropriate securities or warranties for refurbishment works	Experienced Project Board and Procurement Advisor. Experienced technical advisor and contractor familiar with refurbishment of acute hospitals.	3	3	9	3	3	Open	
R 116	Technical	GMS	MP	SoJ	£0	£1,066,667	£0	£0	Poor coordination, design and construction or BIM approach leads to conflicts, quality issues, cost or delay.	Experienced technical advisor appointment (JFH and HSSD). Pier review and timely client sign off.	4	2	8	3	3	Open	
R 119	Social	GMS	MP	GMS	£0	£1,600,000	£0	£0	Construction disturbance - during any works results in poor health outcomes: aspergillus etal	HSSD / JPH Experience of hospital refurbishment, Dual Site Strategy, Phasing. Patient Safety Case, Permit to Work System. Vulnerable patients risk assessment and implementation of control measures i.e.. Independent extraction, isolation, Experienced Client Team and Lead and Property Advisors.	4	2	8	2	4	Open	
R 121	Technical	GMS	MP	GMS	£0	£1,600,000	£0	£0	Logistics and Transport Mitigation Plan - Buildability, temporary works results in delay, additional cost or Service Disruption (patient moves, deliveries day to day).	Operational Plan required during decant and construction phase. Buildability assessments and early contractor involvement - to be detailed within Procurement Delivery Plan. Property acquisition strategy. Review temporary works strategy to establish where additional investment can reduce risk.	4	3	12	3	4	Open	
R 128	Legal	GMS	MP	SoJ	£0	£0	£0	£0	Change in Construction Legislation adds to cost, delay or quality issue	MOG. CMB and other internal communications re law changes in Jersey. Regular risk reviews and experienced ICA team including local practitioners.	4	2	8	3	3	Open	

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R 130	Technical	SoJ	GLS	SoJ	£0	£0	£120,000	£0	Failure to maintain / create access amenity during transitional or construction period causes complaint or disruption to service delivery.	Experienced Client Team and Lead Advisor, Clinical Engagement. Construction Management and Access Plans, Stakeholder Consultation.	3	3	9	3	3	Open	
R 133	Economic	GMS	MP	SoJ	£160,000	£0	£0	£0	Advisor resource or mobilisation insufficient to meet programme resulting in delay or cost.	Experienced SRO, Senior Supplier and Delivery team. Require mobilisation plan within CR26 development.	3	4	12	3	4	Open	
R 134	Technical	SoJ	RF	SoJ	£0	£0	£0	£0	Revenue implication - Energy supply arrangement results in long term energy inefficiency. 60 yr. design life.	Experienced on-island and lead advisory energy team.	4	3	12	2	6	Open	
R 136	Technical	SoJ	JR	SoJ	£0	£0	£1,600,000	£0	Infrastructure Services Capacity is insufficient. Future development to solve it's own draw requirements given the DCP does not form part of the outline planning application.	Reviewing at each stage with relevant authorities. Arup have proposed design loads. Currently only briefed load requirements are captured. Any needs within the DCP would be captured under a new Change	4	2	8	2	4	Open	
R 137	Technical	SoJ	JR	SoJ	£0	£240,000	£0	£0	Complications due to restrictions of a town centre location.	Further analysis during RIBA Stage 2 design in particular for deliverables, set down areas and phasing of the works.	3	4	12	2	6	Open	
R 138	Technical	GMS	MP	GMS	£0	£180,000	£0	£0	Deliveries disrupted due to shipping and bad weather (Force Majeure)	Pre-order materialise - storage and on island (Bonded).	3	3	9	2	5	Open	
R 139	Technical	GMS	MP	GMS	£0	£12,000	£0	£0	Implementation logistics risk (buildability) - lack of contractor parking.	Transport strategy and procurement process. Lack of sufficient contractor lay down or operational area. Use of MSCP and Shuttle bus arrangements back to layup area. Mitigation to be developed at detailed design stage.	2	3	6	2	3	Open	
R 14	Technical	SoJ	BP	SoJ	£1,600,000	£0	£0	£0	Change in key modelling parameter (abortive design cost: patient flow design impact cost to meet revised model of care to suit model and population growth demand) causes change in brief.	Experienced HSSD Financial and Hospital Management Teams. Regular review of changing parameters. Assurance reviews.	4	3	12	3	4	Open	

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R 141	Environmental	GMS	MP	SoJ	£0	£16,000	£0	£0	Client and Neighbours Stop Work - Complaints from neighbours/ adjacent departments causes; noise/vibration.	Mitigation to be developed at concept design stage to alleviate noisy operations, where possible, near to site boundary/ sensitive departments. Stop Works procedure to be setup.	2	4	8	2	4	Open	
R 142	Economic	GMS	MP	SoJ	£0	£240,000	£0	£0	Specification of Products - One-off supply chain procurement results in poor value (Capital Works Only).	Experienced adviser appointment, market engagement, contract strategy. Limit restrictions around products i.e.. "Similar or approved".	3	2	6	1	6	Open	
R 147	Technical	GMS	MP	SoJ	£0	£0	£400,000	£0	Inconsistency, error or poor quality of tender documentation results in poor value for money.	Experienced Project Board and Procurement Advisor. Quality assured procurement process by ICA team.	4	1	4	4	1	Open	
R 149	Economic	GMS	MP	SoJ	£0	£0	£3,300,000	£0	Inflation Risk - Overheating construction market causes unaffordable project and delay.	Experienced Legal, Technical and Cost advice for pre-feasibility. Experienced local partner to avoid delay through employing additional resource. Allowance based on BCIS indices	5	3	15	2	8	Open	
R 150	Technical	GMS	MP	SoJ	£0	£0	£3,200,000	£0	Market Appetite fails to maintain supplier interest resulting in poor competition and increased cost or delay.	Experienced Project Board and Procurement Advisor for market engagement strategy. Management effectiveness is reasonable given procurement approach proposed and experience of advisor team. Increased effectiveness proposed. Soft Market Testing.	4	4	16	2	8	Open	
R 158	Technical	GMS	MP	SoJ	£240,000	0	£0	£0	Access between Patriot St MSCP and JFH. strategy from bridge links between car park and the main Hospital.	1 bridge costed - potentially 3 in total required. Arup complete vertical transportation strategy.	3	4	12	2	6	Open	

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R 159	Technical	GMS	SR	SoJ	£0	£2,133,333	£0	£0	ES projects delay to hospital programme by impacting delivery of Westaway Court which is a pre-cursor to the Demolitions Programme by main hospital contractor.	Review meetings planned via Stuart Rowney. Escalate to Project Group.MP and SR paper; Demolition and mobilisation periods to be overlapped to reduce risk of delaying start on site	4	4	16	3	5	Open	
R 16	Economic	SoJ	RF	SoJ	£0	£0	£0	£0	Fixed capital investment results in long term Revenue Inefficiencies from layout or requirement on services.	SOC and MTFP Relevant Revenue Costs. ASP Financial Modelling, OBC and FBC, Options appraisal to address vfm of alternatives. EY Data mitigates providing assurance for capacity planning.	4	2	8	2	4	Open	
R 160	Technical	GMS	GLS	SoJ	£240,000	£0	£0	£0	Programme risk - Asbestos contamination across the site and delay to programme: new build, demolition and new build area.	Good information to hand. Asbestos Management Plans in place. Level of surveys will be R&D which can only be undertaken once areas vacated. This is followed by removal of ACM's and certified clearance for re-occupation. NB. Main risk could be in the Old Hotels which are part of the Compulsory Purchase. This drives down the management score to a 2.	3	4	12	2	6	Open	
R 161	Technical	GMS	MP	GMS	£0	£5,333	£0	£0	Procurement of highways signage	Construction Phase Plan - Traffic Management - Travel Plan required for interim and permanent measures.	2	2	4	3	1	Open	
R 162	Technical	GMS	MP	SoJ	£3,300,000	£0	£0	£0	Change to schedule of accommodation 1.9.3 (main hospital) in relation to 15% area reduction target where safe to do so.	Target Design Freeze in June with a sign off for all prior design information to enable planning submission alignment.	5	3	15	2	8	Open	
R 163	Technical	GMS	MP	GMS	£0	£0	£533,333	£0	Contractor becomes insolvent.	ITT to include provision for Bond pricing over and above any potential for PCG.	4	1	4	3	1	Open	
R 164	Technical	GMS	PT	GMS	£0	£240,000	£0	£0	Existing Services and Isolations, Striking Live Services/Shutdown/Diversions (impact on services outside of the works demise) - to enable construction works to be undertaken. There is no authorisations process in place and this work is all undertaken in-house. Resources available may impact main build delivery. NB. commencement of Boiler Replacement Programme for	Provide to new-build contractor to understand interface requirements. HSSD to understand the delivery and decant programmes to facilitate transition, commissioning and continuity. SOJ to assist the contractor for isolations.	3	4	12	2	6	Open	

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R 165	Technical	GMS	MP	GMS	£0	£60,000	£0	£0	Protection of live services to be retained within the site demise.	Design out the need for live services to be retained with the site/works demise. Likely that just drainage will be applicable to this.	3	1	3	2	2	Open	
R 166	Technical	GMS	SvH	SoJ	£0	£0	£3,200,000	£0	Archaeological finds generate delay to programme.	GMS to review draft report from at Rowney Sharman and update risk scoring to reflect current information.	4	2	8	1	8	Open	
R 167	Technical	GMS	MP	GMS	£0	£800,000	£0	£0	Noise levels - DB rate at site boundaries fails to meet planning target.	Contractor resolves through implementation of further attenuation to meet planning requirements.	4	1	4	2	2	Open	
R 168	Technical	GMS	PT	SoJ	£0	£0	£0	£0	Terrorism design planning.	Discuss and review site security arrangements during ES projects and new-build link into existing Site Security Protocol. Liaise with HSSD Security lead onsite - to review protocol initially. Contractor obligation to exclude unauthorised persons from sites.	3	1	3	2	2	Open	
R 169	Technical	GMS	MP	GMS	£0	£60,000	£0	£0	Not achieving air tightness.	Contractor resolves through implementation of further sealing modifications in line with specification, to meet requirements.	3	1	3	2	2	Open	
R 170	Technical	GMS	PT	GMS	£0	£120,000	£0	£0	Acoustic/vibration requirements within the main block.	Steel vs Concrete: Jessica to confirm board sign off for the use of Concrete which will by design mitigate the acoustic/vibration risk in the main.	3	1	3	1	3	Open	
R 171	Technical	GMS	KM	GMS	£0	£0	£0	£0	HTM non compliance where not derogated.	GSL to agree risk and mitigation narratives with SvH.	4	2	8	1	8	Open	

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R 172	Technical	GMS	JH	SoJ	£0	£60,000	£0	£0	DTM misinterpretation of ground conditions from Ground Investigations output. This risk is also linked to Design Team Novation as this reflects Contractor ownership of all prior and post design responsibility post DTM novation (ergo client and contractor cost allowance for pre and post novation).	JH and SvH - have SoJ approved the locations.	3	1	3	2	2	Open	
R 173	Technical	GMS	MP	GMS	£0	£120,000	£0	£0	Repairs to site haul roads during construction.	Inclusion with the Construction Phase Plan. RS to review LK document.	3	2	6	2	3	Open	
R 174	Technical	GMS	MP	GMS	£800,000	£0	£0	£0	Equipment free issue delay/specialist equipment procurement. I.e.. An MRI of CT.	Equipment Committee to an input to programme via SLH.	4	1	4	2	2	Open	
R 175	Technical	GMS	MP	GMS	£0	£40,000	£0	£0	Contractor access routes for construction and fire plan escape. This is a pre-construction information issue.	Review existing Fire Risk Assessments and alteration to those plans for an interim and future permanent state - liaise with HSSD Fire Manager (Jan Warren) and Fire Brigade.	3	1	3	3	1	Open	
R 176	Technical	GMS	PR	SoJ	£120,000	£0	£0	£0	Availability of existing client information for: services, structures.	Identification and availability of relevant information prior to contractor issue as part of the Pre-Construction Plan.	3	2	6	2	3	Open	
R 177	Technical	GMS	MP	GMS	£0	£40,000	£0	£0	Non-competent workforce - could lead to disruption to Operational Continuity.	Contractor to demonstrate how a competent workforce is achieved during the construction phase.	3	1	3	3	1	Open	

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R 178	Technical	GMS	PT	GMS	£0	£180,000	£0	£0	Soft Landing: Operational Commissioning Duration and handover sequence - allowing sufficient time for Infection Prevention Control, deep cleans post builders clean.	Include within programme as a fixed period with notification timeline. Using also BIM information to mitigate will improve to a 3 for management. GSL Dave Pitman as SL champions.	3	3	9	2	5	Open	
R 179	Technical	GMS	MP	SoJ	£0	£120,000	£0	£0	Design Risk Management: risk of designers not complying with regulation.	Application of the principles for prevention of risk integration within design. Design out risks through key milestone reviews identified within the project programme.	3	2	6	2	3	Open	
R 18	Economic	SoJ	BP	SoJ	£0	£0	£0	£0	Insufficient investment in resourcing workforce planning strategy.	HSSD Human Resource Team and Public Sector Reform Support. Acute Workforce Training and Organisational Development Plan.	5	2	10	2	5	Open	
R 180	Technical	GMS	RF	SoJ	£0	£360,000	£0	£0	Contractor/client interface (day to day coordination issues), Hospital Ops team.	Appointment of a suitable coordinator to undertaken this role	3	3	9	1	9	Open	
R 181	Technical	GMS	BP	SoJ	£0	£360,000	£0	£0	Identification of critical known hazards following enabling works decant.	SoJ led elimination or mitigation and control of known hazards to contractor/works area. This should detailed within the pre-construction H&S Plan document for main build. COSHH (AP associated), drainage, asbestos, contamination.	3	3	9	1	9	Open	
R 181	Technical	SoJ	JR	SoJ	£0	£0	£533,333	£0	Design Team Infrastructure Services Capacity sufficient to accommodate JFH.	Design Team competence and checks to place to ensure services design is robust.	4	1	4	3	1	Open	
R 182	Technical	SoJ	DA	SoJ	£240,000	£0	£0	£0	Enabling Schemes risk for delivery of ICT Moves and Systems, within the scope of the programme.	Combine meetings with ICT on main hospital. Provision of scheduled transfers, patching and phasing provides the detailed mitigation.	3	4	12	2	6	Open	
R 183	Technical	GMS	MP	SoJ	£0	£0	£240,000	£0	Enabling Schemes sufficient availability of Project Consultants, particularly for ES 03 and 08.	Off Island led solution with on Island support.	3	4	12	2	6	Open	
R 184	Technical	GMS	MP	SoJ	£0	£0	£0	£0	Enabling Schemes lack of available on Island skilled labour force to support delivery of Projects prior to the main hospital programme, which could cause delay to demolitions commencement.	Skills shortage - meet short term requirements through off Island resourcing	4	4	16	2	8	Open	
R 185	Technical	GMS	MP	GMS	£480,000	£0	£0	£0	Contractor to have an insurance policy in place to cover any damage to the incumbent hospital buildings and other surrounding buildings during the works.	SvH to arrange for all works insurances to be priced as part of the tendering process.	3	4	12	1	12	Open	

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R 186	Technical	GMS	TB	SoJ	£0	£120,000	£0	£0	Jersey General Hospital Insurance Premium to protect against disruption by JFH adjacent works and damages to retained building structure and fabric.	SvH to ensure an insurance policy is in place to protect the General Hospital from damages and disruption n during the works.	3	2	6	2	3	Open	
R 187	Technical	GMS	MP	SoJ	£0	£120,000	£0	£0	Enabling Schemes Soft Landings delivery Risk to ensure a smooth transition to in use.	Soft Landings principles are only applicable for Westaway Court. Programme review of construction periods to ensure delivery/transition to use follows SL principles.	3	3	9	3	3	Open	
R 201	Political	SoJ	RF	SoJ	£0	£0	£0	£0	Reduced ability to achieve scheme sign-off at a political level, jeopardising the delivery of both the project and enhanced healthcare.	Non-exec and GMS Director support in place. Client team experienced in Political sign off POG support	4	3	12	2	6	Open	
R 200	Social	SoJ	HO	SoJ	£0	£0	£0	£0	Inability to retain and/or maintain key healthcare knowledge inherent within existing staff. Loss of such staff would therefore erode the local health economy expertise.	Workforce Strategy to be reviewed by Board and implemented.	4	1	4	1	4	Open	
R 202	Technical	GMS	RF	GMS	£0	£0	£2,400,000	0	Inability to meet and pass key gateway approval processes exercises by the States. Such gateway approvals are necessary to allow the project to advance to the next stages (e.g.. Procurement, execution, delivery etc.).	Experienced Client Team and Lead Advisor. Coordinated Acute Service Plan development.	4	3	12	2	6	Open	
R 203	Economic	GMS	NA	GMS	£0	£0	£0	£0	Failure of scheme to achieve approval of OBC and/or FBC upon the basis of an external expert opinion	Scrutiny panel adopting similar external advisors as previous review and T&R minister supported by professional team.	4	3	12	1	12	Open	
R 205	Environmental	SoJ	BP	SoJ	£0	£0	0	£0	Sufficiency of space-for-growth associated with actual inward migration levels during the interim transition period within the existing facilities.	Enabling Schemes Transition Paper required.	5	1	5	1	5	Open	
R 206	Social	SoJ	HOS	SoJ	£0	£0	0	£0	Inability to attract suitably qualified and experienced clinical/medical experts required to deliver the anticipated service needs. Population policy, licenses, key worker housing	Interim and Future Hospital improvements present excellent opportunity to sell positions to incoming medical staff.	4	3	12	1	12	Open	
R 207	Technical	SoJ	HO	SoJ	£0	£0	£3,200,000	0	Inability to develop an effective workforce strategy and mitigation management process at Board level.	Strategy Paper required; client has appointed EY to support Workforce development	4	4	16	2	8	Open	
R 210	Social	GMS	HO	SoJ	£0	£0	0	£0	Reputational risks associated Jersey as a client if scheme delivery becomes challenging - particularly contractor involvement during procurement, and unsustainably low level of healthcare experts. (Client side)	Long term replacement on island for GMS Director required.	3	2	6	2	3	Open	

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R 211	Legal	SoJ	RF	SoJ	£0	£0	£240,000	£0	Risks associated with land assembly: 1) Inability to agree acquisition of land without lengthy and costly negotiation processes. 2) CPO process can be executed by government, but would need support and action by the Environment Minister, which could cause indecision.	Long term replacement on island for GMS Director required.	3	2	6	1	6	Open	
R 212	Economic	SoJ	JR	SoJ	£0	£0	0	£0	Inability to control inward immigration may put excessive pressure on planning scope/model and have consequential effects on the ability to achieve approvals for the scheme.	The JFH Project OBC is based on EY data for population growth.	4	2	8	2	4	Open	
R 213	Technical	SoJ	JG	SoJ	£0	£0	0	£0	Inability to achieve the healthcare transformation which would be enabled by the scheme or that the scheme requires to enable it.	Approval of Clinical Briefs required urgently.	4	3	12	1	12	Open	
R 214	Economic	SoJ	RF	SoJ	£0	£0	0	£0	Tariffs imposed by UK for off-island specialist treatment may increase, putting further pressure on the local health economy, and the subsequent effects on scheme affordability. This is out-of-scope, but does affect "Do Nothing" and "Do Minimum" options.		3	3	9	1	9	Open	
R 215	Social	SoJ	HO	SoJ	£0	£0	£533,333	£0	The local social infrastructure needs the delivery of a "general hospital" as opposed to just a "hospital", and the failure to deliver may subsequently erode the local healthcare capacity.	EY Data for Population growth and requirements is the basis of the JFH brief.	4	1	4	3	1	Open	
R 216	Economic	SoJ	JR	SoJ	£0	£0	0	£0	Inability to deliver local socio-economic benefits should the scheme fail to be delivered.	OBC planned sign-off for December 2017.	5	2	10	3	3	Open	
R 217	Social	SoJ	JR	SoJ	£0	£0	£80,000	0	Inability to deliver public expectations for the by the scheme arising from failure to deliver, and subsequent diminishing effects of healthcare services.	EY Data for Population growth and requirements is the basis of the JFH brief.	3	2	6	3	2	Open	
R 218	Economic	SoJ	JR	SoJ	£0	£0	£2,200,000	0	Ability to increase available finance to cover cost increases associated with additional items (e.g. addition of car park, optimism bias/contingency shortfalls).	Scope to be frozen, continued cost integration has reached a threshold.	5	3	15	3	5	Open	

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R 219	Economic	SoJ	JR	SoJ	£0	£0	0	£0	Effects of materials costs associated with any import/export tariff changes arising from Brexit.	No mitigation aside Client contingency allowance.	3	3	9	1	9	Open					
R 220	Economic	SoJ	JR	SoJ	£0	£0	0	£0	Possible crash in value of reserve finance linked to value of assets, and the possibility that these may suffer the "7-year crash" predicted during the key procurement/delivery phases of the project. This would also take time to resolve as the value/crash effects destabilise.	Board paper to MCP out mitigation and owners.	5	2	10	2	5	Open					
R 221	Legal	GMS	RF	GMS	£0	£0	£0	£0	Effects of any legal challenges made on the procurement process/methodology [LOW RISK].	Detailed procurement strategy signed off by Project Board.	2	2	4	3	1	Open					
R 222	Legal	SoJ	RF	SoJ	£0	£0	£40,000	£0	Agreed contract form and additional, amendments weakens the States' legal position for the scheme, and the subsequent effects these forms/amendments may have upon the choice of contractors interested in the scheme.	Detailed procurement strategy signed off by Project Board.	3	1	3	3	1	Open					
R 223	Legal	SoJ	JR	SoJ	£0	£0	£1,066,667	0	Attractiveness to the market and willingness to work under local Jersey laws and jurisdiction.	Detailed procurement strategy signed off by Project Board.	4	2	8	3	3	Open					
R 224	Environmental	SoJ	RF	SoJ	£0	£360,000	0	0	Ability to provide adequate capacity for the disposal of deleterious materials arising from the works within the landfill volume currently provided by Jersey, and any consequent need to increase volume/capacity.	Local disposal strategy paper required.	3	3	9	1	9	Open					
					£25,596,667	£16,070,000	£46,213,333	£0	LAST RISK ADDITION No.:			224									
					£19,402,000	£9,800,000	£38,550,000	£0													