
**JERSEY FUTURE HOSPITAL
CO025 – PROOF OF CONCEPT
SITE OPTION ADDENDUM
APPENDIX 22 – Benefits & Risk
analysis**

QUALITY ASSURANCE

Sign off: Terry Langdon

Position: Gleeds Lead Director

Author:	N Aubrey / R Heywood	Version:	1
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States of Jersey

Change Order 025 – Proof of Concept Appraisal

¹Benefits and Risk Appraisal Methodology

¹ CR025 Benefits and risk appraisal Process V1 - RH 220616

PROPOSED APPRAISAL PROCESS

Context

CR025 requires Gleeds to complete an analysis of the benefits, risks and costs of developing hospital facilities at the Jersey General Hospital site and via a series of linked decant schemes in consideration of an alternative 'Option C'.

This will allow the alternative Option C to be compared with the other four site options reviewed within the CR004 brief from 30th December 2014:

- Option A – Dual Site
- Option B – Overdale
- Option C – General Hospital
- Option D – Waterfront

A fifth option, Option E – People's Park, was removed from the shortlist in February 2016 so the previous results generated in respect of its benefits and risk analysis have been discounted in this exercise.

Given that this change order relates to the selection of a preferred site the appraisal will, of necessity be based upon strategic data established from or associated with high level design solutions only. Our approach embodies the principles of the UK Treasury Green Book and currently accepted good practice in relation to option appraisal. It remains nonetheless important however to recognise that more informed appraisals will be completed at later OBC / FBC stages as greater levels of information relating to the options emerge.

Appraisal Methodology

A benefits and risk workshop was convened in March 2015, evaluating Options A – D. In order to ensure consistency of evaluation the same methodology will apply to the evaluation of Alternative Option C in June 2016.

Selection of Benefit and Risk Criteria

Change Order 025 prescribes the Benefit and Risk criteria and sub-criteria to be considered in assessing all options. These are understood to originate from earlier work completed by the States of Jersey project team and have been formally approved by the Project Board.

It should be noted that the range of risks and benefits criteria is broad. As such evaluation will need to be completed on a group basis so as to ensure that the range of competences needed to adequately assess risk or benefit is available.

The assigned Benefits, risks and sub-criteria weightings are included at appendix 1

The evaluation team

CR025 requires evaluation to be completed on an independent basis by the Gleeds team.

The evaluation of Options A – D in March 2015 was undertaken by the following team:

Evaluator	Role and origin
Maria Willis	Scoring chair and facilitator
Stewart Rowney	Rowney Sharman Limited; Evaluator
Graham Underwood	Design Champion; Evaluator
Stephanie Steedman	KE Planning; Evaluator
Danny Gibson	MJ Medical; Evaluator
Simon Boundy	Hassell Architects; Evaluator
Peter Thomas	Arup; Evaluator
Michelle West	HSSD; Evaluator

The following team members are proposed to undertake the Alternative Option C evaluation:

Evaluator	Role and origin
Rachel Heywood	Facilitator
Terry Langdon	Gleeds Management Services; Evaluator
Stewart Rowney	Rowney Sharman Limited; Evaluator
Stephanie Steedman	KE Planning; Evaluator
Danny Gibson / Simon Cuthbertson	MJ Medical; Evaluator
Simon Boundy	Hassell Architects; Evaluator
Peter Thomas	Arup; Evaluator
Martyn Siodlak	HSSD; Evaluator
Michelle West	HSSD; Evaluator

Criteria and sub criteria weighting

A sub-criteria weighting mechanism has been included within the risk and benefits model to ensure that the evaluation process is sensitive to differences in sub-criteria importance.

The weighting arrangements are also different between benefits and risks with risk weighting reflecting a greater range of issues such as safety, sustainability and affordability.

The States of Jersey project team has been responsible for the assignment of sub-criteria weighting to ensure that selections adequately reflect stakeholder's expectations.

Sub-criteria weighting will not be shared with evaluators during the evaluation process so as to avoid the risk of any awareness of the relative importance of sub-criteria influencing scoring outcomes.

Option Scoring

Given the broad range of benefits and risk criteria proposed the scoring of options will be competed on the basis of their individual merit or otherwise being adjudged against each relevant criteria.

The use of attributes to better define sub-criteria is also not practical at this stage. As such to avoid any unrealistic grouping of options evaluators will need to be prepared to use both maximum and minimum scores wherever this is merited.

Sub criteria will be scored from a 0 and 5 range as set out in 'table 1 – Scoring Dimensions' below

Score	Benefit Scoring dimensions
0	The option does not meet the sub-criteria expectations in any way or is not considered to be able to do so following any further development.
1	To option goes some way to meeting the sub-criteria expectations or demonstrates an ability to do so following further development.
2	The option reflects at least half of the expectations of the sub-criteria but is unlikely to improve on this.
3	The option reflects at least half of the expectations of the sub-criteria and clearly demonstrates that greater achievement is possible following further development.
4	The option meets the expectations of the sub-criteria.
5	The option meets or exceeds the expectations of the sub-criteria and clearly demonstrates that the expectations can be exceeded following further development.

Table 1- Benefit scoring Dimensions

Evaluation Arrangements

The evaluation process will be managed by Gleeds through an Evaluation Workshop operated under the following principles:

- A full presentation of the proposals for Alternative Option C (including the linked decant projects) will be provided to the group along with an explanation of the underlying principles, opportunities and challenges encountered.

- The design development team will be available to respond to further questioning by the group as needed.
- The scoring of benefits and risks will be managed by a Gleeds facilitator and will be completed for Alternative Option C as a whole, inclusive of the off-site decant projects;
- Scores will be arrived at through collective discussion and will therefore reflect the combined view of all evaluators.

Evaluators will be required to supplement their scores with notes reflecting their opinion which will be provided to the States of Jersey upon request.

Gleeds will assign an independent member of its team to assess the robustness of the evaluation process and to consider the extent of records established to support its findings.

Sensitivity Analysis

The robustness of the weighted findings will be examined to determine the effect that any change in weightings would have on the calculated outcomes. This work will be completed by EY team members to determine to degree of change required to bring about a change in the ranking of options.

Further analysis of switching points may be required once scoring outcomes are known and will be identified as needed.

Comparison of results

The weighted findings of the benefits appraisal will be compared with the NPV of each option established within the GEM model to assess the trade-off between benefits and costs. This will allow a measure of the cost effectiveness of each option to be established through comparison of each site options cost of each unit of weighted score.

Risk Review

The above process will be repeated to consider the risks associated with Alternative Option C using the risk criteria previously agreed by the States of Jersey. In this case all model outputs will be similarly assessed to arrive at weighted risk scores for the option.

Similar workshop arrangements will be adopted to establish the risk scores and analysis comparable to that for benefits completed.

Risk Scoring

Risk scoring will operate in the same way as benefits scoring subject to the scoring dimensions in table 2 below

Score	Risk Impact scoring Dimensions
0	Considered to have negligible or no physical, financial, operational or political impact
1	Considered to have minimal physical, financial, operational or political impact.
2	Considered to have some physical, financial, operational or political impact but considered manageable
3	Considered to have moderate and disruptive level of physical, financial operational or political impact
4	Would have a severe or damaging physical, financial operational or political impact
5	Would have a catastrophic or major failure level of physical, financial operational or political impact

Score	Risk Likelihood scoring Dimensions
0	Not possible or fully mitigated
1	Rare (1 - 20% chance of occurrence)
2	Unlikely (21 - 40% chance of occurrence)
3	Possible (41 -60% chance of occurrence)
4	Likely (61 - 80% chance of occurrence)
5	Almost Certain / Certain (81 -100% chance of occurrence)

Table 2- Risk scoring Dimensions

Recommendations

The developed findings of the scoring process will be reviewed by the Gleeds team with recommendations included within the final Site Validation Exercise report. This will include the identification of the Preferred Option and / or any further actions required to support its acceptance by the States of Jersey.

CR 025 - Benefits Criteria and Weighting

			Safety	Sustainability	Affordability	Short-term	Long-term						
			100%			100%			Does Sub Criteria contribute to:			Do Sub Criteria impacts occur:	
			33%	33%	33%	17%	83%	100.0%	Safety	Sustainability	Affordability	Short-term	Long-term
1.0	Criteria: Massing, Design Quality and Planning Issues	13.39%											
1.1	The site must be considered capable of accommodating the spatial and service capacity requirements for the hospital, including foreseeable potential future expansion and/or change.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
1.2	The potential site must fit within and not be out of accord with the Island Plan and Spatial Strategy.	0.57%	0%	33%	33%	11%	0%	0.6%	No	Yes	Yes	Yes	No
1.3	The site should not have any planning or use restrictions associated with it that pose an unacceptable risk to development.	0.28%	0%	0%	33%	6%	0%	0.3%	No	No	Yes	Yes	No
1.4	The site required for the total hospital development should be immediately available without major or long term infrastructure investment requirements.	0.57%	33%	0%	33%	11%	0%	0.6%	Yes	No	Yes	Yes	No
1.5	The site should facilitate a high quality hospital design.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
1.6	The site should facilitate civic pride, regeneration, protection of the environment and heritage and enable the hospital to be a good neighbour.	1.71%	0%	33%	0%	6%	28%	1.7%	No	Yes	No	Yes	Yes
2.0	Transport and Access Issues	15.95%											
2.1	The site should be located to afford ease of access for the majority of the Island's population.	0.57%	33%	33%	0%	11%	0%	0.6%	Yes	Yes	No	Yes	No
2.2	The site should allow efficient and effective access by public, private and commercial transport and enable separation of traffic flows.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
2.3	The site should allow adequate parking facilities available for staff, patients and visitors.	3.42%	0%	33%	33%	11%	55%	3.4%	No	Yes	Yes	Yes	Yes
2.4	The site should allow efficient and effective access by emergency vehicles.	1.71%	33%	0%	0%	6%	28%	1.7%	Yes	No	No	Yes	Yes
2.5	The site should be accessible and easy to navigate by all users	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
3.0	Response to the Island's Infrastructure and Geography	8.55%											
3.1	The site should present minimal risks to its safe and on-going running in terms of the climate, potential health and environmental impacts.	3.42%	33%	33%	0%	11%	55%	3.4%	Yes	Yes	No	Yes	Yes
3.2	The site should be capable of supporting key infrastructure for the hospital and add to the sustainability of the Island's infrastructure.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
4.0	Clinical and Non Clinical support Functionality	21.37%											
4.1	The site should be capable of accommodating or being supported by the full range of clinical and non-clinical support functions.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
4.2	The site must be capable of enabling implementation of the Department of Health and Social Services approved Acute Service Strategy.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
4.3	The site configuration should facilitate the implementation of Public Sector Reform.	0.85%	33%	33%	33%	17%	0%	0.9%	Yes	Yes	Yes	Yes	No
4.4	The site should facilitate compliance with all relevant legislation and good practice.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
4.5	The site should facilitate a healing environment for patients	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
5.0	Clinical Care and Patient related Issues	29.06%											
5.1	The site should allow for the optimisation of clinical adjacencies and functionality.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
5.2	The site should allow for the future hospital to be flexible in its future design and construction and allow for future proofing of all acute and non-acute services as part of a clear, sustainable, forward master-planning strategy.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
5.3	The hospital should be capable of accommodating key functional content, based on, but not wedded to current UK room scheduling guidance and current best practice.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
5.4	The site should enable the quality of the patient environment to be high and privacy and dignity to be achieved.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
5.5	The site should enable convenience of access for friends, family and visitors and access to essential local amenities.	3.42%	33%	33%	0%	11%	55%	3.4%	Yes	Yes	No	Yes	Yes
5.6	The site should enable effective patient, visitor and logistical separation.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
6.0	Patient Disruption, Staffing and Support Issues	9.12%											
6.1	The site should enable patient, staff, neighbour and visitor disruption to be minimised during development	0.57%	33%	33%	0%	11%	0%	0.6%	Yes	Yes	No	Yes	No
6.2	The site and its development should have a positive effect on staff recruitment and selection.	5.13%	33%	33%	33%	17%	83%	5.1%	Yes	Yes	Yes	Yes	Yes
6.3	The site should enable staff, patient and visitor security relating to location and out-of-hours safety to be	3.42%	33%	33%	0%	11%	55%	3.4%	Yes	Yes	No	Yes	Yes
7.0	Construction and Buildability issues	2.56%											
7.1	The site should enable construction logistics to be optimal	0.85%	33%	33%	33%	17%	0%	0.9%	Yes	Yes	Yes	Yes	No
7.2	Access to the site for construction vehicles, deliveries and waste removal should be convenient.	0.85%	33%	33%	33%	17%	0%	0.9%	Yes	Yes	Yes	Yes	No
7.3	The site should enable protection of existing hospital services and minimise disruption during the build.	0.85%	33%	33%	33%	17%	0%	0.9%	Yes	Yes	Yes	Yes	No

CR 025 - Risks Criteria and Weighting

			Safety	Sustainability	Affordability	Short-term	Long-term	1375%					
			100%		100%								
			100.00%	33%	33%	33%	17%	83%	Does Sub Criteria contribute to:		Do Sub Criteria impacts occur		
									Safety	Sustainability	Affordability	Short-term	Long-term
1.0	Planning and Environment	3.60%							Planning and Environment				
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	0.80%	33%	0%	33%	11%	0%	0.8%	Yes	No	Yes	Yes	No
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	0.80%	33%	0%	33%	11%	0%	0.8%	Yes	No	Yes	Yes	No
1.3	Public opinion and or local media oppose the site making political progression impractical.	1.20%	33%	33%	33%	17%	0%	1.2%	Yes	Yes	Yes	Yes	No
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	0.80%	33%	33%	0%	11%	0%	0.8%	Yes	Yes	No	Yes	No
2.0	Transport and Access	8.80%							Transport and Access				
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	0.80%	0%	33%	33%	11%	0%	0.8%	No	Yes	Yes	Yes	No
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	0.80%	0%	33%	33%	11%	0%	0.8%	No	Yes	Yes	Yes	No
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
3.0	Services Infrastructure	10.40%							Services Infrastructure				
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	4.80%	0%	33%	33%	11%	55%	4.8%	No	Yes	Yes	Yes	Yes
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	4.80%	0%	33%	33%	11%	55%	4.8%	No	Yes	yes	Yes	Yes
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	0.80%	0%	33%	33%	11%	0%	0.8%	No	Yes	Yes	Yes	No
4.0	Clinical and Non Clinical support	28.80%							Clinical and Non Clinical support				
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
5.0	Staff and Patient Issues	40.80%							Staff and Patient Issues				
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	4.80%	33%	33%	0%	11%	55%	4.8%	Yes	Yes	No	Yes	Yes
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	7.20%	33%	33%	33%	17%	83%	7.2%	Yes	Yes	Yes	Yes	Yes
6.0	Construction	2.80%							Construction				
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	0.80%	33%	0%	33%	11%	0%	0.8%	Yes	No	Yes	Yes	No
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on	1.20%	33%	33%	33%	17%	0%	1.2%	Yes	Yes	Yes	Yes	No
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	0.80%	33%	33%	0%	11%	0%	0.8%	Yes	Yes	No	Yes	No
7.0	Development Opportunity	4.80%							Development Opportunity				
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial	4.80%	0%	33%	33%	11%	55%	4.8%	No	Yes	Yes	Yes	Yes

CR025 - Benefit Scoring System

Score	Benefit Scoring dimensions
0	The option does not meet the sub-criteria expectations in any way or is not considered to be able to do so following any further development.
1	To option goes some way to meeting the sub-criteria expectations or demonstrates an ability to do so following further development.
2	The option reflects at least half of the expectations of the sub-criteria but is unlikely to improve on this.
3	The option reflects at least half of the expectations of the sub-criteria and clearly demonstrates that greater achievement is possible following further development.
4	The option meets the expectations of the sub-criteria.
5	The option meets or exceeds the expectations of the sub-criteria and clearly demonstrates that the expectations can be exceeded following further development.

CR021 - Risk Scoring System

Score	Impact Dimensions	Likelihood Dimensions
0	Considered to have negligible or no physical, financial, operational or political impact	Not possible or fully mitigated
1	Considered to have minimal physical, financial, operational or political impact.	Rare (1 - 20% chance of occurrence)
2	Considered to have some physical, financial, operational or political impact but considered manageable	Unlikely (21 - 40% chance of occurrence)
3	Considered to have moderate and disruptive level of physical, financial operational or political impact	Possible (41 -60% chance of occurrence)
4	Would have a severe or damaging physical, financial operational or political impact	Likely (61 - 80% chance of occurrence)
5	Would have a catastrophic or major failure level of physical, financial operational or political impact	Almost Certain / Certain (81 -100% chance of occurrence)

CRO25 - Benefits Scoring

Notes:
Please populate cells highlighted in Yellow only

NON WEIGHTED RESULTS						
A	B	C	D	E	F	
Dual Site Mixed New build & refurbishment	Overdale 100% New build	Jersey General 100% New Build	Waterfront 100% New Build	People's Park 100% New Build	Jersey General	
6	5	4	2	1	3	
49	63	79	106	117	102	
33%	42%	53%	71%	78%	68%	

WEIGHTED RESULTS						
A	B	C	D	E	F	
Dual Site Mixed New build & refurbishment	Overdale 100% New build	Jersey General 100% New Build	Waterfront 100% New Build	People's Park 100% New Build	Jersey General	
6	5	4	2	1	3	
1.70	2.31	2.77	3.78	4.19	3.72	
34%	46%	55%	76%	84%	74%	

CRITERIA & SUB CRITERIA		Weighting	A	B	C	D	E	F
1	Massing and Planning Issues	0.0%	5	4	2	6	3	1
1.1	The site must be considered capable of accommodating the spatial and service capacity requirements for the hospital, including foreseeable potential future expansion and/or change.	5.13%	2	5	3	3	5	4
1.2	The potential site must fit within and not be out of accord with the Island Plan and Spatial Strategy.	0.57%	4	3	4	0	0	4
1.3	The site should not have any planning or use restrictions associated with it that pose an unacceptable risk to development.	0.28%	3	3	4	0	1	4
1.4	The site required for the total hospital development should be immediately available without major or long term infrastructure investment requirements.	0.57%	3	1	3	1	3	3
1.5	The site should facilitate a high quality hospital design.	5.13%	1	4	3	5	5	4
1.6	The site should facilitate civic pride, regeneration, protection of the environment and heritage and enable the hospital to be a good neighbour.	1.71%	1	0	3	3	3	3
		13.4%	14	16	20	12	17	22
2	Transport and Access Issues	0	6	5	4	2	1	3
2.1	The site should be located to afford ease of access for the majority of the Island's population.	0.6%	1	1	4	4	4	4
2.2	The site should allow efficient and effective access by public, private and commercial transport and enable separation of traffic flows.	5.1%	1	0	4	4	4	4
2.3	The site should allow adequate parking facilities available for staff, patients and visitors.	3.4%	1	3	2	3	5	2
2.4	The site should allow efficient and effective access by emergency vehicles.	1.7%	1	0	2	4	4	3
2.5	The site should be accessible and easy to navigate by all users	5.1%	1	3	2	4	5	4
		16.0%	5	7	14	19	22	17
3	Response to the Island's Infrastructure and Geography	0.0%	5	6	2	2	1	2
3.1	The site should present minimal risks to its safe and on-going running in terms of the climate, potential health and environmental impacts.	3.4%	3	3	3	3	4	3
3.2	The site should be capable of supporting key infrastructure for the hospital and add to the sustainability of the Island's infrastructure.	5.1%	1	0	3	3	4	3
		8.5%	4	3	6	6	8	6
4	Clinical and Non Clinical support Functionality	0.0%	6	5	2	4	1	2
4.1	The site should be capable of accommodating or being supported by the full range of clinical and non-clinical support functions.	5.1%	3	2	4	3	4	4
4.2	The site must be capable of enabling implementation of the Department of Health and Social Services approved Acute Service Strategy.	5.1%	4	3	4	3	4	4
4.3	The site configuration should facilitate the implementation of Public Sector Reform.	0.9%	0	3	4	3	4	4
4.4	The site should facilitate compliance with all relevant legislation and good practice.	5.1%	1	3	3	4	4	3
4.5	The site should facilitate a healing environment for patients	5.1%	2	4	3	4	4	3
		21.4%	10	15	18	17	20	18
5	Clinical Care and Patient related Issues	0.0%	5	6	4	3	1	1
5.1	The site should allow for the optimisation of clinical adjacencies and functionality.	5.1%	1	2	2	4	4	3
5.2	The site should allow for the future hospital to be flexible in its future design and construction and allow for future proofing of all acute and non-acute services as part of a clear, sustainable, forward master-planning strategy.	5.1%	1	1	2	4	4	5
5.3	The hospital should be capable of accommodating key functional content, based on, but not wedded to current UK room scheduling guidance and current best practice.	5.1%	2	1	3	4	4	4
5.4	The site should enable the quality of the patient environment to be high and privacy and dignity to be achieved.	5.1%	2	3	3	4	4	4
5.5	The site should enable convenience of access for friends, family and visitors and access to essential local amenities.	3.4%	3	0	4	4	4	4
5.6	The site should enable effective patient, visitor and logistical separation.	5.1%	3	3	3	4	5	5
		29.1%	12	10	17	24	25	25
6	Patient Disruption, Staffing and Support Issues	0.0%	6	3	5	1	2	4
6.1	The site should enable patient, staff, neighbour and visitor disruption to be minimised during development.	0.6%	0	3	0	4	4	1
6.2	The site and its development should have a positive effect on staff recruitment and selection.	5.1%	0	3	0	5	4	3
6.3	The site should enable staff, patient and visitor security relating to location and out-of-hours safety to be maximised.	3.4%	2	3	3	4	4	3
		9.1%	2	9	3	13	12	7
7	Construction and Buildability issues	0.0%	3	4	6	1	2	3
7.1	The site should enable construction logistics to be optimal	0.9%	1	0	0	5	4	3
7.2	Access to the site for construction vehicles, deliveries and waste removal should be convenient.	0.9%	1	0	1	5	4	3
7.3	The site should enable protection of existing hospital services and minimise disruption during the build.	0.9%	0	3	0	5	5	1
		2.6%	2	3	1	15	13	7
	Score		49	63	79	106	117	102
	RANK		6	5	4	2	1	3

6	3	5	4	1	2
0.10	0.26	0.15	0.15	0.26	0.21
0.02	0.02	0.02	0.00	0.00	0.02
0.01	0.01	0.01	0.00	0.00	0.01
0.02	0.01	0.02	0.01	0.02	0.02
0.05	0.21	0.15	0.26	0.26	0.21
0.02	0.00	0.05	0.05	0.05	0.07
0.22	0.49	0.41	0.47	0.58	0.54
6	5	4	3	1	2
0.01	0.01	0.02	0.02	0.02	0.02
0.05	0.00	0.21	0.21	0.21	0.21
0.03	0.10	0.07	0.10	0.17	0.14
0.02	0.00	0.03	0.07	0.07	0.07
0.05	0.15	0.10	0.21	0.26	0.21
0.16	0.26	0.43	0.60	0.72	0.64
5	6	2	2	1	2
0.10	0.10	0.10	0.10	0.14	0.10
0.05	0.00	0.15	0.15	0.21	0.15
0.15	0.10	0.26	0.26	0.34	0.26
6	5	2	4	1	2
0.15	0.10	0.21	0.15	0.21	0.21
0.21	0.15	0.21	0.15	0.21	0.21
0.00	0.03	0.03	0.03	0.03	0.03
0.05	0.15	0.15	0.21	0.21	0.15
0.10	0.21	0.15	0.21	0.21	0.15
0.51	0.64	0.75	0.74	0.85	0.75
5	6	4	3	1	1
0.05	0.10	0.10	0.21	0.21	0.15
0.05	0.05	0.10	0.21	0.21	0.26
0.10	0.05	0.15	0.21	0.21	0.21
0.10	0.15	0.15	0.21	0.21	0.21
0.10	0.00	0.14	0.14	0.14	0.14
0.15	0.15	0.15	0.21	0.26	0.26
0.56	0.51	0.80	1.16	1.21	1.21
6	3	5	1	2	4
0.00	0.02	0.00	0.02	0.02	0.01
0.00	0.15	0.00	0.26	0.21	0.15
0.07	0.10	0.10	0.14	0.14	0.10
0.07	0.27	0.10	0.42	0.36	0.26
5	4	6	1	2	3
0.01	0.00	0.00	0.04	0.03	0.03
0.01	0.00	0.01	0.04	0.03	0.03
0.00	0.03	0.00	0.04	0.04	0.01
0.02	0.03	0.01	0.13	0.11	0.06
1.70	2.31	2.77	3.78	4.19	3.72
6	5	4	2	1	3

CR025 - Risks Scoring Summary

Notes:
Please populate cells highlighted in Yellow only

NON WEIGHTED RESULTS						
A	B	C	D	E	F	
Dual Site Mixed New build & refurbishment	Overdale 100% New build	Jersey General 100% New Build	Waterfront 100% New Build	People's Park 100% New Build	Jersey General	
6	5	4	1	3	2	600
237	207	203	94	114	109	
40%	35%	34%	16%	19%	18%	

WEIGHTED RESULTS						
A	B	C	D	E	F	
Dual Site Mixed New build & refurbishment	Overdale 100% New build	Jersey General 100% New Build	Waterfront 100% New Build	People's Park 100% New Build	Jersey General	
6	5	4	1	2	3	
9.94	8.68	8.24	3.06	3.58	4.10	
40%	35%	33%	12%	14%	16%	

CRITERIA & SUB CRITERIA

1	Planning and Environment	Weighting
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	0.8%
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	0.8%
1.3	Public opinion and or local media oppose the site making political progression impractical.	1.2%
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	0.8%
		3.6%
2	Transport and Access	0.8%
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	0.8%
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	0.8%
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	7.2%
		8.8%
3	Services Infrastructure	0.8%
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	4.8%
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	4.8%
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	0.8%
		10.4%
4	Clinical and Non Clinical support	0.8%
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	7.2%
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	7.2%
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	7.2%
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	7.2%
		28.8%
5	Staff and Patient Issues	0.8%
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	7.2%
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	7.2%
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	7.2%
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	4.8%
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	7.2%
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	7.2%
		40.8%
6	Construction	0.8%
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	0.8%
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	1.2%
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	0.8%
		2.8%
7	Development Opportunity	0.8%
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	4.8%
		4.8%
Score		237
RANK		6

3	6	2	4	5	1
0.03	0.10	0.05	0.13	0.13	0.03
0.07	0.13	0.05	0.10	0.16	0.03
0.24	0.30	0.11	0.12	0.12	0.04
0.02	0.10	0.10	0.03	0.10	0.07
0.36	0.62	0.30	0.38	0.50	0.17
0.07	0.13	0.03	0.02	0.02	0.02
0.05	0.10	0.01	0.00	0.00	0.01
1.08	0.65	0.86	0.29	0.14	0.14
1.20	0.87	0.90	0.31	0.17	0.17
0.10	0.10	0.10	0.10	0.10	0.10
0.10	0.10	0.05	0.05	0.05	0.05
0.02	0.02	0.02	0.06	0.03	0.02
0.21	0.21	0.16	0.21	0.18	0.16
1.08	0.86	0.86	0.29	0.43	0.43
0.65	0.86	0.86	0.29	0.29	0.43
1.08	0.65	0.86	0.29	0.14	0.43
0.86	0.07	0.65	0.14	0.14	0.29
3.67	2.45	3.24	1.01	1.01	1.58
0.72	0.86	0.72	0.07	0.29	0.58
0.86	0.86	0.86	0.07	0.29	0.29
0.58	0.43	0.43	0.14	0.00	0.43
0.05	0.05	0.05	0.10	0.14	0.05
0.86	1.15	0.14	0.14	0.07	0.07
0.86	1.15	0.86	0.14	0.22	0.29
3.94	4.51	3.07	0.67	1.01	1.70
0.16	0.02	0.16	0.00	0.00	0.10
0.24	0.00	0.24	0.00	0.00	0.14
0.16	0.00	0.16	0.00	0.00	0.07
0.56	0.02	0.56	0.00	0.00	0.31
0.00	0.00	0.00	0.48	0.72	0.00
0.00	0.00	0.00	0.48	0.72	0.00
9.94	8.68	8.24	3.06	3.58	4.10
6	5	4	1	2	3

100%

Option A

Dual Site Mixed New build & refurbishment

		RAW SCORE		
Risk Id	*Description of RISK	Impact	Likelihood	RESULT
1	Planning and Environment			
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	2	2	4.0
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	3	3	9.0
1.3	Public opinion and or local media oppose the site making political progression impractical.	4	5	20.0
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	1	2	2.0
Criteria Mean				8.8
2	Transport and Access			
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	3	3	9.0
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	2	3	6.0
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	3	5	15.0
Criteria Mean				10.0
3	Services Infrastructure			
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	1	2	2.0
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	1	2	2.0
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	1	2	2.0
Criteria Mean				2.0
4	Clinical and Non Clinical support			
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	3	5	15.0
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	3	3	9.0
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	3	5	15.0
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	3	4	12.0
Criteria Mean				12.8
5	Staff and Patient Issues			
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	2	5	10.0
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	3	4	12.0
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	2	4	8.0
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	1	1	1.0
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	3	4	12.0
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	3	4	12.0
Criteria Mean				9.2
6	Construction			
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	4	5	20.0
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	4	5	20.0
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	4	5	20.0
Criteria Mean				20.0
7	Development Opportunity			
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	0	0	0.0
Criteria Mean				0.0

Option B

Overdale 100% New build

		RAW SCORE		
Risk Id	*Description of RISK	Impact	Likelihood	RESULT
1	Planning and Environment			
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	4	3	12.0
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	4	4	16.0
1.3	Public opinion and or local media oppose the site making political progression impractical.	5	5	25.0
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	4	3	12.0
Criteria Mean				16.3
2	Transport and Access			
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	4	4	16.0
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	3	4	12.0
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	3	3	9.0
Criteria Mean				12.3
3	Services Infrastructure			
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	1	2	2.0
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	1	2	2.0
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	1	2	2.0
Criteria Mean				2.0
4	Clinical and Non Clinical support			
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	3	4	12.0
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	3	4	12.0
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	3	3	9.0
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	1	1	1.0
Criteria Mean				8.5
5	Staff and Patient Issues			
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	4	3	12.0
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	4	3	12.0
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	2	3	6.0
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	1	1	1.0
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	4	4	16.0
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	4	4	16.0
Criteria Mean				10.5
6	Construction			
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	1	2	2.0
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	0	1	0.0
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	0	1	0.0
Criteria Mean				0.7
7	Development Opportunity			
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	0	2	0.0
Criteria Mean				0.0

Option C

Jersey General 100% New Build

		RAW SCORE		
Risk Id	*Description of RISK	Impact	Likelihood	RESULT
1	Planning and Environment			
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	3	2	6.0
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	2	3	6.0
1.3	Public opinion and or local media oppose the site making political progression impractical.	3	3	9.0
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	4	3	12.0
Criteria Mean				8.3
2	Transport and Access			
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	2	2	4.0
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	1	1	1.0
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	3	4	12.0
Criteria Mean				5.7
3	Services Infrastructure			
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	1	2	2.0
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	1	1	1.0
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	1	2	2.0
Criteria Mean				1.7
4	Clinical and Non Clinical support			
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	3	4	12.0
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	3	4	12.0
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	3	4	12.0
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	3	3	9.0
Criteria Mean				11.3
5	Staff and Patient Issues			
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	2	5	10.0
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	3	4	12.0
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	2	3	6.0
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	1	1	1.0
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	1	2	2.0
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	3	4	12.0
Criteria Mean				7.2
6	Construction			
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	4	5	20.0
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	4	5	20.0
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	4	5	20.0
Criteria Mean				20.0
7	Development Opportunity			
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	0	0	0.0
Criteria Mean				0.0

Option D

Waterfront 100% New Build

		RAW SCORE		
Risk Id	*Description of RISK	Impact	Likelihood	RESULT
1	Planning and Environment			
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	4	4	16.0
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	4	3	12.0
1.3	Public opinion and or local media oppose the site making political progression impractical.	5	2	10.0
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	4	1	4.0
Criteria Mean				10.5
2	Transport and Access			
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	3	1	3.0
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	0	1	0.0
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	2	2	4.0
Criteria Mean				2.3
3	Services Infrastructure			
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	1	2	2.0
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	1	1	1.0
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	2	4	8.0
Criteria Mean				3.7
4	Clinical and Non Clinical support			
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	2	2	4.0
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	2	2	4.0
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	2	2	4.0
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	2	1	2.0
Criteria Mean				3.5
5	Staff and Patient Issues			
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	1	1	1.0
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	1	1	1.0
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	2	1	2.0
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	1	2	2.0
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	1	2	2.0
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	1	2	2.0
Criteria Mean				1.7
6	Construction			
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	0	0	0.0
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	0	0	0.0
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	0	0	0.0
Criteria Mean				0.0
7	Development Opportunity			
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	2	5	10.0
Criteria Mean				10.0

Option E

People's Park 100% New Build

		RAW SCORE		
Risk Id	*Description of RISK	Impact	Likelihood	RESULT
1	Planning and Environment			
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	4	4	16.0
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	5	4	20.0
1.3	Public opinion and or local media oppose the site making political progression impractical.	5	2	10.0
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	4	3	12.0
Criteria Mean				14.5
2	Transport and Access			
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	3	1	3.0
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	0	1	0.0
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	2	1	2.0
Criteria Mean				1.7
3	Services Infrastructure			
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	1	2	2.0
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	1	1	1.0
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	2	2	4.0
Criteria Mean				2.3
4	Clinical and Non Clinical support			
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	2	3	6.0
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	2	2	4.0
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	2	1	2.0
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	2	1	2.0
Criteria Mean				3.5
5	Staff and Patient Issues			
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	4	1	4.0
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	4	1	4.0
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	5	0	0.0
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	3	1	3.0
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	1	1	1.0
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	3	1	3.0
Criteria Mean				2.5
6	Construction			
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	0	0	0.0
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	0	0	0.0
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	0	0	0.0
Criteria Mean				0.0
7	Development Opportunity			
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	5	3	15.0
Criteria Mean				15.0

Option F

Jersey General Hospital

		RAW SCORE		
Risk Id	*Description of RISK	Impact	Likelihood	RESULT
1	Planning and Environment			
1.1	Failure to obtain necessary Planning Authority or use consents in a timely manner.	4	1	4.0
1.2	Unforeseen further obligated provision / costs / time required to satisfy Planning Authority or related Stakeholder Requirements.	2	2	4.0
1.3	Public opinion and or local media oppose the site making political progression impractical.	3	1	3.0
1.4	Delay to full or partial site availability delays construction and results in loss of project viability.	3	3	9.0
Criteria Mean				5.0
2	Transport and Access			
2.1	Failure to overcome transport or environmental issues or obligations raised by the transport authorities and / or environmental regulators.	2	1	2.0
2.2	Failure to be able to develop a viable Sustainable Transport Plan.	1	1	1.0
2.3	Long-term impact results from site compromises resulting in inflexible, inefficient or inaccessible design.	2	1	2.0
Criteria Mean				1.7
3	Services Infrastructure			
3.1	Unsustainable increased cost or impact arising from requirement to provide robust power supplies.	1	2	2.0
3.2	Unsustainable increased cost or impact arising from requirement to provide robust utility supplies.	1	1	1.0
3.3	Increased cost or unviable impact arising from requirement to address climate change impact.	1	2	2.0
Criteria Mean				1.7
4	Clinical and Non Clinical support			
4.1	Failure to meet preferred departmental sizes, relationships and clinical adjacencies.	2	3	6.0
4.2	Risk that the site cannot accommodate future flexibility or additional or reduced capacity in the event of hospital failure.	2	3	6.0
4.3	Risk of the site choice introducing key safety, maintenance or operational concern.	2	3	6.0
4.4	Risk of the site selection and hospital design not optimising opportunities for healing environment.	2	2	4.0
Criteria Mean				5.5
5	Staff and Patient Issues			
5.1	Fixed point in site (e.g. listed buildings, planning restrictions etc.) constrain or prevent clinically optimal adjacencies or functioning.	2	4	8.0
5.2	Fixed point in site (e.g. listed buildings, planning restrictions etc.) prevent service development appropriate for future needs.	2	2	4.0
5.3	Site spatial compromises place unacceptably high risk of unsustainable or unsafe operation.	2	3	6.0
5.4	The site should impacts on the quality of the patient environment to be high and privacy and dignity to be achieved.	1	1	1.0
5.5	Potential Travel Plan associated with Site does not mitigate impact of environmental impact of access, egress and transport between sites.	1	1	1.0
5.6	Site constraints prevent optimum separation of clinical, patient, visitor and logistical flows, where these cannot be separated temporally.	2	2	4.0
Criteria Mean				4.0
6	Construction			
6.1	Risk to patient, staff, visitor and neighbour safety impact during construction arising from site restrictions.	3	4	12.0
6.2	Long construction disrupts functioning of hospital and working environment - negatively impacts on recruitment and selection.	3	4	12.0
6.3	Risk to staff safety and / or sense of well being as long familiar environment transforms more quickly than staff can adjust to.	3	3	9.0
Criteria Mean				11.0
7	Development Opportunity			
7.1	Additional cost or opportunity cost inherent with development of this site (outside of financial assessment).	0	0	0.0
Criteria Mean				0.0