

Risk Management Strategy

Document Information					
Board Library Reference	Document Type	Document Subject	Original Document Author	Assured By	Review Cycle
GOV_IGC_02	Strategy	Risk Management	Head of Risk and Compliance	Quality and Healthcare Governance Committee	1 Year

Version Tracking				
Version	Date	Revision Description	Editor	Approval Status
1.0	21 February 2005	Initial board approved Risk Management Strategy	LDH	Approved
2.0	3 March 2007	Revised to reflect organisational changes	LDH	Approved
3.0	28 February 2008	Updated and refreshed with consideration of the pilot CNST standards	LDH	Approved
5.0	25 February 2009	Approved by Trust Board	LDH	Approved
6.0	24 March 2010	Approved by Trust Board, incorporating comments from EMT, Q&HG Committee, Head of Health and Safety and to satisfy CNST requirements.	LDH	Approved
7.0	30 March 2011	Approved by Trust Board following collective EMT review, and Q&HG Committee scrutiny	LDH	Approved
7.1	21 Feb 2012	Annual review by XEMT feedback received	LDH	Draft
7.2	06 March 2012	Revised following feedback from Quality and Healthcare Governance Committee.	LDH	Draft
8.0	28 March 2012	Approved by Trust Board	LDH	Approved
8.1	14 August 2012	Amendments to reflect the Trust's new governance arrangements	LDH	Draft
8.2	4 September 2012	Amendments to reflect the requirements of the Fit for the Future Implementation Plan	LDH	Draft

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1. RISK MANAGEMENT VISION STATEMENT

1.1. The Trust's vision statement for the management of risk is as follows:

“The Trust will manage risk in all its activities and operations to achieve high quality care whilst minimising risks to service users and others. The Trust takes a collaborative positive attitude towards managing both clinical and corporate risk to be a leading edge provider of mental health services.”

2. PURPOSE

- 2.1. The overarching aim of the Trust is to provide the highest quality health and social care services to those with mental health, learning disability or drug or alcohol problems, making it the provider of choice in its local communities.
- 2.2. Risk is defined as uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. Risks have to be assessed in respect of the combination of the likelihood of something happening and the impact which arises.
- 2.3. The Trust acknowledges that there are inherent risks involved in the provision of mental health care. The Trust recognises that effective risk management needs to give full consideration to the environment/context in which it functions and to the risk priorities of partner organisations. It will be proactive in working with partners to understand the risks they face and their impact.
- 2.4. The purpose of this strategy is set out the Trust's vision statement in respect of risk management and to describe its risk processes. This strategy will define the Trust's appetite for risk as it recognises that risk is unavoidable and that action needs to be taken to manage risk in a way which can be justified to a level which is tolerable and support clinical risk taking in a collaborative manner.

3. KEY STRATEGIC OBJECTIVES FOR RISK MANAGEMENT

- 3.1. The Trust Board will approve the key strategic objectives for risk management each year that reflect the organisation's risk appetite described below. These objectives will be documented within the annual risk management assurance report.

4. RISK APPETITE

- 4.1. The Trust's Board has debated the organisation's appetite for risk and agreed the following statements:

4.1.1. Service User

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The Trust adopts a systematic approach to clinical risk assessment and management recognising that safety is at the centre of all good health-care and that **positive risk management**, conducted in the spirit of collaboration with service users and carers, is essential to support Recovery. In order to deliver **safe, quality** services, the Trust will encourage staff to work in collaborative partnership with each other and service users and carers to **minimise** risk to the greatest extent possible and promote patient well-being. Additionally, the Trust seeks to **minimise** the harm to service users arising from their own actions and harm to others arising from the actions of service users.

4.1.2. Organisational

The Trust endeavours to establish a positive risk culture within the organisation, where unsafe practice (clinical, managerial, etc) is not tolerated and where every member of staff feels committed and empowered to identify and correct/escalate system weaknesses.

The Trust's appetite is to **minimise** the risk to the delivery of quality services within the Trust's accountability and compliance frameworks whilst maximising our performance within value for money frameworks.

An annual programme of risk assessments will be conducted throughout the Trust to support the generation of a positive risk culture as described in the Trust's Risk Assessment Policy.

4.1.3. Reputational

The Trust Board models **risk sensitivity** in relation to its own performance and recognises that the challenge is balancing its own internal actions with unfolding, often rapidly changing events in the external environment. The Trust endeavours to work collaboratively with partner organisations and statutory bodies to horizon scan and be attentive and responsive to change.

4.1.4. Opportunistic

The Trust wishes to maximise opportunities for developing and growing its business by encouraging entrepreneurial activity and by being creative and proactive in seeking new business ventures consistent with the strategic direction set out in the Integrated Business Plan, whilst respecting and abiding by its statutory obligations.

Taking action based on the Trust's stated risk appetite will mean balancing the needs of compliance and standards within a financial budget and value for money in a wide range of risk areas to ensure safety and quality.

5. RESPONSIBILITIES

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- 5.1. The **Trust Board** has ultimate responsibility for the management of the risks facing the organisation. It considers the corporate risks facing the Trust as part of its routine business to satisfy itself collectively that risks are being managed appropriately. The Trust Board continuously strives to strengthen the culture of risk management throughout the organisation.
- 5.2. The **Chief Executive** is accountable for having effective risk management systems and internal controls in place and for achieving statutory requirements. Responsibility for the implementation of this strategy is delegated to the Director of Nursing, Compliance, Assurance and Standards.
- 5.3. The **Director of Nursing, Compliance, Assurance and Standards** is the executive director for risk management. This director is responsible for ensuring the Trust's overall duty for risk management is discharged appropriately and has lead responsibility for the implementation of this strategy.
- 5.4. All **Executive Directors, Directors and Managers** are responsible for identifying, communicating and managing the risks associated with their portfolios in accordance with the framework set out in this strategy. They are responsible for understanding the approach towards risk management of all key clients, contractors, suppliers and partners and mitigate where necessary, where gaps are found. They are responsible for identifying risks that should be escalated to and from the Corporate Risk Register.
- 5.5. The **Head of Risk and Compliance** is responsible for leading and co-ordinating the management of the Trust's risk processes, the development of risk management policies and for providing advice on risk management issues.
- 5.6. **All employees and contractors** are expected to be familiar with the Trust's approach to risk management, take a risk management approach to their own work and take responsibility for the management of the risks they own.

6. STRUCTURAL ARRANGEMENTS

- 6.1. The Trust's committee structure is shown as Appendix 1.
- 6.2. Each board reporting committee and their subordinates have a collective responsibility to ensure effective risk management as part of effective governance as they discharge their duties and this is reflected in their respective terms of reference. Through their work plans they will contribute towards reducing the organisation's exposure to risk. Risks identified by Committees and reporting groups will be communicated and recorded on the appropriate directorate risk register and subject to overview, monitoring and intervention, when required, by the Trust-wide **Management Group**.
- 6.3. The **Audit and Risk Committee** is the committee with overall responsibility for the overseeing of risk management within the Trust. It seeks regular assurance reports on the Trust's risk management arrangements to enable it to review the organisation's approach to risk management as well as reviewing the corporate and / or selected

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directorate risk register at each of its meetings by rotation.. Responsibility for assuring the monthly submission of the corporate risk register to the Trust Board is devolved to the Trust-wide Management Group.

- 6.4. This committee evaluates the organisation's effectiveness in managing risks. It scrutinises the Trust's risk register arrangements alongside an intensive review of the Trust's assurance framework on an annual basis and reports its findings to the Trust Board. On occasion it will commission internal or external auditors to review and report on aspects of risk management or on the management of significant risks.
- 6.5. The **Trust-wide Management Group** meeting collectively reviews on a regular basis a collation of the risks from each directorate. They agree the organisation's corporate risk register and risk management plans and communicate this to the Trust Board for agreement and approval. The meeting ensures that appropriate directorate risk registers are in place across the Trust, and test that risks are understood and that appropriate mitigation actions are being taken, using a performance monitoring approach to support this. The work of the Trust-wide Management Group will inform the regular assurance reports to the Audit and Risk Committee, and additionally any immediate issues or concerns will be flagged to the Committee.
- 6.6. In addition to its regular consideration of the corporate risk register, the **Trust Board** will annually additionally review all directorate risk registers. The purpose of this review is to test that the risk escalation processes are effective and that the Board is appropriately sighted on all risks.

7. PROCESSES FOR MANAGING RISK

7.1. IDENTIFYING RISKS

- 7.1.1. The Trust recognises that there is no scientific method to ensure the identification of all risks, but will encourage participation in risk identification processes from all stakeholders and will consider both internal and external factors.
- 7.1.2. The Trust will use a variety of different mechanisms to identify risks but its starting position will be to consider the risks that may prevent the achievement of the Trust objectives, as reflected in the Assurance Framework.
- 7.1.3. Other methods will include free-thinking to identify potential risks, risk appraisals, risk assessments, identifying risks identified as a result of untoward incidents or complaints or risks arising from audits.
- 7.1.4. Risk identification will be considered from many different sources, as follows:

Environmental Risk Assessment
Clinical Risk Assessment
Planning/Strategy
Financial

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Liabilities
Commercial
Operational (including clinical risks)
Regulatory
Assets
Dependencies/Partnerships
Human Resources
Information systems
Reputation
Projects

7.2. DEFINING RISKS

When describing risks, the Trust defines:

- A description of the risk event that could occur
- A description of the circumstances, events or failings that would trigger or allow the risk event to occur
- A description of the consequences to the organisation if the event occurs.

7.3. ASSESSING RISKS

7.3.1. The Trust uses the same risk methodology for assessing all types of risk – clinical, financial, strategic, etc.

7.3.2. Risks can be assessed by anyone but it is the responsibility of the lead director or delegated individual to determine whether the risk should be entered on the directorate risk register and to approve the risk assessment.

7.3.3. The Trust will assess its risks against the likelihood of the risk occurring against the associated impact.

7.3.4. The probability of the risk event occurring is assessed on a five point scale:

- 1 - Rare
- 2 - Unlikely
- 3 - Possible
- 4 - Likely
- 5 - Almost certain.

7.3.5. The impact of the risk event occurring is also assessed on a five point scale:

- 1 - Very low (insignificant impact)
- 2 - Low (minor impact)
- 3 - Medium (moderate impact)
- 4 - High (serious impact)
- 5 - Very high (very serious impact)

7.3.6. The Trust's risk assessment matrix is therefore as follows:

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RISK RANKING MATRIX						
SEVERITY		VERY LOW 1	MINOR 2	MODERATE 3	HIGH 4	VERY HIGH 5
LIKELIHOOD OF RECURRENCE	ALMOST CERTAIN 5	5 Yellow	10 Yellow	15 Orange	20 Red	25 Red
	LIKELY 4	4 Yellow	8 Yellow	12 Orange	16 Red	20 Red
	POSSIBLE 3	3 Green	6 Yellow	9 Orange	12 Red	15 Red
	UNLIKELY 2	2 Green	4 Green	6 Yellow	8 Orange	10 Red
	RARE 1	1 Green	2 Green	3 Yellow	4 Orange	5 Red
		SEVERITY				

7.3.7. The risk score will reflect the assessment of the risk at the given moment in time and will not reflect the impact of any planned but not commenced mitigating actions.

7.3.8. The risk mitigation score is also derived in the same way from the above matrix but represents the envisaged risk score that will be in place once the planned mitigating actions have taken place.

7.4. RECORDING RISKS

7.4.1. The Trust uses a standardised template for recording risks. This is attached as a spreadsheet document and forms appendix 4.

7.4.2. All risks have an unique identifying number. The Trust's corporate risk register will use its own numbering system but there will be an audit trail so that the number from the directorate risk that was escalated to the corporate risk register is captured.

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7.4.3. Each iteration of the risk register additionally captures and presents information on the status of the risk, whether it is new, an escalating risk, or a risk that has been changed in some way, etc.

7.4.4. A record is kept of a risk that is closed so that there is a comprehensive audit trail.

7.4.5. Feedback is provided from the Board on the risk register to ensure that the next iteration of the risk register is revised to reflect the board discussions and views.

7.5. STRUCTURE OF TRUST RISK REGISTERS

7.5.1. Corporate Risk Register

This is the risk register that is reported to the Trust Board at each of its meetings. Each executive director is responsible for identifying corporate risks or significant risks from their directorate risk registers that should be escalated to the corporate risk register.

The owner of this risk register is the Chief Executive. The risk register will be collated by the Head of Risk and Compliance and agreed by the Trust-wide Management Group.

7.5.2. Directorate Risk Registers

Each corporate directorate and strategic business unit is required to develop and maintain its own risk register – these are known as directorate risk registers. These will be reviewed through directorate meetings and informed by both operational and governance related issues. A monthly update of the directorate risk registers will be submitted to the Head of Risk and Compliance and additionally reviewed through performance monitoring meetings. These registers will be scrutinised for consistency and quality and their efficacy considered as part of the workplan of the Audit and Risk Committee.

The owner of these directorate risk registers is the relevant executive. The Operations directorate risk register is a composite of each SBU risk register and the facilities risk register. The SBU directors are responsible for the compilation and maintenance of their individual risk register.

7.5.3. Project Risk Registers

Project risk registers are developed to help manage the risks associated with approved projects or initiatives. Project risk registers will have an executive lead and will form part of the executive's directorate risk register.

7.5.4. Local Risk Registers

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A local risk register may be a register held by a manager or department, e.g., an infection control risk register; a risk register held by a team or ward or may be a risk register associated with a particular project. Local risk registers are subordinate to the directorate risk registers and should inform the collation of directorate risk registers.

7.6. MANAGING RISK/RISK MITIGATION

7.6.1. The responsibility for managing an identified risk rests with the individual who has identified it unless and until that risk is accepted by another. The risk should be communicated to the directorate risk register.

7.6.2. The accountability for managing risks identified within their directorate rests with the executive lead, but they may delegate day to day responsibility to an appropriate manager or colleague.

7.6.3. There are a number of different responses that may be made to a risk:

- **Transfer** the risk somewhere else, e.g. pay a third party to take the risk on, have a contractual arrangement that shares a risk
- **Tolerate** the risk, e.g. because there is nothing that can be done at a reasonable cost to mitigate it.
- **Treat** the risk, e.g. take action to control it in some way.
- **Terminate** the risk, e.g. do things differently and thus remove the risk.

7.6.4. Responses should, of course, be proportional to the risk. With the exception of risks to patients, it is usually enough (apart from the most extreme circumstances) to have controls that give a reasonable assurance of confining likely loss to acceptable limits for the organisation.

7.6.5. The risk register template records the controls in place to contain the risk and the specific risk management actions being taken to manage the risk. Fundamentally, the risk mitigating actions should be sufficient to reduce the risk to an either an acceptable level, or if the risk is outside of the Trust's control to the lowest level possible.

7.7. AUTHORITY FOR MANAGING RISKS/RISK ESCALATION

7.7.1. Authority for managing risks on the corporate risk register rests with the Trust Board, who will be guided by the recommendations of the Trust-wide Management Group and assurances from the Audit and Risk Committee.

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- 7.7.2. There is no established risk score that must be achieved to trigger a risk being escalated to the corporate risk register, the director will make an informed judgement on which risks should be escalated to the corporate risk register. This judgement will be informed by the risk score, the link with Trust objectives as well as other factors and will be cognisant of the internal and external operating environment.
- 7.7.3. Similarly there is no established risk score or factor that must be achieved to de-escalate a risk from the corporate risk register or close it. Again the director will make an informed judgement.
- 7.7.4. All escalations, de-escalations, closed risks and new risks to the corporate risk register are reported to the Board monthly, based on EMT's collective review and recommendation. The Risk and Compliance Team maintain an audit trail of all escalations, de-escalations, new and closed risks for all risk registers.
- 7.7.5. Authority for managing risks on directorate risk registers rests with the lead executive director, who may devolve responsibility to colleagues.
- 7.7.6. Authority for managing risks on local risk registers rests with the relevant lead manager.
- 7.7.7. Appendix 1 shows the structure of the risk registers and risk escalation/de-escalation flow.

7.8. REVIEWING RISK INFORMATION

- 7.8.1. The Board will review the latest iteration of the corporate risk register at each of its meetings.
- 7.8.2. The corporate risk register will remain commercial and in confidence, however the Board may opt to release some risk information into the public domain, and will keep this under review.
- 7.8.3. The Trust-wide Management Group will, in due course, draw the Board's attention to a small number of risks on the corporate risk register, perhaps high scoring or escalating risks or new risks that have been added. This will enable the Board to focus its attention on particular risks and explore or challenge the risk mitigation/ management plans that are in place and influence them.
- 7.8.4. Directorate risk registers are reviewed on a monthly basis as part of mainstream business with the directorate. Additionally they are subject to formal review as part of the regular performance monitoring meetings held between the directorate and the executive.

7.9. RISK ASSESSMENT

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The Trust has a consistent approach to risk assessment that is described in detail in the [Risk Assessment Policy](#). (This excludes individual service user risk assessments which is covered by the [Care Programme Approach and Risk Policy](#))

Risks identified through risk assessment processes and not able to be immediately managed should be recorded appropriately in local risk registers. They will then be subject to the same escalation procedures as any other risk, if warranted (i.e. to directorate or corporate risk register).

8. TRAINING

- 8.1. Guidance on populating risk registers and managing risks are available to managers and staff via Ourspace. Additionally advice and support can be received from the Head of Risk and Compliance.
- 8.2. Board members and senior managers will receive update risk management training on an annual basis. This may be about the mechanisms of risk management or focussed on a particular risk activity.

9. COMPLIANCE AND MONITORING

- 9.1. An annual assurance report on risk management will be provided to the Audit and Risk Committee.
- 9.2. A detailed review of the Trust's arrangements for risk management, in particular risk registers, will be considered by the Audit and Risk Committee on an annual basis.
- 9.3. The Audit and Risk Committee will report to the Board on its findings of its annual risk review.
- 9.4. The Trust's arrangements for risk management will be evaluated against various external standards, to include outcome measures for the Care Quality Commission and the Clinical Negligence Scheme for Trusts, etc.
- 9.5. The Trust Board will make an annual declaration in respect of risk management compliance in its Annual Governance Statement and this statement will be informed by the additional internal assurance arrangements put in place by the Trust's Audit and Risk Committee.
- 9.6. The Learning and Development department will maintain records of risk management training and follow up non attendees.

10. ASSOCIATED POLICIES

- 10.1. The Trust's approach to risk management is embedded within its business and governance processes. This is the overarching strategy for risk management and it links directly to:

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- [Incident Management Policy \(including serious untoward incidents\)](#)
- [Risk Assessment Policy](#)
- [Complaints Policy](#)
- [Claims Policy](#)
- [Policy for the Development and Management of Procedural Documents](#)
- [Being Open Policy](#)
- [Whistleblowing Policy](#)

10.2. The Trust has a duty to consider potential disasters that may occur. Although these events are rare, the Trust has developed a range of contingency plans to deal with them and ensure business continuity. Key documents representing this work include:

- [Major Incident Plan](#)
- [Business Continuity Plan\(s\)](#)

11. REVIEW

11.1. This strategy will be subject to annual review.

12. DEFINITIONS

Hazard is something that has the potential to cause harm, loss or damage.

Risk Management Strategy - the overall organisational approach to risk management as defined by the Trust Board, which is documented and easily available throughout the organisation.

Risk is defined as uncertainty of outcome, whether positive opportunity or negative threat, of actions and events.

Risk Assessment - the evaluation of risk with regard to the impact if the risk is realised and the likelihood of the risk being realised.

Risk Appetite - the statement of intent from the organisation about the risk it is prepared to accept, tolerate, or be exposed to at any point in time.

Risk Management - all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.

Risk Register is a management tool that lists all the identified hazards and the results of their analysis and evaluation. Information on the status of the risk is also included. These details can then be used to manage down the risk to acceptable levels. The Risk Register is an important component of the organisation's risk management framework.

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Risk Mitigation – this is the action that can be taken to reduce either the probability or impact of a threat. The following risk mitigation actions may be applied to risks: transfer, tolerate, treat and terminate.

13. REFERENCES

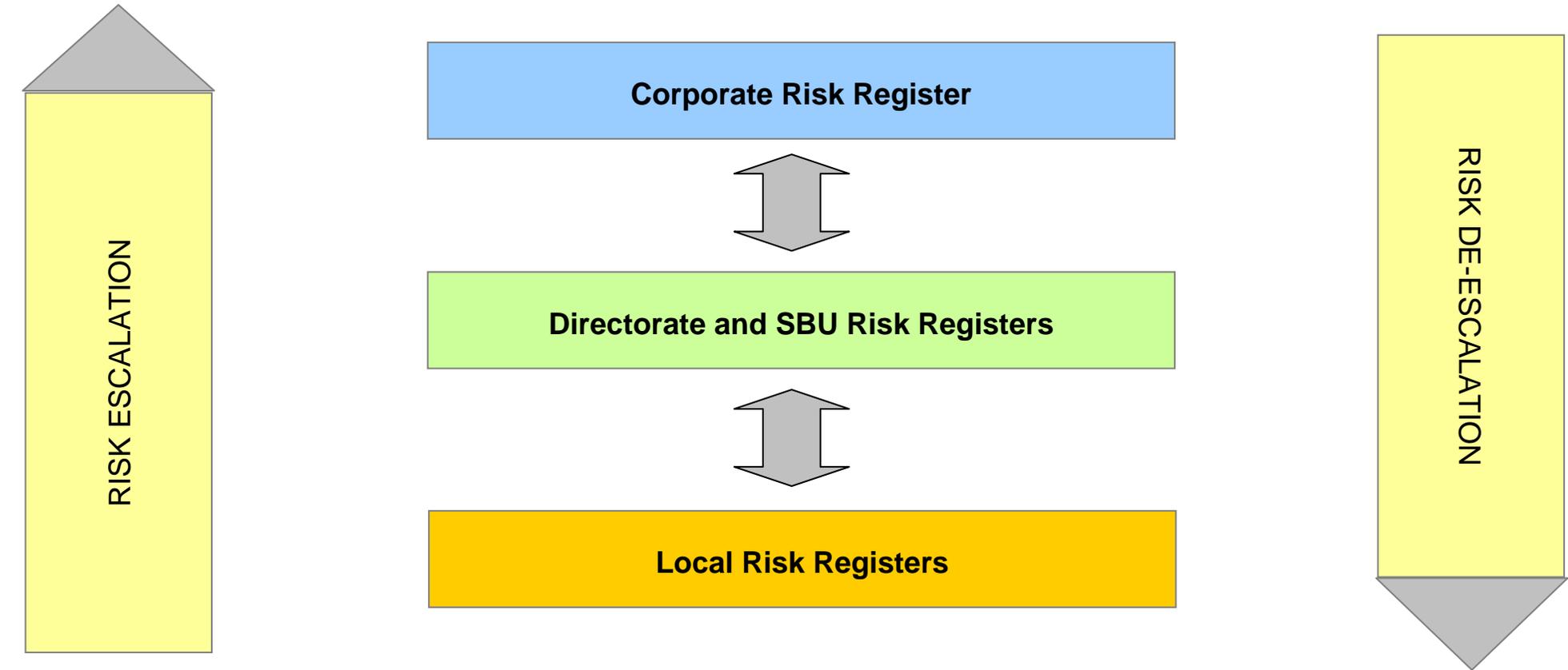
This strategy has been informed by:

External review undertaken by Willis Limited
HM Treasury's Orange Book

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RISK FLOW DIAGRAM

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RISK SOURCES														
Environmental			Planning		Regulatory			Projects		Partnerships				
Clinical			Financial		Workforce			Systems		Commercial				

APPENDIX 1 – RISK REGISTER STRUCTURE AND RISK FLOW DIAGRAM

APPENDIX 2 - TRUST COMMITTEE STRUCTURE

The Board Committee framework can be accessed [here](#)

The Underpinning Governance Structure can be accessed [here](#)

APPENDIX 3 – TERMS OF REFERENCE OF AUDIT AND RISK COMMITTEE

These can be found [here](#)

APPENDIX 4 – TERMS OF REFERENCE OF THE TRUST-WIDE SENIOR MANAGEMENT GROUP

These can be found [here](#)

APPENDIX 5 – RISK REGISTER DOCUMENTATION (available as an excel spreadsheet)

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