

Trust-wide Risk Register														You Matter, We Care													
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19	TW2	OPS17	1. Deliver the best care	08 January 2014	unresolving on going bed pressure and increased DTOC	Increased demand for older adult inpatient bed capacity. Increased number of DTOC. Increased acuity on inpatient units reducing the patient flow through the IPU. Bed escalation processes not creating sufficient capacity to manage demand. Closure of beds on Laurel Ward due to highly complex patient population	Failure to match demand with capacity would lead to pressure on existing resources and a requirement to use out-of-area beds for adult, PICU and older adults, potentially compromising patient care.	5	4	20	Director of Operations	Trustwide escalation to red against current escalation policy. Discussions held with commissioners. Consideration given to black escalation discussed with commissioners. On going discussions with local authorities regarding DTOC both locally and Trustwide. Bed management and occupancy project being established to take urgent action against a number of different issues relating to access, bed escalation, bed management, care coordination and discharge. Consideration on whether to block purchase private beds.	4	4	16	Repatriate out of locality patients back to home locality over a 4 week period. Review intensive services in relation to gatekeeping and FED. Agree target bed occupancy based on staffing and risk. Work with LA partners to facilitate discharge of DTOC. Review out of hours arrangements for intensive teams including switchboard monitoring	31-Jul-14	Risk escalated from Delivery Executive risk register and updated. Discussions with Commissioners in hand and Commissioner/AWP working group established. Project group established. LA escalation commenced for DTOC	Jun-14	3	2	6	New		- 14	9	
18	TW1	BANES3	1. Deliver the best care	01 November 2014	Locally knowledge, discussions with commissioner, CQC visit	B&NES has 2 standalone wards (Ward 4, St Martin's & Sycamore Ward, Hillview Lodge) Sycamore ward is not an appropriate environment for acute mental health care and it also provides beds for older adults with functional mental illness. Further to LDU concerns The environment was the subject of concern from the CQC in November 2013. Additionally, there have been 2 serious incidents on the ward within a short space of time, further highlighting the shortfalls within the environment for both staff and patients.	If the project to re-provide beds and improve the care environment in Sycamore Ward is not progressed, there will be a risk of further CQC concern & a risk that commissioners will consider retendering for in-patient care of adults of working age in B&NES	4	4	16	Director of Operations	CQC action plan in place to make intermediate changes. Scoping exercise approved by Investment planning group and in progress with Capita. Paper approved by locality team in preparation for CCG meeting. Modern Matron post has been filled by an experienced nurse. Options paper presented to B&NES Mental Health Project Group at end of March 2014. Close oversight by triumvirate of ward function and performance. Recruitment to vacant posts progressed. Project group which consists of Commissioner, Locality Leadership Team, CSU.	3	4	12	To complete provisional works within the ward. Work with the ward team to develop plans for the environmental changes required. 360 degree review of service to be held by the Clinical and Delivery Executive to bring together all key stakeholders to review the service.	30-Jun-14	360 degree review process agreed and date being finalised. Recruitment to ward team in hand. Ward Manager appointed. Ward Manager commences 16th June 2014 Monthly monitoring with triumvirate and Operations Director. LDU has had further meetings with estates to progress further provisional changes CSU taking lead to take to CCG Operational Leadership Team/Board	Jun-14	2	3	6	Unchanged	No change	- 10	3	
9	IBP13		2. Support and develop staff	01 June 2013	IBP 7.4 Service delivery & resource management	A poor organisational culture results from a disconnect between the values and priorities of the organisation with those of its staff. At its extreme poor organisational culture leads to inappropriate behaviour illustrated by the findings of the Francis Inquiry. "You matter, we care" will only translate into high-quality services if everyone at AWP feels engaged and plays their part. AWP is undertaking rapid and significant change in its structures, systems, processes and leadership with the aim of providing reliable, high quality services. Changes internally and externally can be destabilising and organisational success is dependent on staff feeling supported and engaged.	Failure to develop a positive organisational culture (in which staff values and motivations resonate with the values and priorities of the organisation) will have a negative impact on staff engagement and satisfaction. This may have a negative impact on service quality.	3	4	12	Programme Director Development	Locality/Delivery Unit leadership actively promoting staff engagement Implemented Staff Friends and Family Test to monitor engagement. Workforce planning processes. Effective staff-side partnership working. Organisational Development Programme, Enabling Excellence, is designed to specifically address alignment of organisational purpose with staff commitment. An extensive staff engagement programme will be initiated as part of this Programme. The programme sets out evidence-based initiatives to build shared purpose, develop transformational leaders and embed strategy and ensure alignment with strategic priorities New methods for measuring organisational culture have been identified and to track changes in staff engagement and culture. Revised Supervision and Appraisal policies implemented to improve engagement, staff development and ensure alignment with strategic priorities. Clinician Engagement Strategy Staff survey 6 improvement themes agreed by Board in February 2014. Active implementation ongoing.	3	4	12	A strategic approach to Staff Engagement is in development. The strategy builds on the Clinician Engagement Strategy and has been discussed with Professional Council. An innovative communication and engagement plan is being developed to build a high degree of awareness with Trust purpose and priorities. The Workforce Development Strategy plays a key role in achieving a positive organisational culture. The Workforce Development Strategy responds to the Clinical Strategy, takes account of the development needs of our entire workforce and responds to key policy documents e.g. Cavendish Review. A range of quantitative (survey results, sickness absence rates) and qualitative measures (culture audit) will be utilised to measure the impact of controls. Progress will be mapped through ESEC.	30-Sep-14	Internal survey results provide a real time picture of progress made in developing a positive culture. Quantitative and qualitative information will be used and triangulated with other Trust performance measures Sickness absence rates provide an indirect measures of staff engagement and satisfaction. Sickness absence is monitored via IQ and shows a downward trajectory (3.79% April 2014). A strategic planning framework based on Trust strategic priorities has been implemented as part of the business planning cycle. The framework has enabled alignment between Trust Strategy and core business of Localities, Specialist Delivery Units and corporate services. Business planning has been positively received and final plans are now in place. Positive feedback on Supervision and Appraisal policies and documentation.	Jun-14	2	4	8	Unchanged	No change	- 4	1	

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14	IBP17		3. Continually improve what we do	01 June 2013	IBP 7.4 Registration & licensing	Post-Francis and Keogh, the regulatory and quality standards required of healthcare providers are under intense public scrutiny and political pressure. The role of regulators is likely to change, perhaps at very short notice, and the standard-setting bodies themselves may increase in number or in the level of their demands.	The Trust has been inspected by the Chief Inspector of Hospitals who has indicated a number of areas where improvement is required. Processes to sign off actions to provide assurance must be improved	3	4	12	Director of Nursing	Monitoring of compliance via information reported through IQ system Quality and Standards Committee work plan to scrutinise quality issues Quality Improvement visits by Executive Team and Non-Executive Directors Continued scrutiny of QGAF compliance Locality Management Teams can respond to local standards through Care Quality Review Meetings etc. Audit and Risk Committee reports Ongoing programme of mock CQC inspections and 15 Steps inspections Monthly monitoring of Staffing Levels. Procedures for responding to external and internal inspections have been approved	3	4	12	QGAF self assessment to be refreshed in line with recently published MONITOR guidance Developing assessment tool to evaluate compliance with Outcome 16 at locality level Redesign Action Plan template for Trust wide use to have focus on Outcomes and assurance and less focus on describing process. Emma Adams to work with HoPPS to ensure new Procedures for inspection are embedded in to Governance practices for Localities	30-Jun-14	Refresh of QGAF underway and evidence being collated to confirm compliance with requirements. 5 15 Steps inspections and 16 mock CQC inspections have been completed. The development of the tool to assess compliance with CQC outcome 16 is underway to respond to high level concerns that compliance with this outcome is not robust trust-wide (new Domain is Well Led). Clinical Executive to redesign action plan template	Jun-14	1	3	3	Unchanged	No change	- 9	12
1	IBP02		4. Use our resources wisely	01 June 2013	IBP 7.4 Commercial	General mental health services being tendered by Clinical Commissioning Groups (CCGs) introduces a new group of customers who are themselves developing an understanding of what is expected of them and what they wish to achieve. New rules of engagement. New criteria. New commissioners: - CCGs - Local Authorities - Police and Crime Commissioners - NHS England New tendering/procurement regulations New providers via private and 3rd sector	Failure to establish effective and responsive working relationships with CCGs to understand their commissioning intentions and timeframes.	4	4	16	Director of Resources/Director of Operations	The key control is to inspire confidence in AWP as the existing contract holder, by ensuring that our services are responsive, locally-focussed, effective, and demonstrate value for money, and so establishing AWP as a provider that CCGs need to engage with. Controls already in place to meet those objectives include: • AWP's revised management structure prioritises clinical leadership • Quality Academy established • Locality structure enables services to be matched to local priorities, to experiment and innovate, and to respond quickly to changing needs • An open and transparent culture encourages dialogue with CCGs and between AWP staff • The "Back to the Floor" programme and Quality Improvement Visits allow Executive Directors to be aware of issues and opportunities apparent at localities. • Fortnightly of Quality Huddles reviews live information • Sharing of IQ information with commissioners • Service User and Carer involvement at all levels of the organisation, and celebration events held annually to engage wider stakeholders Greater transparency of financial positions and costs.	3	3	9	Greater external access to IQ reports will allow commissioners to scrutinise outcomes. Partnership working to be developed. CPMG with all CCGs and NHS England, supported by PaCMAN internally. Developing contracts, data base and pipeline.	Action is to continue throughout the year and beyond.	The Trust has recently progressed past ISOP stage in the Bristol CCG tendering exercise (lot 1). See also risk register entry IBP04 (Commercial culture), IBP08 (Innovation), IBP10 (Changing needs of commissioners), STR16 (Tendering and Contracts).	Jun-14	2	3	6	Updated	No change	- 10	3
8	IBP09		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	Lack of effective planning historically which has not taken a systematic approach to identification of savings through efficiency targets. A lack of ownership of plans to achieve targets outside of the Finance department has resulted in localities/SDUs not being fully engaged with financial plans.	Failure to plan and systematically deliver Cost Improvement Plans (CIPs) across localities.	3	4	12	Director of Resources	Leadership development programme in place for new Clinical Directors to enable them to support change and new working practice Corporate restructure to provide better support to front line services and review all practices to minimise bureaucracy Local ownership provides relevant opportunities to review working practices and develop new approaches IQ System provides an accessible focus on quality and drives continuous improvement Weekly CIP assurance process in place Business Planning process underway Weekly recruitment panel in place Coordinating CIP development process for 14/15 and 15/16 with detailed PIDs, QIAs and defined delivery plans & leads. Monthly monitoring via PMO & Ops of CIP delivery against budgets.	3	3	9			2 Yr CIP plans were signed off by the Trust Board in March 2014 and reported to the TDA as part of our annual operating plan return. The PMO is providing the reporting to F&P on the delivery of these plans monthly.	Jun-14	2	4	8	Updated	Increase	- 4	1

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13	IBP12		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	Buildings and estates not only enable or constrain actual service delivery and response to changing demands, they have a significant impact on organisational culture.  AWP's Estates strategy sets out how we will ensure our estate is fit for purpose. Our plans to redesign services will require fundamental reassessment of how we use buildings.	Failure to provide a reduced, more flexible estate, based on a hub-and-spoke model of service provision.	3	4	12	Director of Resources	Trust IBP including service strategy, Locality/Corporate Business Plans  Response to future tenders focuses on the need to use estate wisely, Information Quality (IQ) system which includes reporting on estate CQC standards  Trust Board Quality Improvement visits to clinical areas, "back to the floor" programme supported by senior managers  PLACE assessments  Monthly monitoring of PFI  Regular estates and facilities meetings with operational managers  Monthly monitoring of estates KPI's  Complaints and incidents analysis	3	3	9	Trust-wide strategic estates review.  Updated current estates plan via Business Planning  Discussions with CCGs to utilise all Health related estates usage in each locality	30-Jun-14	All current controls are in place and working effectively, however a possible issue of front line staff "not expecting things to change i.e. low expectations" may mean certain estates issues are not identified or carried through e.g. repairs.  The current risk score has been increased as further challenges regarding the estate have become apparent, specifically in relation to the adequacy of the estate.  The revised Estates Strategy is to be presented to Finance and Planning Committee in June 2014	Jun-14	2	3	6	Updated	No change	- 6	3
5	IBP16		5. Be future focused	01 June 2013	IBP 7.4 Partnerships	The new healthcare market means that there is now a greater range of prospective partners from inside and outside the NHS, and so the complexities of partnership relations are increasing.	Failure to create and maintain relationships with partners which leads to poor reputation.	3	4	12	Director of Resources	Quality and performance management (QIS)  Effective partnership relationship management  Locality/Delivery Unit Business Plans  Locality/CCG/partner meetings  Chair/CEO quarterly CCG meetings  CEO meetings with other stakeholders regularly, e.g. Las, Police and Crime Commissioner, Healthwatch	3	3	9	Employed a DRE lead for the Trust who will engage and advise on the wider partnership agenda across AWP.  Engagement leads being identified across the Trust in line with the Engagement Strategy which covers all stakeholders.	30-Jun-14	The revised Estates Strategy and Workplan is being presented to Finance and Planning Committee in June 2014.	Jun-14	2	3	6	Unchanged	No change	- 6	3
7	IBP05		5. Be future focused	01 June 2013	IBP 7.4 National, economic & policy	Both a short term current challenge (existing £20 billion NHS efficiency challenge) and a future medium/long term challenge of further major efficiency requirements (£30 billion reported by David Nicholson in July 2013).  Whilst this is a national challenge it translates to AWP on a local level via our current commissioning contractual income and also our ability to be agile and innovative in addressing the growing population numbers that need treating within a shrinking financial envelope.  Changes to welfare reform will also impact on AWP given increasing numbers of service users who will no longer have access to state benefits alongside considerable impact on social care.  The challenge to AWP is to deliver c.4.5% cost reduction plans from 13/14 onwards.	Failure to identify, agree and implement CIPs (Cost Improvement Plans).	4	3	12	Director of Resources	Short term – system controls are: The business planning process from which Cost Improvement Plans are identified, developed and agreed The establishment of the Programme Management Office The Trust Information Quality system and associated performance management through SMT, ET, Finance and Planning Committee and the Board Quality and Standards Committee ensures CIPs do not adversely impact on quality and finally Operational locality and corporate management structures effectively owning and implementing CIP's (note this risk is also covered by risk FIN 07). SMT provide additional oversight and action to ensure the implementation of the short term Cost Improvement Programme in 2013/14 and 2014/15.	3	3	9	Medium/Long term – 2015/16 and beyond. The controls build on the short term controls but also include (a) the Trust Quality Academy which will identify effective clinical interventions along care pathways (b) West of England Academic Health Science Network which will facilitate the sharing of innovation and good practice (c) the further development of the Trust's workforce strategy which will ensure the Trust's staff align to the needs of service users and carers in a sustainable way and (d) further development of the Trusts Organisational Development strategy which will include work-streams that ensure the Trust has the culture and tools to eliminate waste in the delivery of services.	30th Sept 2013	As above.	Jun-14	2	3	6	Updated	Increase	- 6	3

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2	IBP15		4. Use our resources wisely	01 June 2013	IBP 7.4 Partnerships	Non-PbR contracts for commissioned services may fix the price for services irrespective of the level of demand. Where demand is driven by a third party (e.g. GP referrals) who is not constrained by costs, the risk is that demand may exceed expected capacity but the Trust cannot recover the additional costs.	Failure to ensure that the contracts we accept do not commit us to meeting unconstrained demand from partners without appropriate reimbursement.  See also IBP04	4	4	16	Director of Resources	Creation of a central business development function to support localities in contracting and tendering.  Learning from tender experience  Effective partnership relationship management  Locality/delivery unit business plans including a Business Development Plan.  Tender evaluation process which details financial and operational risks associated with bidding for new contacts  Effective costing and planning systems understood and in place  Regular reporting on tendering activity to SMT and Finance and Planning Committee.  Highlighting cost and activity pressures to CCGs via locality meetings and CPQM.  Early overview of tenders on the horizon.	2	3	6	Maximising workforce efficiencies through service redesign and skill mixing.  Streamlining pathways and processes which would lead to a reduction in reference costs/overheads within the trust to make the trust more price competitive.  Working with partners to develop service offerings and increase the opportunity to bid for services.	30-Jun-14	Robust contracting planning in 13/14 highlighted a number of cost pressures which were agreed by the commissioners. Those not included in the 13/14 contract are being further explored in 14/15.  Performance and contract management meeting now in place to review and monitor activity against contractual commitments and demonstrate where this is off track. No other penalties were accepted in the 13/14 contract other than national ones.  Delivery of business plans and objectives will be monitored and managed throughout the coming year.	Jun-14	2	2	4	Unchanged	No change	- 12	10
4	IBP03		4. Use our resources wisely	01 June 2013	IBP 7.4 Commercial	Changes to national commissioning policy for specialised services - PbR has the potential to reduce the Trust's total income, and competition means we may lose services which in turn will also reduce our total income and so the resources we have available.	Failure to maintain a total level of income which enables the Trust to sustain its delivery of a full range of services and skills.	3	4	12	Director of Resources	Viability Review  Fully participating in national commissioning in specialist commissioning (Julian Walker)  CIPs	3	2	6	Improving relationships with commissioners to understand their needs and procurement intentions at the earliest opportunity  Evidence delivery of good quality care from AWP to reduce the desire to recommission from another provider  Understand our costs of delivering services which appear currently high	01-Jun-14	Service Review underway led by clinicians and supported by Business Development Directorate leading to a strategy to be brought to the board in November 2013  Work underway to understand costs and reference cost drivers in the trust Finance and Information Group which reports to CQPM and SMT reviewing costs of all wards/teams by locality with the CCGS to understand any imbalance in the allocation of our block contract. This is scheduled to be completed by the end of Q1	Jun-14	2	2	4	Unchanged	No change	- 8	10
10	IBP08		4. Use our resources wisely	01 June 2013	IBP 7.4 Service delivery & resource management	Failure to develop a corporate and locality infrastructure that enables the Trust to respond quickly, appropriately and effectively to changing market requirements.		3	4	12	Director of Resources	Locality Delivery Unit Management Teams (LMTs) now set up, coordinated by the Executive Director of Operations and proving effective  New infrastructure has been established for corporate departments and local delivery units. Effectiveness of arrangements are being managed by relevant executive directors  Effectiveness of LDU Management Teams is being monitored by the Director of Operations  Effective service delivery is being monitored through the Integrated Assurance Framework  Local performance meetings with commissioners in place to improve relationships and knowledge of the health system in the local areas  Organisational Development Programme will support Corporate Departments as they refocus their support to ensure maximum responsibility to Local Delivery Units. The programme has a specific emphasis on alignment and shared purpose and considers the effectiveness of partnership working of Senior Management Team and Professional Council.  Engagement and Involvement Strategy	2	3	6	Clinical Strategy, underpinning the Business Development Strategy	30-Jun-14	Through the Trust's Quality Academy, a register of experts has been created which will enable the Trust to benefit from the expertise of highly skilled and experienced clinical professionals, for whom innovation in service delivery (alongside alignment with the highest levels of clinical standards) will be key  Improvements to the Trusts business planning process will ensure commissioners are involved in strategic direction of the Trust and we are working towards shared goals  A deep-dive review of this risk has resulted in the risk being redefined. This risk is therefore closed and the new risk will be added in July 2014 following Board review.	Jun-14	2	3	6	Closed	No change	- 6	3

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6	IBP04		5. Be future focused	01 June 2013	IBP 7.4 Commercial	In order to maintain our viability as a sustainable enterprise in a competitive market, we need to understand the realities of commercial risk - for example, market share does not guarantee profitability, and not all tenders and contracts provide balanced outcomes for all parties involved.	Failure to create and maintain a commercial culture, literacy and infrastructure within the Trust that ensures the Trust is fully aware of the short-term, medium-term and long-term commercial risks of all tenders and contracts.	4	3	12	Director of Resources	Developing of the IBP including a market analysis by an independent consultant which helped shape the locality business plans for 13/14  Organisational Development programme to address the gaps in staff skills to ensure the Trust is fit for purpose  Clinical Engagement being harnessed through Professional Council and development of Health Partnerships. Quality Academy established to promote excellence in care.  Creation of Business Development function to support localities  Learning from tender experience	2	3	6	Commercial awareness and training embedded in the Trust from corporate and operational teams  Refresh of the business planning process to ensure strategic vision, commissioner requirements and joint needs assessments are incorporated  Specific training on bid development, writing and shaping innovate service offerings  Investment framework and embedding process.  Better understanding of cost drivers and activity data through PbR/reference costs projects.	Ongoing	Business Development Framework in operational use  Tender Decision Criteria launched in May 2013 and used in a number of tenders	Jun-14	1	3	3	Unchanged	No change	- 9	12	