

NHS Health Scotland Performance Report Q1 April – June 2015

Introduction

This is NHS Health Scotland's performance report for the first quarter of our 2015/16 delivery year. The report takes a blended approach in that it provides both quantitative and qualitative data. Quantitative data is largely shown in the form of Bar Charts using a Red Amber Green (RAG) colour spectrum to indicate progress. The report is structured into two sections as follows:

Section 1: gives an overview of organisational performance across a number of domains: planned outputs for each core programme; staffing, efficiencies and finance.

Section 2: gives an overview of each Directorate's performance in relation to planned outputs and key highlights from the quarter.

Where there are progress exceptions the issues have been identified and are being actively managed. Where appropriate they are also logged on the Corporate Risk Register.

Section 1: Overview of Organisational Performance

We have had a successful and busy beginning to the delivery year. All directorates are performing well, delivering what was planned on time and in scope.

The box below illustrates examples of highlights in our performance during this quarter – further examples are within the directorate specific reports in later sections.

We have succeed in our KSF review target, 95% of staff have had a review and have a Personal Development Plan.

We are on track to deliver 97% of the products and services we planned on time and 99% of these are on scope.

Agreement has been reached with Directors of Public Health on the review of Healthy Working Lives in Scotland

We have been instrumental in organising and facilitating the National Public Health Review Engagements Events

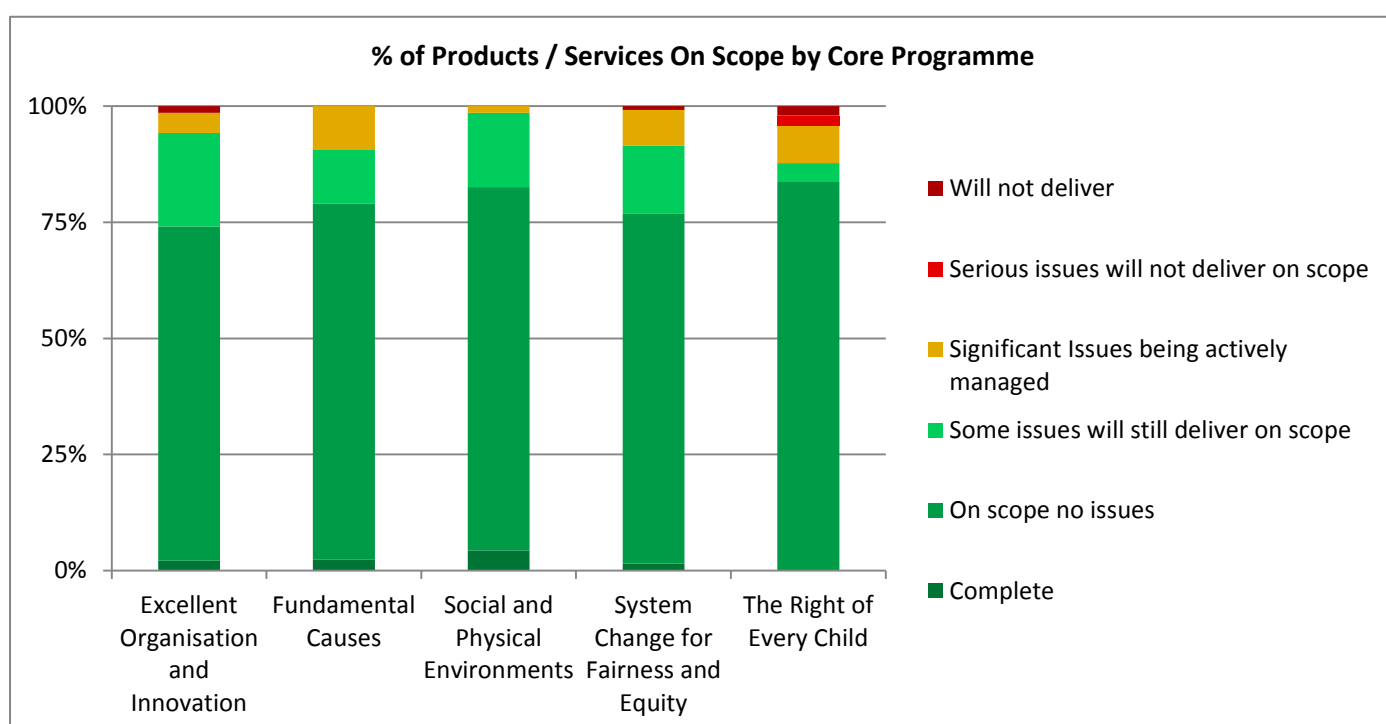
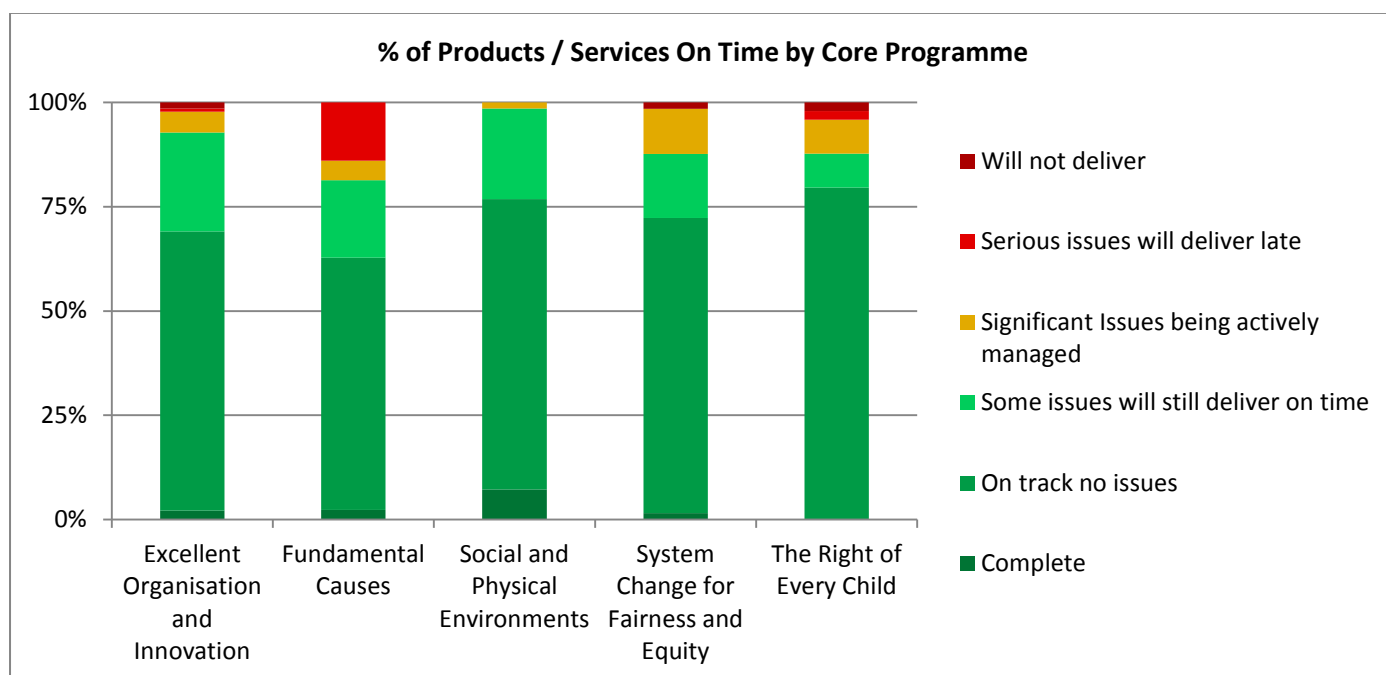
We developed and published a report through ScotPHN on a public health response to homelessness – this has been welcomed and endorsed by the Directors of Public Health

We led a successful Smokefree Hospital Grounds campaign

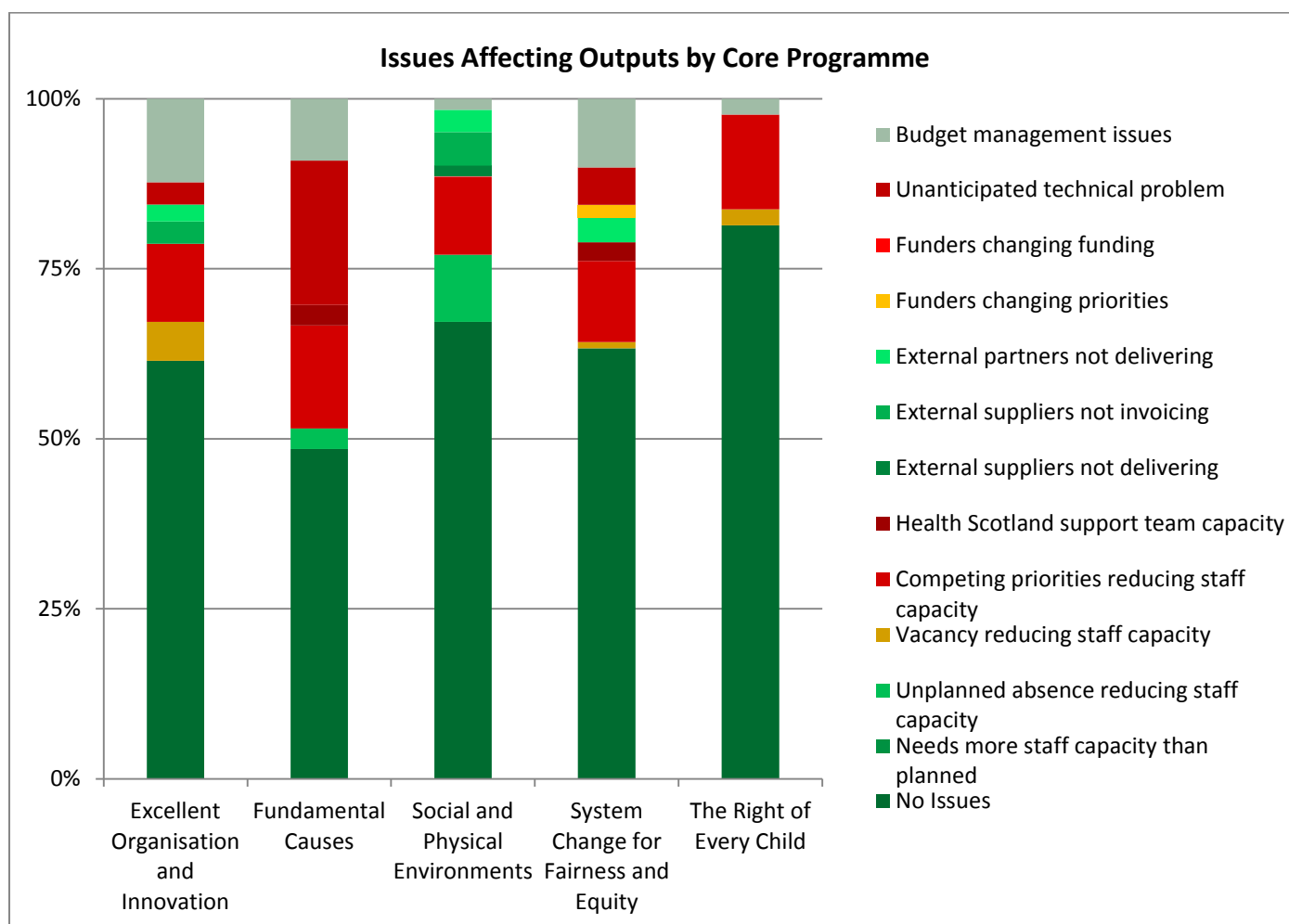
We produced tailored summaries of our Delivery Plan resulting in a 50% increase in requests for engagement with us from stakeholders

1.1 Organisation Output Performance

The tables below illustrate that across the five core programmes in our Delivery Plan we are on track to deliver **97%** of the products and services we planned to on time and **99%** of these are on scope.



The table below identifies the issues involved in the very small number of outputs where there may be a risk to delivering on time and in scope over the delivery year.



1.2 Corporate Priorities

A number of programmes of work were identified as corporate priorities- these were largely drawn from our annual review action plan and therefore form a significant element of our formal contract with the Scottish Government. Since the priority programmes are embedded within the core programmes a specific track of their progress is being made on a monthly basis at each CMT meeting.

The corporate priorities and their RAG status are shown in the table below.

Corporate Priorities-Progress

Title	Progress	Exceptions
Briefings - Families with young Children & Gender		
Good Work		
Power & Inequalities		Unanticipated technical problems
Place Standard		Needs more staff capacity than planned
HS Food Strategy		
HWL and FFWS.		
NHS Manifesto		
Local Delivery Model		
Primary Care		Awaiting response from Scottish Government
Community Justice		
Transition Management		
Right of Every Child		Competing priorities reducing staff capacity
KPIs		Vacancy reducing staff capacity
Health Scotland Website		
HWL Website		
ECM		Competing priorities reducing staff capacity
Corporate Reporting Tool		External Suppliers not delivering
Network Reviews		
National Position		
Office Accommodation		

We are making progress in 90% of programmes of work identified as corporate priorities.

Directors and priority leads are working together to ensure that issues impeding progress are being actively managed.

1.3 Workforce and Financial Performance

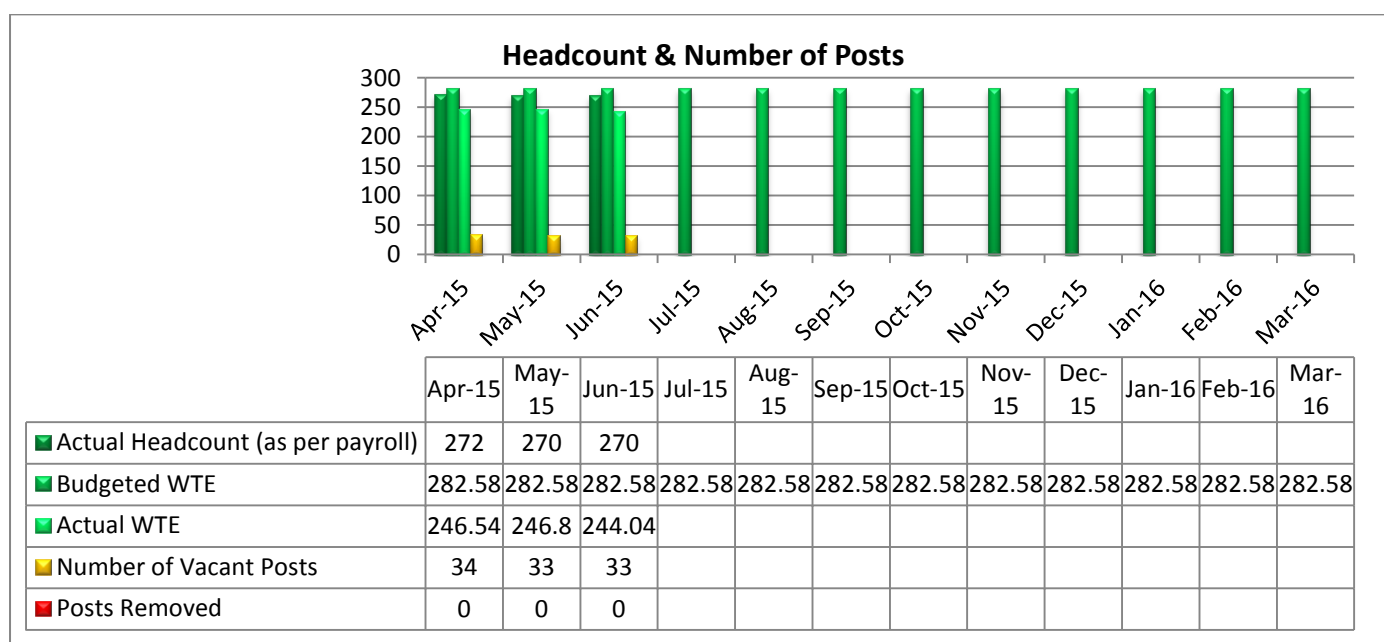
Detailed monitoring of progress against the NHS Health Scotland Workforce Plan 2015/16 is the role of the Partnership Forum, overseen by the Staff Governance Committee, and reports to this effect will have been recently reviewed by both groups by the time of this Board meeting. Included in these detailed workforce plan monitoring reports is an analysis of areas where targets were not met. The Partnership Forum and Staff Governance Committee have been appraised of the actions proposed to mitigate these risks in the future.

Finance, Efficiency Savings, workforce

We have an under spend of £55k against the phased budget for the period. The y/e forecast is to work within y/e saving of £250k which can be carried forward to 2015/16. **There are no significant issues to report.** A more detailed finance report is reported to the CMT and the Audit Committee.

As the result of workforce planning assumptions for 2015/16 we set a 6.25% efficiency saving target. We have recently made improvements to in year and end of year workforce planning processes with the introduction of the Workforce Review Group and also ensuring a closer alignment of workforce decision making with the annual commissioning process. We had 44 vacancies up until the end of Q1, of which 11 posts were recruited to. 24 are currently awaiting recruitment to start, and 9 posts are currently out at the live recruitment stage. Of the 11 posts that have been filled, 3 were filled through internal recruitment and 8 were filled through external recruitment, where internal recruitment was unsuccessful. Turnover at 30th June 2015 was 2.58%.

The table below illustrates the number of posts in our overall workforce structure, our actual headcount and Whole Time Equivalent (WTE) including Directors



The staffing budget for 2015/16 was approved by the Board in March and will not change throughout the year - headcount and vacancies will be managed within this figure. The method of gathering the data has not changed, and the actual headcount and WTE is calculated using the figures from the payroll system. The actual WTE figure is likely to vary each month as various factors are calculated within this figure

We are currently carrying a large number of vacancies due to the realignment and this figure should decrease significantly as we move through the year.

such as starters, leavers, changes to hours, overtime and maternity leave.

We are maintaining our headcount despite pressure on resources- we are effectively reducing overheads instead.

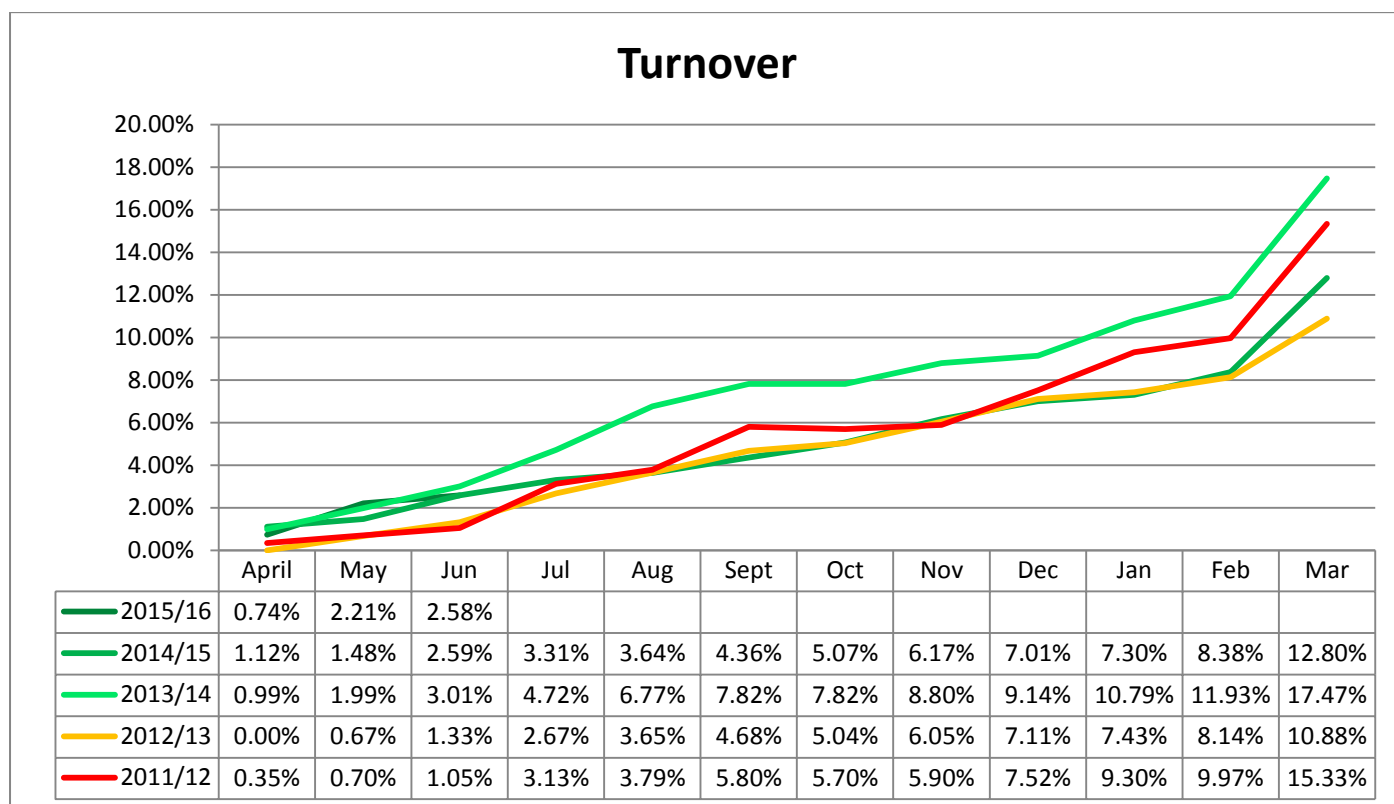
KSF Performance

**Exceeded our 90% KSF Review
Target (during this quarter)**

95% of Health Scotland staff have had a performance review and 95% of staff have an up to date PDP. All decisions regarding financial support for training identified in PDPs have now been taken

Turnover

For the period April to June, there have been seven leavers and our turnover rate is similar to the end of Q1 in 2014/15. The spread of leavers is quite even across Strategy, PDD and PHS the CEO office. The table shows comparative figures for the period 2011 – 2015 and how we are progressing on the agreed 5% vacancy factor compared to previous years.



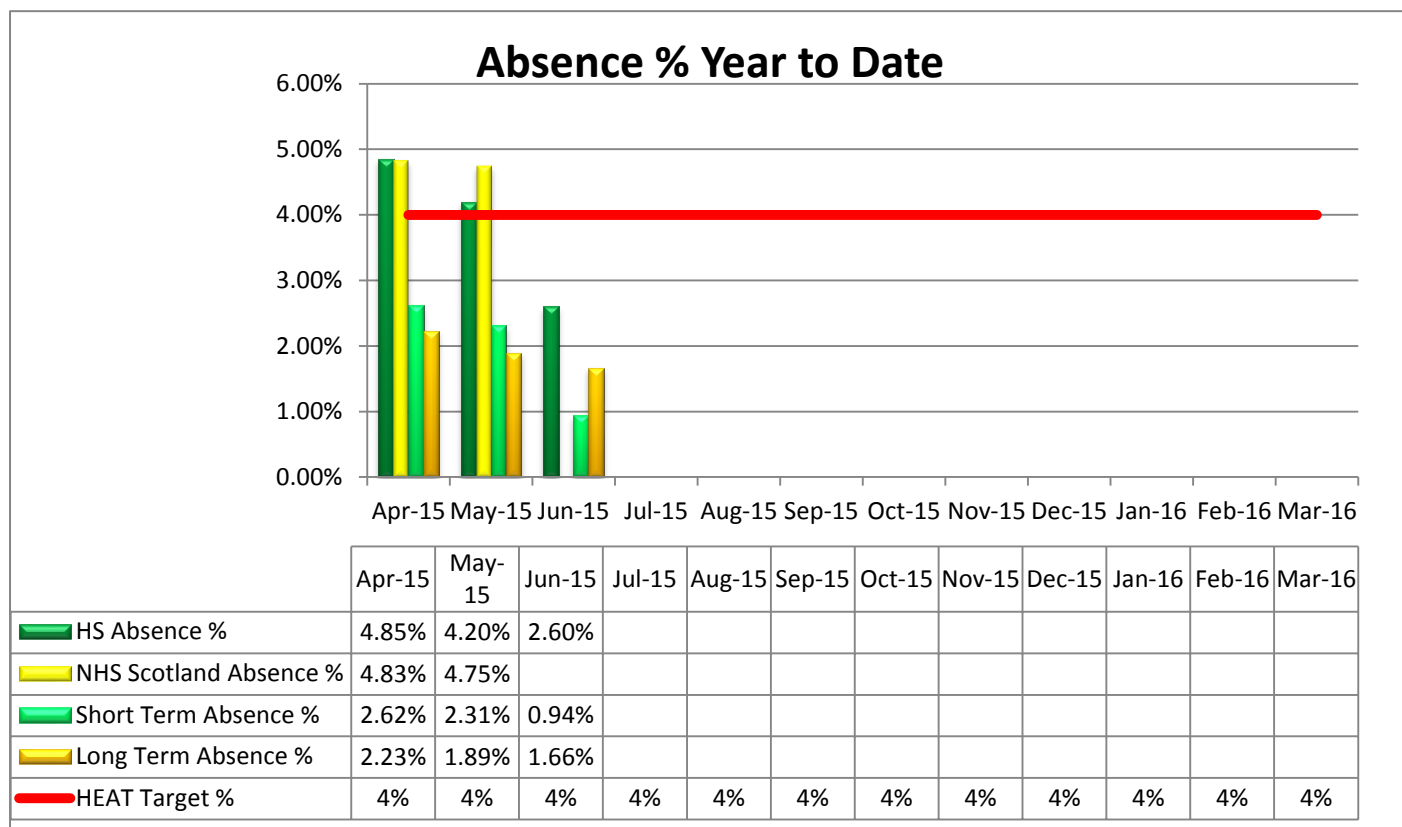
For reporting purposes, the turnover figures will include both planned and unplanned turnover. Planned turnover is classed as leavers whose reason for leaving is end of fixed term contract or redundancy. Staff moving within NHS Health Scotland are not reported on as part of the turnover figures.

**Our turnover rate is similar
to the end of Q1 in 2014/15**

Absence

The average absence level to date this year is 3.88%- below the NHSScotland average for the quarter of 4.81% and within the 4% HEAT standard. Sickness absence is shown in table below.

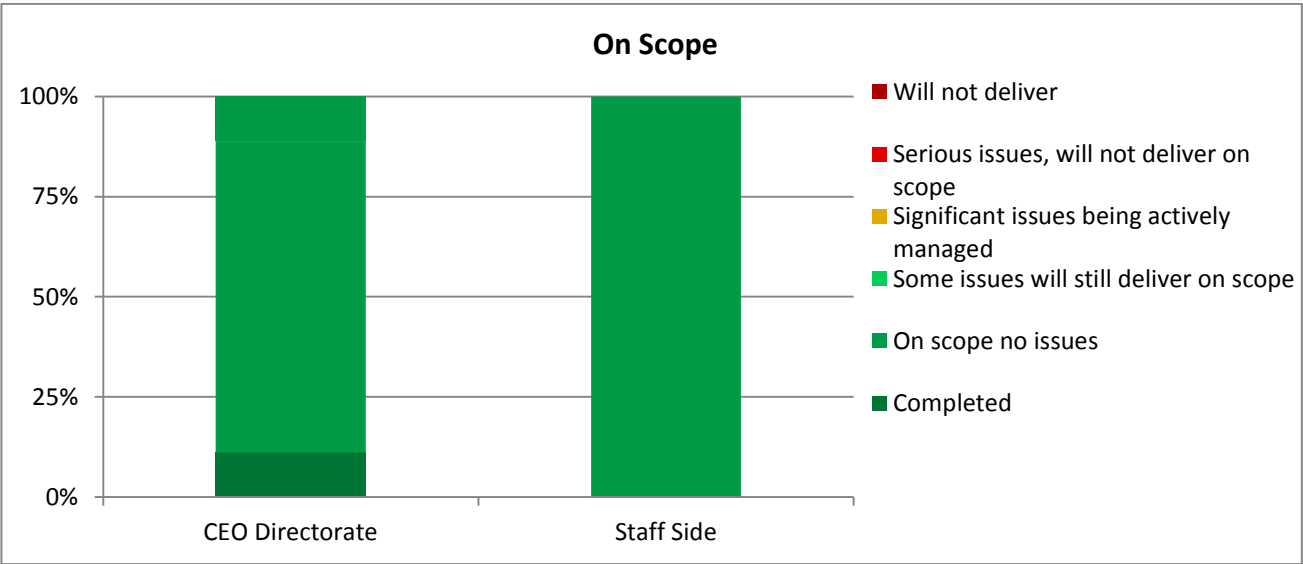
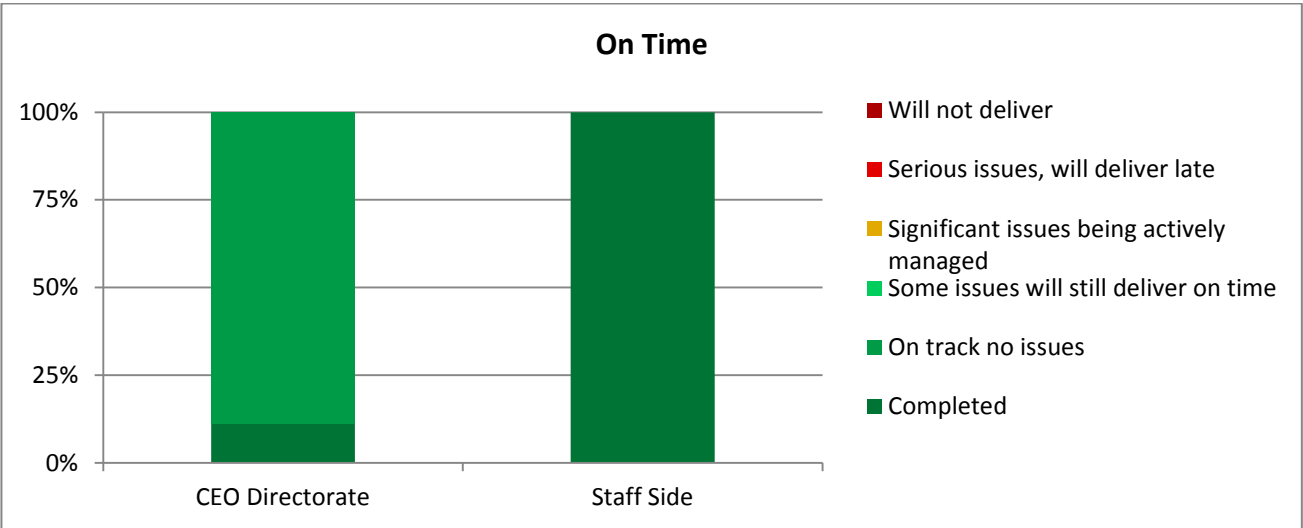
There was a peak in absence rates in Q1. It should be noted that we report on small numbers and during this quarter a very small number of long term absences may have had a particular impact on the sickness level. However, we will continue to monitor and analyse these sickness absence patterns and will report in more detail as needed to the Partnership Forum and Staff Governance Committee.

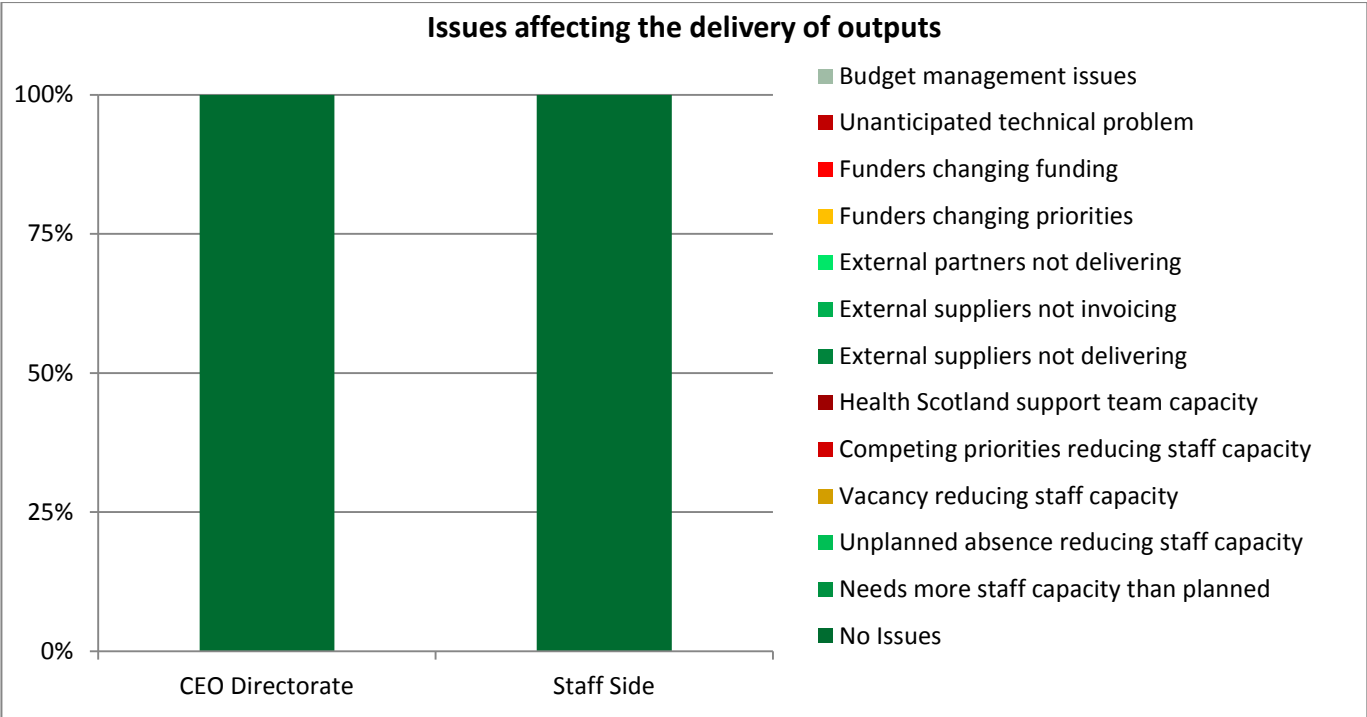


Section 2: Directorate Overview

CEO DIRECTORATE

This was a successful quarter for the directorate with **100%** of planned outputs completed or expected to be delivered on time and **100%** completed or expected to be delivered on scope. We are actively managing the issues involved in the very small number of outputs where there may be a risk to delivering on time and in scope over the delivery year.





Highlights

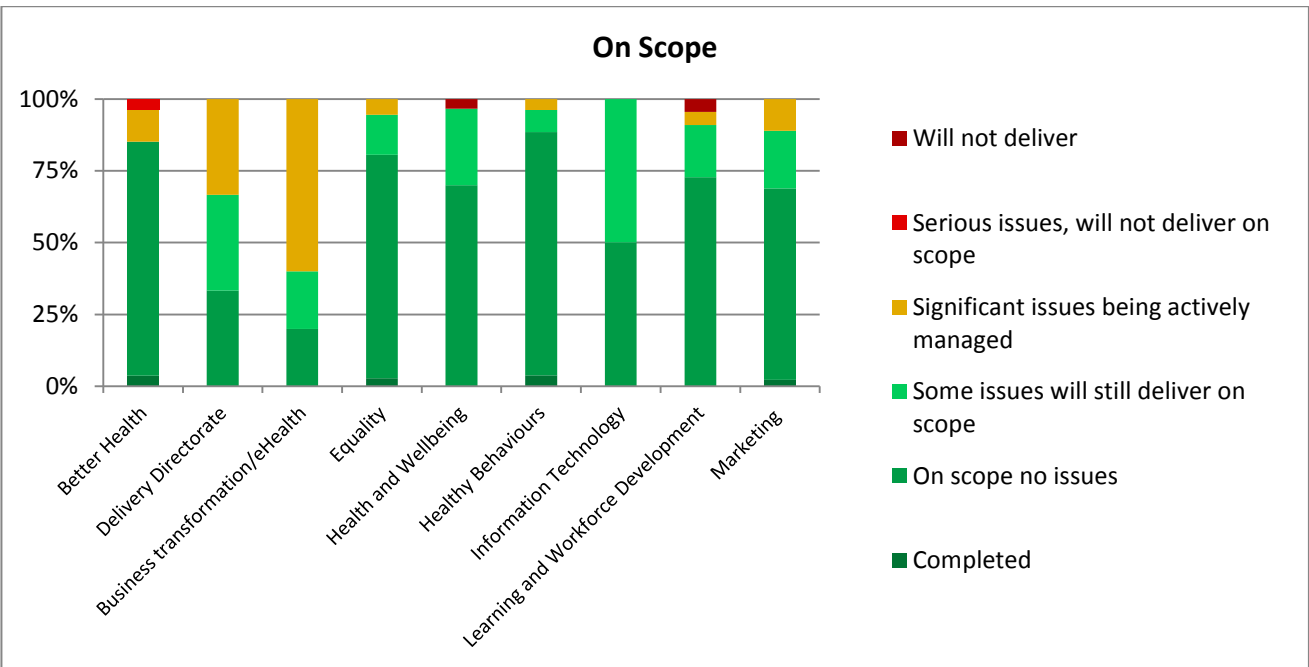
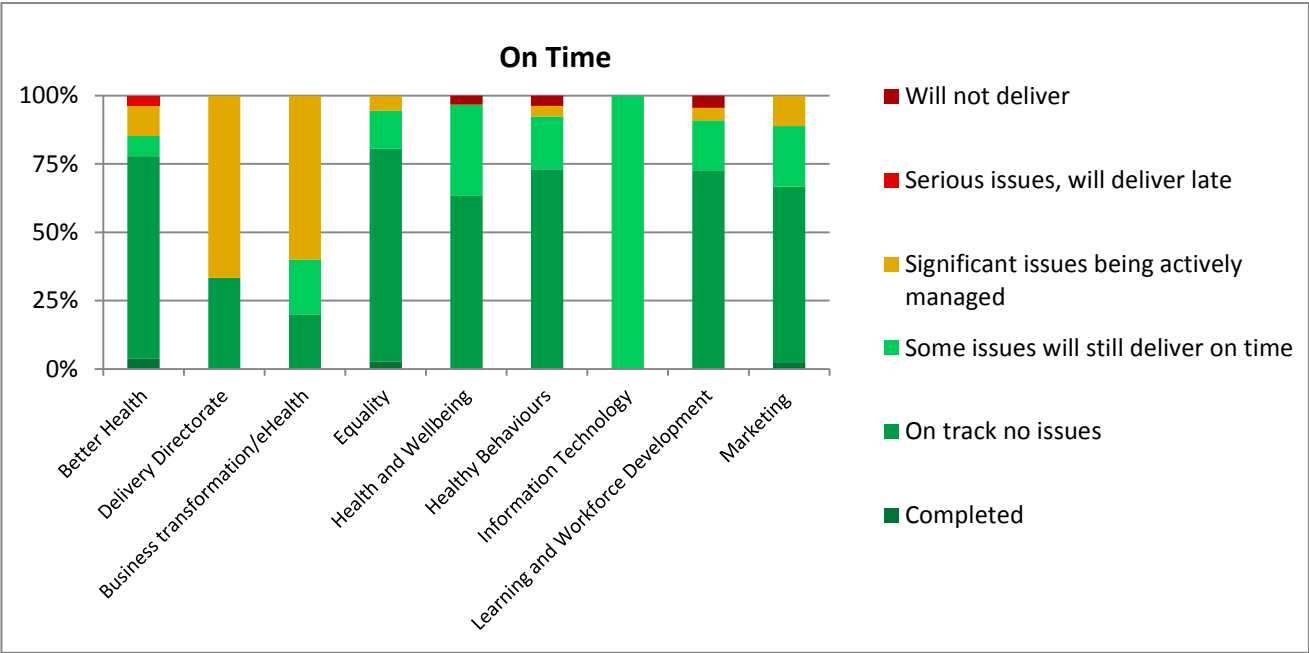
We have been particularly active in promoting the NHS Health Scotland Chair appointment process and also the re-appointment process for four new non-executives

The NHS health Scotland Chair met with the Chair of the newly formed Food Standards Scotland Board. They agreed the importance of joint working particularly around reducing inequalities, through the food agenda. A joint seminar between the two Boards is scheduled in Quarter 2.

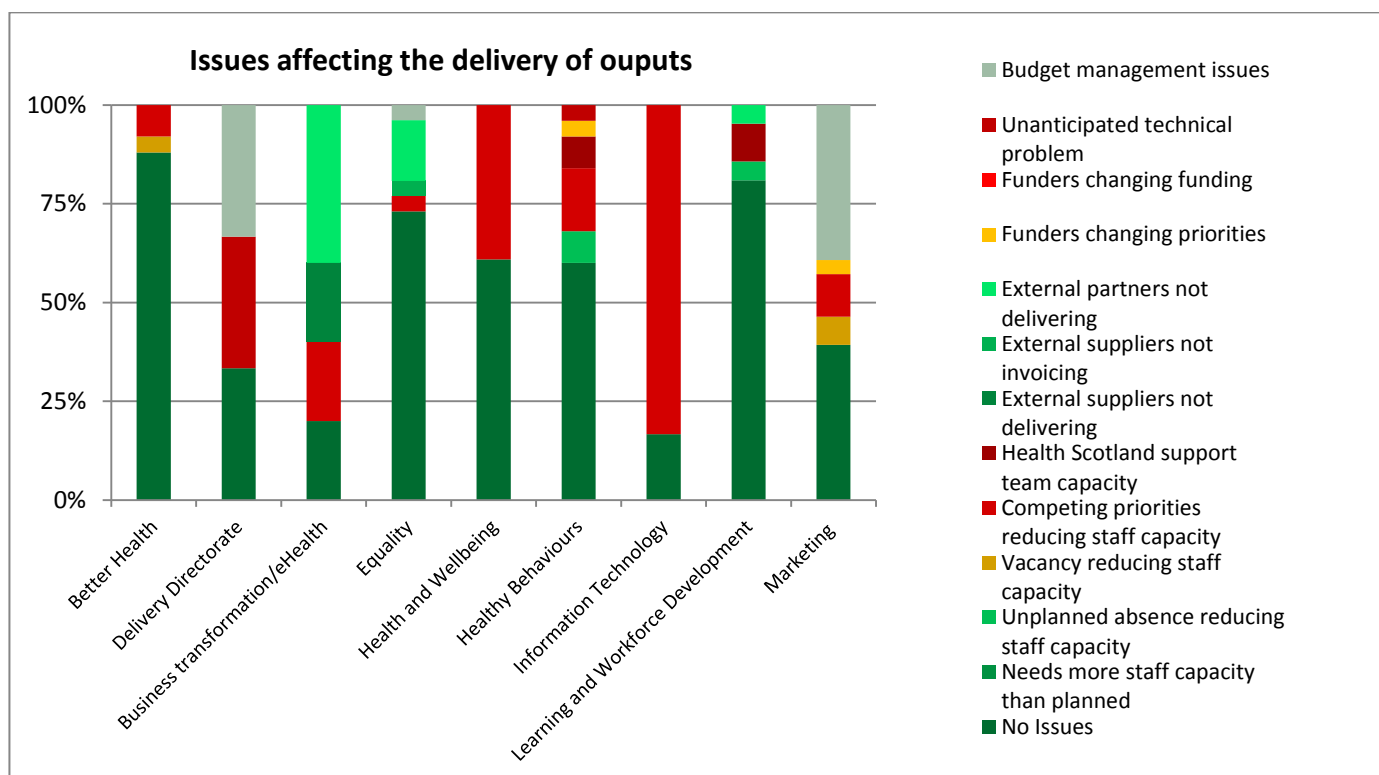
We have used new methods to encourage applicants for Board vacancies from a diverse range of people, particularly encouraging those with lived experience of inequalities. This has yielded much a higher volume of applications than in previous times.

DELIVERY DIRECTORATE

This was a successful quarter for the directorate with **98%** of planned outputs completed or expected to be delivered on time and **98%** completed or expected to be delivered on scope. We are actively managing the issues involved in the very small number of outputs where there may be a risk to delivering on time and in scope over the delivery year.



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Highlights

Q1 saw the conclusion of the consultation on the new Directorate structure. **The extensive consultation resulted in circa 80% of staff engaging in the process in some form. Implementation is planned to take place during quarters 2 and 3.**

The Directorate produced products and services designed to influence policy and practice across a number of areas, examples include:

- A Prison smoking cessation service specification was published on 30 June 2015 and we had expert input to the *Action Plan for Smoke-free Prisons*.
- Expert evidence was presented to the Health and Sport Committee on the Smoking in Cars Bill.
- The Physical Activity Health and Social Care Delivery Group was established and a draft three year plan is in place.
- We partnered with Alzheimer's Scotland to take forward the Dementia and Inequalities Advisory Group local engagement strategy with local communities and hard to reach groups.
- Tobacco and Social Justice: we developed plans for the Tobacco Prevention Sub Group of the

We developed and published a report through ScotPHN on a public health response to homelessness in May-endorsed by Directors of Public Health. This is prompting stronger support for action locally on the issue, particularly given health and social care integration

Ministerial Working Group on Tobacco Control.

- Community Food and Health Scotland, along with other NHS Health Scotland colleagues, worked with government to organise a Malnutrition Summit.

We submitted a bid for £300,000 to the Early Years Change Fund to develop a Scottish-wide approach to an integrated welfare rights advice service in NHS clinical settings, focussing on early years. If successful, this funding will enable NHS Boards across Scotland to develop and test approaches using improvement methodologies

- We are supporting and contributing to the Evaluation Support Scotland 'Threading the Needle' Strategic Group.

- We chaired a short-life working group on public health practitioners' registration and commissioned a mapping of the public health workforce in Scotland. Both will inform the Scottish Government's review of public health.

- We helped deliver suicide prevention training in Scottish prisons and supported the development of suicide prevention training with Police Scotland.

- We are working with the cities of Glasgow and Edinburgh, in relation to the place of food poverty in the development of their sustainable food city strategies.
- Following the announcement of two new Meningitis vaccines (MenB and Men ACWY) we consulted on and delivered a range of communications materials for the public on the new vaccines in partnership with the three Meningitis charities in Scotland.

The results of the 'No smoking on NHS Grounds' campaign evaluation show that we have met our objective of raising awareness amongst our target population. Specifics show:

- **71% awareness of the campaign**
- **54% recall of the main message**
- **71% felt that message was clear**
- **Understanding of the message increased from 55% pre- to 82% post-campaign.**

- We worked with HIV Scotland to prepare guidance for NHS Boards and others on the release of HIV self-test kits.

- Events continue to enable the directorate to engage with and influence key stakeholders. This quarter's events included: A conference on the *Children and Young People (Scotland) Act 2014* chaired by the Chief Medical Officer, attended by 380 delegates and

approx. 160 webcasters.

- The demand for Healthy Young Lives Training for Youth Workers and Social Care Staff has exceeded expectations, discussions are underway with Youth Link Scotland to provide additional courses during 2015/16.
- An open session was held with Strathclyde University on the impact on health inequalities on community/social enterprise activity.
- A dissemination/participation event was supported to launch a new Housing Association-lead resource for older people in minority ethnic communities.
- Work on embedding excellence included a review of our virtual learning environment (VLE) using findings from a user survey to change the navigation and layout of the site for improved customer access.

Risks & Issues to Note

Technology business improvement - Licencing issues this quarter resulted in difficulties testing and finalising development of the Healthy Working Lives tool that has been partially developed by our previous technology partner. This has impacted our ability to provide a robust and enhanced survey tool for use by HWL customers. Senior managers have taken Central Legal Office advice and are negotiating with our key contractor to secure delivery.

Managing change – having completed the consultation on structure we are continuing to ensure effective implementation of that change through close partnership working with staff side and the staff concerned.

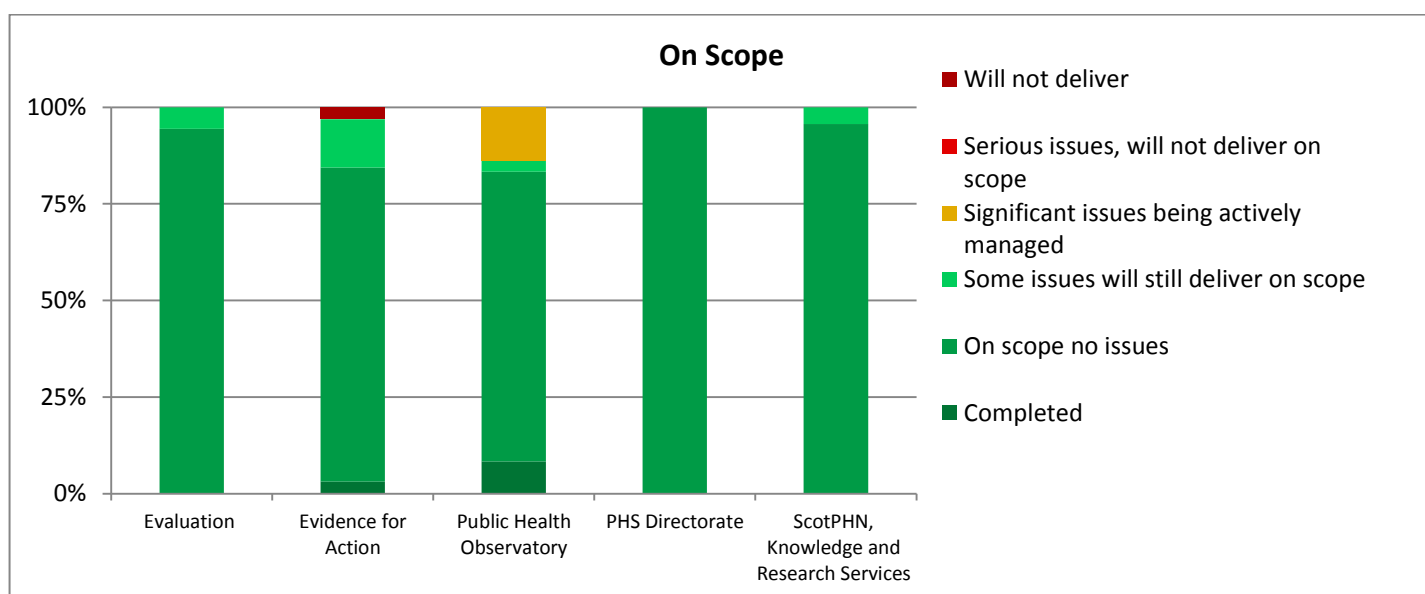
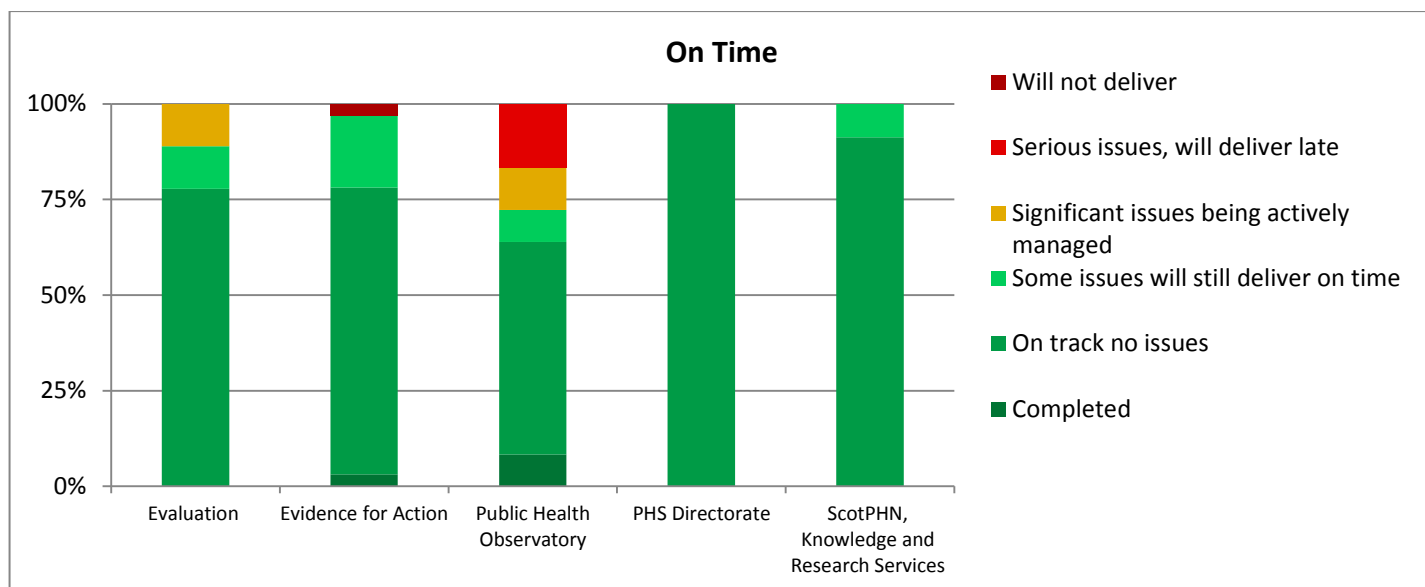
Significant Decisions Made

The decision to support the new Health Protection Network was made and communicated to Scottish Government. NHS Health Scotland now has a national strategic leadership role through jointly chairing the national Communications Group.

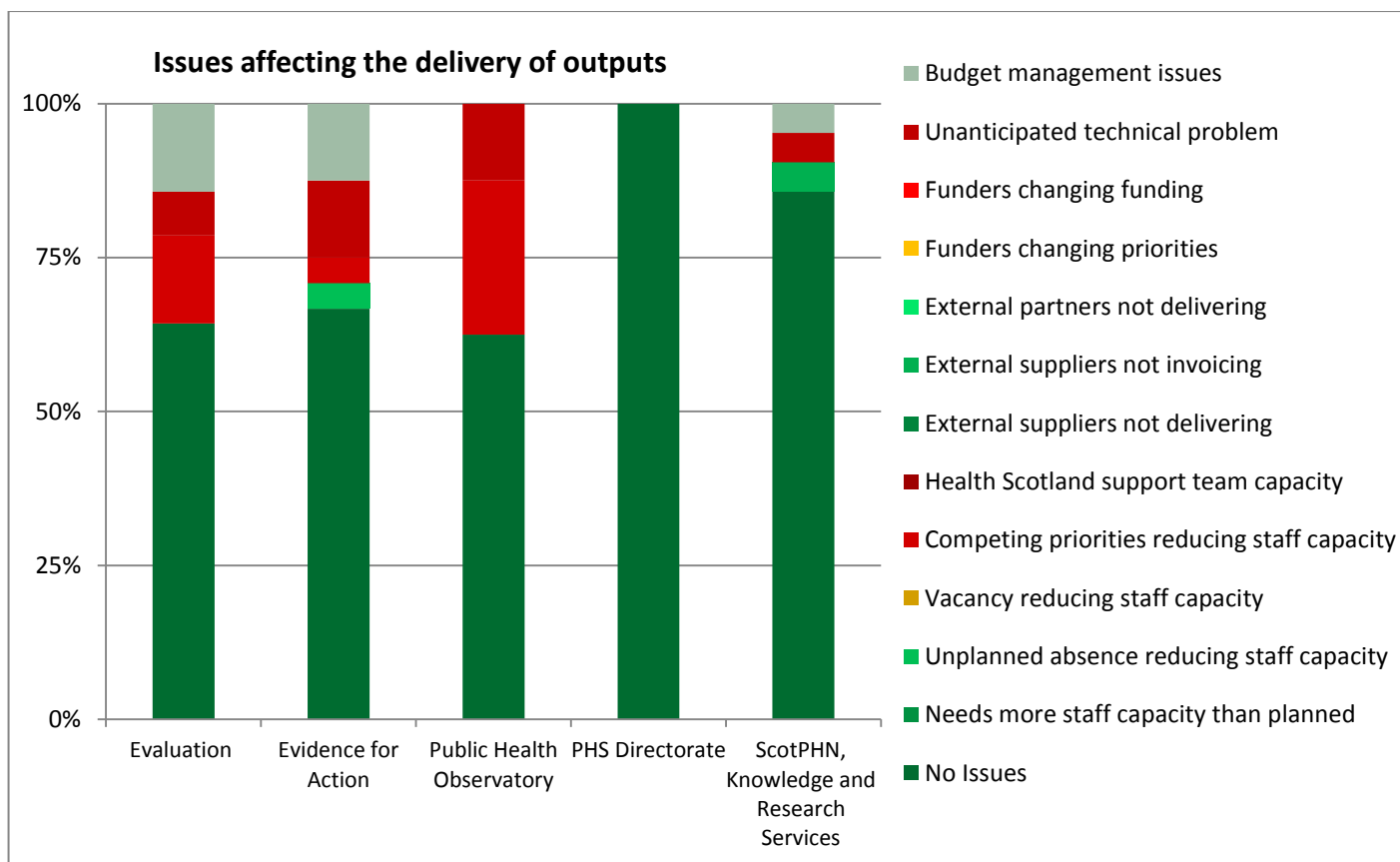
We agreed in principle to prioritise some new work with the Scottish Government's early years programme for child community health.

PUBLIC HEALTH SCIENCE DIRECTORATE

This was a successful quarter for the directorate with **94%** of planned outputs completed or expected to be delivered on time and **99%** completed or expected to be delivered on scope.



We are actively managing the issues involved in the very small number of outputs where there may be a risk to delivering on time and in scope over the delivery year. See table below.



Highlights

Spotlight on HENS – the Health Economics Network for Scotland

As part of the economics of prevention work, we ran a successful seminar on the need to better understand the economic realities of prevention from the perspective of practitioners rather than economists. The programme comprised presentations from practitioners in three sectors: police, health and housing. 50 delegates were split fairly evenly across the NHS (11), local government and Community Planning Partnerships (CPPs) (9), the third sector (8) and academia (11) with good representation from Scottish Government as well (6).

The Quality and Efficiency Support Team (QuEST) team at Scottish Government launched its Annual Report for 2014. The work of the Health Economics Network for Scotland (HENS), which is funded by QuEST, is the first case study in the report. Available at:

[Quality and Efficiency Support Team \(QuEST\) Annual Report 2014](#)

Evaluation feedback highlighted the high levels of interest in the economics of prevention and an appetite for further dialogue in workshops such as these involving practitioners from different sectors.

Two HENS-funded health economics training opportunities completed an Action Learning Set run by Health Economics Health Technology Assessment at the University of Glasgow and a day's course run by the Health Economics Research Unit at

the University of Aberdeen. Both evaluated well. HENS is supporting two more of these training opportunities, which are aimed at non-specialists in health economics who want to apply it to their work and which are structured to help participants translate economics evidence into practice.

Significant Decisions Made

The Health Inequalities Forum has been re-established, with 2 presentations given in quarter 1. Monthly presentations booked now extend into next Spring (Quarter 4) and this reflects how inequalities have been embraced by many staff so that they are now confident to present their work through this internal forum.

staff.

- An evaluability assessment of Family Nurse Partnerships, a significant Scottish Government initiative for early years, has been completed and the report will be published in late August.
- Two replacement Public Health Advisers in the evaluation team have joined, which completes a programme of replenishment of

Risks & Issues to Note

The Government review of the public health function continues, with its strong focus on prevention, equity and quality, and how to widen and deepen the influence of Public Health, both as a public service function and an important outcome for Scotland. One core question has been: "How can we be more effective in tackling health and social inequalities, and increasing healthy life expectancy in Scotland in a sustainable way?" National Review Engagement Events organised by PHS staff (Public Health Network) were held in May in Dundee, Edinburgh, Glasgow and Inverness, and staff received a note of thanks in appreciation of their work.

The link worker project evaluation is delayed owing to challenges met by one of the collaborators. The evaluation team are seeking an extension (NHS Health Scotland manage the evaluation contract and are liaising with Scottish Government

and exploring options with the external evaluation team

The corporate priority project on Power is making satisfactory progress. We will shortly produce a position paper on Power as one of the fundamental determinants of health. The work has been developing in association with Scottish Government and Carnegie Trust.

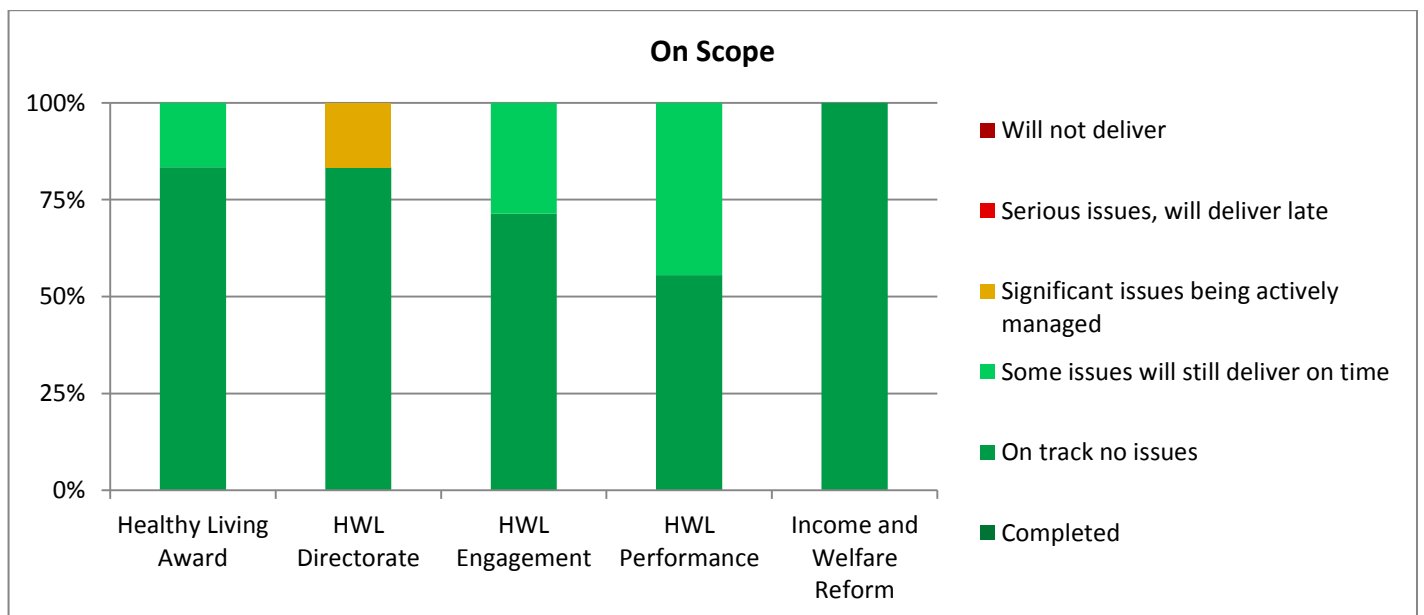
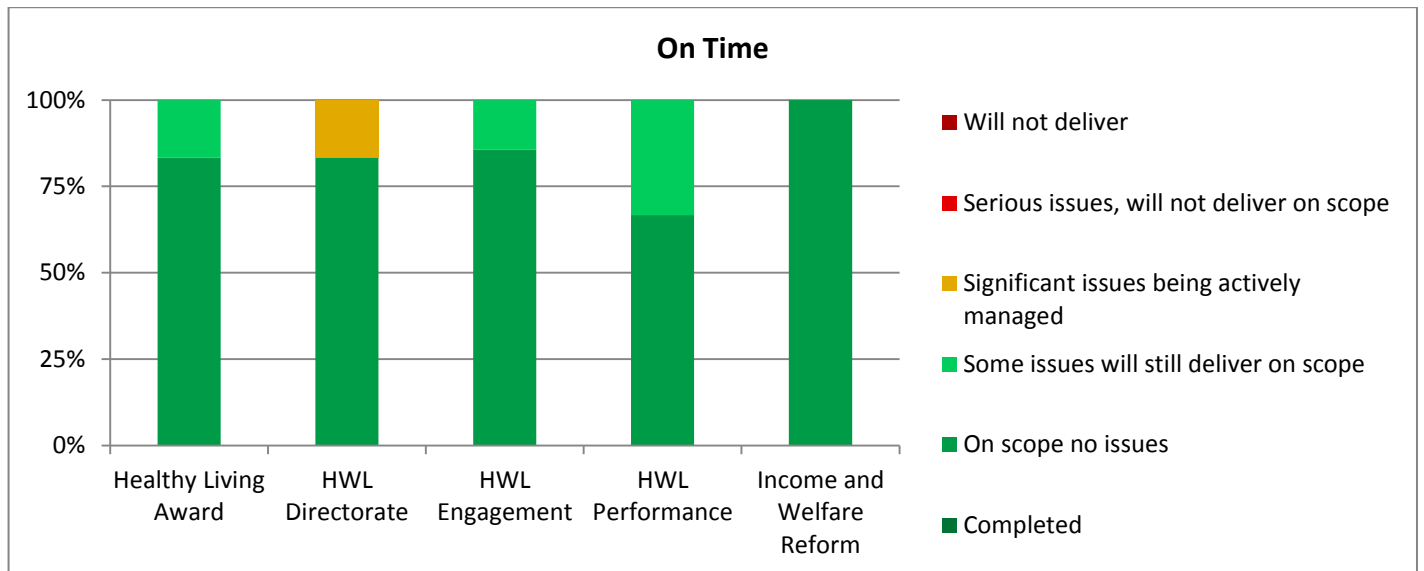
Work on Place and specifically on the Place Standard, is progressing in collaboration with colleagues in the Strategy and Delivery Directorate.

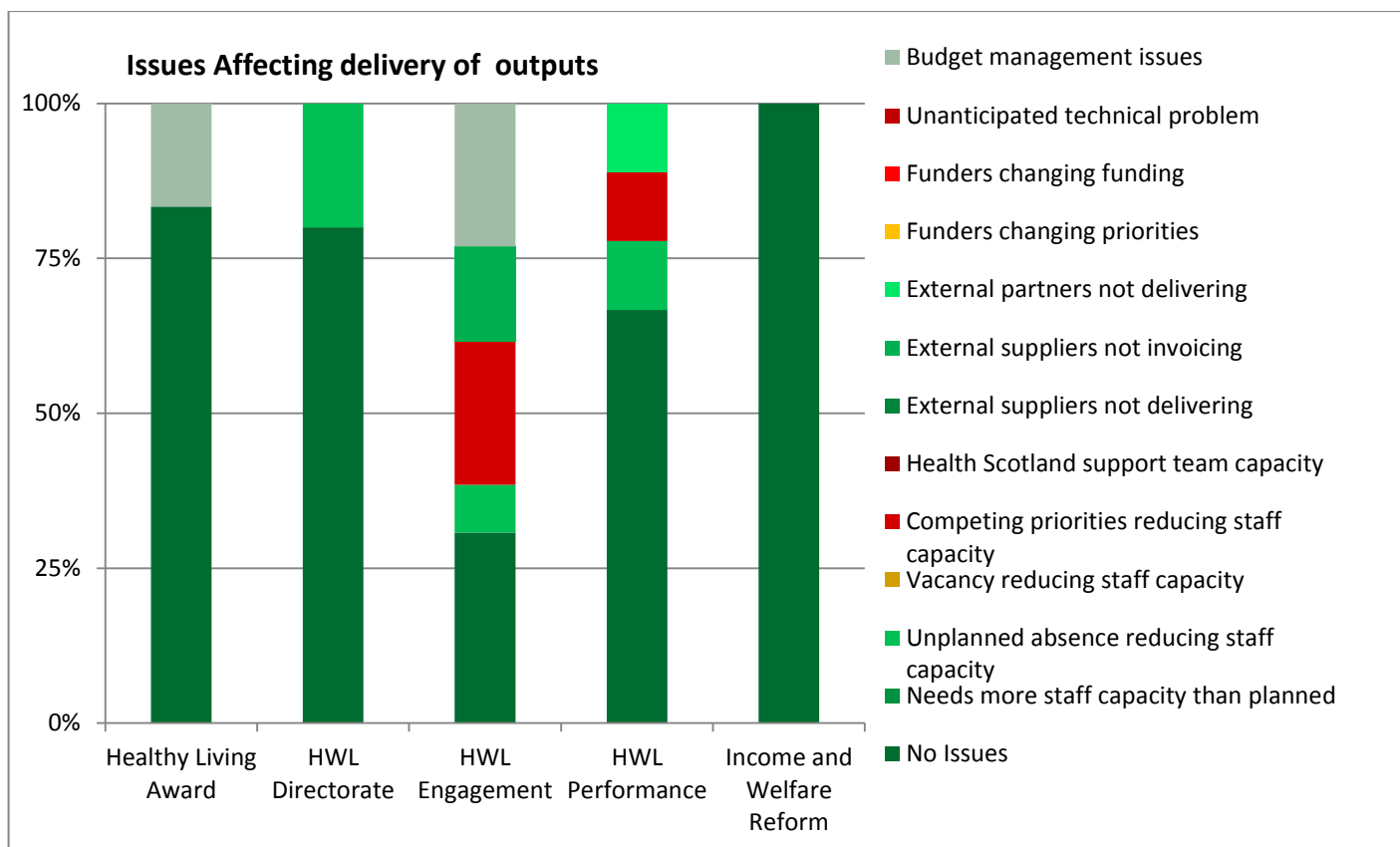
The PHS Directorate Management Team (DMT) reviews risks and pressures regularly, and there is continuing attention to the ScotPHO programme. The Evidence for Action (EfA) children and young people's programme is also at full capacity. The PHO and EfA Teams are examining options to manage this pressure.

Investment in training in Evaluation is a feature of the learning programme, and is incurring costs for external programmes. This is manageable within the allocation of resources.

HEALTHY WORKING LIVES DIRECTORATE

This was a successful quarter for the directorate with **100%** of planned outputs completed or expected to be delivered on time and **100%** completed or expected to be delivered on scope. We are actively managing the issues involved in the very small number of outputs where there may be a risk to delivering on time and in scope over the delivery year.





Highlights

During Q1 the Service Delivery Partnership Agreements for 2015 – 16 between NHS Health Scotland and each territorial board were signed off confirming local delivery arrangements and key performance indicator (KPI) delivery targets. All boards have requested their full funding allocation with the exception of NHS Dumfries and Galloway which, due to staff vacancy, will be providing a reduced Healthy Working Lives (HWL) occupational health and safety service. This is in contrast to last year where five Boards delivered reduced levels of service.

The KPI targets have been met for Q1 with the exception of the National Adviceline, however, the number of enquiries it dealt with has increased in comparison with the same period last year.

Customer feedback remains very positive with the net promoter score for all services exceeding 50% which is recognised as

excellent.

The number of visits to the HWL website remains fairly consistent with 329,035 during Q1 and most popular pages continuing to focus on health and safety topics. HWL's other digital services performed well with the number of twitter account followers of @nhs_hwl now exceeding 1500, an increase of 16.5% in Q1.

Promotional activity included delivering road shows with the Federation of Small Businesses to promote Fit for Work Service (FfWS), presenting at the international Institute of Occupational Safety and health (IOSH) event 'Leadership in Action' and at the 'Mental Health in all Policies' conference in Helsinki. At a meeting of the Partnership for Health and Safety in Scotland hosted by HWL and addressed by the Scottish Government's Fair Work, Skills and Training Directorate, interest was again expressed in working with HWL.

A new financial inclusion section was agreed for the Health Promoting Health Service Chief Executive Letter (HPHS CEL) whereby boards, local authorities and financial inclusion services by working together will provide advice within clinical settings. Approaches are being developed to support NHS Boards to deliver on this including negotiations to secure funding to pump prime delivery of advice services in new clinical settings.

A strategic partnership with the new 'See me in Work' programme was agreed aligning it to the HWL Award and relaunch of the Mentally Healthy Workforce (MHW) elearning course as a cobranded resource. The demand for employer training on mental health continued with over 260 people attending one of the HWL courses on this topic.

Healthy Living Award had conversations with positive outcomes with Morrison's, Greggs, Asda and Scotmid and with NHS Greater Glasgow and Clyde and East Ayrshire Council.

Significant Decisions Made

Agreement was reached with Directors of Public Health on the review of HWL delivery in Scotland. This included agreement on the HWL benefits to population health; that territorial Boards and Health Scotland will work within the programme in equal; and the functions of the programme including what is best done nationally, what should be done locally and developed via a Hub arrangement, as set out in headline terms within a Memorandum of Understanding (MoU).

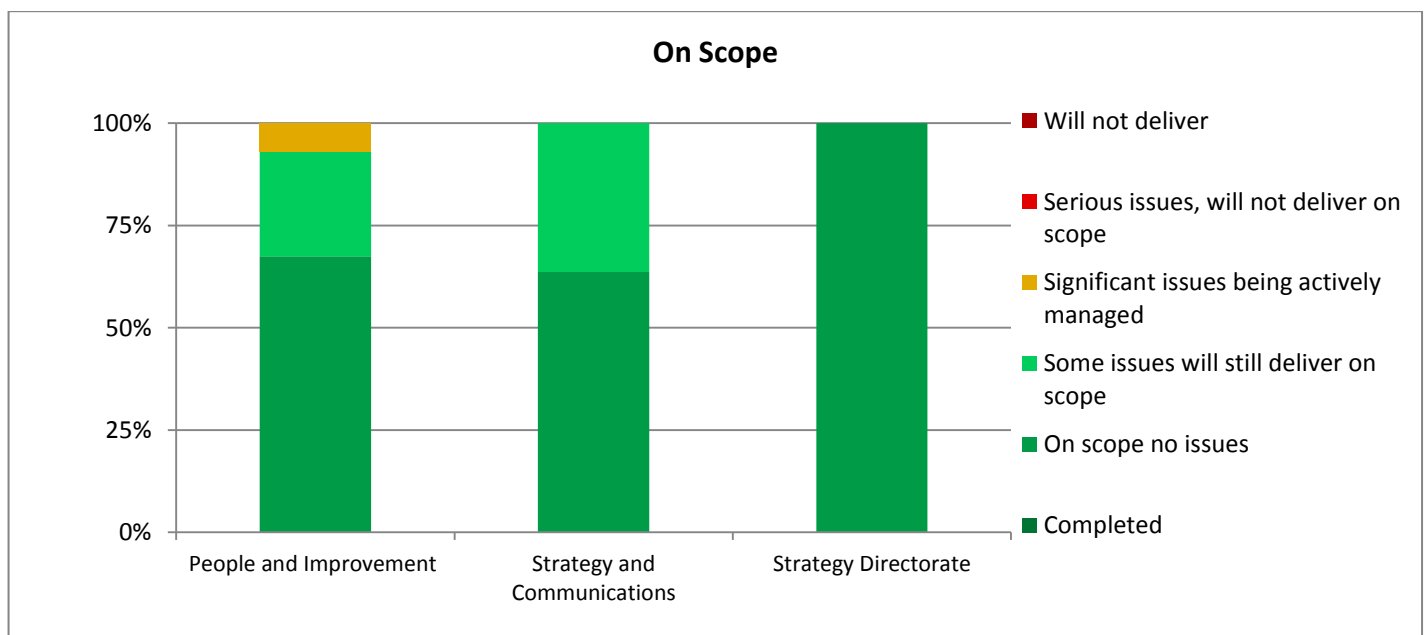
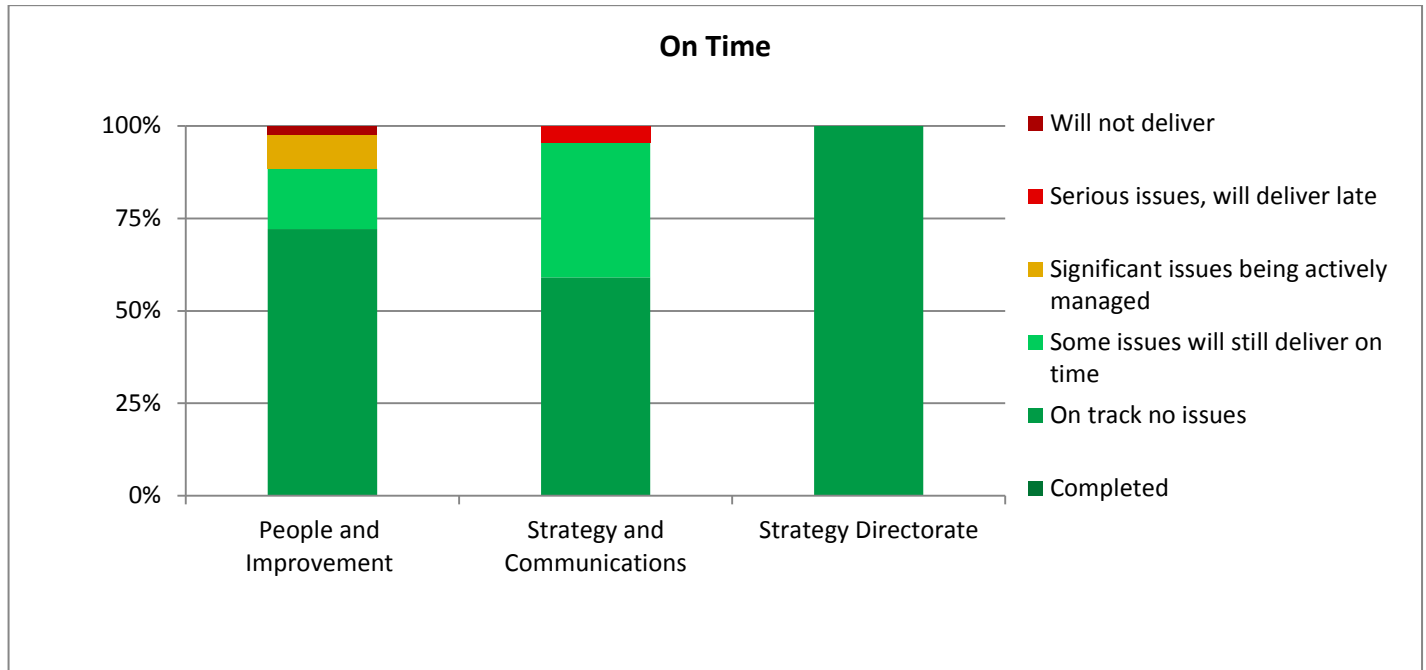
In supporting the MoU, the Terms of Reference for a HWL Programme Board and an Implementation Group are in place and both groups will be set up in Autumn 2015. Funding for 2016 – 17 has also been agreed whereby local Health Boards will receive allocations totalling £600k in addition to £100,000 'in kind' adviser support from the total programme budget of £1.7m.

Risks & Issues to Note

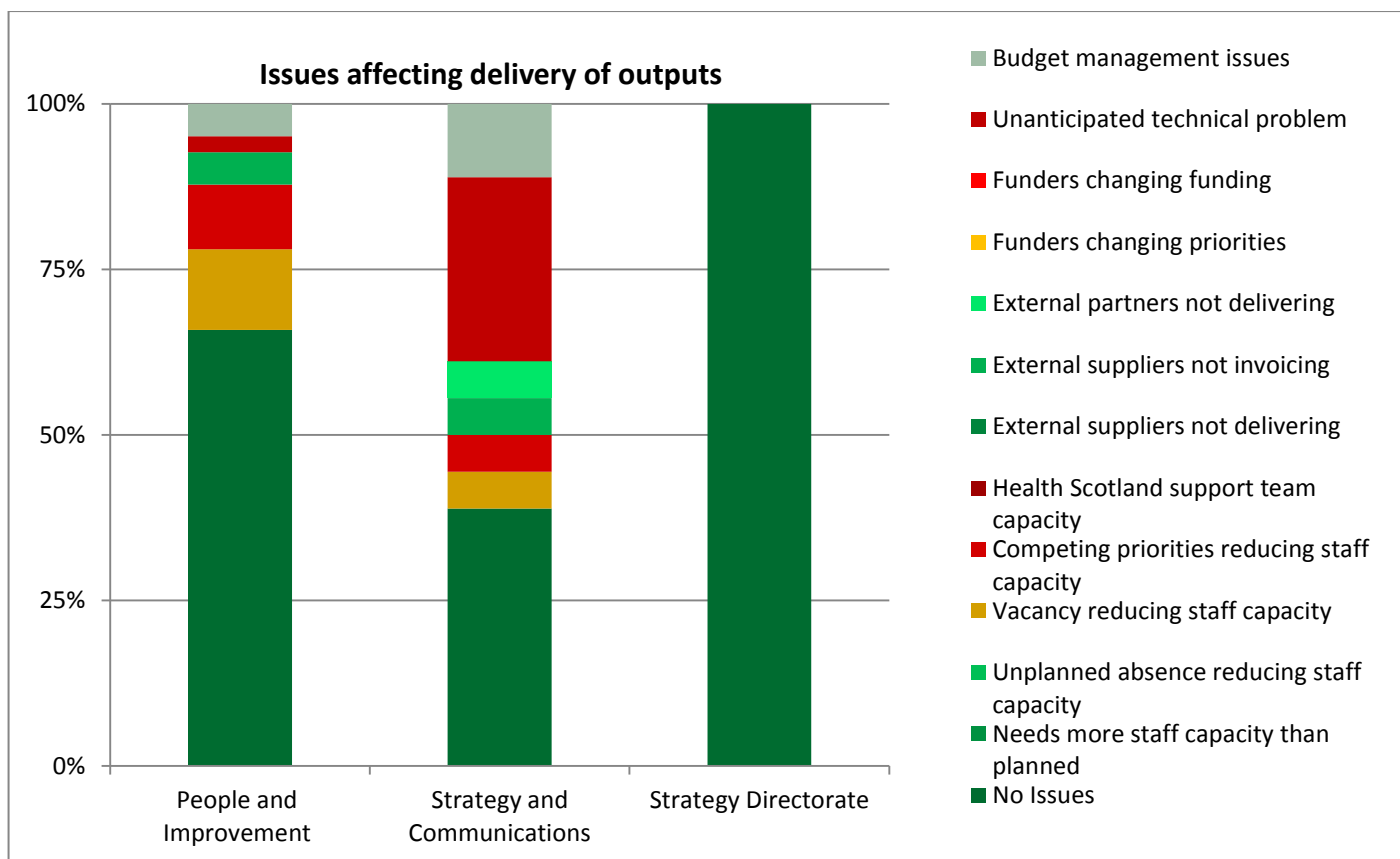
The review of HWL delivery has taken longer than planned and the level of investment that can be made by local Health Boards in delivering the programme beyond April 2016 including adviser capacity is currently unknown. This is impacting on plans for service redesign, for example, in delivering the Award Programme which in its current format is heavily reliant on the capacity of local advisers to support registered organisations. Moreover, it is acknowledged that negotiations have been difficult and moving forward there is a need to strengthen relationships amongst all NHS Boards.

STRATEGY DIRECTORATE

This was a successful quarter for the directorate **97%** of planned outputs completed or expected to be delivered on time and **100%** completed or expected to be delivered on scope.



We are actively managing the issues involved in the very small number of outputs where there may be a risk to delivering on time and in scope over the delivery year. See table below.



Highlights

In line with the key organisational improvement themes of communication and staff empowerment from last year, a new approach to Workforce Planning, designed to delegate in year workforce resourcing decisions from the Corporate Management Team, is underway. We have strong indicators that staff are more engaged with and value the improvements in internal communications.

A number of other system improvements using

At 30 June 2015 we had met our 90% ksf review target, with 95% of staff having had a review and 95% of staff have an up to date PDP. Decisions regarding financial support for training have been directly based on the PDPs, which was a key aim of the new processes introduced last year.

works with risk and on developing detailed recovery plans for Finance, HR and Web teams under Business Continuity.

Our 2015/16 delivery plan has been published with bespoke summaries successfully stimulating 50% more engagement opportunities with key stakeholders across the public and third sector than this time last year. Similarly we have clear indication that policy and decision makers are increasingly engaging with the knowledge we are disseminating to them through our communications and engagement activity.

improvement methodologies, have also been taken forward. This includes the deployment of a new streamlined approach to quarterly reporting, reflected for the first time in this Board report. Other improvement work has focused on how the CMT

The new communications and engagement team is now almost at full complement. A corporate internal and external communications plan is in place and being implemented, with a specific focus on reaching policy and decision makers.

Significant Decisions Made

We have further strengthened the capacity of the communications and engagement team to reach the third sector. This has been achieved at a cost saving through effective vacancy management.

Following on from the decision late last year that the Audit Committee should sponsor our improvement focus, our Best Value assessment, using EFQM as the framework for the first time, was submitted to the Committee in June. Feedback was very positive. The CMT also reached a decision to apply for a full external EFQM assessment in March 2016. This is a sign that both ambition and confidence in our improvement approach is gaining traction across the organisation.

We agreed through the Audit Committee and Partnership Forum to focus our Property Assets Management Strategy (PAMS) on how we can optimise flexible and effective working through our office design. We have also agreed to extend our review of office accommodation to both aim to have completed this

sites and to review and agreed improvements in this financial year.

Risks & Issues to Note

We are dependent on key strategic mechanisms, including the Inequalities Action Group and formal partnership with the Improvement Service, for effective integrated support for community planning partnerships. The authorising environment for the Inequalities Action Group has taken longer to establish

than predicted and arrangements for a formal partnership with the Improvement Service have taken longer to establish than we planned. We are hopeful that the recent agreement from the Director for Population Improvement at the Scottish Government to join the Inequalities Action Group and a meeting between senior staff in Health Scotland and the Improvement Service early in Q2 will help progress these matters.

There has not yet been significant progress with the national HR employee information system and this continues to impact on efficiency of reporting and roll out of better integrated systems.

Learning from last year with regard to managing the risk of increasing the reach of our knowledge briefings and engagement with policy and decision makers continues to inform our processes. A new

corporate sign off protocol and close working with our sponsor division and Scottish Government communications are key actions.

Internally, the functional realignment continues to require extensive HR support with directorates at various stages.

We have begun engagement with imatter and are now preparing for the next national staff survey in August 2015. We know that both processes yield significantly useful information, but there is a risk that both will require significant ongoing effort to motivate and encourage widespread and continuing engagement.

A key risk remains the Corporate Planning Tool. Development has overrun by 9 months and delivery in time for planning for 2016/17 is not secure. The system is currently under review through new contractors but we have not yet reached agreement on costs and viability. Internal project management capacity for significant infrastructure projects of this nature also remains an issue.

Appendix 1 - Summary of Risks on Corporate Risk Register (Published 14th April 2015)

Ref	Potential threat or risk identified
	Reputational Risks Appetite – Open (Target score 12 – 16)
1.1	As a result of unsuccessful strategic engagement or national positioning, there is a risk that we will not have the influence required to effect the changes needed to improve policy, practice and support for action at national level or that some current delivery partners will disengage.
1.2	As a result of a political climate or policy development that is unfavourable towards addressing the fundamental causes of health inequalities, including political decisions that continue to lead to a negative impact of welfare benefit reform on the health of the disadvantaged, there is a risk that our influence will be limited to downstream actions that mitigate but do not reverse health inequalities.
1.3	Closed
1.4	As a result of an ambitious strategy that relies on the contribution of many agencies to effect real reduction of inequality in health, there is a risk that the organisation cannot demonstrate measurable impact.
	Financial Risks Appetite – Cautious (Target score 5 – 10)
2.1	As a result of inadequate financial planning and performance management, there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation.
2.2	As a result of changing political priorities impacting on spending plans and efficiency targets, there is a risk that our financial planning assumptions may become unrealistic.
2.3	As a result of changing political priorities impacting on spending plans and efficiency targets, there is a risk that our financial planning assumptions may become unrealistic.
	Compliance and Regulatory Risks Appetite – Minimalist (Target score 3 – 4)
3.1	As a result of inadequate management of processes for corporate governance and compliance, there is a risk that we will not meet our regulatory, legislative or business continuity obligations.
	Operational Risks Appetite – Open (Target score 12 – 16)

Ref	Potential threat or risk identified
4.1	As a result of unsuccessful change management processes, there is a risk that staff will not feel engaged with organisational aims.
4.2	As a result of changing strategic direction and economic constraints, there is a risk that our workforce resource is not aligned with our priorities or not sufficient.
4.3	As a result of recruitment challenges in an improving employment market there is a risk that we are unable to attract and retain the right staff to implement AFHS.
4.4	As a result of actual or perceived lack of partnership working, there is a risk that employee/employer relations will be impaired.
4.5	As a result of not continuing to improve ways of introducing and maintaining technology in a coordinated and consistent way, there is a risk that our technology footprint will become disjointed and the risks will not be fully articulated and managed.
4.6	Closed
4.7	As a result of limited experience or expertise within a small organisation, there is a risk that contracts and SLAs have been or will be entered into that are not appropriate or have significant flaws.
4.8	As a result of reduced financial allocation we will not be able to do the range of work necessary to achieve our corporate ambitions.