



St Helena Government

PERFORMANCE REPORT

**FOR PERIOD 1 & 2 - APRIL/MAY 2018
FINANCIAL YEAR ENDING 31 MARCH 2019**

Introduction and Overview
Overall Rag Status
Key Performance Indicators



**St Helena
Government**

Overview of Performance for APRIL/MAY 2018

Introduction

ExCo approved and SHG published the financial statements for 2016/17.

SHG announced that an information sharing agreement has been established between SHG and the UK Criminal Records office. With effect from 1 May 2018, 'sugar tax' excise duty increased.

SHG and Connect Saint Helena Ltd announced that PASH (based in UK) was the preferred bidder to provide renewable energy solutions for St Helena, subject to concluding negotiations.

SHG and SA Airlink also announced that additional flights to St Helena will take place between December 2018 and April 2019 in addition to the regular scheduled service and, the Health Directorate launched their strategic framework for Health Promotion on St Helena 2018-19, with the overall aim of reducing overweight/obesity and smoking in the island community.

For this report information has **not** been provided for all areas.

Summary of Key Performance Indicators

Some of the headlines for April and May were as follows:

1. Fire Service average response time for April was 14 minutes, improving in May when the response time was 10 minutes.
2. Crime reports total for the month of April were at 17 and for May increased to a total of 29.
3. 100% of students on Special Education Needs (SEN) Register with active IEP.
4. April saw 21.53% of energy generation from renewables, and May saw an increase to 26.47%.
5. There were 6 unplanned electricity interruptions in April, with a decrease to 3 in May.
6. Number of stay over tourists for April were 171, a 5% increase compared to previous year.
Number of plane passengers: 289
Number of stay-over visitors for May were 142, a 1% increase compared to previous financial year
Number of plane passengers: 274

Corporate Risk Management

No further changes at this point. Quarter 1 (April - June) reporting period is scheduled for July 2018.

Overall Rag Status		Monthly Progress	↔	↔
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Summary of Financial Performance

Please note management accounts is now being generated on a quarterly basis

Overall Rag Status		Monthly Progress		
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Key Revenue and Expenditure Variances

Please note management accounts is now being generated on a quarterly basis






Overall Rag Status		Monthly Progress		
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Capital Programme

No reporting at this point as currently there is no programme.



Overall rag status summary

				April/May		
	Overall Progress	Monthly change 2018/19	Leading Indicator	Overall Progress	Monthly change 2018/19	Leading Indicator
				4	1	2
				1	0	0
				26	31	20
				11	10	20
 UNKNOWN (due to lack of/unavailability of data)				6	6	6

The above table summarises the data in the report. There are 48 areas outlined in the report and both backward and forward looking RAG ratings have been provided.

For this report information has not been provided for all areas .

8% of areas were given a Red rating

2% of areas were given an Amber Red rating

54% of areas were given an Amber rating

23% of areas were given a Green rating

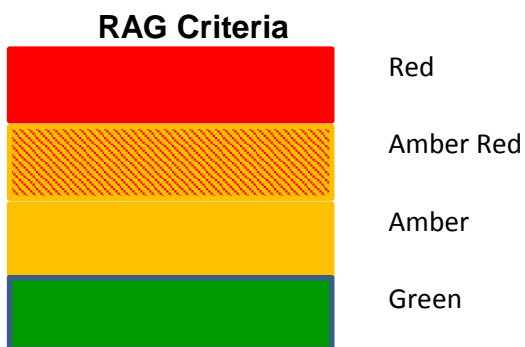
13% of areas were given an unknown rating

*Figures may not total 100% due to rounding




METHODOLOGY

For the Performance Report information is provided in four columns.

- The first ("**Overall Performance Progress**") is an indicator of progress over the past month relative to expectations at the beginning of the year.
- The second ("**Monthly Change**") highlights whether this progress is an improvement, or otherwise, from the previous month.
- The third ("**Leading Indicator**") aims to give a snapshot of how progress is likely going forward and provide a early warning system for potential issues.
- The fifth ("**Commentary**") aims to provide a succinct overview of each area.



Key to Leading indicator arrows:

-  Performance improving
-  Performance maintaining
-  Performance worsening

SHG KEY PERFORMANCE INDICATOR REPORT

PERIOD 1 & 2 (April/May 2018)

No.	National Goal	Directorate Responsible	Performance Indicator/ Risk Mitigation	Benchmark	Target 2018/19	Target 2019/20	Target 2020/21	Performance Update	Overall rag status progress	Direction of Travel (Monthly Progress)	Leading Indicator 2018/19	Notes	Overall Brief Monthly Commentary on Progress/events	
1	Altogether Safer	Safeguarding (Frankie)	(A) % of referrals received for children's services resulting in 1) assessment 2) strategy meeting 3) section 57 4) no further action (B)% of referrals completed in agreed timescales (quarterly reporting); Looked After Child (LAC) reviews completed in agreed timescales; (C) % of children open to Childrens Services who have an up to date care plan 1) Child in Need (3 monthly) 2) Child Protection Plan (3 monthly) 3) Looked After Child (6 monthly); (D) Number of children open with a disability; 1) number of cases where direct work is being completed; 2) number of cases with MAPPA involvement		A. 1) 35% 2) 20% 3) 10% 4) 35% B. 95% C. 100% (1) 100% (2) 100% (3) 100% D. 90%			April 2018 (A) see note (B) Quarterly reporting (C) 1)No. of CIN cases 38 2)No. of CP Cases 0 3) No. of LAC cases 3 (D) No. of children open with a disability 5 1) No. of cases where direct work is currently being undertaken 13 (this does not include work carried out by the Therapeutic Practitioner) 2) No. of cases with MAPPA involvement 6 May 2018 (A) see note (B) Quarterly reporting (C) 1)No. of CIN cases 39 2)No. of CP Cases 0 3)No. of LAC cases 3 (D) No. of children open with a disability 5 1)No. of cases where direct work is currently being undertaken 10 (this does not include work carried out by the Therapeutic Practitioner) 2)No. of cases with MAPPA involvement 6					Unable to provide a percentage for the assessments that was completed in timescale as they are not due for completion until July (this information can be provided when we provide next month's figures).	
		Safeguarding (Victoria)	Joint visits are conducted with other agencies (Health, OT, MH, Physio etc.)	2016 was 47 OT visits and 2 MH. Currently all joint visits OT, Police, Specialists etc. and MDTs are captured – 2017/18 YTD is 123. All joint visits to be recorded.	60				April = 7 May = 6					
		Police	Reduce Overall Crime	The figure will not be set until the end of the current PPY as the figure for the current year plays a part in setting the figure. In any case, the figure will be divided by 12 and monitored on a monthly basis.	Less than five year average The target is 240 crimes a year which is an average of 20 crimes per month.	Less than five year average	Less than five year average		April 2018 there were 17 recorded crimes May 2018 there were 29 recorded crimes					Recorded crime in 2017/18 totalled 145 crimes which is an average of just over 12 crimes per month. A review of crime recording has been undertaken a crime recording policy written which is victim focused to ensure we are recording all crime ethically. In April 2018, 17 crimes were recorded and in May 2018, 29 crimes were recorded. Crime is therefore increasing and will increase throughout this year which is down to how we now record crime which reflects our actual demand. Likewise the COP strategy is to increase the reporting of domestic abuse and domestic violence incidents. The target is 240 crimes a year which is an average of 20 crimes per month.
		Police	Improving community trust and confidence in the services provided by the Directorate		80% satisfaction level from those surveyed.	80% satisfaction level from those surveyed.	85% satisfaction level from those surveyed.		April: 6 call backs 100% satisfaction 10 surgeries completed 73 community engagement hours May: 6 call backs 100% satisfaction 12 surgeries completed. 73 community engagement hours					
		Police	Working with partners, volunteers and stakeholders to maintain public safety and our responses to incidents		100 Road Traffic Collisions (RTCs) or less	100 RTCs or less	100 RTCs or less		April = 10% reduction in RTC's 5 in total May = 10% reduction in RTCs 8 in total					
		Police	The St Helena Fire and Rescue Service will provide an immediate response to all related emergencies	Monitored on a monthly basis based upon the number of calls attended.	Attendance within 12 mins for the first appliance	Attendance within 12 mins for the first appliance	Attendance within 12 mins for the first appliance		April- 11 Reports, 14 mins Response May- 8 Reports 10 Mins Response.					
		Safeguarding (Wendy)	Number of older persons (over 65) who are admitted to residential/sheltered accommodation - Reduce the number of admissions compared to the previous year	13 admissions in residential/sheltered accommodations for 2016/17 (3 in sheltered and 10 in residential)	15 admissions				April - 0 admissions May - 1 Residential admission					
		Safeguarding (Victoria)	% of eligible clients engaging in Day Care or Overnight Respite on at least three occasions per calendar month.	Monitoring of respite/day care provision would allow us to monitor this against our home support figures – ie should home support reduce as respite/day care increases?	65%				April = 46% May = 59% (No overnight respite is currently available)					
		Safeguarding (Victoria)	% of those receiving Home Support/Home care who have had a review within the specified timeframe.	Adults and Older adults 81.5%	Record on a quarterly/yearly basis (financial year) Target = 90%								Quarterly	
		Safeguarding (Victoria)	All adult social care assessments to be completed within the specified timeframe.	82 assessments completed	50 assessments				April = 8 May = 6 All assessments completed in set timescales					
		10	Health	Vaccination Coverage Children at 2 years of age, up to date with vaccinations. Measured as a) % of 2 year olds immunised against those due on census data. (Aim = >90%) b) % of 2 year olds immunised against those due from birth rate. (Aim = >100%)	2017/18 data a) 85% of 2 year olds (against Census data) b) 102% of 2 year olds (against birth rate)	a) ≥ 90% b) ≥ 90%	a) ≥ 90% b) ≥ 90%		APRIL YTD a) 8% b) 10% MAY YTD a) 23% b) 30%					
Diabetes a) % of registered diabetes clients who have had their HbA1c tested at least once during the preceding year. (Aim = >85%) b) % of registered diabetics with "Good Control". (Aim = >50%)	a) 75% (2015 data) 79% (2017/2018) b) 34% (June 2015 Data) 46% (2017/2018)			a) ≥90% b) ≥60%	a) ≥90% b) ≥60%		APRIL a) 79% b) 48% MAY a) 78% b) 49%							

No.	National Goal	Directorate Responsible	Performance Indicator/ Risk Mitigation	Benchmark	Target 2018/19	Target 2019/20	Target 2020/21	Performance Update	Overall rag status progress	Direction of Travel (Monthly Progress)	Leading Indicator 2018/19	Notes	Overall Brief Monthly Commentary on Progress/events
12	Altogether Healthier	Health	Obesity: Early detection and prevention or reduction of obesity amongst resident population of St Helena (a) % of Children who are overweight or obese when measured on an annual basis in school. (b) % of adults with a BMI >25 out of all patients seen. (c) % of adults with a BMI >25 out of all patients who had BMI check	Accurate baseline to be established for (a) 53% of school children overweight or obese Overweight = 34%; Obese = 19% N=372 school children weighed March 2017 Boys=191 Girls=181 Boys (51%): overweight = 33%; obese = 18% Girl (54%): overweight = 34%; obese =20 % (b) 23% (222 with excess weight out of 978 patients seen) (c) 74% of all BMI's checked have BMI >25 (222 out of 298)	a) 5% reduction in recorded percentage of overweight children in 2018 b) 5% reduction in % of adults with BMI >25 c) ≤70% of recorded BMI among adults is >25	a) 5% reduction in recorded percentage of overweight children in 2019 b) 5% reduction in % of adults with BMI >25 c) ≤70% of recorded BMI among adults is >25		(a) 31% of school children overweight or obese. (137 out of 449) Overweight = 11%; Obese = 19% N=449 school children weighed. Boys = 226 Girls = 223 • Boys TOTAL 31%; overweight = 12%, obese = 19% • Girls TOTAL 30%; overweight = 10%, obese = 20% b) 18% (183 out of 964) c) 78% (183 out of 231)					
13		Health	Obesity - Structured Interventions % of children and adults identified during health assessment as being overweight who receive support through a structured intervention. Children a) % of children identified with excess body weight (149) receiving brief intervention b) % of children identified with excess body weight referred for specialist advice that received specialist advice Adults a) % of adults identified with excess body weight receiving brief intervention b) % of adults identified with excess body weight receiving specialist dietetic advice	Children a) Baseline in July 2017: 0 b) Baseline in July 2017: 2 (100%) Adults a) Baseline in July 2017: 1 b) Baseline in July 2017: 3 (100%)	a) ≥60% of children with excess body weight receive brief intervention b) ≥60% of children with excess body weight receive brief intervention	a) ≥70% of children with excess body weight receive brief intervention b) ≥70% of children with excess body weight receive brief intervention		APRIL: Children a) 1% (1) b) 0% (0 out of 137) c) 0% (0 out of 0) APRIL: Adults a) 17% (31 out of 183) b) 0% (0 out of 183) c) 0% (0 out of 0) MAY: Children a) 1% (1) b) 1% (1 out of 137) c) 100% (1 out of 1) MAY: Adults a) 29% (120 out of 390) b) 4% (160 out of 390) c) 100% (16 out of 16)					
14		Health	Safe provision of an appropriate range of Mental Health services on island a) Waiting times for mental health first follow-up appointments once deemed clinically necessary b) Waiting time for first follow-up clinical psychology appointment once deemed clinically necessary c) Caseload per qualified mental health practitioner d) % of cases per practitioner with care coordination rating of 4 & 5	Baseline to be established March 2018	a) ≤3 days b) ≤7 days c) ≤40/practitioner d) ≤25%	a) ≤3 days b) ≤7 days c) ≤40/practitioner d) ≤25%		Awaiting data clarification					
15		Health	Access to Healthcare 1. General Hospital (Secondary Health Care) a) No of general admissions to hospital (YTD) b) Number of surgical admissions(YTD) 2. Total number of different patients per month that accessed Primary Health Care to see a) Doctor b) Nurse c) Overall 3. Total number of different patients per month that accessed Primary Health Care at d) Half Tree Hollow e) Longwood f) Levelwood D=Doctor 4. Total number of occasions per month that patients with a registered disability were seen by a Doctor 5. Total number of home support visits for palliative / end-of-life care	1(a) = 2000 1(b) = 30 2 (a) (b) (c) 3 (d) (e) (f) 4. Awaiting info from Safeguarding to determine stats. 5. 20 (Nov 2016)	Target to maintain services at baseline level of 4 consultations/person/year	Target to maintain services at baseline level of 4 consultations/person/year		APRIL 2018 1. a) 26 b) 44 2. a) 965 b) 872 c) 1460 3. d) D = 60 e) D = 28 f) D = 12 4. Figures soon to be collated (Ready by July) 5. 7 MAY 2018 1. a) 45 b) 86 2. a) 1464 b) 1461 c) 2136 3. d) D = 14 e) D = 64 f) D = 22 4. Figures soon to be collated (Ready by July) 5. 19					
16		Health	Encourage Smoking Cessation a) % of all patients who have had their smoking status screened b) % of screened smokers seen in clinics receiving brief intervention c) % of screened smokers who set firm quit date d) % of screened smokers seen in clinics receiving specialist advice e) % of treated smokers who remained quitters at 13 weeks verified by CO monitoring f) % of treated smokers who remained quitters at 4 weeks monitored by CO g) % of treated smokers that are self-reported 4-week quitters h) Number of treated smokers (a treated smoker is a smoker who undergoes at least one treatment session on or prior to the quit date and sets a firm quit date. Smokers who attend an assessment session but fail to attend thereafter would not be counted. Neither are smokers who have already stopped smoking at the time they first come to the attention of the services) i) 4-week quit success rate (Number of 4-week quitters verified by CO/Number of treated smokers) j) 13-week quit success rate (Number of 13-week quitters verified by CO/Number of Treated Smokers)	a) 37% b) 1% c) unknown d) 5% e) unknown f) unknown g) unknown h) unknown i) unknown j) unknown	a) 50% b) 20% c) 30% d) 30% e) 40% f) 40% g) 40% h) *** i) ≥ 40% j) ≥ 40%	TBD		APRIL 2018 a) 99 b) 18 c) 4 d) 0% e) 69% f) 0% g) h) i) j) MAY 2018 a) 215 b) 30 c) 6 d) 0% e) 39% f) 1% g) h) i) j)					Awaiting clarification of data capture
17	ENRD	Social Housing - Increase the social housing stock.	184 social houses (Jan 2017)	Require target				Awaiting update					

No.	National Goal	Directorate Responsible	Performance Indicator/ Risk Mitigation	Benchmark	Target 2018/19	Target 2019/20	Target 2020/21	Performance Update	Overall rag status progress	Direction of Travel (Monthly Progress)	Leading Indicator 2018/19	Notes	Overall Brief Monthly Commentary on Progress/events	
18	Altogether Greener	ENRD	Plants and Wildlife Monitor the health of St Helena's marine and terrestrial habitats, to make sure they do not decline ie that we don't lose any of the endemic life there and we maintain the environment in which these endemic animals and plants live.	Benchmarking done for 21 terrestrial and 22 marine in 2015/16	5% of high value native habitat managed 95% not under management monitored to assess rate of decline					↔	↑		Nursery work at Scotland and Peaks carried forward with Nursery open day moved onwards to 20 July; Nurseries for Nature project under way with massive delays in procurement of materials not resolved; Critical habitat ecological restoration work continued on 5% of target sites of high endemic diversity value with special focus on flax clearance on the central ridge ongoing	
		ENRD	Environmental Protection - St Helena's environment is protected through the implementation of the Environmental Protection Ordinance (EPO) enabling the conservation of biodiversity, regulation of trade in endangered species and the control of pollution, hazardous substances, litter and waste.	10% of the required supporting policies, guidelines and procedures have been formally adopted and or are in place to facilitate the implementation of the EPO (Jan 2017)	Require target					↔	↔		Recruitment of second Environmental Assistant underway. General awareness of EPO continues through presentation to ENRC, meetings with researchers, project staff, consultants, potential investors and ENRD staff and representation on various project working groups. Environmental assessment done for planning applications and advice given on proposed developments. 13 Export Permits were issued for various samples to be sent off island for scientific analysis. 1 Licence was issued for research purposes.	
		ENRD	Waste Management	Equally sized domestic waste cells last for approximately 1 year	5% increase in domestic waste cells life	5% increase in domestic waste cells life	5% increase in domestic waste cells life				↔	↑		Whilst no capital investment has been forthcoming in recycling (business cases have been submitted), initiatives are being developed to reduce waste. But the effects of these initiatives will not be as great as investment in recycling. Glass recycling continues as per Partnership Agreement with Private Sector partner. OCTA Anaerobic Digestion Project proceeding as per stakeholder agreed changes. Plastics Recycling Project external funding through DEFRA (UK) applied for. Landscape bulky waste project for Jamestown will be delivered during June/July.
		ENRD/Connect	Energy Use	More efficient use of energy per head of population							↔	↑		Work continues with lawyers in the UK to agree the Power Purchase Agreement which will then be submitted to the Procurement Board and Connect Board for approval prior to entering into the contract.
		ENRD	Increase Land available for Housing through the development of the CDA's and individual site identification.		Release 60 plots by the end of 2018.						↔	↓		Work continues with all stakeholders to achieve this challenging target.
23	Altogether Better for Children and Young People	Education	Primary Education % of Year 6 pupils assessed as performing at or above Age Related Expectations NOTE: New measure which reflects changes in assessment policy in the English National Curriculum	English 50% Maths 30% (July 2017)	English 60% Maths 60%	English 65% Maths 65%	English 65% Maths 65%	August 2017 RESULTS English 50.0% Mathematics 30.0%		↔	↔	Reported on academic year		
		Education	Inclusion % of students on Special Education Needs (SEN) Register with active Individual Education Plan (IEP) (IEPs are the learning plans that spell out what steps the school will take to meet the needs of children with special education needs or disabilities. They document both the child's needs and the actions to address them and the targets that the child is expected to meet) NOTE: Final assessment to be made at end of academic year	new measure	100%	100%	100%	100%		↑	↑			
		Education	Secondary Education % of pupils achieving 5 GCSE A*-C including English and Maths (or the equivalent grades on the new 9-1 GCSEs)	22% (Aug 2016)	45%	50%	50%	45%		↑	↑	Reported on academic year		
		Education	% of teachers qualified to Level 4+	33.3% (March 2017)	50% of teachers qualified to Level 4+	70% of teachers qualified to Level 4+; 40% of teachers qualified to Level 5+	75% of teachers qualified to Level 4+; 50% of teachers qualified to Level 5+	43%		↔	↑			
		Education	St Helena Community College provides a range of general, technical/vocational, professional and higher education programmes to meet the needs of the local economy. NOTE: Because the enrolment cycle of the SHCC operates on the academic year, this data should be reported and KPI assessed on the basis of the academic year ending in the financial year. Thereafter, regular updates in the narrative can provide details on progress toward the upcoming year's performance.	a) SHCC Courses offered: 159 courses b) General/Community 27 c) Higher Education 36 d) Professional 10 e) Technical/Vocational 47 f) 273 student/course registrations from 1/9/2016 - 20/2/2016. g) 363 students enrolled in SHCC programmes to date.	Annual Training Needs Assessment completed. 100 courses offered (with information on accreditation status and level) 400 course registrations	Annual Training Needs Assessment completed. 100 courses offered (with information on accreditation status and level) 450 course registrations	Annual Training Needs Assessment completed. 100 courses offered (with information on accreditation status and level) 500 course registrations	2017 Training Needs Assessment data being used to inform planning. 159 courses offered 118 courses with active enrolment during year Community Education: 59 courses, 14 accredited Higher Education: 14 courses; 14 accredited Professional Studies: 8 courses; 8 accredited Technical/Vocational: 22 courses; 20 accredited 612 students registered (Academic Yr ending 8/17) 821 course registrations (Academic Yr ending 8/17) 102 registrations in accredited L1 - L2 core skills courses (English, maths, ICT)		↑	↑			
		Safeguarding	Number of people who we are supporting on our employability scheme	Benchmark Year 1 (2017/18 = 21)	21			April = 26 May = 26		↑	↑			
29	Corporate Services (Corporate Support - Carol)	% of Report It Sort It reports acknowledged and allocated for action within 3 working days of receipt	95%	100%	100%	100%	100% of reports for April and May acknowledged and allocated for action within 3 working days of receipt		↑	↑	Monthly			
30	Corporate Services (Corporate Support - Carol)	Number of people making use of the public transport service	18070 tickets sold (2013/14)	Further 10% increase	Further 10% increase	Further 10% increase					Quarterly			
31	Corporate Services (Corporate Support - Linda B)	Revised timetables for the Public Transport Service to make provision for Park and Ride schemes into Jamestown.	No Park and Ride Scheme exists at the moment.	Commence March 2019			No further update since March 2018		↔	↔				
32	Corporate Services (Corporate Support - Linda B)	% of requests for information dealt with in accordance with the Code of Practice for Access to SHG	Baseline to reflect 2016/17 Performance of 40%	90%	95%	95%	100% for April and May		↑	↑				

No.	National Goal	Directorate Responsible	Performance Indicator/ Risk Mitigation	Benchmark	Target 2018/19	Target 2019/20	Target 2020/21	Performance Update	Overall rag status progress	Direction of Travel (Monthly Progress)	Leading Indicator 2018/19	Notes	Overall Brief Monthly Commentary on Progress/events														
33	Altogether Weatherier	Corporate Services (Statistics Office)	Number of stay over tourist visitors to the island	2,527 (2012/13) 2,054 (2013/14)	1,959 (2017/18) 10% increase (195.90) Target - 2,154.90	10% increase on 2018/19	10% increase on 2019/20	April 2018 • Number of stay-over visitors: 171 2018/19 YTD: 171, 5 per cent increase from the previous financial year • Number of plane passengers: 289 2018/19 YTD: 289 May 2018 • Number of stay-over visitors: 142 2018/19 YTD: 313, a 1 per cent increase from the previous financial year • Number of plane passengers: 274 2018/19 YTD: 563	Amber	↑	↑																
34		Connect St Helena (Barry)	Sustainability % of energy generation from renewables	9.13% (2012/13)	40%	80%	80%	April = 21.53% May = 26.47%	Amber	↑	↑																
35		Connect St Helena (Barry)	Reliability Unplanned electricity interruptions per annum	146 (2012/13) 134 (2013/14)	95	90	85	April = 6 May = 3	Green	↔	↔		Electricity interruptions remain favourable and upgrade works continue to further improve on this figure.														
36		Air Access (Janet/Sharon)	Regularly scheduled flights to St Helena	Airport open and operational but in 2016/17 catered only to charter and medevac flights	Minimum of a weekly scheduled flight to St Helena	Minimum of a weekly scheduled flight to St Helena plus ability to schedule additional flights as required	Minimum of a weekly scheduled flight to St Helena plus ability to schedule additional flights as required	The total number of flights for Period 1 and 2 (April and May) is summarised below: <table border="1"> <thead> <tr> <th>Type</th> <th>Arrival</th> <th>Departure</th> </tr> </thead> <tbody> <tr> <td>Scheduled flights</td> <td>9</td> <td>9</td> </tr> <tr> <td>Charter Flights</td> <td>2</td> <td>2</td> </tr> <tr> <td>Medevac Flights</td> <td>1</td> <td>1</td> </tr> <tr> <td>Total</td> <td>12</td> <td>12</td> </tr> </tbody> </table>	Type	Arrival	Departure	Scheduled flights	9	9	Charter Flights	2	2	Medevac Flights	1	1	Total	12	12	Amber	↑	↑	On 04 May 2018, Saint Helena Government and SA Airlink announced that additional flights to St Helena will take place between December 2018 and April 2019. In addition to the regular scheduled services, a further 19 flights are being scheduled midweek during this peak period. The 5000th passenger passed through the airport when Airlink 8131 arrived on the 19th of May 2018. The 100th Aircraft visiting since certification landed at Saint Helena Airport a positioning Medevac 23 months after the first of its type on 3 June 2016.
Type		Arrival	Departure																								
Scheduled flights		9	9																								
Charter Flights		2	2																								
Medevac Flights		1	1																								
Total		12	12																								
37		Air Access (Janet/Sharon)	St Helena Airport maintains airport certification	Original airport certificate granted by ASSI in May 2016 Airport recertified (6 month duration) in November 2016 ASSI audit inspection in March 2017	Successful completion of ASSI audit [date to be advised] and implementation of any rectification actions	Successful completion of ASSI audit [date to be advised] and implementation of any rectification actions		Ongoing	Green	↔	↑		ASSI's approval for the transportation of Dangerous Goods by Air enabled the carriage of the First Fuel Samples (Dangerous Goods) from Saint Helena to Johannesburg on a Passenger aircraft.														
38	Corporate Support (IT- Jerry)	IT Systems maintained % of Downtime for IT Systems not to exceed	85%	Increase by 5%	Increase by 5%	Increase by 5%	Remain as at March 2018 ie 90% No further change for April/May	Green	↔	↑																	
39	Corporate Support (Carol)	Legislative Programme agreed and updated and circulated to elected Members.	The legislative programme is currently delivered on an 'ad hoc' basis	Programme presented to Council, updated and published on quarterly basis	Programme presented to Council, updated and published on quarterly basis	Programme presented to Council, updated and published on quarterly basis	Legislative Programme to be reviewed and updated by the new Attorney General in consultation with Directors to enable Legislative Council to thereafter consider the priorities	Amber	↔	↔																	
40	Corporate Support (Gilly/Kerisha)	Internal communication in SHG is improved and employees feel informed about what is happening	Benchmark – improve on the 40% positive score of the 2015 Employee Opinion Survey. To develop an employee engagement survey to be rolled out in 2018/19 to provide a baseline for this data as we move forward				The SHG Press Office has commenced an internal communications project working with the Future Leaders to determine what communication problems exist in SHG and to inform a plan going forward. These results and results from the 2018 EOS will determine the format of an Employee Engagement Survey in 2018/19.	Amber	↔	↔																	
41	Corporate Support (Gilly/Kerisha)	External audiences receive and understand messages from SHG	Benchmark - Develop an external survey for 2018/19 to provide a baseline for this data as we move forward.				The draft communications strategy for SHG will go to CLG on 27 June. Included in the strategy is the aim of conducting a Public Opinion Survey in 2018/19 to gauge public perception of SHG. When the comms strategy is signed off, work will commence to carry out a public opinion survey in 2018/19.	Amber	↔	↔																	
42	Corporate Finance (Nicholas)	Self-sufficiency % of budget from local revenue	33% (2013/14)	33.5%			April = 23% May = 27%	Amber	↔	↔																	
43	ESH (Kirsty)	Increase in number of ESH-supported businesses registered with SHG Tax Office	680 March 2018 est.	6	6		April - 0 May - 2 Total = 2	Amber	↔	↑																	
44	ESH (Kirsty)	Increase in number of ESH-supported businesses in all sectors receiving ESH Grants (micro/capital)	49/2	30/1	25/1		April - 5 micro/0 capital May - 5 micro/0 capital Total = 10 micro/0 capital	Amber	↔	↔																	

Key to arrows

Performance Improving
 Performance Maintaining
 Performance Worsening
 Performance Data currently being collected

Rag Rating

Green On target
 Amber Maintaining
 Red Below target