

St Helena Government

PERFORMANCE REPORT

FOR PERIOD 4 - JULY 2018
FINANCIAL YEAR ENDING 31 MARCH 2019

Introduction
Overall Rag Status
Key Performance Indicators



Overview of Performance for JULY 2018

Introduction

With effect from 1 July 2018 St Helena Government (SHG) became a Smokefree government, which included all of SHGs outside areas being smoke-free alongside the already existing indoor areas.

Connect St Helena Ltd proposed a utilities tariff review from 1 July 2018, which saw an increase in water charges only.

The St Helena Minimum Wage increase which was announced in March 2018, came into effect from 1 July 2018.

SHG and SA Airlink announced the introduction of a 'Companion fare' on flights to and from St Helena between 4 August and 4 December 2018.

St Helena Community College (SHCC) now offer students a wider range of online courses and qualifications via partnership with Coursera - an online education provider that offers online courses popularly known as MOOCs (Massive Open Online Courses), from top universities around the world

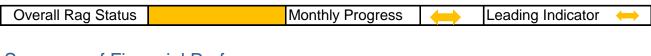
At the end of June 2018, the number of St Helenians on St Helena was estimated to be 4,300, almost 7% higher than at the end of June 2017, and very close to the peak of 4,334 recorded at the end of December 2017.

Summary of Key Performance Indicators

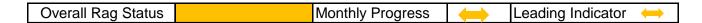
- 1. 100% of children open to Childrens Services who have had an uptodate care plan.
- 2. For July crime reporting remains at 10 reports.
- 3. St Helena Fire & Rescue received a total of 10 reports with an average 11 minute response time.
- 4. 37% of 2 year olds were immunised against those due on census data, and 47% of 2 yr olds were immunised against those due from birth rate.
- 5. 25% of adults had excess weight and BMI >25 out of all patients seen to date, and 77% of adults had BMI>25 out of all patients who had their BMI checked.
- 6. 100% of Report It, Sort It, reports were acknowledge and allocated for action within 3 working days of receipt.
- 7. 20.45% of energy generation from renewables, and there were 6 unplanned electricity interruptions.

Corporate Risk Management

SHG Corporate Risks remains as is as at July 2018. Next quarterly update due end of September 2018.

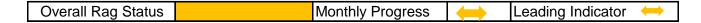


Summary of Financial Performance Next quarterly update due September 2018



Key Revenue and Expenditure Variances

Next quarterly update due September 2018



Capital Programme

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



Overall rag status summary

		June				
	Overall Progress	Monthly change 2018/19	Leading Indicator	Overall Progress	Monthly change 2018/19	Leading Indicator 2018/19
R	4	1	2	4	1	2
AR	1	0	0	1	0	0
A	29	33	22	24	26	19
G	12	12	21	15	17	22
UNKNOWN (due to lack of/unavailability of data)	2	2	3	4	4	5

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 .

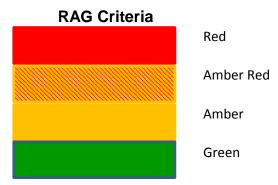
- 8% of areas were given a Red rating
- 2% of areas were given an Amber Red rating
- 50% of areas were given an Amber rating
- 31% of areas were given a Green rating
- 8% of areas were given an unknown rating

^{*}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 4 (July 2018)

N		ional oal	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
			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 uptodate 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	309 referrals received 23% required single assessments Approx. 90% completed within timescale	A. 1) 35% 2) 20% 3) 10% 4) 35% B. 95% C. 100% (1) 100% (2) 100% (3) 100%			JULY: A) No of referrals 17 1) No. resulting in assessments 3 (18%) 2) No. resulting in ST enquiries 0 (0%) 4) No. resulting in NFA 1 (6%) B) % assessments completed within timescale C) Up to date plans – 1), 2) and 3) = all 100% Case Breakdown July No. of CIN cases 42 No. of CP Cases 7 No. of LAC cases 3 D) No. of children open with a disability 6 1) No. of cases where direct work is currently being undertaken 12 (this does not include work carried out by the Therapeutic Practitioner or respite sessions) 2) No. of cases with MAPPA involvement 6		+	‡		
	Altocother Safer	Altogetner Sarer	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			July - 11 joint visits conducted (Year to date total: 42)		1	1		
	3	F	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	July - 10 crimes			+		
	a	F	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.	July : 5 call backs 60% satisfaction 9 surgeries completed. 66 community engagement hours		⇔	•		
4	b	Table 1	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	July = 10% reduction in RTCs 10 in total		⇔	+		
	5	-	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		10 reports received with an average 11 minutes response time.		\(\)	1		
	6	(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			3 Admissions to residential 1 Admission into Sheltered Accomodation		•	+		
_	7		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%			75% engaging in day care No overnight respite available at this time		•	+		
	В		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%			Qtr 1 - 15 reviews completed in this quarter		⇔			Note: Will only be able to report a yearly percentage given that reviews can be done in 12 m period
	9		Safeguarding (Victoria)	All adult social care assessments to be completed within the specified timeframe.	82 assessments completed	50 assessments			37 assessments completed all in specified timeframe		1	1		
	0		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%		YTD as at JULY 2018: a) 37% b) 47%		•	+		
	1	I	Health	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%)	b) 34% (June 2015 Data)		a) ≥90% b) ≥60%		a) 79% b) 50%		⇔	+		

No	Natior Goa		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		H		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 excess weight and a BMI >25 out of all patients seen. (c) % of adults with a BMI >25 out of all patients who had BMI check	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%)s: overweight = 34%; obese = 20 % (b) 23% (222 with excess	recorded percentage of overweight children in 2018 b) 5% reduction in % of adults with	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% (Annually) N=449 school children weighed. Boys = 226 Girls = 223 *Boys TOTAL 31%; overweight = 12%, obese = 19% * Girls TOTAL 30%; overweight = 10%, obese = 20% b) 25% (677 out of 2756) c) 77% (677 out of 880)		*	‡		
13	Altogether Healthier			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 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		Children a) 10% (14) b) 2% (2 out of 137) c) 100% (2 out of 2) Adults a) 37% (253 out of 677) b) 6% (38 out of 677) c) 89% (34 out of 38)		+	†		
14		H		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 apppintment once deemed clinically necessary c) Caseload per qualfilied mental health practitioner d) % of cases per practitioner with care coordination rating of 4 & 5		a) ≤3 days b) ≤7 days c)≤40/practitioner d) ≤25%	a) ≤3 days b) ≤7 days c)≤40/practitioner d) ≤25%		Awaiting data confirmation Current data provided does not correspond with KPIs provided					
15		H		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	2 (a) (b) (c)	Target to maintain services at basline level of 4 consultations/perso n/year	Target to maintain services at basline level of 4 consultations/perso n/year		1 a) 104 b) 148 2 a) 2178 b) 2125 c) 2756 3 d) D = 228 e) D = 110 f) D = 34 4. Figures soon to be collated. 5. 47		•	*		
16		H		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 specilaist advice e) % of treated smokers seen in clinics receiving specilaist advice e) % of treated smokerswho 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 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 smokers who have already stopped smokers gat 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}	b) 1% c) unknown d) 5% e) unknown f) unkown g) unknown h) unknown i) unknown j) unknown	a) 50% b) 20% c) 30% d) 30% e) 40% f) 40% f) 40% j) ≥ 40% j) ≥ 40%	TBD		a) 410 b) 64 c) 21 d) 0 e) 65% f) 2% g) awaiting data h) awaiting data i) awaiting data j) awaiting data		•	•		still awaiting some data

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
17			Social Housing - Increase the social housing stock.	184 social houses (Jan 2017)	Require target			Awaiting update for July					No update received from April - July
18			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 successfully completed; Nurseries for Nature project under way with massive delays in procurement of materials partly 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
19			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					⇔	*		Second Environmental Assistant appointed. General awareness of EPO continues through presentation to ENRC; presentation at EMD's Nursery Open Day; provision of advice to researchers, project staff, ENRD staff and potential developers. Preparatory work for implementing the plant propagation policy underway. Discussions with proposed CITES Scientific Authorities reopened.
20	Altogether Greener	ENRD	Waste Management	Equally sized domestic waste cells last for approximately 1 year	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) awarded £72000. Landscape bulky waste project for Jamestown delivered during July.
21		ENRD/Connect	Energy Use	More efficient use of energy per head of population						*	•		The Power Purcahse Agreement for increasing renewable generation continues to be progressed.
22	_	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.					+	•		Awaiting update
23			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	Primary schools completed their end of year assessments. Full reports will be presented to the Education Committee in September. Schools worked to complete the work outlined in their School Improvement Plans and prepared for end of year events. Transition activities were undertaken to prepare children to move between school phases, with joint work undertake between primary schools and PAS.
24			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%		•	•		With the SEND policy approved, work has commenced on a Code of Practice to guide full implementation of the policy. The Inclusion team is working with schools to plan support for children with complex needs entering the system. The Education Committee approved an Equality and Diversity Policy for Education.
25	Child		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%		1	1	Reported on academic year	PAS completed final assessments for students, with all A level and GCSE exams concluded and Key Stage 3 assessments in English and Maths completed.
26	Altogether Better for	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%		+	1		School leaders completed face to face training on the accredited Educational Leadership course. A number of teaching staff completed submissions for the accredited Teaching and Learning qualification and are awaiting results, while others are finishing submissions due in September. Both local teacher trainees have successfully completed the Certificate of Higher Education with the Open University.
27			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 General/Community(accredited) 39 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.	completed. 100 courses offered	Annual Training Needs Assessment completed. 100 courses offered (with information on accreditation status and level) 450 course registrations	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. 2016/17 academic year enrolement data 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)*		•	1	Data reported on academic year	SHCC enrolments are reported annually, so the data provided reflects the total enrolment at the end of the 2016/17 academic year. SHCC held a very successful Learning Opportunities Fair on 12 July, launching a new website and the annual prospectus at that event. The Education Committee approved updates to the SHCC Charging Policy to cover new courses being offered and also approved the extension of course enrolments to persons living on Ascension Island.
28		Safeguarding	Number of people who we are supporting on our employability scheme	Benchmark Year 1 (2017/18 = 21)	21			25 people are supported on our employability scheme		+	1		
29		(Corporate Support - Carol)		95%	100%	100%	100%	100%		1	1	Monthly	
30		Corporate Services (Corporate Support - Carol)	Number of people making use of the public transport service	18070 tickets sold (2013/14)	25,523 (2017/18) Further 10% increase (2,552) Target = 28,075	Further 10% increase	Further 10% increase	6246 tickets were sold for Apr-Jun 2018.		\	1	Quarterly	
31			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 progress since last reporting period.		+	\(\)		

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
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%	Zero requests received in July		+ rogress)	1		
33		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	July 2018 Number of stay-over visitors: 133 2018/19 YTD: 584, a 3 per cent increase from the previous financial year Number of plane passengers: 231 2018/19 YTD: 1,068		•	1		
34		Connect St Helena (Barry)	Sustainability % of energy generation from renewables	9.13% (2012/13)	40%	80%	80%	April = 21.53% May = 26.47% June = 20.13% July = 20.45%		1	1		Renewable contribution will increase after the PPA is signed and additional generation capacity is commissioned. The first phase being expansion of the solar farm which is currently awaiting ExCo approval. Electricity outages continue to remain favourable to target with
35		Connect St Helena (Barry)	Reliability Unplanned electricity interruptions per annum	146 (2012/13) 134 (2013/14)	95	90	85	April = 6 May = 3 June = 10 July = 6		1	↔		continued focus on the management of vegetation in the proximity of the electricity lines.
36	nier	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 4 (July 2018) is summarised below: Type Arrival Departure Scheduled 4 4 Charter 1 1 1 Calibration 1 1 Medevac 1 1 Total 7 7		•	•		St Helena Governement and SA Airlink announced that additional flights to St Helena will take place between December 2018 and April 2019. As such, in addition to the regular scheduled services, a further 19 flights are being scheduled midweek during this peak period.
37	Altogether Wealthier	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		⇔	•		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 Johanesburg 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%			+	•		Connect STH Ltd existing 315kVA substation and the interconnecting cable does not have the capacity to accommodate the additional power requirements for the new SHG IT and CSH UPS systems. The total power demand for both Uninterruptible Power Supplies and those existing consumers, who are currently connected to the grid in the immediate vicinity will exceed 500kVA. This means that the existing transformer 315kVA must be replaced and uprated with a new 600kVA transformer.
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			⇔	⇔		The Legislative Programme will be discussed with Elected Members in August.
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				No further update		+	⇔		The SHG Future Leaders have been working on a project to improve internal communications and have met with a selection of staff from various Directorates to ascertain how internal communication can be improved. The 2018 Employee Opinion Survey results indicate an improved rating for communication compared with the 2015 survey but more work needs to be done to improve.
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.				No further update		⇔	+		
42		Corporate Finance (Nicholas/Connie S)	Self-sufficiency % of budget from local revenue	33% (2013/14)	33.5%			April - 23% May - 27% June - 30% Jul - 36%	,	•	+		
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 (2 x Service) June - 0 July - 0 Total = 2		\ 	•		
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 : 13 Tourism / Hospitality - Accommodation		•	•		

Key to arrows

Performance Improving

Performance Data currently being collected Performance Worsening



Performance Maintaining