



# St Helena Government

## PERFORMANCE REPORT

**FOR PERIOD 11 - FEBRUARY 2019  
FINANCIAL YEAR ENDING 31 MARCH 2019**

Introduction and Overview  
Overall Rag Status  
Methodology  
Key Performance Indicators



**St Helena  
Government**

## **Overview of Performance for FEBRUARY 2019**

### **Introduction**

The Health Directorate collated results from an online survey to obtain feedback and insight from SHG managers and staff on the Smoke Free Government Policy which started on 1 July 2018.

One fifth of all staff (21%) completed the survey, including smokers and non-smokers. A majority of respondents believe the policy is a helpful part of what SHG is doing to address smoking-related disease and illness. Headline results show:

- The majority of respondents have perceived benefits:  
67% believe exposure to second-hand smoke in certain areas had reduced  
53% thought more staff who smoke were trying to quit or cut down their smoking  
42% felt there was less disruption to working hours by 'cigarette breaks'
- Implementation across SHG has overall been good although for some locations and staff groups the policy needs to be applied more strongly
- The large majority (76%) of all respondents want more to be done to reduce smoking-related harm and support quitting

The Smoke Free Government Survey was conducted in January 2019, six months after the start of the policy. The survey was open to all SHG staff.

Airport Navigational Aids (Nav aids) recertified for a further six months. St Helena Airport underwent a routine six-monthly Navaid flight inspection on Friday, 1, & Saturday, 2 February 2019. The calibration process is managed by Flight Calibration Services Limited (FCSL) and the flights were carried out by TAB Charters SA using the Beechcraft King Air BE20.

The Nav aids checked included the Radio Navigation Systems such as the Doppler VHF Omni-directional Radio Range (DVOR), LLZ (Localiser), High Frequency (HF) and Very High Frequency Radio range spectrums and the Precision Approach Path Indicators (PAPIs) on Runway 20/02.

In response to the Saint Helena Audit Service Performance Audit Reports and the Legislative Council Resolution, the St Helena Government commissioned a full review of the utilities service provision by Connect Saint Helena Ltd.

### **Summary of Key Performance Indicators**

1. Number of stay over tourists for February were 264, making year to date total of 2167.
2. Number of plane passengers were 381, making year to date total of 3669.
3. There were 87 home support visits for palliative / end-of-life care.
4. As at February 2019, 63.6% of teachers have qualified to Level 4+
5. 82% 2 year olds were immunised against those due on census data, and 107% of 2 yr olds were immunised against those due from birth rate.
6. 4 reports were received for February 2019 and all reports were acknowledged and allocated for action.
7. A total of 24 crimes were reported for February 2019. An increase of 16 compared to January 2019.
8. 20.55% of energy generation from renewables, and unplanned electricity interruptions remains at 3.

### Corporate Risk Management

Next quarterly update due end of March 2019

Overall Rag Status		Monthly Progress	↔	Leading Indicator	↔
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### Summary of Financial Performance

Next quarterly update due end of March 2019

Overall Rag Status		Monthly Progress	↔	Leading Indicator	↔
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### Key Revenue and Expenditure Variances

Next quarterly update due end of March 2019






Overall Rag Status		Monthly Progress	↔	Leading Indicator	↔
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### Capital Programme

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



## Overall rag status summary

	January			February		
	Overall Progress	Monthly change 2018/19	Leading Indicator 2018/19	Overall Progress	Monthly change 2018/19	Leading Indicator 2018/19
	<b>4</b>	1	2	<b>4</b>	1	2
	<b>1</b>	0	0	<b>1</b>	0	0
	<b>28</b>	30	22	<b>28</b>	28	24
	<b>14</b>	16	23	<b>15</b>	19	22
 UNKNOWN (due to lack of/unavailability of data)	<b>1</b>	1	1	<b>1</b>	1	1

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

**57%** of areas were given an Amber rating

**31%** of areas were given a Green rating

**2%** of areas were given an unknown rating

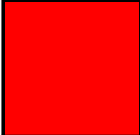
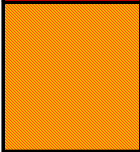
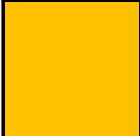

\*Figures may not total 100% due to rounding

## 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.

**RAG Criteria**

	Red
	Amber red
	Amber
	Green

### **Key to Leading indicator arrows:**

-  Performance improving
-  Performance maintaining
-  Performance worsening

## SHG KEY PERFORMANCE INDICATOR REPORT

### PERIOD 11 (February 2019)

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	
Altogether Safer		Safeguarding (Adele)	(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 Children's 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%			<b>February 2019:</b> (A) No of referrals 12 1) No. resulting in assessments 4 (33%) 2) No. resulting in strategy discussions 4 (33%) 3) No. resulting in S57 enquiries 3 (25%) 4) No. resulting in NFA 0 (0%)  (B) % assessments completed within timescale – not due to be reported on yet % of LAC reviews completed within timescale - 0 % (C) Up to date plans – 1) 100%, 2) 67 % and 3) 100 %  Case Breakdown February No. of CIN cases: 42 No. of CP Cases: 3 No. of LAC cases: 2 (D) No. of children open with a disability 5 No. of cases where direct work is currently being undertaken 8 (this does not include work carried out by the Therapeutic Practitioner and includes work with children or parents) No. of cases with MAPPA involvement 13		↔	↔			
	2	Safeguarding (Rosalee)	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				February 2019 - 12 joint visits conducted (Year to date total: 123)		↔	↑		
	3	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	Less than five year average	January 2019 - 8 crimes <b>February 2019</b> - 24 crimes		↑	↔		
	4a	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.		January 2019 : 6 call backs, 7 surgeries completed. 36.5 hrs community engagement hours. 85% satisfaction <b>February 2019</b> - 9 call backs, 7 surgeries completed, 41.5hrs community engagement hours, 88% satisfaction		↑	↑		
	4b	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		January 2019 = 10% reduction in RTCs; 4 in total <b>February 2019</b> = 10% reduction in RTC's, 6 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	Attendance within 12 mins for the first appliance		February 2019: 8 reports received with an average 13.6 minutes response time.		↔	↑		
	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 (13 in sheltered and 10 in residential)	15 admissions				February 2019: 1 Admission to residential Admission into Sheltered Accommodation		↑	↔		
	7	Safeguarding (Nicolene)	% 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%				January 2019 84% of clients accessed Day Care <b>February 2019:</b> 80% of clients accessed day care no current respite available.		↑	↔		
	8	Safeguarding (Rosalee)	% 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%				Next quarterly update due February 2019 (will only be able to report a yearly percentage given that reviews can be done in 12 m period)		↔	↔	Quarterly	
	9	Safeguarding (Rosalee)	All adult social care assessments to be completed within the specified timeframe.	82 assessments completed	50 assessments				February 2019: 9 assessments completed all in specified timeframe		↑	↑		
	10	Health	<b>Vaccination Coverage</b> 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%	a) ≥ 90% b) ≥ 90%		February 2019 YTD a) 82% b) 107%		↑	↔		
11	Health	<b>Diabetes</b> 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%	a) ≥90% b) ≥60%		February 2019 a)71% b)51%		↔	↔			

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	<b>Obesity: Early detection and prevention or reduction of obesity amongst resident population of St Helena</b>  (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	<b>Accurate baseline to be established for</b> <b>(a) 53% of school children overweight or obese</b> <b>Overweight = 34%;</b> <b>Obese = 19%</b> <b>N=372 school children weighed March 2017 Boys=191 Girls=181</b>  <b>• Boys (51%): overweight = 33%; obese = 18%</b> <b>• Girl (54%): overweight = 34%; obese = 20 %</b>  <b>(b) 23% (222 with excess weight out of 978 patients seen)</b>  <b>(c) 74% of all BMI's checked have BMI &gt;25 (222 out of 298)</b>	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		March 2018  (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>February 2019</b> b) 32% (1209 out of 3753) c) 76% (1209 out of 1593)					
13		Health	<b>Obesity - Structured Interventions</b> <b>% of children and adults identified during health assessment as being overweight who receive support through a structured intervention.</b>  <b>Children</b> 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  <b>Adults</b> a) % of adults identified with excess body weight receiving brief intervention  b) % of adults identified with excess body weight receiving specialist dietetic advice	<b>Children</b> <b>a) Baseline in July 2017: 0</b>  <b>b) Baseline in July 2017: 2 (100%)</b>   <b>Adults</b> <b>a) Baseline in July 2017: 1</b>  <b>b) Baseline in July 2017: 3 (100%)</b>	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) 17% (23)  b) 0% (No specialist in post)  c) 0% (No specialist in post)  Adults a) 15% (112 out of 1442)  b) 0% (No specialist in post)  c) 0% (No specialist in post)					
14		Health	<b>Safe provision of an appropriate range of Mental Health services on island</b> 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	<b>Baseline to be established March 2018</b>	a) ≤3 days b) ≤7 days c) ≤40/practitioner d) ≤25%	a) ≤3 days b) ≤7 days c) ≤40/practitioner d) ≤25%		Current data provided does not correspond with KPIs provided (being dealt with)  a) b) c) 89 d)					
15		Health	<b>Access to Healthcare</b> 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	<b>1(a) = 2000</b> <b>1(b) = 30</b>  <b>2 (a)</b> <b>(b)</b> <b>(c)</b>  <b>3 (d)</b> <b>(e)</b> <b>(f)</b>  <b>4. Awaiting info from Safeguarding to determine stats.</b>  <b>5. 20 (Nov 2016)</b>	Target to maintain services at baseline level of 4 consultations/person/year	Target to maintain services at baseline level of 4 consultations/person/year		1 a) 266 b) 411  2 a) 3146 b) 3290 c) 3835  3 d) D = 528 e) D = 210 f) D = 66  4. Figures soon to be collated.  5. 87					
16	Health	<b>Encourage Smoking Cessation</b> 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]	<b>a) 37%</b> <b>b) 1%</b> <b>c) unknown</b> <b>d) 5%</b> <b>e) unknown</b> <b>f) unknown</b> <b>g) unknown</b> <b>h) unknown</b> <b>i) unknown</b> <b>j) unknown</b>	a) 50% b) 20% c) 30% d) 30% e) 40% f) 40% g) 40% h) *** i) ≥ 40% j) ≥ 40%	TBD		a) 862 b) 122 c) 78 d) 0% e) 83% f) 2% g) data to follow h) data to follow i) data to follow j) data to follow						





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		ENRD	Social Housing - Increase the social housing stock.	184 social houses (Jan 2017)	Require target					↔	↔		Increasing the Government Landlord stock seems to be quite difficult but we have put in planning for two GLH properties. One has been approved but both are likely not to be developed. However the CDA at Bottom Woods is progressing well and we anticipate this will be approved by the end of the month. There will be 7 GLH properties built on this development. We anticipate completion within 12 months.
18		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					↔	↑		Peaks Management Planning document second draft, out for comments. Nursery work at Scotland and Peaks continues; Transplanting of endemics in living gene banks and wild habitat ongoing. Ongoing work with LEMP project, propagation of endemics to supported Air Access mitigation work. 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		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)	Formal adoption of at least 50% of the secondary legislation and supporting policies, guidelines and procedures to facilitate implementation of the EPO by March 2019					↔	↔		General awareness of the EPO continues through provision of advice to potential researchers, visitors, project staff, SHG staff and the general public. Work on marine policies being developed under the Blue Belt Programme continues. A number of issues relating to marine tourism and in particular whale shark interaction has arisen, this will be addressed further through the development of the marine tourism policies. A significant amount of time has been spent on addressing issues relating to environmental research on St Helena as there has been increasing interest from researchers. The development of policies, processes and procedures to establish the St Helena Research Institute (SHRI) has started, and we have started the transition from an EMD led process to a SHRI one. 3 Export Permits were issued. Input into 2 screening opinions is in progress.
20		ENRD	Waste Management	Equally sized domestic waste cells last for approximately 1 year	5% increase in domestic waste cells life					↔	↑		No other significant change to date; glass recycling continues as per agreement with Private Sector partner. OCTA Anaerobic Digestion Project proceeding. DEFRA Marine Debris (Plastics Recycling) Project proceeding.
21		ENRD/Connect	Energy Use	More efficient use of energy per head of population						↔	↑		The draft Power Purchase Agreement is now with PASH's funders.
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.					↔	↓		The CDA at Bottom Woods has been identified and outline planning permission has been submitted for approximately 44 plots. This should provide 37 plots for sale in the new financial year.
23		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 2018 RESULTS English 56.1% Mathematics 41.5%		↔	↔	Reported on academic year	In October 2018, schools worked to analyse the data and incorporate their findings into the new 2018/19 School Improvement Plans. Schools are now working towards achieving the set targets.
24		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%		↑	↑		With the SEND policy approved, work has commenced on a Code of Practice to guide full implementation of the policy. The Head of Inclusion has completed Play Therapy training. The Early Years Teachers have attended training in awareness of language acquisition and development and how to create Inclusive Classrooms.
25		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	PAS has completed and is working to the 2018/19 School Improvement Plan. Head teacher has completed and passed headship qualification NPQH.
26		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+	February 2019 - 63.6%		↑	↑		Three new teacher trainees began their training in September, and in October began their academic course with the Open University. To date they have completed and passed all the required modules. Unfortunately one has resigned. Two more staff members have completed their studies making 6 staff members who have a Level 4 Cambridge Certificate in Teaching and Learning. Two teacher trainees have a Level 3 qualification in Supporting Teaching and Learning. Three Primary Heads and one Deputy Head have completed and passed the Level 4 Certificate in Educational Leadership with Distinction and the Inclusion Manager has passed the Level 4 Certificate in Educational Leadership. In addition a Graduate Instructor has successfully passed and gained an IPGCE.
27		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 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.	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 used to inform planning. More than 196 courses offered 2018/19 114 courses with active enrolment during year Community Education: 133 courses, 27 accredited Higher Education: 19 courses, 16 accredited Professional Studies: 16 courses, 15 accredited Technical/Vocational: 26 courses, 24 accredited 532 students registered (Academic Yr ending 8/18) 831 course registrations (Academic Yr ending 8/18) 868 course registrations to date 04/03/2019 151 registrations in accredited L1 - L2 core skills courses (English, maths, ICT)		↑	↑	Data reported on academic year	SHCC's second year built on the success of its' first year of operation, with more courses offered and registrations slightly up. Although the total number of students declined slightly, those students registered for more courses in total.  The 2018/19 academic year saw the launch of a wide array of new courses, with very positive indicators for a successful third year of operation.
28		Safeguarding (Rosalie)	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		↔	↑		
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%	4 reports were received for February 2019 and all reports were acknowledged and allocated for action.		↑	↑	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	6232 tickets were sold for Apr-Jun 2018. 6189 tickets were sold for Jul - Sept 2018 6526 tickets were sold for Oct - Dec 2018		↑	↑	Quarterly	Year to date = 18,947 tickets sold






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31	Altogether Weatherier	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 progress since last reporting period.		↔	↔		
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%	There were two requests for information for February 2019.		↑	↑		
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	February 2019 No. of Stay Over Visitors – 264 2018/19 YTD: 2,167 No. of Plane Passengers – 381 2018/19 YTD: 3,669		↑	↑		
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% Aug = 31.09% Sept = 31.62% Oct = 26.58% Nov = 31.05% Dec = 29.37% Jan = 23.79% Feb = 20.55%		↔	↑		Renewable yields remain good, helped by favourable weather conditions.
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 Aug = 20 Sept = 10 Oct = 2 Nov = 20 Dec = 6 Jan = 3 Feb = 3		↔	↔		The reliability of the electricity network has recovered to a normal position.
36		Air Access (Janet/Richard)	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 11 (February 2019) is summarised below: Type Arrival Departure Scheduled 9 9 Calibration 1 1 Private 0 0 Medevac 1 1 Total 11 11		↑	↑		Second weekly flights began in December for the Summer and holiday season.
37		Air Access (Janet/Richard)	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		↔	↑		An Airlink Audit was carried out in January 2019. This assessed Safety Management Systems, Ramp, Fuel and Cargo. The audit was successful with a few minor findings for rectification.
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%	November 2018 Update: Connect St Helena Ltd, are currently in the process of sourcing the associated equipment, which will facilitate the connectivity of the Uninterruptible Power Solution. December 2018: No further progress January/February 2019: Connect StH has advised that the transformer will not arrive until July 2019 because it has to be custom built. Therefore we are looking at August 2019 as the earliest possible commission date for this system.		↔	↑		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	Council Committees and Directors have commenced the prioritisation of the legislation for their respective Committees which has been factored into the draft Legislative Programme; it will be published once this exercise has been completed.		↔	↔		
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				To be progressed in last quarter of 2018-19.		↑	↔		The new post of Internal Communications Officer was unsuccessful under the 2019-2022 MTEF process. The Head of News is not keen to let all of the work around internal communications fall to the wayside as improving internal comms is more than communicating to staff, it is about engagement and will link into the work currently being carried out by Corporate HR on the new Prospectus for Change. As a result of this, the Head of News has discussed with the Chief Secretary and Head of HR how some internal work can be carried out in the current resources of the Press Office team. To this effect, the Press Office is working with IT and HR to develop a robust intranet to tackle some of communication issues that have been raised by staff.
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.				To be progressed in last quarter of 2018-19.		↔	↔		A Public Opinion Survey to gather the public's views on what they think about SHG information was launched on 28 February 2019. The survey is open until 21 March. Results from the survey will provide a benchmark for external communications work going forward.
42		Corporate Finance (Nicholas)	Self-sufficiency % of budget from local revenue	33% (2013/14)				April = 23% May = 27% June = 30% July = 36% August = 35% September = 31% October = 33% November = 33% December = 33% January = 33% February = to follow		↔	↔		
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 August - 1 (Service) September - 1 (Service) October - 0 November = 0 December - 2 January - 0 February = 0 Total = 6		↔	↑		

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
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 : 1 x Tourism / Hospitality - Accommodation 1 x Tourism - Eatery 1 x Agriculture - Livestock 2 x Service - Jewellery May - 5 micro/0 capital : 5 x Service sector June - 1 micro/0 capital : 1 x Service sector July - 7 micro/0 capital : 3 x Service sector 1 x Construction 2 x Tourism - Accommodation/skills 1 x Fishing August - 1 micro/0 capital : 1 x Service sector September - 2 micro/3 capital: 1 x Service 1 x Construction and 3 Tourism/Hospitality (Capital) October - 3 micro/0 capital: 1 x Service 1 x Construction and 1 x fishing November - 1 micro/0 capital: 1 x construction December - 4 micro/capital: 2 x Agriculture 2 x Service Sector January - 0 micro/0 capital February - 5 micro/0 capital: 2 x service 1 x Agriculture 2 x Tourism <b>Total = 34 micro/3 capital</b>		↑	↑		

**Key to arrows**

 Performance Improving  
 Performance Maintaining  
 Performance Data currently being collected  
 Performance Worsening

**Rag Rating**

 **Green** On target  
 **Amber** Maintaining  
 **Red** Below target