

QUARTERLY MONITORING REPORT

DIRECTORATE: Health & Community
SERVICE: Health & Partnerships
PERIOD: Quarter 3 to period end 31st December 2009

1.0 INTRODUCTION

This quarterly monitoring report covers the Health & Partnerships Department third quarter period up to 31st December 2009. It describes key developments and progress against key objectives and performance indicators for the service.

The way in which RAG symbols have been used to reflect progress to date is explained in Appendix 7

2.0 KEY DEVELOPMENTS

Housing

In line with a national initiative and new guidance, Govt. has awarded the Council £10,000 to promote and develop anti fraud initiatives around unlawful sub letting and non occupation of social housing. Officers are working with RSLs to develop a consistent approach which will be launched in 2010.

As a consequence of Govt. increasing spend by £1.5 billion nationally on new affordable housing (as set out in 'Building Britain's Future'), local authority housing capital allocations in the North West are set to reduce by 40% in 2010/11. At the same time the NW Regional Housing Group has recommended a revised formula for distributing resources that, if approved by 4NW Leaders and the Government, will see Halton's allocation fall from £2.9m this year to £1.6m next year.

Tenders

The Domestic Abuse Service - is now in place, all job vacancies have been filled and feedback from the Police and other external stakeholders is good. A monitoring visit has been scheduled in February 2010. This service now incorporates floating support, IDVA (Independent Domestic Violence Advisor) and the Sanctuary scheme, which enables people to stay in their own tenancy with additional security measures.

The Meals on wheels tender is ongoing. The award of contract will take place February 2010. This service provides 61,445 meals to 204 people.

The Dementia Respite support contract. The award of contract was made to one of the existing Halton services (Caring Hands) on the 23 December 2009. This service will commence in April. This is a 1-year contract to be extended for a maximum of 3 years. (Grant funded)

Minor Adaptations contract - This contract provides low level adaptations (steps, grab rails etc) 120 – 150 jobs each year. The award of contract date is the 11th February 2010 and the contract commences 1st April 2010 – 2012 that can be extended for a maximum of 1 year.

Stairlift framework agreement – Assisted a framework agreement to be used through the Northern Housing Consortium – (Free lift and Stannah) are the chosen contractors. Commencement date, 1st April 2010. This is a 1-year contract to be extended to a maximum of 5 years.

- The QA officers are in the process of using the new electronic tendering system (Due North – pro contracting system). This will be fully implemented in April 2010 by the Council.
- Mental Health provision of accommodation based services. – The consultant has completed the draft version of the findings. This will feed into the new specifications for the Mental Health commissioned accommodation based services.

Service Planning & Training

- The Draft Joint Carers Commissioning Strategy 2009 - 2012 was presented to the Executive Board on 5.11.09
- The updated Joint Strategic Needs Assessment (JSNA) Health & Wellbeing Position Statement 2009 was presented to the Healthy Halton Policy and Performance Board on 12.1.10
- The Training Section have commissioned an external provider to evaluate, including the Return on Investment, specific areas of the Training and Development Programme. The project shall be completed within a 6-month period and will involve colleagues from the Adult of Working Age (18-65) and Older Peoples Divisions.

Commissioning

Decommissioning of existing service for statutory community care assessments of need for children, adults who are deaf or deafblind and their carers is in progress. Arrangements for provision beyond March this year are being progressed with a focus on developing a service with greater community presence.

Direct Payments/ Individualized Budgets

The number of service users in receipt of Direct Payments continues to increase. At the 31st December there were 251 service users and 470 carers receiving their service using a Direct Payment. A number of Direct Payment promotional activities have been organized for operational teams and carers groups and to promote direct payments/ individualized budget and carers break take up.

3.0 EMERGING ISSUES

In line with the directorate's plan, the QA Team supported the Independent Providers to complete and submit robust Business Contingency Plans that would emphasise specific focus to swine flu planning.

As part of this project, the QA team delivered a comprehensive training package and developed user-friendly documents that could be used as part of the plans.

The training sessions took place over 3 sessions, which saw 28 independent Providers attending.

48 BCM plans have been submitted across Adult Social Care and Supporting People services

Domiciliary Care – all plans returned – 11 in total

Residential Care – plans returned – 25 (2 not yet returned)

Supporting People – plans returned – 12

The QA team worked in collaboration with Corporate Risk Management and assessed all plans that were submitted. Advice was then given to the Providers in a bid to improve the plans.




In addition steering groups have been set up and 12 interagency agreements have been submitted. The interagency document allows Providers to share their resources in the event of a major incident. Some providers have offered the use of vehicles, shared use of staff, offices etc. This agreement is particularly useful for the smaller Providers.

There is a number of problematic services requiring intensive monitoring across adult social care and Supporting People services.

One SP mental health service has been closed down and there is a possibility of a home closure within Older People services.

In addition Halton are in negotiation with all the Providers around the Continuing Health Care rates. This may have a negative impact on some of the nursing homes within Halton.

4.0 PROGRESS AGAINST MILESTONES/OBJECTIVES

Total	16		13		3		0
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Non key milestones/objectives are reported at Q3 only by exception.

In this Quarter three have attracted an amber RAG. One is due to the re-designation of Grangeway court, one refers to the RAS model, which as needs further testing, and the 3 year financial strategy is in need of further clarification with the PCT.

5.0 SERVICE REVIEW




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6.0 PROGRESS AGAINST KEY PERFORMANCE INDICATORS

Total	4		2		1		1
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One indicator is not expected to reach target until 2010/11 (no of temporary homeless. This is due to the re-classification of Grangeway Court. A change in definition also accounts for one indicator attracting an amber RAG for Q3.

6.1 PROGRESS AGAINST OTHER PERFORMANCE INDICATORS

Total	1		0		0		1
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Non key indicators are reported by exception at Q3. One indicator, relating to vacant posts, is not expected to reach target as the situation has been put on hold.

7.0 RISK CONTROL MEASURES

During the production of the 2009-12 Service Plan, the service was required to undertake a risk assessment of all Key Service Objectives.

Where a Key Service Objective has been assessed and found to have associated 'High' risk, progress against the application of risk treatment measures is to be monitored, and reported in the quarterly monitoring report in quarters 2 and 4, but in this quarter have been included at management's request. For further details please refer to Appendix 4.

8.0 PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS

During 2008/09 the service was required to undertake an Equality Impact Assessment. Progress against actions identified through that assessment, with associated High priority are to be reported in the quarterly monitoring report in quarters 2 and 4 but in this quarter have been included at management's request. Please refer to Appendix 5

9.0 DATA QUALITY




The author provides assurances that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sources directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

10.0 APPENDICES





Appendix 1- Progress against Key Objectives/ Milestones
Appendix 2- Progress Against Key Performance Indicators
Appendix 3- Progress against Performance Indicators
Appendix 4- Progress against Risk Control Measures
Appendix 5- Progress Against High Priority Equality Risk Actions
Appendix 6- Financial Statement
Appendix 7- Explanation of RAG symbols

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
HP 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for the community of Halton	Develop commissioning strategy for challenging behaviour/Autism Spectrum Disorder Mar 2010 (AOF 6 & 30)	<input checked="" type="checkbox"/>	Business case presented in Jan. 2010. Awaiting final decision (Feb 2010).
		Commission combined advice, support and sanctuary service for people experiencing domestic violence Mar 2010 (AOF 6, 30 and 31)	<input checked="" type="checkbox"/>	Complete. Contract awarded to Halton & District Women's Aid.
		Commission feasibility study for Supporting People 'Gateway' or single point of access service Mar 2010 (AOF 6, 30 and 31)	<input checked="" type="checkbox"/>	Feasibility study complete.




APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
Health & Partnerships

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Establish effective arrangements across the whole of adult social care to deliver self directed support and personal budgets Mar 2010 (AOF6)		Transformation Team now established. Good progress being made. Project structure in place. A comprehensive training programme underway and phase 2 being developed.
		Commission supported living services for Adults with Learning Disabilities and People with Mental Health issues Mar 2010 (AOF 6, 30 and 31)		Two people whose deteriorating health Needs required more accessible accommodation have now moved to their adapted home enabling them to continue sharing and avoid admittance to residential care. Contract extension to March 2011 has been approved. The time will be used to examine how we can move away from existing block contracts and shift control to the individual. Progress is being made with residential provider to reconfigure services to offer greater independence. NFTi demonstration site project in collaboration with St Helens Council and the PCT, has been launched and training date set for Inclusion web training.
		Redesign the housing solutions service to ensure the continued		Service redesign is complete, although plans to relocate the




**APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
Health & Partnerships**

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		effective delivery of services Mar 2010 (AOF6 &)		service are on hold until the outcome of the corporate accommodation review.
		Deliver against the government target to reduce by half (by 2010) the use of temporary accommodation to house homeless households Mar 2010 (AOF 6, 30 and 31)		Measures have been put in place to achieve the target, including the re-designation of Grangeway Court as supported housing and negotiations with RSLs to provide a smaller number of units for use as temporary accommodation. Whilst there is every likelihood that the target will be attained by the Govt. deadline of Dec 2010, it is unlikely to be achieved by March 2010.
		Introduce a Choice Based Lettings System to improve choice for those on Housing Register seeking accommodation Dec2010 (AOF 11&30)		It is anticipated that a report will be presented to Exec Board in Jan/Feb 2010 seeking key decisions to endorse a common sub regional allocations policy, the ICT supplier, and cost sharing details. The project is still on track to be implemented in 2010.
		Commission floating services for vulnerable groups Mar 2011 (AOF 6,30,31)		In procurement work plan for 2010/11.
		Work with the Council's Planning Department to introduce an affordable housing policy within the Local		Consultation on the Core Strategy ended 5/11/09. Following formal adoption, work will commence on the Development Plan

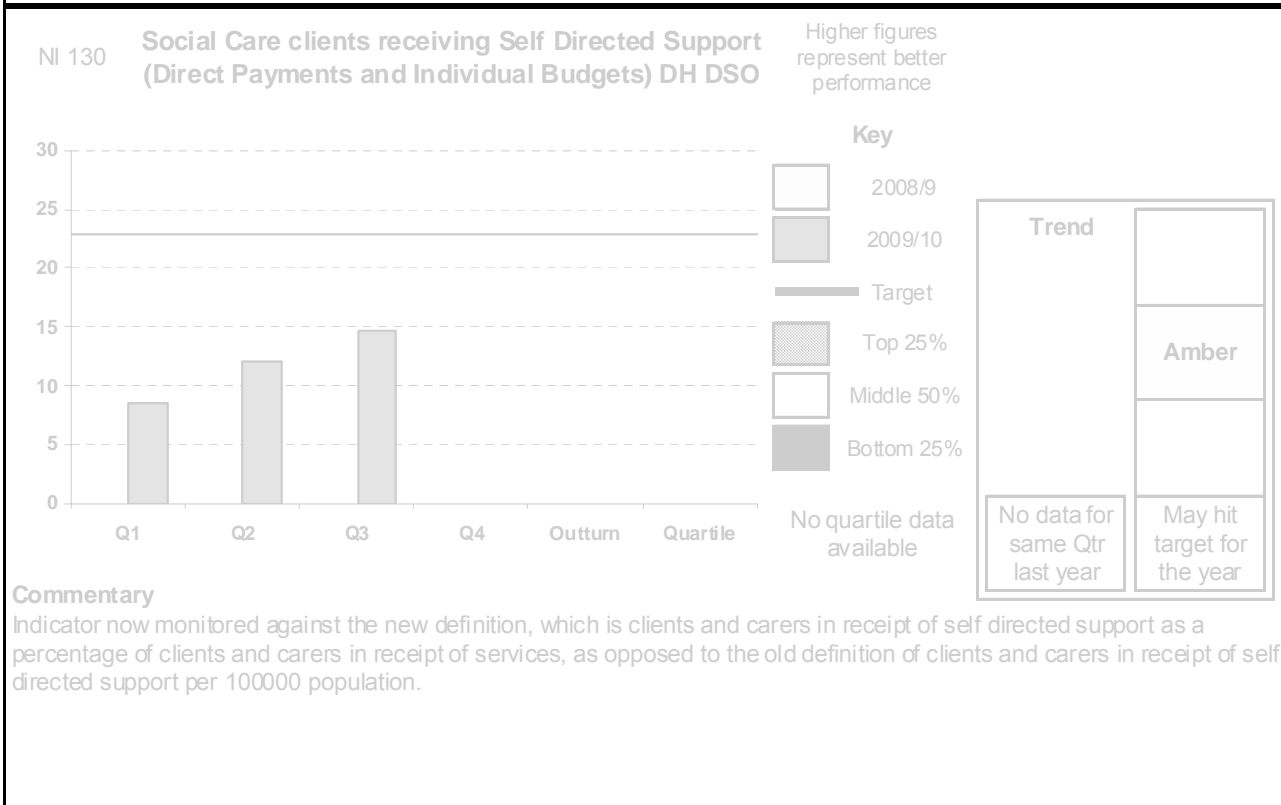
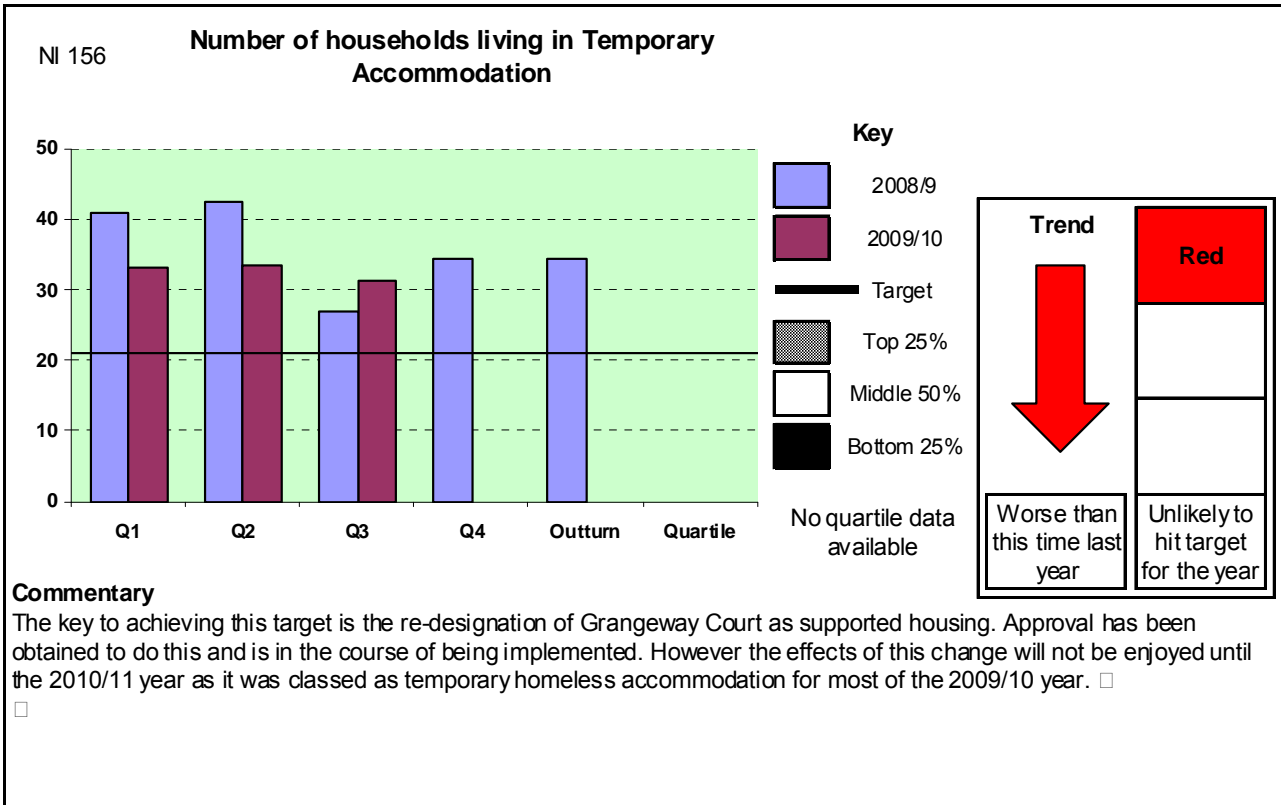
**APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
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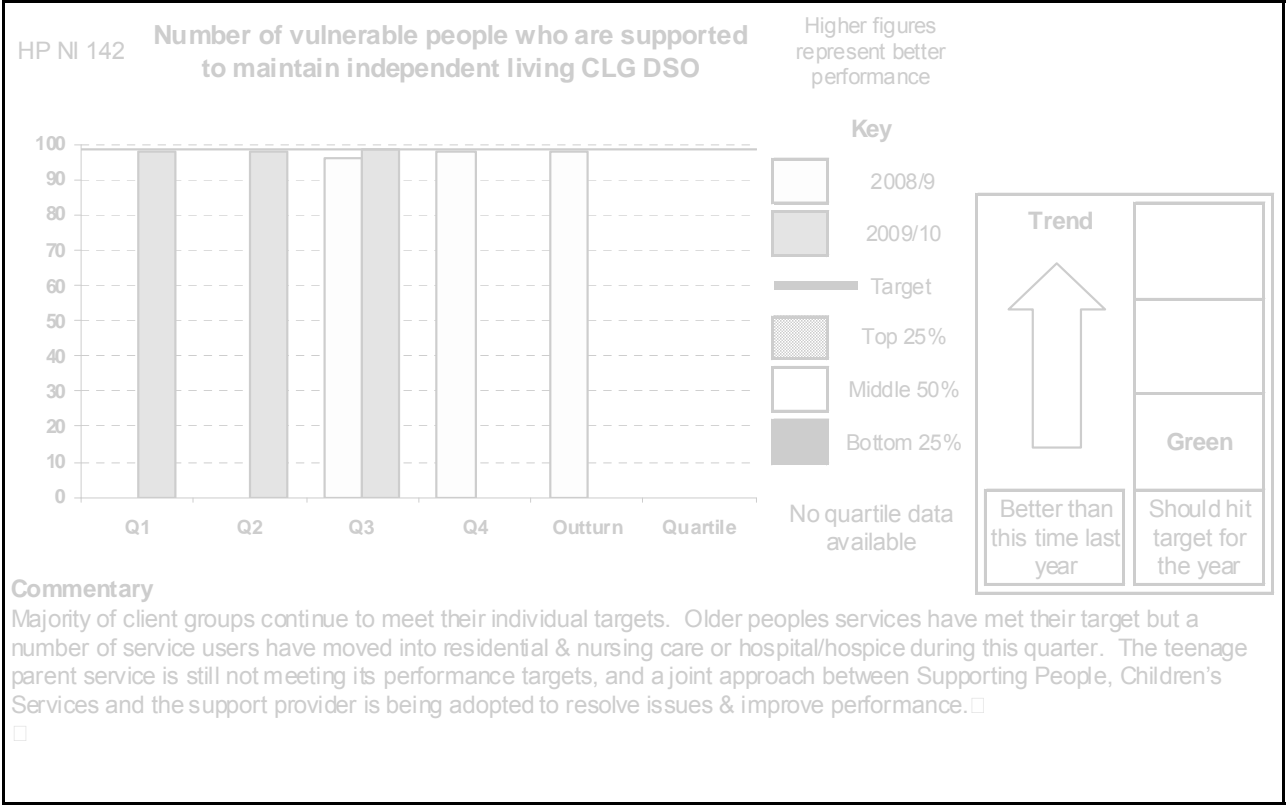
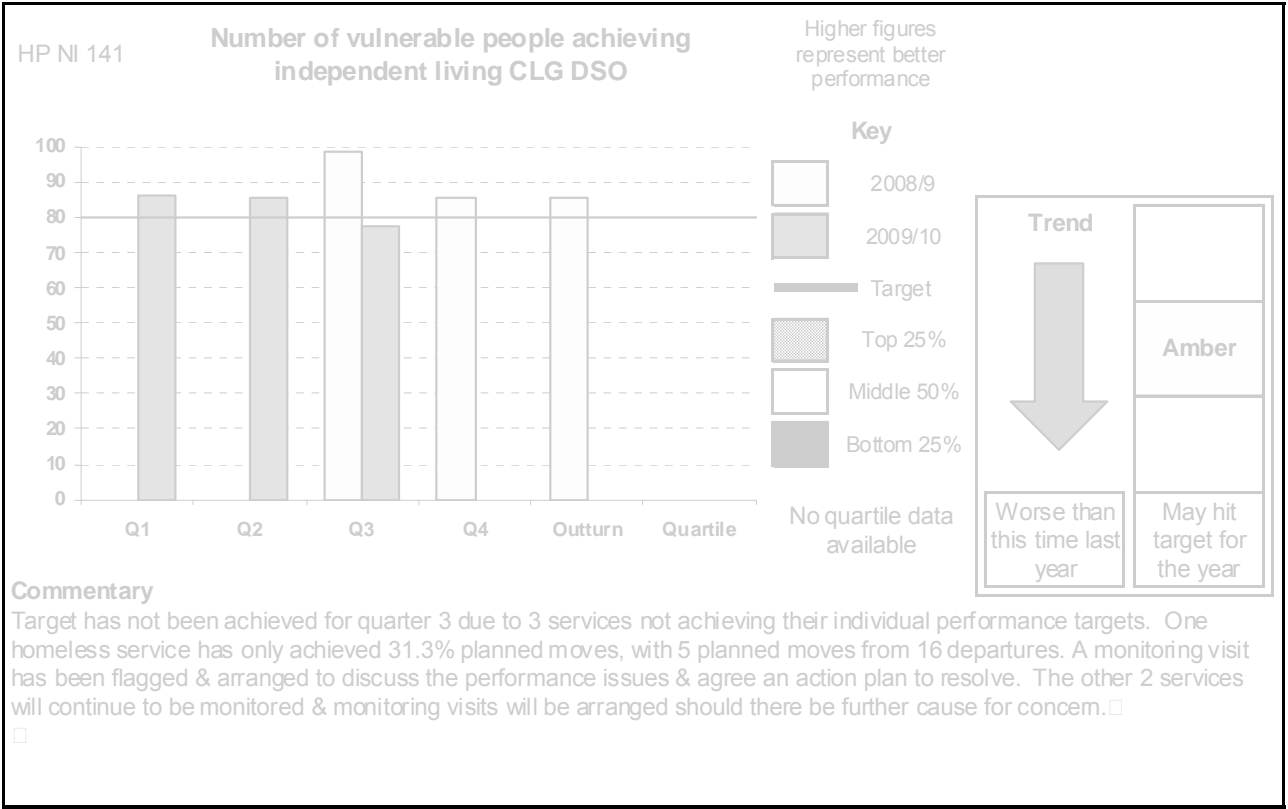
Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Development Framework Mar 2011 (AOF 11)		Documents, one of which will be for affordable housing policy. Currently on track to meet target.
HP 2	Effectively consult and engage with the community of Halton to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes Mar 2010 (AOF 32)		Quality of life service data has now been collected and teams are updated on two specific questions respect and safety on a monthly basis as these are deemed to key questions. Data analysis is ongoing. A new carer survey feedback form has been designed and carers have been consulted on it. The design will be finalised shortly and the form will start to be used when it is completed.
HP 3	Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs	Assess, on a quarterly basis, the impact of the Fairer Charging Policy strategy to ensure that the charging policy is fair and operates consistently with the overall social care objectives Dec 2009 (AOF34)		Revised policy presented to Exec. Board Sub Committee on 10/09. Draft proposals for 2010/11 prepared and submitted.
		Develop a preliminary RAS model and explore impact on related systems Apr 2010 (AOF 34)		Further testing on the RAS model will be undertaken in January 2010 prior to roll out. Feedback from Managers is also contributing to the development of the questionnaire. Training plans well developed.

**APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
Health & Partnerships**

Service Plan Ref.	Objective	2009/10 Milestone	Progress to date	Commentary
		Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda May 2010 (AOF 34)		Staffing reviewed and additional capacity created to meet personalisation agenda. Progress made in quarter redesigning Direct Payment guides e.g. Employing a Personal Assistant following service user consultation. The previously piloted North West in line Personal Assistant Register went live in October 2009. To date four direct payment clients have used this service to advertise for a PA vacancy.
		Review & update, on a quarterly basis, the 3 year financial strategy Mar 2010 (AOF 34)		Support to a number of projects is ongoing. The financial impacts of Continuing Health Care funding and the Valuing People Now settlement for Adults with Learning Disabilities are being further clarified with Halton and St Helens PCT.
		Review and deliver SP/Contracts procurement targets for 2009/10, to enhance service delivery and cost effectiveness Mar 2010 . (AOF35)		SP / Contracts procurement projects on target. The ALD tender was given a 12-month extension. A range of measures are being developed to integrate Personalisation and achieve the target date of 31.3.11


**APPENDIX ONE - PROGRESS AGAINST OBJECTIVES/MILESTONES
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The following key indicator cannot be reported for the explanation given;
NI 127 Self expected experience of Social Care Workers: -

Indicator is derived from the Equipment Survey. Value will be reported either at year end if value known or in Quarter 1 2010.

Ref.	Description	Actual 2008/09	Target 2009/10	Quarter 3	Progress	Commentary
Cost & Efficiency						
HP LI 1	% of SSD directly employed posts vacant on 30 September	7.9	8	12.84		With the Efficiency Review and the modernisation agenda of adult social care in full flow during 2009/2010, many vacant posts within Adult Social Care have been put on hold. This has created a variance with the target figure that had been set, and it is unlikely that this figure will alter too much by the end of March 2010.

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
<p>HP2</p> <p>Milestone: Update JSNA summary following community consultation</p>	<p>Failure to identify resources/skills required to refresh data and summary on an annual basis and produce full JSNA on 3yr basis</p>	<p>Work with colleagues in Public Health, Corporate Intelligence Unit and CYP to identify staff with appropriate skills/knowledge to undertake work</p> <p>Ensure that work on JSNA is built into identified staffs work programmes</p> <p>Establish formal reporting mechanism for progress with JSNA to Health PPB</p>	<p>March 2010</p>	<p>?</p>	<p>Working groups set up- attendance could be improved.</p> <p>Service Development Officer assigned to work on JSNA is off on long-term leave – protracted recruitment process has affected progress with full JSNA. Temporary appointment now confirmed.</p> <p>Draft summary of refresh completed in December. Presented to Health PPB in January.</p>
	<p>Failure to implement comprehensive community consultation</p>	<p>Work with colleagues in Public health, corporate communications and CYP to identify staff with appropriate skills/knowledge to carry out annual consultation.</p> <p>Ensure that work on JSNA consultation is built into</p>	<p>March 2010</p>	<p>?</p>	<p>Road show, street and on-line surveys undertaken in Oct 09.</p> <p>Service Development Officer assigned to work on JSNA is off on</p>

**APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
Health & Partnerships**

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
		identified staffs work programmes			long-term leave – protracted recruitment process has affected progress with full JSNA. Temporary appointment now confirmed
<p>HP 2</p> <p>Milestone: Continue to survey and quality test service user and carers experience of services to evaluate service delivery to ensure that they are receiving the appropriate outcomes</p>	Failure to demonstrate outcomes and work with service users to improve them could mean that poor services are provided to the people that need them and ultimately reduce the Directorate's performance rating	<p>Contact Centre Surveys undertaken on new service users to test service experience</p> <p>Surveys undertaken on specific topics through the year so that outcomes are tested and views on service improvements are sought.</p>	Nov 2010		The Contact Centre continue to test Lifeline users but there are plans to replace this with a new survey that will be undertaken at review by the wardens. This will enable direct feedback to those whoa re responsible for organising and managing the service.
<p>HP 3</p> <p>Milestone: Following the publication of the new national guidance on complaints, review, develop, agree and implement a joint complaints policy and procedure to ensure a consistent and holistic approach</p>	Failure to respond to the statutory performance agenda and care frameworks could impact on the people the Directorate provides services to and the performance rating of the Directorate.	An annual performance strategy is created that details all the checks and balances in place so that performance is monitored appropriately. This includes a timetable of the reporting and testing mechanisms that are used to monitor performance.	September 2009		Complaints are being process in line with the new national guidelines/legislation. Reports are made to Senior Management Team and other managers quarterly, to report lessons learned and outcomes along with the statutory annual report. Outcomes of complaints and learning are reported to help inform the development of services. Joint complaints procedures have been agreed

APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
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Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					locally and are being developed regionally.
HP3 Milestone: Develop a preliminary RAS model and explore impact on related systems	Failure to follow a staged approach to developing the preliminary RAS model will not highlight areas of concern and meet NI 130 targets.	A ongoing monitoring of performance development, highlighting findings and taking appropriate action to amend the RAS	March 2010	?	The Personalisation team is evaluating Halton's bespoke questionnaire. Points allocated will feed into the developing Desktop RAS which will be available at the end of January 2010 to test a further 20 physical and sensory disability service users, with a working model rolled out in April 2010. The Personalisation team has also evaluated the National RAS and questionnaire and has decided to continue with the development of the existing model given current ownership from staff and recognition of informal care in Halton's model.
	Failure to review on going performance development to ensure RAS is continually updated	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010	?	All social work teams have been informed of their Direct payment/ Individualised budgets targets for service users and carers for 2009/10 with monthly performance monitoring reports used to monitor progress to date. Feedback from Managers is also contributing to the development of

**APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
Health & Partnerships**

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
					the questionnaire and RAS future model.
	Failure to explore areas of concern on related systems and flag issues with manager	Regularly review RAS with appropriate managers, and provide progress reports on a monthly basis	March 2010	?	Progress is reported via the Finance Work stream Group, TASC Board and Self Directed Support Board to address areas of concern. Training Plans have also been put in place for the Mental Health Team.
HP3 Milestone: Review existing Direct Payment arrangements to ensure alignment with the personalisation agenda	Not consulting with all relevant parties throughout the process may delay the alignment of the agenda	Regular meetings of the Self Directed Support Groups will ensure all parties are informed and any areas of concern highlighted and considered. Consultation with service users arranged.	May 2010	✓	Various consultation events have been held this quarter by the Direct Payments/ Individualised Budgets team e.g. Meeting with Carers forums, Social Work Teams to promote the use of Direct payments and IBs. A support group for service users and their carers receiving a DP has also re-commenced which will be held every two months to update and engage service users on the progress of the personalisation agenda. Quarterly Newsletters also provide useful feedback.
HP3 Milestone: Review and deliver SP/Contracts procurement targets for	Failure to secure/retain adequate staffing resources within team to project manage tender process	Secure support from SMT to resource team at level needed to complete 2009/10 work programme Limit opportunities for	March 2010	✓	Additional staff were recruited in order to complete work programme. Seconded staff now returned to the QA Team in order to strengthen the skills and knowledge of current

**APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
Health & Partnerships**

Key Objective	Risk Identified	Risk Treatment Measures	Target	Progress	Commentary
2009/10, to enhance service delivery and cost effectiveness		<p>secondment to reduce loss of skills/knowledge within the team</p> <p>Agree priority work areas (based on risk) and offer advice and guidance only in respect to projects/tenders deemed low risk</p>			<p>team.</p> <p>Advice and guidance is offered to the projects that are lower risk and not detailed on work plan</p>
	Unable to award contract due to lack of or poor quality of tender submissions	<ul style="list-style-type: none"> • Maximise opportunities for providers to submit comprehensive tenders by building in sufficient time for returns at each stage of the tender process. • Advertise tenders on a national basis. • Develop contingency plans for the extension of existing services subject to tender. 	March 2010	<input checked="" type="checkbox"/>	<p>Sufficient time is built into the workplan for tender, though the officers are now using the Due North e tendering system at present which is adding to the time allocated. This is the new system that the Council will be fully implementing from April 2010.</p> <p>All tenders are advertised through the national trade journals and local press.</p> <p>Currently working on the contingency plans for the extensions of services prior to tendering.</p>

APPENDIX FOUR - PROGRESS AGAINST RISK CONTROL MEASURES
Health & Partnerships

Strategy/Policy/Service	HIGH Priority Actions	Target	Progress	Commentary
Housing	Private Sector Housing Conditions survey to be carried out, with resulting data disaggregated and analysed for race and disability	March 2010	<input checked="" type="checkbox"/>	Survey complete. Draft report on finding to be delivered by April 10.

**APPENDIX FIVE – PROGRESS AGAINST HIGH PRIORITY EQUALITY ACTIONS
Health & Partnerships**

HEALTH & COMMUNITY - HEALTH AND PARTNERSHIP

Revenue Budget as at 31st December 2009

	Annual Revised Budget	Budget To Date	Actual To Date	Variance To Date (overspend)	Actual Including Committed Items
	£'000	£'000	£'000	£'000	£'000
Employees	4,405	3,186	3,185	1	3,372
Premises Support	121	78	75	3	75
Other Premises	44	34	32	2	55
Supplies & Services	521	376	372	4	374
Training	96	20	16	4	16
Transport	19	14	21	(7)	22
Departmental Support Services	174	0	0	0	0
Central Support Services	787	590	590	0	590
Agency Related	219	136	106	30	130
Supporting People Payments to Providers	7,222	4,685	4,684	1	4,684
Unallocated Grants	65	0	0	0	0
Asset Charges	963	0	0	0	0
Total Expenditure	14,636	9,119	9,081	38	9,318
Income					
Sales	-15	-11	-10	(1)	-10
Receivership Income	-69	-52	-62	10	-62
Rents	-122	-121	-138	17	-138
Departmental Support Services Recharges	-3,687	0	0	0	0
Supporting People Main Grant	-7,411	-5,640	-5,637	(3)	-5,637
Social Care Reform Grant	-559	-559	-559	0	-559
Adult Social Care Workforce Grant	-364	-273	-273	0	-273
Supporting People Admin Grant	-113	-84	-85	1	-85
Training Support Implementation Fund	-83	-83	-91	8	-91
Homelessness Grant	-30	-30	-30	0	-30
Disabled Facilities Grant	-40	-40	-40	0	-40
Mortgage Rescue Scheme	-38	-38	-38	0	-38
Other Grants	-68	-64	-68	4	-68
Re-imbursments	-145	-195	-199	4	-199
Other Income	-170	0	0	0	0
Total Income	-12,914	-7,190	-7,230	40	-7,230
Net Expenditure	1,722	1,929	1,851	78	2,088

Comments on the above figures:

In overall terms revenue spending at the end of quarter 3 is £78k below budget profile, due in the main to the overachievement of income targets and expenditure incurred to date relating to bed & breakfast accommodation being less than anticipated at this stage of the financial year.

Receivership income continues, for a third quarter in succession, to overachieve against budget profile despite lower interest rates reducing income from fees.

The additional income generated is being used to fund a post in order to meet the increased demand of appointee service users requesting to be managed by the Appointee & Receivership team.

Rents received during the period continue to be higher than expected at budget setting time.

Health & Partnership

Capital Budget as at 31st December 2009




	2009/10 Capital Allocation £000	Allocation To Date £000	Actual Spend To Date £000	Allocation Remaining £000
IT	28	10	0	28
Total Spending	28	10	0	28

Housing Strategy & Support Services

Capital Projects as at 31st December 2009

	2009/10 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
<u>Private Sector Housing</u>				
Housing Grants/Loans	354	150	80	274
Disabled Facilities Grants	1,501	975	540	961
Home Link	10	0	3	7
Energy Promotion	100	66	43	57
Choice based lettings	50	0	0	50
Handy Person Van	12	0	0	12
Contingency	50	0	0	50
	2,077	1,191	666	1,411

The RAG symbols are used in the following manner:

	<u>Objective</u>	<u>Performance Indicator</u>
<u>Green</u>	 Indicates that the <u>objective is on course to be achieved</u> within the appropriate timeframe.	Indicates that the <u>target is on course to be achieved</u> .
<u>Amber</u>	 Indicates that it is <u>unclear</u> at this stage <u>whether the objective will be achieved</u> within the appropriate timeframe.	Indicates that it is either <u>unclear</u> at this stage or too early to state whether the target is on course to be achieved.
<u>Red</u>	 Indicates that it is <u>highly likely or certain that the objective</u> will not be achieved within the appropriate timeframe.	Indicates that the <u>target will not</u> be achieved unless there is an intervention or remedial action taken.