

## Departmental Quarterly Monitoring Report

**Directorate:** Communities Directorate

**Department:** Commissioning & Complex Care

**Period:** Quarter 3 - 1<sup>st</sup> October 2011 – 31<sup>st</sup> December 2011

### 1.0 Introduction

This quarterly monitoring report covers Commissioning and Complex Care Services for the third quarter period up to 31st December 2011. It describes key developments and progress against objectives and performance indicators for the service.

The way in which the Red, Amber and Green, (RAG), symbols and Travel Indicator symbols have been used to reflect progress to date is explained in Appendix 6.

### 2.0 Key Developments

#### **Commissioning**

Tenders have progressed for the floating support services and a report is to be taken to Executive Board Sub Committee on 12<sup>th</sup> January 2012 advising of the outcome and recommendation to award. The Tender processes for the domestic abuse services and the CIC accommodation services were terminated due to lack of competition. Requests will be made for waivers for extensions to existing services while proposals for future service delivery are considered.

Over recent months details of the Homes and Communities Agency's Affordable Housing Programme for the 2011/12 – 2014/15 period have emerged. For Halton funding has been secured by Halton Housing Trust, Arena, Liverpool Housing Trust and Cosmopolitan Housing Association to develop 320 dwellings – 119 of these in Runcorn and 201 in Widnes. This is welcome news at a time of growing waiting lists and a depressed housing market.

#### **Extra Care Housing Tenders**

The Tender process for the commissioning of the care element of the new Extra Care housing schemes will commence in January 2012. This will include the two new schemes on Liverpool Road (in partnership with Halton Housing Trust) and the Boardwalks (in partnership with Cosmopolitan).

**Dementia Care Advisors:**

The new contract will be completed and issued in January and the service will be delivered through a partnership between Alzheimer's Society and Age UK. The service will be joint across Halton and St Helens; however, Halton Borough Council will be the lead organisation for the contract.

**3.0 Emerging Issues****Model of Care to develop a Comprehensive Community services infrastructure for Adults with Learning Disabilities**

Consultation on the de-commissioning of the assessment and treatment in-patient beds provided by the 5 Boroughs Foundation Trust has now concluded. Generally the response is in favour with some reservations. To ensure transparency a multi-stakeholder group including Commissioners across Health and Social Care in Halton, St Helens, Knowsley and Warrington will be established to develop a full response. Equality Impact Assessments and Health Impact Assessments will be completed.

**Substance Misuse**

There is a requirement by both the National Treatment Agency, and under the Crime and Disorder Act, for Partnerships to undertake regular needs assessments. The last needs assessment undertaken by the Drug Action Team was in 2009/10 to inform the 2010/11 adult treatment plan. With the publication of the Coalition Drug Strategy in December 2010 and a new Substance Misuse Provider in the Borough from January 2012, it would seem an appropriate time to undertake a needs assessment.

The aims of the needs assessment would be to;

- a) Identify the substance misuse related needs of people in Halton.
- b) Identify the patterns of substance misuse with the Borough.
- c) Provide the strategic direction to ensure that the Safer Halton partnership reduces the impact of substance misuse on people and communities in Halton.

**Electronic Monitoring – Domiciliary Care**


Work has commenced to develop an agreed and effective system to deliver electronic monitoring to domiciliary care providers operating in Halton.

**Sheltered Accommodation**

A strategic review of all sheltered accommodation will commence in February 2012 and will consider a current position statement, a market analysis and a recommendations report.

## 4.0 Service Objectives/Milestones

### 4.1 Progress Against 'Key' Objectives/Milestones

<b>Total</b>	<b>7</b>		<b>6</b>		<b>1</b>		<b>0</b>
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Six 'Key' Objectives / Milestones are presently on track to achieve annual targets. However, at this stage there is some uncertainty whether the indicator for the Joint Strategic Needs Assessment (JSNA) will achieve the annual target. Additional information can be found within Appendix 1.

### 4.2 Progress Against 'Other' Objectives/Milestones

<b>Total</b>	<b>16</b>		<b>11</b>		<b>5</b>		<b>0</b>
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It is uncertain at this stage whether four of the 'Other' Objectives / Milestones will achieve annual targets. The implementation and review of the Single Point of Access is unlikely to be completed by the end of March due to the number of external workstreams involved. The number of Carers receiving a carers break and the maintenance of carer assessment leading to the provision of services is also uncertain at this stage. The evaluation of the JSNA is due to be undertaken during March 2012; again this holds some uncertainty as to whether the target will be achieved. Additional details are provided within Appendix 2.

However, eleven of the remaining indicators for the Department are on track to be achieved and are therefore not being reported by exception at this time.

## 5.0 Performance Indicators

### 5.1 Progress Against 'Key' Performance Indicators

<b>Total</b>	<b>6</b>		<b>3</b>		<b>2</b>		<b>1</b>
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Three 'Key' Performance Indicators are presently on track to achieve annual targets. However, it is uncertain at this stage whether the two indicators relating to dementia will achieve annual targets due to data quality issues and partnership reporting. One indicator will not achieve annual target due to issues surrounding

the recording of data. Additional details are provided within Appendix 3.

## 5.2 Progress Against 'Other' Performance Indicators

<b>Total</b>	<b>9</b>		<b>7</b>		<b>2</b>		<b>0</b>
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At this stage of the reporting year it is uncertain whether two 'other' performance indicators will achieve annual target based on estimated data due to issues with the recording of data and fluctuations in primary client type.

There are three indicators that cannot be reported at this time as they relate to the Adult Social Care Survey which is taking place between January and March. Baselines will also be re-established in 2011/12 for three other indicators CC1-CC3. Further information can be found in Appendix 4. However, the remaining indicators are on track to achieve annual targets and are therefore not being reported by exception at this time.

## 6.0 Risk Control Measures

During the Development of the 2011-12 Service activity, 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 an associated 'High' risk, progress against the application of this risk treatment measure will be reported in quarters 2 and 4.

## 7.0 Progress Against High Priority Equality Actions

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2011 – 2012.

## 8.0 Data Quality Statement



The author provides assurance 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 sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

## 9.0 Appendices

- Appendix 1 Progress Against 'Key' Objectives/Milestones
- Appendix 2 Progress Against 'Other' Objectives/Milestones
- Appendix 3 Progress Against 'Key' Performance Indicators
- Appendix 4 Progress Against 'Other' Performance Indicators
- Appendix 5 Financial Statement
- Appendix 6 Explanation of Use of Symbols


## Appendix 1: Progress Against 'Key' Objectives/Milestones

Ref	Objective
CCC 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 people with Complex Care needs

Milestones	Progress Q3	Supporting Commentary
Implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2012.</b> (AOF6 & 7)		Draft contract for Dementia Care Advisors has now been completed, the service will be provided in partnership between Alzheimer's Society and Age UK and recruitment of staff will take place at the end of January 2012. 5 Borough Partnership are currently implementing changes to both the Adults and Later Life Mental Health pathways. This will aim to improve access to service and quality of the service delivered. The adult pathway redesign will be implemented in April 2012 and a pilot of the Later Life redesign will also start in April in Wigan with learning used in Halton.
Work with Halton Carers Centre to develop appropriate funding arrangements past September 2011, to ensure that Carers needs within Halton continue to be met. <b>Jun 2011</b> (AOF 7)		The Carers Centre applied for a Big Lottery bid and were informed on 19.1.12, that they have successfully got through to the second stage. If approved lottery funding would be received May/June 2012. Carers Centre Manager has appointment to discuss future funding with PCT/NHS on 30.1.12 Children and Enterprise have funded £6,000 towards a post within the Carers Centre to deliver training/group work for Young Carers until the end of March 2012, Esmee Fairbairn have funded £33,500 for a Young Carer workers post, this is until December 2012. John Moores have funded £5,000 towards the cost of a Young carers worker.


## Appendix 1: Progress Against 'Key' Objectives/Milestones

Ref	Objective
CCC 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 people with Complex Care needs

Milestones	Progress Q3	Supporting Commentary
Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2012</b> (AOF6 & 7)		Safe Place Project has set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARCs are a national initiative and care for people who have suffered rape or serious sexual assault and provide forensic medical examination, care and aftercare. St Marys in Manchester was the first SARC in the country; they began offering a service for children 5 years ago. They now see 450+ children a year. The contract to provide SARC services across the four Cheshire LSCB areas began in April 2011. Activity and performance is reported to the Cheshire SARC Management Board. The service has received positive feedback from stakeholders and those accessing the service from across Cheshire.

## Appendix 1: Progress Against 'Key' Objectives/Milestones



Ref	Objective
CCC 2	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q3	Supporting Commentary
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. <b>Mar 2012.</b> (AOF 32)		Three surveys were distributed during Q3 in relation to care and support services. The three surveys were as follows; 1) Quality of Home Care. 2) Care Home - Service Users. 3) Care Home - Next of Kin. In addition a further survey was administered in relation to changes to the National Blue Badge scheme and an increase in charges to users of the Blue Badge scheme in Halton. The results of the consultations are in the process of evaluation.




**Appendix 1: Progress Against 'Key' Objectives/Milestones**

Ref	Objective
<b>CCC 2 (continued)</b>	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required

Milestones	Progress Q3	Supporting Commentary
Ensure HealthWatch is established and consider working in partnership with other Councils to deliver this. <b>Mar 2012</b> (AOF 32)		LINK Transition Sub Group continues to meet. LINK Board Members focus group took place in Sept 2011 and LINK Board Focus Group taking place in Dec 2011 to gather views on how they think Halton's Local HealthWatch could be structured, what services it could deliver to meet the remit etc. HBC HealthWatch Project group meeting in Dec 2011 with Legal to seek advice on possible models of Local HealthWatch. Due to meet with Mersey Cluster Local Authorities in New Year to discuss possible cross boundary working. Development of Local HealthWatch specification to be started in New Year. Dept of Health time scale for implementing Local HealthWatch remains October 2012.
Update the Joint Strategic Needs Assessment (JSNA) summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. <b>Mar 2012</b> (AOF 6)		Comments received through ratification process to be taken on board in the future refresh of the JSNA. Research and Intelligence and Public Health Analyst working on developing a data sheet with links to all current data. Draft refresh protocol developed. JSNA Evaluation due to be undertaken in March 2012 where refresh protocol to be agreed i.e. what changes constitute a redraft of chapter, what will trigger a new chapter etc.

## Appendix 1: Progress Against 'Key' Objectives/Milestones

Ref	Objective
CCC 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

Milestones	Progress Q3	Supporting Commentary
Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. <b>Mar 2012.</b> (AOF 33,34 and 35)		Detailed arrangements for the Health and Wellbeing Board have now been finalised and agreed, the shadow board has been established and met for the first time during Q3. Detailed governance structures and reporting mechanisms into the Health and Wellbeing board have been drafted and currently being approved. Advanced discussions regarding the transfer of Public Health to the Council continue.

## Appendix 2: Progress Against 'Other' Objectives/Milestones

Ref	Objective	
CCC 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 people with Complex Care needs	
Milestones	Progress Q3	Supporting Commentary
<i>Implement and review the Single Point of Access to ensure that it delivers an effective mechanism for access into Services. Mar 2012. (AOF 6 &amp; 7)</i>	?	<p>There are a number of workstreams that are working concurrently to redesign mental health services in the borough.</p> <ul style="list-style-type: none"> <li>• 5 boroughs partnership adult acute pathway</li> <li>• 5 boroughs partnership later life and memory services</li> <li>• Review of the Social work role within the Older People's Community Mental Health Services</li> <li>• Review of the Social work role in the Functional Community Mental Health Team</li> </ul> <p>Each of these pieces of work will feed into an effective mechanism for access to services. It is unlikely that all of this work will be completed by the end of March 2012.</p>
<i>Introduce Housing related support 'Gateway' or single point of access service. Mar 2012 (AOF 6, 30 and 31)</i>	?	<p>Gateway to be developed and implemented in line with Choice Based Lettings and the introduction of a new homelessness system. The use of a single system, Abritas, will provide a common database for everyone requiring housing and/or support services. A report is being prepared detailing the proposed structure and costing of the Gateway service.</p>
<i>Maintain the number of carers receiving a carers' break, to ensure Carers needs are met. Mar 2012 (AOF7)</i>	?	<p>Carers Assessors and Assessment meetings are in progress to ensure that carers' needs are met. Performance is also being monitored and reviewed through performance management meetings in each service area and supervisions.</p>
<i>Maintain the numbers of carers provided with</i>	?	<p>Carers Assessors and Assessments meetings are in progress to ensure that carers' needs are met. Performance is also being</p>







**Appendix 2: Progress Against 'Other' Objectives/Milestones**

<i>assessment leading to the provision of services, to ensure Carers needs are met. Mar 2012. (AOF7)</i>		monitored and reviewed through performance management meetings in each service area and supervisions.
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<b>Ref</b>	<b>Objective</b>		
<b>CCC 2</b>	Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required		
<b>Milestones</b>	<b>Progress Q3</b>	<b>Supporting Commentary</b>	
<i>Update the Joint Strategic Needs Assessment (JSNA) - full data document, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2012 (AOF 6)</i>	?	Comments received through ratification process to be taken on board in the future refresh of the JSNA. Research and Intelligence and Public Health Analyst are working on developing a data sheet with links to all current data. Draft refresh protocol developed. JSNA Evaluation due to be undertaken in March 2012 where refresh protocol to be agreed i.e. what changes constitute a redraft of a chapter, what will trigger a new chapter etc.	

### Appendix 3: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
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Service Delivery							
<b>CCC 6</b>	Adults with mental health problems helped to live at home (Previously AWA L113/CCS 8)	3.97	3.97	3.87E			Work around changes of recording carer services within the Carefirst database is almost complete. Figure provided for Q3 is an estimate based on the data currently available.
<b>CCC 7</b>	Total number of new clients with dementia assessed during the year as a percentage of the total number of new clients assessed during the year, (18+)	4.6%	5%	4.8%			Although this figure has seen an improvement on Q2 it is still difficult to accurately assess if the data that is collected through Carefirst is complete and up to date
<b>CCC 8</b>	Total number of clients with dementia receiving services during the period provided or commissioned by the CSSR as a percentage of the total number of clients receiving services during the year, (18+).	3.3%	5%	2.9%			Again this figure is increasing on Q2, but only marginally. However, this clearly demonstrates that there is work to do with primary care and 5 boroughs partnership to ensure timely and efficient diagnosis of Dementia.



### Appendix 3: Progress Against 'Key' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
<b><u>CCC 9</u></b>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously PCS 12).	0	1.2	0			The Authority had sustained a zero repeat homelessness status. Halton Borough Council has also registered as part of the no second night out protocol to tackle rough sleeping
<b><u>CCC 11</u></b>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously PCS 11).	5.78 (940 cases)	4.4	4.71			The service is more community focused. Due to increased early intervention measures and partnership working this has resulted in an increase in the prevention activity and successful outcomes.
<b><u>CCC 14</u></b>	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135).	24.13	24.5	12.94E			Work around changes of recording carer services within the Carefirst database is almost complete. Figure provided for Q3 is an estimate based on the data currently available.

#### Appendix 4: Progress Against 'Other' Performance Indicators


Ref	Description	Actual 2010/11	Target 2011/12	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
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Cost and Efficiency							
CCC 1	% of client group expenditure (MH) spent on domiciliary care services (Previously PCS15)	29%	Baseline to be re-established in 2011/12	33%	N/A		There has been a slight increase in expenditure for MH domiciliary care services this quarter compared to 31% at Q3 last year.
CCC 2	% of client group expenditure (ALD) spent on domiciliary care services (Previously PCS1)	38%	Baseline to be re-established in 2011/12	63%	N/A		There has been a significant increase in expenditure for ALD domiciliary care services this quarter compared to 40% at Q3 last year.
CCC 3	% of client group expenditure (PSD) spent on domiciliary care services (Previously PCS2)	23%	Baseline to be re-established in 2011/12	76%	N/A		There has been a dramatic increase in expenditure for PSD domiciliary care services this quarter compared to 24% at Q3 last year.

Service Delivery							
CCC 5	Adults with learning disabilities (aged 18-64) helped to live at home per 1,000 population (Previously CCS 7)	4.37	4.3	4.16E			Work around changes of recording carer services within the Carefirst database is almost complete. Figure provided for Q3 is an estimate based on the data currently available.

#### Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
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Fair Access							
CCC 21	Total number of adults with mental health helped and supported into voluntary work on a yearly basis, (rather than just new clients getting work in the year). (Previously CCS 4).	25	21	7	?		The figure for Q3 has seen a decrease compared to the same quarter in 2010/11 (20) and it is uncertain at this stage whether the target can be achieved in 2011/12.



#### Appendix 4: Progress Against 'Other' Performance Indicators

Ref	Description	Actual 2010/11	Target 2011/12	Quarter 3	Current Progress	Direction of Travel	Supporting Commentary
CCC 38	Social Care-related Quality of life (Adult Social Care Survey) <b>1A.</b>	18.9%	Baseline to be confirmed	N/A	N/A	N/A	The Adult Social Care Survey was undertaken for the first time in January 2011. The fieldwork for the 2011/12 survey will take place between January and March 2012.
CCC 39	The Proportion of people who use services who have control over their daily life (Adult Social Care Survey) <b>1B.</b>	79.2%	Baseline to be confirmed	N/A	N/A	N/A	The Adult Social Care Survey was undertaken for the first time in January 2011. The fieldwork for the 2011/12 survey will take place between January and March 2012.
CCC 42	Overall satisfaction of people who use services with their care and support (Adult Social Care Survey) <b>3A.</b>	61.7%	Baseline to be confirmed	N/A	N/A	N/A	The Adult Social Care Survey was undertaken for the first time in January 2011. The fieldwork for the 2011/12 survey will take place between January and March 2012.

## Appendix 5: Financial Statement

### COMMISSIONING & COMPLEX CARE DEPARTMENT

#### Revenue Budget as at 31<sup>st</sup> December 2011

	Annual Budget	Budget To Date	Actual To Date	Variance To Date
	£'000	£'000	£'000	(overspend) £'000
<b><u>Expenditure</u></b>				
Employees	7,413	5,474	5,476	(2)
Other Premises	333	266	262	4
Supplies & Services	2,985	1,787	1,791	(4)
Contracts & SLA's	518	140	84	56
Transport	295	201	176	25
Emergency Duty Team	103	52	41	11
Community Care:				
Residential & Nursing Care	806	574	498	76
Domiciliary Care	359	184	187	(3)
Direct Payments	144	114	125	(11)
Block Contracts	174	126	117	9
In-House Day Care	23	5	10	(5)
Food Provision	33	17	13	4
Other Agency Costs	558	423	430	(7)
Payments To Providers	4,218	3,325	3,324	1
Grants To Voluntary Organisations	270	253	258	(5)
<b>Total Expenditure</b>	<b>18,232</b>	<b>12,941</b>	<b>12,792</b>	<b>149</b>
<b><u>Income</u></b>				
Residential & Nursing Fees	-68	-45	-49	4
Direct Payment Charges	-3	-3	-4	1
Community Care Income	-4	-4	-9	5
Sales & Rents Income	-176	-151	-149	(2)
Fees & Charges	-446	-253	-291	38
PCT Reimbursements : Care	-202	-125	-168	43
PCT Reimbursements :Service Reimbursements	-2020	-1,241	-1,287	46
Government Grant Income	-293	-185	-188	3
<b>Total Income</b>	<b>-3,669</b>	<b>-2,261</b>	<b>-2,381</b>	<b>120</b>
<b>Net Operational Expenditure</b>	<b>14,563</b>	<b>10,680</b>	<b>10,411</b>	<b>269</b>
<b><u>Recharges</u></b>				
Premises Support	464	327	327	0
Transport	449	326	326	0
Central Support Services	2,729	1,892	1,892	0
Asset Charges	406	0	0	0
Internal Recharge Income	-88	0	0	0
<b>Net Total Recharges</b>	<b>3,960</b>	<b>2,545</b>	<b>2,545</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>18,523</b>	<b>13,225</b>	<b>12,956</b>	<b>269</b>

## Appendix 5: Financial Statement

### Comments on the above figures:

Net operational expenditure is £269,000 below budget profile at the end of the third quarter of the financial year.

The Community Care element of Mental Health Services is forecast to be £162,000 below budget based on data held for all known care packages. This figure is subject to fluctuation, dependent on the number and value of new packages approved, and the termination or variation of existing packages. At the end of Quarter 3 the net position is £121,000 below profile.

Expenditure on Contracts and Service Level Agreements is projected to be £120,000 below budget at the year-end. The savings are on the Bredon Respite Services contract (£35,000) Homelessness Service contract (£30,000), and payments to Bed and Breakfast providers for homelessness support (£55,000).

Transport costs in Adult Day Services are in the region of £30,000 below budget profile. This results from the replacement of taxi contracts with transport provided by fleet vehicles. It is anticipated that spend will be £40,000 below budget at the end of the financial year.

Income is currently above the target to-date. The previous quarter's report, referred to the possibility of Community Centres income not achieving the target, as a result of wider economic pressures. However, action has been taken to maximise income from room lettings, and it is now anticipated that this target will be achieved. The figures in the table above include a projected over-achievement of Community Care income of £74,000 for the full year, which is included within the £162,000 projected net underspend for Community Care referred to above.




At this stage, net expenditure for the Complex & Commissioning Care Division is anticipated to be £360,000 below budget at the end of the financial year.

### Capital Projects as at 31<sup>st</sup> December 2011

	2010/11 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Renovation Grant	214	60	61	153
Disabled Facilities Grant	660	500	428	232
Energy Promotion	6	0	0	6
Stairlifts	200	175	197	3
RSL Adaptations	560	350	291	269
Modular Buildings	27	15	0	27
Choice Based Lettings	40	13	11	29
Extra Care Housing	463	0	0	463
User Led Adaptations	55	10	0	55
<b>Total Spending</b>	<b>2,225</b>	<b>1,123</b>	<b>988</b>	<b>1,237</b>




## Appendix 6: Explanation of Symbols

Symbols are used in the following manner:

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

### **Direction of Travel Indicator**

Where possible performance measures will also identify a direction of travel using the following convention

<b>Green</b>	 Indicates that <b>performance is better</b> as compared to the same period last year.
<b>Amber</b>	 Indicates that <b>performance is the same</b> as compared to the same period last year.
<b>Red</b>	 Indicates that <b>performance is worse</b> as compared to the same period last year.
<b>N/A</b>	Indicates that the measure cannot be compared to the same period last year.