



West Berkshire Council Performance Report

Key accountable measures and activities 2015/16

Update: Year end

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Purpose of this report

To provide an update on progress against the council's key accountable measures and activities at year end 2015/16.

The key measures / activities within this report have been distilled from those routinely monitored and managed through individual service delivery plans to focus more singularly on those which are of particular importance / significance key in delivering the strategic objectives in the Council Strategy and to the ongoing work of the council as a whole. This report therefore:

- provides assurance to the Executive that the objectives laid out in the Council Strategy are being delivered;
- provides assurance to the Executive that areas of significance / particular importance are performing;
- acts as an early warning system, flagging up areas of significance / particular importance which are not performing - or are not expected to perform - as hoped;
 - and therefore ensures that adequate remedial action is put in place to mitigate the impact of any issues that may arise.

Conventions used in this report

Throughout the report we have used a RAG 'traffic light' system to report progress:

- ★ means we have either achieved / exceeded, or expect to achieve what we set out to do;
 - ◆ means we are behind schedule, but still expect to achieve or complete the measure / activity by year end;
 - indicates that we have not achieved, or do not expect to achieve, the activity or target within the year;
 - 🎯 indicates that data can only be reported at a single point of the year and progress cannot be tracked – e.g. GCSE results or the road condition survey, whilst;
 - 🕒 indicates that quarterly data is unavailable when this report was published
 - 🌊 indicates that a measure is not targeted and results are being recorded as a baseline for future monitoring.
- (E) indicates that an outturn is an estimate and will be confirmed during the year.

Where measures / activities are reported as 'red' or 'amber', an exception report provides (a) a description of why the measure / activity will not be achieved / completed, (b) the impact of not achieving, (c) the remedial action being taken to mitigate the impact of this as well as (d) the revised anticipated year end position (e) if any actions is required from Strategy Board.

In total, there are 28 key measures or activities which are appraised by the Executive through this reporting mechanism. In the report, these are aligned to the strategic priorities laid out in the Council Strategy.

The main body of the report presents these in more detail. Along with a description of the measure, the table also provides:

- *Column 1*: a reference code
- *Column 2*: the title of the measures
- *Column 3-6* previous years' outturns and comparative performance

- *Column 7*: the current year's target.
- *Columns 8-11*: quarterly outturns and RAG ratings.
- *Column 12*: and supporting commentary or volume data.

Comparative outturns

To complement monitoring progress in absolute terms, an indication of our comparative standing is provided. This will only relate to standardised, nationally reported measures and by default the data is compared to England as a whole. Outturns are presented in relation to quartiles, although in some cases it should be noted that a direct, national comparison is not possible as the measure is locally defined and monitored.

Because of the timescales involved in compiling, validating and publishing relative performance statistics, these are usually available 6-12 months in arrears. As such, the data we are able to use to compare our relative performance, will ordinarily relate to the previous year.

Summary of Performance

Across this reporting framework as a whole, 28 key accountable measures and activities are captured in total.

Education operates on an academic year basis and their service plan covers the academic year ending September 2015. A suite of key accountable measures, relating to attainment in this period, are included in this basket of measures.

Highways and Transport report on the 'percentage of work orders of permanent pothole repairs' a quarter in arrears and reported 'green' for quarter 3.

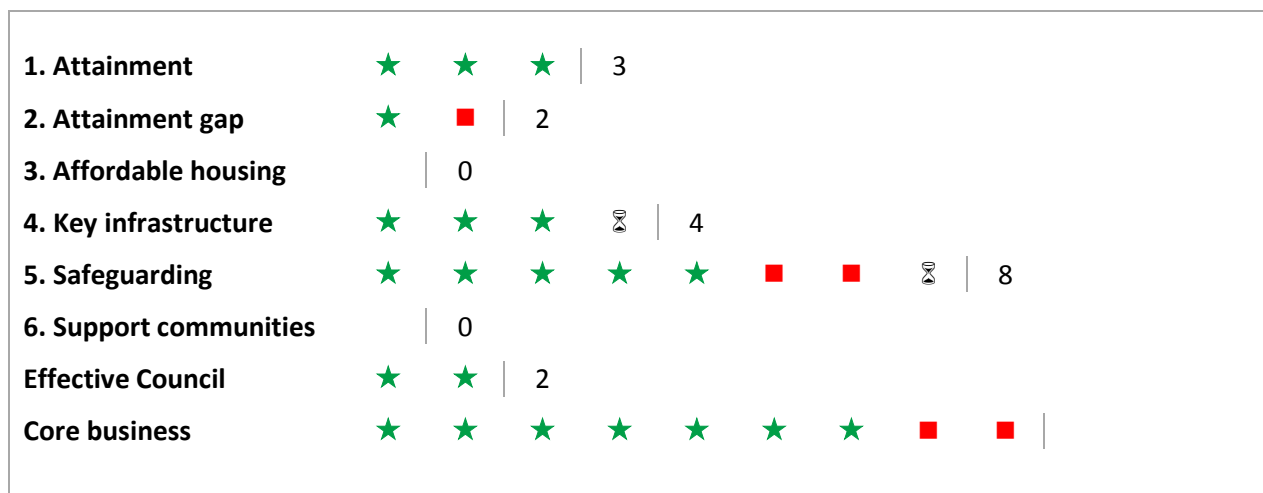
Of the 28 reported measures, outturns are available for 26. Those not reported are comprised of, 1 which is reported a quarter in arrears and 1 which was unavailable at the time of publication. Therefore, of the measures reported:

- 21 (81%) are reported as 'green' – or are on track to be delivered / achieved by year end.
- 5 (19%) is reported as 'red' - not achieved, or do not expect to achieve, the activity or target within the year

The summary table below shows year end outturns by directorate.

Overview of performance outturns	2012/13	2013/14	2014/15	2015/16 (Year end)			
	YE	YE	YE	Overall	Comm	Env	Res
Green	45	36	40	21	15	4	2
Amber	0	1	0	0	0	0	0
Red	3	9	11	5	5	0	0
<i>Annual (yet to be reported)</i>	0	1	0	0	0	0	0
<i>Baseline (yet to be targeted)</i>	-	-		0	0	0	0
<i>Unavailable at time of publication</i>	1	0	1	2	1	1	0
Total	49	47	52	28	21	5	2

This graph summarises the same data against the council's priorities.



★ On track / achieved
 ◆ Behind schedule
 ■ Unachievable
 ◎ Annual
 ⌚ Data not available
 ⚡ Baseline

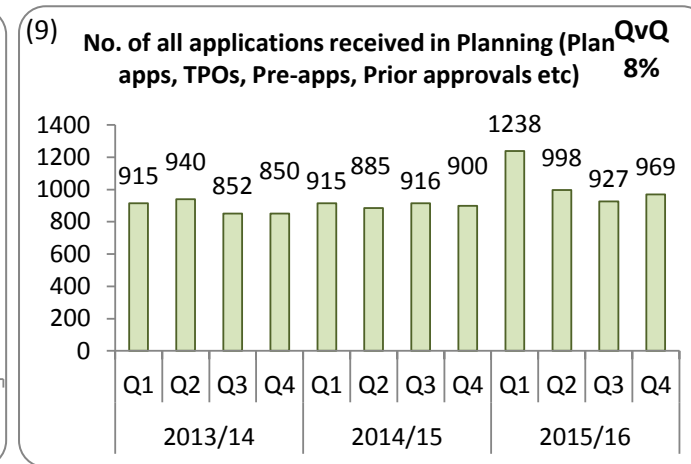
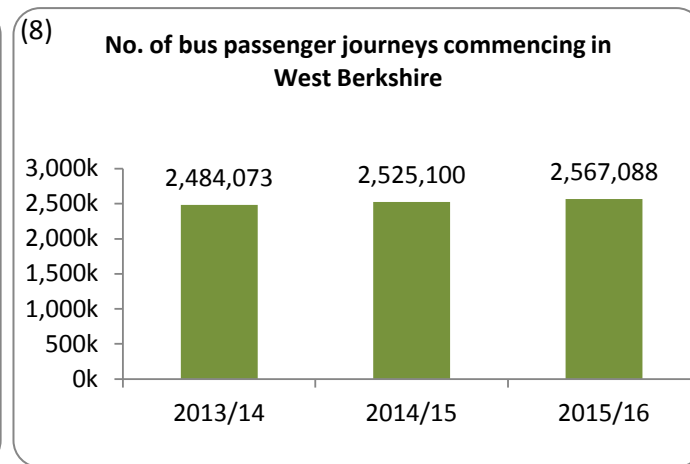
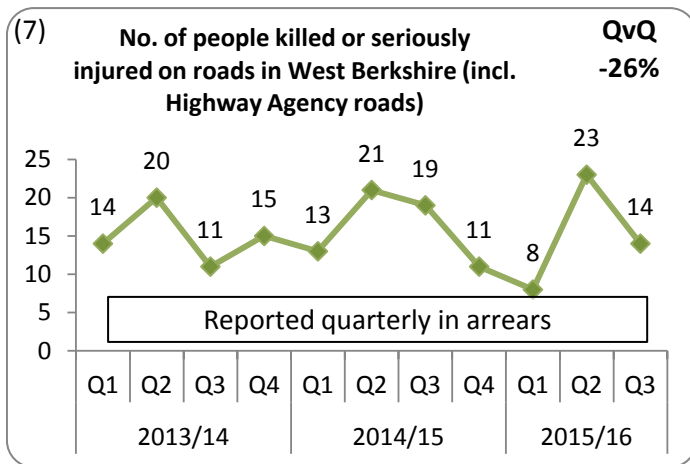
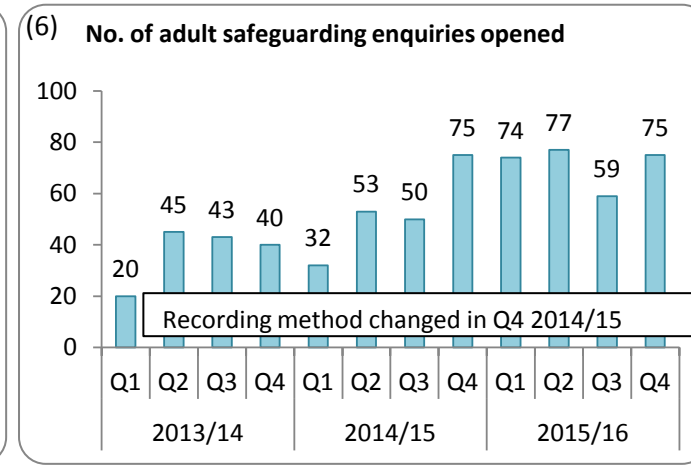
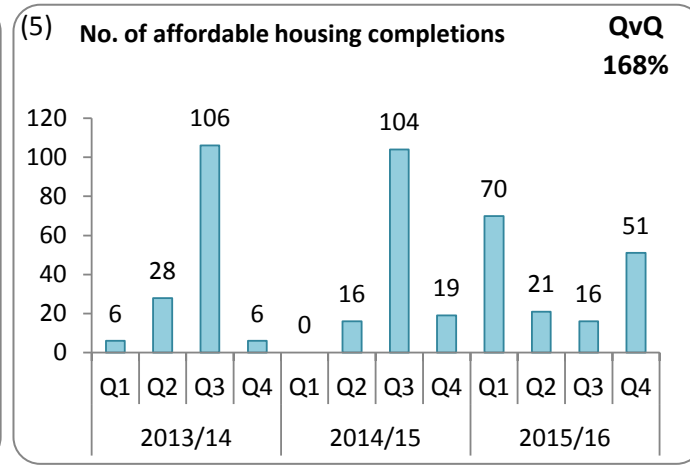
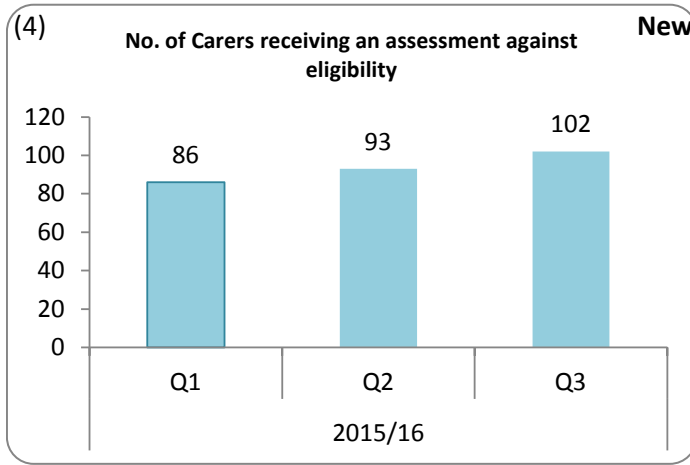
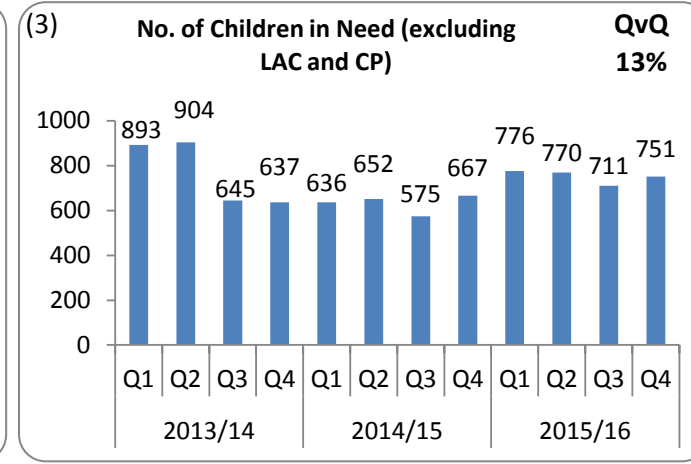
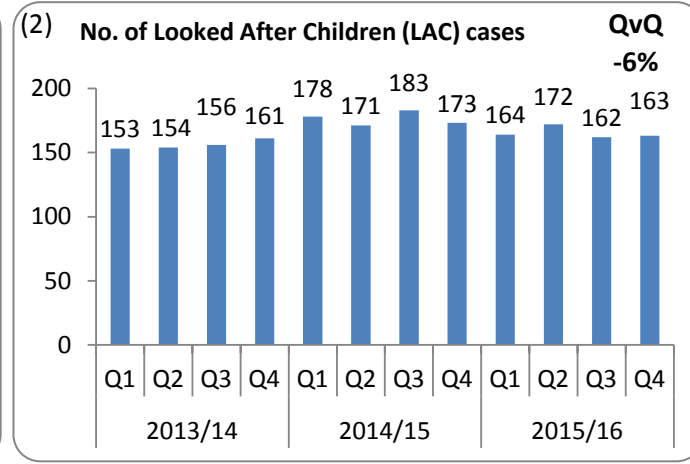
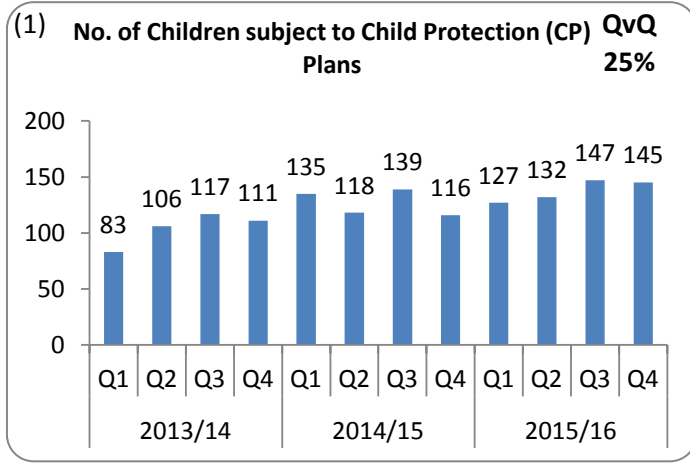
The 5 measures reported as 'red', are listed below. (For more information on each of these measures, including detailed outturns, commentary and exception reports – please consult the main body of this report:

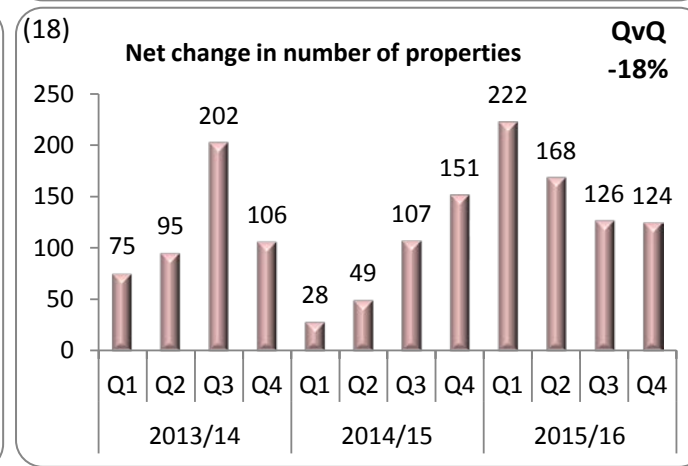
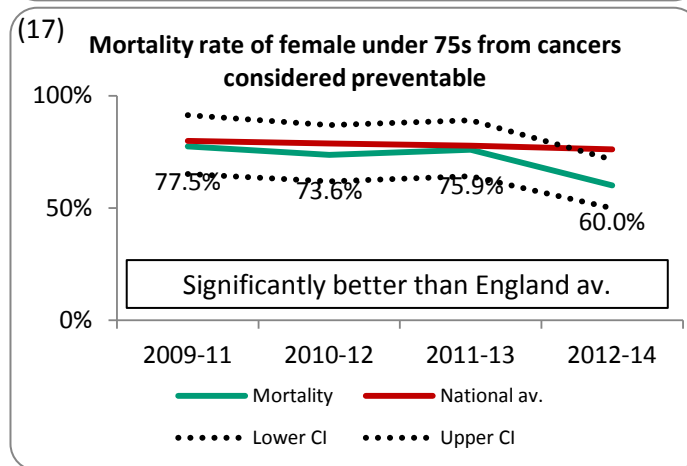
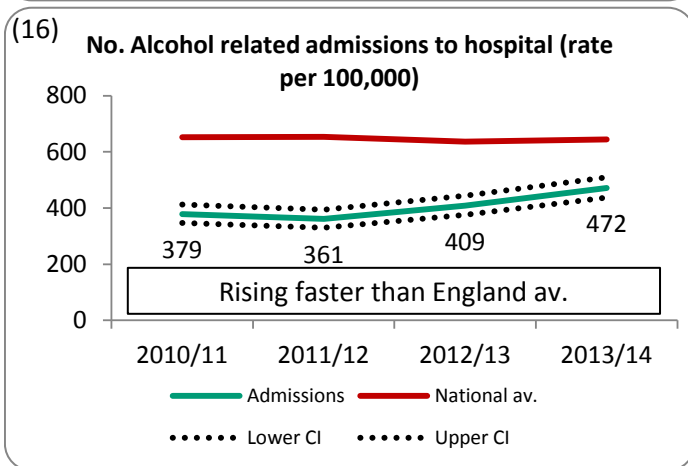
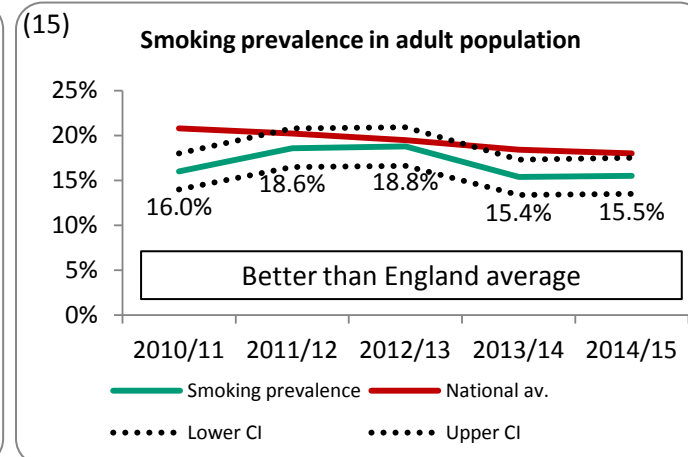
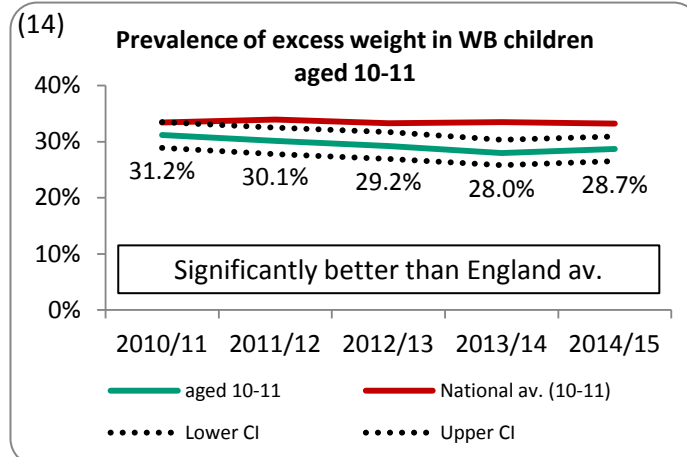
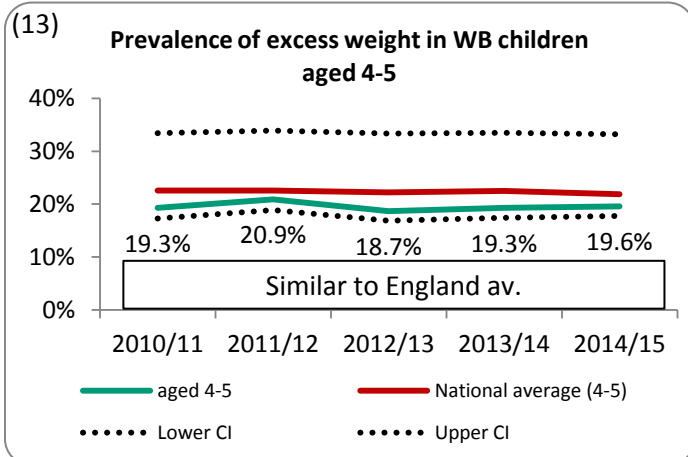
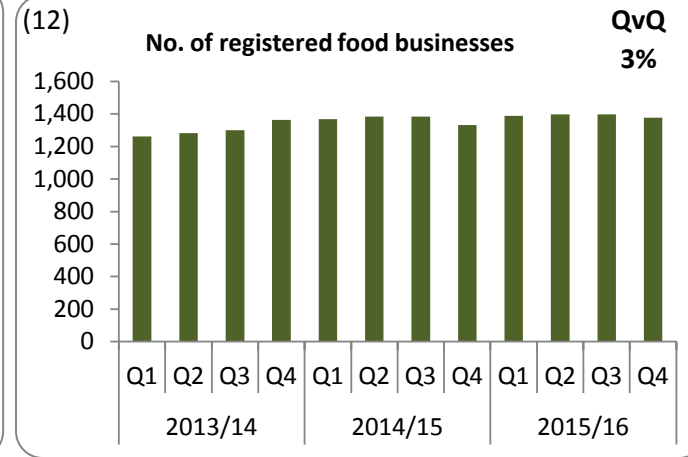
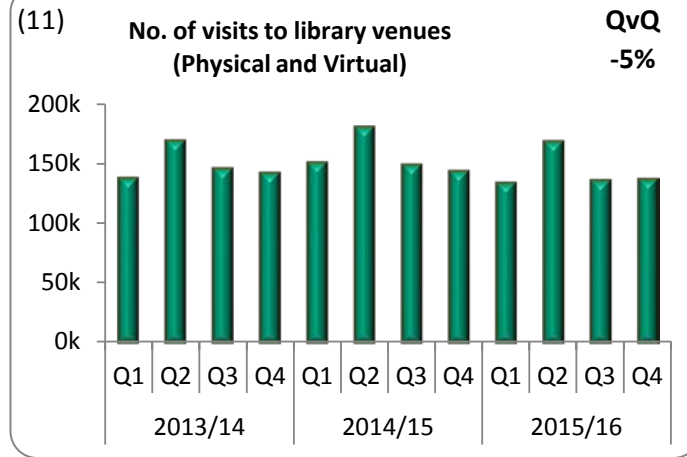
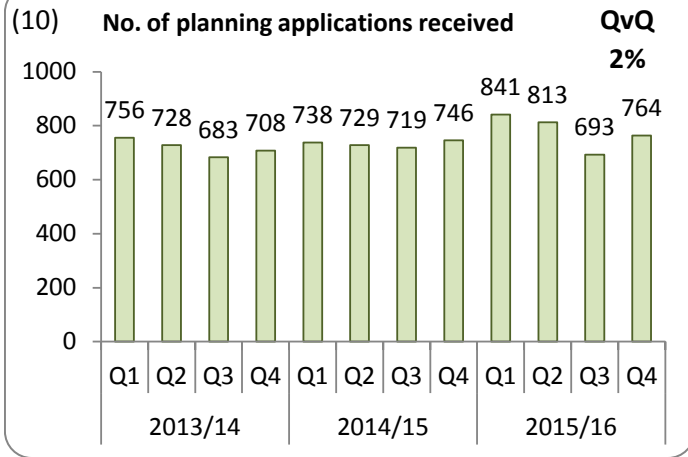
List of reported 'red' measures / activities	Target	Q1 outturn	Q2 outturn	Q3 outturn	YE outturn
Priority 5. Good at Safeguarding children and vulnerable adults					
1. To maintain a high percentage of (single) assessments being completed within 45 working day	>=90%	◆ 71.2%	◆ 79.7%	■ 79.1%	■ 82.5%
2. % of Leaving Care Clients with Pathway Plans	100%	◆ 79.9%	◆ 89.0%	◆ 99.0%	■ 96.7%
Close the educational attainment gap					
3. Reduce the attainment gap at GCSE (5A*-C including English and Maths) between disadvantaged and other pupils	30ppt AY 2014/15	◎	◎	◎	■ 34.7ppt
Core Business					
4. Decrease the level of delayed transfers of care (DTC) from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)	4	★ 3.3	◆ 4.7	◆ 4.8	■ 6.4
5. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (small cohort)	92%	★ 92.9%	◆ 90.4%	◆ 88.7%	■ 79.1%

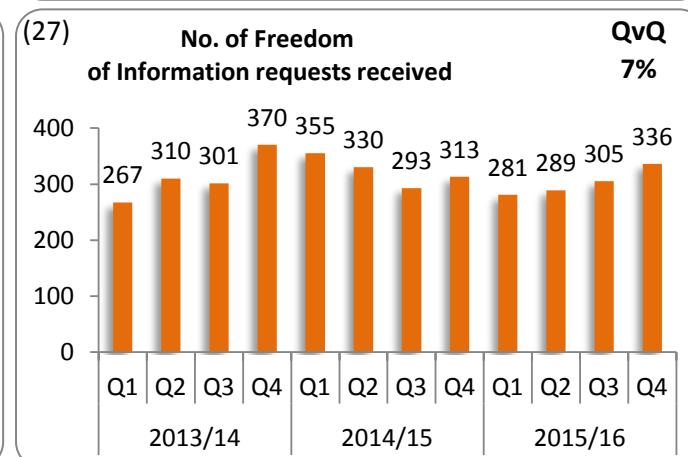
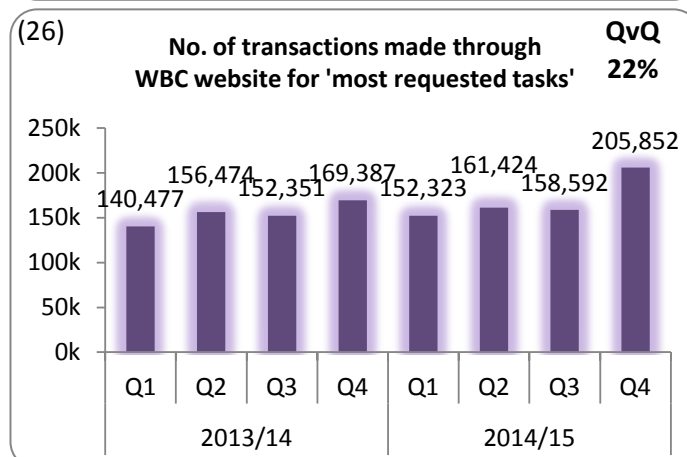
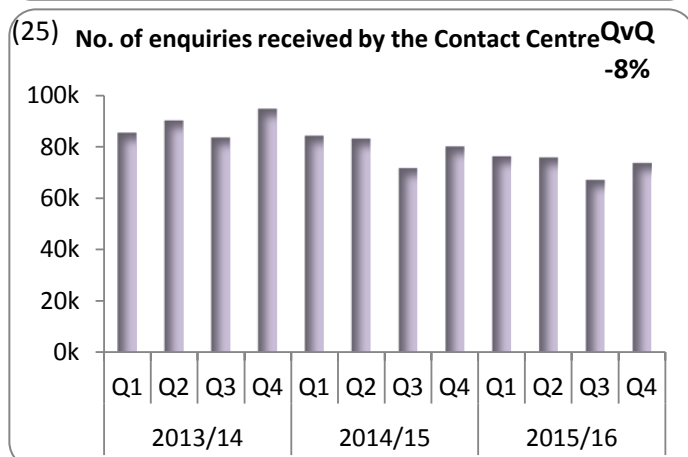
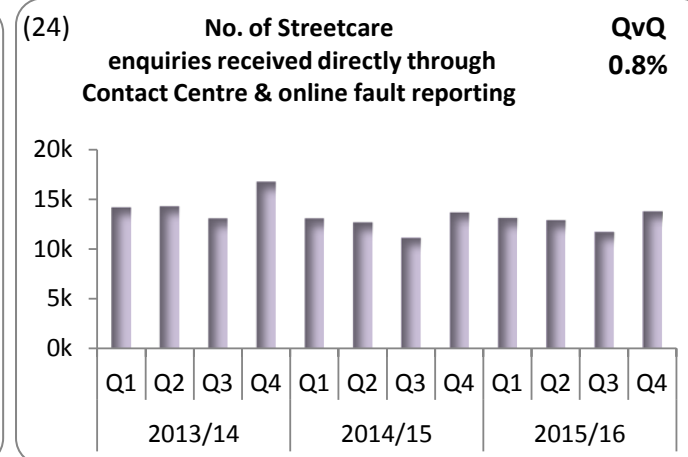
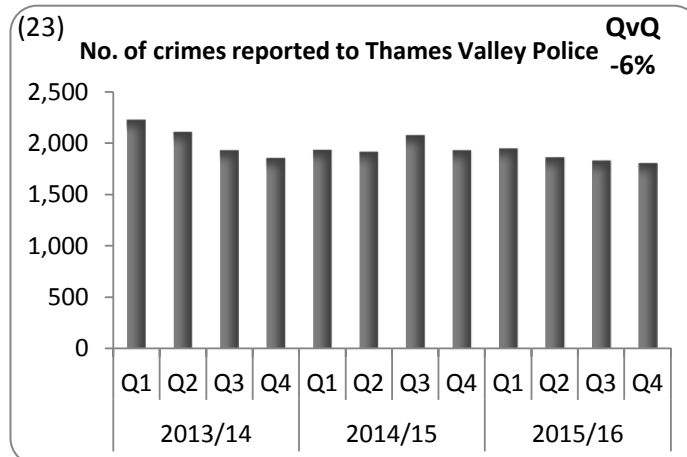
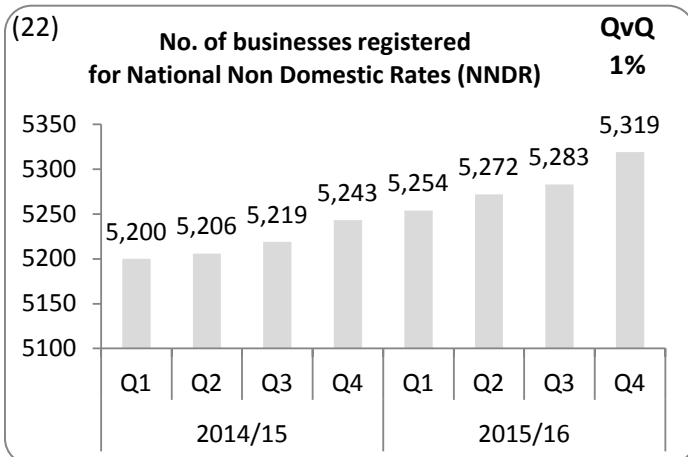
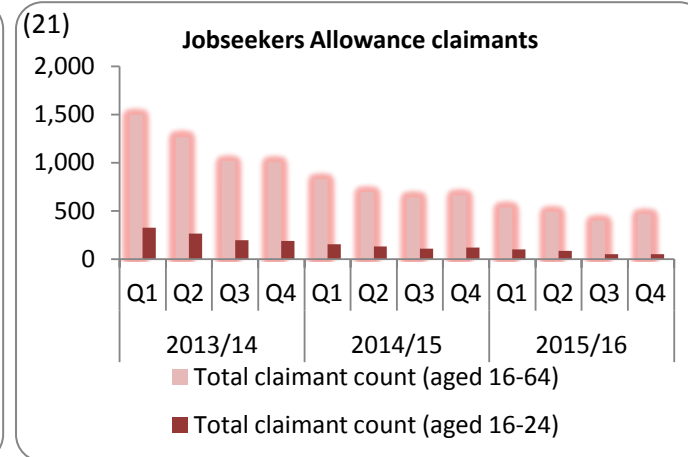
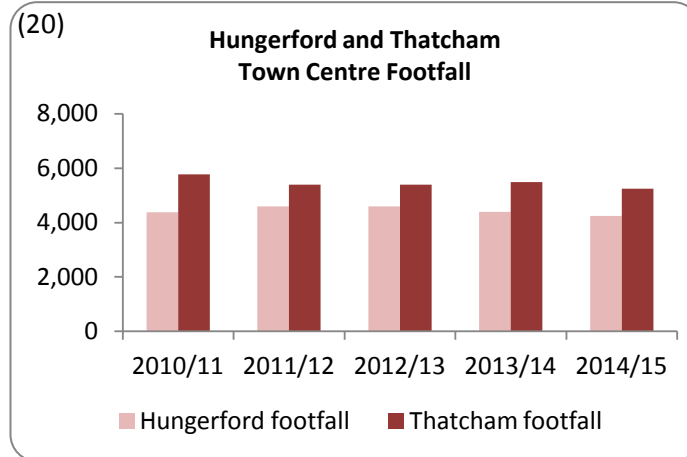
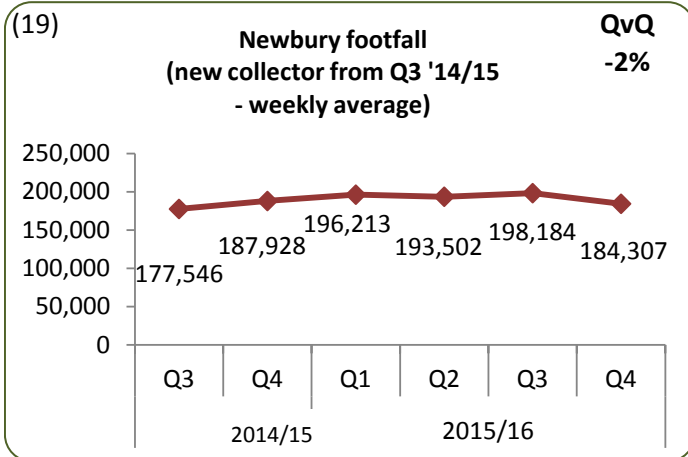
Key accountable measures and activities 2015/16

Year end

Contextual and volume measures







Key accountable measures and activities 2015/16

Year end

Exception reports

Rachel Wardell / Mac Heath		Children and Families				22 January 2016		RED	
P&S1c&f07		To maintain a high percentage of (single) assessments being completed within 45 working days							
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity	
			Q1	Q2	Q3	Q4			
RAG	-	■	◆	◆	■	■	>=90%	Higher is better	
Qrtly outturn	-								
YTD outturn	-	70%	227 / 319 71.2%	615 / 772 79.7%	905/1,144 79.1%	1,251 / 1,517 82.5%			
REASON FOR RED:									
Our performance against this indicator has improved since the start of the year (61% at the end of April) and month on month figures are now consistently in the high 80s/90s. However, year to date performance remains below our target because of poorer performance earlier in the year.									
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:									
There is day to day close scrutiny of single assessments that are still open and we are monitoring monthly as well as YTD performance. The daily scrutiny of single assessments is having results and should continue to do so over the coming months.									
FINANCIAL IMPLICATIONS:									
This indicator does not have direct financial implications.									
SERVICE PLAN UPDATES REQUIRED: None									
STRATEGIC ACTIONS REQUIRED: None									

Rachael Wardell / Mac Heath	Children and Family Services	28 January 2016	RED
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P&S1c&f17		% of Leaving Care Clients with Pathway Plans						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG			◆	◆	◆	■	100%	Higher is better
Qrtly outturn	-	-	-	-	-			
YTD outturn	Not reported	100%	79 / 100 79.0%	89 / 100 89.0%	96 / 97 99.0%	88 / 91 96.7%		

REASON FOR AMBER:

The 100% target set for this indicator is very difficult to achieve, as (at any one time) there are usually a few care leavers who are unwilling or difficult to engage with the pathway planning process.

REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:

This indicator has been discussed at a recent Performance Board and there is concerted effort underway to ensure that young people have a pathway plan wherever possible. There are issues to be resolved in relation to cases that have already transferred to Adult Social Care and how we can ensure that these young people also have a Pathway Plan (or equivalent) in place that ensures all their needs are appropriately being met.

FINANCIAL IMPLICATIONS

SERVICE PLAN UPDATES REQUIRED: None

STRATEGIC ACTIONS REQUIRED: None

Rachel Wardell / Ian Pearson		Education			24 February 2016	RED
BEC1eday19b		Reduce the attainment gap at GCSE (5A*-C including English and Maths) between disadvantaged and other pupils				
Executive	2011/12 Academic Year End	2012/13 Academic Year End	2013/14 Academic Year End	2014/15 Academic Year End	2014/15 Academic Year End Target	Polarity
RAG				■	30ppt	Lower is better
Qrtly outturn						
YTD outturn	36.3ppt	34.3ppt	33.4ppt	34.7ppt		
<p>REASON FOR RED: The gap has slightly widened in 2016 following reductions in 2013 and 2014 (2012 gap 36.6% 2013 gap 34.3% 2014 gap 33.4%) Four out of 10 secondary schools have a gap which is close to or smaller than the national gap, though there has been very inconsistent performance year on year across the schools, partly due to the small numbers of pupils involved i.e. 277 pupils in total. Improvements in closing the gap nationally have also widened at 28.3% from 27.5% in 2014 and there has been no trend of national improvement since 2012 when the gap was 27.4%</p> <p>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS: The Pupil Premium plan which forms part of the School Improvement Strategy 2015-2017 will continue to work with schools (including Academies) to support improving PP outcomes through: carrying out Pupil Premium Reviews; identifying and sharing best practice; disseminating national information; carrying out B & A reviews which highlight PP pupils; using data forensically to identify issues; but there will also be some new emphasis from March 2016. This will include:</p> <ul style="list-style-type: none"> • A move away from a cross phase PP network to as dedicated secondary groups of WB. First meeting in March 2016. • More linkage with schools outside the LA who are performing well in improving outcomes for PP pupils (secondary collaborative have already visited a school together in Weston Super Mare). • Organising training/sharing of practice for those who are actually delivering the PP interventions. • Refocusing of SIA responsibility in this area for their attached schools. • Encouraging the use of evidenced based research to inform decisions about strategies to support PP pupils. • Dedicated Focus Group session across service to discuss PP related issues in secondary schools (already taken place in Jan 2016). • More collective responsibility in the Vulnerable Pupils group and LA teams which engage with schools, as well as SIAs, to take responsibility for PP outcomes and for presenting data needed to support discussion. In particular from SEND and Attendance. PP pupils are typically low attenders. Robust analysis of KS4 SEND PP and attendance data needs to identify what the issues are with follow up actions cross service. <p>FINANCIAL IMPLICATIONS: None SERVICE PLAN UPDATES REQUIRED: None STRATEGIC ACTIONS REQUIRED: None</p> <p><i>Please note that these measures will no longer be valid in the new current testing regime from 2016 onwards</i></p>						

Rachel Wardell / Tandra Forster		ASC				18 th April 2016		RED
OP3asc14		Decrease the level of delayed transfers of care (DToC) from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG			★	◆	◆	■	4.0	Lower is better
Qrtly outturn	9.0	4.5	3.3	4.7	4.8	6.4 (Feb data)		
YTD outturn	9.0	4.5	3.3	4.7	4.8	6.4 (Feb data)		
<p>REASON FOR RED: We have experienced localised challenges in sourcing suitable external home care and nursing/residential home care placements, hindering our ability to support timely discharge from hospital. 68% of all delays attributable to West Berkshire ASC are a result of waiting for a placement or care package to be sourced, compared to 40% of delays nationally.</p> <p>Note – KPI relies on data provided by NHS England, so figure provided is based on February 2016 data. Year end data will be available at the end of May.</p> <p>REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:</p> <p>We are embedding 7 day working and work through JCP scheme. Building relationships with North Hants and Swindon to improve discharge pathways. Main challenges continue to be sourcing external care.</p> <p>DToC continues to be an area that will be targeted through the BCF Plan 201617, monitored by H&WB.</p> <p>From May we will be submitting local DToC monitoring to ADASS on a weekly basis to allow comparison between local and NHS records.</p> <p>FINANCIAL IMPLICATIONS: Increased cost in fines attributed to ASC as a result of higher number of delayed bed days.</p> <p>SERVICE PLAN UPDATES REQUIRED: None.</p> <p>STRATEGIC ACTIONS REQUIRED: None.</p>								

Rachel Wardell / Tandra Forster		Adult Social Care				18 April 2016		RED
OP3asc15		Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services						
Executive	2013/14 Year End	2014/15 Year End	2015/16				Target	Polarity
			Q1	Q2	Q3	Q4		
RAG		★	★	★	◆	■	92 %	Higher is better
Qrtly outturn	-	93 %	65 / 70	47 / 52	47 / 53	53 / 67		
YTD outturn	-	93 %	92.9 %	90.4 %	88.7 %	79.1 %		
REASON FOR RED:								
<p>This KPI is monitored by the Health & Wellbeing Board on a monthly basis. This quarter, the 14 clients not remaining at home relates to 6 clients going back into hospital, 8 clients now in permanent care home placements. Small cohort means this KPI has been prone to fluctuations in performance.</p> <p>In order to manage demand, the Inhouse service has been used for long term care, which has impacted on capacity for the number of people using reablement, accounting for lower than expected denominator. Reablement has been working with vulnerable people, so this PI is always at risk.</p> <p>In relation to national context, the average for England in 2014/15 was 82.1 %, and an average of 81 % for the comparator LA group.</p>								
REMEDIAL MANAGEMENT ACTION BEING UNDERTAKEN AND ALTERNATIVE PLANS:								
<p>Expecting an increase in the cohort due to an increase in clients going through the reablement process in Q4; this should lead to a stabilisation of the KPI.</p> <p>The target for BCF 2016/17 has been set to meet the England national average of 82.1 %.</p>								
FINANCIAL IMPLICATIONS: None.								
SERVICE PLAN UPDATES REQUIRED: None.								
STRATEGIC ACTIONS REQUIRED: None.								

Key accountable measures and activities 2015/16

Year end

Performance outturns by strategic priority

2015/16 West Berkshire Council Key Accountable Measures Performance Report - Quarter three

Ref:	Measure / activity	National Rank / Quartile 2012/13	2013/14 Year end outturn	National Rank / Quartile 2013/14	2014/15 Year end outturn	2015/16 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Q3 (YTD) RAG / outturn	Year end (YTD) RAG / outturn	Q4 Supporting commentary
Priority 1. Improve educational attainment											
BEC1ed03	The number of schools judged good or better by Ofsted under the new Framework (harder test)	-	-	-	63	63	★ 67	★ 67	★ 67	★ 68	
BEC1eday08	KS2: Prop'n pupils achieving at least level 4 in Reading, Writing and Maths	3rd	77% 2012/13 AY	2nd	82% 2013/14 AY	AY 2014/15 82%	⊙ Annual	⊙ Annual	★ 82%	★ 82%	Reported in Q3
BEC1eday09	KS4: Proportion pupils gaining 5+ A*-C at GCSE including English and Maths - First attempt results (maintained and Acad)	2nd	66% 2012/13 AY	1st	64% 2013/14 AY	AY 2014/15 61%	⊙ Annual	⊙ Annual	★ 62%	★ 62%	Reported in Q3
Priority 2. Close the educational attainment gap											
BEC2eday19	Reduce the attainment gap at KS2 (level 4+ Reading Writing Maths combined) between disadvantaged and other pupils.	-	-	-	23.4 pp 2013/14 AY	AY 2014/15 22pp	⊙ Annual	⊙ Annual	⊙ Annual	★ 18pp	
BEC2eday19	Reduce the attainment gap at GCSE (5A*-C including English and Maths) between disadvantaged and other pupils	-	-	-	33.4pp 2013/14 AY	AY 2014/15 30pp	⊙ Annual	⊙ Annual	⊙ Annual	■ 34.7pp	See exception report for details.
Priority 3. Enable the completion of more affordable housing											
Priority 4. Deliver or enable key infrastructure improvements in relation to roads, rail, flood prevention, regeneration and the digital economy											
SLE2ht03	Ensure that no more than 5% of the principal road network (A roads) is in need of repair	50/143 2nd	3%	-	3%	5%	⊙ Annual	⊙ Annual	⊙ Annual	★ 2%	
SLE2ht06	Aim to complete at least 75% of all works orders for permanent pothole (PPR) and permanent carriageway repairs (PCR) within 28 days of the order date.	-	(267/330) 81%	-	(413/610) 68%	75%	★ 100%	★ 99.7%	★ 99.6%	⊘ dna	Reported quarterly in arrears. Q2 figure has been updated. Q3 YTD = 1769/1776 (99.6%)
SLE2ht11	Completion of at least 90% of the flood prevention and drainage improvement schemes listed in the capital programme.	-	-	-	(25/25) 100%	90%	★ 9.5%	★ 33.3%	★ 85.7%	★ 100%	Q4: 21 / 21
SLE2ict04	Increase nos of West Berkshire premises able to receive Superfast Broadband services 24Mb/s or above	-	41,287 (60.0%)	-	-	83%	★ 79%	★ 85%	★ 83%	★ 83%	
Priority 5. Good at safeguarding children and vulnerable adults											
P&S1c&f07	To maintain a high percentage of (single) assessments being completed within 45 working days	Local	New	Local	70%	>=90%	◆ 71.2%	◆ 79.7%	■ 79.1%	■ 82.5%	Q4: 1251 / 1517 See exception report for details.
P&S1c&f08	ICPCs (Initial Child Protection Conferences) held within 15 days of S47 (child protection) enquiry (year to date)	3rd	81%	dna	77%	>=90%	★ 97.4%	★ 97.2%	★ 96.2%	★ 95.3%	Q4: 243 / 255
P&S1c&f10	Child Protection Reviews - held on time (snapshot)	1st	93%	4th	100%	>=95%	★ 100%	★ 97.6%	★ 98.9%	★ 97.9%	Q4: 92 / 94
P&S1c&f11	To increase the percentage of children subject to a CP Plan that have received a visit within the past 10 working days	-	-	-	84%	>=95%	◆ 84.1%	◆ 84.6%	★ 95.9%	★ 94.5%	Q4: 137 / 145
P&S1c&f14	The number of weeks taken to conclude care proceedings (children social care)	-	-	-	31	<=26 weeks	◆ 27	★ 24	★ 24	⊘ dna	Data not available at time of publication of this report.
P&S1c&f17	Percentage of LAC with Health Assessments on time	-	-	-	63%	>=90%	◆ 50.8%	◆ 72.7%	★ 93%	★ 97.6%	Q4: 122 / 125

2015/16 West Berkshire Council Key Accountable Measures Performance Report - Quarter three

Ref:	Measure / activity	National Rank / Quartile 2012/13	2013/14 Year end outturn	National Rank / Quartile 2013/14	2014/15 Year end outturn	2015/16 target	Q1 RAG / outturn	Q2 (YTD) RAG / outturn	Q3 (YTD) RAG / outturn	Year end (YTD) RAG / outturn	Q4 Supporting commentary
P&S1c&f21	% of Leaving Care Clients with Pathway Plans	-	-	-	100%	100%	♦ 79.0%	♦ 89.0%	♦ 99.0%	■ 96.7%	Q4: 88 / 91 See exception report for details.
P&S1asc03	Maintain % of safeguarding concerns responded to within 24 hours.	-	87%	-	91%	92%	★ 92.2%	★ 95.1%	★ 92.6%	★ 94.4%	Q4: 135 / 143
Priority 6. Support communities to do more to help themselves											
PLACEHOLDER - additional measure to be confirmed for supporting communities approach linked to Health Visiting and School Nurses services from 2016/17											
Become a More effective council											
OP1asc06	Implement first phase of health and social care integration programme under the Better Care Fund framework.	.	.	.	-	Completed by March 2016	★ On track	★ On track	★ On track	★ Complete	
OP3asc17	A new way of delivering adult social care (change programme) will be completed by May 2016	-	-	-	-	Completed by May 2016	★ On track	★ On track	★ On track	★ On track	
Core Business											
OP2asc13	Proportion of clients with Long Term Support (LTS) receiving a review in the past 12 months	-	-	-	62%	90%	♦ 61.6%	♦ 63.9%	♦ 74.0%	★ 95.1%	Q4: 1129 / 1187
OP3asc14	Decrease the level of delayed transfers of care (DTC) from hospital and those attributable to social care from acute and non-acute settings (ASCOF 2C Part 2)	138 / 141 4th	9	-	5	4	★ 3.3	♦ 4.7	♦ 4.8	■ 6.4	See exception report for details. * DTC is a snapshot count of the number of patients (per 100,000 aged 18+) delayed at midnight on the last Thursday of a reporting period (a calendar month). This number is attributable to social care services only (ie. excluding Health services). Data is reported by NHS England a month and a half in arrears - reporting February YTD figures at year end.
OP3asc15	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	-	-	-	93%	92%	★ 92.9%	♦ 90.4%	♦ 88.7%	■ 79.1%	Q4: 53 / 67 Moving forward this indicator is no longer linked to the strategic priority of making safeguarding good. It is not a service that is as a result of safeguarding processes and / or specific to safeguarding actions; and is in relation to working with relevant people (65+) to maximise their independence through effective reablement to support them to remain at home – this can apply to any vulnerable individual that social care work with, it does not mean that they are subject to safeguarding processes. See exception report for details.

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CBO1cchs08	Ensure % of claims for Local Welfare Provision are processed within 10 working days	-	95%	-	97%	95%	★ 97%	★ 98%	★ 99%	★ 99.2%	Q4: 60 / 60 YE: 263 / 265
CBO1cchs09	Maintain % of benefits assessments within 3 weeks of referral from Children's Services	-	95%	-	96%	85%	★ 96.8%	★ 95.5%	★ 97.4%	★ 97.8%	Q4: 35 / 35 YE: 222 / 227
CBO1cchs11	Maintain % of claims for Discretionary Housing Payment, determined within 28 days following receipt of all relevant information	-	84%	-	86%	80%	★ 97.2%	★ 98%	★ 100%	★ 97.1%	Q4: 66 / 68
CBO1cep13	Maintain the proportion of household waste recycled/composted/reused/recovered (Local Indicator)	-	tbc	-	tbc	80%	★ 75.9%	★ 80.3%	★ 81.7%	★ 80.3% (E)	Q4: 14570 / 19256 YE: 66,417 / 82,749 This quarters result is an estimate based on partial availability of data and will not be finalised until the next quarter. This result is also subject to change once figures are validated and confirmed by DEFRA after quarter 4.
CBO3cep16	Maintain an acceptable level of litter, detritus and graffiti (as outlined in the Keep Britain Tidy local environmental indicators).	-	Good	-	Satisfactory	Good	⌚ dna	★ Good	★ Good	★ Good	
CEO5	Milestone: confirm plans regarding LGA review	-	-	-	-	Mar-16	🕒 Annual	★ Complete	★ Complete	★ Complete	

End of report