Agenda Item	6
Report No	AS/14/17

HIGHLAND COUNCIL

Committee: Audit & Scrutiny Committee

Date: 28 September 2017

Report Title: **Internal Audit Reviews and Progress Report – 16/06/17 – 15/09/17**

Report By: Corporate Audit Manager

1. Purpose/Executive Summary

1.1 This report provides details of the final reports issued since the previous meeting of this Committee, work in progress and other information relevant to the operation of the Internal Audit section**.**

2. Recommendations

2.1 The Committee is asked to:
   i. consider the Final Reports referred to in Section 3.1 to the report;
   ii. note the current work of the Internal Audit Section outlined at section 4 and the performance information at section 5.3;
   iii. approve the changes to the audit plan detailed at section 5.2.

3. Audit Reports

3.1 There have been 5 final reports issued in this period as referred to below:

Service	Subject	Opinion
Care and Learning Service	Commissioned High Life Highland Services	Substantial Assurance
Care & Learning Service / Development & Infrastructure Service	Repairs and Maintenance – Care & Learning Properties	Limited Assurance
Community Services	Review of Burials and Cremations – Policy, Legislation and Processes	Limited Assurance
Community Services	Inspection of Roads and Bridges	Substantial Assurance
Care and Learning Service	Secondary School Investigation - System Weaknesses (Members only report)	Limited Assurance

Each report contains an audit opinion based upon the work performed in respect of the subject under review. The five audit opinions are set out as follows:

(i) **Full Assurance**: There is a sound system of control designed to achieve the system objectives and the controls are being consistently applied.

(ii) **Substantial Assurance**: While there is a generally a sound system, there are minor areas of weakness which put some of the system objectives at risk, and/ or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.

(iii) **Reasonable Assurance:** Whilst the system is broadly reliable, areas of weakness have been identified which put some of the system objectives at risk, and/ or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk**.**

(iv) **Limited Assurance**: Weaknesses in the system of controls are such as to put the system objectives at risk, and/ or the level of non-compliance puts the system objectives at risk.

(v) **No Assurance:** Control is generally weak, leaving the system open to significant error or abuse, and/ or significant non-compliance with basic controls leaves the system open to error or abuse.

4. Other Work

4.1 In addition to the reports referred to at section 3.1 above, the Section has been involved in a variety of other work which is summarised below:

(i) Work for other Boards, Committees or Organisations

Audit work has been undertaken on behalf of the Valuation Joint Board and the Pension Fund and details of this has been reported to their respective Boards.

(ii) ICT Assurances

A visit to WIPRO's Data Centre in Aberdeen was undertaken on 22/08/17 to review the

physical and environmental security arrangements by observing the controls in place on site and undertaking some sample checking of Council hardware assets.

In addition, the following certificates of assurance, provided by an independent assurance company for the Data Centre were reviewed which showed that:

- The Information Security Management System was assessed and deemed to comply with the requirements of the international security standard ISO 27001:2013 (valid for the period 19/01/15 - 18/01/18).
- The Business Continuity Management System was assessed and deemed to comply with the requirements of the standard ISO 22301:2012 (valid for the period 06/05/15 - 05/05/18).

No areas of concern were identified with regard to the physical and environmental security arrangements.

(iii) Certification of grant claims

Work has been undertaken for HITRANS for the SPARA 2020 project and for the Development & Infrastructure Service in respect of the Northern Periphery Arctic Programme e-Lighthouse project and the Wick Conservation Area Regeneration Scheme (CARS).

(iv) Corporate Fraud activity

In addition to the Single Point of Contact (SPOC) work, a number of investigations are on-going. The investigation into the award of works for void properties has been completed and this matter has been reported to Police Scotland. In addition, a "system weaknesses" report is being prepared for management to address a number of areas where improvements are required.

Partly as a result of the above investigation, 3 further referrals have been made regarding potential misuse of staff resources, plant, materials and equipment.

Due to the confidential nature of the above investigations, no further information can be provided to Committee at this time.

3 council houses were also recovered in quarter 1 which had been investigated as part of suspected non-tenancy referrals made in the previous year.

(v) Other investigations

3 referrals have been made by management relating to concerns about particular financial transactions and the appropriateness of expenditure. These have been investigated and whilst no fraudulent activity was identified, this has highlighted some shortcomings in financial processes particularly with regard to the controls over purchase card expenditure. These specific issues are being addressed with management but in addition, a new unplanned audit of the use of purchase cards is also being undertaken and will be reported to Committee in the normal manner.

5. **Progress against the 2017/18 audit plan and performance information**

5.1 In the last report to Committee, it was stated that a new system of reporting progress with audits to both Senior Management and Committee would be introduced for 2017/18. Details of progress against the 2017/18 audit plan (as at 15/09/17) is now provided at **Appendix 1**.

5.2 In considering the audit plan, the following changes have been made:
- As detailed at 4.1 (v) above, an audit of the use of purchase cards has been added to the plan.
- The audit of licensing has been postponed to next year as following a lean review a

number of changes are being implemented across the service (more digital service, reduction of costs and improved income recovery processes).

5.3 <u>Performance information</u>
Performance information for quarter 1 of 2017/18 is provided below.

Category	Performance Indicator	Target	2017/18 Actuals			
			Q1	Q2	Q3	Q4
Quality						
Client Feedback	(i) % satisfaction from individual audit engagements expressed through Client Audit Questionnaires (CAQ)	**75**	74	-	-	-
	(ii) % of Client Audit Questionnaires returned	**70**	100	-	-	-
Business Processes						
Timeliness of Final Report	(iii) % of draft reports responded to by client within 20 days of issue	**85**	50	-	-	-
	(iv) % of final reports issued within 10 days of receipt of management response	**90**	100	-	-	-

Whilst the timeliness of responses to draft reports is below target for quarter 1, action was taken to address this matter with the support of the Chief Executive. This has resulted in a significant improvement in response times which will be reflected in the quarter 2 statistics.

6. Implications

6.1 Resource – none

Legal – as detailed above, legal action could be taken as a result of one of the corporate fraud investigations.

Community (Equality, Poverty and Rural) – none

Climate Change/ Carbon Clever – none

Risk – the risks and any associated system or control weaknesses identified as a result of any corporate fraud investigations will be reviewed and recommendations made for improvement.

Gaelic – none

Designation: Corporate Audit Manager

Date: 19th September 2017

Author: Donna Sutherland

Background Papers:

Internal Audit – progress against 2017/18 audit plan

Service	Audit Ref and Name	Priority	Planned Days	Status by Quarter			
				Qtr 1	Qtr 2	Qtr 3	Qtr 4
Care & Learning Service	HAA03/001 - Review of the administration and payments in respect of Fostering, Adoption and Kinship Care	Medium	30	Being planned	In progress		
Care & Learning Service	HAB01/008.bf - Review of Financial Procedures operated in Schools	Core/ Critical/ Commitment	3	FR issued			
Care & Learning Service	HAB01/009.bf - Network Capacity Management in Schools	Core/ Critical/ Commitment	1	Completed			
Care & Learning Service	HAB01/011 - Schools	High	30	Not started	Being planned		
Care & Learning Service	HAB01/01 – Schools – Use of Systems	High	30	Not started	Not started		
Care & Learning Service	HAC02/001.bf - Commissioned HLH Services	High	5	DR issued	FR issued		
Care & Learning Service	HAB03/001 - Review of PPP arrangements	Medium	30	Not started	In progress		
Care & Learning Service	HAC06/002 - Out of Hours Service	High	20	Being planned	In progress		
Care & Learning Service	HAD02/002.bf - Catering	High	18	In progress	In progress		
Corporate Development Service	HBA01/007.bf - Review of ICT projects	Core/ Critical/ Commitment	19	Not started	Not started		
Corporate Development Service	HBA01/011 - Review of Information Management arrangements	Core/ Critical/ Commitment	30	Not started	Not started		
Corporate Development Service	HBA01/012 - ICT Assurances	Core/ Critical/ Commitment	15	In progress	Completed		
Corporate Development Service	HBB04/002 - Compliance with Health, Safety & Well-being policies and procedures	High	25	Not started	Not started		
Corporate Development Service	HBC03/001 - Licensing	Medium	25	Not started	Audit c/f to next year		
Corporate Development Service	HCA02/004.bf - Replacement heating systems	High	13	In progress	In progress		
Community Services	HCC03/004 - Fleet Management arrangements	High	35	Not started	Not started		

Service	Audit Ref and Name	Priority	Planned Days	Status by Quarter			
				Qtr 1	Qtr 2	Qtr 3	Qtr 4
Community Services	HCC07/001 - Winter Maintenance	High	30	Not started	Not started		
Community Services	HCD01/002 - Review of Mobile and Flexible Working arrangements	Medium	25	Not started	Not started		
Community Services	HCD06/001.bf - Review of the control of overtime within Community Services	High	10	In progress	In progress		
Community Services	HCD07/001.bf - Review of Burials and Cremations	High	1	In progress	FR issued		
Development & Infrastructure Service	HEA01/001.bf - Planning and Building Control fees and charges	Medium	1	FR issued			
Development & Infrastructure Service	HEA05/003 - LEADER Programme 2016-17	Core/ Critical/ Commitment	30	Not started	In progress		
Development & Infrastructure Service	HED02/003.bf - Compliance with the Carbon Reduction Commitment Energy Efficiency Scheme 2015-16	Core/ Critical/ Commitment	1	FR issued			
Development & Infrastructure Service	HED02/005 - Compliance with the Carbon Reduction Commitment Energy Efficiency Scheme 2016-17	Core/ Critical/ Commitment	20	Not started	In progress		
Development & Infrastructure Service	HED01/004.bf - Cromarty Primary School	High	1	In progress	In progress		
Development & Infrastructure Service	HED02/006 - Renewable Heat Incentive Income Scheme - follow up	Medium	10	Not started	In progress		
Development & Infrastructure Service	HED04/004.bf - Repairs and Maintenance in Schools	High	28	In progress	FR issued		
Development & Infrastructure Service	HEE02/001 - Affordable housing	Medium	30	Not started	Being planned		
Development & Infrastructure Service	HEE03/002 - Rental Income - follow up	Medium	10	Not started	In progress		
Development & Infrastructure Service	HEE04/001 - Developer's Contributions	Medium	20	Not started	Not started		
Finance Service	HDA02/003 - Review of the use of Integra	High	20	Not started	Not started		
Finance Service	HDA05/001 - Review of VAT arrangements	High	15	Not started	Not started		

Service	Audit Ref and Name	Priority	Planned Days	Status by Quarter			
				Qtr 1	Qtr 2	Qtr 3	Qtr 4
Finance Service	HDA06/002 - Review of self-serve payroll processes	High	15	Not started	Not started		
Finance Service	HDA08/009 - Pension Fund Statement of Internal Control 2016-17	Core/ Critical/ Commitment	10	Completed			
Finance Service	HDA08/010 - Pension Fund Payments	Core/ Critical/ Commitment	15	Not started	Being planned		
Finance Service	HDB05/004 - Income Systems	High	30	Not started	Not started		
Finance Service	HDC03/004 - Statement of Internal Control 2016-17	Core/ Critical/ Commitment	25	Completed			
Finance Service	HDC06/011.bf - Review of Counter Fraud Arrangements	High	14	Not started	Not started		

Key:
DR – Draft audit report
FR – Final audit report

The Highland
Council
Comhairle na
Gàidhealtachd

Internal Audit Final Report

Care & Learning Service

Commissioned HLH Services

1.   Introduction

1.1   High Life Highland (HLH) was established by the Council in October 2011 as a charity, developing and promoting opportunities in culture, learning, sport, leisure, health and wellbeing. The Council has contracted with HLH to deliver its Public Services Obligations (PSO) through a Service Delivery Contract (SDC) to deliver the following nine areas of work: Adult Learning; Archives; Arts; Leisure Facilities; Libraries; Museums; Outdoor Learning; Sport; and Youth Work. The total value of the SDC in financial year 2016/17 was £17.24m (including VAT). In addition to this, a further £1.8m (including VAT) was paid to HLH during the same financial year for services not covered by the SDC.

1.2   The audit reviewed the processes for scrutinising the performance of HLH and the governance arrangements in place. These were reviewed in conjunction with the Audit Scotland report "Arm's-length external organisations (ALEOs): are you getting it right" published in June 2011. The audit also identified significant payments (over £1,000) made to HLH during the 2016/17 financial year, and established whether the relevant budget holders had verified that the activities funded were not covered within the SDC. The services examined were commissioned through the Deprived Area Fund, Ward discretionary budgets and budgets devolved to secondary schools.

2.   Main Findings

2.1   *Performance Monitoring*

        HLH Performance is reported as part of the Care & Learning Quarterly Performance Review, and is therefore scrutinised by senior management within the Council. HLH also reported on their performance twice per year to the Council's Education, Children and Adult Services

Committee. The Committee report details HLH's contribution to Single Outcome Agreement actions, and also provides a more in depth look at an aspect of the work done by HLH. Statutory Performance Indicators, including services delivered by HLH, are published annually and provide details of the level of use of HLH facilities, and the cost per visit. The combination of these performance reporting measures provides qualitative and quantitative information in accordance with best practice. Going forward, HLH will continue to report performance information twice per year to the new People Committee to enable ongoing scrutiny by Members.

2.2   *Business Continuity*

        The audit found that there were good governance processes in place. However, there is a risk that the effective working relationship between the Council and HLH could be disrupted if the key staff left either organisation. There have been instances when Highland Council staff have left and there has been a learning curve for the staff taking over their responsibilities, who have not been made fully aware of the processes around the relationship with HLH.

2.3   *Service Delivery Contract*

        The Service Delivery Contract is currently being revised to reflect significant changes since the initial contract was signed, including the management of additional facilities by HLH such as the Strathpeffer Pavilion, and the community facilities at Inverness Royal Academy and Wick High School. However the revised SDC has still to be completed and signed by both parties.

2.4   *Budget Holder Checking*

        In each of the payments where the budget holder was contacted it was established that the service delivered by HLH was additional to the services governed by the SDC.

However, one budget holder had not carried out specific checking to ensure that HLH were not already being funded for the service provided and another understood that the service delivered was outwith the SDC, but only sought confirmation when the issue was raised during the audit. The activities for both budget holders related to youth work, one of which was funded from a Ward discretionary budget with the other being funded from the Scottish Attainment Challenge awarded to a secondary school. Where checking was carried out, this was done by the budget holder as part of the relevant funding application process.

Description	Priority	No.
Major issues that managers need to address as a matter of urgency.	High	0
Important issues that managers should address and will benefit the Organisation if implemented.	Medium	3
Minor issues that are not critical but managers should address.	Low	0

3. Audit Opinion

3.1 The opinion is based upon, and limited to, the work performed in respect of the subject under review. Internal Audit cannot provide total assurance that control weaknesses or irregularities do not exist. It is the opinion that **Substantial Assurance** can be given in that while there is generally a sound system, there are minor areas of weakness which put some of the system objectives at risk, and/ or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.

The audit found that robust performance monitoring and governance processes were in place, which were in line with the recommended best practice in the Audit Scotland report. While areas for improvement were identified around succession planning and budget holder awareness of the Service Delivery Contract, these can be addressed relatively easily.

An action plan is provided at section 4 detailing the recommendations for improvement together with the management response. This contains a total of **3** recommendations comprising of the following:

4.　　Action Plan

Priority	Finding	Recommendation	Management Response	Implementation	
				Responsible Officer	Target Date
Medium	While robust governance arrangements are in place, handover and success planning arrangements have not been as well developed, leading to potential risk should staff dealing with the HLH commissioned service leave the Council.	The Service should ensure that it's succession planning and staff handovers include responsibilities in relation to managing the contractual arrangements with HLH.	The Service will consider improvements to its succession planning and continuity arrangements in relation to the SDC.	Head of Resources, Care and Learning	31/12/17
Medium	The original Service Delivery Contract is still in place despite a number of significant changes being made over the years. This is currently being amended to reflect the services currently delivered by HLH. The amended contract has not yet been formally completed and signed.	The contract should be signed once both parties are satisfied with the content.	At the time of the audit the SDC was already in the process of being updated, with comments provided by Care and Learning, Highlife Highland and Legal Officers. The revised SDC was signed off by the Head of Resources (Care & Learning, Highland Council) and the Head of Performance (HLH) on 01/09/17.	Head of Resources, Care and Learning	Completed
Medium	Highland Council budget holders did not always verify that services requested from HLH were not already covered by the Service Delivery Contract before commissioning these.	The revised SDC (once signed) should be issued to relevant budget holders and a contact provided to respond to any queries regarding HLH funding and services.	A copy of the updated and signed SDC will be issued to Ward Managers and any other budget holders who may have cause to request additional services from HLH. Service Directors will also be notified of contact details within Care and Learning for any enquiries regarding the SDC, and a request that they cascade that information to relevant managers within their Service.	Head of Resources	30/09/17

Internal Audit Final Report

Care & Learning Service / Development & Infrastructure Service

Repairs and Maintenance – Care & Learning Properties

1.   Introduction

1.1   The Council is required to submit information to the Scottish Government annually regarding the condition of the school estate and it also has a statutory duty to report on the overall condition of all property assets as part of the annual SPI reporting process. Property condition surveys are carried out to assess condition in line with guidance set out by the Scottish Government in 'The Condition Core Fact' (the Guidance) document.

Maintenance works required to bring all elements of a building (e.g. boilers, electrics, windows, doors, roofs etc.) up to a 'satisfactory' condition are identified as part of the property condition survey process and this forms the basis for an annual programme of planned and preventative maintenance (PPM). The programme is managed by the Development & Infrastructure Service and funded by the Property Revenue Maintenance Budget (PRMB) which has budgeted expenditure of £4.277m for 2017/18. Schools are also allocated a budget for repairs and maintenance under the Devolved School Management (DSM) Scheme, with budgeted expenditure for 2017/18 of £0.320m.

1.2   The audit examined the arrangements in place to ensure that the condition of Council buildings is regularly assessed and accurately recorded. It looked at how property condition information is used to establish a PPM programme so that buildings are suitably maintained and also the impact budget pressures may have on this. A sample of 14 Care & Learning occupied properties was examined as part of the audit, 11 schools and 3 non-schools.

2.   Main Findings

2.1   *Property condition survey programmes*

This objective was partially achieved. The Guidance states "best practice suggests that a full condition survey of the school estate should be carried out every 5 years". Condition surveys were carried out for all schools by an external consultant between 2010 and 2013. Following this a programme was drawn up in 2015 to ensure that condition surveys are carried out for all schools within a 5 year period from 2015 to 2020. This is currently behind schedule with 76 out of 216 surveys completed at the time of the audit. However, a high number of surveys have been scheduled to take place in 2017/18 in order to bring the programme back on track.

In 2012 a non-school estate condition survey programme was initiated in order to assess the condition of 600 property assets over a 5 year period. During the period 2012/13 to 2015/16 240 surveys were completed by Maintenance Officers (MO). However, due to resourcing issues within the MO team the programme has subsequently stalled and there are currently no programmed condition surveys being undertaken for the non-school property estate. It should be noted that changes to the Property Maintenance Officer Team structure are ongoing, with the aim of ensuring the availability of the resource required to re-instate the programme.

2.2   *Recording of condition survey results*

This objective was substantially achieved. Condition survey results are recorded remotely on an in-house developed mobile survey system and then uploaded to a Microsoft Access Database and the information is used by Council Services for statutory reporting. Results were found to have been recorded on this database for all sampled properties. However, the condition Survey Database does not interface with other systems which means that there is no link between the corporate

property asset management system (K2) or any of the systems used to manage property related projects. As a result updates to the condition information are mostly achieved through re-survey leading to delays in the reporting of condition improvements achieved through investment. The requirement for an integrated solution for managing condition, maintenance and project information was included in the project scope for the implementation of K2. However, the system went live in February 2015 and to date this functionality has not been delivered by the system provider. Work is ongoing to replace the current corporate property asset management system with an integrated solution that will meet the requirements for recording and updating condition records following works/ investment in the estate.

2.3 *Planned and preventative maintenance*

This objective was partially achieved. The majority of PPM works and activities are funded from the PRMB, which has remained fairly static in recent years, with the remainder funded from various Service budgets. However, the costs associated with ensuring statutory planned maintenance and compliance checks of plant and equipment has increased significantly. As a result the PRMB has been gradually re-profiled between subjective headings to take account of the changing demands. In 2011/12 45% of the PRMB was allocated to reactive maintenance and 55% to planned maintenance subjective headings. For the planned maintenance budget 52% was allocated to statutory planned maintenance and compliance checks of plant and equipment and 48% to PPM programmes of work. In comparison for 2017/18, 28% of the PRMB is allocated to reactive maintenance and 72% to planned maintenance (77% allocated to statutory planned maintenance and compliance checks and 23% to a PPM programme of work).

There are 25 service contracts currently running for statutory planned maintenance and compliance checks of plant and equipment, 20 funded from the PRMB and 5 funded from other Council budgets. However, despite the increase in allocated funds from the PRMB there are still service contracts, mainly relating to ventilation systems, which require additional revenue funding in order for them to be awarded. The decrease in the budget allocated to PPM programmes of work has significantly impacted on the level of revenue repairs which can be funded from the PRMB and has led to the suspension of the cyclical maintenance programme.

According to the information currently held on the condition survey database, the total cost of all required maintenance recorded so far is £106.842m (based on the mid banding cost estimate).

Budget pressure bids for £2.865m, subsequently reduced to £1.6m were made in 2016/17 in order to tackle issues with statutory compliance and a backlog of revenue repairs. Additional funding of £0.625m was granted, but this was subsequently reduced to £0.375m as a budget saving of £0.25m was deducted.

There is a structured process in place to prepare the annual PPM programme. Budgets are allocated to each Council ward area based on the total gross internal area of the properties within each area. Maintenance requirements identified as part of the condition survey process are then prioritised within each ward area according to condition rating, risk of failure and available budget. A proposed PPM programme for each ward is circulated to Ward Managers for consultation with Members. Following this, the PPM programme is finalised and a report prepared for agreement at the relevant strategic committee.

For the sampled properties, 451 maintenance requirements had been identified as a result of condition surveys. 58 related to buildings which either no longer existed or were due to be demolished. This had not been updated on the Microsoft Access database as there is no automated link to the K2 system where this type of information is maintained. 242 were overdue for completion, based on the priority allocated to them at the time of the survey, with a lack of available resources being a significant contributing factor to this. Only 1 of the sampled maintenance items had been included in the PPM programme for 2017/18.

For 36 of the sampled items, a risk assessment carried out as part of the condition survey determined that there was a very high, high or significant risk of a catastrophic or critical Health & Safety risk of harm to persons if the element were to fail. However, this risk had been accurately categorised in only 2 cases. Appropriate action had been taken to mitigate these risks but the condition survey database had not been updated to reflect this. In all other cases, on review, an overly cautious approach had been taken when assessing potential risks.

2.4 *Co-ordinated approach taken to property maintenance*

This objective was partially achieved. Roles and responsibilities for property maintenance are clearly set out within the document 'Policy 2 Property Management'. This policy aims to provide clarity on how accountability and management of Council owned/ occupied property is discharged in respect of Section 28.2 of the Council's Financial Regulations. However, this policy is still in draft format.

A co-ordinated approach is taken to the management of the PRMB, in particular in the preparation of the annual PPM programme and the management of service contracts where there is full consultation with Services.

The responsibility for some areas of property maintenance has been devolved to schools and Section 9 of the DSM Manual sets out the responsibilities of the Council as Landlord and the school as Tenant. The Manual states that "discussions have commenced with Property and Architectural Services to review the existing arrangements" but this has not been updated since March 2002.

Schools are responsible for some cyclical maintenance works such as the repair and cleaning of rainwater goods but there is no process in place to ensure that this is done. Budgets are devolved to schools for repairs based on pupil roll and are not dependent on other factors such as the age of building or current condition. If schools do not carry out planned and preventative maintenance or are unable to due to inadequate budget, there is the risk that this can lead to further deterioration in the condition of building elements resulting in a larger and more costly repair.

3. **Audit Opinion**

3.1 The opinion is based upon, and limited to, the work performed in respect of the subject under review. Internal Audit cannot provide total assurance that control weaknesses or irregularities do not exist. It is the opinion that **Limited Assurance** can be given in that weaknesses in the system of controls are such as to put the system objectives at risk, and/ or the level of non-compliance puts the system objectives at risk.

An increase in service contract costs in recent years, and the resulting reduction in available budget for revenue repairs and cyclical maintenance, means that assurance cannot be given that all required property maintenance is being carried out. There is therefore the risk of further deterioration in the condition of an already ageing

property estate leading to higher repair costs in the future.

An action plan is provided at section 4 detailing the recommendations for improvement together with the management response. This contains a total of **5** recommendations comprising of the following:

Description	Priority	No.
Major issues that managers need to address as a matter of urgency.	High	3
Important issues that managers should address and will benefit the Organisation if implemented.	Medium	2
Minor issues that are not critical but managers should address.	Low	0

4. **Action Plan**

Priority	Finding	Recommendation	Management Response	Implementation	
				Responsible Officer	**Target Date**
High	Schools are responsible for some cyclical maintenance works such as the repair and cleaning of rainwater goods but there is no process in place to ensure that this is done. Budgets are devolved to schools for repairs based on pupil roll and are not dependent on other factors such as the age of building or current condition. Section 9 of the DSM manual has not been updated since 2002.	i) A review of Section 9 of the DSM Manual should be carried out in order to establish whether or not the respective landlord and tenant responsibilities relating to property maintenance are still fit for purpose, make the most efficient use of available resources and reflect the Council's current Service structure. ii) The Manual should be updated and deployed accordingly targeting training and awareness for Head Teachers.	While the DSM budget allocation methodology is consistent with the school roll driven basis of other elements of school funding, it is accepted that the methodology is due for review with regard to repairs and maintenance. The opportunity for review can align with wider Council reviews of the property function and where budgets for maintenance are held and controlled. This review will be taken forward in liaison with Property Management. Any such review will however have to take account of, and could be constrained by, Scottish Government changes to Education Governance currently under review.	Head of Resources, Care and Learning/ Head of Property and Facilities Management Services	31/03/18
High	There are currently no programmed condition surveys being undertaken for the non-school property estate.	Appropriate arrangements should be put in place to ensure that the condition of all Council property assets is assessed within required timescales.	The MO Teams are in the process of being re-structured with the aim of ensuring that sufficient time is made available to allow the MO Teams to re-commence the condition survey programme for the non-school estate.	Property Manager, Development & Infrastructure	31/03/18

Priority	Finding	Recommendation	Management Response	Responsible Officer	Target Date
				Implementation	
				Responsible Officer	**Target Date**
High	There is considerable pressure on the PRMB which has impacted on the level of planned and preventative maintenance which can be carried out.	A review of the risks associated with the current property maintenance budget pressures, linked with an accurate estimate of the cost of outstanding works required, should be carried out and a report prepared and put before the Places Committee at the earliest possible opportunity.	A report on property funding, risks and backlog maintenance will be presented to the next Places Committee.	Property Manager, Development & Infrastructure	08/11/17
Medium	(i) Assurance cannot be given that the information held on the property condition database for the sampled properties is accurate: • Only 2 out of 36 sampled maintenance requirements had been accurately risk assessed • Appropriate action had been taken to mitigate the risk in these instances but the condition survey database had not been updated to reflect this. • 58 of the sampled maintenance requirements related to buildings which either no longer existed or were due to be demolished. (ii) Property condition information cannot be recorded on the corporate property asset management system (K2).	(i) Guidance and training should be provided to those carrying out condition surveys to ensure that risk is assessed in an appropriate and consistent manner. The requirement to update the risk assessment and estimated cost of outstanding works following the completion of mitigation works should be reiterated. (ii) An action plan should be prepared, based on a report by the Property Inspections Management Officer relating to a recent review of the current property management system and the requirements going forward, with a view to implementing a system which is fit for purpose.	Further guidance and training will provided for Property Surveyors and Maintenance Officers to ensure that residual risk following mitigation work is accurately recorded and managed. The review of current property systems is complete and a Business Case is being developed.	Property Manager, Development & Infrastructure Head of Property and Facilities Management Services	31/03/18 31/03/18
Medium	Roles and responsibilities in relation to property maintenance are clearly set out within the policy document 'Policy 2 Property Management'. However, this policy is still in draft format.	The 'Policy 2 Property Management' document should be finalised and adopted.	The Policy '2 Property Management' will be communicated and adopted by the Service.	Property Manager, Development & Infrastructure	30/11/17

Internal Audit Final Report

Community Services

Review of Burials and Cremations – Policy, Legislation and Processes

1. Introduction

1.1 This audit has reviewed the arrangements for burials and cremations to ensure that this service is being undertaken in accordance with the relevant policy and legislation, and operates consistently and effectively across Highland.

As part of the audit, visits were made to 4 administration offices along with a questionnaire issued to another 5 to gather an understanding of the processes and procedures being used at each location. There are 268 burial grounds and one crematorium and the budgeted income for 2016/17 was £2.89m.

During the audit, staff were asked if they had any suggestions to improve the delivery of this service. The responses are provided at Appendix 1.

2. Main Findings

2.1 *Arrangements are in accordance with the relevant policy and legislation*

This objective was partially achieved as there are processes available for staff. However, different dated versions are in use and many staff use their own notes, causing local/historic variations and inconsistencies in the procedures.

There is a lack of consistency in the maintenance of lair/burial records, particularly in relation to the inherited historic records. This causes difficulties for staff when verifying information such as lair ownership and location. The burial grounds don't have a datum point to help identify/measure the lair locations. For some locations documented records do not exist. Staff also raised concern over the poor condition of the historic registers and the lack of suitable storage facilities for paperwork/documentation at some locations. The details have been passed to the Service.

The Management Rules for Cemeteries are available on-line, containing limited information on the purchase of burial plots and burial arrangements.

2.2 *Arrangements in a consistent, efficient and effective manner across the Council*

This objective was not achieved as there are various processes including many historic, operating across the different offices.

Different versions of official forms, including those customised by Funeral Directors, are in use. Registers are not always timeously updated due to workload pressures and this makes it difficult to ensure accurate information is recorded as well as verify lair details for future bookings.

There are also a number of issues with the process for the purchase of lairs:

- Lair certificates are issued from some locations prior to full payment being received. Storage varies from a copy of signed certificate to an electronic copy of the file before printing/signing.

- For advance lair purchases some offices allow the purchaser to pick a lair rather than take the next available lair within the cemetery. In this case the lack of records and inconsistency in measuring to identify the exact location can mean loss of space and available lairs and potential loss of income.

Available time slots for burial and crematorium bookings cover periods outside staff's existing working patterns and accommodating these incur overtime costs which are not passed on. The test results, from the limited selection of booking dairies reviewed, have been passed to the Service to investigate.

2.3 *Correct charges are made for the services provided and all income due is received*

This objective was partially achieved as charges are made for the services provided. However, procedures vary across the offices and do not always follow the corporate guidance.

Debtor invoices are issued between 2-6 weeks after services are provided, rather than within 14 days as stated in Financial Regulations.

There are areas of good practice in some offices following financial guidance including issuing invoices and receiving payment prior to supply for additional services, but some inconsistent and ineffective practices do exist:

- Some offices complete a spreadsheet with all the billing information to enable another member of staff to issue the invoices. Some offices have no agreed process in place to check that all the necessary invoices have been issued.

- Some locations approve requests for memorials and additional services before previous invoices have been paid, and/or the invoices for these additional services are only being issued after supply of services.

There are a number of issues with the invoices to Funeral Directors:

- Some Funeral Directors request invoices are sent to the third party rather than direct to themselves. This is not consistent to all their bookings.

- Funeral Directors have a large number of outstanding invoices but continue to request and receive services.

- Analysis of the December 2016 outstanding debtors report showed 17 debtors, all Funeral Directors, owing amounts from £2k up to £43k, almost 72% of the

outstanding debt for the period. All had varying credit terms from Business, Standard, to Sensitive 14, and Sensitive 30 days and the origin of this could not be identified.

There is no Service agreed approach/guidance for the monitoring and management of the unpaid debts for the burials and cremations budget.

2.4 *Crematorium*

A limited review of the Crematorium operations was undertaken as a positive inspection had been carried out by the Inspector of Crematoria in January 2016, prior to the installation of the new cremators. The overall assessment reported: "A well run Crematorium by staff who display a caring and professional approach to their duties. The Inspection found no shortcomings in either the administration functions performed or the procedures in place within the Crematory. Good practise was noted in respect of ensuring continuity of identity throughout, with safeguards in place to minimise the risk of error."

The review identified the following areas for improvement:

- Introduce and implement written internal policies and process guidance for staff. Staff training is currently provided on-site verbally, along with external information from Federation of Burial & Cremation Authorities and Institute of Cemetery & Crematorium Management websites.

- Increase staff cover for checks and authorisation within the crematorium processes. These are currently completed by the Burial Cremation Officer but there is insufficient cover in his absence.

- Ensure users adhere to pre-booked/allocated service time slots and that these are adequate. User practices such as early arrival/late departure, additional set-

up/displays added in to the chapel can cause overruns in slots leading to disruption for the next booking. These issues could be resolved with bookings for longer time slots that could also provide increased income.

- Improve communication with service users to increase their understanding of the established policy and procedures to be followed when using the facilities rather than some users apply for variations to current policy using inappropriate channels.

3. **Audit Opinion**

The opinion is based upon, and limited to, the work performed in respect of the subject under review. Internal Audit cannot provide total assurance that control weaknesses or irregularities do not exist. It is the opinion that **Limited Assurance** can be given in that weaknesses in the system of controls are such as to put the system objectives at risk, and/or the level of non-compliance puts the system objectives at risk.

Staff work to deliver a sensitive service in an appropriate manner and there are examples of good practice which could be shared to the benefit of this Service. The findings of this first audit are primarily due to the absence of consistent policy, and procedures for burials and cremations.   There is scope to review, improve and streamline existing processes to allow a more commercial approach for the delivery of this service.

An action plan is provided at section 4 detailing the recommendations for improvement together with the management response.   This contains a total of **9** recommendations comprising of the following:

Description	Priority	No.
Major issues that managers need to address as a matter of urgency.	High	6
Important issues that managers should address and will benefit the Organisation if implemented.	Medium	2
Minor issues that are not critical but managers should address.	Low	1

4. Action Plan

Priority	Finding	Recommendation	Management Response	Responsible Officer	Target Date
				Implementation	
				Responsible Officer	Target Date
High	There is no overarching process /procedure for staff. They have various "process notes" and created their own versions. The majority are now historic, which means that there are different versions of forms and applications being used, including a customised one from funeral directors.	The Burials Grounds Policy should be reviewed, revised and re-issued to all staff, along with relevant procedures to ensure a consistent service delivery across the area. As Service staff are located in various areas a process for policy update notifications along with a contact for support and advice should be agreed. A benefit for staff would be an internal user group to be set-up which could include taking forward the suggestions as outlined in Appendix 1.	A new post of Bereavement Services Manager was created at the end of 2016. This post was filled in Spring 2017, and the priorities for the new post holder include reviewing and standardising policies and procedures relating to Burials and Cremations.	Bereavement Services Manager	31/08/18
High	Across offices there is a lack of consistency in timing on the issue and storage of lair certificates; also the updating and the storage of registers, which can affect verification for lair ownership enquiries and on future bookings. Some historic paper records are in a poor condition Due to the unreliability of certain inherited historic lair/burial records, staff are unable to verify information such as lair ownership and locations, in addition not all locations have written records. The burial grounds don't have a datum point by default.	The Service should: • Review the existing storage facilities and identify where fire safes are needed. A process for the storage and retention of the historic paper records needs to be created.	The Council's retention schedules for cemetery and cremation records are being reviewed. A large quantity of historical information has been either archived or disposed of in accordance with these schedules. This will continue at all locations where cemetery information is held. Fire safes will be provided where required.	Bereavement Services Manager Bereavement Services Manager	30/04/18 31/01/18

Priority	Finding	Recommendation	Management Response	Responsible Officer	Target Date
				Implementation	
				Responsible Officer	Target Date
		• Investigate possibility of installing/creating datum points in all burial grounds to standardise the identification and measuring of lair locations. • Arrange to properly document the information which is not held on our registers. Thereafter, any future changes should be promptly documented	Datum points for all of the cemeteries still in use will be provided. The Service is investigating the employment of a graduate intern to undertake the marking out and planning of these cemeteries. Arrangements will be made to record all lair information in ledgers or electronic systems.	Bereavement Services Manager Bereavement Services Manager	31/10/18 31/07/18
High	For advance lair purchases some locations allow the purchaser to pick a location rather than taking the next available one within the cemetery. The lack of records and inconsistency in measuring the exact location can mean loss of space and potential loss of income.	The Service should: • Review the existing practices for advance lair purchases, and amend policy to ensure all offices are following one consistent procedure; • Investigate the possibility of extra income for bespoke services with choices.	Consultation with stakeholders will be required before implementing any new policy.	Bereavement Services Manager	28/02/18
High	The availability and booking for burial/cremation service slots can clash with staff working patterns which can incur overtime costs.	A review of the schedule for booking slots should be undertaken, to match opening hours with working patterns to reduce the need for overtime costs. Consideration should also be given to how this schedule is deployed across all offices and need for possible local variations.	Consultation with stakeholders will be required before implementing any new policy. Working patterns at Kilvean Crematorium to be reviewed.	Bereavement Services Manager Bereavement Services Manager	28/02/18 28/02/18

Priority	Finding	Recommendation	Management Response	Responsible Officer	Target Date
				Implementation	
High	Procedures for invoicing vary across the offices and do not always follow the corporate guidance: • Inconsistency in the issue of debtor invoices and verifying that all services supplied have been charged for. • Supplying additional services prior to confirming previous invoices having been paid. • Funeral Directors may have outstanding invoices but continue to request and receive services. There are variations in their credit terms set-up which then affects the debt recovery process. • Some Funeral Directors request, invoices are sent direct to their client rather than themselves. This is not consistent to all their bookings • Lack of standard approach for in-year financial monitoring, and the management of the unpaid debts.	The Service should review current practices for debtor accounts to re-align with Financial Regulations and the corporate guidance. The Financial Regulations state services should be paid for in advance. The Service should investigate introducing pre-payment at the time of booking for the burial and cremation services. The benefits of this would include removing the need for invoicing and debt control giving a saving on the associated costs.	Bereavement Services to work with the Council's Debtors Section to ensure that the Council's Financial Regulations are either followed or altered to take into account the sensitive nature of the services being provided. Consultation with stakeholders will be required before implementing any new policy. Financial monitoring to be standardised.	Bereavement Services Manager Bereavement Services Manager Bereavement Services Manager	28/02/18 28/02/18 28/02/18
High	Crematorium training is provided on-site verbally, and there is a lack of Council policy /guidance for staff to refer to, while information is available for reference via FBCA and ICCM websites. There is also a dependency on one officer to verify paperwork with lack of cover for absence.	The Service should create and implement an internal Council Crematorium policy with the necessary procedures and guidance, and ensuring there is suitable staff cover to authorise the necessary checks within the processes	ICCM or FBCA training in Crematorium Operations to be provided for all staff. We are about to recruit for a new Burial and Cremations officer, and this will provide an opportunity to build resilience into authorisations within the Crematorium processes.	Burial and Cremations Officer Bereavement Services Manager	31/12/17 31/12/17

Priority	Finding	Recommendation	Management Response	Implementation Responsible Officer	Target Date
Medium	While the Management Rules for Cemeteries are on the Council's website, information is limited and there is no version/date control on this. There is little mention of this information in the details supplied with the lair certificates and there is an assumption that lair holder/users are aware and understand these.	The Management Rules for Cemeteries should be reviewed and amended to cover all relevant information on the purchase of burial plot, burial arrangements and on-going maintenance of lairs. This should also be done for the information issued to lair purchasers to include easily understood guidance on understanding the Management Rules for Cemeteries.	The existing Management Rules will be reviewed in partnership with Legal Services and presented to the first Resources Committee of 2018. There is a statutory consultation process that will be built in to this review.

The process for issuing information to lair holders is inconsistent across the Highlands and will be reviewed. | Bereavement Services Manager/ Burial and Cremations Officer

Bereavement Services Manager/ Burial and Cremations Officer | 28/02/18

28/02/18 |
| Medium | There is a lack of understanding of the current agreed policy by crematorium users. This includes users' early arrival/late departure for booked time slots, additional set-up/displays added in to the chapel causing overruns and impact on next booking. | The existing policy for Crematorium users should be reviewed and amended to ensure this is flexible and easily accessible for crematorium users, funeral directors, the public, Members and staff. | Consultation with stakeholders will be required before implementing any new policy. | Bereavement Services Manager/ Burial and Cremations Officer | 28/02/18 |
| Low | New Burials and Cremation (Scotland) Act 2016 was approved in April 2016. There is no timescale/deadline within the act for implementation of this by the burial authorities. Council polices/procedures require to be updated to take account of these changes. | When timescales are available from the Scottish Government the Service needs to amend current policies and procedures to take account of the new Act. | Staff are involved in the Scottish Government consultation working group. The final consultation stage has been agreed and is currently scheduled to be reviewed by the Minister by the end of the year. | Bereavement Services Manager/ Burial and Cremations Officer | 31/03/18 |

Staff Suggestions

Income Generation

- Offer Plaque Wall/Walkway Plaques Memorials at the Crematorium
- Where area/depth permits, a Triple Lair to be charged for; this was previously charged for as an additional depth
- Charge clients "non-resident" fee, when non-Council area residents apply for burial (previously happened in District area)
- After cremation any metals found in the ashes are collected and disposed of. These metals could be recycled and monies received could be donated to a local charity

Process Improvement

- Set-up a generic email box to remove the need to accept Forms submitted via fax;
- Request a copy of lair certificate as part of the process when memorial requests are submitted
- Opening hours – agreed availability for public holidays and daily hours for booking across all areas
  Re-instate the one way entry to the Crematorium /Kilvean cemetery car park

Area Specific
- Increase turnaround for bookings to 3 days which would ease staff pressure following VR and concerns over the winter period with seasonal staff changes
- Remove this local option where "Out of hours staff" are taking calls for burial booking
- Burials administration would benefit from being delivered by a dedicated team
- Public are already directed to specific offices for delivery of paperwork, can we reduce the number of locations dealing with burials?

The Highland Council
Comhairle na Gàidhealtachd

Internal Audit Report

Community Services

Inspection of Roads and Bridges

1. Introduction

1.1 This audit has reviewed the arrangements for inspection of roads and bridges and road structures to ensure that this is being undertaken in accordance with the relevant policy and legislation, and that there is appropriate prioritisation of the necessary maintenance works which operates consistently and effectively across Highland.

The 2016/17 Roads Maintenance Budget agreed at the then Community Services Committee was £11.9m Revenue, and £7.2m Capital and details the allocation to each area. Local committees approve their maintenance programme for within this budget.

This covers winter maintenance; cyclical maintenance; surface dressing and structural road maintenance. The budget allocation takes consideration of road length and population, and for winter maintenance the resources required to deliver the Council's policy.

2. Main Findings

2.1 *Clear methodology exists for the inspection of the road network across all classes of road, bridges and road structures*

This objective was fully achieved. All Scottish local authorities participate in the annual national road survey as agreed by SCOTS (Society of Chief Officers of Transportation in Scotland). This survey is carried out independently using machines and data is then supplied to authorities for their further analysis. In Highland the data is held within the Williams Detail Management (WDM) database.

In 2008 following a review based on structure numbers and available resources, Service management agreed this revised bridge inspection regime: General inspections(GI) at 3 year intervals and Principal inspections(PI) at 9 year

intervals on structures >5m; bridges over railway lines regardless of length and pedestrian bridges This was intended to remove the backlog of overdue inspections within an estimated 5 years and with a view to returning to a regime that closer matches the Well Maintained Highways Code of Practice. However this has not been achieved and unlikely that to happen with the Council's current budget position. In addition, there is no monitoring of the actual number of inspections carried out against the annual programme.

PI surveys are undertaken by the Development and Infrastructure Services' structure team on behalf of the Service, with GIs and scheduling by Community Services staff.

This inspection data is held in a structures management system module of the WDM system. In addition the Community Services' staff in Sutherland area, currently record visual data during planned site visits and travel. This enables staff to compare conditions against previous recordings.

2.2 A*ppropriate prioritisation of the necessary maintenance works*

This objective was partially achieved as while all programmes of planned work are approved by the relevant Committee, there is no consistency in the development and planning across the areas. Good practice exists in several areas where they have a rolling programme of identified future years' works. Also there is no reporting to local Committees on the programme's progress and budget status.

The Lochaber area office maintains a spreadsheet to enable internal monitoring and reporting. The section would benefit from deploying this to all areas improve financial and progress reporting of programme works. .In addition the relevant budget holders need a greater

understanding of their financial responsibilities and how to analysis the available financial systems.

The Service has already re-instated meetings of the Bridges Project board to monitor the progress of the approved projects and like other boards provides exception reporting to Committee.

2.3   A*rrangements are consistent, efficient and effective manner across the Council*

This objective was substantially achieved as there is a consistent approach in using the condition survey and inspection data to help identify future works, although area offices would benefit from a consolidated approach to ensure all "wish lists" are recorded in the WDM database. This would aid further development of the asset management module within the system.

All survey results are used to calculate performance indicators (PIs) as detailed below and these are reported annually to relevant Strategic Committees.

- Expenditure on maintaining roads (£ per km) - *calculated by the Council;*
- % of roads in need of repair (by class: A, B , C, U) – *taken from national road survey data;*
- Bridge Stock Condition Indicator (BSCI) – *based on number of inspections undertaken and investment into maintaining the bridges;*

The PIs are verified externally and benchmarked against all Scottish local authorities and associated family groups, through the local government benchmarking framework and SCOTS Roads Asset Management Plan (RAMP) Performance Indicator Results.

There is no monitoring of the PIs to ensure that the budgeted expenditure is spent on works which would reflect year on year improvement and be quantified through the survey data.

3.   Audit Opinion

3.1   The opinion is based upon, and limited to, the work performed in respect of the subject under review. Internal Audit cannot provide total assurance that control weaknesses or irregularities do not exist. It is the opinion that **Substantial Assurance** can be given while there is generally a sound system, there are minor areas of weakness which put some of the system objectives at risk, and/ or there is evidence that the level of non-compliance with some of the controls may put some of the system objectives at risk.

Although there are good inspection practices the lack of programme reporting on budget and delivery status, highlights a weakness in the process.

An action plan is provided at section 4 detailing the recommendations for improvement together with the management response.   This contains a total of **3** recommendations comprising of the following:

Description	Priority	No.
Major issues that managers need to address as a matter of urgency.	High	1
Important issues that managers should address and will benefit the Organisation if implemented.	Medium	1
Minor issues that are not critical but managers should address.	Low	1

4.   Action Plan

| Priority | Finding | Recommendation | Management Response | Implementation | |
				Responsible Officer	Target Date
High	Across the areas, there is limited and inconsistent internal monitoring of the maintenance programme budget and status of projects. Whilst the planned programme of works are approved by local Committees, there is no reporting of the actual works undertaken and expenditure,	The Service should: • Deploy the monitoring spreadsheet already being used in the Lochaber office. This will enable improved financial and progress reporting internally across all the areas offices. • Organise refresher budget analysis /financial system training for accountable budget holders specifically to cover roads maintenance activities.	It is agreed that the Lochaber monitoring spreadsheet will be deployed and used across all areas. It is agreed that refresher financial system training will be provided.	Head of Roads & Transport Head of Roads & Transport/ Finance Manager	31/01/18 31/01/18
	PIs are produced however these are not reviewed with the actual expenditure, to ensure that the works undertaken produce improvements in the survey data. In addition there is no information produced to record the actual number of inspections compared to planned.	Performance indicators data should be reviewed to ensure that the programmed works expenditure reflects a year on year improvement in the survey data. Additional internal PIs being introduced would identify early slippage within the planned programme of inspections and would allow officers to take appropriate remedial action.	It is agreed there is a lack of good quality performance information. We will review how we monitor inspections undertaken against the annual programme. Performance Indicators will be developed to monitor improvement in the condition of the road structure asset base following works undertaken.	Head of Roads & Transport Head of Roads & Transport	31/01/18 31/01/18

				Implementation	
Priority	Finding	Recommendation	Management Response	Responsible Officer	Target Date
Medium	Good practice exists in several areas where they have identified a rolling programme of future years' works enabling ease of forward planning and programme development. In Sutherland area they collate video data during site visits, travel and inspections, which is held electronically and used with survey data to compare conditions.	The Service should: • Expand the use of the WDM system asset module to ensure all "wish lists" /identified future works are recorded consistently in one central location, across all offices to aid development with the future planning of programmes. • Investigate the benefit in continuing and further implementation of the current localised collection of video data in addition to the WDM surveys records. Alternatively the practice should cease if there is no benefit identified.	It is agreed to expand the use of WDM to hold data relating to inspections and future works, to aid with future programming of works. The collection of video data can be a useful addition for determining works, but should only be used in addition to the WDM. The use of this will however be reviewed.	Policy & Programmes Manager/ Senior Engineer Policy & Programmes Manager/ Senior Engineer	31/03/18 31/03/18
Low	The overall programme budget is approved by the Strategic Committee and the maintenance programme by the relevant area Committees. Although there is a consistent report format submitted, there is scope to enhance the information provided.	Committee reports should include details on how required work is prioritised for inclusion on the programme for particular areas, and would also benefit from including a condition category key (Very Poor, Poor, Fair, Good, Very Good) for clarification.	It is agreed that prioritisation criteria for maintenance programmes and works undertaken annually in each financial year will be presented to Area Committees using a standardised template.	Policy & Programmes Manager/ Roads Operations Managers	30/06/18