



**DRAFT**

Annual Internal Audit Report

2010 - 2011

May 2011

## INDEX

	<b>Page</b>
1. Foreword .....	1
2. Internal Audit - Mission Statement .....	1
3. Internal Audit - Terms of Reference .....	1
Objectives .....	1
Scope.....	1
4. Internal Audit – Activity Areas .....	1
Core Financial Audits.....	2
Non Core Financial Audits .....	2
Contingency Days.....	2
Internal Audit Reporting .....	3
Audit Committee.....	3
Auditees .....	4
5. External Audit.....	5
6. Draft Statement of Governance and Internal Control 2010 – 2011.....	5
7. Progress of the Annual Audit Plan 2010 - 2011 .....	6
Strategic Audit Plan .....	6
Resource Allocation 2010 – 2011 .....	8
Audit Opinion .....	8
8. Audit Analysis of 2010 – 2011 .....	9
9. Service Review of Internal Audit .....	9
10. Internal Audit Performance Measurement.....	9

APPENDIX 1: Performance Measurement 2010 – 2011; and

APPENDIX 2: Assessment of Audit Days 2010 – 2011 Annual Audit Plan.

## **1. FOREWORD**

The annual audit plan for 2010 – 2011 has been delivered in accordance with the CIPFA Code of Practice for Internal Audit in Local Government in the United Kingdom ('the Code'). As well as complying with the Code, Internal Audit has to comply with its Mission Statement and Terms of Reference, both of which have previously been approved by the Audit Committee and are outlined below.

## **2. INTERNAL AUDIT - MISSION STATEMENT**

“To contribute to the achievement of Argyll and Bute Council’s mission and strategic objectives by providing assurance to the Council that financial and operational controls and arrangements for Best Value are functioning efficiently and effectively, and that the significant risks to the organisation are being managed.”

## **3. INTERNAL AUDIT - TERMS OF REFERENCE**

### **Objectives**

- To assist the Council and its Strategic Management Team in their governance responsibilities;
- To provide assurance on the adequacy of control within the Council’s systems and activities;
- To advise management on cost effective controls for new or modified systems and activities;
- To highlight opportunities to reduce costs through greater economy and efficiency within systems and activities.

### **Scope**

The scope of Internal Audit includes the examination and evaluation of the adequacy and reliability of Council systems of internal control. To this end an annual audit plan is presented to the Audit Committee for approval with any adjustments reported throughout the year. The work of Internal Audit therefore provides assurance across all of the Council’s activities.

In addition, Internal Audit may perform special reviews requested by the senior management or the Audit Committee. When plans are changed for such reviews, this is reported to the Audit Committee so that it clearly understands the implications on resources and for the assurance it requires about internal controls, and any impact on the delivery of the agreed annual audit plan.

## **4. INTERNAL AUDIT – ACTIVITY AREAS**

To fulfill the above responsibilities Internal Audit undertakes the following activities based on an annual audit plan:

## **Core Financial Audits**

In order to provide an opinion on the Council's internal controls, Internal Audit is required to take cognisance of the Council's main financial systems and their support systems. The main financial audit areas are:

- Payroll Systems;
- Council Tax and Non-Domestic Rates;
- Main Accounting Systems;
- Creditor Payments Systems;
- Debtors
- Unified Benefits; and
- Asset Management.

Internal Audit has a responsibility to evaluate and test financial and management information systems in order to provide an opinion as to the adequacy of control within the Council. As a result of this work departmental management receive audit reports with recommendations offering advice to enable rectification of system weaknesses, improve compliance and control and reduce risk.

Internal Audit in agreement with Grant Thornton UK LLP in 2008 – 2009 adopted the CIPFA Systems Based Audit (SBA) control matrices. Adopting the CIPFA methodology enables the identification of weaknesses and risks in systems, evaluation of controls established by management to ensure they are working effectively and to provide assurance. The introduction and use of CIPFA matrices complements the corporate objective of introducing self assessment tools to strengthen the drive for continuous improvement across the departments and services.

The core financial audits undertaken in 2010 – 2011 were selected using an Audit Needs Assessment methodology of risk ranking. The audits identified by the risk scoring methodology enabled Internal Audit to provide an assurance statement on the Council's overall internal control framework.

## **Non Core Financial Audits**

The Code requires that Internal Audit not only audit financial systems controls but also other systems of management control used to ensure the Council's objectives are being properly managed and progressed. Internal audit responsibility is to review control arrangements are in place and operating effectively within the Council, thus ensuring that the Council's core values are being addressed.

Internal Audit in complying with the Code, prepare the Non Core Financial Audit section of the annual audit plan incorporating high risk areas identified by Heads of Service, through an operational risk exercise. In addition, regular discussions take place with departmental Executive Directors and Heads of Service, in order to afford them the opportunity to identify any specific issues that would benefit from Internal Audit review.

The non-financial section of the strategic audit plan also recognises activities that require to be reviewed on an annual basis. These include corporate governance, computer audit, risk management, business continuity and statutory performance

indicators. CIPFA has developed a number of Systems Based Audit (SBA) control matrices for non financial control areas, and these were utilised in 2010 - 2011.

During 2010 – 2011, Internal Audit further improved its joint working with departments by requesting Executive Directors to identify an officer within their department that could act as a link/contact between departmental Executive Director's, Heads of Service and Internal Audit. This provided Internal Audit the opportunity to discuss and develop the annual audit plan and match up our resources to departmental senior management audit requirements in a more objective way than previously.

## **Contingency and Other Areas**

Within the annual audit plan contingency direct audit days are set aside for events which, by their very nature, are one off events or could not have been predicted, e.g.:

- Notification of potential frauds, significant weaknesses or loss;
- Consideration of controls for new or amended systems; and
- Reviews of significant breakdown of internal control that cannot be accommodated within planned audits.

Clearly, the extent to which any contingency requirement is used depends on the soundness of the Council's systems of control and the incidence of fraud or irregularity. In addition, direct audit days were provided in the annual plan for the follow up of management agreed recommendations cited in external and internal audit reports. Risk management, strategic and annual planning are also designated as other area tasks.

In 2010 – 2011, the follow up of recommendation implementation by management was further developed with monthly follow up reports being produced for departments via the internal audit departmental contact officer for Departmental Management Teams (DMTs) review. The new system provides a monthly recommendation follow up report, which is presented to DMTs for their management comment. The updated monthly reports are then returned by the departmental contact officer to Internal Audit, where an overall monthly follow up report is prepared for the Strategic Management Team (SMT). This new process delivers to the Audit Committee a quarterly follow up report based on a strong governance process.

## **Internal Audit Reporting**

### **Audit Committee**

In 2010 – 2011, the Audit Committee received their usual quarterly recommendation implementation progress reports. The reported recommendations were backed by both DMT and SMT review. In addition, the composition and presentation of data was displayed objectively with a front sheet providing essential implementation progress data for both due and future dated recommendations. The Audit Committee received an accompanying document with management comment for recommendations outwith their agreed implementation date. This process provided the opportunity for the Audit Committee to focus its time.

Internal audit in 2010 – 2011 developed a reporting method that will integrate with Pyramid, the Council's system for managing performance. Guidance from Grant Thornton UK LLP provided scope for the Audit Committee to develop its role further in terms of influence and responsibility. This was evident from the contribution delivered by Grant Thornton at the Audit Committee Away Day where they focused on the committee's role and responsibilities. This will continue to be supported by Internal Audit as it allowed the identification of a work and training programme for the Audit Committee that complimented the aims and work of Internal Audit.

The Audit Committee holds quarterly meetings at which they review reports covering:

- Reports which correspond to the Audit Committee work plan.
- The annual internal audit programme progress in terms of audits planned and completed with the number of days expended;
- Copies of issued Internal Audit reports;
- The progress made by management in implementing External and Internal Audit report recommendations; and
- Audit Scotland and Audit Commission national reports which report on issues pertinent to Local Government.

At the culmination of the years audit work the Audit Committee reviews:

- An annual Audit Committee report
- An annual Internal Audit report; and
- Statement of Governance and Internal Control.

## **Auditees**

Internal Audit provides management with an independent and objective opinion on their control environment by taking into consideration the review of internal controls and risk and, in agreement with management recommends changes where appropriate. The audit work undertaken is reported to the auditee, either in the form of a report or a memo whichever is most relevant. A system of grading audit findings is provided to the auditee and resultant recommendations are set out within an action plan recording management agreement to address the point within an agreed timescale, the grading classification and evaluation criteria is set out below:

- **High.** Significant weakness in control is discovered that may give rise to loss or error;
- **Medium.** A weakness is found but is not necessarily great, but the risk of error would be significantly reduced if it were rectified; and
- **Low.** The weakness does not appear to affect the ability of the system to meet its objectives in any significant way but should be rectified.

Towards the end of the financial year Internal Audit commenced discussions with departments regarding a better formalised audit process where Executive Directors and Heads of Service are involved earlier in the audit process and the arranging of exit meetings post draft audit report issue. This new approach will be deployed for the annual audits in 2011 – 2012. The new process has received support from both Executive Directors and Heads of Service at recent Departmental Team Meetings (DMTs).

## **5. EXTERNAL AUDIT**

The relationship operated by Internal Audit with the Council's External Auditors is one of joint working. Both External and Internal Audit try to either avoid areas of duplication or work jointly. Consultations are held on a regular and informal basis to co-ordinate work. In particular, this co-ordinated approach allows External and Internal Audit the opportunity to discuss issues and agree the way forward, thus saving time and effort. In 2010 – 2011 External and Internal Audit, worked jointly on the Council's Statutory Performance Indicator (SPI) audit and other key areas of importance.

Grant Thornton UK LLP, the Council's External Auditors place reliance on the work of Internal Audit in the following areas for 2009 -10:

- Capital accounting;
- Capital contracting;
- Cash income and banking;
- Council tax and non domestic rates;
- Creditor payments;
- Debtors;
- Housing Benefit and council tax benefit;
- Asset management;
- General ledger;
- Payroll;
- Treasury management;
- Tendering procedures;
- Stocktaking;
- ICT applications
- Risk management; and
- Business continuity planning

On an annual basis External Audit carry out an evaluation of Internal Audit work, the outcome of which is published in their Annual Accounts report.

## **6. DRAFT STATEMENT OF GOVERNANCE AND INTERNAL CONTROL 2010 – 2011**

A draft joint statement covering both corporate governance and internal control has been prepared for 2010 – 2011. Internal Audit undertook a review of the evidence collected by Customer Services – Governance and Law, in support of the Code of Corporate Governance, thus ensuring that the Council has put in place appropriate management and reporting arrangements. This enabled Internal Audit to satisfy itself

that the Council approach to corporate governance was adequate and effective in practice.

As well as the Customer Services Department having responsibility for governance, the Executive Director of Customer Services as Monitoring Officer has the following responsibilities:

- Overseeing the implementation of the Code of Corporate Governance and monitoring its operation;
- Reporting annually to the Council on compliance with the Code and any changes required to maintain it and ensure its effectiveness

Specific responsibilities are assigned to the Head of Strategic Finance as Section 95 Officer to ensure that public funds are properly accounted for. Internal Audit has therefore taken into account in preparing the draft joint statement the results of reviews of internal financial control that have been carried out within the Council.

The assessment of the robustness of Council internal control systems is informed by a review of the findings of audit work carried out by both External and Internal Audit throughout the financial year. In addition, departmental internal control statements are prepared by Executive Directors who report specific audit areas requiring future attention. These departmental internal control statements are then signed and passed to Internal Audit, for analysis.

All of the above therefore supports the overall assurance for internal control. The draft joint statement of governance and internal control is presented to the Strategic Management Team (SMT), Audit Committee and Executive with final sign off by the Council Leader, Chief Executive and Head of Strategic Finance. The draft joint statement is the subject of a separate report to the Audit Committee.

## **7. PROGRESS OF THE ANNUAL AUDIT PLAN 2010 – 2011**

### **Strategic Audit Plan 2010 – 2011**

A total of 32 audits were planned for the financial year 2010 – 2011 and these were allocated into the following categories:

- § 18 Core Financial Systems Audits and
- § 14 Non Financial Audits.

The Annual Audit Plan for 2010 – 2011 was effectively delivered by the middle of April 2011. Adjustments were made to the annual plan and reported to the Audit Committee.

As detailed above, 32 audit areas were planned at the outset of 2010 – 2011 however at the end of the financial year that had risen to 41. In addition 6 special investigation reports were written.



Planned Audits	May 2010	March 2011	Difference
Core Financial Audits	18	19	+1
Non Financial Audits	14	22	+8
Special Investigations	0	6	+6

With regard to the 18 Core Financial Audits specific adjustments were made and reported to the Audit Committee. In agreement with Grant Thornton (External Audit) the direct audit days allocated to Unified Benefits Systems (UBS) audit was transferred to National Fraud Investigation (NFI) work, where the role of internal audit is to administer, monitor and report progress on a monthly basis to the Strategic Management Team (SMT) and Grant Thornton. Given the adverse report comment by Audit Scotland with the last NFI exercise, this was a prudent amendment. Of the 18 core financial audits the transfer of the UBS audit reduced total audits to 17 but, 2 additional audits were undertaken for Leader Funding which brought the total audits undertaken to 19. The total days expended when compared to the revised estimate, presents a small variance.

In May 2010, it was envisaged that there would be 14 Non Financial audit areas to be audited throughout the financial year. However, during the financial year interactive discussions were commenced with senior management that identified specific audit requirements. This resulted in the number of audits covered by the section rising to 22. These additional audits were reported to the Audit Committee and further changes were reported in March 2011 to the Audit Committee. The reported changes in March 2011 included the fact that, over the financial year a number of performance management and procurement related audits were undertaken and this allowed original estimated direct audit days for specific related planned audits could be reduced. The total days expended for the year when compared to the revised estimate presents a small variance.

Special investigation and contingency work was estimated at 100 direct audit days as at May 2010, by the end of the financial year actual audit days expended totalled 124. This increase in days used, resulted from the transfer of direct audit days from the Unified Benefit Systems audit to NFI, raising the total to 125 days. Additional work was undertaken on NFI duties throughout the financial year relating to data management, monthly data collection and reporting. Special investigations work resulted in 6 reports being written for senior management.

The Other Areas section of the Annual Audit Plan saw continued involvement of Internal Audit resources being deployed in follow up activities. The setting up of a management database to track recommendation implementation and monthly reporting to both SMT and DMTs of management progress, saw a rise from last year on the number of direct audit days expended. However, of the 85 direct audit days estimated in March 2011, 89 were finally expended.

Appendix 2, details the audits undertaken by Internal Audit for the financial year 2010 – 2011 inclusive of reported changes.

### **Resource Allocation 2010 – 2011**

As reported to Audit Committee in March 2011 a re-evaluation of the annual plan was undertaken as the year end approached. At the outset of the year the number of planned direct audit days for 2010 – 2011 was estimated to be 1,147 and 32 audit areas were outlined in the audit plan.

However, 50 days in April 2010 were expended finishing off audit work for 2009 – 2010 and an additional 25 days were expended on non direct audit work in professional training, advice, planning and reporting than had been originally estimated for 2010 - 2011. Once this was taken into account, the actual estimated direct audit days available was reduced from 1,147 to 1,072. An adjustment was made to the estimated direct audit total days with the core and non financial audits adjusted and reported to the March 2011 Audit Committee. Resource levels have been an issue throughout the year and were augmented by contract auditors as required, which have allowed the audit plan to be delivered.

### **Audit Opinion**

Based on audit work carried out in 2010 – 2011 by Internal Audit, I am of the opinion that subject to the matters listed in the Statement of Governance and Internal Control being actioned, reasonable assurance can be taken that the systems of governance and internal control are operating effectively.

The review of corporate governance undertaken by internal audit has indicated that the systems for governance are operating effectively, and a Draft Joint Governance and Internal Control Statement has been produced. The Draft Statement has been presented to the Strategic Management Team (SMT), Audit Committee and Executive. With specific regard to internal control, audit reports have indicated certain matters which are currently being addressed by management, and my opinion on the Council's systems is based on those recommendations being satisfactorily implemented.

In conclusion, the Annual Audit Plan for 2010 – 2011 was effectively completed by the middle of April 2011, thus allowing commencement of the 2011 – 2012 audit plan. Internal audit considers that once a final draft report has been agreed and issued to management the audit is finished. The issue of some final reports is being progressed by management. The Governance Group accepted the assurance provided by Internal Audit, and the Audit Committee is asked to accept the same assurance, based on the audit work completed in 2010 – 2011.

## **8. AUDIT ANALYSIS of 2010 - 2011**

The amended audit plan has been completed and in particular:

- Quarterly reports have been prepared for the Audit Committee advising of progress with the Annual Audit Plan;
- A new format for accounting for the progress of audit recommendation data for DMTs, SMT and Audit Committee has been introduced.
- A further development of joint working with departmental Executive Directors and Heads of Service was introduced;
- Internal audit will look to provide management electronic access to key audit control guidance;
- Attendance at DMTs has been undertaken.
- Monthly meetings with both the Head of Strategic Finance and Chief Executive are undertaken to discuss audit reports and recommendations.
- A new process has been discussed at DMTs by internal audit relating to how the audits for 2011 – 2012 will be undertaken. This has received support from the DMTs. This sets out the deliverables and responsibilities of those involved in the audit process and is the subject of a separate paper to the Audit Committee;
- The Audit Committee receive final report extracts when they are issued to management for action;
- Joint audit work was completed between Internal Audit and Grant Thornton UK LLP; and
- Percentage of direct audit time expended to that planned has improved in 2010 – 2011 above the target of 81%. Analysis of returned client questionnaires indicated that an average approval score of 3.7 has been achieved by Internal Audit in 2010 – 2011. The highest achievable approval score is 4.

## **9. SERVICE REVIEW OF INTERNAL AUDIT**

A report was agreed by the Audit Committee on 11 December 2009, which outlined the reasons for undertaking a service review of Internal Audit and the proposed scope and timescale of a review. The main purpose of the service review of internal audit was to review the performance of internal audit in order to develop a clear strategy and vision for its future role, remit and structure to meet the new challenges facing the Council. The Project Board was provided update reports which were reported to the Audit Committee. However, the Chief Executives Unit has now commenced a support services review with the data collected by internal audit now integrated with this review.

## **10. INTERNAL AUDIT PERFORMANCE MEASUREMENT**

Annually, Internal Audit measures the performance of its service delivery. This allows

comparison to be made year-on-year and to set targets for improvement. In total there were 11 performance indicators agreed by the Audit Committee for Internal Audit to achieve. Following the Audit Committee Away Day in January 2011, it was decided to reduce the number of performance indicators to 10. They are set out under two headings:

- Input which has 5 indicators; and
- Output which also has 5 indicators.

The tables below set out the performance for both sets of indicators for 2010 - 2011. A comment has been made for each performance indicator. Internal Audit will strive to maintain the quality standards achieved and will endeavour to make improvements.

## APPENDIX 1

### INPUT PERFORMANCE MEASURES 2010 - 2011

Ref	Performance Indicator	Target	Achieved 2010 - 11	Comment
1.	Issue of draft reports within 10 working days of work being completed.	10 days – 100%	<b>Yes</b>	This was achieved.
2.	Issue of final reports within 5 working days of management responses being received.	5 days – 100%	<b>Yes</b>	This was achieved.
3.	Reports display: clear opinion; action plan of prioritised recommendations and management responses; a person responsible; and date for completion.	All reports (100%) state a clear conclusion/opinion; contain an action plan, prioritised recommendations, allocated responsibility and target dates for completing recommendations.	<b>Yes</b>	This was achieved.
4.	Management's feed back on audit planning and fieldwork.	To achieve 'average' or better in questionnaire ratings. (i.e.: a mean score of '3' or more for each question	<b>Yes</b>	3.7 average score. The maximum is 4.
5.	Percentage of direct audit time	Target 81%	<b>Yes</b>	88%. This is an improvement on last year.

## APPENDIX 1

### OUTPUT PERFORMANCE MEASURES 2010 - 2011

Ref	Performance indicator	Target	Achieved 2010 - 11	Comment
1.	Audit operational plan to be submitted to the audit committee by 31 March each year.	31 March of each year (100%)	Yes	Achieved.
2.	Follow-ups to be performed within one year of the audit-taking place.	100% of recommendations followed up in following year	Yes	New 4 weekly cycle of reporting progress to SMT with quarterly summary to Audit Committee.
3.	Completion of the Annual Audit Plan subject to variations agreed by Audit Committee, and if appropriate, Audit Managers.	100%	Yes	Variations reported to Audit Committee. Olan completed mid April.
4.	Recommendations accepted compared to recommendations made.	Fundamental/High – 100% Material/Medium – 100% Minor/Low – 100%	Yes	All accepted.
5.	Internal audit costs are within budget (including in-year budget variations)	Total costs were within budget.	Yes	Achieved.

# APPENDIX 2

## Assessment of Audit Days: 2010 - 2011 Annual Audit Plan

AUDIT WORK SCHEDULE	Last Audited	Risk Ranking	Original Estimated Audit Days 2010 -11	Revised Estimated Audit Days 2010 -11	Actual Audit Days 2010 -11	Balance
<b>Core financial systems</b>						
(Major Capital) Contract Management	2009/10	1	15	15	15	0
Stocktaking/ Work in Progress	2009/10	2	15	15	15	0
Council Tax and Non-Domestic Rates	2009/10	2	15	15	14	1
Government & European Grants LEADER	2009/10	1	25	25	25	0
Scottish Govt/European LEADER Funding Certification 2009/10		1	0	10	10	0
Scottish Govt/European LEADER SLA 2010/11		1	0	10	10	0
Cash Income and Banking	2009/10	2	15	15	18	-3
Car Allowances	2009/10	2	15	25	25	0
Tendering Procedures	2009/10	1	25	20	20	0
Debtor Accounts	2009/10	2	25	25	24	1
(Major Capital) - Capital Procurement Management	New	1	25	25	25	0
(Major Capital) Asset Management	2009/10	1	25	40	40	0
Creditor Payments & Purchasing	2009/10	2	40	20	20	0
Payroll	2009/10	2	15	15	14	1
Budgetary Preparation and Control	2009/10	1	15	15	15	0
(Major Capital) Treasury Management	2009/10	1	25	20	20	0
(Major Capital) Contract Hire and Operating Leases	2009/10	1	25	20	20	0
Payments to Voluntary Bodies (Following the Public Pound)	2009/10	2	15	15	15	0
General Ledger Operations	2009/10	2	15	15	12	3
<b>Section Total</b>			<b>350</b>	<b>460</b>	<b>357</b>	<b>3</b>
<b>Non-financial Audits</b>						
Corporate Governance Statement	2009/10	1	30	30	28	2
Public Performance Reporting (PPR) and SPIs/SOA	2009/10	1	80	80	78	2
BV2 HR Activities - Workforce Protection	New	1	10	10	10	0
BV2 HR Activities - Health & Safety	2009/10	1	20	20	20	0
Campbeltown Community project Post Implementation Review	New	1	10	10	10	0
Public Service Improvement Framework (PSIF)	New	1	110	85	85	0
(PPMF) Risk Management	2009/10	1	25	25	25	0
New Legislation	2009/10	1	20	20	20	0
BV2 HR Activities - Occupational Health Contracts	New	1	10	10	10	0
(BV2) ICT systems - External Access	2009/10	2	10	10	10	0
(BV2) Community Engagement	2009/10	1	20	20	20	0
(BV2) Partnerships	2009/10	1	22	22	20	2
BV2 Procurement - Procurement Review	New	1	25	25	25	0
BV2 Procurement - Printing & Design Review	2009/10	1	25	20	20	0
BV2 HR Activities - Short Term Staff Contracts	New	1	10	10	10	0
(BV2) ICT systems - ICO Follow-up	2009/10	1	10	10	10	0
Business Continuity Plan Testing	2009/10	1	20	20	19	1
(PPMF) Planning and Performance Management	2009/10	1	75	20	20	0
BV2 HR Activities - Disciplinary & Grievance	New	1	10	10	10	0
BV2 HR Activities - OD Learning Development	New	1	10	10	12	-2
(BV2) Sustainability	2009/10	2	15	15	15	0
(BV2) Equality	2009/10	1	20	20	20	0
<b>Section Total</b>			<b>587</b>	<b>502</b>	<b>498</b>	<b>4</b>
<b>Actual Direct Audit Time</b>			<b>937</b>	<b>862</b>	<b>855</b>	<b>7</b>
<b>Special investigations contingency</b>						
Council Wide			100	125		1
Chief Executive's Unit					60	
Community Services						
Customer Services					4	
Development & Infrastructure Services					60	
NFI						
<b>Section Total</b>			<b>100</b>	<b>125</b>	<b>124</b>	<b>1</b>
<b>Other Areas</b>						
Follow-up External & Internal Audit Management Letter Points			65	65	69	-4
Risk Assessment, Strategic Plan, Annual Plans			20	20	20	0
<b>Section Total</b>			<b>85</b>	<b>85</b>	<b>89</b>	<b>-4</b>
<b>TOTAL</b>			<b>1122</b>	<b>1072</b>	<b>1068</b>	<b>4</b>