

Audit Review Title	Planned Quarter	Current Status	Audit Opinion	Scope of Audit and Findings
Risk Management	4	Complete	Adequate	<p>The Council has a comprehensive approved Risk Management Strategy in place which is subject to regular review and approval by Audit Committee. The Strategy and its associated guidance have been distributed to officers responsible for the management of risks within individual services and is also available via Staffnet.</p> <p>Testing established that responsibilities for risk management have not been delegated in accordance with the Risk Management strategy, neither have they been formalised in the job description of the individual currently responsible for overseeing the risk management process.</p> <p>All services were found to have a Service Risk Register in place. Risk management is a standing agenda item on all Service Management Team meetings to discuss any emerging or ongoing risks. However, despite risks being a regular agenda item, a large proportion of service risk registers were found to have not been updated for a number of months. Some were found to have not been updated since 2016.</p> <p>The standard risk register template was found to list the controls in place to mitigate the risk but does not record the risk score before the mitigation controls have been applied.</p> <p>The Strategic Risk register is not subject to ongoing review by Management Team and challenge by Audit Committee. Both Management Team and Audit Committee have reviewed the Strategic Risk register only twice during 2018. The Risk Management Guidance which was approved by Audit Committee states that risks should be formally reviewed at least quarterly according to best practice.</p>
Information Governance – General Data Protection Regulations	4	Complete	Adequate	<p>This audit reviewed compliance with the General Data Protection Regulations (GDPR).</p> <p>We found that there were many parts of a good framework in place. There was a good awareness of GDPR and that relevant training was provided. There was good engagement at all levels with the IG-OSG. However we were unable to demonstrate that all officers, Members and contracted / seconded staff had received this training. The standard Privacy Notice was aligned to requirements, however there were still a number of non-standard notices that were still in use. Some key policies and procedures were also missing; there was no complete data retention policy and no formal procedures for Subject Access Requests.</p>

Audit Review Title	Planned Quarter	Current Status	Audit Opinion	Scope of Audit and Findings
Public Safety	2	Draft Report	TBC	
Contract Management	4	Draft Report	TBC	
Follow-up DHP	4	Complete	N/A	Of the 10 recommendations that were required to be followed up four had been implemented, one has been closed as no longer relevant and one as not feasible to implement following further investigation. Four remain outstanding, all of which have a high priority level, and therefore, work is required to mitigate associated risks. An updated client response has been provided along with agreed revised implementation dates, which will be followed-up during in 2019/20
Follow-up NNDR	3	Complete	N/A	Of the five recommendations that were required to be followed up two have been implemented. Three remain outstanding, all of which have a high priority level, and therefore, work is required to mitigate associated key risks. An updated client response has been provided for the outstanding recommendations, and will be followed up during 2019/20