

## Report of the Performance and Compliance Officer

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### **Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 December 2023)**

#### Introduction

Following request from Members an Action Log for External Performance Audit and Internal Audit has been created to assist with monitoring of actions agreed from Audit reviews.

Actions that are completed are highlighted in green and won't be carried forward to the next reported action log.

Actions that have been closed are highlighted in grey and won't be carried forward to the next reported action log. An explanation will be provided in the progress commentary to explain why an action has been closed.

Actions have now been added to the performance reporting system, to support co-ordination of monitoring of progress against actions, with relevant officer being allocated to update the item on the system. As new actions are agreed in response to recommendations these will be added to the performance reporting system for monitoring.

In terms of the Internal Audit Log:

- Please see specific internal audit reports for more details on the recommendations that the agreed actions are responding to.
- Activities were prioritised by the previous auditors. This has been used as a guide in terms of risk to Authority, with greater focus being placed on progressing those action placed within a High priority. Activities given a Medium or Low priority will be completed as and when capacity allows and a degree of flexibility is needed in terms of timescales linked to due date.
- When the log was initially created responsible officers were reviewed and amended to take account of organisational and personnel changes. Timescales were also reviewed and updated. In terms of HR related actions this reflects a need for current focus to be on completing pay and grading review within agreed timescales.

#### High Priority Actions

**Audit Project: Risk Maturity:** Draft Risk Management Policy has been prepared for this Committee, taking account of the internal audit findings.

**Audit Projects: ICT Disaster Recovery/ resilience and Sustainable Services/ Business Continuity/ Cyber Security:** Significant work has been carried out to progress items that have been outstanding for a long time relating to Business Continuity and Disaster Recovery. Progress in this area have been driven by the Head of Decarbonisation with completion of both revised Business Continuity Plan and Disaster Recovery Plan and creation of group to oversee DR and BC. There remains some High and Medium priority actions outstanding, however these items are now able to be progressed by Head of Decarbonisation as a result of completion of the Business Continuity Plan and Disaster Recovery Plan.

#### Medium Priority Actions

**Audit Project: Visitor Centres & Café – Castell Henllys:** In terms of Asbestos Management Plan Castell Henllys was inspected on 29/11/23 as part of building maintenance inspections. Asbestos present on site was inspected and found to be visually intact and in a stable condition, this was recorded on the condition report for the property which forms part of the maintenance programme. (No specific plan has been created as it forms part of the annual maintenance programme). However wider Asbestos Management Plan (Policy and Procedure) is being developed/ drafted following advice from Health and Safety Project Officer. Fire log books are to be updated by the end of the financial year.

**Audit Projects: Staff Well-being and Absence Management/ Equality and Diversity:** A number of actions relate to review of policies and activities linked to induction processes. Work is ongoing with HR to progress the review of policies, however in Quarter 3 there was a need for HR's focus to be on progressing the Pay and Grading Review.

**Audit Project: Estate Delivery:** The development of an Estate Strategy hasn't started yet. However, this is an action that has been identified within the Authority's wider Delivery Plans and is expected to progress in 2024.

#### **RECOMMENDATION:**

**Members are requested to RECEIVE and COMMENT on the Action Log for External Performance Audit and Internal Audit.**

## Audit and Corporate Services Committee - Action Log for External Performance Audit and Internal Audit

Completed actions highlighted in green or closed actions highlighted in grey and will be removed from the next report as they will no longer require monitoring.

### Audit Wales – External Performance Audit

Progress as of end of December 2023/24.

Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	RAG	Progress Status	Progress Commentary	DP Ref
1077	Income Diversification	2022/23	Completion of self-evaluation tools to identify existing strengths and weaknesses	CEO / Head of Finance and Fundraising	End of 2023/24	Green	In Progress/ On Track	Tool completed. Workshop held with officers and Members to complete check-list. New Member / Officer group set up. Internal Auditors reviewing work to provide assurance.	RBF 23
1078	Income Diversification	2022/23	Develop a Strategy for Income diversification (Commercial Opportunity Strategy) with set of SMART KPI's.	CEO / Head of Finance and Fundraising	End of 2024/25	Green	In Progress/ On Track	Member / Officer group set up and Management Team identifying opportunities for income diversification.	RBF 23

## Internal Audit

Progress as of end of December 2023/24.

Activities were prioritised by the previous internal auditors. This has been used as a guide in terms of risk to Authority, with greater focus being placed on progressing those action placed within a high priority. Activities given a medium or low priority will be completed as and when capacity allows and a degree of flexibility is needed in terms of timescales linked to due date. Responsible officers reviewed to take account of organisational and personnel changes. Please see specific internal audit reports for more details on the recommendations that the agreed actions are responding to.

Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	Priority	By Whom	Due Date	RAG	Progress Status	Progress Commentary	DP Ref
1085	Risk Maturity	2023/24	Update of Risk Management Policy to take account of Audit findings	High	CEO	31/03/24.	Green	In Progress/ On Track	Draft being prepared for discussion by Audit Committee in February	GD 20
1079	ICT Disaster Recovery/ resilience and Sustainable Services/ Business Continuity	2022/23 2021/22 2019	Revised Business Continuity Plan and Disaster Recovery Plan in Place	High	Head of Decarb	Amended for BCP – 9/6/23. Revised: 31/12/23.	Green	Complete/ On Track	BCP in place and shared with appropriate officers. DR completed, to be shared with Audit committee early 2024	N/A
1080	ICT Disaster Recovery/ resilience and Sustainable Services/ Business Continuity	2022/23	Follow up actions once revised Business Continuity Plan in Place - Awareness Raising	High	Head of Decarb	Original: 31/3/24 (Testing of plan deadline March 2024.)	Green	In Progress/ On Track	BCP staff group met in November, terms of reference agreed and actions identified. Emergency Response Team (ERT) Teams	N/A

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			<ul style="list-style-type: none"> <li>- Training for nominated personnel</li> <li>- Hard copies of plan available</li> <li>- Identifying if individual policies are needed per department</li> <li>- Plan on staff intranet</li> </ul>						channel created. with BCP including emergency contact list saved. Group are looking at other department emergency planning to identify gaps. Emergency planning training on ELMs shared. Printed BCP shared with ERT.	
1086	ICT Disaster Recovery	2022/23	Annual programme of testing and review put in place for Business Continuity Plan and Disaster Recovery Plan.	Medium	Head of Decarb	Original: 31/3/24 (Testing of plan deadline March 2024)	Green		A business continuity plan staff group has met and a Teams channel created. Terms of reference and action plan agreed which includes training and testing the BCP. DRP will be reviewed by IT team.	N/A
1087	ICT Disaster Recovery	2022/23	Disaster Recovery Policy specific to IT team put in place (restricted to this team due to sensitive	High	Head of Decarb	Original: 3/12/23 Revised: 31/4/24.	Green	In Progress/ On Track	DR plan has been completed and actions taken on by IT team. The ICT user policy and Data and	N/A

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			information contained).				Green		Information security policy has been revised taken into account the DR plan. The policy is being reviewed by DPO before further consultation	
1109	ICT Disaster Recovery	2022/23	Alternative arrangements for backups off-site explored as part of DR Plan/ policy and ICT Risk Assessment	Medium	Head of Decarb	Original: 30/9/23. Revised 31/12/23.	Green	Complete/ On Track	Backups stored in appropriate location off site.	N/A
1110	ICT Disaster Recovery	2022/23	Annual programme for training to inform business continuity and disaster recovery put in place.	Medium	Head of Decarb	31/4/24.	Green	In Progress/ On Track	A business continuity plan staff group has met and a Teams channel created. Terms of reference and action plan agreed which includes training and testing the BCP.	N/A
1111	ICT Disaster Recovery	2022/23	Creation of group to oversee DR and BC.	High	Head of Decarb	31/12/23	Green	Complete/ On Track	Group to oversee BC and DR in place. Teams channel created. Terms of reference	N/A

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									and action plan agreed	
1112	ICT Disaster Recovery	2022/23	Confirmation that contract in place with third party responsible for backups, with copy of contract readily available as part of DR Policy/ ICT Risk assessment.	Medium	Head of Decarb	Original: 30/9/23. Revised: 31/12/23.	Green	Complete/ On Track	Back ups are conducted by IT team and are in place.	N/A
1113	ICT Strategy	2021/22	IT action plan developed that sits under digital transformation delivery plan.	Medium	Head of Decarb	Original: 31/5/22. Revised: 31/4/24.	Green	In Progress/ On Track	Draft IT Action Plan has been created with identified actions for the team.	N/A
1107	Cyber Security	2020/21	Review with Management Team and IT Team implications of introducing controls to prevent users from accessing personal webmail through the Authority's network, encouraging users to use their own mobile phone, tablet or other device in order to	Medium	Head of Decarb	Original: 30/8/21. Revised: 31/4/24.	Green	In Progress/ On Track	The revised ICT user policy and Information and Data Security Policy are being reviewed with the DPO before further consultation with management team and staff. The ICT User policy 7.8 outlines, When wishing to access personal email and webmail accounts,	GD 20

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			access their e-mail through the public Wi-Fi. If approved: IT user and information data security policy to be updated to reflect this. Controls put in place on all Authority devices to prevent access to both webmail and mail applications.						users should use their own mobile phone, tablet or other device in order access their e-mail through the public Wi-Fi	
1108	Cyber Security	2020/21	Update Information and Data Security Policy to be amended to state that sensitive data is never saved onto an unencrypted laptop or any other portable storage device.	Medium	Head of Decarb	Original: 30/4/23 Revised: 31/4/24.	Green	In Progress/ On Track	Information and Data Security Policy has been revised and is being checked with the DPO before further consultation with management team and staff. The policy 7.4 d) outlines, d) Sensitive data must never be saved onto an unencrypted laptop or any other portable storage device	GD 20 / DT 29



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1104	Staff Well-being and Absence Management	2020/21	Absence Management Training to be delivered to Line Managers	Low	HR Manager	Original: 1/3/21. Revised: 1/3/24.	Green	In Progress/ On Track	Work is in hand to improve the management information provided to line managers regarding sickness absence occurrences. Case management involving HR is more robust and this is providing useful insight into what support and guidance is needed by line managers to effectively manage absence.	SD 21
1105	Staff Well-being and Absence Management	2020/21	Employee Health and Well-being Policy be updated	Medium	HR Manager	Original: 1/2/21. Revised: 1/3/24.	Green	In Progress/ On Track	The Employee Health and Wellbeing Policy is being reviewed alongside absence management. Whilst this is for staff its relevance to members and volunteers will also be considered	GD 20

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1106	Staff Well-being and Absence Management	2020/21	Managing Pressure and Reducing Stress Policy be updated	Medium	HR Manager	Original: 1/2/21 Revised: 30/6/24	Green	In Progress/ On Track	As part of the infrastructure to support this action the members of the Staff Representative Groups have been invited to include staff wellbeing as part of their remit. Appropriate training and support including clear guidance on their responsibilities are included. This structure will also ensure 2-way communication is in place and that the Authority's limited resources are utilised to meet the staff needs at a local level.	GD 20
1103	Estates Delivery	2021/22	Development of Estate Strategy (setting out the vision, strategic aims, key priorities	Medium	Head of Decarb	Original: 31/3/22. Revised: 30/9/24	Amber	Not Started/ On Hold	Not started yet	GD 20

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			of the Estate Management function and de-carbonisation approach)							
1102	Risk Management – Mitigating Controls	2021/22	Deep dive reviews of risks included on Management Team meeting agenda quarterly, to sample test and evaluate mitigating controls for different risks.	Low	CEO	Original: 1/1/22. Revised: 31/4/24.	Amber	In Progress/ Behind	Work undertaken to revise Risk Management Policy	N/A
1096	Visitor Centres & Café – Castell Henllys	2022/23	All PCNPA fire log books updated to state weekly fire alarm tests (except over the Christmas period when Centre/ site is closed).	Medium	Buildings Project Manager	Original: 31/3/23. Revised: 31/3/24.	Green	In Progress/ On Track	Fire log books to be updated as s before end of financial year.	GD 20
1097	Visitor Centres & Café – Castell Henllys	2022/23	Asbestos Management Plan in place with records kept of outcome of annual property inspections visual inspections of areas where ACMs are present at Castell Henllys.	Medium	Buildings Project Manager	Original: 31/12/22 Revised: 31/12/23	Amber	In Progress/ Behind	Castell Henllys was inspected on 29/11/23 as part of building maintenance inspections. Asbestos present on site was inspected and found to be	GD 20

Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	Priority	By Whom	Due Date	RAG	Progress Status	Progress Commentary	DP Ref
									visually intact and in a stable condition, this was recorded on the condition report for the property which forms part of the maintenance programme. (No specific plan has been created as it forms part of the annual maintenance programme). However wider Asbestos Management Plan (Policy and Procedure) is being developed/ drafted following advice from Health and Safety Project Officer.	
1098	Visitor Centres & Café – Castell Henllys	2022/23	Process in place to regularly check first aid boxes to ensure contents are replenished and in	Low	Visitor Services Manager North	Original: 27/10/23 Revised: 31/12/23	Green	Complete/ On Track	Every incident that would require first aid kit would be noted in an incident report form. Any incident	GD 20

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			date at Castell Henllys						that mentions use of first aid kit would be a catalyst for replacing used items.	
1099	Visitor Centres & Café – Castell Henllys	2022/23	Completion of Control of Substances Hazardous to Health Regulations (COSHH) risk assessment for Castell Henllys. Risk Assessment uploaded to relevant section of Intranet.	Low	Visitor Services Manager North	Original: 14/10/23 Revised: 31/12/23	Green	Complete/ On Track	COSHH substances are now on sypol CPS system, an online platform that allow us to read procedures for each type of specific substance. Hazardous substances have been removed from the site, so we are at a very low risk, with all necessary RA in place.	GD 20
1100	Visitor Centres & Café – Castell Henllys	2022/23	Procurement of larger safe to accommodate larger quantity of cash at Castell Henllys.	Low	Visitor Services Manager North	Original: 31/2/23. Revised: 31/12/23.	Amber	In Progress/ Revised Timescale	They have a Larger safe on site. Safe can be used in situ, as there is an alarm system on the building, but will need to get it on the insurance	N/A

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									policy. Placed in Amber/ Behind as has passed due date of 31/12/23.	
1101	Visitor Centres & Café – Castell Henllys	2022/23	Refund policy on display in reception area.	Low	Visitor Services Manager North	Original: 30/10/22. Revised: 31/12/23.	Green	Complete/ On Track	A refund policy for Castell Henllys is being shown in reception.	N/A
1095	Safeguarding	2022/23	Annual safeguarding report presented to relevant Committee.	Low	HR Manager	Original: 30/9/23. Revised: 30/6/24.	Red	Not Started/ On Hold	A meeting of the Safeguarding group was held at the end of November. A number of actions were agreed particularly around enhanced level training for staff engaged in the recruitment of staff who may potentially be exposed to or involved in safeguarding matters. Remains on hold due to demands of Pay and Grading Review.	N/A

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1093	Safeguarding	2022/23	Updating of Safeguarding Statement to ensure consistency with PCNPA Action Plan 2022/23 (or updated version for 2023/24), including specific reference to 'Safer Recruitment'	Low	HR Manager	Original: 30/9/23. Revised: 30/6/24.	Green	In Progress/ On Track	Members of Safeguarding group have been asked to review policy including looking at inclusion of reference to Safer Recruitment.	GD 20
1094	Safeguarding	2022/23	Programme in place for Tier 2 child protection/ adult protection refresher training to be carried out 2-3 years. Evidence of training completion and status of training (in date/ due/ out of date) is captured on Cezanne for relevant officers.	Low	HR Manager	Original: 30/9/23. Revised: 30/6/24	Green	In Progress/ On Track	This currently under discussion and an assessment is being made of the level of training required; by whom and an appropriate training provider identified. This may be an on-line course.	SD 21
1090	Performance Management	2022/23	Completion of performance management framework review. Ensuring that qualitative and quantitative key	Low	Perform and Compliance Officer	Original: 1/10/23. Revised: 31/12/23.	Amber	In Progress/ Behind	Work underway reviewing performance framework and feasibility testing options. Meetings previously held	N/A

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			performance indicators are measured and seeking opportunities where feasible to condense size of report.						with chair of Audit and Corporate Services Committee and Operational Review Committee. Proposed Templates created and circulated to CEO. RAG is in amber as additional time needed to implement new framework (including review with Management Team at Management Team meeting and set up time on system) and so has not met the end of December deadline for full implementation. Expected implementation from end of January ready for	



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									A & C Committee in February.	
1091	Performance Management	2022/23	Management Team Dashboards in Place. Performance considered once a month or quarterly (based on feasibility) at Management Team meetings.	Low	Perform and Compliance Officer	Original: 31/3/23. Revised: 31/12/23.	Amber	In Progress/ On Hold	Original dashboards were put in place, however these will need to be updated to take account of new performance framework. Dashboards created for Audit Wales and Internal Audit Action Log items to enable Management team to monitor them. Updated performance framework needs to be in place for wider performance before other dashboards can be created, it is expected that this will be completed in January/ February, after the	N/A

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									December due date.	
1081	Equality and Diversity	2021/22	ELMS Equality and diversity training completed by all staff.	Medium	HR Manager	Original: 31/3/23. Revised: 30/4/24.	Green	In Progress/ On Track	68% of staff have now completed the equality and diversity training on Elms. Emails have been sent to staff on an individual basis to remind them that they have yet to complete the training.	SD 21
1082	Equality and Diversity	2021/22	Equality, diversity and inclusion included within induction process for new staff, including signposting to Equal Opportunities Policy	Medium	HR Manager	Original: 30/9/22. Revised: 1/3/24.	Green	In Progress/ On Track	This is included in the work on induction	SD 21
1083	Equality and Diversity	2021/22	Framework put in place to identify what policies or procedures require Equality Impact Assessment. (Will form part of wider	Low	Perform and Compliance Officer	Original: 30/9/22. Revised: 30/3/24	Amber	In Progress/ Behind	Work being undertaken to review trigger document and wider guidance on completing equality impact assessments a	GD 20

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			work on integrated assessments).						part of integrated assessments. Placed in Amber as officers are having to now consider Welsh Language Commissioners recommendations on providing evidence of "conscientious effort to assess" the Welsh Language and how to incorporate this into an integrated assessment model. Officer also having to take into consideration developments relating to Health Impact Assessments.	
1084	Equality and Diversity	2021/22	New interim HR Manager to review "Appropriate wording be included within Job Descriptions to	Low	HR Manager	Original: 27/4/22. Revised: 31/12/23.	Green	In Progress/ On Track	This will be finalised with the Pay and Grading Review	SD 21

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			demonstrate the Authority's commitment to equality, diversity and inclusivity."							