

Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 March 2024)

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.

As new actions are agreed in response to recommendations these will be added to the action log following the initial recommendations being reported to the Committee.

Some of the Actions in the Log have been amended to reflect recommendations list provided to Authority as part of the internal auditors follow up work. As part of the follow up work the internal auditors recommended that original recommendations be provided within the log presented to Members, as a result a column has been provided with summary of original recommendations.

An internal audit action tracker has also been created following internal audit follow up recommendations with the relevant columns provided in the action log below and corresponding reference numbers applied. Updates are provided by staff on progress monthly via the performance reporting system. This is still a new process in terms of monitoring and we are still in a learning phase in terms of what works and what doesn't.

High Priority Actions

Audit Project: Risk Maturity: New Risk Management Policy agreed at March NPA, new risk register to be presented to this Audit and Corporate Services Committee meeting.

Audit Projects: ICT Disaster Recovery/ Resilience and Sustainable Services/ Business Continuity: Business Continuity and ICT Disaster Recovery actions in response to recommendations are all now complete. With Business Continuity and IT Disaster Recovery Plans in place and scheduled for annual review. Business

Continuity Plan on staff intranet. A section of Business Continuity Plan will be tested each year.

Medium Priority Actions

Audit Project: Health and Safety: Health and Safety Policy presented to NPA in March. Review of risk assessments is underway. Activities around presenting lessons learnt document to Committee on hold due to other competing priorities.

Audit Project: Performance Management: Management Team have agreed new performance framework that will support implementation of new set of dashboards to be considered at Management Team. For efficiency purposes new set of dashboards will be created for 2024/25 (to take account of any changes in terms of delivery plan deliverables) to be used by Management Team across 2024/25 period. Action will be progressed in April/ May 2024

Audit Project: Visitor Centres & Café – Castell Henllys: Wider Asbestos Management Plan (Policy and Procedure) is being developed/ drafted following advice from Health and Safety Project Officer. Fire log books have been updated.

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 4 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 March 2023/24.

PRS Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	RAG	Progress Status	Progress Commentary
1077	Income Diversification	2022/23	Completion of self-evaluation tools to identify existing strengths and weaknesses	CEO / Head of Finance and Fundraising	Complete/ End of 2023/24	Green	Complete/ On Track	Self-evaluation tool has been completed. Some elements to be used to assess future income diversification activities
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	Utilising funding from Welsh Government the Authority has engaged a consultant to contribute to the generation of ideas and options to generate additional income. The consultant will engage with individuals across the Authority and will report during the year. Members of the Management Team have been developing options for dealing with 25% less money over the next two years. This includes income generating and cost cutting

								options. This information will feed into budget setting scenarios over the next two years
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Internal Audit

Progress as of end of March 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. A column has been added providing summary of original recommendation from Auditors following recommendation from Internal Auditors as part of their follow up audit.

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Due Date	RAG	Progress Status against due date	Progress Commentary
2023/24 – Health and Safety [R Ref: 2023_24: HS1] [PS Ref: 2512]	H&S Policy should, be reviewed, set and approved at NPA level on regular basis. Include reference in policy to supporting policies and procedures.	Revised Health and Safety Policy to be agreed by NPA.	Medium	Health & Safety Project Officer	31/3/24	Green	Complete/ On Track	H & S Policy with recommended amendments presented to March NPA. There were some queries raised at the NPA in March and these have been included as minor

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								amendments to the H&S Policy. Policy being prepared for publication to staff and Members.
2023/24 – Health and Safety [R Ref: 2023_24: HS2] [PS Ref: 2513]	Formal review of risk assessment should be carried out, including review of risk assessments in place to identify any gaps, implementing standard template, ensuring they are reviewed annually and consideration of implementing a RA register/log.	All Risk assessments to be updated into new risk assessment template and saved on Sharepoint for document control purposes.	Medium	Health and Safety Project Officer	31/3/24 Revised following discussion at 28/2/24 A&C Committee: 30/9/24.	Green	In Progress/ On Track	There were 1500 documents related to risk assessing in the F drive, which were moved to one central point in December. These are being sorted and archived where appropriate by the end of April, so managers can start to transfer assessments to the new

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								standard template.
2023/24 – Health and Safety [R Ref: 2023_24: HS3] [PS Ref: 2514]	Training matrix developed should include - What training each role / staff member needs; Last completion date and next due date(s); and information that enables effective oversight and reporting of compliance against required training needs.	Health and Safety Training Matrix for Job Specific Training Needs agreed for 2024/25.	Low	Health and Safety Project Officer	30/9/24	Green	In Progress/ On Track	The safety training required for each role is in progress.
2023/24 – Health and Safety [R Ref: 2023_24: HS4] [PS Ref: 2517]	Health surveillance arrangements should be reviewed to ensure that they align with HSE recommended practice and legal	Formalising of current Health Surveillance arrangements to ensure they align with HSE recommended	Low	Head of People Services	31/3/24	Amber	Not Started/ On hold	Work hasn't commenced yet, further discussion needed with HR in terms of this agreed action.

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	requirements. Any circumstances where there are still residual risks to workers health following control measures implemented should be appropriately monitored and controlled. This should include consideration of the scope of workers included in the checks, areas tested and frequency.	practice/ legal requirements						
2023/24 – Health and Safety [R Ref: 2023_24: HS5] [PS Ref: 2516]	Investigation processes and improvement actions identified following accident, incident and near miss reporting	Assessing of sample of H&S accident, incident and near miss reports. With lessons learnt document	Medium	Health and Safety Project Officer	31/3/24	Amber	Not Started/ On Hold	With all other current work prioritised as more urgent, this work is currently on hold.

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	should be centrally captured and monitored through to completion. Strengthening internal assurance processes in place and ensuring that lessons are learnt and acted upon appropriately.	presented to A&C committee.						
2023/24 – Risk Maturity [R Ref: 2023_24: RM1, RM2, RM3, RM4, RM5] [PS Ref: 1085]	Guidance needed on risk identification, controls and assurance. Amendments advised to Risk Register – addition of objectives column, inclusion of just one mitigation or control column, add in gaps in control of	Update of Risk Management Policy to take account of Audit findings	High	CEO	31/03/24.	Amber	In Progress/ Behind	New policy agreed at March NPA. New Risk Register to be presented to next Audit Committee meeting

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	assurance column, addition of assurance column.							
2022_23 ICT Disaster Recovery [Ref 2022_23 DR1/ DR2] [PS Ref: 1087]	A DR policy be put in place which is detailed for the IT Team only as it will contain sensitive information such as IP addresses to be able to restore the systems. The DR plan be updated following the new structural changes to ensure organisation can recover from a disaster as quickly as possible. The plan be tested on an annual basis and updated accordingly.	Disaster Recovery Policy (<i>Plan</i>) specific to IT team put in place (restricted to this team due to sensitive information contained - such as IP addresses to be able to restore the systems.) Schedule in place for plan to be tested on annual basis and updated accordingly.	High	Head of Decarbonisation	31/3/24.	Green	Complete/ On Track	Disaster Recovery plan completed before Christmas and presented to A and C in Feb. One plan - IT sensitive information in plan only available to IT and leadership team, this information has been redacted for when Plan is provided to wider audiences. To be reviewed annually. If issue arose/ identified

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								by IT in year it will be reviewed more than annually. Next annual review scheduled for November 2024. Review of ICT Policies take account of revised disaster recovery plan. Ongoing actions taken on by IT team.
2022/23 – Performance Management [R Ref: 2022_23 PM1] [PS Ref: 1090]	The Performance Management Framework be reviewed with a view to condensing the report ensuring that qualitative and quantitative key performance	Completion of performance management framework review. Ensuring that qualitative and quantitative key performance indicators are measured and seeking	Low	Perform & Compliance Officer	Original: 1/10/23. Revised: 31/12/23.	Amber	Complete / Behind	New reporting framework agreed with Management Team and in place for February A & C Committee (Priority Indicators and Projects/

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	indicators are measured.	opportunities where feasible to condense size of report.						Assurance Report) and OR Committee (Priority Indicators and Projects). Partnership Framework Monitoring report to go annually to NPA, OR deep dive reports on objectives planned for 2024/25. Some changes may be applied during the year where improvements or changes are identified during implementation phase of new performance framework.

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2022/23 – Performance Management [R Ref: 2022_23 PM3] [PS Ref: 1091]	Performance Reports be presented to the SLT in a timely manner for review and potential action prior to the reports being presented to the Committees and outcomes be recorded within the SLT minutes.	Management Team Dashboards in Place. Performance considered once a month or quarterly (based on feasibility) at Management Team meetings.	Medium	Perform and Compliance Officer	Original: 31/3/23. Revised: 31/12/23.	Amber	In Progress/ Behind	Management Team have agreed new performance framework that will support implementation of new set of dashboards to be considered at Management Team. For efficiency purposes new set of dashboards will be created for 2024/25 (to take account of any changes in terms of delivery plan deliverables) to be used by Management Team across

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								2024/25 period. Action will be progressed in April/ May 2024.
2022/23- Safeguarding [R Ref: 2022_23 S1] [PS Ref: 1095]	The introduction of an annual safeguarding report to a suitable committee be progressed as a matter of priority.	Annual safeguarding report presented to relevant Committee.	Low	Head of People Services	Original: 30/9/23. Revised: 30/6/24.	Red	Not Started/ On Hold	Remains on hold due to demands of Pay and Grading Review. Wider discussion needed with safeguarding group to develop template for annual reporting to assist process.
2022/23- Safeguarding [R Ref: 2022_23 S2] [PS Ref: 1093]	Requirements for Safer Recruitment training for staff undertaking interviews be reviewed with a view that Safeguarding Statement and	Updating of Safeguarding Statement to ensure consistency with PCNPA Action Plan 2022/23 (or updated version for 2023/24),	Low	Head of People Services	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

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	Action Plan 2022/23 contain a consistent approach. 'Safer Recruitment' training should be specified in the Safeguarding Statement.	including specific reference to 'Safer Recruitment'						Recruitment. Some feedback received. Policy added to forward work programme for policies.
2022/23- Safeguarding [R Ref: 2022_23 S2] [PS Ref: 1093]	Tier 2 Child protection / adult protection refresher training be provided to the Safeguarding Lead and Ranger Service Manager more frequently than every seven years. Minimum required frequency of refresher training should be set out within the Safeguarding Statement.	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	Head of People Services	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. Once agreed which staff require Tier 2

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								child protection this can be noted on Cezanne, with reminders in place in terms of when training is due for renewal.
2022/23 – Visitor Centres & Cafes - Castell Henllys [R Ref 2022_23 CH1] [PS Ref: 1096]	The wording of the Fire Safety Policy be amended to state weekly fire alarm tests (except over the Christmas period when the Centre is closed).	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	Complete/ On Track	Action Complete – Fire Log books updated.
2022/23 – Castell Henllys [R Ref 2022_23 CH2] [PS Ref: 2518]	A trigger point for banking be set to ensure that the amount held in the safe does not exceed the insurance threshold.	Action 1100 Procurement of larger safe to accommodate larger quantity of cash at Castell Henllys, closed following review of	Low	Visitor Services Manager North	31/4/24	Amber	In Progress/ Behind	News has come out that the bank in Cardigan (that is used in our banking procedure) is shutting in the next few weeks so we need to

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		<p>recommendation. It has been replaced with:: Castell Henllys to develop documented procedure that notes that Visitor Services Manager or other appropriate staff member at Castell Henllys will do weekly banking to prevent the threshold being met. It will note that they will be trained by current officer responsible on how to do the weekly banking and any considerations</p>						<p>change the procedure slightly before the meeting between VSM and the current manager.</p>

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		around transporting cash safely to the bank.						
2022/23 – Castell Henllys [R Ref 2022_23 CH3] [PS Ref: 2518]	Records be maintained as evidence of the visual inspections performed on areas where ACMs (Asbestos Containing Materials) are present at Castell Henllys in accordance with the Control of Asbestos Regulations 2012	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: 31/12/23.	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 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

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								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. Creation of policy added to corporate policy development forward work programme list.
2021/22 - Equality and Diversity	Training and refresher training on equality,	ELMS Equality and diversity training	Medium	Head of People Services	Original: 31/3/23.	Amber	In progress/ Behind	71% staff have completed the training.

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[R Ref 2021_22 ED1] [PS Ref: 1081]	diversity and inclusion be completed for all staff as planned	completed by all staff.			Revised: 30/4/24.			Managers when logging into Elms now able to see where training outstanding for staff they manage.
2021/22 - Equality and Diversity [R Ref 2021_22 ED2] [PS Ref: 1082]	Equality, diversity and inclusion be included as part of the induction process for all new staff with specific signposting to the Equal Opportunities Policy.	Equality, diversity and inclusion included within induction process for new staff, including signposting to Equal Opportunities Policy	Medium	Head of People Services	Original: 30/9/22. Revised: 1/3/24.	Amber	In Progress/ Behind	This will form part of wider piece of work being carried out on reviewing overall induction for staff. Due to it being part of wider piece of work this will have an impact on completing this action.
2021/22 - Equality and Diversity [R Ref	The remaining policies and procedures requiring an Equality Impact	Framework put in place to identify what policies or procedures require Equality	Low	Performance 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

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2021_22 ED3] [PS Ref: 1083]	Assessment (EIA) to be completed to be identified and the EIA prepared as they fall due for review, with a target completion date for the exercise to be determined.	Impact Assessment. (Will form part of wider work on integrated assessments).						on completing equality impact assessments as part of integrated assessments, work has fallen behind due to officers other competing work commitments.
2021/22 - Equality and Diversity [R Ref 2021_22 ED5] [PS Ref: 1084]	Appropriate wording be included within Job Descriptions to demonstrate the Authority's commitment to equality, diversity and inclusivity.	Head of People Services to review "Appropriate wording be included within Job Descriptions to demonstrate the Authority's commitment to equality, diversity and inclusivity."	Low	Head of People Services	Original: 27/4/22. Revised: 31/12/23.	Amber	In Progress/ Behind	New job description templates that facilitate the JNC job evaluation process are being developed and will be implemented as part of the Pay and Grading Review. These templates will demonstrate our commitment to

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								equality, diversity and inclusion.
2021/22 - Risk Management – Mitigating Controls [R Ref 2021_22 RM3] [PS Ref: 1002]	SLT be required to select random risks on a quarterly basis at meetings to perform a deep dive review of the mitigating controls in place.	Deep dive reviews of risks included on Management Team meeting agenda quarterly, to sample test and evaluate mitigating controls for different risks.	Low	Chief Executive Officer	Original: 1/1/22. Revised: 31/4/24.	Amber	Not Started/ On Hold	Approach to be introduced once new Risk Management Policy agreed and implemented
2021_22 Estates Delivery [R Ref 2021_22 ES1] [PS Ref: 1002]	An Estate Strategy be developed setting out the vision, strategic aims and key priorities of the Estate function including meeting WG decarb targets.	Development of Estate Strategy (setting out the vision, strategic aims, key priorities of the Estate Management function and decarbonisation approach)	Medium	Head of Decarbonisation	Original: 31/3/2022. Revised: 30/9/24.	Amber	Not Started/ On Hold	Not started. Will form part of review of asset management strategy.

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2021_22 Staff Wellbeing and Absence Management [R Ref 2021_22 SWAM1] [PS Ref: 1104]"	Line Managers to undertake Absence Management Training.	Absence Management Training to be delivered to Line Managers	Low	Head of People Services	Original: 1/3/21. Revised: 1/3/24.	Amber	In Progress/ Behind	This is being developed in conjunction with the implementation of the revised sickness absence policy and procedures.
2021_22 Staff Wellbeing and Absence Management [R Ref 2021_22 SWAM2] [PS Ref: 1105]	The Employee Health and Wellbeing policy be updated	Employee Health and Well-being Policy be updated	Medium	Head of People Services	Original: 1/2/21. Revised: 1/3/24.	Red	In Progress/ Behind	Discussions have begun with the Staff reps Group to define the role of Wellbeing Champions and to identify skills gaps and training needs. Meeting on 9 May will progress this further. Review of policy in forward work

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								programme list for HR policies.
2021_22 Staff Wellbeing and Absence Management [R Ref 2021_22 SWAM3] [PS Ref: 1106]	The Managing Pressure and Reducing Stress Policy be updated	Managing Pressure and Reducing Stress Policy be updated	Medium	Head of People Services	Original: 1/2/21. Revised: 30/6/24.	Green	In Progress/ On Track	Will be progressed as part of the Employee Health and Wellbeing Strategy. Relevant Policies being reviewed as part of wider policy review programme.
2021_22 ICT Strategy [Ref 2021_22 IT1] [PS Ref: 1113]	The IT Strategy be formally approved once it has been completed.	IT strategy developed that sits under digital transformation delivery plan. (Amended from action plan)	Medium	Head of Decarbonisation	Original: 31/4/24. Revised Date as agreed in follow up audit: 30/6/24	Green	In Progress/ On Track	Action Plan has been created with identified actions for the team and is reviewed regularly by the team. An IT Strategy will be developed over the next quarter.

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2020_21 Cyber Security [Ref 2020_21 CS1] [PS Ref: 1107]	ICT need to introduce 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 access their e-mail through the public Wi-Fi.	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 access their e-mail through the public Wi-Fi. If approved: IT user and information data security policy to be	Medium	Head of Decarbonisation	21/4/24	Green	In Progress/ On Track	Revised ICT user policy and Information and Data Security Policy. Section on personal webmail access. Consultation with staff and Members complete. Polices to go to NPA Members in May for final approval.

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		updated to reflect this. Controls put in place on all Authority devices to prevent access to both webmail and mail applications.						
2020_21 Cyber Security [Ref 2020_21 CS2] [PS Ref: 1108]	The Information and Data Security Policy be amended to state that sensitive data is never saved onto an unencrypted laptop or any other portable storage device.	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 Decarbonisation	21/4/24	Green	In Progress/ On Track	Revised Information and Data Security Policy consultation with staff and Members complete. The policy 7.4 d) outlines, d) Sensitive data must never be saved onto an unencrypted laptop or any other portable storage device.

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								IT team and Record Management group reviewing sensitivity labels.
2019 Business Continuity Planning / 2021/22 Resilient and Sustainable Services [R Ref: 2019 BC1/ 2021_22 RSS1 & RSS2] [PS Ref: 2519]	The Business Continuity Plan be finalised. Once the BCP has been agreed all nominated personnel should be made aware of their responsibilities and trained accordingly. The plan should be tested on an annual basis and updated accordingly. The Action in relation to the awareness of the Business	Revised Business Continuity Plan in Place. Awareness raising, training, test schedule in place following completion of BCP.	High	Head of Decarbonisation	31/3/24	Green	Complete/ On Track	Business Continuity finalised Q3 and to be reviewed annually. Presented to A and C Committee. November 2023. Teams Channel set up with all relevant officers who meet quarterly. BCP specifies to set up Emergency Response Team which has been set up and this team have own

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	Continuity Plan with staff be completed once the Plan has been finalised as planned.							teams channel . BCP on Sharepoint and communicated to staff (ongoing communication on updates will form part of annual review process). Propose to test different element of plan annually including desktop exercise and this will help train relevant staff. Exploring viability of Authority to look at own emergency plan for different locations.

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			High			Green		Emergency Response contact list updated every three months by HR. Hard copy of BCP and copy on USB stick provided to emergency response team.