

Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 30 June 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: High level action now complete with Risk Management Policy agreed by NPA at March NPA, new draft Risk Register and draft Risk Appetite Statement presented to May Audit and Corporate Services Committee.

Medium Priority Actions

Audit Project: 2023/24 Follow Up/ 2021/22 ICT Strategy: An ICT 3-year strategy has been written and went to the Management Team for comment 9th July.

Audit Project: Key Financial Controls: Action completed, process has been implemented and in place for finance team for formally contacting supplier by phone and note the call and confirm change of details. Details will be recorded on exchequer under supplier memo.

Audit Project: Value for Money: The Sustainable Procurement Policy is being written which includes a 'Value for Money' statement. The policy went to Management Team 9th July.

Audit Project: Income Generation: Work being developed in terms of creation of Commercial Strategy/ Income Diversification and where applicable elements of income diversification checklist will be considered. Once Income Diversification Action plan is in place work will commence to integrate its monitoring within wider performance monitoring framework.

Audit Project: Health and Safety:

Risk Assessments - The risk assessments are approximately 90% completed, with a new process to assist line managers manage their own risk assessments being drawn up.

Lessons Learnt action is complete. Lessons learnt are conducted through an incident by incident review. Not all incidents may have a lesson to learn, but significant incidents are collated, reviewed and published to the Health and Safety Group as well as the Audit Committee (where relevant). Learning From Experience section included in Health and Safety Project Manager report for A and C 15 May 2024.

Formalising of current Health Surveillance arrangements to ensure they align with HSE recommended practice/ legal requirements is complete. HR work closely with the Health and Safety Project Manager and our current OH provider to ensure that the appropriate health surveillance arrangements are in place. This requirement is part of the service agreement that we have in place. This includes respiratory testing. Our needs are reviewed periodically and the posts requiring any form of enhanced surveillance have been identified and recorded. We are putting a process in place for audiometry testing for new starters in those areas where they are exposed to noise, and they will then be picked up routinely.

Audit Project: Performance Management: New dashboards for 2024/25 for management team in development in June and close to being finished ready for sharing and use.

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.

Audit Projects: Equality and Diversity: Actions on Training and Induction have been completed, ongoing monitoring available via ELMS and Cezanne records.

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.

Audit Projects: Staff Well-being and Absence Management: HR carrying out review in health and well-being covering policies identified within audit actions. As part of this they are also developing training and guidance materials to support implementation with aim to develop suite of workshops for HR for Non HR Managers. Finalising the training materials has been impacted by need to prioritise the Pay and Grading Review.

Low Priority Actions

Audit Project: Castell Henllys: New written banking procedure now in place, insurance thresholds are referenced in document. Issue of staff safety when transferring cash to bank was highlighted by Members at last Committee. Head of Regenerative Tourism has completed a risk assessment that will cover managing risks relating to transporting cash safely to bank and collecting change to cover all three centres.

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

PRS Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	RAG	Progress Status	Progress Commentary
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	Consultant arranging discussions with managers and staff and meetings of Income Group discussing options.

Internal Audit

Progress as of end of June 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 Follow Up / 2021_22 ICT Strategy [R Ref 2023_24 FUP R1/ 2021_22 IT1] [PS Ref: 1113]	The IT Strategy be formally approved once it has been completed.	IT strategy developed and approved that sits under digital transformation delivery plan. (Amended from action plan)	Medium	Head of Decarbonisation	30/6/24	Amber	In Progress/ Behind	An IT action plan and ICT 3-year strategy has been written and is going to the Management Team for comment 9th July.
2023/24 - Follow Up [R Ref: 2023_24 FUP R2] [PS Ref: 1113]	A review of the current method of tracking Internal Audit actions should be undertaken to ensure that the original recommendation and risk that gave rise to the recommendation is not lost sight of.	Creation of Internal Audit Tracker and summary of recommendations added to action log	Low	Performance and Compliance Officer	30/9/24	Green	Complete/ On Track	Internal Audit Tracker (which included original risks and recommendations) has been created for internal monitoring. Summary of recommendations added as column to action log template for Audit and Corporate Services Committee.

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2023/24 - Key Financial Controls [R Ref: 2023_24 FC- R1] [PS Ref: 2560]	On request or notification of bank detail changes from suppliers, a process whereby verification via a phone call should be undertaken. The obtaining of this number should be either online or via a known number used previously.	Implementation of finance team formally contacting supplier by phone and note the call and confirm change of details. Details will be recorded on exchequer under supplier memo.	Medium	Head of Finance and Fundraising	15/4/24	Green	Complete/ On Track	Process Implemented and in place.
2023/24 - Key Financial Controls [R Ref: 2023_24 FC- R2] [PS Ref: 2561]	Periodic regular reviews of suppliers should be undertaken, and those not used within a defined period deactivated.	Implementation of periodic review of suppliers and deactivation of those not used within a defined period.	Low	Head of Finance and Fundraising	15/4/24	Green	Complete/ On Track	Process implemented - in progress, reviewed periodically time allowing.
2023/24 - Value for Money [R	Clear guidance should be developed in a	A Value for Money Strategy to be included in	Medium	Head of Decarbonisation	31/03/2025	Green	In Progress/ On Track	The Sustainable Procurement Policy is being

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Ref:2023_24 VM- R1] [PS Ref: 2562]	VfM Strategy, or an appropriate policy, that clearly defines VfM and what the approach is for PCNPA. The items raised in VfM report should be considered when drafting the strategy and defining the outcomes expected.	a new Procurement Policy.						written which includes a ' Value for Money' statement. The policy will go to Management Team 9th July.
2023/24 - Value for Money [R Ref: 2023_24 VM- R2] [PS Ref: 2563]	Clear guidance should be included in the Sustainable Procurement Policy on how VfM is to be embedded within the procurement process.	Include guidance in the Sustainable Procurement Policy on how VFM will be embedded within procurement process	Low	Head of Decarbonisation	31/03/2025	Green	In Progress/ On Track	The Sustainable Procurement Policy is being written which includes a ' Value for Money' statement. The policy will go to Management Team 9th July.

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2023/24 - Income Generation [R Ref: 2023_24 IG-R1] [PS Ref: 2564]	Use Income Diversification Checklist to create action plan, documenting elements to be undertaken including specific actions, targets, timescales for completion. Record rationale for any actions that are not intended to be completed. Action plan should be approved at appropriate level.	Where applicable elements of Income Diversification Checklist will be included within creation of Commercial Strategy. [Not all areas within checklist are suitable for inclusion] Action Plan to be approved by NPA	Medium	Chief Executive. Head of Finance and Fundraising.	30/9/24	Green	In Progress/ On Track	Work being developed
2023/24 - Income Generation [R Ref: 2023_24 IG-R2] [PS Ref: 2565]	Formally define the requirements for oversight of: the Income Diversification Action Plan; operational	Integrate monitoring of Income Diversification Action Plan into Performance	Medium	Performance and Compliance Officer	30/9/24	Green	Not Started/ On Hold	Action has not commenced yet as Income Diversification Action Plan needs to be completed in first instance,

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	monitoring of the Commercial Strategy; day to day performance monitoring; risk level assessments and oversight; and review / approval of new opportunities.	Monitoring Framework.						before it can be integrated into Performance Monitoring Framework.
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	The risk assessments are approximately 90% completed, with a new process to assist line managers manage their own risk assessments being drawn up.

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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	Amber	In Progress/ On Hold	The Training Matrix has been paused as the Pay and Grading Review conducted by HR may impact the outcome of the Training Matrix, particularly where job titles are concerned.
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 requirements. Any circumstances	Formalising of current Health Surveillance arrangements to ensure they align with HSE recommended practice/ legal requirements	Low	Head of People Services	31/3/24	Amber	Complete/ Behind	We work closely with the Health and Safety Project Manager and our current OH provider to ensure that the appropriate health surveillance arrangements are in place. This requirement is part

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	<p>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.</p>							<p>of the service agreement that we have in place. This includes respiratory testing. Our needs are reviewed periodically and the posts requiring any form of enhanced surveillance have been identified and recorded. We are putting a process in place for audiometry testing for new starters in those areas where they are exposed to noise, and they will then be picked up routinely.</p>
<p>2023/24 – Health and Safety [R Ref: 2023_24 HS5]</p>	<p>Investigation processes and improvement actions identified following accident, incident and near</p>	<p>Assessing of sample of H&S accident, incident and near miss reports. With lessons learnt</p>	<p>Medium</p>	<p>Health and Safety Project Officer</p>	<p>31/3/24</p>	<p>Amber</p>	<p>Complete/ Behind</p>	<p>Lessons learnt are conducted through an incident by incident review. Not all incidents may have a lesson to</p>

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[PS Ref: 2516]	miss reporting 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.	document presented to A&C committee.						learn, but significant incidents are collated, reviewed and published to the Health and Safety Group as well as the Audit Committee (where relevant). Learning From Experience section included in Health and Safety Project Manager report for A and C 15 May 2024.
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	Update of Risk Management Policy to take account of Audit findings	High	CEO	31/03/24	Amber	Complete/ Behind	Risk Management Policy agreed by NPA at March NPA, new draft Risk Register and draft Risk Appetite Statement presented to May Audit and Corporate Services Committee.

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	control column, add in gaps in control of assurance column, addition of assurance column.							
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	New dashboards for 2024/25 for management team in development in June and close to being finished ready for sharing and use.
2022/23- Safeguarding [R Ref: 2022_23 S1] [PS Ref: 1095]	The introduction of an annual safeguarding report to a suitable committee be	Annual safeguarding report presented to relevant Committee.	Low	Head of People Services	Original: 30/9/23. Revised: 30/6/24.	Amber	Not Started/ On Hold	To be discussed at next Safeguarding Group Meeting. The Safeguarding Group are scheduled to meet

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	progressed as a matter of priority.							on Monday 15 July 2024
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 Action Plan 2022/23 contain a consistent approach. 'Safer Recruitment' training should be specified in the Safeguarding Statement.	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	Head of People Services	Original: 30/9/23. Revised: 30/6/24.	Amber	In Progress/ Behind	This will be discussed at the meeting of the Safeguarding Group on 15 July 2024.
2022/23- Safeguarding [R Ref: 2022_23 S2]	Tier 2 Child protection / adult protection refresher training be provided to the Safeguarding Lead	Programme in place for Tier 2 child protection/ adult protection refresher training to be carried out	Low	Head of People Services	Original: 30/9/23. Revised: 30/6/24	Amber	In Progress/ Behind	Training was previously provided via PCC. This training provision is no longer available

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[PS Ref: 1093]	and Ranger Service Manager more frequently than every seven years. Minimum required frequency of refresher training should be set out within the Safeguarding Statement.	2-3 years. Evidence of training completion and status of training (in date/ due/ out of date) is captured on Cezanne for relevant officers.						and a suitable alternative on-line course is currently being sourced. The Safeguarding Group are meeting on Monday 15 July 2024 and an update is expected.
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 recommendation. It has been replaced with: Castell Henllys to develop	Low	Visitor Services Manager North	31/4/24	Amber	Complete/ Behind	New Banking Procedures for Castell Henllys completed. Sets out procedure for when officer normally responsible for banking is away, with weekly banking responsibility transferring to Visitor Services

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		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 around transporting cash safely to the bank.						Manager or other appropriate staff member to ensure insurance thresholds are not breached for cash held in safes on site. Insurance thresholds for safes on site included in procedure. Head of Regenerative Tourism is developing risk assessment that will cover managing risks relating to transporting cash safely to bank to cover all three centres.

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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 been created as it forms part of the annual maintenance programme).

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								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 [R Ref: 2021_22 ED1] [PS Ref: 1081]	Training and refresher training on equality, diversity and inclusion be completed for all staff as planned	ELMS Equality and diversity training completed by all staff.	Medium	Head of People Services	Original: 31/3/23. Revised: 30/4/24.	Amber	Complete/ Behind	This has been completed. Training on ELMS, HR satisfied with completion rates which are monitored on an ongoing basis on ELMS, with managers able to

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								see outstanding training.
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: 31/12/23.	Amber	Complete/ Behind	This has been successfully completed. New starters as part of onboarding are required to sign equal opportunity policy (logged on Cezanne) and complete equality and diversity training (logged on Elms).
2021/22 - Equality and Diversity [R Ref: 2021_22 ED3] [PS Ref: 1083]	The remaining policies and procedures requiring an Equality Impact Assessment (EIA) to be completed to be identified and the EIA prepared as they fall due for review, with a	Framework put in place to identify what policies or procedures require Equality Impact Assessment. (Will form part of wider work on integrated assessments).	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 on completing equality impact assessments as part of integrated assessments, work has fallen behind

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	target completion date for the exercise to be determined.							due to officers other competing work commitments. Meeting has been arranged for July between Performance and Compliance Officer and Democratic Services team to look at sections required within Committee reports and relationship with assessments.
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	Low	Head of People Services	Original: 27/4/22. Revised: 31/12/23.	Amber	Complete/ Behind	A revised job description template has been agreed. This incorporates a section of Equality, Diversity and Inclusion that will be in every job

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		equality, diversity and inclusivity."						description The revised job description will be implemented with Pay and Grading and work has begun in HR to transfer agreed existing job descriptions onto the new format.
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	In Progress/ Behind	Risk Management Policy agreed and new Risk Register developed. Deep Dives to commence in Management Team
2021_22 Estates Delivery [R Ref: 2021_22 ES1]	An Estate Strategy be developed setting out the vision, strategic aims and key	Development of Estate Strategy (setting out the vision, strategic aims, key	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, revised

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[PS Ref: 1002]	priorities of the Estate function including meeting WG decarb targets.	priorities of the Estate Management function and de-carbonisation approach)						deadline for strategy September 2024.
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	The Sickness Absence procedure has been updated recently. We are in the process of finalising the training materials and guidance to support the implementation of the revised procedure. We are also compiling a suite of workshops and materials as part of a range of courses to be delivered as HR for Non-HR Managers The work has been delayed in finalising the training

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								materials due to the prioritisation of the Pay and Grading review
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.	Amber	In Progress/ Behind	The guidance and training materials will be completed in July ahead of the launch of HR for Non-HR Managers and the implementation of the revised policy
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.	Amber	In Progress/ Behind	This is part of the overall review of health and wellbeing incorporating sickness management. A meeting with our OH provider and the Health and

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								Safety Project Manager is being planned to inform changes to the policy this includes the HSE stress audit.
2020_21 Cyber Security [R 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	Medium	Head of Decarbonisation	21/4/24	Amber	Complete/ Behind	Revised ICT user policy and Information and Data Security Policy. Policies approved by NPA Members in May. Section on personal webmail access. Policy published to staff intranet.

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		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.						
2020_21 Cyber Security [R 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	Amber	Complete/ Behind	Revised Information and Data Security Policy approved by NPA Members May. The policy 7.4 d) outlines, d) Sensitive data must never be saved onto an unencrypted laptop or any other portable

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			High			Red		storage device. IT team and Record Management group reviewing sensitivity labels.