

## **Report of the Performance and Compliance Officer**

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### **Subject: Action Log for External Performance Audit and Internal Audit (Ending 30 September 2024)**

#### **1. 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.

Following comments at the last Audit and Corporate Services Committee the table columns have been amended slightly:

- Status column captures whether work on action has: not started, is in progress or complete.
- To prevent confusion the date column refers to last agreed due date. Where an extension has been agreed for a due date the following will be applied in brackets (Due date was extended). The original date won't be included as this was causing some confusion.
- The RAG column rating is based on delivery against the last agreed due date. If something isn't likely to be completed by agreed due date or due date has been passed it is noted as amber or red. Red is selected if there is significant risk linked to action not being completed by agreed date. Next to the colour selected the following will be added based on progress against agreed due date: On Track, Behind or Ahead.

Hyperlinks are included in the Audit Project Reference Column to the original Audit reports presented to Committee. With the exception of reports that were taken in private and not published on Authority's website (e.g. 2023/24 - Information & Cyber Security and Data Protection).

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.

## 2. Extending Agreed Due Dates for Actions

**Audit Project: Countryside Management – Coast Path:** A Coast Path working group has been set up to progress actions, the working group has identified that many of the actions are interrelated and as a result it would make sense to amend the due date for all of the actions to 31/3/2025. We have contacted the internal auditors and they are happy with this proposal.

## 3. High Priority Actions

**Audit Project: Information & Cyber Security and Data Protection:** Both actions are on track to meet due date 31/3/25.

## 4. Medium Priority Actions

**Audit Project: Information & Cyber Security and Data Protection:** IT and HR are working together to progress actions by agreed due dates, however HR have had to deal with competing demands in Q2.

**Audit Project: 2023/24 Follow Up/ ICT Strategy:** IT strategy action has been completed following approval at Audit Committee 31/7/24.

**Audit Project: Value for Money:** The Sustainable Procurement Policy includes a 'Value for Money' statement, document has been out for consultation ready to go for approval at October NPA.

**Audit Project: Income Generation:** Initial review completed and Income Diversification checklist will be considered for new projects. Work on integrating monitoring income diversification action plan into performance management framework hasn't commenced as Income Diversification Action Plan needs to be completed first before this work can commence.

**Audit Project: Estate Delivery:** Initial scoping meeting held with Estates officer, Head of Decarbonisation, Director of Placemaking & Decarbonisation and Performance and Compliance Officer on development of Asset/ Estate Strategy. Timeframe mapped for review of policy and writing of strategy.

**Audit Project: Health and Safety:** All risk assessments currently known are now reformatted and reviewed with their documents on Teams and Parcnet.

**Audit Project: Performance Management:** New dashboards for 2024/25 for management team in development. Dashboard to be finalised for sharing and were shared with management team at the start of October.

**Audit Project: Visitor Centres & Café – Castell Henllys:** Asbestos surveys completed for all applicable PCNPA buildings. Annual inspections completed and

visual inspection carried out of ACM's at Castell Henllys and all other properties. Asbestos Register and Policy document to be implemented once updated.

**Audit Projects: Staff Well-being and Absence Management:** Two actions on review of policies have been completed.

## 5. Low Priority Actions – In Amber

**Audit Project: Health and Safety:** Development of training matrix is awaiting the completion of the Pay and Grading Review and the final analysis of the wellbeing and development reviews that were due for completion by the end of June 2024.

**Audit Project: Safeguarding:** Action on Safeguarding Annual report complete with report presented at September NPA. Safeguarding group now progressing other outstanding items, with aim that updated Safeguarding Policy goes to December NPA. There have been issues sourcing Tier 2 child protection/ adult protection refresher training for relevant members of Safeguarding Group. Officers monitoring course availability through Mid and West Wales Safeguarding Board.

**Audit Projects: Equality and Diversity:** Revised integrated assessment guidance, trigger document and template due to go to Management Team in October for approval.

**Audit Project: Risk Management- Mitigating Controls:** In terms of deep dive reviews of risk at Management Team, work is being undertaken to develop departmental risk registers.

**Audit Project: Staff Well-being and Absence Management:** In terms of Absence Management Training, training materials are being finalised and workshop offered to Team leaders on 12 September.

## RECOMMENDATION:

Members are requested to

- **RECEIVE and COMMENT on the Action Log for External Performance Audit and Internal Audit.**
- **APPROVE amendments to due dates for Countryside Management Coast Path, for due dates to all be amended to 31/3/2025**

## 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. Progress as of end of September 2024/25.

### Audit Wales – External Performance Audit

Audit/ PRS Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	Status	RAG – Against Due Date	Progress Commentary
Gov - R1 [PS Ref: 2605]	Governance of National Park Authorities	2023/24	Work with the other Designated Landscapes, Local Authority partners and Welsh Government to build on the positive work already being undertaken. Engage with Welsh Government to ensure there is clarity on who provides what support and training.	Democratic Services Manager	Continuous (We will monitor via this log for 2024/25 and assess at end of financial year whether it needs to remain on the log.)	In Progress	Green – On Track	6 Members attended WG training on Effective Financial Governance 20/6/24. Comments provided on draft WG document "NPA Governance - a guide for Members" in August 2024. To be launched later this year. Details of latest WG training session to be held 26/11/24
Gov - R3 [PS Ref: 2606]	Governance of National Park Authorities	2023/24	Continue to implement Personal Development Reviews to feed into Training and Development Plan. Complete Annual Performance	Democratic Services Manager	Continuous (We will monitor via this log for 2024/25 and assess at end of financial year	In Progress	Green – On Track	Discussion on the future shape of Personal Development Reviews took place at People Services Committee 18/9/24. Form to be revised and circulated to Members

Audit/ PRS Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	Status	RAG – Against Due Date	Progress Commentary
			Appraisals for Members.		whether it needs to remain on the log.)			
[PS Ref: 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	In Progress	Green – On Track	Work ongoing

## Internal Audit

Progress as of end of September 2024/25.

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

Hyperlinks are included in the Audit Project Reference Column to the original Audit reports presented to Committee. With the exception of reports that were taken in private and not published on Authority's website (e.g. 2023/24 - Information & Cyber Security and Data Protection).

Status column captures whether work on action has: not started, is in progress or complete. Completed actions are highlighted in green.

To prevent confusion the date column refers to last agreed due date. Where an extension has been agreed for a due date the following will be applied in brackets (Due date was extended). The original date won't be included as this was causing some confusion.

The RAG column rating is based on delivery against the last agreed due date. If something isn't likely to be completed by agreed due date or due date has been passed, in these cases it is noted as amber or red, with red being selected if there is significant risk linked to action not being completed by agreed date. Next to the colour selected the following will be added based on progress against agreed due date: On Track, Behind or Ahead.

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Status	Last Agreed Due Date	RAG against last agreed due Date	Progress Commentary
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R1] [PS Ref: 2593]	Due to the nature of this recommendation and agreed action and following consultation with IT Team about risks, the summary of recommendations and agreed action has been redacted as it relates to sensitive activities in support of cyber security. Please note the report the recommendation/ action relates to was heard in private session.		High	IT Team Leader	In Progress	31/3/25	Green – On Track	Due to the nature of this recommendation and following consultation with IT Team about risks, the progress commentary has been redacted as it relates to sensitive activities in support of cyber security.
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R2] [PS Ref: 2594]	The organisation should review the asset register and confirm that the inventory is held and that the correct data (serial number and user	Update the starter and leaver processes to take account of ICT permissions and assets. Following	High	Head of Decarbonisation. IT Team Leader.	In Progress	31/3/25	Green – On Track	IT Technical Officer has been processing the new starters and leavers. The data is still limited from HR but new form in progress by HR Trainee.

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	etc) has been recorded. It would be beneficial if the findings of the asset verification register were compared to the asset list within Intune to ensure all devices are listed and up to date to provide assurance of information and cyber security.	update of above ICT asset register to be updated.						
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R3]	The organisation should review the staff members who require data protection and/or cyber security training high-level training should be provided to all	Carry out full review of Data Protection and Cyber Security Training to look at suitability of training provided, provision of	Medium	Head of People Services.	In Progress	31/3/25	Green – On Track	A meeting of the key stakeholders has been arranged for mid-October 2024.

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[PS Ref: 2595]	staff as part of their induction. When considering training records the organisation should review methods of confirmation that the training has been delivered / completed to gain an easy overview and reliable data.	training for all staff and Members and most effective system to use for delivery and monitoring.						
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R4] [PS Ref: 2596]	The organisation should introduce a new starter and leaver procedure with a documented checklist. As part of the checklist requirements consider requests for access	Update the starter and leaver processes to take account of ICT permissions and assets. Review of Fob access process, to identify	Medium	Head of People Services	In Progress	31/3/25	Green – On Track	This has stalled recently due to competing work demands, a further meeting of the key stakeholders needs to be arranged to ensure that the timescale is met.



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	permissions, confirmation of removal of permissions, fob access and returned and deactivated and assets provided and returned.	future approach.						
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R5] [PS Ref: 2597]	The organisation should consider, on a risk basis, the key elements of data protection compliance and ensure that internal (2nd line) assurance processes are in place where required to confirm data protection requirements are	We will review potential risk areas and identify where we think additional assurance should be built into future internal audit work programme for Information and Cyber	Low	Head of Decarbonisation	Complete	31/12/2024	Green – On Track	The Authority's record management group met on 13/9/24 to discuss Action. Group discussed the action and potential risk areas and suggest that following areas are built into future internal audit work programme for Data Protection/ Information Governance Audit: 1. DPIA / Data Processor Register (this is going to be new process, so will be useful

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	operating as expected.	Security and Data Protection.						to have internal audit check this and how implementation with Management Team is going) 2. Data Breach Register 3. SAR Register (alongside ensuring we get proof of identity for SARs before realising information as this is one of our high risk areas in terms of disclosing personal information). Group felt work around security questions during phone calls etc should form part of our wider raising awareness activities linked to other audit action. E-mail sent to internal auditors asking them to consider above when they next carry out internal audit

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								work on Data Protection/ Information Governance for Authority. Action Complete.
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R6] [PS Ref: 2598]	The organisation should consider introducing regular data protection updates and guidance to all staff. The topics should ensure that staff are well informed as to what is required of them.	Internal Communication programme be developed supporting regular updates for Staff Newsletter and Teams Post.	Low	Performance and Compliance Officer	In Progress	31/03/2025	Green – On Track	Top tip document provided by DPO. Communication planned for Q3 on record management and retention. Will look to develop plan that can be implemented for 2025 for more regular updates on staff newsletter, Teams across data protection/ record management themes.
<a href="#">2023/24 - Countryside Management - Coast Path</a> [R Ref: 2023_24 CP -	Given the length of time since its establishment, the Pembrokeshire Coast Path Management	1) To commission an externally led (i.e. objective) review of the Pembrokeshire	Medium	Director of Nature Recovery and Tourism	In Progress	31/03/2025	Green – On Track	Second internal re-draft currently underway, led by the Authority's Access Team Leader. The updated draft will be sent to key personnel for

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R1] [PS Ref: 2599]	Strategy should be reviewed to ensure that it is still reflects the key priorities and requirements of the Authority in its management of the coast path. Objectives set in the strategy should be SMART or PACT to enable effective oversight of delivery against them. Following review, the strategy should be approved at an appropriate level and performance against its delivery regularly reported against.	Coast Path Management Strategy to be completed by March 2025 (subject to the availability of funding). 2) To establish an internal Coast Path Working Group to take forward the complete suite of issues/actions highlighted within the Audit Report in May 2024.						comments/amendments. It is envisaged that a more 'polished' version of the document will be available to circulate to Members of the Audit and Corporate Services Committee meeting on the 19th Feb 2025.

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<a href="#">2023/24 - Countryside Management - Coast Path</a> [R Ref: 2023_24 CP - R2] [PS Ref: 2600]	Review of the robustness of current coast path remedial work arrangements to promote consistency in raising jobs and reliable data to be available for planning works and oversight of performance. This should include: Timely quality assurance processes to be implemented over the accuracy of job priority categorisation and status; and Investigate lack of visibility of all	1) Internal Coast Path Working Group to review remedial work arrangements with a specific focus on amalgamating all data from various systems (CAMS, JMS, verbal reporting, etc) into one definitive data set if practicable. Complete by December 2024. 2) This will also require updating quality	Medium	National Trail Officer  (Head of Nature Recovery)	In Progress	28/2/2025	Green – On Track	Data comparison has been made between the two systems used for Coast Path management - CAMS and ArcGIS/Workforce. Issues in data consistency have been identified and now largely resolved. A mapping system has been set up which highlights jobs on Workforce that have not been completed within a certain timeframe, and is ready for implementation once the timelines for job priority have been formally defined. Target timescales for the different priority levels are currently being reviewed.

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	<p>remedial jobs outstanding on system by relevant Countryside Managers responsible for facilitating and overseeing completion of work. Consideration should also be given to formally defining target timescales for addressing each priority remedial job, and integrate this into the system, to help promote management oversight and enable use of</p>	<p>assurance processes, creating clearer job priority categories and adopting more 'automation' to prioritise and 'flag-up' incomplete work/tasks</p>						

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	automatic system controls to flag up overdue works.							
<a href="#">2023/24 - Countryside Management - Coast Path</a> [R Ref: 2023_24 CP - R3] [PS Ref: 2601]	Strengthen internal (2nd line) assurance processes over compliance with expected risk management arrangements, including surveys and coast path remedial work performance. Investigate ability to obtain management reports out of CAMS to promote effective oversight to enable efficient identification of last coast path	Internal Coast Path Working Group to agree annual inspection regime (i.e. date for combined winter and summer inspections to be complete). Inspection regime timetable to be agreed by July 2024 and enshrined in quality assurance processes.	Medium	National Trail Officer  (Head of Nature Recovery)	In Progress	31/07/2024	Amber - Behind	Progress is being made, but waiting on external organisations. Wales Coast Path has approved an adjusted two year inspection regime, waiting on NRW and National Trails to agree to this, but there has been a wider discussion from both organisations about bringing all National Trails onto a two year inspection timetable. Park will need to follow their lead on this.

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	<p>survey dates to help prioritisation the next year. Consideration should also be given to maintaining remedial work statuses on the CAMS system on a more frequent basis to validate that risks identified and remedial work arising have been addressed in line with expectations. This would also help promote a single point of truth in CAMS on the safety and performance in</p>							



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	managing performance of the coast path.							
<a href="#">2023/24 - Countryside Management - Coast Path</a> [R Ref: 2023_24 CP - R4] [PS Ref: 2602]	Procedural guidance on management of risks on the coast path should be reviewed and enhanced to provide clarity over expectations and promote business continuity. Key considerations to include: Roles and responsibilities; Remedial work arrangements, including priorities and target timescales; Oversight of	1) Internal Coast Path Working Group to agree roles and responsibilities, improved quality assurance systems and develop centralised guidance in delivering identified work tasks. 2) Internal Coast Path Working Group to agree suite of KPIs and best	Low	Head of Nature Recovery	In Progress	30/09/2025	Amber - Behind	Work is progressing for both action points. Photographic evidence of completed work is being incorporated into standard operating procedure for Wardens. Priority definitions and timescales are in the process of being reviewed by the Coast Path Task and Finish Group and relevant Park staff. KPIs are being determined as part of the review of the Management Strategy, which is ongoing.

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	performance; and Quality assurance processes including the retention of photographic evidence of works completed.	mechanism for ensuring oversight of performance (with links to the existing performance management system and NPA scrutiny committees).						
<a href="#">2023/24 - Countryside Management - Coast Path</a> [R Ref: 2023_24 CP - R5] [PS Ref: ]	Performance reporting metrics to NPA / sub-committees should be reviewed for coast path risk management to enable members to discharge their duties appropriately and understand performance in	Internal Coast Path Working Group to agree performance reporting metrics	Low	Head of Nature Recovery	In Progress	31/07/2024	Amber - Behind	Awaiting outcome of other actions to agree with Internal Coast Path Working Group revised performance measures. Expect potentially that there may be difference in terms of what is required at operational reporting/ monitoring level v corporate reporting/ monitoring level.

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	greater detail. Consider reporting on actual performance against target / expectations rather than just the number of jobs completed and whether performance reporting on the annual survey programme is implemented.							
<a href="#">2023/24 Follow Up / 2021_22 ICT Strategy</a> [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	Medium	Head of Decarbonisation	Complete	30/6/24	Amber - Behind	IT strategy approved at Audit committee 31/7/24. Action Complete.

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Status	Last Agreed Due Date	RAG against last agreed due Date	Progress Commentary
		from action plan)						
<a href="#">2023/24 - Value for Money</a> [R Ref:2023_24 VM- R1] [PS Ref: 2562]	Clear guidance should be developed in a 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 Value for Money Strategy to be included in a new Procurement Policy.	Medium	Head of Decarbonisation	In Progress	31/03/2025	Green – On Track	The Sustainable Procurement Policy which includes a ' Value for Money' statement document consultation ended September. Next step for approval by NPA members (October).
<a href="#">2023/24 - Value for Money</a> [R Ref: 2023_24	Clear guidance should be included in the Sustainable Procurement Policy on how VfM	Include guidance in the Sustainable Procurement Policy on how	Low	Head of Decarbonisation	In Progress	31/03/2025	Green – On Track	The Sustainable Procurement Policy which includes a ' Value for Money' statement document consultation

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VM- R2] [PS Ref: 2563]	is to be embedded within the procurement process.	VFM will be embedded within procurement process						ended September. Next step for approval by NPA members (October).
<a href="#">2023/24 - Income Generation</a> [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.	Complete	30/9/24	Green – On Track	Initial review completed and checklist will be considered for new projects

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<a href="#">2023/24 - Income Generation</a> [R Ref: 2023_24 IG-R2] [PS Ref: 2565]	Formally define the requirements for oversight of: the Income Diversification Action Plan; operational monitoring of the Commercial Strategy; day to day performance monitoring; risk level assessments and oversight; and review / approval of new opportunities.	Integrate monitoring of Income Diversification Action Plan into Performance Monitoring Framework.	Medium	Performance and Compliance Officer	Not Started	30/9/24	Amber - Behind	Action has not commenced yet as Income Diversification Action Plan needs to be completed in first instance, before it can be integrated into Performance Monitoring Framework.
<a href="#">2023/24 – Health and Safety</a> [R Ref: 2023_24 HS2]	Formal review of risk assessment should be carried out, including review of risk assessments in place to identify	All Risk assessments to be updated into new risk assessment template and saved on	Medium	Health and Safety Project Officer	Complete	30/9/24 (Due date was extended)	Green – On Track	All risk assessments currently known are now reformatted and reviewed with their documents on Teams and Parcnet. Action complete.

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[PS Ref: 2513]	any gaps, implementing standard template, ensuring they are reviewed annually and consideration of implementing a RA register/log.	Sharepoint for document control purposes.						
<a href="#">2023/24 – Health and Safety</a> [R Ref: 2023_24 HS4] [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	In Progress	30/9/24	Amber - Behind	This is awaiting the completion of the Pay and Grading Review and the final analysis of the wellbeing and development reviews that were due for completion by the end of June 2024.

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Status	Last Agreed Due Date	RAG against last agreed due Date	Progress Commentary
<a href="#">2022/23 – Performance Management</a> [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	Performance and Compliance Officer	In Progress	31/12/23  (Due date was extended)	Amber - Behind	New dashboards for 2024/25 for management team in development. Dashboard to be finalised for sharing - this work hasn't been completed yet due to competing priorities impacting on Officer's time.
<a href="#">2022/23- Safeguarding</a> [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	Complete	30/6/24  (Due date was extended)	Amber - Behind	This report was presented to September NPA. Action Complete.
<a href="#">2022/23- Safeguarding</a>	Requirements for Safer Recruitment training for staff	Updating of Safeguarding Statement to	Low	Head of People Services	In Progress	30/6/24	Amber - Behind	The Safeguarding Statement/ Policy has been updated and the



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[R Ref: 2022_23 S2] [PS Ref: 1093]	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.	ensure consistency with PCNPA Action Plan 2022/23 (or updated version for 2023/24), including specific reference to 'Safer Recruitment'		(Note: Safeguarding Group has agreed that Head of Engagement and Inclusion will lead on Safeguarding Policy going forwards)		(Due date was extended)		revised draft is awaiting approval and implementation. Safeguarding Group agreeing final amendments to policy at October Safeguarding group, for policy to go for final approval at December NPA.
<a href="#">2022/23- Safeguarding</a> [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	Programme in place for Tier 2 child protection/ adult protection refresher training to be carried out 2-3	Low	Head of People Services	In Progress	30/6/24  (Due date was extended)	Amber - Behind	There have been issues sourcing Tier 2 child protection/ adult protection refresher training for relevant members of Safeguarding Group. Officers monitoring course availability

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	than every seven years. Minimum required frequency of refresher training should be set out within the Safeguarding Statement.	years. Evidence of training completion and status of training (in date/ due/ out of date) is captured on Cezanne for relevant officers.						through Mid and West Wales Safeguarding Board.
<a href="#">2022/23 – Castell Henllys</a> [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 Management Plan in place with records kept of outcome of annual property inspections visual inspections of areas where ACMs are	Medium	Buildings Project Manager	Complete	31/12/23.	Amber	Asbestos surveys completed for all applicable PCNPA buildings. Annual inspections completed and visual inspection carried out of ACM's at Castell Henllys and all other properties. Asbestos Register and Policy document to be implemented once

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	Asbestos Regulations 2012	present at Castell Henllys.						updated. Action Complete.
<a href="#">2021/22 - Equality and Diversity</a> [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 target completion date for the exercise to be determined.	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	In Progress	30/3/24  (Due date was extended)	Amber - Behind	Revised guidance, trigger document and template due to go to Management Team in October for approval.
<a href="#">2021/22 - Risk Management – Mitigating Controls</a> [R Ref: 2021_22 RM3]	SLT be required to select random risks on a quarterly basis at meetings to perform a deep dive review of the	Deep dive reviews of risks included on Management Team meeting agenda quarterly, to	Low	Chief Executive Officer	In Progress	31/4/24  (Due date was extended)	Amber - Behind	Work being undertaken to develop departmental risk registers

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Status	Last Agreed Due Date	RAG against last agreed due Date	Progress Commentary
[PS Ref: 1002]	mitigating controls in place.	sample test and evaluate mitigating controls for different risks.						
<a href="#">2021_22 Estates Delivery</a> [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 de-carbonisation approach)	Medium	Head of Decarbonisation	In Progress	30/9/24 (Due date was extended)	Amber - Behind	Initial scoping meeting held with Estates officer, Head of Decarbonisation, Director of Placemaking & Decarbonisation and Performance and Compliance Officer. Timeframe mapped for review of policy and writing of strategy.
<a href="#">2021_22 Staff Wellbeing and Absence Management</a> [R Ref:	Line Managers to undertake Absence Management Training.	Absence Management Training to be delivered to Line Managers	Low	Head of People Services	In Progress	1/3/24 (Due date was extended)	Amber - Behind	In terms of Absence Management Training, training materials are being finalised and workshop offered to

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2021_22 SWAM1] [PS Ref: 1104]"								Team leaders on 12 September.
<a href="#">2021_22 Staff Wellbeing and Absence Management</a> [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	Complete	1/3/24 (Due date was extended)	Amber - Behind	The Employee Health and Wellbeing Policy has been reviewed with decision to embed it within wider policies including the updated Managing Stress Policy, Long Term Sickness Absence Policy, Short Term Sickness Absence Policy and Travel Policy. Managing Stress Policy is going to 29 October Management Team for approval. The Managing Stress policy includes links to the VIVUP Employee Assistance Programme. Updated Long Term Sickness

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Status	Last Agreed Due Date	RAG against last agreed due Date	Progress Commentary
								Absence Policy and Short Term Sickness Absence Policy have been approved by Management Team. Action Complete.
<a href="#">2021_22 Staff Wellbeing and Absence Management</a> [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	Complete	30/6/24  (Due date was extended)	Amber - Behind	Managing Pressure and Reducing Stress Policy has been reviewed and has been incorporated into Managing Stress Policy, this policy is going to 29 October Management Team for approval. Action Complete.