Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 May 2025)

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. Completed actions reported at the previous Committee have been removed from the 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. Agreed actions from the Audit Wales and Internal Audit reports presented at the previous Committee have been included. Agreed actions from Internal audit reports presented today will be added for the next Committee.

Following comments at July 2024 Audit and Corporate Services Committee the table columns were amended and these changes have been carried forward to subsequent table:

- 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 wasn't included as this was causing some confusion, however following comments at the last Committee, the previous date has now been added back in. However, if its inclusion causes confusion, it will be removed again.
- 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. The exception are 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.

2. Audit Wales Actions

Two Audit Wales actions have been closed.

The first is "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." This action has been closed as the Authority has and will continue to deliver Member training through its training plan. Members also attended Welsh Government training sessions when provided. Wider work being led by Welsh Government on reviewing arrangements for evaluating NPA Member Performance in Welsh NPAs and Authority will continue to engage with this process.

The second is "Develop a Strategy for Income diversification (Commercial Opportunity Strategy) with set of SMART KPI's." The action has been closed as Authority is delivering this work through live cost savings spreadsheet which is reviewed by income generation working group with Members. This document is setting the strategic direction and discussions for the Authority on income generation opportunities alongside cost savings to support setting of balanced budget. Management and Team Leaders have fed into the Spreadsheet.

3. High Priority Actions

Audit Project: Risk Maturity Follow Up: Action is on track against due date in terms of review of risk register and risk objectives.

Audit Project: Information & Cyber Security and Data Protection: One is past due date and still in progress, a verbal update will be provided during private session on risk register on activity undertaken to date to progress this action due to it being linked to cyber security. The action on updating starter and leaver process is complete. New Starters Requirements form is live and IT are receiving completed forms. The ICT Leavers and Starters Operational Procedure in place. IT continue to keep on top of the starters and leavers register, as well as asset register.

4. Medium Priority Actions

Audit Project: 2024/25 Follow Up: Both actions will be progressed later in the year.

Audit Project: 2024/25 – HSMS: Accident, Incident and Near Miss Reporting and Investigation: Both actions have been progressed. Incident reporting form to be amended to include the date that the incident was reported to HR, this was in progress in May and during June this action was completed. Training on investigations to be included in training HR for Non-HR Manager sessions to be held in June. During June this action was completed with the training carried out. During this training HR reminded attendees of the very comprehensive information and guidance included in the Incident Reporting Procedure. These sessions were attended by the Warden Team Leaders and other members of CSM management team.

Audit Project: Risk Maturity Follow Up: Work being undertaken to revise the risk management strategy following recommendations from Internal Audit.

Audit Project: Governance Structure and Processes: Work on moving all Terms of References to the same standard template form will commence later in 2025/26.

Audit Project: Information & Cyber Security and Data Protection: The action on training is in progress with Officers working to move Cyber Security and Data Protection Training to ELMS this will make monitoring of training a lot easier and enable line managers to track completions/ follow up with staff. It will enable us to ensure all staff complete the training. Training on ELMS has been reviewed, however amendments are needed, and Officers are working on amendments. IT will need to then apply the amendments to the system. In addition, IT in partnership with other two Welsh National Park Authorities has secured three cyber security training sessions for staff provided by National CRC Group. Communication plan monitored by record management group in place to supplement training.

Action on updating the starter and leaver process to take account of ICT permissions and assets and review of fobs has been completed.

Audit Project: Income Generation: Work on integrating monitoring income diversification action plan into performance management framework hasn't commenced. Commencement of action was impacted by follow up audit and closure of action plan/ check list recommendation. Any indicators will now need to link not to an action plan but wider activities on income generation, efficiency and cost saving activities. Potential to explore functionality of reporting/ dashboards in new finance system could provide opportunity to capture/ report different information. Officer to explore further with CEO and Head of Finance and Fundraising.

5. **Low Priority Actions – In Amber**

Audit Project: Health and Safety: Development of training matrix is part of a wider piece of work. With the implementation of CSM review and the appointment of the Operations Manager and Contracts and Technical Officer a meeting has been arranged for 18 July to develop the Health and Safety training matrix. This will be a major part of the work and it will be extended to include all relevant posts across the Authority.

Audit Project: Safeguarding: The PCNPA Safeguarding Group will undertake Group C training course for safeguarding managers this summer, to be delivered by Pembrokeshire based, Independent Safeguarding Services. Date to be confirmed.

Audit Project: Risk Management- Mitigating Controls: Work being undertaken to revise the risk management strategy following recommendations from Internal Audit. This includes guidance on deep dives.

Audit Project: Staff Well-being and Absence Management: Workshops were attended by members of the Team Leaders group when the policy was revised. Specific training around short term sickness absence to be included in HR for Non-HR Manager workshops to be held in June 2025.

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. Progress as of end of May 2025/26.

Audit Wales – External Performance Audit

Audit/ PRS Action Ref	Audit Project and Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	Status	RAG – Against Due Date	Progress Commentary
2024_25 Access – R1 a [PS Ref: 3670]	Promoting access to Pembrokeshire Coast National Park 2024/25	Utilise data from wider Welsh Government visitor data to inform our work, and explore opportunities with relevant bodies for them to include wider range of demographic data in the visitor information they collect and report.	Director of Nature and Tourism	31/3/26	In Progress	On Track	A range of visitor data is used from across Visit Wales, Visit Pembrokeshire and PCNPA to help shape the Authority's visitor services and inform business decisions. PCNPA contributes to a number of forums including the Pembrokeshire Destination Management Plan Steering Group, South West Wales Tourism Forum and the Visit Wales Tourism Research Partnership where data is shared across tourism bodies to help inform

							our evolving approach. Similarly, a post-season meeting of PCNPA's visitor centres will be held later in the year where we will review our approach to data collection (inc' demographic information) and how this is captured via the Park Authority's performance management system.
2024_25 Access – R1 b [PS Ref: 3671]	Promoting access to Pembrokeshire Coast National Park 2024/25	Authority periodically carries out a coast path survey and this is referenced in our coast path management strategy and we will explore feasibility of wider demographic data being collected in the next iteration of this.	Access and PROW Manager	This work is led by our Access & PROW Manager. We are currently recruiting for a new officer. This work will be incorporated into the work programme once the	Not Started	Green	There is a vacant post currently. This work will be scoped and incorporated into the work programme once this has been resolved.

				new officer is in post.		On Track	
2024_25 Access – R1 c [PS Ref: 3672]	Promoting access to Pembrokeshire Coast National Park 2024/25	Implement annual survey which is already in development with our project and volunteer participants and create framework to ensure feedback and information gathered by the Engagement and Inclusion Team is fed through to inform wider corporate strategic planning, improvement activities and project development.	Head of Engagement and Inclusion	31/3/2026 (although aim is that it will be implemented on an ongoing basis)	In Progress	On Track	2025 participant survey was completed in April and analysis undertaken. A review of the survey method and results will be undertaken as a team workshop over the summer/autumn with a plan created for future engagement with project/volunteer participants.
2024_25 Access – R1 d [PS Ref: 3673]	Promoting access to Pembrokeshire Coast National Park 2024/25	Explore feasibility of gathering demographic related data as part of any feedback surveys developed for surveys for Centres and Events and Activities Programme.	Head of Regenerative Tourism	31/3/2026 (although aim is that it will be implemented on an ongoing basis)	Not Started	Green	No work undertaken as yet in this area. Feedback is collated as part of our A&E programme and reported on by the A&E manager. The updated till & ticketing systems may offer more scope to incorporate

						Green	demographic data during ticket sales.
2024_25 Access – R2 [PS Ref: 3674]	[Promoting access to Pembrokeshire Coast National Park 2024/25](#)	Inclusion of resource requirements required to deliver its actions to improve access to the Park over the short, medium and longer term and reliance on grant funding risks as part of wider activities in 2025/26 in terms of mid/long term financial mapping and scenario planning for Authority and departments to manage future deficits.	Chief Executive	31/3/2026	In Progress	Green	A number of bids submitted to support this work
2024_25 Access – R3 [PS Ref: 3675]	[Promoting access to Pembrokeshire Coast National Park 2024/25](#)	Additional exercise looking at stakeholder mapping exercise information against our wider partnership monitoring framework and revised partnership plan to identify priority areas for collaboration in support of promoting access to the Park.	Performance and Compliance Officer	31/3/2026	In Progress	Green	Partnership Framework Monitoring work being drafted. Matrix to be developed to support Management Team review partnerships, will look at how we can use this tool against the wider stakeholder mapping information/ and identify priority areas for strategic/

							project based collaboration.
2024_25 WBO – R1 [PS Ref: 3655]	Setting of Well-being Objectives 2024/25	Authority will carry out a review of its performance monitoring and reporting arrangements following the end of 2024/25 (allowing for full year of new process to have occurred) to assess effectiveness of new approach and to identify where improvements can be made. It will engage and seek feedback from key officers and Members as part of this review and consider relationship of our performance data with the national indicators and milestones	Performance and Compliance Officer	30/9/26	In Progress	Green - On Track	Initial exploratory work being carried out looking at conservation indicators and other high level journey checker indicators linked to delivery plans. Data workshop arranged with conservation team and looking at improving data integrity in other areas. Welsh Government seeking to develop set of indicators linked to Strategic Grant Letter. Feedback sought from Management Team on how they have found first year of new approach to Operational Review, with each sessions focusing on one Well-being Objective – Conservation, Climate, Connection, Communities, no significant need for

								changes to reporting format identified.
2023_24 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	End of 2024/25	Closed	Closed		Action has been closed as the Authority has and will continue to deliver Member training through its training plan. Members also attended Welsh Government training sessions when provided. Wider work being led by Welsh Government on reviewing arrangements for evaluating NPA Member Performance in Welsh NPAs and Authority will continue to engage with this process.
2023_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 Appraisals for Members.	Democratic Services Manager	End of 2025/26 (Amended from Continuous)	In Progress	Amber – Behind		PDR documentation circulated to Members for return by end of February, however only a small number received so far. Reminder sent and Training and Development Plan delayed.

| 2022_23 [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 | Closed | Closed | Action has been closed as Authority is delivering this work through live cost savings spreadsheet which is reviewed by income generation working group with Members. This document is setting the strategic direction and discussions for the Authority on income generation opportunities alongside cost savings to support setting of balanced budget. Management and Team Leaders have fed into the Spreadsheet. |

Internal Audit

Progress as of end of March 2025/26.

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 has also been included following comments at last meeting. However, it will be removed if it causes confusion which was the reason it was previously removed.

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
2024/25 – Follow Up [R Ref: 2024_25 FoU - ref: 1864] [PS Ref: 3668]	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	Financial Standards and financial procedures will be updated once new finance system implemented in Spring 2025	Medium	Head of Finance	Not Started	30/4/26	Green – On Track	To be completed over Autumn/Winter 2025 once finance system fully implemented.

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	online or via a known number used previously.							
2024/25 - Follow Up [R Ref: 2024_25 FoU - ref: 1865] [PS Ref: 3669]	Periodic regular reviews of suppliers should be undertaken, and those not used within a defined period deactivated.	In acknowledgement that this is an ongoing process rather than a one off process, we will run a twice a year report from Sage to identify current number of suppliers who have been deactivated to assess our progress in this area.	Low	Head of Finance	In Progress	30/4/26	Green – On Track	Due date 2026
2024/25 - HSMS: Accident, Incident and Near Miss Reporting and	To help strengthen oversight and assurance that the risk of staff not reporting incidents in a timely manner	Ensure that all reports include the date the incident occurred and the date it was reported to	Medium	Head of People Services	In Progress	30/05/25	Behind	Incident reporting form to be amended to include the date that the incident was reported to HR. Where the timeline is

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Investigation [R Ref: 2024_25 HSMS - R1] [PS Ref: 3666]	is being managed, it should be ensured that all reports include the date the incident occurred and the date it was reported to HR/management for investigation and that this information is centrally captured to enable efficient oversight and insight of performance and to identify and seek to address any poor performance.	HR/management for investigation and that this information is centrally captured.						outside the policy framework the appropriate advice and guidance is given to the reporting and investigating manager. Note: The Incident reporting form was amended in June to include the date that the incident was reported to HR.
2024/25 - HSMS: Accident, Incident and	Investigation processes and improvement actions identified	Agree to design and deliver appropriate [investigation]	Medium	Head of People Services	In Progress	30/06/25	Green – On Track	Training on investigations to be included in training HR for Non-HR

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Near Miss Reporting and Investigation [R Ref: 2024_25 HSMS - R2] [PS Ref: 3667]	following accident, incident and near miss reporting should be centrally captured and monitored through to completion. This will help to strengthen internal assurance processes in place and ensure that lessons are learnt and acted upon appropriately.	training as part of the implementation of CSM review May/June 2025.						Manager sessions to be held in June. Note: Training was carried out in June - During this training we reminded attendees of the very comprehensive information and guidance included in the Incident Reporting Procedure. These sessions were attended by the Warden Team Leaders and other members of CSM management team.
2024/25 - Equality, Diversity and Inclusion [R Ref: 2024_25 EDI -	When compiling future Annual Equality Reports, the organisation should ensure that the information	We will include statement on the effectiveness of the steps that the Authority had taken to fulfil	Low	Performance and Compliance Officer	Not Started	31/4/26	Green – On Track	Statement of Effectiveness to be included when Annual Equality Report Drafted.

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R1] [PS Ref: 3662]	presented focuses on outcomes and assesses the effectiveness of work towards the delivery of the equality objectives. Use of data would be beneficial where available to provide additional context as well as a clear position against the objective.	each of its equality objectives in the Annual Equality Report 2024/25 and include wider data sets, case impact studies where appropriate.						
2024/25 - Climate Change and Decarbonisation [R Ref: 2024_25 CCD - R1] [PS Ref: 3660]	The organisation should create an internal procedure(s) to show how data is gathered for each area of reporting required and this should include	Procedures for data collection (WG Net Zero Reporting) to be written during the reporting cycle.	Low	Sustainability Officer	In Progress	30/09/2025	Green - On Track	Annual net zero data collection for 2024/25 has begun. Initial meeting with officers on reporting changes and deadlines. Procedures are being

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	requirements surrounding retention of data.							written as data is collected this year.
2024/25 - Climate Change and Decarbonisation [R Ref: 2024_25 CCD - R2] [PS Ref: 3661]	The organisation was considering the purchase of EVs in a like for like manner, it should review the vehicles in use to understand their usage and requirements (telematics my aid in this). The outcome of this assessment may show value for money alternatives for the organisation. It is acknowledged that cost savings for existing EV and charging stations	Review of fleet use across the Authority in order to reduce emissions and ensure value for money.	Low	Head of Decarbonisation	In Progress	31/03/2026	Green - On Track	Requests have been made to all heads of departments who have fleet to review their usage and to offer if any vehicle can be pooled or disposed of. Telematics data will help with this analysis. A DPIA has been completed and reviewed by DPO on introduction of telematics. A decision will be made by managers in June.

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	sat across multiple budgets; however, the organisation should review EV spend to identify savings made / expenses above budget to improve future purchases.							
2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R1] [PS Ref: 3648]	**Restated Recommendation:** Management should agree with the NPA what objectives should be used on the Strategic Risk Register to ensure that the register adds most value and achieves its aim of informing the Authority of how management	Agree with Members change to Objectives. Initial discussion in the Audit Committee then consultation and agreement with Members of the Authority. In aligning risk objectives more closely to our Well-being Objectives we will still need to	High	Chief Executive	In Progress	31/05/25	Amber – Behind	Work being undertaken to revise the risk management strategy following recommendations from Internal Audit, including reviewing risk objectives.

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	are identifying and acting upon "any event or possible event that threatens the Authority ability to deliver its strategic objectives". Once agreed, a review of the risks should then be undertaken to identify any risks to the objectives that haven't yet been considered and to ensure that current risks are re-worded to make it clear what the cause of the risk is and what the effect is on the objective to which the risk is linked.	consider risk re Governance and compliance failure linked to our Public duties. Re word current risks to make it clear what the cause of the risk is and what the effect is on the objective to which the risk is linked.						

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2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R2] [PS Ref: 3649]	Restated Recommendation: The content of the "Key Controls in Place" column should be reviewed to ensure that each is a tangible, key control that is in place to reduce either the impact or the likelihood of risk occurring.	Key Controls in Place column will be reviewed and updated in line with any changes to the Objectives and presented to the next Audit Committee after a change in Objectives.	Medium	Chief Executive	In Progress	31/07/25	Green – On Track	Work being undertaken to revise the risk management strategy following recommendations from Internal Audit.

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2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R3] [PS Ref: 3650]	Restated Recommendation: The assurance columns in the risk register should be used to record specific, actual assurance that risk management activities are having the intended effect.	Review and identify process for gathering data from assurance sources to provide quarterly assurance within the Risk register 2/3 line columns (this could be linked to our wider assurance reporting). We will then test to see how effective approach is in terms of helping populate the " Gaps on control or Assurance" Column.	Medium	Performance and Compliance Officer	Not Started	31/7/25	Green – On Track	Work will commence following wider work on risk register going to NPA in June

2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R4] [PS Ref: 3653]	Restated Recommendation: Either in addition to or instead of the "Progress Update" column, a "Gaps in control or Assurance" column should be added and this should be used to record planned further action to reduce the risk (controls) or planned assurance to be gained that controls are operating effectively (assurance). For ease of understanding, consideration should be given to recording this with either an "(c)" for gaps in control or "(a)" for gaps in assurance	"Progress Update" column to be replaced with a Gaps on control or Assurance" subject to agreement of Members.	Low	Chief Executive	In Progress	31/5/25	Amber – Behind	Work being undertaken to revise the risk management strategy following recommendations from Internal Audit.

2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R5] [PS Ref: 3654]	Restated Recommendation: Guidance on the following areas should be made available and this could be achieved through the existing Risk Strategy or a separate guidance document: Risk identification; Controls, including the different types of control (preventative, directive, corrective and detective); and Assurance, including the different types of assurance and the difference between potential assurance and actual assurance.	Guidance documents prepared following changes agreed by the Authority.	Low	Chief Executive	In Progress	30/9/25	Green – On Track	Work being undertaken to revise the risk management strategy following recommendations from Internal Audit. This includes additional guidance.

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
2024/25 - Governance Structure and Processes [R Ref: 2024_25 GSP - R1] [PS Ref: 3645]	The Authority should review its Terms of Reference document to ensure that it is standardised and all current committees and, where appropriate, groups have appropriate Terms of References in place and the Governance Structure is reflective of current arrangements in the Code of Corporate Governance document.	Project to move all Terms of Reference to the same standard template format.	Medium	Democratic Services Manager	Not Started	31/3/26	Green – On Track	Action not started.

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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	Amber – Behind	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. **Verbal update can be provided during private session re risk register on activity undertaken to date to progress this action.**
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24	The organisation should review the asset register and confirm that the inventory is held and that the correct data (serial	Update the starter and leaver processes to take account of ICT permissions and assets. Following update	High	Head of Decarbonisation. IT Team Leader.	Complete	31/3/25	Amber – Behind	New Starters Requirements form is live and IT are receiving completed forms. The ICT Leavers and Starters

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CSDP - R2] [PS Ref: 2594]	number and user 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.	of above ICT asset register to be updated.						Operational Procedure in place. IT continue to keep on top of the starters and leavers register, as well as asset register.
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R3] [PS Ref: 2595]	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 training for all	Medium	Head of People Services.	In Progress	31/3/25	Amber - Behind	Officers are processing moving Data Protection Training and Cyber Security Training to ELMS from virtual DPO this will make monitoring training a lot easier and enable

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
	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.	staff and Members and most effective system to use for delivery and monitoring.						line managers to track completions/ follow up with staff. It will enable us to ensure all staff complete the training. Training on ELMS has been reviewed, however amendments are needed and Officers are working on amendments. IT will need to then apply the amendments to the system. In addition IT in partnership with other two Welsh National Parks has secured three cyber security training sessions for staff provided by National CRC Group.

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								Communication plan monitored by record management group in place to supplement training.
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 permissions, confirmation of removal of permissions, fob access and returned and deactivated and assets provided and returned.	Update the starter and leaver processes to take account of ICT permissions and assets. Review of Fob access process, to identify future approach.	Medium	Head of People Services	Complete	31/3/25	Amber – Behind	The revised starter and leaver process to take account of ICT permissions and leavers is complete. The fob process only applies to Llanion based staff and fob access is managed by graphics who receive notification of both starters and leavers.

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 - Income Generation [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	Commencement of action impacted by follow up audit and closure of action plan/ check list recommendation. Any indicators will now need to link not to an action plan but wider activities on income generation, efficiency and cost saving activities. Potential to explore functionality of reporting/ dashboards in new finance system could provide opportunity to capture/ report different information. Officer to explore further with CEO and Head of Finance and Fundraising.

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 – Health and Safety [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	Head of People Services	In Progress	30/9/24	Amber - Behind	This is part of a wider piece of work. With the implementation of CSM review and the appointment of the Operations Manager and Contracts and Technical Officer a meeting has been arranged for 18 July to develop the Health and Safety training matrix. This will be the major part of the work and it will be extended to include all relevant posts across the Authority.
2022/23- Safeguarding [R Ref: 2022_23 S2] [PS Ref: 1093]	Tier 2 Child protection / adult protection refresher training be provided to the	Programme in place for Tier 2 child protection/ adult protection refresher training	Low	Learning and Inclusion Team leader (Safeguarding Lead)	In Progress	30/6/24 (Due date was extended.	Amber - Behind	The PCNPA Safeguarding Group will undertake Group C training course for safeguarding

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	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.	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.				Original due date: 30/9/2023)		managers this summer, to be delivered by Pembrokeshire based, Independent Safeguarding Services. Date to be confirmed.
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	In Progress	31/4/24 (Due date was extended. Original due date: 01/01/2022)	Amber - Behind	Work being undertaken to revise the risk management strategy following recommendations from Internal Audit. This includes guidance on deep dives.
2021_22 Staff Wellbeing and	Line Managers to undertake	Absence Management	Low	Head of People Services	In Progress	1/3/24	Amber - Behind	Workshops were attended by

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Absence Management [R Ref: 2021_22 SWAM1] [PS Ref: 1104]	Absence Management Training.	Training to be delivered to Line Managers				(Due date was extended. Original due date: 01/03/2021)		members of the Team Leaders group when the policy was revised. Specific training around short term sickness absence to be included in HR for Non-HR Manager workshops to be held in June 2025.