

Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 30 September 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.

Please note:

- 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 previous Committee, the previous date has now been added back in. However, if it 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. Except for 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 completed, one on looking at the Stakeholder Mapping against the Partnership Framework and the second is the review of performance and monitoring reporting arrangements.

Two actions have been impacted by staff vacancies relating to Access Officer post and Head of Regenerative Tourism.

3. Internal Audit - High Priority Actions

Audit Project: Risk Maturity Follow Up: Action is complete with new set of risk objectives agreed aligned to our Well-being Objectives.

Audit Project: Information & Cyber Security and Data Protection: One action 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.

4. Internal Audit - Medium Priority Actions

Audit Project: 2024/25 Visitor Centres: Action on additional goods lift check complete, with annual inspection completed and report received. It will become an annual inspection under our M & E inspection and testing programme.

Audit Project: 2024/25 Follow Up: Financial Standards and financial procedures to be completed over Autumn/ Winter 2025 once finance system fully implemented.

Audit Project: 2024/25 – HSMS: Accident, Incident and Near Miss Reporting and Investigation: 2 medium actions that were behind and in amber have now been completed, following updating of incident report and training on investigations included in the June HR for Non-HR Manager training sessions.

Audit Project: Risk Maturity Follow Up: Work being undertaken to implement changes to risk register following approval of new set of Objectives and implementing revised risk strategy. Work has been developed to create second line assurance performance report with key risk indicators and controls. We will need to see how Management/ Members respond to risk assurance report in terms of how data from indicators inform their completion and response to the Gaps in control column within the risk register.

Audit Project: Governance Structure and Processes: Work on moving all Terms of References to the same standard template form will commence in 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 enable more staff to complete the training, make monitoring of training a lot easier and enable line managers to track completions/ follow up with staff. Data Protection Training on ELMS has been reviewed, initial amendments identified have been applied by IT. Officer in process of testing and reviewing amendments, some further amendments will need to be applied and then translation to enable application of amendments to the Welsh version. Officer capacity has impacted on ability to finish testing review and additional amendments in September, so it is hoped this aspect of the work can be progressed in either October or November. Officer identified that the NCSC training is available in Welsh and English and that we could download the SCORM files to ELMS. HR have been asked to ensure all new starters complete the Cyber Security training as part of induction. Wider refresher training will be launched once data protection training is also live.

Audit Project: Income Generation: Meeting held in August with CEO and head of finance to discuss potential indicators and reporting.

5. Low Priority Actions – In Amber or Red

Audit Project: 2024/25 Visitor Centres: Actions on Visitor Centre Risk Assessment Matrix and Health and Safety site checks to be standardised are in red and on hold until decision made on Head of Regenerative Tourism role vacancy.

Audit Project: Health and Safety: Work on development of training matrix is being progressed through nature recovery countryside team by Countryside Operations Manager and Contracts and Technical Officer. New approach to be presented at the October Health and Safety Group meeting, consideration needed on how it applies to wider teams.

Audit Project: Safeguarding: The PCNPA Safeguarding Group met in July and agreed to delay Group C training course for safeguarding managers until the new Safeguarding lead and group members are in place following the retirement of the Safeguarding lead officer in August.

Audit Project: Risk Management- Mitigating Controls: Programme to review key risks at monthly meetings

Audit Project: Staff Well-being and Absence Management: Outstanding action now complete. Workshops were attended by members of the Team Leaders group when the policy was revised. Specific training around short term sickness absence 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 September 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	Green – 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

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							to help inform our evolving approach. Similarly, post-season meetings of PCNPA's visitor staff will inform 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	Not Started	Green – On Hold	Recruitment was not successful for the vacant post. This work will need to be scoped and incorporated into the work programme.

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				programme once the new officer is in post.			
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	Green – 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 in January 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	Head of Regenerative Tourism	31/3/2026 (although aim is that it will be implemented	Not Started	Red – On Hold	On hold - No action progressed due to vacant Head of Regenerative Tourism

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		developed for surveys for Centres and Events and Activities Programme.		on an ongoing basis)			role - will progress if role is replaced.
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 – On Track	Work being undertaken to review funding to set next year's budget.
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	Performance and Compliance Officer	31/3/2026	Complete	Green – On Track	Column added to the Partnership Framework Monitoring Matrix for relevant information from

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]		monitoring framework and revised partnership plan to identify priority areas for collaboration in support of promoting access to the Park.					Engagement and Inclusion Team Stakeholder mapping to be added. This information can then be updated on the Partnership Framework Monitoring Matrix each year in terms of any changes. Partnership Framework Monitoring Matrix considered by Management Team in September 2025.
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	Performance and Compliance Officer	30/9/2026	Complete	Green – On Track	Members approved revised set of delivery plans in July. Journey tracker indicators have been identified as part of this process. These have also needed to align to new proposed Welsh Government Indicators for National Park Authorities. The

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		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					finalised Welsh Government Indicators were provided to the Authority in August and this has meant officers have had to direct some of the changes to accommodate the introduction of them. Key Risk Indicators and Controls have been developed for each Objective linked to internal audit recommendations on second line assurance and failure to deliver against each objective being identified as key risks in risk register. New Performance Framework developed, with amendments applied to Performance Reporting

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							System and templates created for reporting Well-being Objectives: Progress against Priority Indicators, Projects and Welsh Government Indicators and then the Risk Assurance Report. Link will be included in the priority indicators, projects report to A view of Poverty - Data Cymru dashboard that can be filtered for Pembrokeshire and includes broader data on Income and employment, education and skills, health, community cohesion, physical environment, material deprivation. Corporate Performance Framework

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
							Operational Procedure Guidance produced. New performance framework has gone live from October 1st, some tweaks may be needed as we go through the first round of Welsh Government, performance and risk reporting.
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	In Progress	Amber – Behind	6/18 PDRs completed ,however Member Development Plan agreed by NPA 30/7/25.

Internal Audit

Progress as of end of September 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 reason it 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 - Visitor Centres [R Ref: 2024_25 VS - ref:	Assurance should be sought that the Authority is	Appropriate additional goods lift check to be	Medium	Buildings Project Manager	Complete	31/12/25	Green - Complete	Inspection completed 4/8/25, awaiting test report. This will

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R1] [PS Ref: 3692]	appropriately complying with LOLER and that thorough inspections are being undertaken within required timescales. It should be ensured that going forward, these inspections are tracked centrally for assurance purposes over compliance with regulations.	added to lift servicing contract at Oriel y Parc.						become an annual inspection under our M & E inspection & testing programme. Note: Copy of test report received in October.
2024/25 - Visitor Centres [R Ref: 2024_25 VS - ref: R2] [PS Ref: 3693]	A review of the Visitor Centre risk assessments should be undertaken and aligned with the Authority's standard template,	Visitor Centre Risk Assessment Matrix to be standardised across the site risk assessments at next review.	Low	Visitor Services Managers Co-ordination: Director of Nature Recovery and Tourism	Not Started	31/03/26	Red – On Hold	Not started and 'on-hold' until a decision is made regarding the Head of Regeneration Tourism role. The findings of the associated audit

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	to ensure consistency in approach and promote comparability.							report have been shared with the Authority's Visitor Services Managers who are working to standardise our RA approach. However, replacing the Head of Regenerative Tourism role is a priority to ensure that the team has enough capacity to deliver this key action.
2024/25 - Visitor Centres [R Ref: 2024_25 VS - ref: R3] [PS Ref: 3694]	All internally required inspections undertaken by visitor centre staff should be documented and stored centrally, including all expected fire related checks,	Standardisation of H&S site checks across all visitor centres (where appropriate), ensuring checks highlighted in site risk assessments are documented.	Low	Head of Regenerative Tourism Reallocated to: Director of Nature Recovery and Tourism	Not Started	31/03/26	Red	Not started and 'on-hold' until a decision is made regarding the Head of Regeneration Tourism role. The findings of the associated audit report have been shared with the Authority's Visitor

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	playground checks, high wind checks, general walk arounds and any other checks completed.							Services Managers who are working to standardise our approach. However, replacing the Head of Regenerative Tourism role is a priority to ensure that the team has enough capacity to deliver this key action.
2024/25 - IT & Digital Transformation Strategy [R Ref: 2024_25 ITDTS - ref: R1] [PS Ref: 3691]	The organisation should ensure that the action plan is sufficiently prioritised and that there are clear guidelines for escalation to ensure that projects / actions are escalated when required, which will avoid any knock-on	Include a priority column on the implementation plan. Guidelines for escalation will be drawn up.	Low	Head of Decarbonisation	Not Started	31/03/26	Green	Not Started. Deadline is end of financial year.

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	impacts to other projects or objectives of the organisation.							
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 online or via a known number used previously.	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.
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	In acknowledgement that this is an ongoing process rather than a one off process, we	Low	Head of Finance	In Progress	30/4/26	Green – On Track	Regular review of suppliers but within excess of 1,800 suppliers this will take a significant amount of time.

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	defined period deactivated.	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.						Regular reviews will be needed on an ongoing basis once complete.
2024/25 - HSMS: Accident, Incident and Near Miss Reporting and Investigation [R Ref: 2024_25 HSMS - R1] [PS Ref: 3666]	To help strengthen oversight and assurance that the risk of staff not reporting incidents in a timely manner 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	Ensure 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.	Medium	Head of People Services	Complete	30/05/25	Amber - Behind	The incident reporting form has been amended to include the date that the incident was reported to HR. Where the timeline is outside the policy framework the appropriate advice and guidance is given to the reporting and investigating manager

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	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.							
2024/25 - HSMS: Accident, Incident and Near Miss Reporting and Investigation [R Ref: 2024_25 HSMS - R2] [PS Ref: 3667]	Investigation processes and improvement actions identified following accident, incident and near miss reporting should be centrally captured and monitored through to completion. This will help to	Agree to design and deliver appropriate [investigation] training as part of the implementation of CSM review May/June 2025.	Medium	Head of People Services	Complete	30/06/25	Green – On Track	Training on investigations was included in the June training HR for Non-HR Manager sessions. During this training we reminded attendees of the very comprehensive information and guidance included in the Incident Reporting Procedure.

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	strengthen internal assurance processes in place and ensure that lessons are learnt and acted upon appropriately.							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 - R1] [PS Ref: 3662]	When compiling future Annual Equality Reports, the organisation should ensure that the information 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	We will include statement on the effectiveness of the steps that the Authority had taken to fulfil each of its equality objectives in the Annual Equality Report 2024/25 and include wider data sets, case impact studies where appropriate.	Low	Performance and Compliance Officer	Not Started	31/4/26	Green – On Track	Statement of Effectiveness, more indicators and case studies included in draft Annual Equality Report, that is due to go to October NPA for approval.

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	context as well as a clear position against the objective.							
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 requirements surrounding retention of data.	Procedures for data collection (WG Net Zero Reporting) to be written during the reporting cycle.	Low	Sustainability Officer	Complete	30/09/2025	Green - On Track	Procedures for collating data for net zero reporting have been written as part of the data collection for this period. Procedures stored in the Net Zero Data Collectors Microsoft Team channel.
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	Review of fleet use across the Authority in order to reduce emissions and ensure value for money.	Low	Head of Decarbonisation	In Progress	31/03/26	Green - On Track	Telematics installed and went live 1st October. Survey complete for pool car use and location Managers request for fleet availability. Countryside manager

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	requirements (telematics my aid in this). The outcome of this assessment may show value for money alternatives for the organisation.							undergoing fleet review for team.
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	Complete	31/05/25	Amber – Behind	Work completed. New set of Objectives in place, including risk objectives aligned to our Well-being Objectives. Updated as part of changes to the Risk Strategy. Reviewed as part of quarterly presentation of documents to ACSRC

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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.						

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 - 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	Amber – Behind	Reviewed as part of the quarterly review of the Risk Register

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	In Progress	31/7/25	Amber – Behind	Work has been carried out to identify key risk indicators and controls for each risk with development of new risk assurance report. Several new indicators have been developed and we will need to assess how effective new approach and report is in providing quarterly assurance for 2/3 line columns/ Gaps in control. We will seek feedback from internal auditors to see if new approach satisfies their requirements after first round of reporting to Audit and Corporate Services. There is expectation that some amendments may need to be applied to indicators
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								as we test and embed them. Intention is that the Risk Assurance report is provided to Members alongside the Risk Register. We will need to see how Management/ Members respond to risk assurance report in terms of how data from indicators inform their completion and response to the Gaps in control column within the risk register.

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	Risk Register updated
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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/Complete	30/9/25	Green – On Track	Document updated, however, will be reviewed and amended if there are any changes in approach.
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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	Work not commenced. Deadline is end of financial year.

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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 staff members who require data protection and/or cyber security	Carry out full review of Data Protection and Cyber Security Training to look at suitability of training provided,	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

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CSDP - R3] [PS Ref: 2595]	training high-level training should be provided to all 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.	provision of training for all staff and Members and most effective system to use for delivery and monitoring.						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. Data Protection Training on ELMS has been reviewed, initial amendments identified have been applied by IT. Officer in process of testing and reviewing amendments, some further amendments will need to be applied and then translation to enable application of amendments to the Welsh version. Officer capacity has

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								impacted on ability to finish testing review and additional amendments in September, so it is hoped this aspect of the work can be progressed in either October and November. Officer identified that the NCSC training is available in Welsh and English and that we could download the SCORM files to ELMS. HR have been asked to ensure all new starters complete the Cyber Security training as part of induction. Wider refresher training will be launched once data

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								protection training is also live.
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	In Progress	30/9/24	Amber - Behind	Meeting held in August with CEO and head of finance to discuss. Discussed potential risk linked indicators: % away from profile budget /Externally generated income as % of turn over that could be included within assurance performance report. These have been included within the risk assurance report. At the meeting it was also identified that there is potential to expand information in financial reports in terms of looking at 6 month report, can

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								we expand on some of the information: Different sources of income - monthly figures - car parks, coast to coast, planning, Cilrhedyn, concessions (financial reporting), new income generated, information from Charitable Trust. SAGE dashboards will also provide officers with better oversight and staff are starting to engage and use them. Looking to have additional workshops with Members as part of budget setting. Income Diversification Group

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								in place and reviewing the linked spreadsheet set up in terms of this, and considering areas such as car parks, toilets etc.
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	Work is being progressed through nature recovery countryside team by Countryside Operations Manager and Contracts and Technical Officer. New approach to be presented at the next Health and Safety Group meeting, consideration needed on how it applies to wider teams.
2022/23- Safeguarding	Tier 2 Child protection / adult	Programme in place for Tier 2	Low	Learning and Inclusion Team	In Progress	30/6/24	Amber - Behind	The PCNPA Safeguarding Group

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[R Ref: 2022_23 S2] [PS Ref: 1093]	protection refresher training be provided to the Safeguarding Lead and Ranger Service Manager more frequently than every seven years. Minimum required frequency of refresher training should be set out within the Safeguarding Statement.	child protection/ adult protection refresher training to be carried out 2-3 years. Evidence of training completion and status of training (in date/ due/ out of date) is captured on Cezanne for relevant officers.		leader (Safeguarding Lead)		(Due date was extended. Original due date: 30/9/2023)		met in July and agreed to delay Group C training course for safeguarding managers until the new Safeguarding lead and group members are in place following the retirement of the Safeguarding lead officer in August.
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	Low	Chief Executive Officer	In Progress	31/4/24 (Due date was extended. Original due date: 01/01/2022)	Amber - Behind	Programme to review key risks at monthly meetings

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		controls for different risks.						
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	Complete	1/3/24 (Due date was extended. Original due date: 01/03/2021)	Amber - Behind	Workshops were attended by members of the Team Leaders group when the policy was revised. Specific training around short term sickness absence was included in the two recent HR for Non-HR Manager workshops held in June 2025. Any further training will be offered on demand or as refresher training or if there is a need identified by HR as part of their sickness absence monitoring.