Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 December 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 Audit Wales and 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. Completed status for internal audit actions are based on staff assessment of progress against an agreed action. Completed actions are then subject to testing and quality assurance through the internal auditors follow up audit. A completed action may be reinstated or an additional action identified because of the follow up audit.
- 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 previous date agreed (original date) will be included, however if this causes confusion it will be 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 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. 2025/26 - IT Continuity and Disaster Recovery / 2023/24 - Information & Cyber Security and Data Protection).

An internal audit action tracker has 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.

Please note that internal audit project on Risk Management has been undertaken which has impacted on existing risk maturity actions, and the outcome of this work has been considered in the status and commentary for these actions.

2. **Audit Wales Actions**

Work is ongoing in terms of Audit Wales Actions. One action is on hold and in red due to vacancy in Head of Regenerative Tourism role.

3. **Internal Audit - High Priority Actions**

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 Follow Up: Updates to Financial Standards and financial procedures have been impacted by need to prioritise December budget reports and 26-27 budgets.

Audit Project: Risk Maturity Follow Up: Internal Audit Risk Management review, has confirmed in terms of the medium actions that one action on log is complete, and that one needs to be superseded.

Audit Project: Governance Structure and Processes: Work on moving all Terms of References to the same standard template form is planned for January 2026.

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. NCSC Cyber Security training in English and Welsh has been uploaded to ELMS and officers have sourced a more suitable data protection training and are working with HR to set this training up on the ELMS system.

Audit Project: Income Generation: In terms of integrate monitoring of Income Diversification Action Plan into Performance Monitoring Framework - Income Diversification Group in place and reviewing the linked spreadsheet set up in terms of this, and considering areas such as car parks, toilets etc. As a result, PCO looking to see if we can address this action through updates to Terms of Reference of the Income Diversification Group.

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

    Audit Project: IT Continuity and Disaster Recovery: A number of low actions are in amber and behind schedule, this is mainly due to a need to postpone the Business Continuity Test due to staff absence. Following the test, actions can be progressed. IT are progressing phishing simulations, with follow up training options. Further Cyber Security training with other Welsh National Parks has been made available, which includes reference to Phishing.

    Audit Project: Health and Safety: Working in conjunction with Countryside Management Team a training matrix has been developed. The plan is to replicate the process with the other managers working from highest risk teams.

    Audit Project: Safeguarding: Group C training for Safeguarding Group and additional relevant team leaders to take place in January.

    Audit Project: Risk Management- Mitigating Controls: Deep dive on Climate undertaken during December.

    Audit Project: Risk Maturity: One action currently in Amber will be reinstated following outcome of Risk Management Internal Audit work, with revised due date.

    Audit Project: Visitor Services: Progressing these actions have been impacted by the vacancy in the Head of Regenerative Tourism role.

    Audit Project: 2024/25 Follow Up: In terms of periodic reviews of suppliers Finance will review at year end when can extract better data to assess which suppliers to deactivate.

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 December 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 shred across tourism bodies

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							to help inform our evolving approach. Similarly, post-season meetings of PCNPA's visitor staff 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	In Progress	Green – On Hold	Work is on hold at present

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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	No action progressed due to vacant Head of Regenerative Tourism role - will progress if role is replaced.

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
		developed for surveys for Centres and Events and Activities Programme.		on an ongoing basis)			
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	The Authority continues to take advantage of opportunities to generate additional income to support its work across all its work. The Authority has submitted a range of bids to secure funding for inclusion work for projects such as 1st 1,000 Days, Pembrokeshire Outdoor Schools. in addition, the PCNP Trust has set up a fundraising campaign to support "Get Outdoors,"

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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	Green – On Track	5 WG Appraisals completed, the remainder is scheduled to take place in January

Internal Audit

Progress as of end of December 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/ 2025/26 - IT Continuity and Disaster Recovery).

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2025/26 - IT Continuity and Disaster Recovery [R Ref: 2025_26 DR - ref: R1 3103 Conducting a Business Impact Analysis] [PS Ref: #3933]	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.		Low	Head of Decarbonisation	Not Started	31/01/2026	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**

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								risk register on activity undertaken to date to progress this action.
2025/26 - IT Continuity and Disaster Recovery [R Ref: 2025_26 DR - ref: 3104 Elements in Action Log] [PS Ref: 3934]	Following a continuity test or incident any Action Log created should clearly document each action's owner, priority level, and target completion date to ensure accountability and timely follow-through. Any outstanding actions from the September exercise should have these	Create an action log after the next business continuity test to include actions owner, priority level and completion date. Add any actions not completed from previous tests	Low	Head of Decarbonisation	Not Started	31/01/2026	Amber - Behind	Unfortunately due to staff absence the annual BCP test has had to be postponed to Feb/ March.

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	elements assigned.							
2025/26 - IT Continuity and Disaster Recovery [R Ref: 2025_26 DR - ref: R3 3190 Follow up on phishing test failures] [PS Ref: 3935]	Follow up action should be taken promptly for any member of staff that fails the phishing tests to improve the organisation's security and help staff members be extra vigilant with what to look out for in the future. Putting a tight timescale on when the additional training needs to be completed by will assist the organisation in managing this in a more effective way	Review staff who have not completed training and encourage them to do so. It is not possible to resend the training email however. If a follow up training session is run, this will not show an improvement in the original simulation score. Other options are to bypass the simulations and instead	Low	IT Team Leader	In Progress	31/12/2025	Amber – Behind	A simulation in December of 12 users in a department had 0 compromised users, 1 requiring training having followed the link (but didn't enter credentials) hasn't as yet completed the training. Attachment Opened 1 / 14 Attachment Link Clicked 1 / 14 Supplied credentials 0 / 14 Read message 10 / 14 Deleted message 8 / 14 Replied to

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		(or in addition to) run the relevant training session						message 0 / 14 Forwarded message 1 / 14
2024/25 - Visitor Centres [R Ref: 2024_25 VS - ref: R2 2879 Site Risk Assessments] [PS Ref: 3693]	A review of the Visitor Centre risk assessments should be undertaken and aligned with the Authority's standard template, to ensure consistency in approach and promote comparability.	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	In Progress	31/03/26	Amber – Behind	The findings of the associated audit 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.

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2024/25 - Visitor Centres [R Ref: 2024_25 VS - ref: R3 Recording of site inspections] [PS Ref: 3694]	All internally required inspections undertaken by visitor centre staff should be documented and stored centrally, including all expected fire related checks, playground checks, high wind checks, general walk arounds and any other checks completed.	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 | In Progress | 31/03/26 | Amber - Behind | The findings of the associated audit report have been shared with the Authority's Visitor 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 2820 | The organisation should ensure that the action plan is sufficiently prioritised and that there are | 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 | Colour coded priority column has been added to the IT strategy implementation action plan and |

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Risk Assessment of Action Plan]] [PS Ref: 3691]	clear guidelines for escalation to ensure that projects / actions are escalated when required, which will avoid any knock-on impacts to other projects or objectives of the organisation.							progress report. An escalation procedure has been created and is saved with the plan.
2024/25 – Follow Up [R Ref: 2024_25 FoU - ref: 1864 KFC - Purchase Ledger] [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	Amber – Behind	Dec budget reports and 26-27 budgets currently taking priority.

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	online or via a known number used previously.							
2024/25 - Follow Up [R Ref: 2024_25 FoU - ref: 1865 KFC - Purchase Ledger] [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	Not Started	30/4/26	Amber – Behind	Will review at year end when can extract better data to assess which suppliers to deactivate. Over 1700 supplier records were migrated to sage - this will take a significant amount of time and there is insufficient staff resources available. It is not a priority task.
2024/25 - Equality, Diversity and Inclusion [R Ref: 2024_25 EDI -	When compiling future Annual Equality Reports, the organisation should ensure that	We will include statement on the effectiveness of the steps that the Authority had	Low	Performance and Compliance Officer	Complete	31/4/26	Green – On Track	Statement of Effectiveness, more indicators and case studies included in draft

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R1 2664 Ensure that Equality reporting includes outcomes, data and assessment of effectiveness] [PS Ref: 3662]	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 context as well as a clear position against the objective.	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.						Annual Equality Report. Report went to October NPA and was approved. Action now complete.
2024/25 - Climate Change and Decarbonisation [R Ref: 2024_25 CCD - R2 2490 Electric vehicle	The organisation was considering the purchase of EVs in a like for like manner, it should review the vehicles in use to	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	Awaiting countryside operations manager finalised fleet review for team. It is hoped a similar review can

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spend review and further analysis of current vehicles] [PS Ref: 3661]	understand their usage and requirements (telematics my aid in this). The outcome of this assessment may show value for money alternatives for the organisation.							be completed in the New Year by the engagement and inclusion team. Milage and fleet information have been shared with Wales Energy Services awaiting recommendations for efficiency approaches.
2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R2 1462] [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	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	Completed (Assessed as implemented by Internal Audit Risk Management)	31/07/25	Amber – Behind	Completed. Reviewed as part of the quarterly review of the Risk Register. Internal Audit Risk Management review has confirmed that this action has been implemented. See Risk Management

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	or the likelihood of risk occurring.							– Internal Audit Report: PCNPA – 2025/26 -04 for further detail.

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2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R3 1464] [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	Closed - Superseded following Internal Audit Risk Management Review 2025/26	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. Following Internal Audit Risk Management review – this action has been superseded/ closed. See Risk Management – Internal Audit Report: PCNPA – 2025/26 -04 for further detail.

2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R4 1463] [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	Internal Audit Risk Management 2025/26 found that this action had not been implemented: Our review of the register showed that the recommended inclusion of a column to record any gaps in control or assurance or record required actions had not been undertaken. The November 2025 risk register showed seven risks sat above their target score, six (86%) of which did not include further actions which limits visibility. We therefore concluded that this recommendation had not been

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								implemented and have restated it. Management Response: Agreed, however, rather than including another column on the Risk Register a Future Actions section will be included on the Cover Report. Action will be amended with a new implementation date of 31 March 2026.

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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 planned for January 2026

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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	Red – 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	The organisation should review the staff members	Carry out full review of Data Protection and	Medium	Head of People Services.	In Progress	31/3/25	Amber - Behind	Officers working to move Cyber Security and Data

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and Data Protection [R Ref: 2023_24 CSDP - R3] [PS Ref: 2595]	who require data protection and/or cyber security 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.	Cyber Security Training to look at suitability of training provided, provision of training for all staff and Members and most effective system to use for delivery and monitoring.						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. NCSC Cyber Security training in English and Welsh has been uploaded to ELMS and officers have sourced a more suitable data protection training and are working with HR to set this training up on the ELMS system.

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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	Additional budget workshop held with Members as part of budget setting. Income Diversification Group in place and reviewing the linked spreadsheet set up in terms of this, and considering areas such as car parks, toilets etc. As a result PCO looking to see if we can address this action through updates to Terms of Reference of the Income Diversification Group.

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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	Working in conjunction with Countryside Management Team a training matrix has been developed. The plan is to replicate the process with the other managers working from highest risk teams.
2022/23- Safeguarding [R Ref: 2022_23 S2] [PS Ref: 1093]	Tier 2 Child protection / adult protection refresher training be provided to the Safeguarding Lead and Ranger Service Manager	Programme in place for Tier 2 child protection/ adult protection refresher training to be carried out 2-3 years. Evidence of	Low	Learning and Inclusion Team leader (Safeguarding Lead)	In Progress	30/6/24 (Due date was extended. Original due date: 30/9/2023)	Amber - Behind	Group C training for Safeguarding Group and additional relevant team leaders to take place in January.

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	more frequently than every seven years. Minimum required frequency of refresher training should be set out within the Safeguarding Statement.	training completion and status of training (in date/ due/ out of date) is captured on Cezanne for relevant officers.						
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	Deep dive on Climate undertaken during the month