

## Report of the Performance and Compliance Officer

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### **Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 March 2026)**

#### **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. Any agreed actions from Internal audit reports presented today will be added to the log for the next Committee.

Please note:

- **For reference:** 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).
- **Status column:** Captures whether work on action has: not started, is in progress or complete. **Completed actions are highlighted in green.** Completed status is 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.
- **Last Agreed Due Date Column:** 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. Original due date:).

- **RAG Column:** The RAG column colour 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. **An action may be complete but will show Amber if it was completed after the last agreed due date.**

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.

## 2. Audit Wales Actions

The due dates for number of Audit Wales Actions have been reviewed by CEO and Performance and Compliance Officer, and Members of Audit and Corporate Services Committee are asked to approve the revised implementation dates set out in the action log.

## 3. Internal Audit - High Priority Actions

**Audit Project – 2023/24 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. Please note that RAG status for this Action has moved from red to amber, due to progress made.

**Audit Project - 2025/26 Follow Up Audit:** Review of historic inventory list action has been completed by IT.

## 4. Internal Audit - Medium Priority Actions

**Audit Project - 2025/26 Follow Up Audit:** All lifts scheduled to be tested in February/ March re LOLER.

**Audit Project - 2024/25: Follow Up Audit:** Updated financial standards are in draft.

**Audit Project - 2024/25 Governance Structure and Processes:** Complete – Terms of references have been moved into standard template.

**Audit Project - 2023/24 Information & Cyber Security and Data Protection:** Completed – Data Protection Training and Cyber Security Training moved to ELMS and staff enrolled on the training

**Audit Project – 2023/24 Income Generation:** In terms of integrate monitoring of Income Diversification Action Plan into Performance Monitoring Framework income performance section included in the Financial Performance Report for

Audit and Corporate Services Committee, including detailed table by category via SAGE Report. Minutes from the Income Diversification Working Group provided to Audit and Corporate Services Committee. Performance and Compliance Officer to look at Terms of Reference for Income Generation Group in terms of role of group in monitoring performance in this area.

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

**Audit Project - 2025/26 IT Continuity and Disaster Recovery:** Complete - Action Log created following business continuity test in March. In Progress - Query sent to internal auditors about phishing simulation action as concerns we can't meet expectations within recommendation due to system limitations and burden this activity will place on IT team. Alternative training in place re phishing linked to Cyber Security training by National Cyber Resilience Group and online ELMS training and opportunities via IT ongoing communication plan/ programme with staff.

**Audit Project - 2024/25 Visitor Services:** Work ongoing with Visitor Services Managers to progress these actions.

**Audit Project - 2024/25: Follow Up Audit:** Complete – Review of suppliers completed, suppliers no longer used deactivated in Sage.

**Audit Project - 2024/25 Climate Change and Decarbonisation:** Work ongoing in terms of review of fleet, replacement of some ICE vehicles with EV underway. Wider review to be undertaken across the Authority following new replacement vehicles and after 12 months telematics (support offered by Wales Energy Service).

**Audit Project - 2023/24 Health and Safety:** In terms of health and safety training matrix, meetings have taken place with the operational and high-risk areas of work and a matrix compiled. Teams with office-based staff have been contacted via email and asked to complete the Health and Safety Training Matrix by April 2026.

**Audit Project: Safeguarding:** Complete - Group C training for Safeguarding Group, Ranger Team Leader and Visitor Services Manager South took place in January and this has been recorded on Cezanne.

**Audit Project – 2021/22 Risk Management:** Complete – Deep dives being undertaken by Management Team and outcomes fed into Audit and Corporate Services Risk Register Report.

### RECOMMENDATION:

Members are requested to

- **RECEIVE and COMMENT on the Action Log for External Performance Audit and Internal Audit.**
- **APPROVE revised implementation dates for Audit Wales Actions**

## 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 March 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
2025_26 Financial Sustainability R1 [PS Ref: 3938]	<a href="#">Financial sustainability in Pembrokeshire Coast National Park Authority February 2026</a>	The Authority will continue its work to manage its financial deficit and will agree a flexible approach that enables it to take advantage of opportunities and deal with threats. To support this we will create a plan that outlines our Framework, Approach and Priorities over the short, medium and long term.	CEO / Head of Finance and Fundraising	First version of this will be completed during the 2026-27 financial year.	In Progress	Green – On Track	The Authority has been required to utilise its reserves to balance the budget. However, the Authority received £600k in revenue funding and £697K capital funding to manage budget pressures.
2025_26 Financial Sustainability	<a href="#">Financial sustainability in</a>	Financial Reporting: Deliver an agreed programme of	Head of Finance and Fundraising	During 2026-27 financial year	Complete	Green – On Track	Regular reporting in place

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
R2 [PS Ref: 3939]	<a href="#">Pembrokeshire Coast National Park Authority February 2026</a>	reporting based on time scale of Audit and Corporate Services Review Committee, Authority meetings and Management Team meetings					
2024_25 Access – R1 a [PS Ref: 3670]	<a href="#">Promoting access to Pembrokeshire Coast National Park 2024/25</a>	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	Complete	Green – On Track	This action is complete and will be embedded as part of ongoing engagement with relevant bodies on data collection. 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

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							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. Wales Coast Path Survey will be used to inform development of our Coast Path Survey.
2024_25 Access – R1 b [PS Ref: 3671]	<a href="#">Promoting access to Pembrokeshire Coast National Park 2024/25</a>	Authority periodically carries out a coast path survey and this is referenced in our coast path	Original: Access and PROW Manager	Original: This work is led by our Access & PROW Manager. We are currently	Not Started	Green – On Hold	Work is on hold at present and will be revisited from April 2026 to plan for how the survey can be delivered.

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		management strategy and we will explore feasibility of wider demographic data being collected in the next iteration of this.	Revised: Head of Nature Recovery	recruiting for a new officer. This work will be incorporated into the work programme once the new officer is in post  Proposed Revised Implementation Date: Implementation will be aligned with development and delivery of wider Coast Path Survey			
2024_25 Access – R1 c [PS Ref: 3672]	<a href="#">Promoting access to Pembrokeshire Coast National Park 2024/25</a>	Implement annual survey which is already in development with	Head of Engagement and Inclusion	31/3/2026 (although aim is that it will be implemented on an ongoing	In Progress	Amber – Behind	The survey is delayed for a few weeks whilst the team deal with a particularly busy

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		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.		basis)  Revised Implementation Date: 30/09/26 – for survey completion and report (2026 survey), survey to then continue on an ongoing basis			time but will be sent out to participants next month.
2024_25 Access – R1 d [PS Ref: 3673]	<a href="#">Promoting access to Pembrokeshire Coast National Park 2024/25</a>	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  Proposed Revised Implementation Date: 31/3/2027 - We will undertake this as capacity allows during 2026/27	Not Started	Red – On Hold	No action progressed due to vacant Head of Regenerative Tourism role - will potentially progress if role is replaced.

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2024_25 Access – R2 [PS Ref: 3674 ]	<a href="#">Promoting access to Pembrokeshire Coast National Park 2024/25</a>	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  Proposed Revised Implementation Date: 31/ 12/2026	In Progress	Amber – Behind	Risk Register Deep Dive carried out on A failure to create a Park that supports people to be healthier, happier and more connected to the landscape, nature and heritage. Discussion had around external funding risks and action identified for workshop to be arranged for the Autumn with Members to explore different ways of delivery.
2023_24 Gov - R3 [PS Ref: 2606]	<a href="#">Governance of National Park Authorities</a>  2023/24	Continue to implement Personal Development Reviews to feed into Training and Development Plan.	Democratic Services Manager	End of 2025/26  Proposed Revised Implementation Date linked to	In Progress	Amber – Behind	Action going forwards will be aligned to Welsh Government review of Member Evaluation.

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		Complete Annual Performance Appraisals for Members.		WG review of Member Evaluation: 31/3/27 Workshop with Members and approval of approach by Members. Wider implementation will be put in place			Workshops with Members arranged in June – to discuss new approach with approval by NPA later in year for implementation in 2027. Welsh Government Performance Appraisals complete. Forms for completion of Personal Development Reviews for 25/26 circulated - due for completion by end of April.

## Internal Audit

Progress as of end of March 2025/26.

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<a href="#">2025/26 – Asset Management – Commercial Management</a> [ Ref 2025_26	The Authority should review the current car park cash handling process to ensure	Review of process - Finance from Dec 25 highlighting variances over £5	Medium	Head of Finance and Fundraising	Complete	31/12/25	Green – On Track	The cash is not counted by staff before being bagged to Loomis. Checks should happen at this point as this is

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AM CM R1 (Astari Ref 3327) [PS Ref 3940]	that there is appropriate segregation of duties and independent checks involved to manage potential risk of fraud. An example process could include cash collection records maintained by the Car Park Team being stored centrally and independently checked by Finance. Where material variances are identified from the statements received by Loomis, these should be	so that the car park supervisor can investigate						the ideal time to be identifying/investigating variances. This procedure is historical. However, as this procedure is not undertaken, variances are reported by Loomis on weekly statements when they count the cash. The statements with the variances are sent to finance and the car park supervisor. Finance as from Dec 25 will now highlight variances over £5 so that the car park supervisor can investigate.

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	appropriately investigated.							
<a href="#">2025/26 Risk Management</a> [Ref 2025_26 RM R1 (Astari Ref 3393) [PS Ref 3941]]	Lack of clarity in the wording of assurances or the inclusion of controls can lead to the organisation perceiving a higher level of assurance being in place resulting in a risk of inappropriate decision making.	Text on assurances and controls will be reviewed for the next Audit and Corporate Services Review Committee	Low	Chief Executive	Complete	31/04/26	Green – On Track	Action completed, text reviewed in advance of presenting the risk register to February 2026 A & C Committee.
<a href="#">2025/26 Risk Management</a> [Ref 2025_26 RM R2 (Astari Ref 1463) [PS Ref 3946]]	Restated recommendation (1463): Either in addition to or instead of the “Progress Update” column, a “Gaps in control or Assurance” column should be added, and this	Agreed, however, rather than including another column on the Risk Register a Future Actions section will be included on the Cover Report. This will be updated	Low	Chief Executive	Complete	31/04/26	Green – On Track	Action complete – Future Actions section has been included in Risk Register Cover report.

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	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.	when it has been completed						
<a href="#">2025/26 Risk Management</a> [Ref 2025_26 RM R3 (Astari	Restated recommendation (1458): Guidance on the following areas should be	Risk Strategy/ Guidance will be updated next time it is reviewed to include section on	Low	Chief Executive	In Progress	31/12/26	Green – On Track	Review of guidance to be completed by end of calendar year with inclusion of sections of risk identifications and

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Ref 1458) [PS Ref 3942]	made available, and this could be achieved through the existing Risk Strategy or a separate guidance document: ▪ Risk identification, and ▪ Controls, including the different types of control (preventative, directive, corrective and detective)	risk identification and controls (including the different types).						controls (including the different types).
<a href="#">2025/26 – Follow Up</a> (Information & Cyber Security and Data Protection 2023_24) [Ref 2025_26 FU (Astari Ref:	Findings from follow up audit: While the asset register was in place and was being updated as changes to equipment were made and as the	Review to be carried out of existing historic inventory listed within the central asset register to confirm this information is correct.	High	IT Team Leader	Complete	31/03/26	Green – On Track	Staff were asked to self report on their equipment and this has helped to tidy up the asset list and have updated a few incorrectly assigned pieces of equipment. The review is complete.

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1900) [PS Ref 3943]	organisation worked towards enrolling all equipment in InTune, there had not yet been a review of the existing historic inventory listed within the asset register to confirm that it was accurate. We therefore considered the recommendation to be partially implemented.							The IT Team will continue to keep track of kit as an ongoing process, and following this exercise are looking into re doing it biannually.
<a href="#">2025/26 – Follow Up</a> (Visitors Centres 2023_24) [Ref 2024_25 FU (Astari Ref:	Findings from follow up audit: Whilst the organisation had ensured the goods and passenger lifts at Oriol y Parc	Buildings team will audit sites to identify how many appliances fall under LOLER testing	Medium	Buildings Project Manager	In Progress	31/03/26	Amber - Behind	All lifts scheduled to be tested in Feb / March.

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2879) [PS Ref 3944]	underwent regular inspections with clear tracking of these, the organisation had not yet confirmed whether the passenger lifts required LOLER testing and as such, whether the Authority was complying with the LOLER regulations.	requirements and where required add these to the M&E inspection & testing programme moving forward.						
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	31/01/26	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. <b>Verbal</b>	

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]								update can be provided during private session re 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	Complete	31/01/26	Amber - Behind	BCT test completed in March 2026. Action plan has been created which will be used at the next BCP quarterly meeting to ensure progress on raised issues.

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	elements assigned.							
2025/26 - IT Continuity and Disaster Recovery [R Ref: 2025_26 DR - ref: R3 (Astari 3190 )] [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 (or in addition to) run the	Low	IT Team Leader	In Progress	31/12/25	Amber – Behind	<p>Have run simulation training for PCI Compliance. One cyber simulation training was also sent to a user, who had clicked a link in a Phishing email. PCI user reported they'd not had an email notification, so this has been resent.</p> <p>Query sent to internal auditors about this action as concerns we can't meet expectations within recommendation due to system limitations and burden this activity will place on IT team. Alternative training in place re phishing linked to Cyber</p>

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		relevant training session						Security training by National Cyber Resilience Group and online ELMS training and opportunities via IT ongoing communication plan/ programme with staff.
<a href="#">2024/25 - Visitor Centres</a> [R Ref: 2024_25 VS - ref: R2 2879 Site Risk Assessments] (Astari 2876) [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. Carew and OYP are using new standard 5x5 format (Carew risk assessment has some additional details in it). Status of Castell Henllys site risk assessment being looked at.
<a href="#">2024/25 - Visitor Centres</a> [R Ref: 2024_25 VS - ref: R3]	All internally required inspections undertaken by	Standardisation of H&S site checks across all visitor centres (where	Low	Head of Regenerative Tourism	In Progress	31/03/26	Amber - Behind	The findings of the associated audit report have been shared with the Authority's Visitor

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Recording of site inspections] (Astari 2877) [PS Ref: 3694 ]	visitor centre staff should be documented and stored centrally, including all expected fire related checks, playground checks, Rwind checks, general walk arounds and any other checks completed.	appropriate), ensuring checks highlighted in site risk assessments are documented.		Reallocated to: Director of Nature Recovery and Tourism				Services Managers who have updated the necessary documentation.
<a href="#">2024/25 – Follow Up</a> [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	Green – On Track	Updated financial standards in draft

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	online or via a known number used previously.							
<a href="#">2024/25 - Follow Up</a> [R Ref: 2024_25 FoU - ref: 1865 KFC - Purchase Ledger] (Astari 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	Complete	30/4/26	Amber – Behind	Review completed. Suppliers no longer used deactivated in Sage
<a href="#">2024/25 - Climate Change and Decarbonisation</a> [R Ref: 2024_25 CCD - R2]	The organisation was considering the purchase of EVs in a like for like manner, it should review the	Review of fleet use across the Authority in order to reduce emissions and	Low	Head of Decarbonisation	In Progress	31/03/26	Amber - Behind	Number of replacement (ICE) vehicles for EV underway. Will review fleet across the Authority with new replacement vehicles

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(Astari 2490) [PS Ref: 3661]	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.	ensure value for money.						and after 12 months telematics (support offered by Wales Energy Service).

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<a href="#">2024/25 - Governance Structure and Processes</a> [R Ref: 2024_25 GSP - R1] (Astari 2606) [PS Ref: 3645]	<p>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.</p>	<p>Project to move all Terms of Reference to the same standard template format.</p>	<p>Medium</p>	<p>Democratic Services Manager</p>	<p>Completed</p>	<p>31/3/26</p>	<p>Green – On Track</p>	<p>Terms of Reference in English in standard template, Welsh version is awaiting some translation.</p>

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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. <b>Verbal update can be provided during private session re risk register on activity undertaken to date to progress this action.</b>
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R3] (Astari 1869) [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.	Complete	31/3/25	Amber - Behind	Data Protection Essentials Training and Cyber Security Training (Top Tips for Staff: help your staff keep your organisation safe online) are now on ELMS. All staff have been enrolled onto the

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	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.						training and e-mail sent requesting completion on revised training by end of April. New starters will be required to complete the training as part of induction process.
<a href="#">2023/24 - Income Generation</a> [R Ref: 2023_24 IG- R2] (Astari 1724) [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	Integrate monitoring of Income Diversification Action Plan into Performance Monitoring Framework.	Medium	Performance and Compliance Officer	In Progress	30/9/24	Amber - Behind	Income performance section included in the Financial Performance Report for Audit and Corporate Services Committee, including detailed table by category via SAGE Report. Minutes from the Income Diversification Working Group (2 July and 17

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
	level assessments and oversight; and review / approval of new opportunities.							September) presented to the Audit and Corporate Services Committee. Performance and Compliance Officer to look to see if Terms of Reference for Income Generation Group needs to be amended in terms of role of group in monitoring performance linked to income diversification group spreadsheet.
<a href="#">2023/24 – Health and Safety</a> [R Ref: 2023_24 HS4] (Astari 1485) [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	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	All of the meetings have taken place with the operational and high risk areas of work and a matrix compiled. All work groups and teams that are office based or have office based staff within their sites have been contacted via

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	enables effective oversight and reporting of compliance against required training needs.							email and asked to complete the Health and Safety Training Matrix provided. They have been asked to return the information to People Services in April 2026.
<a href="#">2022/23-Safeguarding</a> [R Ref: 2022_23 S2] (Astari 2557) [PS Ref: 1093]	Tier 2 Child protection / adult 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	Programme in place for Tier 2 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.	Low	Head of Engagement and Inclusion (Safeguarding Lead)	Complete	30/06/24  (Due date was extended . Original due date: 30/9/2023)	Amber - Behind	Group C Safeguarding Training completed on 26/01/2026 for the Safeguarding Group plus Ranger Team Leader and Visitor Services Manager South. HR have recorded in Cezanne the employees who attended 'The Designated Safeguarding Person Training for Group C' on 26/1/26.

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	Safeguarding Statement.							
<a href="#">2021/22 - Risk Management – Mitigating Controls</a> [R Ref: 2021_22 RM3] (Astari Ref 2554) [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	Complete	31/4/24  (Due date was extended . Original due date: 01/01/2022)	Amber - Behind	Deep dive undertaken on Delivering Corporate Objectives with a focus on capital schemes. Outcomes of deep dives fed into Risk Register reports that go to Audit and Corporate Services Committee.