Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 March 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 action from quarter 3 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.

Following comments at July Audit and Corporate Services Committee the table columns were amended slightly for the November Committee and these changes have been carried forward to the current table:

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

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

An internal audit action tracker has also been created following internal audit follow up recommendations with the relevant columns provided in the action log below and corresponding reference numbers applied. Updates are provided by staff on progress monthly via the performance reporting system.

2. High Priority Actions

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

Audit Project: Information & Cyber Security and Data Protection: Both are in Amber and past due date, however progress has been made on them. Verbal update will be provided during private session on risk register on activity undertaken to date to progress one of the actions due to it being linked to cyber security. The new starter IT requirement form is nearly complete and some minor further additions such as addition of links needed to ICT Starters and Leavers operational procedure.

3. Medium Priority Actions

Audit Project: Risk Maturity Follow Up: Key Controls being reviewed in light of recommendations from Internal Auditors. Work will commence on review and to identify process for gathering data from assurance sources to provide quarterly assurance within the Risk register 2/3 line columns in Q1 2025/26 once wider work/ changes to risk register completed.

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

Audit Project: Information & Cyber Security and Data Protection: This action is still in progress with Officers working to move Cyber Security and Data Protection Training to ELMS this will make monitoring of training a lot easier and enable line managers to track completions/ follow up with staff. Training on ELMS has been reviewed; however some amendments are needed. Officers working on amendments and confirmation has been received that IT can apply changes to the ELMS training. A revised starter and leaver process is in place that starts with the RTF form. New Starter IT Requirement Form nearly complete, being developed by IT for line Managers to complete. Further work required re Fobs.

Audit Project: Countryside Management – Coast Path: Actions completed. The Strategy has now been fully reviewed and was approved by the Director of Regenerative Tourism and Nature Recovery, the Head of Nature Recovery, and the Coast Path Task and Finish Group (see below) in mid-March. The way CAMS and ArcGIS data work together has been reviewed. Job priority definitions and timelines have been agreed and circulated to all teams that place jobs onto Workforce. NRW has formally agreed upon a 100% over two year inspection regime, whilst the Park will maintain a 75% annual survey target. Both inspection regimes are included in the revised Management Strategy and will be used as

performance indicators. The Coast Path Survey monitor allows for survey progress to be easily followed.

Audit Project: Income Generation: Work on integrating monitoring income diversification action plan into performance management framework hasn't commenced as Income Diversification Action Plan needs to be completed first before this work can commence. Action will need to be reviewed and potentially modified following response to Internal Audit Follow up report on income generation. Potential opportunities to explore via new finance system and potential dashboard functionality that could be utilised. Will form part of wider discussions on indicators linked to income generation, efficiency and cost saving activities.

Audit Project: Estate Delivery: Action Complete. Authority's Asset Management/ Estates Strategy approved by NPA in March 2025. Work on implementation plan for delivering against the strategy commenced.

Audit Project: Performance Management: Action Complete. Dashboards in place and shared with Management Team. Dashboards in place and shared with Management Team. Summary performance presentation on Q3 provided to Management Team in February showing process now embedded. Aim is that quarterly slides alongside dashboards will now be available to management team.

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

Audit Project: Health and Safety: Development of training matrix is in hand as part of the wider training needs analysis for all posts. The implementation of the Countryside Management Review will provide further opportunities to identify and prioritise health and safety training and this will be put to the Health & Safety Group.

Audit Project: Safeguarding: A final version of the PCNPA Safeguarding Statement was agreed at the February NPA meeting and published to staff on staff intranet in March. Policy references Safer Recruitment. Action now complete. In terms of Tier 2 Child Protection Training, all NPA staff undertake the ELMS training equivalent to the old Tier 1 Safeguarding training as an on-line course and general introduction to safeguarding. As part of the Social Care Wales Act a new framework for Safeguarding training is now in place in Wales. The framework explains how safeguarding training should be done, with recognised learning and development standards in place across six levels, A-F. In discussion with a safeguarding consultant (Independent Safeguarding Services) it was agreed that suitable for Group C would be the best fit for the PCNPA Safeguarding group as content is focused on those managing safeguarding within an organisation. The Authority is in the process of commissioning this training alongside further safer recruitment training for those involved in recruitment for the Authority.
 guidance, trigger document and template published on staff intranet

Audit Project: Risk Management- Mitigating Controls: Deep dives paused while Risk Register is reviewed and amended in light of Internal Audit recommendations.

Audit Project: Staff Well-being and Absence Management: It has been agreed to incorporate this topic into a half-day HR workshop for supervisors and line managers.

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 March 2024/25.

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
WBO – R1 [PS Ref: 3655]	Setting of Well-being Objectives 2024/25	Authority will carry out a review of its performance monitoring and reporting arrangements following the end of 2024/25 (allowing for full year of new process to have occurred) to assess effectiveness of new approach and to identify where improvements can be made. It will engage and seek feedback from key officers and Members as part of this review and consider relationship of our performance data with the national indicators and milestones	Performance and Compliance Officer	30/9/25	In Progress	Green - On Track	Initial exploratory work being carried out looking at conservation indicators and other high level journey checker indicators linked to delivery plans. Welsh Government seeking to develop set of indicators linked to Strategic Grant Letter. Feedback sought from Management Team on how they have found first year of new approach to Operational Review, with each sessions focusing on one Well-being Objective – Conservation, Climate, Connection, Communities.

Gov - R1 [PS Ref: 2605]	Governance of National Park Authorities 2023/24	Work with the other Designated Landscapes, Local Authority partners and Welsh Government to build on the positive work already being undertaken. Engage with Welsh Government to ensure there is clarity on who provides what support and training.	Democratic Services Manager	Continuous (We will monitor via this log for 2024/25 and assess at end of financial year whether it needs to remain on the log.)	In Progress	Green – On Track	Final Welsh Government training session held 18/3/25. Continued dialogue with WG regarding Member performance.
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	Continuous (We will monitor via this log for 2024/25 and assess at end of financial year whether it needs to remain on the log.)	In Progress	Amber – Behind	PDR documentation circulated to Members for return by end of February, however only a small number received so far. Reminder sent and Training and Development Plan delayed until June.

[PS Ref: 1078]	Income Diversification 2022/23	Develop a Strategy for Income diversification (Commercial Opportunity Strategy) with set of SMART KPI's.	CEO / Head of Finance and Fundraising	End of 2024/25	In Progress	Green – On Track	The Authority continues to undertake a range of options to seek to balance the budget.

Internal Audit

Progress as of end of March 2024/25.

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

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

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

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

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

Audit Project / Reference	Summary of Recommendations	Agreed Action Required in Response	Priority	Responsible Officer	Status	Last Agreed Due Date	RAG against last agreed due Date	Progress Commentary
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 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	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 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	High	Chief Executive	In Progress	31/05/25	Green – On Track	Risk Register including Objectives being reviewed in light of recommendations of Internal Auditors

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

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2024/25 - Risk Maturity Follow Up [R Ref: 2024_25 RMFU - R3] [PS Ref: 3650]	Restated Recommendation: The assurance columns in the risk register should be used to record specific, actual assurance that risk management activities are having the intended effect.	Review and identify process for gathering data from assurance sources to provide quarterly assurance within the Risk register 2/3 line columns (this could be linked to our wider assurance reporting). We will then test to see how effective approach is in terms of helping populate the " Gaps on control or Assurance" Column.	Medium	Performance and Compliance Officer	Not Started	31/7/25	Green – On Track	Work will commence in Q1 2025/26 once wider work/ changes to risk register completed.

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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	Green – On Track	Risk Register being reviewed and amended in light of Internal Audit Recommendations

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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	30/9/25	Green – On Track	Risk Guidance being updated in light of recommendations from Internal Auditors.

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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	Action not started.

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2024/25 - Governance Structure and Processes [R Ref: 2024_25 GSP - R2] [PS Ref: 3647]	The organisation should ensure that any declarations of interests from Officers are recorded in a consistent manner within the Register with appropriate information to promote understanding of the interest so that any conflict in working practices can be avoided. Consideration should be given to requesting 'nil return' declarations where no interests are to be declared to maintain a comprehensive record.	Nature of interest to be recorded in register going forward. Consideration of whether there is a benefit in identifying a small number of Senior Managers who should provide a nil-return [Note: recommendation on partly agreed]	Low	Democratic Services Manager	Complete	31/3/25	Green – On Track	Register of Interests updated to record declarations in consistent manner. Declarations to be sought from Senior Managers in May/June when such declarations are sought from Members.
2023/24 - Information & Cyber Security and	Due to the nature of this recommendation and agreed action and following consultation with IT Team about risks, the summary of		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,

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Data Protection [R Ref: 2023_24 CSDP - R1] [PS Ref: 2593]	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.							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 CSDP - R2] [PS Ref: 2594]	The organisation should review the asset register and confirm that the inventory is held and that the correct data (serial number and user etc) has been recorded. It would be beneficial if the findings of the asset verification register were compared to the asset list within	Update the starter and leaver processes to take account of ICT permissions and assets. Following update of above ICT asset register to be updated.	High	Head of Decarbonisation. IT Team Leader.	In Progress	31/3/25	Amber – Behind	ICT Starters and Leavers Operational Procedure still needs a bit of tweaking to add links etc and the New Starter IT Requirement Form is also nearly complete.

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	Intune to ensure all devices are listed and up to date to provide assurance of information and cyber security.							
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R3] [PS Ref: 2595]	The organisation should review the staff members who require data protection and/or cyber security training high-level training should be provided to all 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	Carry out full review of Data Protection and 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.	Medium	Head of People Services.	In Progress	31/3/25	Amber - Behind	Officers have been exploring moving to ELMS for both Cyber Security and Data Protection Training, this will make monitoring of training a lot easier and enable line managers to track completions/ follow up with staff. Training on ELMS has been reviewed; however some amendments are needed. Officers working on amendments. IT have checked and will be able to apply amendments/ edits to training on ELMS. In terms of doing switch over, decided best

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	an easy overview and reliable data.							to do one big relaunch when changes have been applied to the training and everyone will then need to complete the new updated training. DPO suggested that to support compliance providing additional communication across the year would help and this has been fed into the Communication Plan that has been developed for Cyber Security and Data Protection.
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R4] [PS Ref: 2596]	The organisation should introduce a new starter and leaver procedure with a documented checklist. As part of the checklist requirements consider requests for access	Update the starter and leaver processes to take account of ICT permissions and assets. Review of Fob access process, to identify future approach.	Medium	Head of People Services	In Progress	31/3/25	Amber – Behind	A revised starter and leaver process is in place that starts with the RTF form. New Starter IT Requirement Form nearly complete, being developed by IT for line Managers to complete. Further work required re Fobs.

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	permissions, confirmation of removal of permissions, fob access and returned and deactivated and assets provided and returned.							
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R6] [PS Ref: 2598]	The organisation should consider introducing regular data protection updates and guidance to all staff. The topics should ensure that staff are well informed as to what is required of them.	Internal Communication programme be developed supporting regular updates for Staff Newsletter and Teams Post.	Low	Performance and Compliance Officer	Complete	31/3/25	Green – On Track	Head of Decarbonisation created combined communication plan for data protection and cyber security for 2025/26. Shared with record management group, who will also monitor implementation.
2023/24 - Countryside Management - Coast Path [R Ref: 2023_24 CP -	Given the length of time since its establishment, the Pembrokeshire Coast Path Management	1) To commission an externally led (i.e. objective) review of the Pembrokeshire	Medium	Director of Nature Recovery and Tourism	Complete	31/3/25	Green – On Track	The Coast Path Management Strategy review was carried out in house to take advantage of the substantial knowledge and

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R1] [PS Ref: 2599]	Strategy should be reviewed to ensure that it is still reflects the key priorities and requirements of the Authority in its management of the coast path. Objectives set in the strategy should be SMART or PACT to enable effective oversight of delivery against them. Following review, the strategy should be approved at an appropriate level and performance against its delivery regularly reported against.	Coast Path Management Strategy to be completed by March 2025 (subject to the availability of funding). 2) To establish an internal Coast Path Working Group to take forward the complete suite of issues/actions highlighted within the Audit Report in May 2024.						experience of the outgoing Access Team Leader. The Strategy has now been fully reviewed and was approved by the Director of Regenerative Tourism and Nature Recovery, the Head of Nature Recovery, and the Coast Path Task and Finish Group (see below) in mid-March. It now incorporates a series of measures, some of which are feeding directly into Performance Reporting to Committee, and the strategy will be reviewed every three years. The Coast Path Task and Finish Group was established in response to the audit report and met for the first time on 8th July 2024. They have subsequently been meeting on a near

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								monthly basis to advance the implementation of the recommendations outlined in the report.
2023/24 - Countryside Management - Coast Path [R Ref: 2023_24 CP - R2] [PS Ref: 2600]	Review of the robustness of current coast path remedial work arrangements to promote consistency in raising jobs and reliable data to be available for planning works and oversight of performance. This should include: Timely quality assurance processes to be implemented over the accuracy of job priority categorisation and status; and Investigate lack of	1) Internal Coast Path Working Group to review remedial work arrangements with a specific focus on amalgamating all data from various systems (CAMS, JMS, verbal reporting, etc) into one definitive data set if practicable. Complete by December 2024. 2) This will also require updating quality assurance processes, creating clearer	Medium	National Trail Officer (Head of Nature Recovery)	Complete	31/3/25 (Due date was extended)	Green – On Track	Both CAMS, used by the National Trail Officer, and ArcGIS (JMS), used by the warden team, need to be kept for practical operations as the two systems serve different functions. However, the way CAMS and ArcGIS data work together has been reviewed. ArcGIS now has an up-to-date survey layer that updates automatically (FME pulling data from CAMS each night and uploading this to ArcGIS to ensure path details are always accurate). From this, Coast Path Survey monitor set up and auto-updating. Job priority definitions and timelines

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	visibility of all remedial jobs outstanding on system by relevant Countryside Managers responsible for facilitating and overseeing completion of work. Consideration should also be given to formally defining target timescales for addressing each priority remedial job, and integrate this into the system, to help promote management oversight and enable use of automatic system	job priority categories and adopting more 'automation' to prioritise and 'flag-up' incomplete work/tasks						have been agreed and circulated to all teams that place jobs onto Workforce. A new map has been created which flags up jobs that have passed their priority timeline. (i.e. Critical jobs that are over two weeks old, High jobs that are over one year old. The percentage of jobs that meet this completion deadline has also been selected as a key performance indicator.

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	controls to flag up overdue works.							
2023/24 - Countryside Management - Coast Path [R Ref: 2023_24 CP - R3] [PS Ref: 2601]	Strengthen internal (2nd line) assurance processes over compliance with expected risk management arrangements, including surveys and coast path remedial work performance. Investigate ability to obtain management reports out of CAMS to promote effective oversight to enable efficient identification of last coast path survey dates to help prioritisation the next year. Consideration	Internal Coast Path Working Group to agree annual inspection regime (i.e. date for combined winter and summer inspections to be complete). Inspection regime timetable to be agreed by July 2024 and enshrined in quality assurance processes.	Medium	National Trail Officer (Head of Nature Recovery)	Complete	31/3/25 (Due date was extended)	Green – On Track	NRW has formally agreed upon a 100% over two year inspection regime, whilst the Park will maintain a 75% annual survey target. Both inspection regimes are included in the revised Management Strategy and will be used as performance indicators. The Coast Path Survey monitor allows for survey progress to be easily followed.

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	should also be given to maintaining remedial work statuses on the CAMS system on a more frequent basis to validate that risks identified and remedial work arising have been addressed in line with expectations. This would also help promote a single point of truth in CAMS on the safety and performance in managing performance of the coast path.							
2023/24 - Countryside Management - Coast Path [R Ref: 2023_24	Procedural guidance on management of risks on the coast	1) Internal Coast Path Working Group to agree roles and	Low	Head of Nature Recovery	Complete	31/3/25 (Due date was extended)	Green – On Track	The percentage of Critical and High Priority jobs that are completed within their respective

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CP - R4] [PS Ref: 2602]	path should be reviewed and enhanced to provide clarity over expectations and promote business continuity. Key considerations to include: Roles and responsibilities; Remedial work arrangements, including priorities and target timescales; Oversight of performance; and Quality assurance processes including the retention of photographic evidence of works completed.	responsibilities, improved quality assurance systems and develop centralised guidance in delivering identified work tasks. 2) Internal Coast Path Working Group to agree suite of KPIs and best mechanism for ensuring oversight of performance (with links to the existing performance management system and NPA scrutiny committees).						expected timelines will now be used as a performance indicator, and as highlighted in the response to the recommended action R2b, an auto-updating Job Tracker map has been developed that allows staff to see at a glance any jobs that are incomplete within the deadline. Roles and responsibilities have been clearly defined as part of the review of the Countryside team structure. Photographic evidence of work undertaken is being assured by a new photo monitor, which allows an at a glance view as to whether completion photos are being attached to job. The need to take photos of

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								completed works remains an ongoing aspect of Countryside wardens induction and training. R4b) Internal Coast Path Working Group to agree suite of KPIs and best mechanism for ensuring oversight of performance (with links to the existing performance management system and NPA scrutiny committees). KPIs have been defined and are being incorporated into the Performance Framework. The document 'Coast Path Strategy Indicators' outlines this in further detail.
2023/24 - Countryside Management - Coast Path	Performance reporting metrics to NPA / sub-committees should	Internal Coast Path Working Group to agree performance	Low	Head of Nature Recovery	Complete	31/3/25	Green – On Track	Performance reporting metrics and KPIs have been revised and are being incorporated into

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[R Ref: 2023_24 CP - R5] [PS Ref:]	be reviewed for coast path risk management to enable members to discharge their duties appropriately and understand performance in greater detail. Consider reporting on actual performance against target / expectations rather than just the number of jobs completed and whether performance reporting on the annual survey programme is implemented.	reporting metrics				(Due date was extended)		the Performance Framework and the National Trail Regional Management Plan will be shared with members annually, and this is to be included in accountability document monitoring.
2023/24 - Income Generation	Formally define the requirements for oversight of:	Integrate monitoring of Income	Medium	Performance and Compliance Officer	Not Started	30/9/24	Amber - Behind	Action has not commenced yet as Income Diversification

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[R Ref: 2023_24 IG-R2] [PS Ref: 2565]	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.	Diversification Action Plan into Performance Monitoring Framework.						Action Plan needs to be completed in first instance, before it can be integrated into Performance Monitoring Framework. Action will need to be reviewed and potentially modified following response to Internal Audit Follow up report on income generation. Potential opportunities to explore via new finance system and potential dashboard functionality that could be utilised. Will form part of wider discussions on indicators linked to income generation, efficiency and cost saving activities.
2023/24 – Health and Safety	Training matrix developed should include - What training each role / staff member	Health and Safety Training Matrix for Job Specific Training	Low	Health and Safety Project Officer	In Progress	30/9/24	Amber - Behind	Work is in hand as part of the wider training needs analysis for all posts. The implementation of the

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
[R Ref: 2023_24 HS4] [PS Ref: 2514]	needs; Last completion date and next due date(s); and information that enables effective oversight and reporting of compliance against required training needs.	Needs agreed for 2024/25.						Countryside Management Review will provide further opportunities to identify and prioritise health and safety training and this will be put to the Health & Safety Group
2022/23 – Performance Management [R Ref: 2022_23 PM3] [PS Ref: 1091]	Performance Reports be presented to the SLT in a timely manner for review and potential action prior to the reports being presented to the Committees and outcomes be recorded within the SLT minutes.	Management Team Dashboards in Place. Performance considered once a month or quarterly (based on feasibility) at Management Team meetings.	Medium	Performance and Compliance Officer	Complete	31/12/23 (Due date was extended)	Amber - Behind	Action Complete - Dashboards in place and shared with Management Team. Summary performance presentation on Q2 developed for consideration of Management Team at November meeting. Performance presentation on Q3 provided to Management Team in February showing process now embedded.

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								Aim is that quarterly slides alongside dashboards will now be available to management team.
2022/23-Safeguarding [R Ref: 2022_23 S2] [PS Ref: 1093]	Requirements for Safer Recruitment training for staff undertaking interviews be reviewed with a view that Safeguarding Statement and Action Plan 2022/23 contain a consistent approach. 'Safer Recruitment' training should be specified in the Safeguarding Statement.	Updating of Safeguarding Statement to ensure consistency with PCNPA Action Plan 2022/23 (or updated version for 2023/24), including specific reference to 'Safer Recruitment'	Low	Head of People Services (Note: Safeguarding Group has agreed that Head of Engagement and Inclusion will lead on Safeguarding Policy going forwards)	Complete	30/6/24 (Due date was extended)	Amber - Behind	A final version of the PCNPA Safeguarding Statement was agreed at the February NPA meeting and published to staff on staff intranet in March. Policy references Safer Recruitment.
2022/23-Safeguarding [R Ref: 2022_23 S2]	Tier 2 Child protection / adult protection refresher training	Programme in place for Tier 2 child protection/ adult protection	Low	Head of People Services	In Progress	30/6/24	Amber - Behind	All NPA staff undertake the ELMS training equivalent to the old Tier 1 Safeguarding training

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[PS Ref: 1093]	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.	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.				(Due date was extended)		as an on-line course and general introduction to safeguarding. As part of the Social Care Wales Act a new framework for Safeguarding training is now in place in Wales. The framework explains how safeguarding training should be done, with recognised learning and development standards in place across six levels, A-F. In discussion with a safeguarding consultant (Independent Safeguarding Services) it was agreed that suitable for Group C would be the best fit for the PCNPA Safeguarding group as content is focused on those managing safeguarding within an organisation. The Authority is in the

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								process of commissioning this training alongside further safer recruitment training for those involved in recruitment for the Authority.
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)	Amber - Behind	Deep dives paused while Risk Register is reviewed and amended in light of Internal Audit recommendations.
2021_22 Estates Delivery [R Ref: 2021_22 ES1] [PS Ref: 1002]	An Estate Strategy be developed setting out the vision, strategic aims and key priorities of the Estate function including meeting	Development of Estate Strategy (setting out the vision, strategic aims, key priorities of the Estate Management	Medium	Head of Decarbonisation	Complete	30/9/24 (Due date was extended)	Amber - Behind	Action Complete - Authority's Asset Management/ Estates Strategy approved by NPA in March 2025. Work on implementation plan for delivering

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	WG decarb targets.	function and de-carbonisation approach)						against the strategy commenced.
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	In Progress	1/3/24 (Due date was extended)	Amber - Behind	It has been agreed to incorporate this topic into a half-day HR workshop for supervisors and line managers.