

Report of the Performance and Compliance Officer

Subject: Action Log for External Performance Audit and Internal Audit (Ending 31 December 2024)

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 2 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. This is still a new process in terms of monitoring and we are still in a learning phase in terms of what works and what doesn't. Follow up Audit for 2024/25 will help identify where we can make improvements in terms of monitoring and confirming completion of actions.

2. Extending Agreed Due Dates for Actions

Audit Project: Countryside Management – Coast Path: It was agreed at the November Committee that due to actions being interrelated the due date for all actions would be amended to 31/3/2025. This amendment has been applied to the dates in the table for relevant actions.

3. High Priority Actions

Audit Project: Information & Cyber Security and Data Protection: One action is on track to meet due date 31/3/25 and one has been placed in amber as it is slightly behind where it needs to be to meet this due date as a result of IT resources being stretched before Christmas.

4. Medium Priority Actions

Audit Project: Information & Cyber Security and Data Protection: IT and HR are working together to progress actions by agreed due dates. Desk top research has been carried out in terms of approach to training of other National Parks. A meeting on the fob access process has been arranged for January 2025.

Audit Project: Countryside Management – Coast Path: Penultimate draft of Countryside Management Strategy currently being reviewed, led by the Authority's Access Team Leader. Job priority definitions have been developed and are awaiting working group sign off. Authority was still awaiting confirmation from NRW in December on whether inspection timetable was to be moved to two year regime.

Audit Project: Value for Money: Actions completed. The Socially Responsible and Sustainable Procurement Policy which includes a 'Value for Money' statement document was approved by Members at the October NPA. Policy includes reference to Use of MAT (Most Advantageous Tender approach) and further information within the VFM section.

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.

Audit Project: Estate Delivery: Work has progressed on development of Asset Management Strategy. Draft Asset Management Strategy and Policy shared with Asset Management Group and to go to Management Team in January.

Audit Project: Performance Management: Dashboards in place and shared with Management Team. Summary performance presentation on Q2 developed for consideration of Management Team at November meeting. Action will be complete when performance presentation on Q3 provided to Management Team in February to show activity has become embedded.

5. Low Priority Actions – In Amber

Audit Project: Health and Safety: Development of training matrix is awaiting the completion of the Pay and Grading Review which has caused competing demands for resources. Attendance and compliance with Health and Safety mandatory training continues to be monitored closely. The monitoring of relevant health and safety qualifications that must be repeated periodically to ensure that staff remain qualified is undertaken monthly and training courses arranged to attain and maintain compliance

Audit Project: Safeguarding: The Safeguarding Statement/ Policy was updated and submitted to the December NPA meeting. Members requested additional changes to statement, which will be re-submitted to NPA in February 2025. In terms of Tier 2 training, this work is ongoing as Safeguarding Group is still trying to identify suitable courses.

Audit Projects: Equality and Diversity: Action completed. Revised guidance, trigger document and template approved by Management Team in October. Copy of revised guidance, trigger document and template published on staff intranet

Audit Project: Risk Management- Mitigating Controls: Programme of deep dives in terms of risk register have commenced.

Audit Project: Staff Well-being and Absence Management: In terms of Absence Management Training, no further action was taken regarding this training due to competing demands associated with the implementation of Pay and Grading Review. In the meantime, People Services will continue to monitor short-term sickness absence and triggers and return to work interviews. Should any issues be identified, these will be addressed locally as an interim measure.

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 2024/25.

Audit Wales – External Performance Audit

Audit/ PRS Action Ref	Audit Project	Year	Agreed Action Required in Response to Recommendations	By Whom	Due Date	Status	RAG – Against Due Date	Progress Commentary
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	Welsh Members Seminar organised by the Authority was well attended and well received. Presentation by the Minister and WG officials.
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	Democratic Services Manager	Continuous (We will monitor via this log for 2024/25 and assess at end of financial year	In Progress	Green – On Track	Revised PDR form to be considered by People Services Committee in January for comment. 5/6 Welsh Government Member appraisals undertaken. Training Plan to be prepared for March Committee.

			Appraisals for Members.		whether it needs to remain on the log.)			
[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	Work ongoing to inform mid term financial plan.

Internal Audit

Progress as of end of December 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
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	Green – On Track	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.
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	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	As per previous update, this is still slightly behind where it could be, the form still needs a lot of work but resources in IT have been stretched due to sickness and compassionate leave.

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	register were compared to the asset list within Intune to ensure all devices are listed and up to date to provide assurance of information and cyber security.							
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 /	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	Green – On Track	Work is continuing including desktop research with other National Parks.

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	completed to gain an easy overview and reliable data.							
2023/24 - Information & Cyber Security and Data Protection [R Ref: 2023_24 CSDP - R4] [PS Ref: 2596]	The organisation should introduce a new starter and leaver procedure with a documented checklist. As part of the checklist requirements consider requests for access permissions, confirmation of removal of permissions, fob access and returned and deactivated and assets provided and returned.	Update the starter and leaver processes to take account of ICT permissions and assets. Review of Fob access process, to identify future approach.	Medium	Head of People Services	In Progress	31/3/25	Green – On Track	A meeting re the fob access process has been arranged for January 2025. The Request To Fill Form has been amended to ensure that IT requirements including access, licences etc are included at this stage of the recruitment process.
2023/24 - Information & Cyber Security and Data	The organisation should consider introducing regular data protection updates and	Internal Communication programme be developed supporting	Low	Performance and Compliance Officer	In Progress	31/3/25	Green – On Track	Draft Plan created for 2025 - identifying key themes. However, exploring with IT potential to combine with development of wider

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Protection [R Ref: 2023_24 CSDP - R6] [PS Ref: 2598]	guidance to all staff. The topics should ensure that staff are well informed as to what is required of them.	regular updates for Staff Newsletter and Teams Post.						Cyber Security communication plan.
2023/24 - Countryside Management - Coast Path [R Ref: 2023_24 CP - R1] [PS Ref: 2599]	Given the length of time since its establishment, the Pembrokeshire Coast Path Management 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	1) To commission an externally led (i.e. objective) review of the Pembrokeshire 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	Medium	Director of Nature Recovery and Tourism	In Progress	31/3/25	Green – On Track	Penultimate draft currently being reviewed, led by the Authority's Access Team Leader. The updated draft will be sent to key personnel for comments/amendments . It is envisaged that a more 'polished' version of the document will be available to circulate to Members of the Audit and Corporate Services Committee in due course.

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	delivery against them. Following review, the strategy should be approved at an appropriate level and performance against its delivery regularly reported against.	of issues/actions highlighted within the Audit Report in May 2024.						
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	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	Medium	National Trail Officer (Head of Nature Recovery)	In Progress	31/3/25 (Due date was extended)	Green – On Track	Action 1 completed as much as practicable. Action 2 awaiting only final sign off of job priority definitions. Due to be discussed at next working group meeting.

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	<p>implemented over the accuracy of job priority categorisation and status; and Investigate lack of 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</p>	<p>definitive data set if practicable. Complete by December 2024. 2) This will also require updating quality assurance processes, creating clearer job priority categories and adopting more 'automation' to prioritise and 'flag-up' incomplete work/tasks</p>						

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	promote management oversight and enable use of automatic system 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	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	Medium	National Trail Officer (Head of Nature Recovery)	In Progress	31/3/25 (Due date was extended)	Green – On Track	Still awaiting confirmation from NRW that inspection timetable is to be moved to a two year regime. Confirmation in writing will likely come with budget arrangement for the next financial year. Park will likely keep a target of inspecting well above 50% of the path each year, even if not required by NRW.

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	<p>coast path survey dates to help prioritisation the next year. Consideration 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.</p>	assurance processes.						

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2023/24 - Countryside Management - Coast Path [R Ref: 2023_24 CP - R4] [PS Ref: 2602]	Procedural guidance on management of risks on the coast 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.	1) Internal Coast Path Working Group to agree roles and 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	Low	Head of Nature Recovery	In Progress	31/3/25 (Due date was extended)	Green – On Track	1) Monitoring systems have been put in place to measure how long jobs have been on the system, as well as whether photographs have been added to completed jobs. Priority definitions and timescales have been reviewed by the Working Group and relevant Park staff and a formal document is being drafted. 2) The suite of KPIs will be decided upon once the Management Strategy review is completed, due to be discussed at next working group meeting.

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		the existing performance management system and NPA scrutiny committees).						
2023/24 - Countryside Management - Coast Path [R Ref: 2023_24 CP - R5] [PS Ref:]	Performance reporting metrics to NPA / sub-committees should 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	Internal Coast Path Working Group to agree performance reporting metrics	Low	Head of Nature Recovery	In Progress	31/3/25 (Due date was extended)	Green – On Track	Access Team Leader continuing the review of the Management Strategy, which will influence reporting metrics. On track to meet due date.

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	completed and whether performance reporting on the annual survey programme is implemented.							
2023/24 - Value for Money [R Ref:2023_24 VM- R1] [PS Ref: 2562]	Clear guidance should be developed in a VfM Strategy, or an appropriate policy, that clearly defines VfM and what the approach is for PCNPA. The items raised in VfM report should be considered when drafting the strategy and defining the outcomes expected.	A Value for Money Strategy to be included in a new Procurement Policy.	Medium	Head of Decarbonisation	Complete	31/03/2025	Green – On Track	The Socially Responsible and Sustainable Procurement Policy which includes a ' Value for Money' statement document was approved by Members at the October NPA.
2023/24 - Value for Money [R	Clear guidance should be included in the Sustainable	Include guidance in the	Low	Head of Decarbonisation	Complete	31/03/2025	Green – On Track	The Socially Responsible and Sustainable Procurement Policy which includes a ' Value

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Ref: 2023_24 VM- R2] [PS Ref: 2563]	Procurement Policy on how VfM is to be embedded within the procurement process.	Sustainable Procurement Policy on how VFM will be embedded within procurement process						for Money' statement document was approved by Members at the October NPA. Policy includes ref to Use of MAT (Most Advantageous Tender approach) and further information within the VFM section.
2023/24 - Income Generation [R Ref: 2023_24 IG-R2] [PS Ref: 2565]	Formally define the requirements for oversight of: the Income Diversification Action Plan; operational monitoring of the Commercial Strategy; day to day performance monitoring; risk level assessments and oversight; and review / approval of new opportunities.	Integrate monitoring of Income Diversification Action Plan into Performance Monitoring Framework.	Medium	Performance and Compliance Officer	Not Started	30/9/24	Amber - Behind	Action has not commenced yet as Income Diversification Action Plan needs to be completed in first instance, before it can be integrated into Performance Monitoring Framework.

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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	Health and Safety Project Officer	In Progress	30/9/24	Amber - Behind	No further progress has been made in December due to staff turnover and competing demands for resources. Attendance and compliance with Health and Safety mandatory training continues to be monitored closely. The monitoring of relevant health and safety qualifications that have to be repeated periodically to ensure that staff remain qualified is undertaken monthly and training courses arranged to attain and maintain compliance
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	Management Team Dashboards in Place. Performance considered once a month or quarterly (based on feasibility) at	Medium	Performance and Compliance Officer	In Progress	31/12/23 (Due date was extended)	Amber - Behind	Dashboards in place and shared with Management Team. Summary performance presentation on Q2 developed for consideration of Management Team at November meeting. Action will be complete when performance presentation

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	outcomes be recorded within the SLT minutes.	Management Team meetings.						on Q3 provided to Management Team in February to show activity has become embedded.
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)	In Progress	30/6/24 (Due date was extended)	Amber - Behind	Ongoing. The Statement was updated and submitted to the December NPA meeting. Members requested additional changes to statement, which will be re-submitted in February 2025.
2022/23- Safeguarding [R Ref: 2022_23 S2]	Tier 2 Child protection / adult protection refresher training be provided to the	Programme in place for Tier 2 child protection/ adult	Low	Head of People Services	In Progress	30/6/24 (Due date was extended)	Amber - Behind	This work is ongoing as the Safeguarding Group is still trying to identify suitable courses

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[PS Ref: 1093]	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.	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.						
2021/22 - Equality and Diversity [R Ref: 2021_22 ED3] [PS Ref: 1083]	The remaining policies and procedures requiring an Equality Impact Assessment (EIA) to be completed to be identified and the EIA prepared as they fall due for review, with a	Framework put in place to identify what policies or procedures require Equality Impact Assessment. (Will form part of wider work	Low	Performance and Compliance Officer	Complete	30/3/24 (Due date was extended)	Amber - Behind	Revised guidance, trigger document and template approved by Management Team in October. Copy of revised guidance, trigger document and template published on staff intranet

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
	target completion date for the exercise to be determined.	on integrated assessments).						
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	Programme of deep dives commenced
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 WG decarb targets.	Development of Estate Strategy (setting out the vision, strategic aims, key priorities of the Estate Management function and	Medium	Head of Decarbonisation	In Progress	30/9/24 (Due date was extended)	Amber - Behind	Draft Asset Management Strategy and Policy shared with Asset Management Group and to go to Management Team in January.

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		de-carbonisation approach)						
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	No further action was taken with regard to this training due to competing demands associated with the implementation of Pay and Grading Review. In the meantime, People Services will continue to monitor short-term sickness absence and triggers and return to work interviews. Should any issues be identified these will be addressed locally as an interim measure.