

ACGC CORPORATE RISK REGISTER - 10/03/2026																												
Data ID	Risk Theme	Identification Date	Executive Sponsor	Leadership Team Lead	Directorate	RISK ARTICULATION			INHERENT SCORING			CONTROLS			RESIDUAL (CURRENT) SCORING			DECISION	OVERALL RISK PROGRESS			ACTION PLAN			TARGET SCORING			RESPONSIBLE GROUP
						Risk Description	Cause	Effect	Likelihood	Consequence	Rating	Key Controls	Likelihood	Consequence	Rating	Overall Risk Progress	Action Summary		Action Due date	Action Done date	Progress	Likelihood	Consequence	Rating				
1533	Adverse Publicity	14/06/2023	PHW - National Director of Policy and International Health	Tracy Black	Policy and International Health	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments (see Part 6 here: https://www.legislation.gov.uk/uk/pw/2017/22/part/6/enacted)	This is caused by a lack of capacity in the WHASU teams and limited knowledge, skills and capacity across PHW, outside of WHASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies.	This would result in PHW not being able to fulfil its statutory duties either as a public body carrying out HIAs nor as a body which is required to provide assistance to other public bodies, as well as ineffective implementation of the regulations leading to missed opportunities to reduce inequalities and improve and protect public health in Wales.	4 Highly Likely	4 Major	16	Temporary changes have been put in place to bolster the WHASU team as it delivers its IIMP deliverables as well as prepares for the duty. A highly experienced Band 7 is remaining as part of retire and return at 0.4 WTE from 0.6 WTE in October. Other preparations include revamping training, providing quarterly Network of Practice meetings and masterclasses, mapping the stakeholder landscape and writing guidance and FAQs for example.	3 Likely	3 Moderate	9	Treat	23/01/2026 - The HIA Guide was approved by the Executive Team and will be published on the 24th February 2026.	A comprehensive workplan will be further developed to increase engagement, training, capability and capacity building and to the further develop the guidance to support the requirements of the legislation by end of Q3	31/10/2025	23/09/2025	This action is ongoing, however the publication of the legislation has been delayed.	2 Unlikely	2 Minor	4	Directorate Senior Management Team (Policy and International Health)			
1541	Patients and Clients (Clinical) Risks	06/07/2023	PHW - Director of People and Organisational Development	Rachel Atwood	People and Organisational Development	There is a risk of harm to service users and employees within PHW, specifically in relation to vulnerable groups such as children and adults, due to the absence of regular disclosure and barring service checks.	This is caused by the organisation not carrying out disclosure and barring service renewal checks in addition to the initial check that is undertaken at recruitment (whilst this is not a legal requirement it is best practice)	This would result in the potential misuse of position of trust, resulting in abuse of service users and potentially employees. Deviant and adverse impact on levels of public confidence and credibility. Financial implications relating to claims made against the organisation.	3 Likely	5 Critical	15	Appointment of DBS Compliance Officer to undertake organisational position number cleansing. Policies and Procedures in place for recruitment and safeguarding. Recruitment process includes the correct level of DBS check for the position number. DBS guidance available for managers and online tool to ensure correct level of DBS check completed on successful appointment of new starters. Quarterly reporting of DBS compliance checks for new starters discussed at PHW safeguarding group for assurance. Named Lead for Safeguarding in post for managers to access for Safeguarding enquiries associated with safe recruitment. OSR Mandatory safeguarding training for adults and children and appropriate level of training assigned to position numbers and reported monthly to managers. DBS audit completed and actions in place to improve the management of risk for established staff. Safeguarding incidents reviewed by PTR team and named lead for safeguarding and escalated as required. All Safeguarding incident and concerns reported and reviewed at the quarterly safeguarding group and themes identified. Availability of DBS workshops advertised on PHW's intranet.	2 Unlikely	5 Critical	10	Treat	10/02/2026 - The project is currently around two months behind schedule due to low completion rates for staff DBS and TrustID checks, with significant time being spent issuing repeated reminders and renewing expired links. Additional resource has been deployed to manage this, and Business and Planning Leads have been asked to reinforce the need for colleagues to prioritise completion in order to recover the timetable and prevent further delays.	Subscription to DBS Update service that will provide repeat checks	31/03/2026		The project is currently around two months behind schedule due to low completion rates for staff DBS and TrustID checks, with significant time being spent issuing repeated reminders and renewing expired links. Additional resource has been deployed to manage this, and Business and Planning Leads have been asked to reinforce the need for colleagues to prioritise completion in order to recover the timetable and prevent further delays.	1 Highly Unlikely	5 Critical	5	Leadership Team			
1593	Statutory Duty	04/10/2021	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	Nursing, Quality and Integrated Governance	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are embedded in all aspects of PHW business.	This is caused by organisational capacity and capability to operationalise and embed due to competing priorities.	This will result in noncompliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.	3 Likely	3 Moderate	9	1. Established Innovation and Improvement Hub creating a culture of improving and innovating for quality within the organisation and transferred to DNAPW in April 2024. 2. Planned refresh of the I&I offer for 24/25 due to staffing changes 3. Implementation plan for PHW strategic priorities with identified leads for each theme and completed against road map 4. Developed coaching support to be provided by I&I Hub for improvement projects 5. National guidance and support materials and designated sharpoint site available for PHW staff. 6. Annual Quality Report published for 23/24 detailing quality work against 12 standards and available to the public 7. Quality oversight group formal meetings commenced with reporting EDON and EMD 8. Quality standards with key lines of enquiry self assessment in progress with a full schedule of self assessment planned for all 6 standards by March 2025 9. Leadership forum and spotlight on sessions delivered in July 2024 for the duty and a QMS approach 10. Strategic priority 5 - excellent public services now linked into the STEEP format and roadmap being formulated 11. Quality Governance report submitted to QMS quarterly framed around STEEP domains. 12. Active participation in the NHS Executive Quality Standards Meetings.	2 Unlikely	3 Moderate	6	Treat	16/01/2026 - The risk has been reviewed and the Quality Impact Assessment action updated to reflect progress	Quality Management System (General) - Quality Management System road map agreed and implementing	31/03/2026		Update 1.2026 Ongoing development work with HPS5 and NHP1 Update 12.25: Participating in NHSR QMS workstreams: QMS Delivery & Learning Network. QMS activities ongoing - always on reporting in development and health and care standards peer review post self assessments.	1 Highly Unlikely	2 Minor	2	Quality Oversight Group			
1648	Statutory Duty	24/06/2024	PHW - National Director for Public Health Knowledge and Research	Kirsty Little	Research, Data and Digital	There is a risk that Public Health Wales will lose access to Primary Care data.	This is caused by Audit+ (the current tool) used to gather primary care data is being discontinued in July 2024 and there will be no further support of Audit+ from March 2026.	This would result in the loss of Audit+ without a replacement equivalent service would lead to PHW being unable to meet its statutory responsibilities.	5 Almost certain	4 Major	20	Start a programme of work to ensure that all regular reports from Audit+ are migrated to the NDR by DHCW, and that any new requirements are developed in the NDR by either PHW or DHCW. Managed via the DARIC Programme. Requirement merged with Lung Screening and on DHCW list of action. DHCW have committed that those services that are current users will be unaffected.	3 Likely	4 Major	12	Treat	16/01/2026 - DHCW have committed to continue to support all existing and current Audit+ use cases, but the detail regarding how remains unclear. DHCW have now confirmed an extension to the Audit+ contract to Apr-27. The PHW team will continue to define the plans for the end of the contract.	To update the Business Continuity Impact Assessment and Business Continuity Plans, to reflect the impact of Audit+ removal/ not updating and mitigations. Plans and assessment to be uploaded into this risk as supporting documentation by 30 November 2024.	30/04/2025		08/07 - Update from Eric Majlan - it will have an impact on and slow down our sentinel work, and the team will work on contacting GP services directly to gather the information. Therefore, due to the fact that it is not deemed to have direct clinical impact, this specific matters has not been flagged as a business continuity issue and our arrangements have not been specifically updated to address that. HP - Awaiting update to confirm this covers HP only or whole of HPS5. Date moved due to capacity and change with DHCW continuing to support.	1 Highly Unlikely	2 Minor	2	Digital and Data Design Authority (DDDA)			
1678	Quality	30/04/2024	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Slicox	Nursing, Quality and Integrated Governance	There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.	This is caused by inconsistencies appropriate utilisation of Data across the organisation, contrary to the approved process.	This would result in a loss in Board confidence and omission of reportable risks at all levels. In addition, a failure to investigate improvement projects resulting in potential harm to service users, reputational damage and financial implications.	5 Almost certain	3 Moderate	15	Approved Risk Policy and Procedure	3 Likely	3 Moderate	9	Treat	10/02/2026 - Since the last update was provided, a reasonable assurance rating in relation to the management of corporate risks has been received by the organisation. In conjunction with this, targeted communications have taken place with risk handlers and owners who hold risks at a corporate level, reminding them of process, governance and purpose of updating via Data. This is also taking place at Directorate SMT meetings, increasingly. It is proposed that the likelihood of this risk is reduced to 3, making the risk a 3x3-9, based on the assurance from internal audit and increased awareness raising across PHW.	To complete a deep dive risk review at DDDA on 15/09/2025.	30/09/2025		Agenda agreed	2 Unlikely	2 Minor	4	Leadership Team			

1758	Operational	28/03/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuch	Health Protection and Screening Services	There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on the MBSU's. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk.	This is caused by dust entering the detector potentially damaging the detectors, rendering the machine inoperable.	This would result in delayed and cancelled breast screening appointments -36 month round length screening time, reputational and financial implications (detector costs circa £2k).	4 Highly Likely	4 Major	16	Sufficient controls are not in place	4 Highly Likely	4 Major	16	Treat	23/02/2026 - The risk was considered at Leadership Team on the 19/02/2026. Members were content with the management of the risk.	To ensure there are mitigations in place to monitor and reduce dust levels until a suitable permanent solution is identified and implemented	31/03/2026		Use of external generator and air purifiers as necessary visual monitoring of dust and also monitoring of any issues with mammography equipment. Enhanced cleaning in place - mobiles have new hovers, magnetic dusters and increased cleaning schedules (hoovering and dusting every day) in addition to the routine cleaning of equipment/furniture.	1 Highly Unlikely	2 Minor	2	Screening IMTs - BTW MSUs
1779	Operational	09/04/2025	PHW - National Director for Public Health Knowledge and Research	Kirsty Little	Research, Data and Digital	There is a risk that we will lose our ability to monitor our impact due to declining survey response rates across many sources of official statistics including the National Survey for Wales, the Annual Population Survey and the Labour Force Survey.	This is caused by declining survey response rates across many sources of official statistics.	This would result in the inability to monitor our impact and losing the oversight to be able to manage our resources effectively and be able to make evidence informed decisions about managing our services.	5 Almost certain	3 Moderate	15	Communication is ongoing with the data source providers to understand their mitigations and timescales. National Survey has been confirmed to not be available for one year which will need to be tolerated. National Survey for Wales: The contract to deliver the new survey design has now been awarded to the National Centre for Social Research (Nat.Cen), who will spend 2025-26 setting up and testing the survey ready for launch in March 2026. First results from 2025-27 fieldwork are due to be published in July 2027. The expected sample size is 24,000. Exploring alternative and proxy indicators and modelling is continuing. ONS will release Healthy Life Expectancy on 4 July 2025.	4 Highly Likely	3 Moderate	12	Treat	16/01/2026 - Mitigation actions are ongoing	Continue to monitor ONS publications and plans.	30/09/2025			2 Unlikely	3 Moderate	6	Digital and Data Design Authority
1846	Finance	23/07/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Sicox	Nursing, Quality and Integrated Governance	There is a risk that the organisation will fail to implement a suitable Data Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	There is no current funding allocated to procure, develop and implement a replacement system and a lack of strategic direction regarding whether a local or national solution is being taken forward. There is also no organisational commitment to supporting this project from a digital perspective.	This would result in a failure to effectively manage risks resulting in inability to achieve strategic objectives.	3 Likely	4 Major	12	None	4 Highly Likely	4 Major	16	Treat	10/02/2026 - This project is only considered as 'pipelined' by the organisational change board at the moment, therefore, there is no commitment being demonstrated to take this project forward as a priority within the constraints of the timescales associated with the decommissioning of Data Web. Therefore, the likelihood score of the target not being reached by November 2027 should increase the residual score to 4 making this risk a 4x4=16. This score exceeds the inherent scoring of the risk, fundamentally due to the discussions taking place outside of PHW with procurement and OW colleagues. The current resource that was allocated to take this project forward is also due to end the fixed term contract by 31st March 2026.	Submission to DDDA for agreement of way forward contained within the options appraisal document.	31/12/2025	03/02/2026	Attended DDDA in August 2025. Further scoping advised and development of a system specification to be drafted.	2 Unlikely	3 Moderate	6	RMS Project Huddle
																	Funding bid submitted	31/12/2025	03/02/2026	No funding or resource confirmed for this project although, National discussions are taking place to determine if an all Wales approach is to be taken forward.	2 Unlikely	3 Moderate	6		
																	Discussed at NQIG SMT on 28th July 2025, and decision was made to escalate to Leadership Team to request for this risk to be included on the Corporate Risk Register, as the impact of this risk were it to be realised, is organisational wide.	21/09/2025	06/10/2025	The risk was submitted to Leadership Team on the 18/09/2025 and accepted onto the CR.	2 Unlikely	3 Moderate	6		
2003	Strategic Risk	01/04/2025	PHW - National Director of Policy and International Health	Christopher Orr	Policy and International Health	There is a risk that Public Health Wales may not achieve our net zero target by 2030 and the carbon negative target by 2035 as set out in the Public Health Wales Long Term Strategy.	This is caused by the inability to accurately measure our carbon emissions for all activities undertaken in Public Health Wales and understand what areas we can make the greatest impact to reduce carbon emissions. Inadequate pace and scale of organisational response to reduce our carbon footprint over the next five years. Failure to effectively engage staff in our carbon reduction work across the organisation. Lack of dedicated decarbonisation resources across the organisation and failure to prioritise resources across the organisation to actions that would make a measurable difference to the reduction of our carbon emissions. Potential need for future investment in response to emerging threats and incidents similar to the Covid-19 pandemic response which will increase our emissions. Decisions not always prioritising the impact on the environment	This will result in a failure to achieve net carbon zero by 2030, contributing to the public health impacts of climate change which lay within our influence. As a result of not being able to measure carbon emissions accurately, it is also likely that our current carbon emissions are significantly underestimated providing a false position for Public Health Wales on its progress to net zero	4 Highly Likely	4 Major	16	Climate Change Programme Board (Decarbonisation and Sustainability Action Plan 2024-2026) Decarbonisation and Sustainability Action Group Evaluation Report of the Decarbonisation and Sustainability Plan	4 Highly Likely	3 Moderate	12	Treat	21/02/2026 - A meeting is scheduled with the Risk Team on the 12th February to strengthen the reporting at the Climate Change Programme Board and the dependencies between this risk and the related strategic risk.	Development of Decarbonisation and Sustainability Action Plan 2026-28	31/03/2026		Under development. Plan circulated to Climate Change Programme Board for comment ahead of going to Execs and Board in March 2026 for approval.	2 Unlikely	2 Minor	4	Climate Change Programme Board
																	Evaluation Report and recommendations of Decarbonisation and Sustainability Action Plan approved	31/12/2025	10/11/2025	Recommendations discussed at Climate Change Board on 10 November and supported. Action complete	2 Unlikely	2 Minor	4		
																	Identify and scope the future resources required to deliver the Decarbonisation Programme	31/03/2026		Early discussions held. To be informed by the Evaluation Report. Session to be held with the Executive Team on 11 February to discuss future resource requirements.	2 Unlikely	2 Minor	4		
																	Hold a deep dive with the Leadership Team on Decarbonisation actions.	30/06/2026		Date to be identified. Discussed at Leadership Team on 20 November 2025.	2 Unlikely	2 Minor	4		
2076	Statutory Duty	31/10/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Stuart Sicox	Nursing, Quality and Integrated Governance	There is a risk that PHW is unable to meet the legal duties set out in the Equality Act 2010/Public Sector Equality Duty and respond to the needs of the population. It may be unable to enable and demonstrate full compliance with the newly published Accessible Information Standards	This is caused by the lack of an organisational capacity with overall responsibility for Equality Diversity & Inclusion to ensure both a strategic and coordinated approach and associated infrastructure is in place to respond to the needs of the population.	The impact will be a fragmented approach to Equality & Inclusion work within PHW and non-compliance with the Public Sector Equality Duty (PSED) including submission of the Annual Equality Report, development of the Strategic Equality Plan and its implementation along with the implementation and monitoring of compliance with the Wales Accessible Information Standards (AIS) and completion of Welsh Government returns such as the Anti-Racist Wales Action Plan, Dementia Action Plan and Learning Disability Action Plan. This risk may also further impact on strategic risk 2 if not addressed	4 Highly Likely	3 Moderate	12	EDI workforce workstreams being addressed through people & culture workstreams. Screening programmes have an equity group but not reporting outside of the programme infrastructure. Organisational wide Peoples experience group in place but no decision making authority. Previous business case developed for EDI post but requires further scoping supporting by investment. Discussions remain ongoing with NQIG and POD as to the feasibility of an organisational role with associated governance structure. Various degrees of engagement with diverse community groups occurring but without organisational oversight and coordination. Leadership team reviewing the implications of the recently published Accessible Information Standards	3 Likely	3 Moderate	9	Treat	10/02/2026 - The action plan has been updated with next scheduled review in March.	Leadership team to review the newly published accessible information standards and prepare an action plan to address gaps/deficits	31/12/2025	06/11/2025	Discussed on 6.11.25 action completed	2 Unlikely	2 Minor	4	Leadership Team
																	Work with Engagement manager and POD team to develop an outline business case for an EDI post and governance infrastructure	31/12/2025		Der update: initial discussion completed with POD and paper currently being written with a proposal of how to take forward and to be discussed with BET	2 Unlikely	2 Minor	4		
																	A deep dive session requested by leadership team on equalities work and AIS to inform discussion with BET	09/01/2026	08/01/2026	Update 1.2026 Presented to Leadership team 8.1.26 and agreed actions for LT include a baseline of current infrastructure & practices in place in each directorate to manage equalities and this data to be reviewed in February.	2 Unlikely	2 Minor	4		
																	Leadership team to complete a baseline assessment of current equalities provision and processes/infrastructure detailing how they manage /ensure compliance with equality act. To be brought back to LT in 4 weeks for agreement on next steps.	27/03/2026		Distribution of the survey delayed until 6.2.26 and will report finding back to Leadership team mid march	2 Unlikely	2 Minor	4		
2143	Operational	11/12/2025	PHW - National Director of Health Protection and Screening Services	Michelle Battlemuch	Health Protection and Screening Services	There is a risk that we will be unable to deliver an effective long term sustainable and excellent Environmental Public Health service to the population of Wales.	The service is provided by Public Health Wales & Environmental Public Health and the UKHSA, underpinned by an MOU signed in 2013. The MOU was later renegotiated with UKHSA withdrawing from existing informal arrangements to support front line service provision (can be traced to risk ID 1633, risk materialised). - UKHSA withdrawing from existing informal arrangements to support front line service provision will mean that the EPH service will need to be safely responsible for frontline response both in and out of hours. Resource capacity issues within the team. 10/02/2026: Further information below. UKHSA has historically provided support to Public Health Wales (PHW) for the delivery of the Duty Risk service as a matter of custom and practice. However, no formal or documented arrangements	The impacts might be a negative impact on the quality of Environmental Public Health service delivered to the population of Wales, impact on public health, business continuity and resource constraints.	4 Highly Likely	4 Major	16	1) Secure Support from Within the Health Protection Division Task Completed: A staff member from within the Division has been identified and has informally transitioned to support the Environmental Public Health function. This arrangement has been in place since 01 January 2025 and is scheduled for review by 31 March 2026 due to financial constraints. Result: An additional 1.0 WTE resource has been added to strengthen service resilience and sustainability. Recommendation: Review this arrangement on an ongoing basis to ensure continuity and alignment with transformation timelines. 2) Escalate the Risk to the	3 Likely	4 Major	12	Treat	23/02/2026 - The risk was considered at Leadership Team on the 19/02/2026 and accepted onto the Corporate Risk Register. It was confirmed that monthly updates are provided to the Business Executive Team who have taken responsibility for addressing the risk.	Commence Transformation and Integration Programme and Report to BET	29/01/2027		Stage 1 - Engagement and Scoping (Underway): Initial discussions have commenced within the Health Protection team. Meetings with the wider Environmental Public Health Team are scheduled for 28 January 2026 and 11 February 2026 to test the proposed direction of travel. Stage 2 - Development of Operating Model (By May 2026): A detailed operating model for an integrated In-Hours and Out-of-Hours service will be presented to BET with recommendations. Stage 3 - Formal Consultation (May-July 2026): Supported by People and Organisational Development colleagues, formal consultation on the proposed model will be undertaken with completion targeted by July 2026. Stage 4 - Implementation (July-January 2027): Transition to the new operating model will commence following consultation, with full implementation anticipated by January 2027.	1 Highly Unlikely	3 Moderate	3	Business Executive Team

						were ever agreed between the two organisations. Following recent developments relating to the revision of arrangements between UKHSA and the devolved administrations, UKHSA colleagues informed PHW that their frontline support for both in hours and out-of-hours duty desk provision would cease.										Engage with UKHSA to Seek Extension of Out-of-Hours (OOH) Support until 31 March 2027	30/04/2026		Task Completed: The Director of Health Protection has met with UKHSA colleagues and is actively negotiating an extension of the current OOH support arrangements until 31 March 2027. Result: Awaiting formal confirmation from UKHSA regarding continuation of OOH service provision. Recommendation: Maintain regular engagement with UKHSA, ensuring ongoing transparency regarding PHW's transformation progress. If negotiations are unsuccessful, escalation through Chief Executives may be required.				
2144	Quality	11/12/2025	PHW - Executive Director of Nursing, Quality and Integrated Governance	Angela Cook	Nursing, Quality and Integrated Governance	There is a risk that the service users may have a clinical procedure undertaken without full consent process being adhered, thereby not receiving all the required information to ensure informed consent and decision making either from direct service delivery in PHW programmes or as a result of national advice & guidance being published without taking consent and decision making into consideration.	This is caused by clinicians or PHW staff potentially not following the latest guidance as detailed in the All Wales consent and decision making policy and procedure.	The impact might be poor quality service, service user harm, financial implications (claims) and reputational damage.								23/02/2026 - The risk was considered at Leadership Team on the 19/02/2026 and it was accepted onto the Corporate Risk Register. It was agreed that the risk would be rearticulated to reflect that the main risk being held is related to individuals having a procedure undertaken without being fully informed and a component to address the risks relates to staff training rather than training being the focus.	Results of the Q3 All screening programme Consent audit published and improved plans in place for screening areas where compliance below standard expected	31/03/2026	Data collection phase at present. Update 18.2.26: Additional queries raised following initial submission to WIR and have been answered and resubmitted. Awaiting report and recommendation to inform improvement actions. In the meantime role competency being assigned to staff who have now been identified as requiring it.				
									4 Highly Likely	3 Moderate	12		3 Likely	3 Moderate	9	Treat	To audit Best Interest Decisions in WAASP, BTW and DEWS screening programmes and identify poor compliance and required improvements	30/06/2026	Due to start in Q3 2026				
																Review the Revised all Wales consent policy once published and identify amendments required to the PHW consent policy	31/03/2026	Awaiting publication of draft revised policy	2 Unlikely	2 Minor	4		
																Consent meeting to be arranged with OMD to review current role specific competency requirements and the required staff groups this need to be assigned to.	12/01/2026	19/02/2026	Meeting arranged for 30.12.25 and 16.2.25				
																Consent eLearning competency to be assigned to staff position numbers/roles and monthly compliance data monitoring in place.	29/05/2026		Current mapping of staff roles requiring competency and monthly reports received via ESR/PCD				