



Report Title	Corporate Risk: Quarterly Report
Author	David O'Brien, Director of Corporate Services and Company Secretary Levi MacInnes, Risk and Assurance Manager
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary
Previous committees/groups	Trust Executive Group: 21 January 2026 Risk and Assurance Group: November, December, January People Committee: 20 January 2026 Quality Committee: 15 January 2026 Finance and Performance Committee: 22 January 2026 Audit and Risk Committee: 13 January 2026
Recommended action(s)	Assurance
Purpose of the paper	To provide an update on material changes to corporate risks during the period November 2025 to January 2026
Executive Summary	
<p>Eleven new corporate risks have been opened:</p> <ul style="list-style-type: none"> • Risk 710: Cyber Systems - Early Replacement Issues and Delays (12, Moderate Risk) • Risk 712: Clinical Effectiveness and Audit Staffing (16, High Risk) (subsequently reduced) • Risk 713: Bank Staff Governance (12, Moderate Risk) • Risk 714: Medical Advisor Provision (Tactical Level) (12, Moderate Risk) • Risk 715: Strategic Medical Advisor Provision (15, High Risk) • Risk 725: Freedom of Information Act Disclosures: Compliance (16, High Risk) • Risk 726: Global Rostering System: Management Capacity (15, High Risk) • Risk 716: NHS Pathways: Mental Health - Inequality of Access to Emergency Health Care (12, Moderate Risk) • Risk 718: NHS Pathways: Do Not Attempt Resuscitation Process (16, High Risk) • Risk 708: Critical Care Provision (12, Moderate Risk) • Risk 724: West - West Yorkshire 999 Operations Estates (12, Moderate Risk) <p>Movements in corporate risk:</p> <ul style="list-style-type: none"> - 3 risks have reduced in score but remain on the corporate risk register - 8 risks have been de-escalated from the corporate risk register but remain open as risks - 2 risks have been closed 	
Recommendation(s)	The Board:

	1. Notes the current position regarding corporate risks. 2. Identifies any risks about which further information or assurance is required
Link to Board Assurance Framework Risks (board and level 2 committees only)	All BAF strategic risks

Corporate Risk: Quarterly Report

1. PURPOSE

- 1.1 This paper provides assurance to the Board regarding the management of corporate risk during the period November 2025 to January 2026.
- 1.2 The report focuses on material changes to risks captured in the corporate risk register
- 1.3 This risk report is prepared as part of the quarterly cycle of risk assurance for Audit and Risk Committee and for the Trust Board. Risk reports are also presented to the Board's assurance committees.

2.0 CONTEXT

- 2.1 Risk is inherent in all Trust activities. Risk management is everybody's business. Failure to manage risk well could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss, and potential for complaints, litigation, and adverse publicity.
- 2.2 Effective risk management is essential at all levels and across all activities of the organisation to support safe and high-quality service delivery and pro-active planning for Trust development.
- 2.3 The Trust's risk management arrangements are set out in the Risk Management and Assurance Strategic Framework, the implementation of which is supported by the Risk Management Policy. An important element of the Trust's risk management arrangements is regular reporting to governance bodies and management groups, including the Board and its committees, of current corporate risks, changes in corporate risk exposures, and areas of emerging corporate risk.
- 2.4 The corporate risk register is reviewed by the Risk and Assurance Group (RAG) monthly. It comprises all risks that have a current risk score of **12 or above** (based on the criteria found in the Trust's risk evaluation matrix). The corporate risk registers for January 2026 are issued separately as supporting material for this meeting.

3.1 NEW CORPORATE RISKS

- 3.1.1 Eleven new corporate risks have been opened during the current reporting period.

Opened in November 2025

- Risk 710: Cyber Systems - Early Replacement Issues and Delays (12, Moderate Risk).
- Risk 712: Clinical Effectiveness and Audit Staffing (16, High Risk) – subsequently downgraded and de-escalated.

- Risk 713: Bank Staff Governance (12, Moderate Risk)

Opened in December 2025

- Risk 714: Medical Advisor Provision (Tactical Level) (12, Moderate Risk)
- Risk 715: Strategic Medical Advisor Provision (15, High Risk)

Opened in January 2026

- Risk 725: Freedom of Information Act Disclosures: Compliance (16, High Risk)
- Risk 726: GRS management capacity (15, High Risk)
- Risk 716: NHS Pathways: Mental Health - inequality of access to emergency health care (12, Moderate Risk)
- Risk 718: NHS Pathways: DNAR Process (16, High Risk)
- Risk 708: Critical Care Provision (12, Moderate Risk)
- Risk 724: West Yorkshire 999 Operations Estates (12, Moderate Risk)

3.1.3 **Appendix A** presents more detailed information about each of these new risks.

3.2 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

3.2.1 Three risks have been reduced in score but remain on the corporate risk register:

- Risk 623: South – Hospital Handover Monitoring (reduced from 20 to 15).
- Risk 286: Child Protection Information System (CPIS) (reduced from 16 to 12).
- Risk 625: South - Lack of adherence to control drug documentation requirements (reduced from 15 to 12).

3.2.2 **Appendix B** presents more detailed information about these risks.

3.3 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

3.3.1 Eight risks have been de-escalated from the corporate risk register. These remain open and are managed via local risk registers:

- Risk 610: National Minimum Wage - staff on salary sacrifice remunerated under legal minimum (reduced from 12 to 9).
- Risk 688: West - Bradford Cat 2 90th Performance (reduced from 12 to 9).
- Risk 648: South - Fleet Availability (reduced from 15 to 10).
- Risk 712: Clinical Effectiveness and Audit Staffing (reduced from 16 to 9).
- Risk 357: Maternity Care (reduced from 12 to 9).
- Risk 644: Paramedic Urgent Care (Non-Qualified) Roles (reduced from 12 to 9).
- Risk 624: South – Adhering to medicines process (reduced from 12 to 9).
- Risk 695: Flexibility to increase resources (reduced from 16 to 9).

3.3.2 **Appendix C** presents more detailed information about these risks.

3.4 CLOSED RISKS

3.4.1 Two corporate risks have been closed:

- Risk 696: Strategic Commander Capacity and Experience to fulfil 24/7 rota
- Risk 698: On Call Medical Advisor recruitment and retention

Risk 698 was closed following review and replaced by two separate new risks; Risk 714 and Risk 715. Details of these risks are highlighted in Appendix A.

3.4.2 Appendix D presents more detailed information about these closed risks

4. FINANCIAL IMPLICATIONS

4.1 This report has no direct financial implications.

5. RISK

5.1 Failure to identify and manage strategic risks in a timely and appropriate manner could prevent the Trust from achieving its strategic objectives.

5.2 Failure to identify and manage operational risks in a timely and appropriate manner could prevent service lines and support functions from achieving their objectives.

5.3 Failure to demonstrate effective risk management arrangements could have an adverse impact on the Trust's reputation and could attract regulatory attention.

6. RECOMMENDATIONS

6.1 The Board:

1. Notes the current position regarding corporate risks.
2. Identifies any risks about which further information or assurance is required

7. SUPPORTING INFORMATION

Appended to this report

Appendix A: New Corporate Risks

Appendix B: Corporate Risks that have escalated in score

Appendix C: Corporate Risks that have reduced in score but remain as Corporate Risks

Appendix D: De-escalated Corporate Risks

Appendix E: Closed Corporate Risks

Appendix F: Risk Evaluation Matrix

Included in the Supporting Documents for the Board Meetings

Corporate Risk Register (Non-Operations): January 2026

Corporate Risk Register (Operations): January 2026

David O'Brien

Director of Corporate Services and Company Secretary

Levi MacInnes

Risk and Assurance Manager

January 2026

APPENDIX A: NEW CORPORATE RISKS

NEW CORPORATE RISK 1		
Reference	Risk 710	
Title	Cyber Systems - Early Replacement Issues and Delays	
Committee	Finance and Performance Committee	
Directorate	Digital / ICT	
Business Area	Cyber	
Risk Owner	Steve Pearson	
BAF Links	14. Deliver safe and effective digital technology developments and cyber security arrangements.	
Context	A project is underway to replace the Trust’s server security system. Deployment of the new system has commenced however is now paused due to two separate technical issues.	
<div>Opening Score</div> <div>12 (Moderate Risk)</div>		
<div>Current Score</div> <div>12 (Moderate Risk)</div>		
<div>Target Score</div> <div>3 (Low Risk)</div>		
FULL RISK DESCRIPTION		
WHAT	If...	The Trust continues to experience serious technical issues either during the project or after implementation
	Then...	This is expected to delay the project or critically impact core systems
SO WHAT	Resulting in...	A cost to extend the current system or experiencing core business system failures.
WHAT NEXT	Key Initial Mitigation Actions	Options appraisal to identify preferred next steps, including re-planning of project timescales (particularly in the context of the freeze on digital change implementations during winter pressures).

NEW CORPORATE RISK 2								
Reference	Risk 712							
Title	Clinical Effectiveness and Audit Staffing							
Committee	Quality Committee							
Directorate	Clinical							
Business Area	Clinical Audit							
Risk Owner	John Hignett							
BAF Links	4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.							
Context	<p>Four key roles in the clinical effectiveness and audit team were due to become vacant in December. This raised concerns about ability to deliver required work and meet national reporting requirements.</p> <p>Note that since being opened this risk has been reduced</p>							
<table><tr><td>Opening Score</td><td>Current Score</td><td>Target Score</td></tr><tr><td>16 (High Risk)</td><td>9 Moderate Risk</td><td>4 (Low Risk)</td></tr></table>			Opening Score	Current Score	Target Score	16 (High Risk)	9 Moderate Risk	4 (Low Risk)
Opening Score	Current Score	Target Score						
16 (High Risk)	9 Moderate Risk	4 (Low Risk)						
FULL RISK DESCRIPTION								
WHAT	If...	Upcoming vacancies due to staff leaving/retiring are not addressed within the Clinical Effectiveness and Audit team						
	Then...	Staffing resource within the team will not have capacity to appropriately meet the need for the work that is required of them						
SO WHAT	Resulting in...	Delays in delivering national AMBCOs, responding to FOIs and achieving the Clinical Audit programme.						
WHAT NEXT	Key Initial Mitigation Actions	<p>Review of team structure and roles underway, expected to be reviewed by HR, Finance and approval sought from TEG upon completion.</p> <p>Interim capacity to be sourced from internal channels where appropriate (for instance. ‘alternative duties’ staff)</p>						

NEW CORPORATE RISK 3		
Reference	Risk 713	
Title	Bank Staff Governance	
Committee	People Committee	
Directorate	People and Organisational Development	
Business Area	Human Resources	
Risk Owner	Suzanne Hartshorne	
BAF Links	<p>4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.</p> <p>9. Develop and sustain improvements in leadership and staff training and development.</p>	
Context	<p>The Trust has no consistent process to effectively manage the recruitment, termination, and management of bank staff, including training, clinical compliance, and welfare. Additionally, expected legislative developments (the Employment Rights Bill) are likely to affect the regulatory requirements regarding the management bank staff.</p>	
Opening Score		Current Score
12 (Moderate Risk)		3 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The Trust does not have efficient systems and processes in place for the recruitment and management of bank staff
	Then...	There is inconsistent practices and inadequate governance and assurances across the Trust
SO WHAT	Resulting in...	Potential patient harm and failure to meet regulatory requirements and employment legislation (including financial penalty).
WHAT NEXT	Key Initial Mitigation Actions	A task and finish group has been established to review, update and create SOPs/Processes to standardise and strengthen the governance, compliance, and operational oversight of bank workers, reducing legal and operational risks while improving engagement and equity.

NEW CORPORATE RISK 1								
Reference	Risk 714							
Title	Medical Advisor Provision (Tactical Level)							
Committee	Quality Committee							
Directorate	Clinical							
Business Area	Medical							
Risk Owner	Shona McCallum							
BAF Links	2. Provide access to appropriate care. 5. Develop and maintain effective emergency preparedness, resilience, and response arrangements.							
Context	The Tactical Advisor is required to be a suitably licensed pre-hospital care doctor who is blue light trained and who can attend major incidents. However there are notable gaps in the rota. Whilst recruitment is underway there will be limited coverage between 0800 – 1000.							
<table><tr><td>Opening Score</td><td>Current Score</td><td>Target Score</td></tr><tr><td>12 (Moderate Risk)</td><td>12 (Moderate Risk)</td><td>3 (Low Risk)</td></tr></table>			Opening Score	Current Score	Target Score	12 (Moderate Risk)	12 (Moderate Risk)	3 (Low Risk)
Opening Score	Current Score	Target Score						
12 (Moderate Risk)	12 (Moderate Risk)	3 (Low Risk)						
FULL RISK DESCRIPTION								
WHAT	If...	The Medical Advisor rota does not identify cover						
	Then...	Crews do not have access to timely medical advice within YAS. And no responder to attend a major incident scene as Medical Advisor is available						
SO WHAT	Resulting in...	Sub-optimal patient care opportunities and inadequate advice provision to the Tactical Commander on scene and risk of avoidable patient harm. Additionally, non-compliance with national / sector guidance and reputational risk to YAS.						
WHAT NEXT	Key Initial Mitigation Actions	Crews can currently obtain support from Crew Line, Specialist desks in EOC and Team Leaders. Paper to be presented to TEG for funding/decision and establishing more cover from MERIT on-call Medical Advisors.						

NEW CORPORATE RISK								
Reference	Risk 715							
Title	Strategic Medical Advisor Provision							
Committee	Quality Committee							
Directorate	Clinical							
Business Area	Medical							
Risk Owner	Shona McCallum							
BAF Links	2. Provide access to appropriate care. 5. Develop and maintain effective emergency preparedness, resilience, and response arrangements.							
Context	The Strategic Medical Advisor is to be a suitably qualified doctor who understands ambulance and emergency response services but does not need to be a pre-hospital physician with blue light training. This requires 24-hour cover, however the Trust currently only has cover 0800 – 1800, Monday to Wednesday.							
<table><tr><td>Opening Score</td><td>Current Score</td><td>Target Score</td></tr><tr><td>15 (High Risk)</td><td>15 (High Risk)</td><td>3 (Low Risk)</td></tr></table>			Opening Score	Current Score	Target Score	15 (High Risk)	15 (High Risk)	3 (Low Risk)
Opening Score	Current Score	Target Score						
15 (High Risk)	15 (High Risk)	3 (Low Risk)						
FULL RISK DESCRIPTION								
WHAT	If...	A Strategic Medical Advisor is not rostered on call/duty						
	Then...	YAS Strategic Commanders do not have access to Medically Qualified advice to inform their decisions,						
SO WHAT	Resulting in...	YAS non-compliance with NARU/NHSE EPRR guidance, reputational risk to YAS, and risk of sub-optimal care provision/casualty distribution/strategic planning with possible patient harm.						
WHAT NEXT	Key Initial Mitigation Actions	Contact may be attempted with YAS-employed Doctors however there is no guaranteed attendance. Paper to be presented to TEG for funding/decision with regards to establishing a Strategic Medical Advisor on-call rota.						

NEW CORPORATE RISK 6		
Reference	Risk 725	
Title	Freedom of Information Act 2000 Disclosures: Compliance	
Committee	Finance and Performance	
Directorate	Corporate Services	
Business Area	Legal	
Risk Owner	Ben Cowell	
BAF Links	10. Act as a collaborative, integral, and influential system partner	
Context	Compliance rates relating to Freedom of Information disclosures have reduced significantly since June 2025.	
Opening Score		Current Score
16 (High Risk)		4 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	Compliance with disclosures pursuant to the Freedom of Information Act 2000 does not improve
	Then...	Regulatory action can be brought against YAS in the form of practice recommendations and enforcement notices issued by the Information Commissioner's Office
SO WHAT	Resulting in...	Reputational damage and potential for fines, contempt of court, and or prosecution by the ICO.
WHAT NEXT	Key Mitigation Actions	Full review of process and improvement plans currently underway and has seen some improvement in the month of December. Ongoing delivery and monitoring required.

NEW CORPORATE RISK 7		
Reference	Risk 726	
Title	Global Rostering System (GRS) Management Capacity	
Committee	Performance and Finance Committee	
Directorate	Chief Operating Officer	
Business Area	Delivery and Quality (Operational Planning)	
Risk Owner	Nick Smith / Neil Disney	
BAF Links	9. Develop and sustain improvements in leadership and staff training and development.	
Context	System configuration and permission issues with GRS have led to information governance breaches: the personal information of some staff can be viewed by managers who should not have permission to view this data.	
Opening Score	Current Score	Target Score
15 (High Risk)	15 (High Risk)	2 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The current capacity gap managing and maintaining GRS systems is not resolved
	Then...	Special category health information could be viewed by line managers with no authorised reason to see it.
SO WHAT	Resulting in...	Breach of GDPR requirements and potential ICO action.
WHAT NEXT	Key Mitigation Actions	Ongoing support from Information Governance and relevant functions to review requirements and capacity to support. Wider Trust review of managerial processes relating to GRS

NEW CORPORATE RISK 8		
Reference	Risk 716	
Title	NHS Pathways - Mental Health: inequality of access to emergency health care	
Committee	Quality Committee	
Directorate	Chief Operating Officer	
Business Area	Remote Patient Care / EOC	
Risk Owner	Claire Lindsay	
BAF Links	2. Provide access to appropriate care. 10. Act as a collaborative, integral, and influential system partner	
Context	Within the NHS Pathways the algorithm for handling patients with mental health and who exhibit threatening or violent tendencies means that such patients may not be referred to a healthcare intervention. The system will refer such cases to the police and the call is closed.	
Opening Score		Current Score
12 (Moderate Risk)		3 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	Patients with mental health needs who contact the service have violent or threatening tendencies
	Then...	NHS Pathways will not assess their health needs and will refer to police only
SO WHAT	Resulting in...	Equity of care for this group of patients and lead to potential harm.
WHAT NEXT	Key Mitigation Actions	Raised to NHSE by YAS and other providers. Interim process implemented however permanent system solution is required nationally.

NEW CORPORATE RISK 9		
Reference	Risk 718	
Title	NHS Pathways: Do Not Attempt Resuscitation Process	
Committee	Quality Committee	
Directorate	Chief Operating Officer	
Business Area	Remote Patient Care / EOC	
Risk Owner	Claire Lindsay	
BAF Links	2. Provide access to appropriate care.	
Context	Within NHS Pathways the algorithm will instruct callers to perform CPR for patients outside of a care home setting who have a Do Not Attempt Resuscitation notice.	
Opening Score		Current Score
16 (High Risk)		4 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	NHS Pathways is used as intended without a local work around
	Then...	Patients with a DNA CPR outside of a care home will not have their wishes respected as the NHS Pathways algorithm will instruct callers to perform CPR
SO WHAT	Resulting in...	CPR being commenced inappropriately and associated emotional distress for bystanders, family members and staff handling the calls and attending the scene.
WHAT NEXT	Key Mitigation Actions	Raised to NHSE by YAS and other providers. Manual workaround in place however permanent system solution is required nationally.

NEW CORPORATE RISK 10		
Reference	Risk 708	
Title	Critical Care Provision	
Committee	Finance and Performance Committee	
Directorate	Chief Operating Officer	
Business Area	999 Operations (all)	
Risk Owner	Nick Smith	
BAF Links	2. Provide access to appropriate care. 3. Support patient flow across the urgent and emergency care system	
Context	Critical care provision across all areas has insufficient cover due to unfilled shifts, redeployment of staff, and co-ordination gaps.	
Opening Score		Current Score
12 (Moderate Risk)		6 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	Critical care provision is not covered due to unfilled shifts, redeployment of resources, or lack of coordination in EOC
	Then...	Patients and staff will not receive timely specialist support, leading to suboptimal decision-making at scene and inappropriate hospital destination
SO WHAT	Resulting in...	Increased service-to-service concerns raised by trauma units, additional demand for secondary transfers, and greater pressure on already limited critical care resources to cover a large geographical area
WHAT NEXT	Key Mitigation Actions	Mitigating actions to be determined following assessment.

NEW CORPORATE RISK 11		
Reference	Risk 708	
Title	West Yorkshire 999 Operations Estates	
Committee	Finance and Performance Committee	
Directorate	Chief Operating Officer	
Business Area	999 Operations (West)	
Risk Owner	Nick Smith	
BAF Links	5. Develop and maintain effective emergency preparedness, resilience, and response arrangements.	
Context	The condition and capacity of some stations within West Yorkshire means they are at risk of being not fit for purpose (particularly Dewsbury, Seacroft and Wakefield).	
<div>Opening Score</div> <div>12 (Moderate Risk)</div>		
<div>Current Score</div> <div>12 (Moderate Risk)</div>		
<div>Target Score</div> <div>3 (Low Risk)</div>		
FULL RISK DESCRIPTION		
WHAT	If...	Some of the stations are not upgraded in line with service developments
	Then...	This will lead to premises not being fit for purpose
SO WHAT	Resulting in...	Lower staff satisfaction, higher ongoing maintenance costs, and challenges in operational delivery
WHAT NEXT	Key Mitigation Actions	Work is underway within Estates to assess and prioritise estates maintenance and updates. Health and Safety to support with further assessment to ensure staff safety.

APPENDIX B: CORPORATE RISKS THAT HAVE REDUCED BUT REMAIN ON THE CORPORATE RISK REGISTER

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
623	Hospital Handover: South	999 Ops – South	IF there are hospital handover delays THEN ambulance crews will be unavailable to respond to emergency calls	RESULTING IN delayed response times to emergency calls with potential for harm to patients	20	15	The introduction of Transfer of Care SOP has resulted significant improvements to handover delays.	Appetite/Target:	5
								Ongoing monitoring and reporting to ensure the risk is managed effectively.	
286	Child Protection Information System (CPIS)	Safeguarding	IF CP-IS system checking is not triggered at the point at which a child or pregnant woman accesses YAS via 999. THEN a timely alert will not be sent to the local authority who are managing the care plan nor will YAS be able to use this information to enhance their safeguarding assessment	RESULTING IN increased risk for vulnerable unborns, children and young people.	20	15	CPIS check for every child is now automated following the move to Pathways in EOC.	Appetite/Target:	4
								Awaiting data to provide evidence that will support assurance of process, with a view to then close the risk.	
625	Lack of adherence to control drug documentation requirements: South	999 Ops – South	IF YAS does not adhere to the controlled drug documentation requirements including witness signatures and documenting the incident number in the station CD register THEN we are failing to meet the legislation requirements and causing a lack of visibility and auditability of CD stocks	RESULTING IN an inability to account for loss in a timely manner, and possible staff or patient harm.	15	12	Medicines management app now rolled out as part of process. Quality, Governance and Assurance Managers (QGAM) and coordinators now in place and monitoring daily, weekly, and monthly audits.	Appetite/Target:	5
								Ongoing audit compliance reported to Medicines Optimisation Group.	

APPENDIX C: RISKS THAT HAVE BEEN DE-ESCALATED FROM THE CORPORATE RISK REGISTER

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
610	National Minimum Wage - staff on salary sacrifice remunerated under legal minimum	People	IF a solution cannot be found to ensure staff are paid at or above National Minimum Wage THEN the Trust might be subject to legal action from staff	RESULTING in potential fines and reputational issues.	12	9	Pay increases have been implemented . The number of salary top-ups required has reduced greatly.	Appetite/Target	3
								Ongoing reporting with a view to reduce further as salary sacrifice contracts end.	
688	Cat 2 90th Performance (Bradford)	999 Ops - West	IF there is an increase in demand/Acuity split across the A&E Operations service THEN there may be excessive response times	RESULTING IN a potential risk to patient safety	12	9	Improved Cat 2 90th responses in Bradford. with reduced number of excessive responses	Appetite/Target	4
								Ongoing continuous monitoring and reporting of performance.	
648	Fleet Availability: South	999 Ops - South	IF there is no fleet available for staff at the start of their shift, or when a vehicle becomes unavailable through defect THEN there will be no ability for staff to respond to patients	RESULTING IN delayed response and harm to patients, and impact on staff wellbeing	15	10	Improved fleet availability since September – consistently meeting or close to the 82% availability target	Appetite/Target	5
								Ongoing monitoring and support from Fleet.	
712	Clinical Effectiveness and Audit Staffing	Medical	IF upcoming vacancies due to staff leaving/retiring are not addressed within the Clinical Effectiveness and Audit team THEN staffing resource within the team will not have capacity to appropriately meet the need for the work that is required of them	RESULTING IN delays in delivering national AMBCOs, responding to FOIs and achieving the Clinical Audit programme.	16	9	Four members of 'alternative duties' staff are now working in the Clinical Effectiveness and Audit Team until the end of the financial year, supporting the delivery of BAU.	Appetite/Target	4
								Ongoing work continues to review team requirements and capacity and fulfil requirements permanently.	

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
357	Maternity Care	Paramedic Practice	IF YAS Clinicians do not receive adequate maternity training, clinical supervision and support when caring for maternity patients and newborn babies THEN maternity patients and newborn babies may receive poor quality care	RESULTING IN poor patient outcomes.	12	9	Consultant Midwife has confirmed that training is now being delivered. Upskilling of Specialist Paramedics in Critical Care enables them to support remotely in terms of maternity care.	Appetite/Target	4
644	Paramedic Urgent Care (Non-Qualified) Roles	Paramedic Practice	IF Paramedic Urgent Care (Non-qualified) roles do not regularly refresh their clinical skills / knowledge THEN These staff could attend a patient requiring care outside of their capability	RESULTING IN potential patient harm, regulatory action, and reputational risk to the Trust.	12	9	Suitable mitigation via CPD development opportunities in advanced paramedicine and urgent care, with access to other courses now available	Appetite/Target	4
624	Adhering to medicines process: South	999 Ops – South	IF clinicians do not adhere to the POM pouch process at the start and end of shift and undertake three monthly POM audits THEN life-saving medicines may not be available at the point of need	RESULTING IN compromised patient care including harm to patients and potential fatalities.	12	9	QGAM and coordinators now in place and monitoring POM audit completion. Compliance monitored and quarterly adherence has seen 100%.	Appetite/Target	5

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
695	Flexibility to increase resources	999 Ops	<p>IF there is insufficient funds and/or flexibility over overtime allocation across the clinical workforce to ensure an effective and responsive service to patient need</p> <p>THEN the service may be unable to maintain adequate operational cover, including the availability of specialist practitioners</p>	<p>RESULTING IN reduced service resilience, limited access to advanced clinical care for high-acuity patients, increased pressure on core staff, and a negative impact on patient safety, staff wellbeing, and overall system performance.</p>	16	9	<p>Whilst the risk remains across all areas, funds have been secured for the remainder of the financial year.</p>	Appetite/Target	4
								<p>Review and plan for further financial years.</p>	

APPENDIX D: CORPORATE RISKS THAT HAVE BEEN CLOSED

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
698	On Call Medical Advisor recruitment and retention	Medical	<p>IF the Trust cannot maintain 24/7 medical advisor cover by not being able to recruit and retain on-call medical advisors</p> <p>THEN the Trust will not be able to provide clinical advice and authorisation of advanced skills and administration of medicines outside PGD and will not fulfil its obligations under the NHS Core Standards for Emergency Preparedness, Resilience and Response</p>	RESULTING IN patient harm in the event of a major incident and during BAU	16	N/A	The risk has been closed and replaced by two separate risks highlighted above; risk 714 and risk 715.	Appetite/Target	2
								Risk closed.	
696	Strategic Commander Capacity and Experience to fulfil 24/7 rota	Central Services	<p>IF the current and future proposed strategic commander capacity remains at 50% of qualified, experienced strategic commanders due to the current and potential future impact of the proposed leadership review</p> <p>THEN there will be insufficient competent commander capacity to maintain a 24/7 rota</p>	RESULTING IN the potential impact of harm to both patients and staff, breach of compliance against the core standards and significant reputational risk both with partners in the event of an incident inquiry.	20	<5	<p>Risk fully mitigated within the new structure and is now live.</p> <p>New personnel will be trained in time that there will be no gaps in cover.</p>	Appetite/Target	5
								Risk Closed.	

APPENDIX F

Risk Evaluation Matrix

Risk Score		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence		1	2	3	4	5
Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Negligible	1	1	2	3	4	5

Risk Score	Risk Rating
15-25	High
8-12	Moderate
1-6	Low

Link to the Risk Management Policy (published on the Trust's website)

[Risk Management Policy](#)

: