

Corporate Risk Register - Non-Operations - BoD 260326

ID	Title	WHAT (IF... THEN...)	SO WHAT (RESULTING IN...)	Risk Ownership							Initial Grading	Current Grading	Target Grading	WHAT NEXT?
				Risk Ownership	BAF Risk(s)	Directorate	Area	Risk Owner	Risk Reviewed Date	Next Review Date				
656	Cyber Threat	IF YAS were to be impacted by a cyber attack THEN there would be a potential for disruption to service, and/or data breach	RESULTING IN impact to patient safety, failure to meet legal compliance and statutory responsibilities, financial penalties, and reputational damage.	Finance and Performance	14	Digital	ICT	Ola Zahran	31/12/2025	31/03/2026	12	12	4	Cyber Strategy drafted and awaiting final approval. Awareness campaign with corp comms to be delivered alongside the strategy.  Action: Review and exercise Malware, Phishing emails & DoS to support ongoing risk management.
34	Section 172 Road Traffic Act 1988 - Obligations to furnish police with driver details upon demand	IF a driver of any vehicle owned and/or operated by the Trust can't be readily identified at the time of a moving traffic offence THEN the Trust will be guilty of an offence under Section 172 of the Road Traffic Act 1988	RESULTING IN the Chief Executive as responsible officer being summonsed to court for the offence with negative financial and reputational impact for the Trust.	People	9	Finance, Estates & Procurement	Fleet	Jeff Gott	03/11/2025	31/12/2025	12	15	4	98% telematics fittings complete.  Action: Driver functions to link to the system underway, aiming to be completed by end of September 2025
667	Achieving Net Zero	IF We don't achieve our Net Zero targets in line with the Greener NHS targets of 2040 (Scope 1 and 2) and 2045 (Scope 1, 2 and 3) and the Climate Change Act 2008 (complete decarbonisation by 2050) THEN We will not be compliant with our statutory requirements	RESULTING IN not decarbonising in line with national and international requirements. Potential breach of contracts, financial implications and reputational damage.	Finance and Performance	15	Finance, Estates & Procurement	Estates and Facilities	Alexis Percival	02/02/2026	01/04/2026	20	20	6	Governance structure now in place with ESOG development and working group established.  Actions: Green plan under review and carbon footprint assessments to support strategic delivery.
511	Availability of EFF Funding for Estates	IF there is insufficient capital & revenue funding to maintain, modernise and/or expand the existing estate THEN all services will struggle to operate out of some sites	RESULTING IN not being able to effectively deliver services in some localities.	Finance and Performance	12, 13.	Finance, Estates & Procurement	Estates and Facilities	Glenn Adams	02/01/2026	01/04/2026	15	15	6	Estates strategy document in progress with Sewell's advisory supported by a recent building condition survey provided by RLB. High Risk backlog maintenance remains a challenge to reduce against availability of Capital Funding YOY.  Action: Plan to prioritise works based on risk to patients and services.
705	Electric Vehicle Charging Infrastructure	IF continuous infrastructure funding is not made available to support future EV charge point installation THEN the Trust's plans for EV fleet expansion could be negatively impacted	RESULTING IN not achieving government targets for electric fleet and sustainability requirements.	Finance and Performance	13, 15.	Finance, Estates & Procurement	Estates and Facilities	Steven Waters	02/02/2026	01/04/2026	12	12	4	Action: Ongoing review and planning of Fleet and Estates to align with strategic requirements and determine the model for EV installation.
707	Fire Evacuations Drills	IF the trust does not support the completion of regular fire drills in line with requirements as set out in the Trust's Fire Safety Policy THEN it is not fulfilling its statutory duties under Article 15, Article 18 and Article 21 of the Regulatory Reform (Fire Safety) Order 2005.	RESULTING IN potential enforcement action from the local fire authority upon a fire safety inspection.	Finance and Performance	7	Finance, Estates & Procurement	Estates and Facilities	Steven Waters	02/02/2026	01/04/2026	16	16	4	Action: Work is underway to determine priority and begin testing early 2026.
68	Deep Clean Tablet System	IF the in-house development of the Deep Clean tablet-based monitoring system is not made available THEN the Ancillary Services Team will be required to continue to work in accordance with departmental BC plan	RESULTING IN additional work for the team, increased risk with manual processes to track vehicle Deep Clean schedules and recording of Deep Clean compliance.	Finance and Performance	13, 14.	Finance, Estates & Procurement	Ancillary	Steven Waters	02/02/2026	30/04/2026	12	12	2	Action: Ongoing work with ICT to find solution as issues experienced with software and device compatibility with fleetwave system.
28	Management of paper records within YAS	IF HR/Departmental paper files being held on YAS premises continue to be held in insecure cabinets and locations THEN the Trust will not be compliant with Data Protection regulations	RESULTING IN the potential for unauthorised access, inability to locate files to comply with SARs or investigations and potential for the Trust to be fined by the ICO.	Quality	14	Corporate Services	Risk and Assurance	Helen Jones	27/01/2026	31/05/2026	12	12	4	Action: Members of staff are now using the BOT to file staff files in OnBase. Ongoing work to work through remaining paper files with the intention of digitising as much as possible
729	OnBase Functionality	IF Onbase system doesn't have the correct functionality to deliver effective records management for both paper and electronic clinical and HR records THEN there is a potential for GDPR data breaches, ICO escalation, inability to deliver legal requests (SAR's, Coroners, FOI's), ability to apply retention periods and ineffective clinical audit and assurance	RESULTING IN legislative breaches, fines and therefore financial implications. And potential patient safety concerns due to the inability to audit clinical effectiveness.	Quality	14	Corporate Services	Risk and Assurance	Helen Jones	15/01/2026	27/03/2026	16	16	4	Action: Ongoing work with ICT and Konica to identify mitigating actions.

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725	Compliance with disclosures pursuant to the Freedom of Information Act 2000	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	RESULTING IN reputational damage and potential for fines, contempt of court, and or prosecution by the ICO.	Quality	10	Corporate Services	Legal	Ben Cowell	26/02/2026	04/05/2026	16	12	4	Risk Downgrade: 16 to 12. February 2026 the compliance rate is now at 91.13%. The Risk has therefore, been downgraded to a 12 and if compliance remains above 90%
714	Medical Advisor Provision (Tactical Level)	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	RESULTING IN suboptimal patient care opportunities and inadequate advice provision to the Tactical Commander on scene and risk of avoidable patient harm. Additionally, non-compliance with NARU/NHSE EPRR guidance and reputational risk to YAS.	Quality	2.5.	Clinical	Medical	Shona McCallum	13/02/2026	30/06/2026	12	9	3	Risk Downgrade: 12 to 9. February 2026 the compliance rate is now at 91.13%. The Risk has therefore, been downgraded to a 12 and if compliance remains above 90%
715	Strategic Medical Advisor Provision	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,	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.	Quality	2.5.	Clinical	Medical	Shona McCallum	03/02/2026	01/07/2026	15	15	3	Action: Awaiting TEG decision on funding with regards to establishing an SMA on-call rota.
40	Non conveyance decisions	IF there is inadequate structured assessment with unclear decision making and a failure to adhere to Montgomery principles in consenting the patient for discharge with poor safety netting THEN a discharge or acceptance of refusal decision may be made inappropriately	RESULTING IN potential for adverse patient outcome	Quality	2.3.4.10.	Quality and Professional Standards	Paramedic Practice	Tim Millington	04/12/2025	26/01/2026	15	12	8	Action: Work underway with the Clinical Effectiveness Audit team to gather evidence the risk has reduced following actions taken.
598	Transport of neonates weighing less than 2.5 kg	IF YAS does not have suitable equipment to transport neonates weighing less than 2.5 kg who require ongoing care and support in an ambulance THEN DCAs will be unable to safely transport small / premature newborns who are unwell	RESULTING IN potential harm to patients plus non-compliance with regulatory requirements and subsequent financial and reputation harm.	Quality	4	Quality and Professional Standards	Paramedic Practice	Tim Millington / Catherine Buckroyd	01/12/2025	14/01/2025	12	12	4	Manufacturer demonstrated new equipment deemed suitable for transporting neonates. Action: Consultant Midwife to support project delivery.
727	Governance agreements with our blue light partners (fire and police)	IF YAS do not have effective governance and assurance agreements with fire & police within the YAS footprint (specifically for Intermediate Emergency Care (IEC) delivered by fire services) THEN responsibility for competence, equipment selection, and clinical accountability is unclear	RESULTING IN potential patient harm due to a lack of blue light services delivering care not aligned with contemporary practice, and therefore the reputational risk to YAS as a training provider.	Quality	3.4.	Quality and Professional Standards	Paramedic Practice	Tim Millington	19/01/2026	26/02/2026	12	12	4	Action: TEG paper drafted for presentation with options to manage the relationship and responsibilities. Action plan to be identified upon agreement.
632	Restrictive Intervention/ Restraint practices without Training	IF the Trust fails to implement the necessary and proportionate training regarding medical intervention restraint for all required staffing roles THEN patients and staff members will be exposed to greater severity of harm	RESULTING IN potential increases in reports of physical injuries to patients and staff, increased staffing absence/ retention due to physical and psychological injury and increased financial claims and reputational damage to the Trust.	People	4.7.9.	Quality and Professional Standards	Safety	John Thompson	24/02/2026	24/06/2026	12	12	3	Restrictive interventions training began 1st July. Action: New V&A Lead now in post, full review of risk and next steps to be determined.
187	Moving and Handling Activities	IF the trust does not have in place suitable and effective moving and handling controls - such as training and equipment THEN avoidable moving and handling incidents will continue to occur	RESULTING IN injuries to staff and patients.	People	4.7.9.	Quality and Professional Standards	Health and Safety	Shelley Jackson	26/01/2026	29/04/2026	12	12	2	Action: Governance in place as work is ongoing for final moving and handling assessments. Trust agreed through TEG to purchase a further 25 power track chairs.
188	Health and Safety training for middle managers	IF the Trust's middle management do not receive formal health and safety training THEN the Trust will be unable to effectively maintain its health and safety management system	RESULTING IN an increase in health and safety incidents and the multifarious potential adverse impacts associated with these	People	7.9.	Quality and Professional Standards	Health and Safety	Shelley Jackson	26/01/2026	29/04/2026	12	12	2	Action: IOSH Managing Safely course delivered in Nov 2025 with further dates early 2026. A&E Team Leader Training has been deferred to the next financial year.

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194	Implementation of H&S Risk Assessment Procedure	IF the Trust does not fully implement its health and safety risk assessment procedure, <b>THEN</b> it will be non-compliant with health and safety legislation	<b>RESULTING IN</b> poor defence of compensation claims and potential criminal charges.	People	7. 9.	Quality and Professional Standards	Health and Safety	Shelley Jackson	26/01/226	29/04/2026	9	12	2	Action: Four actions identified as part of compliance audit: dynamic risk assessments, training, progress monitoring and risk assessment storage / management. These actions have a due date of 2026.
195	Senior Management H&S Training	IF the Trust's senior management do not receive up to date health and safety training <b>THEN</b> the Trust will be non-compliant with the requirements contained in the Management of Health and Safety at Work Regulations 1999, Regulation 13 which states that "...health and safety training... shall be repeated periodically where appropriate"	<b>RESULTING IN</b> senior managers not having up to date health and safety knowledge at their disposal when making senior level decisions.	People	7. 9.	Quality and Professional Standards	Health and Safety	Shelley Jackson	26/01/2026	29/04/2026	3	12	2	Action: IOSH Managing Safely course to be delivered to Board early 2026.
347	Attending Incidents on or near Water	IF the Trust does not provide adequate knowledge or training to support staff on or near water working <b>THEN</b> there is a potential for harm to patients and/or staff	<b>RESULTING IN</b> adverse patient outcome.	Quality	7. 9.	Quality and Professional Standards	Health and Safety	Shelley Jackson	26/01/2026	28/02/2026	9	15	5	Action: Work underway within EPRR & Special Ops for risk mitigation. Funding approved to purchase equipment.
286	Child Protection Information System (CPIS)	IF CP-IS system checking is not triggered at the point at which a child or pregnant woman accesses YAS via 999. <b>THEN</b> 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	<b>RESULTING IN</b> increased risk for vulnerable unborns, children and young people.	Quality	2. 4.	Quality and Professional Standards	Safeguarding	Hazel O'neill	01/12/2025	02/02/2026	9	12	4	The move to Pathways within EOC has automated the CP-IS function. Action: Undertake audit of notifications for assurance and benchmark with other Trusts.
599	Safeguarding Referrals to Local Authorities from Yorkshire Ambulance Service	IF the Safeguarding referrals leaving the organisation do not contain high quality information and correct and detail <b>THEN</b> social care partners will not be able to review and triage them correctly	<b>RESULTING IN</b> patients not getting help promptly and being at risk of further harm or abuse.	Quality	2. 4.	Quality and Professional Standards	Safeguarding	Hazel O'neill	01/12/2025	05/03/2026	15	12	4	Actions: Ongoing QI Project to improve quality of organisational output. CPD training also provided to support referrals.
669	Associate Ambulance Practitioner (AAP) Apprentices passed planned end date (PPED).	IF the percentage of AAP Apprentices going passed their planned end date remains above 15%, <b>THEN</b> the Trust will remain non compliant with the Education and Skills Funding Agency (ESFA)	<b>RESULTING IN</b> reclaimed levy payments and inability to register further apprentices	Finance and Performance	9	People and OD	Education	Dawn Adams	06/01/2026	02/03/2026	12	16	4	Over 40% AAP's now past their planned end date. Actions: Academy working with new awarding organisation in attempt to focus on skills based assessments than writing assessments.
362	Sickness Absence	IF levels of sickness remain high, or above the Trust 6% threshold <b>THEN</b> it reduces the levels of workforce capacity, and increases pressure on remaining staff	<b>RESULTING IN</b> in potential of lower quality patient care, through delayed response, increased risk of errors due to fatigue, poorer staff well-being and morale, and potential failure to meet performance and response standards.	People	6. 7.	People and OD	People	Suzanne Hartshorne	26/01/2026	01/04/2026	12	16	4	Action: Ongoing monitoring and review of information to support improvement including health and wellbeing plan 26/27.
713	Bank Staff Governance	IF the Trust does not have efficient systems and processes in place for the recruitment and management of bank staff <b>THEN</b> there is inconsistent practices and inadequate governance and assurances across the Trust	<b>RESULTING IN</b> potential patient harm and failure to meet regulatory requirements and employment legislation (including financial penalty).	People	4. 9.	People and OD	People	Suzanne Hartshorne	28/01/2026	30/04/2026	12	12	3	Action: Working group established to investigate process and procedures. Additionally, obtaining information from other Trusts with regards to process.