

Report Title	Corporate Risk and Board Assurance Framework
Author	David O'Brien, Director of Corporate Services and Company Secretary
Accountable Director	David O'Brien, Director of Corporate Services and Company Secretary
Previous committees/groups	Risk and Assurance Group (RAG): 02 February, 02 March 2026 Trust Executive Group (TEG): 06 May 2026 Audit and Risk Committee: 14 April 2026
Recommended action(s) (assurance, approval, information)	Assurance. Information.
Purpose of the paper	To provide a quarterly update on material changes to corporate risks

Executive Summary

1. Six new corporate risks have been opened:

Ref	Title	Score
Risk 729	OnBase System Functionality	16 (High Risk)
Risk 727	Governance Agreements with Blue Light Partners (Fire and Police)	12 (Moderate Risk)
Risk 612	999 Operations West - Hospital Handover Delays	12 (Moderate Risk)
Risk 735*	Chronic Obstructive Pulmonary Disease Care	15 (High Risk)
Risk 737	Third Party Performance issues – Remote Patient Care	15 (High Risk)
Risk 582	Loss of Blood Products	12 (Moderate Risk)

* Although opened as a high risk (15), Risk 735 has subsequently been reduced to moderate (12).

2. Two corporate risks have been reduced but remain on the corporate risk register:

Ref	Title	Change in Score
Risk 626	Patient Transport Service Contingency File	16 to 12
Risk 725	Compliance with Disclosures Pursuant to the Freedom of Information Act 2000	16 to 12

3. Three risks have been de-escalated from the corporate risk register:

Ref	Title	Change in Score
Risk 710	Cyber Systems - Early Replacement Issues and Delays	12 to 6
Risk 714	Medical Advisor Provision (Tactical Level)	12 to 9
Risk 623	999 Operations South - Hospital Handover Delays	15 to 10

Recommendation(s)	The Board notes the position regarding corporate risks and identifies any areas that require further information or additional assurance
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Link to Board Assurance Framework Risks (board and level 2 committees only)	All BAF strategic risks
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Corporate Risk: Quarterly Report

1. PURPOSE

- 1.1 This paper provides assurance to the Board of Directors regarding developments in corporate risk. The report focuses on material changes to risks captured in the corporate risk register.
- 1.2 This risk report is prepared as part of the quarterly cycle of risk assurance for Trust Executive Group, the Audit and Risk Committee, and 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 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.

3.0 CORPORATE RISK MANAGEMENT

3.1 Corporate Risk

- 3.1.1 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, see Appendix D). The corporate risk registers for April 2026 are issued separately to this paper as supporting material for this meeting.

3.2 New Corporate Risks

3.2.1 Six new corporate risks have been opened during the most recent reporting period:

Ref	Title	Score
Risk 729	OnBase System Functionality	16 (High Risk)
Risk 727	Governance Agreements with Blue Light Partners (Fire and Police)	12 (Moderate Risk)
Risk 612	999 Operations West - Hospital Handover Delays	12 (Moderate Risk)
Risk 735	Chronic Obstructive Pulmonary Disease Care	15 (High Risk)
Risk 737	Third Party Performance issues – Remote Patient Care	15 (High Risk)
Risk 582	Loss of Blood Products	12 (Moderate Risk)

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

3.2.3 Risk 612 (Handover Delays, West) has been recorded on the corporate risk register previously. This risk was downgraded in September 2025 and de-escalated from the corporate risk register, to be managed via the local 999 Operations (West) risk register. This risk was re-escalated to the corporate risk register due to an increase in handover delays experienced since December at specific emergency departments in the 999 Operations West area: Pinderfields (in Wakefield), St James' (in Leeds), Airedale (in Keighley) and Huddersfield. Causal factors in the increased handover delays have included Transfer of Care SOP not being utilised consistently.

3.2.4 Risk 735 was opened as a high risk (15) but has subsequently been reduced to moderate risk (12) as a result of initial mitigation actions.

3.3 Corporate Risks Reduced in Score

3.3.1 Two existing corporate risks have been reduced in score but remain on the corporate risk register:

Ref	Title	Change in Score
Risk 626	Patient Transport Service Contingency File	16 to 12
Risk 725	Compliance with Disclosures Pursuant to the Freedom of Information Act 2000	16 to 12

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

3.4 Risks De-Escalated from the Corporate Risk Register

3.4.1 Three risks have been de-escalated from the corporate risk register. These risks remains open and will be managed via the appropriate local risk registers:

Ref	Title	Change in Score
Risk 710	Cyber Systems - Early Replacement Issues and Delays	12 to 6
Risk 714	Medical Advisor Provision (Tactical Level)	12 to 9
Risk 623	999 Operations South - Hospital Handover Delays	15 to 10

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

3.5 Closed Corporate Risks

3.5.1 No corporate risks have been closed during this reporting period.

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

6. RECOMMENDATIONS

6.1 The Board notes the position regarding corporate risks and identifies any areas that require further information or additional assurance.

7. SUPPORTING INFORMATION

In this report

Appendix A: New Corporate Risks

Appendix B: Existing Corporate Risks Reduced in Score

Appendix C: De-escalated Corporate Risks

Appendix D: Risk Evaluation Matrix

Circulated for Information

Corporate Risk Register - Operations: April 2026

Corporate Risk Register – Non-Operations: April 2026

David O'Brien

Director of Corporate Services and Company Secretary

May 2026

APPENDIX A: NEW CORPORATE RISKS

NEW CORPORATE RISK 1		
Reference	Risk 729	
Title	OnBase System Functionality	
Committee	Finance and Performance Committee	
Directorate	Corporate Services	
Business Area	Risk and Assurance	
Risk Owner	Helen Jones	
BAF Links	14. Deliver safe and effective digital technology developments and cyber security arrangements.	
Context	OnBase system functionality is limited and is impacting document management processes for handling HR and Clinical records in a timely and effective manner. When issues or improvements are required to the system this must be delivered through the supplier (Konica) as there is no ownership of the system within YAS. This has cost implications.	
Opening Score	Current Score	Target Score
16 (High Risk)	16 (High Risk)	4 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The 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, escalation to the Office of the Information Commissioner, inability to deliver legal requests (Subject Access Requests, Coroners court documentation, Freedom of Information requests), ability to apply retention periods and ineffective clinical audit and assurance
SO WHAT	Resulting in...	Legislative breaches, fines and financial implications, potential patient safety concerns due to the inability to audit clinical effectiveness.
WHAT NEXT	Key Mitigation Actions	Ongoing work with ICT and Konica to identify mitigating actions and awaiting a project lead.

NEW CORPORATE RISK 2		
Reference	Risk 727	
Title	Governance Agreements with Blue Light Partners (Fire and Police)	
Committee	Quality Committee	
Directorate	Quality and Professional Standards	
Business Area	Paramedic Practice	
Risk Owner	Tim Millington	
BAF Links	3. Quality for Patients	
Context	<p>The Trust has historically provided training materials, advice, and informal assurance to partner emergency service bodies: Fire and Rescue Services and Police forces. The requirements and expectations associated with these arrangements are not formally outlined and as a result the Trust could be perceived as the responsible governance body for these matters. However, the Trust has no control over operational practice, staff competence, or equipment procurement within those services.</p>	
Opening Score	Current Score	Target Score
12 (Moderate Risk)	12 (Moderate Risk)	4 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The Trust does not have effective governance and assurance agreements with fire and police services 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
SO WHAT	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.
WHAT NEXT	Key Mitigation Actions	TEG has approved an approach to manage the relationship and responsibilities moving forward. Action plan to be finalised and delivered.

NEW CORPORATE RISK 3 (RE-ESCALATED)		
Reference	Risk 612	
Title	999 Operations West - Hospital Handover Delays	
Committee	Finance and Performance Committee	
Directorate	Operations	
Business Area	999 Operations - West	
Risk Owner	Nick Smith	
BAF Links	1. Deliver a timely response to patients 2. Provide access to appropriate care. 10. Act as a collaborative, integral, and influential system partner.	
Context	Risk 612 West - Hospital Handover Delays was previously recorded on the corporate risk register and downgraded in September 2025, to be managed via the local 999 Operations risk register. This risk has been re-escalated due to an increase in delays seen continuously from early December at specific emergency departments: Pinderfields, St James', Huddersfield, and Airedale. Causal factors in the increased handover delays have included Transfer of Care protocols and procedures not being utilised consistently.	
Opening Score	Current Score	Target Score
12 (Moderate Risk)	12 (Moderate Risk)	5 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	There are hospital handover delays
	Then...	Ambulance crews will be unavailable to respond to emergency calls
SO WHAT	Resulting in...	Delayed response times to emergency calls with potential for harm to patients
WHAT NEXT	Key Mitigation Actions	Ongoing work with Acute Trusts continues with regards to the Transfer of Care protocols and procedures.

NEW CORPORATE RISK 4		
Reference	Risk 735	
Title	Chronic Obstructive Pulmonary Disease (COPD) Care	
Committee	Quality Committee	
Directorate	Quality and Professional Standards	
Business Area	Paramedic Practice	
Risk Owner	Tim Millington	
BAF Links	2. Provide access to appropriate care. 3. Quality for patients	
Context	Air driven nebulisers are no longer routinely available to the Trust due to cessation of manufacture. A suitable alternative product has not yet been identified, and audit findings show a conflict between following national guidance on controlled oxygen therapy and the delivery of effective nebulised bronchodilator treatment.	
Opening Score	Current Score	Target Score
15 (High Risk)	12 (Moderate Risk)	6 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The Trust does not provide an alternative to oxygen to deliver breathing treatments (nebulisers) to patients with chronic lung disease (Chronic Obstructive Pulmonary Disease ,COPD)
	Then...	Patients with COPD will be exposed to high concentrations of oxygen during treatment, and clinicians will be forced to choose between giving nebulisers or safely controlling oxygen administration
SO WHAT	Resulting in...	Avoidable patient harm and mortality, increased hospital conveyance and admission, longer admissions, failure to deliver effective care for COPD patients and reputational harm
WHAT NEXT	Key Mitigation Actions	Alternative to be identified with support from National Lead Paramedic Group to determine other Trusts position. Patients will be encouraged to use their own nebulisers if accessible.

NEW CORPORATE RISK 5		
Reference	Risk 737	
Title	Third Party Performance issues – Remote Patient Care	
Committee	Quality Committee	
Directorate	Operations	
Business Area	Remote Patient Care / Integrated Urgent Care	
Risk Owner	Mike Modder-Fitch	
BAF Links	2. Provide access to appropriate care.	
Context	The third-party supplier who deals with onward clinical contact from Integrated Urgent Care (IUC) and the Emergency Operations Centre (EOC) has informed the Trust that it is exiting the agreement and has served the notice to exit by July 2026. Performance has declined and is expected to decline further during the pre-exit period which present risk to the quality and safety of patient care.	
Opening Score	Current Score	Target Score
15 (High Risk)	15 (High Risk)	3 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The performance against the contracted requirements of the current supplier to some Remote Patient Care clinical validation cases does not improve
	Then...	Patients may not receive timely clinical intervention
SO WHAT	Resulting in...	The potential for adversely affecting the quality and safety of care.
WHAT NEXT	Key Mitigation Actions	Bi-weekly review ongoing with the provider to address clinical risk management. Board paper presented to handle internally, delivery requires recruitment and training.

NEW CORPORATE RISK 6		
Reference	Risk 582	
Title	Loss of Blood Products	
Committee	Quality	
Directorate	Operations	
Business Area	Central Services	
Risk Owner	Paul Holmes	
BAF Links	2. Provide access to appropriate care. 3. Quality for patients	
Context	Concerns have been raised by the Mid-Yorkshire Teaching NHS Trust (MYTT) blood laboratory with regards to historical and recent errors regarding documentation, training records and lack of adherence to agreed processes. There is a possibility that MYTT remove access to the blood whilst the Trust has no alternative supply, effectively removing all blood products from the Yorkshire Air Ambulance.	
Opening Score	Current Score	Target Score
12 (Moderate Risk)	12 (Moderate Risk)	4 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The Trust does not follow the agreed clinical governance processes as outlined in the Service Level Agreement
	Then...	The Trust and the Yorkshire Air Ambulance (YAA) could lose blood products with no alternate provider.
SO WHAT	Resulting in...	A negative impact on patient care, potential damage to the reputation of the unit, the YAA, and the Trust
WHAT NEXT	Key Mitigation Actions	To review and identify additional providers to support the provision of blood products and determine appropriate governance arrangements.

APPENDIX B: CORPORATE RISKS REDUCED IN SCORE (BUT REMAIN ON THE CORPORATE RISK REGISTER)

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
626	PTS Contingency File	Patient Transport Service	<p>IF the Trust and Microsoft ceases to support Macros and VBAs to allow PTS contingency files to function in the event of the loss of the Cleric system</p> <p>THEN business continuity plans are unable to be implemented</p>	<p>RESULTING IN patient journeys being compromised, failure to meet contractual obligations and reputational damage.</p>	16	12	<p>Moving the main system infrastructure and changes to the security patching processes mean that the Cleric system is now much more robust, meaning that the likelihood of the system going down has decreased.</p>	Appetite/Target	4
725	Compliance with disclosures pursuant to the Freedom of Information Act 2000	Corporate Services (Legal)	<p>IF compliance with disclosures pursuant to the Freedom of Information Act 2000 does not improve</p> <p>THEN regulatory action can be brought against YAS in the form of practice recommendations and enforcement notices issued by the Information Commissioner's Office</p>	<p>RESULTING IN reputational damage and potential for fines, contempt of court, and or prosecution by the ICO.</p>	16	12	<p>Strengthening of controls (process improvements, closer monitoring) has resulted in compliance rates increasing from below 70% to above 90%</p>	Appetite/Target	4

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			
726	Cyber systems early replacement issues and delays	Digital	IF the Trust continues to experience serious technical issues either during the cyber systems replacement project or after implementation THEN this is expected to delay the project or critically impact core systems	RESULTING IN a cost to extend the current system or experiencing core business system failures.	12	6	The existing server firewall software (Illumio) has been extended for one year	Appetite/Target	3
								Continue with project implementation	
714	Medical Advisor Provision (Tactical Level)	Clinical	IF the Medical Advisor rota does not identify cover THEN c1rews do not have access to timely medical advice within the Trust, and no responder is available to attend a major incident scene as Medical Advisor	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 national guidance and reputational risk to the Trust.	12	9	The Medical Advisor rota is now well staffed, although with some non-responder cover due to issues around blue light driving qualifications. The absence of cover has reduced to two hours per day Monday to Friday, 8% of the week.	Appetite/Target	3
								Proposals to TEG with options to expand the Medical Advisor cover for the weekday morning periods, reducing the risk further.	

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

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
623	999 Operations South: Hospital Handover Delays	999 Operations (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 patient	15	10	The introduction of Transfer of Care protocols and procedures has resulted significant improvements to handover delays	Appetite/Target	5
								Ongoing continuous monitoring and reporting of handover delays	

APPENDIX D

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](#)

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