

Corporate Risk Register - Non-Operations - Board 210526

| ID  | Title   | WHAT<br>(IF... THEN...)  | SO WHAT<br>(RESULTING IN...)   | Risk Ownership          |                |                                |                        |                 |                          |                     | Initial<br>Grading | Current<br>Grading | Target<br>Grading | WHAT NEXT?   |
|-----|---|--|--|-------------------------|----------------|--------------------------------|------------------------|-----------------|--------------------------|---------------------|--------------------|--------------------|-------------------|--|
|     |   |  |  | Risk<br>Ownership       | BAF<br>Risk(s) | Directorate                    | Area                   | Risk<br>Owner   | Risk<br>Reviewed<br>Date | Next Review<br>Date |                    |                    |                   |  |
| 656 | Cyber Threat  | IF YAS were to be impacted by a cyber attack<br>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               | 30/04/2026          | 12                 | 12                 | 4                 | Cyber Strategy drafted and awaiting final approval. Awareness campaign with corp comms to be delivered alongside the strategy.<br><br>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<br>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               | 10/04/2026          | 12                 | 15                 | 4                 | 98% telematics fittings complete.<br><br>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)<br>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               | 15/04/2026          | 20                 | 20                 | 6                 | Governance structure now in place with ESG development and working group established.<br><br>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<br>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.<br><br>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<br>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               | 29/05/2026          | 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<br>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               | 29/05/2026          | 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<br>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               | 28/07/2026          | 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<br>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<br>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               | 10/04/2026          | 16                 | 16                 | 4                 | Action: Ongoing work with ICT and Konica to identify mitigating actions.   |

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|     |   |   |  | Risk<br>Ownership | BAF<br>Risk(s) | Directorate                        | Area               | Risk<br>Owner                       | Risk<br>Reviewed<br>Date |                    |                    |                   |            | Next Review<br>Date   |
| 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<br><b>THEN</b> regulatory action can be brought against YAS in the form of practice recommendations and enforcement notices issued by the Information Commissioner's Office   | <b>RESULTING IN</b> 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          | <b>Risk Downgrade:</b> 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%  |
| 715 | Strategic Medical Advisor Provision   | IF a Strategic Medical Advisor is not rostered on call/duty<br><b>THEN</b> YAS Strategic Commanders do not have access to Medically Qualified advice to inform their decisions,   | <b>RESULTING IN</b> 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 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<br><b>THEN</b> a discharge or acceptance of refusal decision may be made inappropriately  | <b>RESULTING IN</b> potential for adverse patient outcome  | Quality           | 2. 3. 4. 10.   | Quality and Professional Standards | Paramedic Practice | Tim Millington                      | 04/12/2025               | 31/03/2026         | 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<br><b>THEN</b> DCAs will be unable to safely transport small / premature newborns who are unwell   | <b>RESULTING IN</b> 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               | 30/04/2026         | 12                 | 12                | 4          | Manufacturer demonstrated new equipment deemed suitable for transporting neonates.<br>Action: Consultant Midwife to support project delivery.   |
| 735 | COPD Care   | IF the Trust does not provide an alternative to oxygen to deliver breathing treatments (nebulisers) to patients with chronic lung disease (COPD)<br><b>THEN</b> 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 | <b>RESULTING IN</b> avoidable patient harm and mortality, increased hospital conveyance and admission, longer admissions, failure to deliver effective care for COPD patients and reputational harm  | Quality           | 2. 4.          | Quality and Professional Standards | Paramedic Practice | Tim Millington                      | 02/03/2026               | 15/04/2026         | 15                 | 12                | 6          | Air driven nebulisers are no longer routinely available at YAS due to cessation of manufacture<br>Action: Alternative to be identified. Support from National Lead Paramedic Group to determine other Trusts position. Patients will be encouraged to use their own nebulisers if accessible. |
| 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)<br><b>THEN</b> responsibility for competence, equipment selection, and clinical accountability is unclear  | <b>RESULTING IN</b> 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               | 30/04/2026         | 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<br><b>THEN</b> patients and staff members will be exposed to greater severity of harm   | <b>RESULTING IN</b> 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.<br>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<br><b>THEN</b> avoidable moving and handling incidents will continue to occur  | <b>RESULTING IN</b> 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<br><b>THEN</b> the Trust will be unable to effectively maintain its health and safety management system   | <b>RESULTING IN</b> 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.<br>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,<br><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.<br>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<br><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.<br>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<br><b>THEN</b> there is a potential for harm to patients and/or staff  | <b>RESULTING IN</b> adverse patient outcome.   | Quality                 | 7.<br>9.       | Quality and Professional Standards | Health and Safety | Shelley Jackson    | 26/01/2026               | 10/04/2026          | 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.<br><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.<br>4.       | Quality and Professional Standards | Safeguarding      | Hazel O'neill      | 01/12/2025               | 30/04/2026          | 9                  | 12                 | 4                 | The move to Pathways within EOC has automated the CP-IS function.<br><br>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<br><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.<br>4.       | Quality and Professional Standards | Safeguarding      | Hazel O'neill      | 01/12/2025               | 30/04/2026          | 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%,<br><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               | 30/04/2026          | 12                 | 16                 | 4                 | Over 40% AAP's now past their planned end date.<br><br>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<br><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.<br>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<br><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.<br>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.   |