



Report Title	Corporate Risk Report
Author	Levi MacInnes, Risk and Assurance Manager
Accountable Director	Director of Corporate Services and Company Secretary
Lead Board Committee	Trust Executive Group
Previous groups	Risk and Assurance Group: May, June, July Trust Executive Group: July, August Versions of this paper have been reported to each of the Board assurance committees during the period July-September
Recommended action	Assurance
Purpose of the paper	To report on material changes to corporate risks
Executive Summary	
During the reporting period May to July 2026: <u>Five new corporate risks have been opened:</u> • Risk 744: Employment Tribunals (12, Moderate Risk) • Risk 723: Safety Team Capacity (12, Moderate Risk) • Risk 745: Community Public Access Defibrillator Deployments (16, High Risk) • Risk 750: Staff Impact - Annex 5 (12, Moderate Risk) • Risk 739: 999 Ops North and East - Millsike Prison (16, High Risk) Following further review the score for Risk 745 is now considered to be too high and is expected to be reduced. <u>Two corporate risks have increased in score:</u> • Risk 652: Commander Training Compliance (escalated from 12 to 16) • Risk 433: EOC call handling workforce capacity (escalated from 12 to 16) Following effective mitigations Risk 652 is expected to be reduced in score during 2026/27 Q2 <u>Five corporate risks have been closed:</u> • Risk 667: Achieving Net Zero • Risk 725: Compliance with the Freedom of Information Act 2000 • Risk 559: Patient Transport Service Contracts • Risk 737: 3rd Party Performance Issues – Remote Patient Care • Risk 689: National Risk Register - Capability Requirements and Response	

A further ten corporate risks have been reduced in score but remain open on either the corporate risk register or on local risk registers. These are detailed in the paper.

Recommendation(s)

The Board notes the position regarding corporate risks and identifies any areas for further assurance.

Link to Board Assurance Framework
Risks (board and board assurance
committees only)

All Board Assurance Framework Risks

Corporate Risk Report

1. PURPOSE

- 1.1 This paper provides assurance to the Board regarding developments in corporate risk during the period May to July 2026. The report focuses on material changes to corporate risks captured in the Corporate Risk Register.
- 1.2 This risk report is prepared as part of the quarterly cycle of risk assurance for the trust Executive Group, the Audit and Risk Committee, and the Trust Board. Bespoke risk reports are also presented to the Board's assurance committees. In addition, as part of the Trust's governance of risk the Board assurance committees provide risk assurance reports to the Audit and Risk Committee.

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. 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.
- 2.2 An important element of the Trust's risk management arrangements is regular reporting to governance bodies and management groups, including the Board and its assurance committees, of current corporate risks, changes in corporate risk exposures, and areas of emerging corporate risk.
- 2.3 The Corporate Risk Register is reviewed by the Risk and Assurance Group (RAG) monthly. It comprises all risks that have a risk score of **12 or above** (based on the criteria found in the Trust's risk evaluation matrix). The Corporate Risk Registers as at 31 July 2026 are issued separately as supporting material for this meeting.

3.0 NEW CORPORATE RISKS

- 3.1 Five new corporate risks have been opened during this reporting period:
 - Risk 744: Employment Tribunals (12, Moderate Risk)
 - Risk 723: Safety Team Capacity (12, Moderate Risk)
 - Risk 745: Community Public Access Defibrillator Deployments (16, High Risk)
 - Risk 750: Salary Overpayments - Staff Impact (12, Moderate Risk)
 - Risk 739: Access to Prisons - 999 Operations North and East (16, High Risk)
- 3.2 **Appendix A** presents more detailed information about these risks

- 3.3 The initial scoring of Risk 745 (Community Public Access Defibrillator Deployments) is considered to be too high and is subject to further review.
- 3.4 A second risk relating to salary overpayments, which focussed on the potential financial risk of such overpayments, was proposed but this is subject to further exploration before being confirmed.

4.0 CORPORATE RISKS THAT HAVE INCREASED IN SCORE

- 4.1 Two corporate risks were increased in score during this reporting period:
- Risk 652: Commander Training Compliance (escalated from 12 to 16).
 - Risk 433: EOC call handling workforce capacity (escalated from 12 to 16).
- 4.2 **Appendix B** presents more detailed information about the above risks.
- 4.3 However, note that Risk 652 Commander Training Compliance has since been reviewed and proposed for reduction. Effective mitigations have reduced the risk exposure and a lower score will be confirmed during the next reporting period.

5.0 RISKS REDUCED BUT REMAINING ON THE CORPORATE RISK REGISTER

- 5.1 One risk has been reduced in score but remains on the Corporate Risk Register:
- Risk 663: North and East - Fleet Availability (reduced from 16 to 12).
- 5.2 **Appendix C** presents more detailed information about the above risk.

6.0 RISKS DE-ESCALATED FROM THE CORPORATE RISK REGISTER

- 6.1 Nine risks have been de-escalated from the Corporate Risk Register. These remain open but are below the threshold for corporate risk and are managed via local risk registers:
- Risk 707: Fire Evacuations Drills (reduced from 16 to 9).
 - Risk 556: Major Incident Exercising (reduced from 12 to 9).
 - Risk 579: National HART training courses (reduced from 12 to 8).
 - Risk 602: Hospital Handover: North and East (reduced from 12 to 9).
 - Risk 735: Chronic Obstructive Pulmonary Disease Care (reduced from 12 to 8).
 - Risk 726: Global Rostering System Management (reduced from 15 to 9).
 - Risk 582: Loss of Blood Products (reduced from 12 to 8).
 - Risk 616: Operational Performance: West (reduced from 12 to 9).
 - Risk 625: Control Drugs Documentation - South (reduced from 12 to 5).
- 6.2 **Appendix D** presents more detailed information about these risks.

7.0 CLOSED RISKS

7.1 Five risks have been closed:

- Risk 667: Achieving Net Zero
- Risk 725: Compliance with the Freedom of Information Act 2000
- Risk 559: Patient Transport Service Contracts
- Risk 737: 3rd Party Performance Issues – Remote Patient Care
- Risk 689: National Risk Register - Capability Requirements and Response

7.2 **Appendix E** presents more detailed information about these risks.

7.3 Note that Risk 667 (Achieving Net Zero) is to be replaced with a more specific risk (or risks) which will focus on delivery of the Trust's Green Plan priorities.

8.0 FINANCIAL IMPLICATIONS

8.1 This report has no direct financial implications.

9 EQUALITIES IMPLICATIONS

9.1 This report has no direct equalities implications

10. QUALITY IMPLICATIONS

10.1 This report has no direct quality implications.

11.0 RISK

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

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

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

12. RECOMMENDATIONS

12.1 The Board notes the current position regarding corporate risks and identifies any areas that require additional assurance

SUPPORTING INFORMATION

In this report

Appendix A: New Corporate Risks

Appendix B: Corporate Risks that have increased 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 Risks

Circulated for Information

Corporate Risk Register – Non-Operations: 31 July 2026

Corporate Risk Register - Operations: 31 July 2026

David O'Brien

Director of Corporate Services and Company Secretary

Levi MacInnes

Risk and Assurance Manager

September 2026

APPENDIX A: NEW CORPORATE RISKS

NEW CORPORATE RISK			
Reference	Risk 744		
Title	Employment Tribunals		
Committee	People and Culture		
Directorate	People and Organisational Development		
Business Area	Human Resources		
Risk Owner	Suzanne Hartshorne		
BAF Links	6. Develop and sustain an open and positive workplace culture 9. Develop and sustain improvements in leadership and staff training and development.		
Context	This risk relates to an increase in the number of employment tribunals involving the Trust. Additionally, there has been an increase in the quantity of detailed and complex claims created through the use of AI. The majority of these claims do not result in a tribunal case but the receipt of and response to these claims has cost implications and potential reputational impact.		
Opening Score		Current Score	Target Score
12 (Moderate Risk)		12 (Moderate Risk)	3 (Low Risk)
FULL RISK DESCRIPTION			
WHAT	If...	The Trust does not appropriately manage people issues and processes	
	Then...	The number of employment tribunals could continue to rise	
SO WHAT	Resulting in...	Significant financial implications, reputational damage, employee relations friction, as well as strain on the human resources function and damage to partnership working with trade unions	
WHAT NEXT	Key Mitigation Actions	Ongoing work with solicitors to determine next steps regarding claims generated using AI. Increased provision to allow for legal fees.	

NEW CORPORATE RISK		
Reference	Risk 723	
Title	Safety Team Capacity	
Committee	People	
Directorate	Quality and Professional Standards	
Business Area	Safety	
Risk Owner	John Thompson	
BAF Links	3. Quality for Patients	
Context	A review of the safety team capacity highlighted gaps, resulting in single points of failure and limited resilience.	
Opening Score		Current Score
12 (Moderate Risk)		3 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The safety team remains at the current limited capacity to deliver core functions
	Then...	The Trust may fail to meet regulatory and statutory requirements
SO WHAT	Resulting in...	Potential unsafe practices leading to regulator action including sanctions, financial penalties, prosecutions, and the potential harm to staff and patient safety.
WHAT NEXT	Key Mitigation Actions	Awaiting restructure of the team to be finalised to begin recruitment.

NEW CORPORATE RISK		
Reference	Risk 745	
Title	Community Public Access Defibrillator Deployments (NHS Pathways)	
Committee	Quality	
Directorate	Operations	
Business Area	Central Services	
Risk Owner	Liz Eastwood	
BAF Links	1. Timely Response 2. Provide access to appropriate care	
Context	The introduction of NHS Pathways has resulted in a decline in Community Public Access Defibrillator (CPAD) deployments relating to DXO101 coded calls (suspected cardiac arrest). Although opened at a score of 16 (high risk) further review indicates that this score is too high. This will be reviewed with an expectation of lowering the risk score.	
Opening Score		Current Score
16 (High Risk)		To be confirmed
		Target Score
		4 (Low Risk)
FULL RISK DESCRIPTION		
WHAT	If...	The NHS Pathways system does not have the correct functionality to determine the need for CPAD access and locations details early into the call.
	Then...	CPADs are unable to be allocated to patients and details shared in a timely manner.
SO WHAT	Resulting in...	Increased potential of an adverse patient outcome.
WHAT NEXT	Key Mitigation Actions	Full review to determine the root cause and review potential clinical impact. Further benchmarking against other Ambulance Services to determine Trust position.

NEW CORPORATE RISK								
Reference	Risk 750							
Title	Staff Impact - Annex 5							
Committee	People Committee							
Directorate	Operations / People & Organisational Development							
Business Area	Human Resources / 999 Operations							
Risk Owner	Suzanne Hartshorne							
BAF Links	6. Develop and sustain an open and positive workplace culture 7. Support staff health and well-being effectively							
Context	This risk is recorded to highlight the potential risk to staff wellbeing as a result of the Trust reclaiming costs arising from salary overpayments. An audit is underway to identify the number of staff impacted and the amount each individual has been overpaid.							
<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>4 (Low Risk)</td></tr></table>			Opening Score	Current Score	Target Score	12 (Moderate Risk)	12 (Moderate Risk)	4 (Low Risk)
Opening Score	Current Score	Target Score						
12 (Moderate Risk)	12 (Moderate Risk)	4 (Low Risk)						
FULL RISK DESCRIPTION								
WHAT	If...	The Trust does not identify an appropriate plan for reclaiming money overpaid to staff from Annex 5 overpayments						
	Then...	Affected staff may experience financial uncertainty, distress, and reduced trust in the organisation						
SO WHAT	Resulting in...	A significant negative impact on staff mental wellbeing, engagement, and morale.						
WHAT NEXT	Key Mitigation Actions	Audit underway to identify the staff affected and to quantify the payments involved.						

NEW CORPORATE RISK								
Reference	Risk 739							
Title	999 Operations North and East – Access to Prisons							
Committee	Finance and Performance Committee							
Directorate	Operations							
Business Area	999 Operations – North and East							
Risk Owner	Nick Smith							
BAF Links	1. Deliver a timely response to patients 2. Provide access to appropriate care.							
Context	Increased calls and extended periods of time on scene repeatedly reported at a prison as a result of the medical provision on site and subsequent requirements for YAS attendance. This is impacting on availability and operational delivery.							
<table><tr><td>Opening Score</td><td>Current Score</td><td>Target Score</td></tr><tr><td>16 (High Risk)</td><td>16 (High Risk)</td><td>6 (Low Risk)</td></tr></table>			Opening Score	Current Score	Target Score	16 (High Risk)	16 (High Risk)	6 (Low Risk)
Opening Score	Current Score	Target Score						
16 (High Risk)	16 (High Risk)	6 (Low Risk)						
FULL RISK DESCRIPTION								
WHAT	If...	An agreement cannot be reached with the senior leadership team at prison sites regarding medical provision						
	Then...	There will continue to be an excessive pressure on 999 from the prison, with continued delays on-scene accessing and transporting patients						
SO WHAT	Resulting in...	Increased on-scene time and reduction in crew availability in North and East Yorkshire.						
WHAT NEXT	Key Mitigation Actions	Issue and impact on the Trust has been escalated to the senior team at the prison.						

APPENDIX B: CORPORATE RISKS THAT HAVE INCREASED IN SCORE

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
652	Commander Training Compliance	Central Services	IF YAS does not ensure that commanders are compliant with their training and Continuing Professional Development THEN there may be occasions when commanders are operating at incidents who are not competent or safe to do so	RESULTING IN unsafe systems of work for staff and that incident and / or inappropriate command decisions that could lead to patient harm.	12	16	The risk was escalated due to the number of commanders (approximately 50) that have not completed the annual mandatory training and are therefore out of competence. Good levels of attendance at recent training courses has reduced the risk and the score is expected to be reduced during 2026/27 Q2	Appetite/Target:	4
433	EOC call handling workforce capacity	Remote Care / EOC	IF there are sustained increases in call volume, duplicate calls, and failure to meet requirements for staffing numbers, THEN EOC staff will not be able to allocate resources in a timely manner	RESULTING IN delayed response times to answer and respond to emergency calls with potential for harm to patients	12	16	Recruitment and retention is ahead of the planned level. Call handling capacity is under pressure due to demand peaks and issues with productivity and efficiency in the EOC.	Appetite/Target:	4
								All outstanding training is scheduled for quarter one and the risk is expected to reduce.	
								Controls implemented to support demand and recruitment actions updated.	

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

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
663	Fleet Availability: North and East	999 Ops – N&E	IF there are not enough ambulance resources available to transport patients THEN there will be delays in patients receiving definitive treatment	RESULTING IN delayed response and potential harm to patient.	16	12	Improvement in fleet availability and sustained.	Appetite/Target:	5
								Ongoing work with Fleet to ensure availability maintains.	

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

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
707	Fire Evacuations Drills	Estates	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.	16	9	Fire Evacuation Drills underway with more than 60% now complete.	Appetite/Target	4
								Due to the complexity of drills at HQ and Fairfield planning and approval is required to ensure no direct impact on service delivery.	
556	Major Incident Exercising	Central Services	IF YAS does not exercise specialist and non-specialist staff on the response to a major incident THEN there is potential for an inadequate response	RESULTING IN potential for the risk of further harm/death of the patients, failure to comply with the EPRR core standards and statutory requirements within the Civil Contingencies Act 2004 for all category 1 and 2 responders and significant damage to the reputation of the Trust.	12	9	Manchester Arena recommendations cannot be met with regards to exercising non-specialist staff. However, YAS have arrangements for non-specialist staff as mitigation and this controls the risk exposure.	Appetite/Target	3
								Risk will remain tolerated at a 9 as there is no further achievable action can be taken to comply with the recommendation.	
579	National HART training courses	Central Services	IF Emergency Capabilities Unit (ECU, formerly the National Ambulance Resilience Unit ,NARU) is unable to schedule and run courses THEN YAS will then be unable to recruit and train HART paramedics in order to backfill shortfalls in staffing, address training needs or achieve the proposed HART uplift in team members	RESULTING IN A lack of HART staff within the department to be able to sustain a safe system of work and be compliant with the National Interoperability core standards. This would result in a risk to patients, staff, and reputational risk to the Trust.	12	8	Whilst ECU have confirmed they are able to run courses; some elements are reduced. However, YAS HART has instructors in all subjects taught on modules 1-3 and are therefore able to deliver training locally to ensure HART staff remain fully trained.	Appetite/Target	3
								Review of JD and banding for internal staff delivering training.	

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
602	Hospital Handover: North and East	999 Ops – N&E	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	12	9	Transfer of Care process has greatly improved hospital handover. Occasional issues arise however the impact is less significant.	Appetite/Target	6
								Ongoing monitoring and review of handovers at ED's.	
735	COPD Care	Paramedic Practice	IF the Trust does not provide an alternative to oxygen to deliver breathing treatments (nebulisers) to patients with chronic lung 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	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	12	8	The national guidance (Joint Royal Colleges Ambulance Liaison Committee) mitigates potential harm to a degree by limiting oxygen-driven nebulisation to 6 minutes and only consider a further 6 minutes if clinically indicated.	Appetite/Target	6
								Ongoing review of equipment, incidents, and the reporting of any harm.	
726	Global Rostering Service Management Capacity	999 Ops - Delivery and Quality	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.	RESULTING IN breach of GDPR requirements and potential ICO action.	15	9	There are now 2 FTE (1 additional) in post to manage support services specifically.	Appetite/Target	2
								Initial 3-month assessment underway that will form BAU and ensure ongoing access review.	
582	Loss of blood products	Central Services	IF YAS do not follow the agreed clinical governance processes as outlined in the Service Level Agreement THEN the Trust could lose blood products with no alternate provider	RESULTING IN a negative impact on patient care, potential damage to the reputation of the unit, the Yorkshire Air Ambulance, and YAS as a whole	12	8	Mid-Yorkshire Teaching Hospitals Trust is currently providing supply for both YAA bases, therefore the risk likelihood reduced.	Appetite/Target	4
								Ongoing work with procurement continues to review options from other acute Trusts.	

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
616	Operational Performance - West	999 Ops - West	IF there is an increase in demand/Acuity in West Yorkshire THEN there may be excessive response times	RESULTING IN patient harm	12	9	Sustained local performance improved and is ahead of trajectory.	Appetite/Target	6
								Ongoing monitoring and review.	
625	South - Lack of adherence to control drug documentation requirements	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 controlled drugs register THEN we are failing to meet the legislation requirements and causing a lack of visibility and auditability of controlled drugs stocks	RESULTING IN an inability to account for loss in a timely manner, and possible staff or patient harm.	12	5	Monthly and weekly audits have shown high compliance that has been sustained following process changes.	Appetite/Target	5
								Continue monitoring with a view to subsequently close the risk in 3 months.	

APPENDIX E: CLOSED RISKS

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
667	Achieving Net Zero	Estates	IF the Trust does not achieve it 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 the Trust 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.	20	<6	Trust Green Plan approved by board in March 2026 with the introduction of formal governance process for delivery. Specific risks relating to Green Plan delivery will be raised as individual risks.	Appetite/Target	6
725	Compliance with disclosures pursuant to the Freedom of Information Act 2000	Legal	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.	12	<4	Compliance recorded consistently between 90% and 100% over a six month period following process changes.	Appetite/Target	4
559	Patient Transport Service Contracts	PTS	IF a procurement process is commenced for PTS contracts (including any challenge against the Provider Selection Regime - direct award scheme) and a formal tender process is commenced THEN the contract(s) may be lost and awarded to competitors	RESULTING IN significant financial impact by loss of income and associated costs, loss of staff and reputational risk.	15	<8	Contracts successfully awarded.	Appetite/Target	8

Ref	Title	Area	WHAT	SO WHAT	Change		Rationale	WHAT NEXT	
					From	To			
737	3rd Party Performance issues – Remote Patient Care	Remote Care / IUC	IF the current supplier to some Remote Patient Care Clinical Validation cases performance against the contracted requirements does not improve THEN patients may not receive timely clinical intervention	RESULTING IN the potential for adversely affecting the quality and safety of care.	15	<3	The contract has ended; the risk is terminated.	Appetite/Target	3
								Risk Closed.	
689	National Risk Register capability requirements and response	Central Services	IF we do not adequately identify and record our capability requirements and response arrangements THEN the Trust may not be able to respond to major events such as terrorist attacks etc. recorded on the national risk register	RESULTING IN failure to comply with the Civil Contingencies Act 2004 and EPRR Core Standards with increased risk of patient and staff harm.	15	5	The EPRR register is now in place and used as a routine reporting mechanism to the Resilience Governance Group. Therefore, mitigating the requirements of the legislation and core standards requirements.	Appetite/Target	5
								Risk Closed.	