Birmingham Women's & Children's Hospital NHS Foundation Trust

Board of Directors Meeting

5 November 2026

Reading Room

ITEM		Related to Item	PURPOSE
1.	Corporate Risk Register Summary Report Measuring Management of CRR Risks	11	Assurance

Corporate Risk Register (CRR) Summary Report October 2026

1.0 Purpose

To provide the Board of Directors with an overview of the current Corporate Risk Register (CRR), highlighting key themes, areas of concern, emerging risks and opportunities to strengthen future risk reporting and assurance.

2.0 Introduction

The Corporate Risk Register (CRR) is a key component of the Trust's Board Assurance Framework, providing a consolidated view of the most significant risks to the delivery of safe, effective and high-quality care. Risks are identified and managed within divisional governance structures before escalation through the Risk Management Committee (RMC), which provides oversight, challenge and assurance regarding the management of the organisation's highest risks. The Committee ensures consistency in risk scoring, reviews the effectiveness of controls and mitigation plans, and provides assurance that risks remain aligned to organisational priorities and strategic objectives.

The August 2026 Corporate Risk Register, (Appendix 1B), demonstrates a complex and interconnected risk profile comprising of clinical, operational and corporate risks. Risks are distributed across Women's Services, Surgery, Pathology, Medicine, Corporate Services and Genomic Medicine, reflecting both localised service challenges and Trust-wide strategic pressures. The most prominent themes continue to be workforce sustainability, service capacity, digital infrastructure resilience, financial pressures and increasing demand across services.

The register also evidences active escalation and review of emerging risks, with several new corporate risks added during the last quarter, demonstrating a responsive approach to risk identification and management.

3.0 Overview

The current Corporate Risk Register continues to present a challenging risk landscape, with a number of High and Extreme-rated risks remaining static despite ongoing mitigation activity. Whilst controls are generally well established and risks are clearly articulated, many risks continue to be driven by structural challenges, including workforce shortages, recruitment difficulties, service demand, infrastructure limitations and financial constraints.

The register highlights the ongoing organisational reliance on interim controls and adaptive operational arrangements to maintain service delivery and patient safety. Whilst these

approaches have largely been successful in mitigating immediate harm, they often require significant operational effort and do not always address the underlying causes of risk.

3.1 Workforce Capacity and Sustainability

Workforce pressures remain the most significant driver of risk across the Corporate Risk Register and underpin many of the Trust's highest-rated risks.

Within Women's Services, significant concerns remain regarding both senior and junior obstetric medical staffing. The risk relating to insufficient consultant obstetrics and gynaecology establishment continues to be the highest-rated risk on the register (25), reflecting the ongoing absence of full prospective consultant cover and increasing pressure on existing consultant teams. Potential consequences include delays in emergency decision-making, increased intervention rates, poorer patient outcomes, workforce fatigue, reduced training opportunities and recruitment challenges.

A related workforce risk concerns insufficient junior obstetric staffing to support current activity levels, particularly out of hours. National trainee shortages, increasing patient acuity and reliance on locum staffing continue to contribute to workforce fragility and create risks to patient care, training quality and staff wellbeing.

There is however considerable action underway to address these risks.

A business case to strengthen resident doctor cover has been successfully implemented, introducing a fourth tier of out-of-hours medical staffing across Obstetrics and Gynaecology. The revised model was introduced in August and early feedback from the multidisciplinary team, including resident doctors, has been positive, with improved clinical support and resilience reported across the service.

In addition, 3.5 WTE trainee Advanced Clinical Practitioners (ACPs) have been recruited , with a particular focus on strengthening Maternity Triage capacity. One of the newly appointed ACPs has commenced their final year of training and is expected to qualify in September 2027, at which point they will transition into a substantive qualified role.

Service Level Planning is scheduled for October to review consultant programmed activity (PA) allocations across Obstetrics and Gynaecology and identify opportunities to optimise existing capacity. Early modelling suggests there may remain a gap in prospective cover for Antenatal Clinic activity and out-of-hours ward rounds. Should this be confirmed through the planning process, a formal business case will be developed to identify sustainable staffing solutions and mitigate any residual workforce risk.

Across Surgery, several specialist services continue to experience workforce-related challenges. The Plastics Service remains challenged in delivering a compliant consultant on-call rota due to consultant shortages, impacting the ability to accept referrals and maintain