



University Hospitals Bristol and Weston NHS Foundation Trust Draft Internal Audit Report: Risk Management

Report Reference: UHBW02/21 July 2021

Distribution List (for action):

- Head of Risk Management
- Divisional Risk Leads
- Divisional Directors

Additional Copies (final report, for information):

- <u>Director of Corporate Governance</u>
- Chair of the Audit Committee

Assurance Opinion		
Significant		
Satisfactory	•	
Limited		
No		





Executive Summary

AUDIT BACKGROUND, SCOPE AND OBJECTIVES

Background

As part of the 2020/2021 Audit and Assurance Plan, as approved by the Audit Committee, we undertook a further review of risk management arrangements in the Trust, following our review in June 2020. In our 2019/2020 review of Risk Management, we considered risk management at a divisional level. Although the Assurance Opinion was "Satisfactory", the report highlighted a number of areas for improvement, for example:

- Risk escalation from departmental level to divisional level was inconsistent.
- Variations in the process for reviewing departmental risk registers.
- Timeliness of the review of risks.

Objectives and Scope of the Audit

Re-visiting the areas covered in 2020, the overall objective of this review was to assess whether:

- Responsibility for risk management within Divisions is appropriately defined and organised.
- Divisional and departmental risk registers are effectively reviewed on a regular basis to ensure that mitigating actions are appropriate and that progress in implementing actions is monitored.
- Within divisional and departmental risk registers, risks and mitigations are adequately described, with timescales and responsibilities for actions set out.
- Reporting arrangements ensure that risks are appropriately escalated to divisional risk registers and, where appropriate, the Corporate Risk Register, in accordance with Trust guidance.

The Risk Team maintain a quality control dashboard and KPIs, which identify anomalies on Datix to be addressed in various areas of the Trust, e.g. accepted risks above tolerance levels. The sample of risks we reviewed, included risk "anomalies" from this dashboard and a selection of other risks.

Risk management within the Weston Division was reviewed and reported separately in our Weston Governance Arrangements report (UHBW17/21).

We also considered the impact of COVID-19 and/or recovery/restoration and transformation on any changes to the systems/processes or procedures in place for this area.

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COVID-19 AND/OR RECOVERY/RESTORATION AND TRANSFORMATION

The Trust has faced challenges due to the pressures of COVID-19, with demand on Trust staffing resources, as well as social distancing, which restricted governance meetings in person. However, the majority meetings were able to recover from this and continue virtually, except for some departmental groups in the Medicine Division, which were stood down. Key processes surrounding risk management were able to continue as usual and the Trust has continued to offer Datix training to staff virtually.

OVERALL CONCLUSION

The responsibility for risk management was well-defined across both the divisional and departmental level and the Trust Risk Management Policy provided clear guidance on the responsibility of staff for risk management. Risks were being reviewed appropriately, however, there was inconsistency across the Trust on the documentation of these risks within meeting minutes. Governance groups are receiving appropriate assurances on the management of risks from their respective Divisions and Departments in reports, which are supported by the respective Risk Leads and teams.

The responsibility for risks was assigned along with appropriate mitigating actions, however, we identified some risks from the Datix Risk KPI Dashboard that require review and scrutiny. There were inconsistencies across the Trust surrounding the documentation of the rationale behind the decisions surrounding risk escalation.

We have made some recommendations to improve the record-keeping and recording of risks in Datix for clarity and risk action monitoring.

Our overall conclusion is supported by the conclusion for each area reviewed, as set out below:

Area reviewed	Rating	Conclusion
Responsibility of Risk Management within Divisions	•	The responsibility for risk management within Divisions was clearly outlined in the Trust's Risk Management Policy, which specifies the roles of key individuals and groups in the Trust. A Risk Management Lead was allocated in each of the respective Divisions, which was supported by a risk management/ governance group. The arrangements were appropriate and effective, as this enabled Divisions to maintain focus on the management of risks and governance matters effectively.

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Area reviewed	Rating	Conclusion
Review of Divisional and Departmental Risk Registers and Monitoring of Actions	-	In the main, divisional level risk registers were being reviewed on a regular basis with appropriate supporting documentation to confirm that actions to mitigate risks were being monitored. At departmental level, although risk registers were regularly reviewed and risks and actions appropriately discussed for the majority of the groups we reviewed, evidence of appropriate discussion/challenge could not be confirmed for six of the 23 groups we reviewed. This could not be confirmed for four out of five departmental groups in the Medicine Division (as governance meetings were stood down during COVID-19) and two in the Surgery Division (discussion of risks was not recorded in meeting minutes). At both the divisional and departmental level, there was inconsistency in the level of completeness of the documentation of risk review (i.e. details and rationale behind the decision, risk ID numbers). More detailed documentation of the discussion, including the specific risks would provide clarity for the group members, as well as an audit trail of decisions regarding risks.
Description of Risks and Mitigations on Risk Registers	⊘	Both Divisions and Departments adequately described risks and mitigations with an appropriate person assigned responsibility and with timescales included on the risk platform Datix. There is consistency across the Trust in the way risks are being described and scored, however, the timescales and responses to mitigating actions were not consistent in our sample. Further action and support are required to identify risks that may have missed the appropriate level of review and scrutiny, such as those from the Datix KPI dashboard. This will reduce inconsistency between the treatment of risks to ensure that all risks are reviewed and that appropriate mitigating actions are taken.
4. Escalation of departmental risks to divisional and on to corporate risk registers.	•	Overall, at both the divisional and departmental level, risks are escalated to the appropriate meetings. The actions for escalated risks are clearly communicated to the escalating Department or Division via the Divisional Risk Leads. The documentation of escalation outcomes in both the Datix progress notes and meeting minutes could be improved by including details of the rationale behind the decisions made.

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Overall Assurance Opinion

It is our view that the overall assurance opinion on the design and operation of controls is Satisfactory, as recorded in the table on the face of this report and in accordance with the opinion definitions under the ASW Assurance - About Us section of this report.

We would like to acknowledge the help and assistance given by the Risk Management Teams during the course of this review.

Rating of Recommendations

Recommendations raised in this report have been rated in accordance with the organisation's risk matrix.



Director of Audit and Assurance Services

Report Data

Date of Work Undertaken	February - June 2021
Date of Issue of Draft Report	12 th July 2021
Date of Return of Draft Report	
Date of Approval of Final Report	
Lead Auditor	Audit and Assurance Specialist
Client Lead Manager(s)	Head of Risk Management
Client Lead Director	Director of Corporate Governance

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