What is a deep dive and when do I use it?

GGI board assurance prompt

July 2016

What is a deep dive and when do I use it board assurance prompt

Final Report

This report is part of a growing series of reports developed by the Good Governance Institute (GGI) that consider issues contributing to the better governance of healthcare organisations. GGI is an independent organisation working to improve governance through both direct work with individual boards and governing bodies, and by promoting better practice through broader, national programmes and studies. We run board development programmes, undertake governance reviews and support organisations develop towards authorisation.

Other recent GGI reports and board development tools have considered board assurance, patient safety, clinical audit, quality and safety of telehealth services for people with long-term conditions, diabetes services, better practice in treatment decision-making, productive diversity, the board assurance framework, integrated governance, governance between organisations and of course good governance.

Overview

Just how involved should a non-executive (NED) or trustee get in the internal working of an enterprise? One perceived wisdom is 'not at all'. We have all seen the problems associated with over active NEDs playing with the train set; taking on champion roles and forgetting they cannot manage the business. But, GGI are taken with our Dutch colleagues' approach to governance which recognizes some fuzzy logic, i.e. that boundaries are there to be broken and that it is not so simple as 'managers manage and boards scrutinize'…

GGI agree with the concept that there can be circumstances when board members should engage either in their own organisation or in those that supply or partner our services to users. But again there need to be constraints, a careful challenge of how and why, what would we as individual NEDs do? And how do we get out again before we end up micro managing the organisation? We certainly believe that the board is the first line of assurance and should be aware and act before external regulatory bodies have to get involved.

Fuzzy logic
is an approach based on "degrees of truth" rather than the usual "true or false"

Canvassing a number of Chairman has unearthed a wide range of views, but the consensus seems to be:

- Yes, we should undertake deep dives as a board
- Board members should be commissioners of deep dives, not lead investigators which would compromise their scrutiny role
- Deep dives are a useful way of individual NEDs getting to know the organisation in depth, but this should be a by-product rather than the reason for the deep dive
- There needs to be an agreed process of triggering and reporting on deep dives, having exhausted usual challenge and audit processes
- A NED who is not satisfied that the issue has been resolved should pursue this with the Chairman or SID but ultimately may need to consider their position on the board, i.e. be prepared to resign

The deep dive is looking for three things:

1. **Analysis** & Understanding

2. **Capacity** and competence **to improve**

3. **Assurance** that the problem is resolved

Purpose

There are four purposes or uses of deep dives:

1. A direct and immediate response to a threat of organisational objectives being met
2. Responding to an intractable problem
3. As part of a routine programme of deep dives perhaps focusing on less audited areas. Remember this is expensive and time consuming for front line staff
4. Visioning or product development

Some triggers:

- **Strategic objectives not being achieved**
- High mortality rates
- Unexplained demand or variance in performance
- Failure to provide care across organisational boundaries
- Non-compliance of standards or checklists
- Unsatisfactory response to board director or governors' enquiries
- Red flagged risks persistently un-mitigated
- Cultural failures e.g. in relation to safeguarding, whistleblowing or disciplinaries
- Failure to follow up internal audit, clinical audit or complaints
- Reputational risk
- Failure to adopt or adapt proven innovations throughout the organisation
- Lack of evidence that learning has followed previous investigations

Process

1. Seek approval to commission (sponsor and proposer) the deep dive.
2. Draw up terms of reference for the deep dive which defines explicitly the outcome required and to:

    a. gather and analyse both hard data and soft intelligence held by many different parts of the system
    b. conduct planned and unannounced site visits noting the TDA Visiting guidelines
    c. listen to staff and patients as well as to those who represented the interests of the local population, including local commissioners and elected representatives

3. Convene a meeting of all involved departmental or statutory parties - a Risk Summit - to agree with each part of the system a coordinated plan of action and support to accelerate improvement.

Conclusion and exit

The board member as commissioner must be satisfied that controls and assurances are now in place. The board and management should be clear of the authority to manage that has been delegated within clear tolerances. Breaches of these tolerances must have a clear escalation plan. Management must give assurances of the **capacity and competence** to improve, if necessary highlighting how this affects other programmes and priorities.

Deep Dive Maturity Matrix

DEEP DIVE MATURITY MATRIX

DRAFT VERSION 1.1 - DEC 2015

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS.

PROGRESS LEVELS / KEY ELEMENTS	1 No	2 BASIC LEVEL Principle Accepted	3 EARLY PROGRESS IN DEVELOPMENT	4 FIRM PROGRESS IN DEVELOPMENT	5 RESULTS BEING ACHIEVED	6 MATURITY Comprehensive assurance in place	7 EXEMPLAR
1. ASSURANCE	No	Board recognise need to 'own' assurance	Board have suite of assurances and recognise value and deficiencies	Board have defined assurances they require subject to VFM test	Board have applied assurances they have identified	Independent assurance systems in place and working	Organisation shares model approach with others
2. TRIGGERS	No	Board recognises need for system of triggers to be escalated to Board	Triggers initiate an assessment of how best to handle concerns	Lack of assurance of progress prompts a NED initiated deep dive	Triggers are acted upon by staff proactively with reports to board on effectiveness	Deep dive programme is proactively based on otherwise ignored areas rather than problems	Organisation shares model approach with others
3. SUPPORTS	No	The board secretary has defined role in support of whole board	Internal audit and clinical audit has defined role in support of collective board	Agreed deep dives can draw on team of support	Deep dive support team can be mobilised promptly and effectively	Deep dive support team can operate across health economy to cover pathways	Health economy has understanding of capacity and commitment to support deep dives
4. TRAINING	No	Staff are inducted and have refresher training in risk, audit, assurance and deep dives	Board members are inducted and have refresher training in risk, audit, assurance and deep dives	Board runs scenario deep dives to improve understanding and skill	Board rehearse successful deep dives and seek to improve and apply learning	Active deep dives are used to train new board members	Board members advise other organisations of their approach
5. RISK APPETITE & TOLERANCE	No	Board has engaged in risk appetite understanding	Board have defined tolerances for devolved management	Board have defined escalation process for devolved management / committees	Management can advise accurately on competence and capacity to undertake improvements	Tolerances are lifted in light of greater assurance	Board members advise other organisations of their approach
6. PROGRAMME & LEARNING	No	Organisation has defined itself as a learning organisation	Staff are inducted and given refresher training in empowerment	Learning and improvements are shared throughout organisation	Learning and improvements are applied to whole organisation	Evidence of improvements modified to suit local circumstances	Organisation is recognised through evidence as a learning organisation
7. ALIGNMENT: INTERNALLY & EXTERNALLY	No	Board is aware of range of investigations, reviews, audit etc.	Board is seeking to use range of investigations, reviews, audit etc. strategically	The range of investigations, reviews, audit etc. are used strategically by board	Organisation has aligned its reviews with partners and commissioners	Organisation has planned its reviews with partners and commissioners	Organisation shares model approach with other health economies