The Local Government Association and Association of Directors of Adult Social Services are **Partners in Care and Health (PCH)** working with well-respected organisations.

PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections. It is funded by the Department of Health and Social Care and offered to councils without charge.

www.local.gov.uk/PCH

Following discussions with the Principal Social Work Network regarding the need for PSW support with CQC assurance, two online events were agreed:

12 June to discuss a PCH tool to help PSWs prepare for CQC assessment,
A practical resource to help principal social workers prepare for Care Quality Commission assessment | Local Government Association

1 July, to hear from colleagues with experiences of recent CQC assessments.

Partners in Care and Health organised the event at which these slides were presented, and it supports them as of importance to the sector. The slides do not necessarily represent the views of Partners in Care and Health.
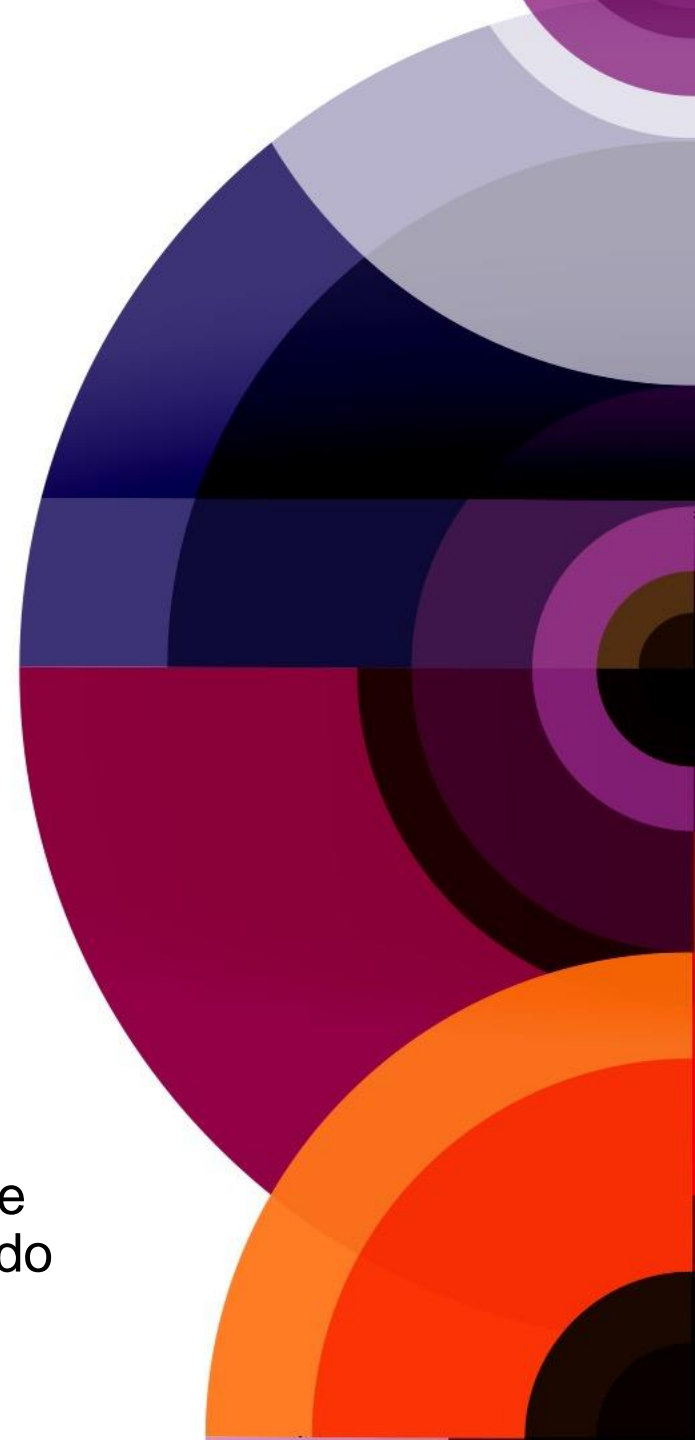
Housekeeping

- Please mute devices

- Use the chat function or raise a virtual hand if you would like to comment or ask a question – please share your name, job title and organisation you represent

- The session will not be recorded but slides will be circulated

- Live transcription is turn on for accessibility

- We welcome your feedback – an evaluation will be sent to you after the event

Agenda

- Approaching CQC assurance of Adult Social Care: key considerations for PSWs
  - **Carol Tozer**, ADASS Associate
  - **Margot Summerbridge**, PSW, Derby City Council
  - **Chris Erskine**, PSW, Lincolnshire County Council
  - **Karen Barnes**, PSW, Durham County Council

- Q&A and discussion

Approaching CQC assurance of Adult Social Care: key considerations for Principal Social Workers

Dr Carol Tozer OBE

Chris Erskine - PSW, Lincolnshire County Council

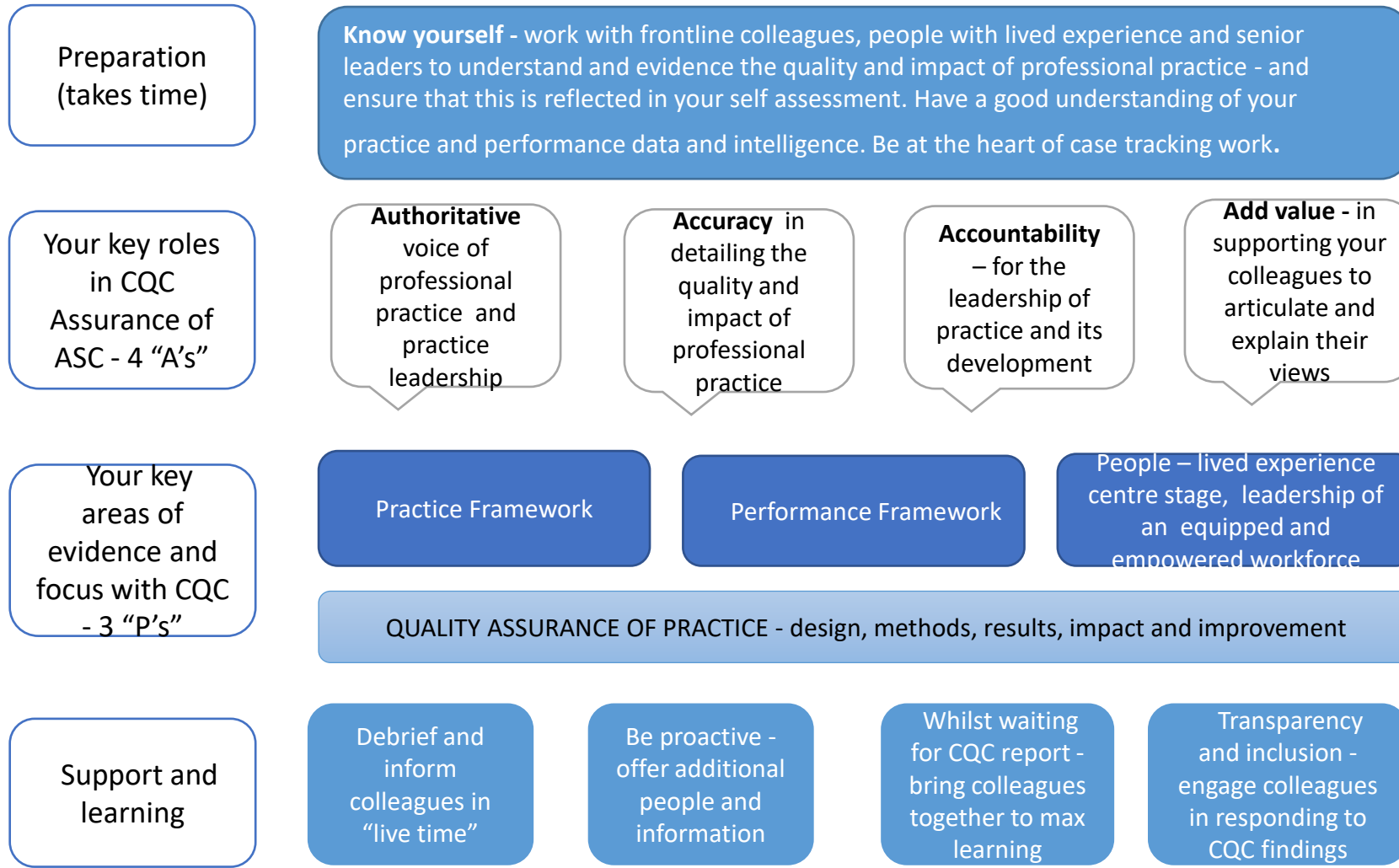Margot Summerbridge - PSW, Derby City Council

Karen Barnes - PSW, Durham County Council

1 July 2024

CQC's Assurance of ASC – the quality statements all apply to the PSW role

- **CQC 4 key assurance themes** are: **working with people; providing support; ensuring safety; and leadership**. Each theme has a series of quality statements that CQC will measure against (i.e., Quality statements – which encapsulate the standards for ASC design and delivery; and "I" statements – which encapsulate the experience of people with care and support needs and their carers). The Quality "We" statements are set out below.

- **Working with People:** **Assessing needs** –we maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them; **Supporting people to lead healthier lives** – we support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

- **Providing support:** **Care provision, integration and continuity** – We understand the diverse health and care needs of people and our local communities, so care is joined up, flexible and supports choice and continuity; **Partnerships and communities** – We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement

- **Ensuring safety:** **Safe systems, pathways and transitions** – We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services; **Safeguarding** - We work with people to understand what safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

- **Leadership:** **Governance, management and sustainability** – We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes and we share this securely with others when appropriate; **Learning, improvement and innovation** – We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

CQC's Assurance of ASC – a PSW Plan On a Page

Preparation (takes time)

Know yourself - work with frontline colleagues, people with lived experience and senior leaders to understand and evidence the quality and impact of professional practice - and ensure that this is reflected in your self assessment. Have a good understanding of your practice and performance data and intelligence. Be at the heart of case tracking work**.**

Your key roles in CQC Assurance of ASC - 4 "A's"

Authoritative voice of professional practice and practice leadership

Accuracy in detailing the quality and impact of professional practice

Accountability – for the leadership of practice and its development

Add value - in supporting your colleagues to articulate and explain their views

Your key areas of evidence and focus with CQC - 3 "P's"

Practice Framework

Performance Framework

People – lived experience centre stage, leadership of an equipped and empowered workforce

QUALITY ASSURANCE OF PRACTICE - design, methods, results, impact and improvement

Support and learning

Debrief and inform colleagues in "live time"

Be proactive - offer additional people and information

Whilst waiting for CQC report - bring colleagues together to max learning

Transparency and inclusion - engage colleagues in responding to CQC findings

The PSW role in the context of CQC assurance

In essence, the PSW role is:

- to lead and oversee excellent social work practice in order to drive high quality social services and best outcomes for people drawing on care and support and their carers;

- to ensure that there is professional practice oversight in place to lead, oversee, support and develop excellent social work practice and, in turn, lead the development of excellent social workers and social care practitioners; and

- to provide an authoritative voice for social workers and other care management professionals, representing their views to senior managers and participating in the responses given to those views

THIS MEANS that in meeting with you, CQC are likely to explore (with you directly and the meetings they have with frontline professionals and PLE):

- **how the PSW role is implemented** in your council - i.e., how, as PSW, you have the credibility, authority and capacity (time and resources) to provide effective practice leadership (support and challenge) at managerial and operational/frontline levels;

- What is known about the **quality of professional practice** - how is excellent practice supported, what are the areas for improvement and track record of improvement (NB: your practice framework and quality assurance system)

- What is known about **the outcomes achieved by people** drawing on care and support - including carers - in living "gloriously ordinary lives"

- **The "health" of social work** in your council

- How **people with lived experience are engaged** - in the development of practice, in quality assurance processes - and what is done with their views.

- What is known about **the views and experiences of frontline professionals and managers** in providing a response to the care and support needs of local people - and what has happened in response to those views and experiences?

Practice is at the heart of CQC assurance

- Key question - **what is known about the quality of practice:**
  - Practice is the genesis of data in ASC - both in terms of process and outcome indicators. So you need to be able to explain your practice framework (underpinning values and theories) and your performance framework (i.e., what indicators you use in assuring yourself as PSW about the quality of practice) - as by looking at both you are better able to explain and contextualise the factors that support excellent practice and how you measure practice.
  - How do you monitor the quality of practice - and what does that monitoring suggest regarding any priorities for practice improvement/leadership of practice improvement
  - What have been the impact of any plans for improvement to date
  - What is known about the experiences of PLE/carers in assessment, review and support planning - and ow have these views been used to drive better outcomes
- Key question - **what has been done/is being done - to ensure that the right conditions exist to support excellent practice:**
  - What are your "indicators" that the right conditions are in place to support excellent practice - caseloads; supervision; CPD; staff surveys; recruitment and retention; regional engagement; links with FEs/HEIs; sector led improvement.
  - Differentiating work according to designation - what are the differences between work allocated to SWs/senior SWs and social care officers?
- Remember: CQC will have access to the data available via statutory returns (including key plans such as the Better Care Fund). They will also be interested in any local PIs - including any you have been involved with as PSW. So if people with lived experience and/or frontline colleagues have been involved in the development of any local PIs, be sure to stress your engagement - as well as the results.
- Remember: Your analysis of social work processes, quality and outcomes is key in supporting CQC to arrive at their judgement. Make sure that you are able to explain strengths and any areas to develop.
- Remember: To reference your existing reports (e.g., your monthly/quarterly report SMT and your PSW annual report) - and the changes/improvements resulting from your leadership and quality assurance of practice.

CQC's areas of focus with the PSW can also include:

- **The people you serve:** data on the population, characteristics (including protected) and needs of local people - *vital for understanding who SWs work with, what this means for practice - so think links with public health and what you know about your population - and how that helps frame practice – e.g., EDI, anti discriminatory practice, poverty*

- **The supports people need:** views about the supply of care services and the care market, including occupancy, capacity, integrated arrangements for discharge - *social workers KNOW what care and support the people they work with want and so CQC may well explore how they (and thereby PSWs) are engaged in discussions with commissioners to ensure that the care market meets people's needs and preferences*

- **Research and evaluation:** - h*ow is practice systematically informed by research and best practice from elsewhere - including engagement in sector led improvement initiatives.*

Key questions to ask yourself in preparing for CQC

- What are **your key data and information** - that you look at repeatedly in order to assure yourself about the **quality of social work** - including that it is strength based in approach? NB: CQC will have their KLOE for each council based on the LAIR they review, including your self assessment and case tracking. And remember that it is OK to say - "I know you have already seen that data".

- What are your key data/information - that assures you about the **health of the social work profession** in your council - you need to ensure that you know where to go to get the answers. NB: the LGA healthcheck.

- How do you **engage with people with lived experience** in understanding both of the above and developing action plans?

- How do you **benchmark** what is happening in your council with elsewhere - and how you define and seek out best practice? NB: the LAIR should provide this to them and think about your role/engagement with regional and national initiatives

- What is your role in supporting key discussions about the **appropriate use of advanced analytics and AI (they might come at this via access to business intelligence).**

- What **forums** do you have to explore all of the above with social workers in your council?

- When you meet with **CQC inspectors - how will you evidence the quality of practice and the health of the social work profession in your council? And what data will you use to evidence progress and continuous improvement?**

Evidencing quality in practice

- Prevention: how do new cases come into care management teams
- Practice conditions: allocation methods (including how cases are allocated to SWs as opposed to social care officers); caseloads; timeliness; authorisation processes.
- The quality of professional practice - how do you know that practice is strengths based and outcomes focussed? Where are you pushing for improvement - and the impact of any existing action plans? Think about the outcomes being achieved - e.g., why might your council have a particular rate of admissions to care homes, use of DPs, access levels to reablement
- Waiting lists – composition; management and impact of tyat management
- Hospital discharge – how is home first being pursued and what is known about people's experiences
- Safeguarding - are thresholds accurate and how do you know; how will you evidence progress re MSP
- Legal literacy - how do you assure yourself that SW practice is legally literate?
- How you engage with people with lived experience in framing/reframing SW processes?
- Workforce development - recruitment and retention; work with apprentices; ASYEs; progression.

Evidencing quality in practice

- Most councils QA frameworks of ASC now triangulate an analysis of case recording with a meeting with the allocated professional and a further meeting/tel call person with lived experience/carer/advocate. And most councils now rate they cases they quality assure - using the CQC assurance quality statements as a basis for that rating. Be clear about your thresholds across inadequate, RI, good and outstanding - and how there can be confidence that they are applied consistently. In particular, be clear about how you can evidence follow up from any feedback gathered during quality audits - whether from recording, feedback from colleagues or feedback from PLE.

- There can be a tendency within quality audits to examine pieces of work in isolation (e.g., the quality of assessments or support plans) - make sure that your QA processes also look at the entirety of interactions with the person over the last 12 months.

- Added value of line management and oversight - in the majority of councils where I have worked over the last couple of years, evidence of authorisation processes are in place - but evidence detailing how line managers question and improve practice is much more scarce. Importantly, and very positively, most frontline colleagues confirm that their line managers have played a vital role in helping them to reflect upon and improve their practice. So as PSW, you need to work with practice supervisors and team/service managers to agree how best to evidence this to CQC.

Evidencing quality in practice – strengths based practice

- In many councils I have worked with, when asked the question, "how do you know that SW practice is strengths based?", professionals tended to focus on values and attitudes – overlooking processes and outcomes.

- In implementing strength based practice, most councils have gone through a programme of change organised around six cultural priorities to enable social workers to transition to this model of practice: **Strength based practice** (tools); **Owning and Driving Performance** (professional responsibility); **Engagement** (driving key decisions in the department); **Empowered learning** (dedicated time and space; reflective forums; learning from peers and elsewhere); **Nurturing potential** (progression criteria and succession planning); **Outcomes and performance** (feedback from the people you serve and PIs - benchmarked). So think about how all 6 areas in identifying the evidence you want to provide to CQC.

Final considerations from me in preparing for CQC

- Ensure that your case recording system drives best practice (e.g., anti discriminatory practice; DP by default approach; recording that assessments, reviews and support plans are shared, managers comments as well as authorisation).

- Ensure that your practice audits are big enough to extrapolate, systematically include feedback from PLE/their representative and involve reflective practice discussion with the social worker

- Ensure that you can evidence professional curiosity and added value brought by supervisors/managers

- Have your OWN set of PIs to demonstrate high quality SW practice and a healthy SW profession

- Be very clear about waiting lists - size, contours, the impact of waiting well actions

- Be very clear about identification and response given to carers

- Ensuring safety - Safe systems - the weakest part of self assessments I have read - ensure you can specify the outcomes achieved for YP in transition - and consider the practice implications of transition from adult to older person's services

The experiences of three PSWs who have already been through CQC inspection

- Lincolnshire County Council (CQC pilot - rated as good).
- Durham County Council (draft report awaited)
- Derby City Council (draft report received)

What the CQC Focused on in the PSW interview-Pilot site.....

1) Can you tell us about what your role is as PSW and how does it fit into the directorate / organisation?

2) Can you tell us something that you are proud of as PSW?

3) Can you give us 2 examples of pressures / challenges?

4) Can you tell us about any workforce pressures and how might that be impacting on teams / practitioners. How do you know?

5) What would it feel like for someone waiting for support? How long would they be waiting? How many people are waiting for assessments / services. Are there particular locations / areas where there are pressures?

6) How do you know that practice is good?

7) Can you tell us what your future areas of focus are?

How could you give assurance social care practice was in line with the Care Act i.e. strength based?

QPAR, discussions with practitioners and having a clear vision which practitioners are aware of. Policies and procedures that support working, a good overview of Learning and Development offer. Perhaps case studies and examples demonstrating good practice. Know your data…

How could you give assurance they are delivering good outcomes for people i.e. audits, voice of people, triangulation?

Quality Assurance, performance information, complaints and learning, co-production-how people are involved. Strong governance and reporting. Show how feedback has been used to improve. Case studies and examples of feedback, through practitioner discussions and discussions with members of the public.

How could you give assurance around the PSW visibility within the service?

Demonstrating engagement with Senior Leadership, connection with frontline practice / forums etc. Perhaps examples of comms / engagement. Feedback from teams / practitioners. Link to PSW JD, where do you sit and how do you link (one foot in practice and one in strategy) and what people have said in the health check about visibility. Perhaps think about an annual report.

How could you give assurance against risk management of waiting lists and what types of waiting lists?

Demonstrate clear policies and procedures are in place, robust risk management and supervision to ensure safe workloads. Ensure teams are clear. Know your data and perhaps any hotspots and why. You may be asked about pressures such as vacancies and also thinking about any areas where provision means people are waiting for support. If there are how is it managed and what are you doing about it.

How could you give assurance re workers caseloads in terms of their wellbeing balanced against complexity and demand?

Think about how you monitor this. What does your health check data tell you, what's your action plan and areas for celebration or concern. Do you know if your practitioners are having regular good quality supervision and do you have a allocation process. You might want to consider what your employee data is telling you, are people leaving, what's your retention like, exit interviews. Be clear on your health and wellbeing offer for practitioners….

How could you give assurance your audit and quality assurance processes informed and met the needs of the workforce?
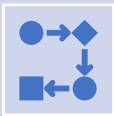
Demonstrating how your processes were developed, that you seek feedback and work with practitioners and managers to improve / develop. Show how what you have learnt from those processes has been used to improve practice and address any challenges.

How could you give assurance around the wellbeing of the workforce and whatever tools they used how did they use this information to inform workforce planning and resilience?

TNA, Succession planning, Workforce Plan, Health Check, Recruitment and Retention Data. Action plans and examples of where this information has informed developments. For example apprentiships or leadership development progarmmes.
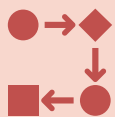
If I could say 3 things:

Be positive, you and your teams you are good enough and put your best foot forward. Spend some time with your teams to let them know and celebrate what's working well, what you are doing to improve.

Know yourself and organsiation-Have examples of what you have done, think about the themes and how you can evidence them.

Have one version of the truth, take the time to become familiar with your self assessment and improvement plan and share this.

Involvement in Preparation

- Full Project Management approach applied with oversight by Quality Assurance officers who became our SPOC
- Overarching Inspection Prep Group (chaired by HoS) with governance by Quality Assurance Board (chaired by DASS).
- Series of subgroups including:
  - ❑ Self Assessment writing group
  - ❑ Evidence Base group – LAIR
  - ❑ On-site visit prep group
- Links to Data Insight Group
- PSW 'held the pen' for Self Assessment which was a summary of the Quality Statements. Timing of SA = key. We were just about to refresh when we got our call.
- Experience of colleagues who had been part of the pilots
- Managing comms to staff proportionate & timely – warming up messages – 'housekeeping' – ratchet up nearer the time

AHS Internal Information and Communication

+ New ∨   📢 Promote   ⚙ Page details   A⃰ Immersive reader   📊 Analytics   Published 5/30/2024   ↗ Share ∨   ✎ Edit

Home

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Policies and procedures

Systems and Data

Community Care Inform

County Durham Care a...

Welcome to the Quality Assurance page.

This page is here is to provide you with information and resources for the upcoming CQC Assessment.

On this page, you will find information about:

- Recent updates about the CQC Assessment
- Background of CQC assessments of Local Authorities
- CQC Framework, Themes, including "I" and "We" statements
- Quality Assurance Email Communications
- Feedback from Service User and Carer Surveys
- Durham County Council's Adult Social Care Self-Assessment Highlights
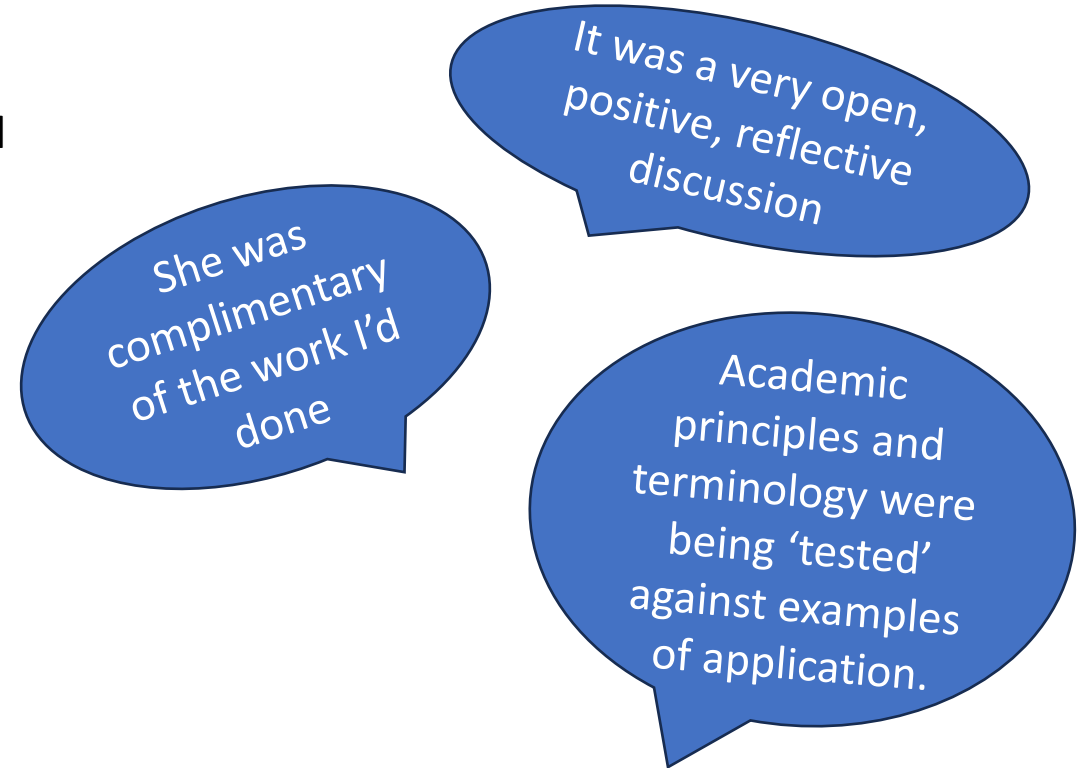- Theme of the month

Case Tracking

- CQC did provide case tracking guidance and scripts for explaining to service users (incl easy read versions)
- 50 anonymized cases spanning 7 x case category types (we used cases recently audited, asked staff/managers to share the work they were most proud of, and undertook a 'stop-the-clock' session with managers) – timescale = 10 working days
- CQC then chose 10 cases (within 24 hrs of receipt of the 50) from this list – 6 for case tracking and 4 'in reserve'
- For each of the 10, LA had further 10 working days to submit via CQC secure portal
    1. Most recent Care Act assessment or review (must be within last 12 months)
    2. A suite of additional information prescribed by CQC – as below:
        a. Initial reason for the contact with the local authority.
        b. One page summary of the person's needs.
        c. Date of first contact.
        d. Date of assessment.
        e. Any services provided as a result of the most recent assessment/review.
        f. Any referrals made to other services as a result of the most recent assessment/review.
        g. Any multi agency or contextual information relevant to the person.
        h. Agreement to be contacted as part of the local authority assessment case tracking.
        i. Contact details of the lead professional
        j. A brief evaluation summary (no more than 1 page to provide a self – evaluation summary highlighting any areas of good practice or areas for improvement.)
- LA advised to explain to people that if they had not been contacted within 3 weeks, then they would not be required. Full GDPR assurances given.
- Final quality check & reflective discussion booked with case worker

Feedback from workers who were spoken to about their individual cases as part of CQC case tracking activity

General themes of the discussions:

- How the care & support we provide maintains health & wellbeing

- Impact & outcomes of our interventions

- Joint working with other agencies

- Importance of individuals feeling valued, listened to, and treated with respect

- Positive risk taking & mental capacity

- Person centred care

- Involving SU/carer in assessment process

- Timeframes for assessment/ interventions

- What learning I have taken from my casework

- Future planning for the SU

- Frequency of reviews

- How accessible/ approachable we are to SUs /carers/ families

- Knowledge of The Care Act

General observations on the discussion:

It was a very open, positive, reflective discussion

She was complimentary of the work I'd done

Academic principles and terminology were being 'tested' against examples of application.

On Site Visit
8 weeks notice
inspection team of 10 – 2.5 days plus MS Teams Meetings on 3rd day

Introductory session with
- Senior Leadership Team – welcome presentation

8 individual planned face-to-face interviews:
- DASS (2pm on day 2)
- APSW (10am on day 1)
- DPH
- Lead member for ASC
- Shadow Lead Member for ASC
- Chief Executive
- Overview and Scrutiny Chair
- Independent chair from SAB

- 6 x 25-min staff drop in sessions
  - Max 8 per group

Had already contacted a number of our key partners e.g. Carers Service, some providers prior to arriving on-site

18 Discussion groups (no more than 6 per group)
- MH SWs incl AMHPs
- Commissioning Service
- Local NHS MH Trust partners
- OP/PD SWs
- Providers
- Co-production leads
- Annual Review Officers
- Health partners
- LD
- Front of House
- Adult Protection
- Housing partners
- Provider market development/QA
- Transitions
- Out of Hours SW team
- Sensory Support
- EDI Leads
- Brokerage

APSW Interview

- First in-person interview – 90 mins – 3 assessors (lead assessor, ex-AD from Kent, ex-PSW from Cheshire East)
- Focus of discussion:

My role in the leadership team

How do I feed up practice issues to the strategic leadership team?

How do I make sure staff know who I am and understand my role? – visibility/ accessibility

Case file audits and quality assurance - improvement actions - examples - links with regional APSW network - regional moderation / audit tool

Learning from SARs

Recording & data quality. What forums exist for considering the relationship between data and practice?

LGA health check outcomes - what did I change/improve as a result of last year's learning?

Links with POT

Involvement in Fitness to Practice issues

Equity in outcomes - protected characteristics considered n recording and in care act assessments

Health Inequalities & what our JSNAA tells us. How embedded are those considerations in our SW practice? How prominent a role do Public Health have in SW practice

Systems - how does our case management system interface with children's system and local NHS MH trust?

Waiting list for Autism assessments?

What am I most proud of?

Anything else I'd like to tell them about – particularly any examples of innovation?

Debrief arrangements

- Leadership Team had 8:30am and 16:30pm check-ins every day – react in real time

- Everyone who attended a discussion group or drop-in session received an evaluation form asking them about the experience/ themes of discussion/ if they felt there was anything they hadn't had chance to discuss

- Each morning APSW & Head of Service held a debrief session for the staff involved in discussion groups the previous day

- Some Strategic Managers also set up smaller debriefs for their staff

The experience in Derby City

- **Derby Preparation** – Differences to Durham.
  Project team led by Programme manager Adults Social Care reform and Head of Strategy including being authors of Self Assessment.
  Head of Strategy leads on Ofsted inspections therefore insight into all elements of inspection preparation.
  Sub Groups included Data team, QA, Social care, Commissioning and Housing.
  Staff Comms – Email comms across the service 'light touch' with project manager, PSW and workforce learning team leading on staff 'drop in' sessions for staff these took pace 4 weeks prior to onsite visit.
  CQC SLT Meeting – 3 hour 'setting the scene' meet prior to onsite visit.

- **Derby Case Tracking**
  Development of a baseline sample (minimum of 100) matched to the audited and ICS cases.
  Confirm up to 75 cases for further 'deep dive' assessment, in line with the requested case level information.
  Handover of the proposed sample to the review team – lead by PSW. Review team consisted of PSW's from across the region.
  10 cases to be identified, finalized and lead professionals to draft single page case summaries.
  PSW to meet with lead professional for case review.

Director ASC	Deputy Director	Assessment Manager	Assessment Manager	Assessment Manager	Lead Inspector	Lead Inspector	Inspector	Executive Reviewer	Specialist Advisor
TBC	TBC	Yes	Yes	No	Yes	Yes	Yes	No	Yes
PLANNING	PLANNING	PLANNING	PLANNING	PLANNING				PLANNING	PLANNING
10.00 to 10.50 Lead Member ASC & Health & Wellbeing Chair		10.00 to 10.50	10.00 to 10.50 Brokerage Team - staff	10.00 to 11.20 Frontline Team - community support (selection of teams across areas)	10.00 to 10.50 Lead Member ASC & Health & Wellbeing Chair	10.00 to 11.20 Frontline Team - community support (selection teams across areas)	10.00 to 11.20 Frontline Team - community support	10.00 to 10.50 Lead Member ASC & Health & Wellbeing	10.00 to 10.50 Brokerage Team Room: 204
	11.00 to 11.50 Overview & Scrutiny Chair	11.00 to 12.20 Provider Development/QA				11.00 to 12.20 Provider Development/QA Team		11.00 to 11.50 Overview & Scrutiny Chair (Cllr Nicola Roulstone) Room: 206	
12.00 to 12.50 Director of Public Health	12.00 to 12.50 Director of Public Health		11.40 to 13.00 Commisioning & Market Management Team	12.00 to 12.50 EDI	11.40 to 13.00 Lead OT's	11.40 to 13.00 Lead OT's		12.00 to 12.50 EDI	11.40 to 13.00 Commisioning & Market Management

Questions asked of PSW in Derby

- Strengths Based Practice – how is this embedded and reflected.
- Workforce – wellbeing, stability and ability to progress.
- Waiting Lists , risk matrix and prioritization.
- Regional workstreams – what do these look like and how well embedded are they.
- EDI – How do we assure ourselves that we are understand and are meeting the needs of the local community.
- My plan, priorities and time management due to 'twin hatter' role.

Staff engagement following onsite visit

- Have a plan for both project team and wider staff.

- High level feedback meeting – feedback shared with project team.

- Project team reflection meeting – what went well, what could have been improved and next steps – revisit your self assessment.

- Thank you email sent from DASS.

- Team meets – what was the wider experience of staff and how to learn from this. NB Debriefs – staff's views about these.

- Staff view of onsite visit VS report and outcome – these may not be reflective and how to manage this.

Questions/ Comments?

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caroltozer@outlook.com

For any queries and further input relating to the webinar, please email pch@local.gov.uk