

## Person Centred Supportive 1:1 Policy and Procedure

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<b>Contents</b>	<b>Page Number</b>
<b>Introduction</b>	<b>3</b>
<b>Health and Social Care Values</b>	<b>4</b>
<b>1.0 Summary Policy</b>	<b>5</b>
1.1 Aim	<b>5</b>
1.2 Objectives	<b>5</b>
<b>2.0 Responsibilities</b>	<b>5</b>
2.1 Regulation and Quality Improvement Authority (RQIA) Responsibilities	<b>5</b>
2.2 Confidentiality	<b>6</b>
2.3 Definition of Roles	<b>6</b>
<b>3.0 Policy Statement</b>	<b>6</b>
3.1 Methods of Person Centred Supportive 1:1	<b>7</b>
3.2 Duration and Frequency of Person Centred Supportive 1:1	<b>7</b>
3.3 Monitoring	<b>7</b>
3.4 Forums	<b>7</b>
3.5 Resolving Matters	<b>8</b>
<b>4.0 Policy Review</b>	<b>8</b>
<b>5.0 Evidence Base/References</b>	<b>8</b>
<b>6.0 Equality Human Rights and DDA</b>	<b>8</b>
<b>7.0 Alternative Formats</b>	<b>8</b>
<b>8.0 Sources of advice in relation to this document</b>	<b>8</b>
<b>9.0 Appendices/Attachments</b>	
<b>Appendix 1 – RQIA Operational Appraisal and         Person Centred Supportive 1:1</b>	<b>9</b>
<b>Appendix 2 – Person Centred Supportive 1:1         Agreement Template</b>	<b>11</b>
<b>Appendix 3 – Person Centred Supportive 1:1         Template</b>	<b>15</b>

## INTRODUCTION

RQIA's core purpose is "Working together to improve safety and quality in health and social care services". Building relationships is a strong element of our vision as set out in our Strategic Plan.

Person Centred Supportive 1:1 (PCS1:1) has a vital role to play in supporting staff in RQIA. As such, this two-way process involving rights and responsibilities for both staff members engaged in Person Centred Supportive 1:1.

We value our staff and recognise that PCS1:1 supports good working relationships, it supports celebrating achievements and addressing any issues or concerns which arise in the course of our work. PCS1:1 is fundamental to staff well-being as well as good practice. Effective PCS1:1 is valued by staff and is one of the most important approaches of support between staff and their managers.





RQIA workforce is diverse with a wide complement of staff including Administration, Nursing, Social Work, Allied Health Professionals and Medical Professionals.

Whilst the Directorates and Teams may only have one individual from a particular staff group and whilst they recognise the diverse needs of all staff, managers will discuss with each team member matters relating to staff health and wellbeing and work related matters including clinical, professional and/or registration requirements.

We want to ensure that the equality and diversity of all our staff is supported and hence they are enabled to carry out their role effectively in line with our HSC Values, Working Together, Excellence, Openness & Honesty and Compassion.

## Health & Social Care Values



 <p><b>Working Together</b></p>	<p><b>Working Together</b></p> <p>We work together for the best outcome for the people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.</p> <p><b>What does Working Together look like in practice?</b></p> <ul style="list-style-type: none"> <li>• I work with others and value everyone's contribution</li> <li>• I work with others and value everyone's contribution</li> <li>• I treat people with respect and dignity</li> <li>• I work as part of a team looking for opportunities to support and help people in both my own and other teams</li> <li>• I actively engage people on issues that affect them</li> <li>• I look for feedback and examples of good practice, aiming to improve where possible.</li> </ul>
 <p><b>Excellence</b></p>	<p><b>Excellence</b></p> <p>We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high quality, compassionate care and support.</p> <p><b>What does Excellence look like in practice?</b></p> <ul style="list-style-type: none"> <li>• I put the people I care for and support at the centre of all I do to make a difference</li> <li>• I take responsibility for my decisions and actions</li> <li>• I commit to best practice and sharing learning, while continually learning and developing</li> <li>• I try to improve by asking 'could we do this better?'</li> </ul>
 <p><b>Openness &amp; Honesty</b></p>	<p><b>Openness &amp; Honesty</b></p> <p>We are open and honest with each other and act with integrity and candour.</p> <p><b>What does Openness &amp; Honesty look like in practice?</b></p> <ul style="list-style-type: none"> <li>• I am open and honest in order to develop trusting relationships</li> <li>• I ask someone for help when needed</li> <li>• I speak up if I have concerns</li> <li>• I challenge inappropriate or unacceptable behaviour and practice.</li> </ul>
 <p><b>Compassion</b></p>	<p><b>Compassion</b></p> <p>We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.</p> <p><b>What does Compassion look like in practice?</b></p> <ul style="list-style-type: none"> <li>• I am sensitive to the different needs and feelings of others and treat people with kindness</li> <li>• I learn from others by listening carefully to them</li> <li>• I look after my own health and wellbeing so that I can care for and support others.</li> </ul>

## **1.0 Summary of Policy**

### **1.1 Aim**

The aim of this policy is to provide all staff with support, direction and accountability in providing and/or receiving PCS1:1 which supports all staff to meet the RQIA strategic objectives.

### **1.2 Objectives**

The objectives of the policy are to:

- Promote the health and wellbeing of staff;
- Offer support, direction and recognise positive contribution;
- Promote effective communication;
- Clarify roles and responsibilities within and across team(s) and directorate(s);
- Discuss and address staff/team performance and team culture;
- Discuss workload management and agree work priorities;
- Identify appropriate training and development needs;
- Work in partnership with colleagues;
- Ensure work carried out is in accordance with RQIA policies and procedures;
- Ensure staff are supported to maintain their professional registration.

## **2.0 Responsibilities**

This policy outlines the commitment of the RQIA Authority Members and Chief Executive to support effective PCS1:1. It is the responsibility of each RQIA Director or Divisional Lead to ensure this policy is shared and understood by all staff within their directorates.

### **2.1 Regulation and Quality Improvement Authority responsibilities**

It is the responsibility of RQIA to ensure that:

- There are adequate structures in place to provide PCS1:1, with roles and responsibilities clearly defined;
- Clear guidelines outlined in this policy are implemented by RQIA staff in relation to PCS1:1;
- A clear induction outlining roles and pathways in relation to PCS1:1 for staff;
- In addition, managers will receive PCS1:1 training as part of their induction programme and any additional appropriate training to support and develop their skills and fulfil their role.
- Written records of PCS1:1 are treated as confidential and managed in line with relevant RQIA Information Governance policies and procedures.
- There is respect for diversity where people are treated fairly and equitably in accordance with the HSC values.

## **2.2 Confidentiality**

PCS1:1 are confidential and to be respected and understood by both staff engaging in the PCS 1:1, there are however constraints on confidentiality e.g. if there is legal justification or it is considered in the public interest, to prevent serious harm, injury or damage.

PCS1:1 records may require to be shared with others e.g., where there are grievances or disciplinary proceedings, without the consent of the parties involved. PCS1:1 agreement (Appendix 1) outlines any restraints upon confidentiality.

## **2.3 Definition of Roles**

### **Manager providing PCS1:1**

It is the responsibility of the manager to ensure that:

- Their staff member receives PCS1:1 meeting with an agreed format and context in accordance with Appendix 1;
- They come prepared to the meeting and where appropriate seek feedback from any other staff to fully inform PCS1:1 discussion (i.e. Bank, ISV)
- Maintain communication were planned meetings require to be rescheduled;
- Discuss openly and honestly agenda items and agreed action outcomes;
- An accurate and concise record of the meeting is shared with the staff member, this should be signed and returned by both parties and stored appropriately in staff electronic personnel folders within the 'Mdrive' shared area;

### **Staff member receiving PCS1:1**

It is the responsibility of the staff member to ensure that:

- They attend scheduled meetings;
- They come prepared to the meetings;
- They discuss openly and honestly agenda items and agreed action outcomes;
- Review and return a signed copy of the PCS1:1 minutes to their manager.

## **3.0 Policy Statement**

There are accompanying operational policies and procedures that should be referred to in conjunction with this policy and procedure i.e. Staff Induction, Staff Appraisal, Disciplinary and Grievance Policies.

### **3.1 Methods of Person Centred Supportive 1:1**

#### **One to One Person Centred Supportive 1:1**

All staff should have one to one PCS1:1 with their identified manager (Appendix 1) this also includes the annual appraisal. PCS1:1 should be pre-planned using the PCS1:1 template (Appendix 3)

#### **Group or Team Support**

The manager should meet with the group or team. PCS1:1 should be pre-planned using the PCS 1:1 template (Appendix 3). Managers must ensure that staff attend this group or team PCS1:1. The manager and staff must ensure that personal or sensitive information is not disclosed during the group or team discussion.

#### **3.1 Duration and Frequency of Person Centred Supportive 1:1**

Duration and frequency of PCS1:1 will be as outlined in appendix 1, discretionary flexibility to frequency will be in agreement with the manager and staff being provided with PCS 1:1 and should only occur in exceptional circumstances.

#### **3.3 Monitoring**

If PCS1:1 is not held within the specified timeframe as identified in the PCS1:1 agreement this should be alerted by the manager or staff member to an appropriate line manager (dependant on nature of absence of PCS1:1)

Practice will be monitored to confirm PCS 1:1 is occurring as per this policy and procedure.

#### **3.4 Forums**

Within certain professions there is a regulatory requirement to avail of clinical/professional supervision

The following arrangements will be in place to ensure that all Social Workers who work in RQIA can benefit from professional supervision, regardless of their role, team or Directorate as detailed in policy below -

[Social Work \(NI\) Supervision Policy 2024 | Department of Health \(health-ni.gov.uk\)](#)

- **Social Work Forum**

The Social Work Forum meets quarterly and aspects of this will count towards the overall professional supervision arrangements. All Social Workers are expected to attend at least two sessions annually, unless otherwise agreed with their line manager and specified in their PCS1:1 Agreement.

- **Nursing and AHP Forum**

Whilst there is no specific requirement for clinical/professional supervision for those RQIA staff with a nursing or AHP qualification a forum is held on a quarterly rolling programme, this forum provides opportunity for nursing and AHP professionals to meet, discuss and reflect upon nursing and AHP related matters and opportunities which arise and have or may have impact on their roles and positions as inspection staff.

### **3.5 Resolving Matters**

If for any reason engagement between the manager and staff member requires review, then discussion with an appropriate Senior Manager should occur by one or both parties.

### **4.0 Policy Review**

This policy and procedure will be reviewed 3 yearly or as necessary. The Policy Author and relevant personnel will monitor effectiveness of the policy and report any considered changes through RQIA EMT.

### **5.0 Evidence Base/References**

In developing and informing this policy a range of resources and reference points have been sourced. The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

### **6.0 Equality, Human Rights & DDA**

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires RQIA to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories.

The policy has been '**screened out**' without mitigation or an alternative policy proposed to be adopted.

### **7.0 Alternative Formats**

This document can be made available upon request in other formats.

### **8.0 Sources of advice in relation to this document**

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.



RQIA Operational Appraisal  
and Person Centred Supportive 1:1 Provision

This table outlines the requirements for staff appraisal and PCS1:1 within RQIA and should be considered where applicable on a pro-rata basis.

<b>Job Role</b>	<b>Manager</b>	<b>Frequency</b>
Chief Executive	Authority Chair	4 – 6 weekly
Director or Divisional Lead/Head of Corporate Affairs/Professional Advisor	Chief Executive	4 – 6 weekly
Assistant Director/Head of Business Services/Senior Communication Manager	Director or Divisional Lead	4 – 6 weekly
Senior Inspector/Senior Project Manager	Assistant Director	4 – 6 weekly
Inspector	Senior Inspector	4 – 6 weekly
Project Manager/Project Support Officer	Senior Project Manager	4 – 6 weekly
Business Support and Improvement Officer	Clinical Lead	4 – 6 weekly
Business Manager/Communication Manager	Head of Business Services/Divisional Lead/Senior Communication Manager	4 – 6 weekly
Service Improvement Officer	Assistant Director	4 – 6 weekly
Complaints and Representation Manager	Communication Manager	4 – 6 weekly
Information Analyst/Technician	Head of Business Services/Divisional Lead	4 – 6 weekly

Estates Support Officer	Senior Inspector	4 – 6 weekly
Business Support Officers	Assistant Director	4 – 6 weekly
PA to Chief Executive	Head of Corporate Affairs	4 – 6 weekly
Administration Supervisors	Business Support Officer	4 – 6 weekly
PA to Directors	Complaints and Representation Manager or Business Support Officer	4 – 6 weekly
Admin Team Supervisor – Facilities	Divisional Lead	4 – 6 weekly
Guidance Team	Complaints and Representation Manager	4 – 6 weekly
Administrators	Administration Supervisor	4 – 6 weekly
Bank Staff (active)	Team aligned AD or SI. (where bank staff work across two or more teams/directorates appropriate 1:1 should be agreed between AD's from aligned teams/directorates)	Minimum 6-8 weekly or as specified in PCS1:1 Agreement
Medical Professionals/Clinical Lead	Line Manager	3 monthly

**Person Centred Supportive 1:1**

This agreement is between

Managers Name:	
Staff Name:	
Date of Agreement:	

The following to be discussed and agreed during first Person Centred Supportive 1:1 meeting

Frequency, length and location of PCS1:1	<ul style="list-style-type: none"> <li>PCS1:1 will take place every <b>XXXXX</b> month(s)</li> <li>PCS1:1 will last approximately (time) <b>XXXXX</b></li> <li>PCS1:1 will be held (location)<b>XXXXX</b></li> <li>PCS1:1 will only be interrupted in the event of an emergency.</li> <li>PCS1:1 should only be cancelled in exceptional circumstances and will be rescheduled as soon as practical.</li> </ul>
	<p><i>Additional notes:</i></p>

<p>Agenda and Structure of PCS1:1</p>	<p>PCS1:1 will follow an agenda. Where required this may include feedback from other RQIA staff.</p> <p>The agenda will include Health and Well-being, training and development needs, achievements, core business and any performance related matters. Additional matters and areas for discussion will be agreed between both parties.</p> <p>The record will be reviewed and signed by both parties to confirm the accuracy of the discussion, these will then be saved confidentially in the Mdrive/staff personnel folder.</p>
	<p><i>Additional notes:</i></p>
<p>Functions</p>	<p>Discussion regarding staff members learning and development needs and how these will be addressed/met.</p>
	<p><i>Additional notes:</i></p>

Confidentiality	<p>PCS1:1 session's are confidential and to be respected and understood by both parties, there are, however constraints on confidentiality e.g. if there is legal justification or it is considered in the public interest, to prevent serious harm, injury or damage.</p> <p>PCS1:1 records may require to be shared with others in circumstances such as grievances or disciplinary proceedings, without the consent of the parties involved.</p>
	<p><i>Additional notes:</i></p>
Record Keeping	<p>All PCS1:1 session's will be recorded on an agreed standard template based on individual staff needs, this template can include additional areas for discussion based on team requirements. The record should be reviewed and signed by both parties. A copy of the record is saved in the Mdrive, staff personnel folder.</p>
	<p><i>Additional notes:</i></p>

Equalities and Diversity Issues	PCS1:1 will nurture an inclusive and interdisciplinary approach and be sensitive to differences within each other's background and experiences.
	<i>Additional notes:</i>
Review of PCS 1:1	PCS1:1 process (frequency, content, length, format, style) will be reviewed as on an annual basis as part of staff appraisal required.
	<i>Additional notes:</i>

Signed by staff member:		Date:	
Signed by line manager:		Date:	
Date reviewed:			

**Person Centred Supportive 1:1**

<b>Staff Member:</b>	
<b>Line Manager:</b>	
<b>Date:</b>	

*This agenda is flexible and should be used to suit the needs of the PCS1:1 session.*

Item number	Discussion	Agreed Action	By Whom	By When
1	<b>Health and Wellbeing</b>			
2	<b>Previous minutes and actions</b>			
3	<b>Core Business</b>			
4	<b>Reflection on Performance (Strengths, achievements and areas for development)</b>			
5	<b>Training and Development Needs</b>			
6	<b>Annual Leave/HRPTS</b>			
7	<b>AOB</b>			