

# Relationships at Work Policy

This policy provides information, advice and guidance to managers and workers regarding acceptable professional boundaries between individual workers and service users as well as relationships between individuals who work together.

|   |  |                   |
|---|--|-------------------|
| Key Words:                                | Relationships, Personal Relationships with colleagues, Relationships with Clients/Patients |                   |
| Version:                                  | 2  |                   |
| Adopted by:                               | Strategic Workforce Group  |                   |
| Date Adopted:                             | 16 January 2019  |                   |
| Name of Author:                           | Lesley Hedderwick, Senior Human Resource Business Partner                                  |                   |
| Name of responsible Committee:            | Workforce and Wellbeing Group  |                   |
| Date issued for publication:              | June 2022  |                   |
| Review date:                              | June 2023  |                   |
| Expiry date:                              | Aug 2023   |                   |
| Target audience:                          | LPT Staff  |                   |
| Type of Policy                            | Clinical   | Non Clinical<br>√ |
| Which Relevant CQC Fundamental Standards? |  |                   |

### CONTRIBUTION LIST

Key individuals involved in developing the document

| Name              | Designation                |
|-------------------|----------------------------|
| Lesley Hedderwick | Senior HR Business Partner |

Circulated to the following individuals for comments

| Name  | Designation |
|---|-------------|
| Directors / Heads of Service and Direct Reports |             |
| Operational HR Team                             |             |
| Equalities Team                                 |             |
| Staffside                                       |             |
| Workforce & Wellbeing Group                     |             |

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### Version Control and Summary of Changes

| Version Number | Date         | Comments<br>(description change and amendments)   |
|----------------|--------------|---|
| 1              | March 2016   | This policy provides information advice and guidance to managers and employees regarding acceptable professional and personal boundaries between individual employees and service users as well as relationships between individuals who work together.                           |
| 2              | October 2018 | Formatting  |
|                |              | Privacy Impact Assessment included as Appendix 3  |
|                |              | Paragraph 17 Monitoring Compliance and Effectiveness – measurable added   |
|                |              | Paragraph 4.11 changed to Managers should not provide official organisational references in any instance. All official organisational references must be provided by the Employee Services team.  |
|                |              | Para 11.2 changed to ask or accept a date to meet with a patient, client or service user to engage in personal social activity  |
|                |              | Para 7.3 If a friend or member of staff's family are admitted to your service for treatment and care please inform your line manager as there is a conflict of interest. Staff will be supported to work in an alternative setting whilst the family member or friend is treated. |
|                |              | Risk Assessment Form included as Appendix 4   |
|                |              |   |

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

For further information contact: Lesley Hedderwick, Senior HR Business Partner on (0116) 2957260

## Definitions that apply to this Policy

|                                    |  |
|------------------------------------|--|
| <p>Close Personal Relationship</p> | <p>For the purposes of this policy a close personal relationship can be defined as a family, sexual or romantic relationship and includes:</p> <ul style="list-style-type: none"> <li>• Spouses or partners</li> <li>• Parents, including in-laws and step-parents</li> <li>• Children, including in-laws and step-children</li> <li>• Siblings</li> <li>• Grandparents and grandchildren</li> <li>• Aunts, uncles, nephews, nieces and cousins</li> <li>• Separated or divorced people</li> <li>• Other personal and stable relationships, both same sex or heterosexual</li> <li>• Any personal relationship whether long or short-term</li> </ul> |
| <p>Due Regard</p>                  | <p>Having <b>due regard</b> for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>   |

## Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

## **Due Regard**

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

Please refer to Appendix 2 which provides a detailed overview of the due regard undertaken in support of this activity.

## **Training**

There is no training requirement identified within this policy.

## **Summary**

The Relationships at Work Policy and Procedure applies to all staff employed by Leicestershire Partnership NHS Trust (hereafter referred to as LPT) and is available to all staff to support them in ensuring that acceptable professional boundaries between individual employees and services users as well as relationships with individuals who work together are maintained.

### **1.0. Introduction**

This policy provides information advice and guidance to managers and employees regarding acceptable professional and personal boundaries between individual employees and service users as well as relationships between individuals who work together.

It is acknowledged that relationships of a non-professional nature may develop or exist between people who work together.

It is also recognised that employees must establish a rapport with service users, their relatives and carers; they are also responsible for establishing and maintaining appropriate boundaries between themselves and those who use our services. It is essential that all interactions between service users and employees are viewed and maintained in terms of a professional relationship.

LPT values and relies on professional integrity of objective relationships between employees. To ensure that LPT's business is conducted in a professional manner it is necessary to recognise personal relationships between employees which overlap with professional ones.

### **2.0. Purpose and Scope of the Policy**

This policy provides clear guidance to employees and managers as to their responsibilities to ensure that issues arising from or involving close relationships are dealt with promptly, sensitively and effectively. Specifically, this Policy aims:

- To protect employees against potential claims of favouritism, bias or prejudice where one has a supervisory or managerial responsibility for the other;
- To avoid situations where there is potential for conflict of interest;

- To ensure that situations do not develop where other employees feel unable to speak openly and honestly, or feel that a relationship is having an adverse impact on their own employment;
- To avoid the potential for abuse of patients;
- To avoid the potential for fraudulent activity;
- To facilitate and encourage the development of an organisational culture where employees feel confident to voluntarily declare personal relationships.

2.1 It is recognised that close personal relationships can and are sometimes formed at work and there is a possibility within LPT for related persons or individuals with a close personal relationship to be employed within the same team, establishment or work area.

2.2 Whilst respecting the right of employees to privacy and family life, LPT has a legitimate right to protect the interest of the organisation, patients / service users and other employees and to take action when close personal relationships either have the potential to have a negative (or reputation) impact upon services.

2.3 This Policy's aim is therefore to minimise the risk of problems arising, to provide employees and managers with clear guidance as to their responsibilities and to ensure that issues arising from or involving close personal relationships are dealt with promptly, sensitively and effectively.

2.4 To ensure that all employees feel confident of fair and consistent treatment without the concern that a close personal relationship, including if they are part of such a relationship, will adversely influence their or other employees treatment at work or wider working relationships.

2.5 To ensure that all employees are clear as to the standards of behaviour that are expected of them in their dealings with patients and service users and the professional boundaries that must be respected in that relationship.

### **3.0 Principles**

3.1 Although the existence of a close personal relationship does not constitute a bar to employment or promotion employees are required to declare to their line manager any relationship that may give rise to a real or perceived conflict of interest, trust or breaches of confidentiality.

3.2 Employees may normally continue to work together in the same team or department either as colleagues or in a line management relationship for so long as they both maintain the highest standards of behaviour and conduct in not allowing that relationship to adversely affect the functioning of the team, the treatment of other employees or the provision of services. It is expected that employees will behave responsibly and not put themselves in a position where their close personal relationships may adversely impact on their employment with the Trust and the services it provides.

### **4.0 Recruitment**

4.1 LPT's Recruitment & Selection Policy is designed to ensure objectivity and equality of opportunity throughout the recruitment and selection process, and has been developed to safeguard these principles and participants in the process, where the relationship between applicant and recruitment/selection decision

makers may present a risk of conflict of interest (e.g. where applicants are close friends or relatives of the recruiting manager or panel members).

- 4.2 All applicants for positions within the Trust must declare on their application form, if they are related to a director, or have a relationship with a director or employee of the appointing organisation, stating the relationship.
- 4.3 Where a relationship between applicant and recruitment/selection decision makers may present a risk of conflict of interest (e.g. where applicants are close friends or relatives of the recruiting manager or panel members), a panel member must notify the recruiting manager. Where a recruiting manager identifies such a risk they must notify their immediate line manager.
- 4.4 In cases where a potential conflict of interest has been declared, a risk assessment must be undertaken to determine if there is a conflict of interest. If a conflict is identified, that panel member should not participate in the selection process any further. If no conflict is identified, normal process should continue.
- 4.5 Advice may be sought from the Human Resources team where further clarification is required.
- 4.6 All decisions related to the declaration of potential conflict and risk assessment are correctly recorded and returned to Human Resources.
- 4.7 Once appointed if an employee is found to have failed to declare a relationship on their application form with an employee who was involved in the recruitment process or with whom they now have a line management or subordinate working relationship this will be investigated under Trust's disciplinary procedures and may lead to disciplinary action.
- 4.8 If an individual is appointed to a position where they will either generate or authorise the ordering of goods or services, including the payment of invoices, or expenses of another employee with whom they have a close personal relationship this must be brought to the attention of their line manager immediately to enable alternative authorising arrangements to be made.
- 4.9 Agency/Bank employees should be asked to declare if they have a close personal relationship with any employee of LPT in the department/service in which it is intended to place them before they commence duties.
- 4.10 Where an applicant if appointed would work in the same team with another employee with whom they have a close personal relationship the implications of this should be considered and discussed as part of the selection process. This is to ensure that, assuming they are otherwise the most suitable candidate for the post, their appointment would also be appropriate taking into account operational issues such as shift/working patterns and requirements for annual leave. There is no guarantee of matching annual leave or working patterns. Any decision not to appoint must be on the basis of service needs and documented accordingly.
- 4.11 Managers should not provide official organisational references in any instance. All official organisational references must be provided by the Employee Services team.



## **5.0 Where a Line Management Relationship Exists**

- 5.1 Where an existing/new employee is knowingly appointed to a position in which they will be line managed by another employee with whom they have a close personal relationship then arrangements must be made for them to report to another manager for supervision. Any timesheets, expenses claims and annual leave requests must be verified and authorised by another manager. They should not countersign any official documentation for each other, e.g. patient/drug records.
- 5.2 The line manager should not be involved in any formal procedures, including appraisals, if they have a personal relationship with the individual concerned.
- 5.3 Where a relationship develops between two employees who are also in a line management relationship it is the responsibility of the manager to disclose this to their line manager, who will then discuss with both employees alternative arrangements for supervision, authorisation of leave, appraisals, expenses claims and also what, if any, information should be communicated to other colleagues.
- 5.4 Where a relationship develops between two employees who are also in a line management relationship they may decide not to continue working in the same service, in this situation they will be supported in looking for a suitable alternative role.

## **6.0 Where there is No Line Management Relationship**

- 6.1 Employees are expected to behave in a professional manner respecting all LPT's policies and confidentiality requirements regarding information one employee may have access to but not the other. Any adverse impact on their own work, the team's work or the functioning of the team is not acceptable, such as:

- Neglecting work
- Communicating confidential information to each other
- Behaving in a way that may cause difficulty or embarrassment to others, for example arguing in the workplace or open displays of affection
- Not communicating with each other as a result of disagreement or the breakdown of the relationship
- Inflexibility in working arrangements, this may be of particular importance within small teams where cover is already difficult

It is not the relationship itself which is not acceptable, which is why all employees are expected to behave in a professional manner at all times.

- 6.2 Where employees have identified to their line manager the existence of a relationship, discussion should take place as to the possible risks to themselves and the team. Consideration should be given to working patterns and practices that would protect those employees from unfounded accusations of impropriety by colleagues, for example not rostering both to the same shifts on a ward.
- 6.3 Employees in a close personal relationship may feel uncomfortable remaining working together in the same team in this situation they will be supported in looking for an alternative role.

## **7.0 Forming of Relationships at Work**

7.1 Friendships naturally are formed in the work place. Employees are expected to exercise judgement in determining whether or not a friendship has developed to such an extent that it can be described as a close personal relationship. Where two employees within a team form a personal relationship it is their responsibility to consider whether this places them at risk of being compromised and they are encouraged inform their immediate line manager in confidence of the existence of the relationship. Factors they should consider include:

- Whether they are at risk of having or being perceived as having conflict of interest
- Whether they could be perceived as having or be accused of bias, favouritism or prejudice
- Whether they are at risk of accusations of fraud or financial irregularities

7.2 They may not under any circumstances countersign any official documentation for each other e.g. patient/drug records. If the situation will arise where countersigning will be necessary the relationship must be declared.

7.3 If a friend or member of staff's family are admitted to your service for treatment and care please inform your line manager as there is a conflict of interest. Staff will be supported to work in an alternative setting whilst the family member or friend is treated.

## **8.0 Job Evaluation/ Promotion/ Pay**

8.1 Employees must not be involved in the authorisation or evaluation of any job description for another employee with whom they have a close personal relationship and are expected to declare any such interest immediately if they are approached to participate in the job evaluation process. They should not be involved in any decisions relating the promotion or pay of another employee with whom they have a close personal relationship. Failure to declare an interest may result in action under LPT disciplinary procedures.

## **9.0 Disciplinary Issues**

9.1 Employees must not be involved in any investigation, hearing or other decisions involving another employee with whom they have a close personal relationship. This conflict of interest should be declared as soon as the employee is approached to participate in proceedings. Failure to do so may result in action under LPT's disciplinary procedures.

9.2 In situations when one employee in a relationship is subject to investigation under LPT's procedures such as disciplinary, consideration should be given to the temporary redeployment of the other employee in the relationship whilst the investigation takes place. This is both to ensure that a thorough and fair investigation is possible and also to protect that employee from false accusations that they might be impeding the investigation.

- 9.3 Where a member of staff in a relationship with another staff member is involved in a workplace investigation (e.g. disciplinary, bullying and harassment), the staff member may discuss the case with their partner if they wish to. There is an expectation that the terms of confidentiality outlined as part of the investigation would then extend to the staff member not directly involved in the investigation. If guidance or support is required by either staff member, they should contact their line manager or the named manager identified to provide support during the process.
- 9.4 Where issues arise that involve one employee in a relationship any discussions will remain confidential to that employee.

## **10.0 Managing Situations when a Personal Relationship Adversely Affects the Workplace**

- 10.1 In most cases where a personal relationship causes issues in the workplace these should initially be capable of being addressed and resolved informally. Issues arising should be dealt with promptly and sensitively by the relevant manager and not allowed to continue unchecked. Where action is necessary consideration should be given to re-arrangement of the work or working patterns if this is a viable first option.
- 10.2 Where a close personal relationship has been identified as adversely affecting the workplace, normally as the result of complaint, specific documented incidents or outcomes of formal investigation such as under the Disciplinary Procedure, an option for resolution may include the re-deployment of one or both employees depending on the extent to which the functioning of the team has been affected.
- 10.3 Both employees will be consulted to identify who should be re-deployed if only one party is to be moved in the majority of cases their wishes will be honoured but consideration will be given to the knowledge, skills and experience of both employees, also the impact upon their careers and therefore the relative ease with which each might be redeployed.
- 10.4 If agreement cannot be reached between both employees as to which should be redeployed, for example where a relationship has broken down then LPT will make that decision based on the best interests of the service, patient care and relative impact upon each employee.
- 10.5 Where investigation has clearly identified a particular loss of trust from the team in one employee then LPT will act in accordance with that finding and assist in redeploying that employee in the interests of the team.

## **11.0 Relationships with Clients/Patients/Relatives**

- 11.1 Employees must at all times maintain appropriate professional boundaries in the relationships they have with patients, clients and service users or their family and carers and must not foster any personal relationships with them. Employees who are required to be registered with statutory bodies are bound by codes of conduct that require clear professional boundaries to be maintained. Unqualified staff are bound by the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England.

LPT expects the same standards of all our employees whose work involves contact with patients, clients and service users.

11.2 Employees must not use their position to cultivate a personal relationship with a patient, client or service user, employees should not:

- Give or accept social invitations
- Acceptance of gifts
- Ask for or accept a date to meet with a patient, client or service user to engage in a personal social activity.
- Visit a patient, client or service users home unannounced and without an appointment or if visiting their home is not part of the treatment plan or service normally provided without prior consultation with the employees manager. If an unannounced visit is clinically necessary this should be documented.
- Engage in unnecessary communication, including asking questions of a personal nature that are not necessary for the service or care being provided.

These examples are for guidance only and are not intended to be exhaustive.

The highest standards of personal conduct and integrity are expected in order to maintain the confidence of patients, clients and service users in the professionalism of LPT's employees.

## **12.0 Relationships with Contractors**

12.1 As required by the Declaration of Interest and Standards of Business Conduct Policy no special favour should be shown in the tendering process to business run by or employing, friends, partners or relatives. If an employee is asked to participate in the tendering process, for example by providing expert advice, they should declare any such relationships.

## **13.0 Confidentiality**

13.1 Where ever possible confidentiality regarding the existence of a close personal relationship will not be disclosed, however should this prove necessary then no disclosure will be made without consultation with the line manager and the employees concerned. If alternate working practices or patterns are necessary then it may be necessary to inform other members of the team regarding these arrangements and the reasons for them.

## **14.0 Raising Concerns**

14.1 Any employee who feels that a close personal relationship is adversely affecting their employment, the functioning of the team or the provision of services is encouraged to share their concerns at the earliest opportunity with their line manager or more senior manager if they prefer, where an employee is not comfortable with either of these options they may consider raising their concerns under LPT's Raising Concerns at Work (Whistleblowing) Policy and Procedure.

This also applies to employees in a close personal relationship who feel they are being disadvantaged because of the relationship.

## **15.0 Duties within the Organisation**

15.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

### **15.2 Managers**

All Managers are responsible for the implementation of this policy and for ensuring that all employees are aware of their responsibilities under it.

In order to promote a positive working environment it is essential that Managers should:-

Address all relevant discussions sensitively and confidentially advising staff of all support mechanisms including, Stress Policy and AMICA

15.3 Consistently apply this policy, seeking advice as appropriate.  
**Employees**

To adhere to this policy as appropriate to each staff members role and function employees must declare any “significant social relationships” with any work colleagues to their line managers.

When made aware or discover that someone they know in a personal capacity has been admitted or referred to the area they work, should notify their line manager immediately.

### **15.4 Human Resources**

The Human Resources Department is responsible for:

- Providing support and guidance to staff and managers on the implementation and application of this policy.
- Working with managers to identify appropriate mechanisms and interventions needed to satisfactorily resolve matters of this kind.
- Promoting good working relationships through local initiatives.
- Supporting the monitoring of the application of this policy and to update it as required.

## **16.0 Stakeholders and Consultation**

Workforce and Wellbeing Policies are subject to joint monitoring and review between management and staff side in the JSNCC. Guidance for this policy has also been received by the Policy group and the Integrated Equality and Human Rights Services with regards demonstrating due regard in context of requirements under the Equality Act 2010.

## **17.0 Monitoring Compliance and Effectiveness**

| Criteria  | Measurable                   | Frequency | Reporting to                  | Action Plan/Monitoring     |
|---|------------------------------|-----------|-------------------------------|----------------------------|
| Application of this policy to be consistently applied to all staff (new and existing) | Number of disciplinary cases | Monthly   | Workforce and Wellbeing Group | Deputy Director of HR & OD |

## 18.0 Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Workforce and Wellbeing Group and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.

The dissemination and implementation process is:

- Line-Managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet

## 19.0 Links to other policies (available on e-Source)

- Leicestershire Partnership Trust Disciplinary Policy
- Leicestershire Partnership Trust Raising Concerns at Work (Whistle-blowing Policy and Procedure)
- Leicestershire Partnership Recruitment and Selection Policy
- Leicestershire Partnership Mediation Service
- Leicestershire Partnership Equality and Human Rights Policy
- Leicestershire Partnership Stress Management Policy

### 19.1 Links to Standards/Performance Indicators

| TARGET/STANDARDS  | KEY PERFORMANCE INDICATOR  |
|---|--|
| Care Quality Commission registration standards (outcome 14) <i>Supporting Employees</i> (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010<br><a href="#">CQC essential standards</a> ) | That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 14 |

## 20. References and associated documentation

This policy was drafted with reference to the following:

- Leicestershire Partnership Trust Disciplinary Policy
- Leicestershire Partnership Trust Whistleblowing Policy
- Leicestershire Partnership Recruitment and Selection Policy

- Leicestershire Partnership Mediation Service
  - Leicestershire Partnership Equality and Human Rights Policy
  - NHS Employers Standards
  - Leicestershire Partnership Stress Management Policy
  - Professional Bodies Code of Conduct
  - Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England
  - AMICA
  - Code of Business Conduct for Trust Staff
- 
- Promoting Equality and Human Rights in the NHS, A Guide for Non Executive Directors of NHS Boards (2005), Department of Health
  - Equality analysis and the equality duty: A guide for public authorities Vol.2 of 5 Equality Act 2010 guidance for English public bodies (and non-devolved bodies in Scotland and Wales), Equality and Human Rights Commission
  - Risk Assessment Form

|  |   |
|--|---|
| <b>Name of activity/proposal</b>   | Relationships at Work Policy and Procedure    |
| <b>Date Screening commenced</b>  | September 2015                                |
| <b>Directorate / Service carrying out the assessment</b>                       | HR and OD Division                            |
| <b>Name and role of person undertaking this Due Regard (Equality Analysis)</b> | Lesley Hedderwick, Senior HR Business Partner |

**Give an overview of the aims, objectives and purpose of the proposal**

**AIMS:** To provide advice and guidance to managers and employees regarding acceptable professional boundaries between individual employees and service users as well as relationships between individuals who work together.

**OBJECTIVES:** To protect employees against potential claims of favouritism, bias or prejudice where one has a supervisory or managerial responsibility for the other;

- To avoid situations where there is potential for conflict of interest;
- To ensure that situations do not develop where other employees feel unable to speak openly and honestly, or feel that a relationship is having an adverse impact on their own employment;
- To avoid the potential for abuse of patients;
- To avoid the potential for fraudulent activity;

To facilitate and encourage the development of an organisational culture where employees feel confident to voluntarily declare personal relationships.

**PURPOSE:** This policy provides clear guidance to employees and managers as to their responsibilities in ensuring that issues arising from or involving close relationships are dealt with promptly, sensitively and effectively.

**Section 2**

| <b>Protected Characteristic</b> | <b>Could the proposal have a positive impact<br/>Yes or No (give details)</b>                | <b>Could the proposal have a negative impact<br/>Yes or No (give details)</b> |
|---------------------------------|--|---|
| Age                             | Yes – positive impact on all protected characteristics, as this policy applies to all staff. |   |
| Disability                      | As above   | As above  |
| Gender reassignment             | As above   | As above  |
| Marriage & Civil Partnership    | As above   | As above  |
| Pregnancy & Maternity           | As above   | As above  |
| Race                            | As above   | As above  |



|  |          |  |
|--|----------|--|
| Religion and Belief  | As above | As above   |
| Sex  | As above | As above   |
| Sexual Orientation   | As above | As above   |
| Other equality groups?   | As above | As above   |
| <b>Section 3</b>   |          |  |
| <p><b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b></p> |          |  |
| Yes  |          | No   |
| High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B  |          | Low risk: Go to Section 4. <input checked="" type="checkbox"/> |
| <b>Section 4</b>   |          |  |
| <p><b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b></p>  |          |  |
| <p>The policy and procedure is low risk, as the Trust has developed the policy to provide clear guidance to employees and managers as to their responsibilities in ensuring that issues arising from or involving close relationships are dealt with promptly, sensitively and effectively.</p>    |          |  |

*Sign off that this proposal is low risk and does not require a full Equality Analysis:*

Head of Service Signed: 

Date: 7 November 2018

Appendix 2

**The NHS Constitution**

## NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.  
The NHS will provide a comprehensive range of services

|   |                          |
|---|--------------------------|
| Shape its services around the needs and preferences of individual patients, their families and their carers                         | <input type="checkbox"/> |
| Respond to different needs of different sectors of the population   | <input type="checkbox"/> |
| Work continuously to improve quality services and to minimise errors  | ✓                        |
| Support and value its staff   | ✓                        |
| Work together with others to ensure a seamless service for patients   | ✓                        |
| Help keep people healthy and work to reduce health inequalities   | ✓                        |
| Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance | <input type="checkbox"/> |

|  |   |                             |
|--|---|-----------------------------|
| <p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p> |   |                             |
| <b>Name of Document:</b>   | <b>Relationships at Work Policy</b>       |                             |
| <b>Completed by:</b>   | <b>Lesley Hedderwick</b>                  |                             |
| <b>Job title</b>   | <b>Senior HR Business Partner</b>         | <b>Date: 1 October 2018</b> |
| <b>Screening Questions</b>   | <b>Yes / No</b>                           | <b>Explanatory Note</b>     |
| <b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>  | No  |                             |
| <b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>   | No  |                             |
| <b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>  | No  |                             |
| <b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>  | No  |                             |
| <b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>  | No  |                             |
| <b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>   | No  |                             |
| <b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</b>   | No  |                             |
| <b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>   | No  |                             |
| <p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>   |   |                             |
| <b>Data Privacy approval name:</b>   | <b>Sam Kirkland, Head of Data Privacy</b> |                             |
| <b>Date of approval</b>  | <b>1 October 2018</b>                     |                             |

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

**Risk Assessment Form**

|   |  |
|---|--|
| Risk Reference  |  |
| (automatically generated when entered onto Safeguard) |  |

**Risk Assessment Form****Management / Escalation Level (tick ONE)**

|   |  |
|---|--|
| Tier 1 (Divisional Director / Head of Enabling Service) |  |
| Tier 2 (Divisional Head of Service/Trust Lead)          |  |
| Tier 3 (local Manager)                                  |  |

Date of assessment: ...../...../.....

**Risk Status (tick ONE)**

|      |  |             |  |
|------|--|-------------|--|
| Live |  | Unconfirmed |  |
|------|--|-------------|--|

**WHAT THE RISK IS ABOUT:**

|  |  |  |                          |  |                        |  |                           |  |
|--|--|--|--------------------------|--|------------------------|--|---------------------------|--|
| <b>Which Strategic Objective does this risk relate to:</b> <i>(tick one/most appropriate objective only)</i> | 1. We will continuously improve quality with services shaped from user experience and research.                                  |  |                          |  |                        |  |                           |  |
|  | 2. We will deliver our financial plans and transforming our estate and information technology.                                   |  |                          |  |                        |  |                           |  |
|  | 3. We will maximise opportunities to deliver the best possible integrated care in Leicester, Leicestershire and Rutland.         |  |                          |  |                        |  |                           |  |
|  | 4. We will attract, retain and develop a diverse, capable and flexible workforce.  |  |                          |  |                        |  |                           |  |
|  | 5. We will build our reputation as a successful, inclusive organisation, working in partnership to improve health and wellbeing. |  |                          |  |                        |  |                           |  |
| <b>Source:</b><br><b>How the risk was identified</b> <i>(tick one/most appropriate source only)</i>          | Board walk round   |  | CAS Alert                |  | CIP Programme          |  | Claims                    |  |
|  | Clinical Audit   |  | Complaints               |  | Contracts              |  | CQC QRP                   |  |
|  | CQC Inspection   |  | CQC Compliance Framework |  | CQUINS                 |  | Divisional Governance     |  |
|  | External Review  |  | Finance/Budget review    |  | Freedom of information |  | H & S inspection / review |  |
|  | In-Service reviews   |  | Incidents                |  | Information Gov        |  | Internal audit            |  |
|  | Media  |  | MHA Review               |  | NHSLA Policy           |  | NICE Guidelines           |  |
|  | Policy   |  | Serious Incidents        |  | Statute/Law            |  | SDIs                      |  |

|   |  |
|---|--|
| <b>Brief Risk Description</b><br>Hazards identified                 |  |
| <b>Detailed risk description</b><br>Including who might be affected |  |
| <b>Assessor</b>   |  |
| <b>Manager:</b>   |  |

**LOCATION:**

|                     |  |
|---------------------|--|
| <b>Organisation</b> |  |
| <b>Site Type</b>    |  |
| <b>Directorate</b>  |  |
| <b>Division</b>     |  |
| <b>Service Line</b> |  |
| <b>Department</b>   |  |
| <b>Site</b>         |  |

**ADDITIONAL DETAILS:**

|   |  |  |   |  |
|---|--|--|---|--|
| <b>Internal Stakeholders</b> ( <i>tick ALL that apply</i> ) | <b>Health and Safety</b>                       |  | <b>Finance</b>                              |  |
|   | <b>Workforce</b>                               |  | <b>Infection Control</b>                    |  |
|   | <b>Business Development</b>                    |  | <b>Health Informatics (HIS)</b>             |  |
|   | <b>Academy</b>                                 |  | <b>Moving and Handling</b>                  |  |
|   | <b>Fire Advisors</b>                           |  | <b>Dual Diagnosis Lead</b>                  |  |
|   | <b>Pharmacy</b>                                |  | <b>Information Governance</b>               |  |
|   | <b>Patient Safety</b>                          |  | <b>Safeguarding</b>                         |  |
|   | <b>Clinical System Change Lead (SystemOne)</b> |  | <b>Local Security Management Specialist</b> |  |

|  |  |  |   |  |                                      |  |                              |  |
|--|--|--|---|--|--------------------------------------|--|------------------------------|--|
| <b>Most Applicable CQC Outcome:</b><br><br><i>(tick one CQC Outcome only)</i><br><br>If none are appropriate please choose N/A | 1. Respect & Involving People          |  | 2. Consent to Care & Treatment                        |  | 4. Care & Welfare of People          |  | 5. Meeting Nutritional Needs |  |
|  | 6. Co-operating with other providers   |  | 7. Safeguarding people from abuse                     |  | 8. Cleanliness and Infection Control |  | 9. Management of Medicines   |  |
|  | 10. Safety and suitability of premises |  | 11. Safety, availability and suitability of equipment |  | 12. Requirements relating to workers |  | 13. Staffing                 |  |
|  | 14. Supporting workers                 |  | 16. Assessing & Monitoring Quality of Service         |  | 17. Complaints                       |  | 21. Records                  |  |
|  | N/A                                    |  |   |  |                                      |  |                              |  |

**CONTROLS: What measures are currently in place to reduce the risk?** Consider equipment, staffing, environment, policy / procedure, training, documentation, information (this list is not exhaustive)

| Details of Current Controls | Gaps in Control | Internal Assurance | External Assurance | Gaps in Assurance |
|-----------------------------|-----------------|--------------------|--------------------|-------------------|
|                             |                 |                    |                    |                   |
|                             |                 |                    |                    |                   |
|                             |                 |                    |                    |                   |
|                             |                 |                    |                    |                   |

| Risk Matrix    |              |            |            |          |           |
|----------------|--------------|------------|------------|----------|-----------|
| Severity ↓     | Likelihood → |            |            |          |           |
|                | 1 Rare       | 2 Unlikely | 3 Possible | 4 Likely | 5 Certain |
| 5 Catastrophic | 5            | 10         | 15         | 20       | 25        |
| 4 Major        | 4            | 8          | 12         | 16       | 20        |
| 3 Moderate     | 3            | 6          | 9          | 12       | 15        |
| 2 Minor        | 2            | 4          | 6          | 8        | 10        |
| 1 Negligible   | 1            | 2          | 3          | 4        | 5         |

  

|                    |          |  |   |            |  |   |  |
|--------------------|----------|--|---|------------|--|---|--|
| Current Risk Score | Severity |  | X | Likelihood |  | = |  |
|--------------------|----------|--|---|------------|--|---|--|

|                        |   |
|------------------------|---|
| Financial implications | £ |
|------------------------|---|

**Response to Risk (Tick ONE)**

|           |  |          |  |          |  |       |  |
|-----------|--|----------|--|----------|--|-------|--|
| Terminate |  | Tolerate |  | Transfer |  | Treat |  |
|-----------|--|----------|--|----------|--|-------|--|

**ACTIONS: What measures are to be taken to reduce the risk?** Consider equipment, staffing, environment, policy / procedure, training, documentation, information (this list is not exhaustive)

| Details | Target Date | Responsible Officers<br>(max 2 people) |
|---------|-------------|--|
|         |             |  |
|         |             |  |
|         |             |  |
|         |             |  |

| Risk Matrix    |              |            |            |          |           |
|----------------|--------------|------------|------------|----------|-----------|
| Severity ↓     | Likelihood → |            |            |          |           |
|                | 1 Rare       | 2 Unlikely | 3 Possible | 4 Likely | 5 Certain |
| 5 Catastrophic | 5            | 10         | 15         | 20       | 25        |
| 4 Major        | 4            | 8          | 12         | 16       | 20        |
| 3 Moderate     | 3            | 6          | 9          | 12       | 15        |
| 2 Minor        | 2            | 4          | 6          | 8        | 10        |
| 1 Negligible   | 1            | 2          | 3          | 4        | 5         |

|  |  |          |  |   |            |  |   |      |
|--|--|----------|--|---|------------|--|---|------|
| <b>Predicted Risk Score</b><br>following implementation of actions   |  | Severity |  | X | Likelihood |  | = |      |
| I/we confirm this is an accurate record of the assessment undertaken |  |          | I will ensure the above actions are carried out and assessment findings communicated to all appropriate staff and safety reps? |   |            |  |   |      |
| Signed Assessor  |  | Date     | Signed Manager   |   |            |  |   | Date |
| Print Assessor   |  |          | Print Manager  |   |            |  |   |      |

**REVIEW**

|                          |              |  |               |  |              |  |                  |  |                 |  |
|--------------------------|--------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|
| <b>Review Frequency:</b> | <b>Daily</b> |  | <b>Weekly</b> |  | <b>Month</b> |  | <b>Quarterly</b> |  | <b>Annually</b> |  |
|--------------------------|--------------|--|---------------|--|--------------|--|------------------|--|-----------------|--|

**Details of review**

**Next review date**

**Entered onto Safeguard:**

|             |  |           |  |
|-------------|--|-----------|--|
| <b>Date</b> |  | <b>By</b> |  |
|-------------|--|-----------|--|