

## **Management of Relationships in the Workplace Policy**

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**Version Control Sheet**

<b>Version</b>	<b>Section / Para / Appendix</b>	<b>Version / Description of Amendments</b>	<b>Date</b>	<b>Author / Amended by</b>
1	New Policy		July 2013	Lyndsey Clapham
2	Section 5.3	Amended section to make it clear that an employee must not have managerial authority of another with whom they are in a close personal relationship	September 2015	Lyndsey Clapham
3	All	Full review and update	Jan 2016	Laura Herrick
4	All	Full review	December	Clare Nock
5	All	Full review and update	January 2020	Rachael Potter
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## Management of Relationships in the Workplace Policy

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## **Management of Relationships in the Workplace Policy**

### **Procedural Document Statement**

#### **Background Statement**

It is recognised that close personal relationships can and do sometimes form in the workplace and that as a large employer situations will arise within Lincolnshire Community Health Services NHS Trust where related persons or individuals with a close personal relationship are employed within the same team, establishment or work area.

Whilst recognising the right of employees to privacy and family life, the Trust has a legitimate right to protect the interests of the Trust, patients, service users and other employees and to take appropriate action when close personal relationships either have the potential to or do impact upon the Trust's services.

#### **Responsibilities**

All staff are responsible for ensuring adherence to this policy and procedures in line with the guidelines laid down in this policy.

#### **Training**

It is expected that managers and staff will familiarise themselves with the details of this policy and their responsibilities in line with this. There will not be any formal training given however if any further detail or interpretation of the policy is required the HR department will be able to provide this.

#### **Dissemination**

Website

#### **Resource implication**

There are no resource implications to this policy.

## **1. Introduction**

This policy is designed to encompass and protect both individual staff members, including volunteers acting for or on behalf of the Trust, and patients. Account will be taken of inclusivity and equality issues so as not to discriminate against staff members or volunteers who are/have been patients.

It is acknowledged that there can be a fine line between a personal and therapeutic relationship, taking account of normal human behaviour, which fosters attractions and attachments between individuals. However it is essential that professional relationships remain paramount, using management, practicing supervision, escalation and working in an open and honest culture as a way of supporting this approach.

The policy is based upon guidance that has already been produced by a number of professional regulatory bodies; these are included at the end of this document.

Offences under this policy will be considered under the Trust's Disciplinary Policy. Breach of this policy may also constitute an offence under the Fraud Act or Bribery Act and could lead to a criminal investigation by the Trust's Local Counter Fraud Specialist ("LCFS").

## **2. Purpose**

This policy is designed to protect job applicants, staff members, patients, carers, volunteers and the reputation of the Trust.

It will ensure that staff members are aware of the Trust's expectations regarding the existence and development of close personal relationships with other staff and/or patients with whom they have contact, protecting the interests of both staff and patients.

## **3. Definitions**

Personal Relationship – a relationship that goes beyond the bounds of a 'professional' relationship and includes being personally involved, i.e. a platonic relationship/personal friend, being sexually involved, a close family member, married or in a co habiting relationship, or in a business relationship.

Patients – individuals who are accessing services and/or actively engaged in packages of care provided by the Trust.

## **4. Recruitment**

Applicants for positions within the Trust must declare any personal relationships with Trust employees on their application form. Where an applicant has declared a

relationship with an LCHS employee, the LCHS employee may not be involved in the recruitment process for the applicant at any stage.

If a successful applicant is found to have failed to declare a relationship on their application form with an LCHS employee who was involved in the recruitment process or with whom they now have a line management or subordinate working relationship, or if a manager takes part in a recruitment process and does not declare a relationship with an applicant, this will be investigated under the disciplinary procedure and may lead to disciplinary action which could include dismissal. It may also constitute an offence under the Fraud Act or Bribery Act and could lead to a criminal investigation by the LCFS.

Where an applicant, if appointed to a position, including secondments and 'acting up' arrangements would be working in the same team, at any level of the management structure as someone with whom they have a personal relationship, the implications of this should be considered. The interview panel must include an impartial manager.

## **5. Personal Relationships with Colleagues**

This policy sets out some standards of conduct to assist and protect staff whilst at work and these are detailed below:

- An employee should not be involved in any formal procedures if they have a personal relationship with the individual concerned.
- Any employee who is in a close personal relationship with a colleague working in the same department/section must declare the relationship to their manager. If the relationship is between a manager/supervisor and an employee whom they supervise, the relationship should be declared to the next level of higher management. The information declared will be considered as to whether or not the personal relationship has any impact.
- The Trust does not permit situations in which an employee has managerial authority over another with whom they are having a close personal relationship and any relationship of this nature could result in formal action being taken in line with the Disciplinary Policy.
- If an employee has a personal/intimate relationship with a colleague, they should not display any obvious signs of affection in the presence of third parties, whilst undertaking Trust business.
- An employee should not allow their personal relationship with another employee to influence their decision making, or that of other decision-makers.
- If the relationship breaks down, employees should maintain professional behaviours and there should not be any repercussions or impact in the workplace as a result of the relationship breakdown.
- Managers are to be mindful of domestic abuse issues and take appropriate action in line with policy Guidelines for Managers and Employees for Staff Experiencing or Affected by Domestic Abuse P\_HR\_69"

- Employees should ensure that their personal/intimate relationship does not bring the reputation of the Trust into disrepute.

Any breach of the standards of conduct outlined will be examined on a case by case basis in determining the appropriate action that may be taken. This may include informal counselling, granting a leave of absence or invoking the disciplinary policy in cases of breach of these standards.

## 6. Personal Relationships with Patients

Professional relationships of a therapeutic nature such as social activities, as part of the agreed treatment plan of care are encouraged. However, personal relationships with service users are considered unprofessional. Where personal or business relationships precede the professional relationship, or where dual relationships exist e.g. where within a small community a staff member may already be a personal friend of a patient, it is the responsibility of the staff member to maintain each relationship within its own appropriate boundary. Where such a relationship exists, the staff member **must** inform their line manager and supervision should be used to regularly discuss and explore any potential boundary conflicts.

Developing professional and therapeutic relationships may mean the patient discussing intimate and personal matters. Such discussions may be misinterpreted with perceptions being distorted due to the vulnerability or distress of patients, from which problems may arise from transference and counter-transference, fostering a relationship of personal disempowerment rather than professional support.

Becoming personally or sexually involved with a patient precludes objectivity and breaches the boundaries of the professional relationship. Such involvement is in breach of this policy, and where applicable, will breach professional codes of practice, as well as the Trust's responsibilities in respect of the Healthcare Standards.

The standards of conduct that must be followed concerning personal relationships with patients are outlined below:-

- Predetermined social contact that is a personal rather than a professional relationship is inappropriate and should not occur.
- Members of staff who are subject to inappropriate comments/behaviours by patients should report to their line manager as soon as safe and practical for appropriate action to be taken.
- If a member of staff is aware that they have feelings for a patient, which are personal and go beyond the boundary of a professional relationship or that they are concerned that a personal relationship is developing with a patient, then they must report it to their line manager immediately. Possible actions at this stage include transfer of the patients' treatment to another worker, co-

working or limiting the therapeutic interventions so that clear boundaries are established to protect both patient user and staff member.

- If a member of staff becomes concerned that a colleague is developing a personal relationship with a patient, they have a responsibility to inform their line manager who will review the concerns and ensure action is taken to maintain the safety of the member of staff and patient.
- If a close friend, partner or family member has cause to use the Trust's services, this should be handled sensitively and confidentially.
- It may be appropriate for them to be treated by another team, or, in the case of admission, for the member of staff to be moved to another area for the duration of the patient's treatment.
- If a personal relationship is envisaged with an ex-user of the service, guidance should be sought from the line manager of action taken to avoid the risk of subsequent allegations of abuse or serious misconduct. This is particularly relevant to those cases where the contact with the services has been minimal or the last contact was some considerable time ago.

These matters will be treated in a sensitive and confidential manner to encourage honesty and to protect both parties. Appropriate steps such as co- working, supervising or re-deployment will be considered in the light of the particular circumstances.

The development of a sexual relationship with a patient is in breach of this policy and will lead to disciplinary action being taken against the member of staff, which may lead to dismissal. Staff should be aware that such a relationship may be reported under the Safeguarding Adults Procedure or Safeguarding Children and Vulnerable Adults Procedure, as well as to the appropriate professional body.

## **7. Board Member Conduct**

Board directors should act impartially and should not be influenced by social or business relationships. No one should use their public position to further their private interests. Board directors should not make decisions to gain financial or other material benefits for themselves, their family, or their friends.

## **8. References**

Human rights Act 1998 Equality Act 2010

Sexual Offences Act 2003

Employment Equality (Sexual Orientation) Regulations 2003 SI2003/1661 Code of Ethics and Conduct

Royal College of Speech and Language Therapists 2000 Code of Ethics and Practice for Counsellors

Code of Professional Conduct Nursing & Midwifery Council 2015

Ethical Standards Policy United Kingdom Council for Psychotherapy 2001 Infamous Conduct The Council for Professions supplementary to Medicine 1998 Practitioner &



Client Relationships & the Prevention of Abuse Nursing and Midwifery Council 2002  
Professional Practice Guidelines published by Division of Clinical Psychology of the  
British Psychological Society 1995  
Rules of Professional Conduct Chartered Society of Physiotherapists 2002  
Vulnerable Patients, Vulnerable Doctors Royal College of Psychiatrists 2002  
Healthcare Standards Healthcare Commission 2005  
Health Professional Council  
Recruitment and Selection Guidelines

## Appendix A - Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the procedural document where applicable and/or how compliance with the document will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals /group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multi-disciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Recruitment process	Application Forms	Managers and HR	At shortlisting stage of the recruitment process	Managers and HR	Managers	HR team

## **Appendix B - Equality Analysis**

### **Introduction**

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each Trust to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Rachel Higgins, Equality and Diversity lead.

**Name of Policy/Procedure/Function\***

**Equality Analysis Carried out by: Rachael Potter**

**Date: January 2020**

**Equality & Human rights Lead: Rachel Higgins**

**Director\General Manager: Ceri Lennon**

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	<p>To ensure that issues arising from personal relationships are dealt with promptly, sensitively and effectively.</p> <p>The purpose of this policy is to provide employees and managers with clear guidance of the standards of behaviour expected of all employees in their dealings with patients and service users and the professional boundaries that must be respected in those relationships</p>		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>	<p>This Policy is designed to encompass and protect both individual staff members, including volunteers acting for or on behalf of the Trust, and patients. Account will be taken of inclusivity and equality issues so as not to discriminate against staff members or volunteers who are/have been patients.</p>		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected?	No		
		Yes	No	

	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	<b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b>			
The above named policy has been considered and does not require a full equality analysis				
<b>Equality Analysis Carried out by:</b>		Rachael Potter		
<b>Date:</b>		January 2020		