

Managing Close Personal Relationships at Work Policy

Issue Date	Review Date	Version
March 2017	March 2022	V3

Purpose

This policy sets out how the Trust will manage situations where close personal relationships (known from now on as 'relationships') exist or develop at work, and applies to previous relationships.

Who should read this document?

Managers and Staff

Key Messages

The policy has been developed to;

- Protect employees from allegations of favouritism, bias, and harassment.
- Prevent employees being in a situation where there may be a conflict of interest.
- Ensure that all employees feel able to speak freely and openly.
- Provide a fair and consistent approach to deal with situations where relationships develop or end at work.
- Ensure that employees are managed appropriately and in line with Trust policies.
- Reduce the risk of compromising confidentiality.

Core accountabilities

Owner	HR Business Partners
Review	Policy Sub Group / JSNC
Ratification	Human Resources / Occupational Development (HR/OD) Committee/Policy Sub Group
Dissemination	
Compliance	Director of People

Links to other policies and procedures

Performance and Conduct Policy

Version History

V1	18/03/2009	
V2	01/03/2011	
V3	08/03/2017	

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

- 1.1 Plymouth Hospitals NHS Trust recognises that close personal relationships may exist or develop at work.
- 1.2 However the Trust has a responsibility to ensure that close personal relationships between employees do not adversely affect or harm the services provided by or reputation of the Trust, or how people are managed, or cause other employees discomfort/embarrassment or lead them to feel excluded in the workplace.
- 1.3 This policy sets out how the Trust will manage situations where close personal relationships (known from now on as 'relationships') exist or develop at work, and applies to previous relationships.

2 Purpose

- 2.1 The policy has been developed to;
 - Protect employees from allegations of favouritism, bias, and harassment.
 - Prevent employees being in a situation where there may be a conflict of interest.
 - Ensure that all employees feel able to speak freely and openly.
 - Provide a fair and consistent approach to deal with situations where relationships develop or end at work.
 - Ensure that employees are managed appropriately and in line with Trust policies.
 - Reduce the risk of compromising confidentiality.

3 Definitions

- 3.1 The Trust defines close personal relationships as being;
 - A family member or close friend.
 - A romantic/sexual relationship.
 - A business relationship e.g. contractor.

These may include;

- Husband, wife, partner/civil partnerships, boyfriend, girlfriend.
 - Parent, including in-laws and step-parent.
 - Children, including step-children.
 - Brothers, sisters, including in-laws and step-brothers/sisters.
 - Aunts, uncles, cousins.
- 3.2 Employees who have a relationship with another employee must ensure that they behave appropriately at all times at work. Overt displays of affection or personal disputes are not appropriate in the workplace and could result in disciplinary action.

4 Duties

- 4.1 The Trust requires employees to inform an HR representative, in confidence, at the start and end of a relationship if it involves a direct line manager and a direct report. This will ensure that appropriate support is put in place and to prevent problems in the workplace.
- 4.2 Where the HR representative feels that they need to discuss the situation with someone else, for example the employee's line manager, the individual will be informed.
- 4.3 The HR representative along with the employee's line manager, where the line manager is not the other party in the relationship, will meet with the parties involved to discuss future working arrangements. Where the line manager is the other party in the relationship the line manager's manager will be involved.
- 4.4 Provided there is no conflict of interest or line management relationship employees in a relationship will usually continue to work together.
- 4.5 Failure to disclose a relevant relationship may result in disciplinary action being taken.
- 4.6 Employees who witness inappropriate behaviour between employees in a relationship or are affected by their behaviour should speak to their line manager or a HR representative.

5 Guidance

Existing relationships between employees

- 5.1 Relationships between existing employees will be reviewed at the time this policy is introduced by a relevant manager and an HR representative.
- 5.2 Where there is a managerial relationship appropriate action will be taken to prevent any potential problems for the Trust. This may include removing management activities such as appraisal, recruitment, selection, and promotion, signing overtime or expenses claims, promotions or awards, or undertaking such activities jointly with another manager.

Recruitment & Selection

- 5.3 Job applicants – including internal applicants – are required to declare any relationships with existing Trust employees on their job application form.
- 5.4 If an employee is involved in a recruitment and selection process and realises that there is an application from someone with whom they have a relationship as defined in section 3, they must declare an interest to their line manager and withdraw from the process. Failure to declare any interests may result in disciplinary action.

- 5.5 Similarly an employee who has a relationship with another should not act as a referee for that person for both internal and external positions.

Relationships between a client/patient and an employee

- 5.6 Employees are discouraged from entering into a relationship with a client/patient.
- 5.7 Where a relationship develops the employee must immediately inform their line manager and may be removed from the treatment of that client/patient. If it is not possible to remove the employee from treating the patient, for example where the employee is a specialist in a particular field, an escort will be present at future appointments.

Medical & Dental staff

- 5.8 Medical staff must adhere to the Maintaining Good Medical Practice guidance which states you must not;
- Abuse your position of trust.
 - Commit an act of indecency or make sexual advances towards a patient.
 - Use your position to establish improper personal relationships with patients or their close relatives.
- 5.9 Dental staff must adhere to the Standards for Dental Professions which states that you must
- Maintain appropriate boundaries you have with patients. Do not abuse those relationships.
- 5.10 Other clinical professions must ensure that they adhere to their own Professional Standards of Conduct/Practice.

Standards of business conduct

- 5.11 Employees who are responsible for the procurement of services from external organisations must disclose any conflicts of interest as a result of a relationship with an employee from that organisation to the Chief Executive's office.
- 5.12 The Trust's Standards of Business Conduct must be adhered to in all situations, and states that employees must not abuse their official position for personal gain or to benefit family and friends.

Appropriate action

- 5.13 In most situations any problems or potential problems that arise from employee's relationships at work can be resolved informally.
- 5.14 Depending on the situation potential action that the Trust may consider taking could include
- Allocating management responsibilities such as appraisals, signing expenses claim forms, sickness absence reviews, to another manager. Where this is not possible a different manager will sign expenses claim forms and another

manager or HR representative will attend any meetings the employee has with the line manager.

- Voluntary or compulsory transfer – Either party may request or be required to move team, department etc, which may be possible depending on whether a suitable post is available and on the employee's skills, knowledge and experience. In these situations the Trust's Redeployment Policy will apply.
- Disciplinary action may be appropriate in cases of misconduct, for example where performance or sickness absence issues have not been managed appropriately, or where there have been inappropriate displays of affection.

5.15.1 Notes should be taken of all meetings and retained for future reference. Where there are changes to an employee's job, for example they are moved to a different ward, a change of circumstances form should be completed and sent to the HR Department.

Break down of relationships where employees work closely

5.17 Where the relationship breaks down and the employees work closely the Trust will take appropriate action and provide support to minimise potential problems in the workplace.

5.18 Employees will have access to the Trust's counselling and mediation services, Occupational Health and Wellbeing to support them through this difficult time.

5.19 If one of the employees requests redeployment the Trust will, as far as possible support the employee through the Trust's redeployment process.

5.20 If the employees are not able to work together, or where performance or attendance is affected following the break up, the HR Department should be contacted for further support and guidance.

Unfair treatment in line with this policy

5.21 If an employee feels that they have been unfairly treated in the application of this policy they may wish to raise a grievance through the Trust's Dispute & Grievance Policy.

6 Overall Responsibility for the Document

Document Development Process

- 6.1 As the author, the Organisational Development Facilitator is responsible for developing the policy and for ensuring stakeholders are consulted with. Advice was taken from the Equality and Diversity Lead and the Lead for Governance. Draft copies will be circulated for comment before approval is sought from the relevant committees.

Equality Impact Assessment

- 6.2 The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. An Equality Impact Assessment Screening has been undertaken and there are no adverse impacts (See Appendix 2).

7 Consultation and Ratification

- 7.1 The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.
- 7.2 The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.
- 7.3 This document will be approved by the Policy Group and ratified by the Director of People. Non-significant amendments to this document may be made, under delegated authority from the Director of People, by the nominated author. These must be ratified by the Director of People and should be reported, retrospectively, to the approving HR and OD Committee.
- 7.4 Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

- 8.1 Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.
- 8.2 Document control arrangements will be in accordance with The Development and Management of Formal Documents.
- 8.3 The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

9.1 The Trust will undertake regular audit of the processes specified in this policy.

10 References and Associated Documentation

None

Dissemination Plan			
Document Title	Managing Close Personal Relationships at Work Policy		
Date Finalised	8 March 2017		
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Date	February 2017
Title	Managing Close Personal Relationships at Work Policy
What are the aims, objectives & projected outcomes?	Plymouth Hospitals NHS Trust values its staff and is therefore committed to providing a balance between employees' professional and personal lives. Where a relationship exists at work the Trust is committed to dealing with these situations in a fair and sensitive manner.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race.
Religion	There is no evidence to suggest there is a disproportionate impact on religion.
Disability	There is no evidence to suggest there is a disproportionate impact on disability.
Sex	There is no evidence to suggest there is a disproportionate impact on sex.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on gender identity.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation.
Age	There is no evidence to suggest there is a disproportionate impact on age.
Socio-Economic	No impact.
Human Rights	No impact.
What are the overall trends/patterns in the above data?	That there are no significant impacts.
Specific issues and data gaps that may need to be addressed through consultation or further research	None.

Involving and consulting stakeholders				
Internal involvement and consultation	PSG / JSNC			
External involvement and consultation				
Impact Assessment				
Overall assessment and analysis of the evidence	No impact.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update