

Professional Boundaries and Personal Relationships in the Workplace Policy (HR-031)

Version Number:	4.0
Author (name & job title)	Justin Marjoram, Workforce Projects Lead.
Executive Lead (name & job title):	Karen Philips, Deputy Director of Workforce and OD
Name of approving body:	EMT
Date full policy approved:	23 April 2024
Date Ratified at Trust Board:	29 May 2024
Next Full Review date:	April 2027

<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	
<i>Date EMT as approving body notified for information:</i>	

Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. POLICY STATEMENT	3
4. DUTIES AND RESPONSIBILITIES.....	3
5. DEFINITION OF A PERSONAL RELATIONSHIP	4
6. PRINCIPLES.....	4
6.1. Preventing Closed Cultures (personal relationships between colleagues)	4
6.2. Personal Relationships.....	4
6.3. Personal Relationships with Colleagues.....	4
6.4. Personal Relationships with Patients/Carers/Relatives.....	6
7. SOCIAL MEDIA	9
7.1. Staff and Patients.....	9
7.2. Social Media Use Between Colleagues	10
7.3. Respect for colleagues.....	10
8. EQUALITY IMPACT ASSESSMENT.....	11
9. REVIEW AND REVISION	11
10. DISSEMINATION AND IMPLEMENTATION.....	11
11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES	11
Appendix 1: Document Control Sheet	12
Appendix 2 – Equality Impact Assessment (EIA) Toolkit	13

1. INTRODUCTION

This Policy is designed to protect both individual staff members and those who use the services of Humber NHS Foundation Trust. The behaviours of staff must remain within the bounds of a professional relationship which allows staff and people who use the services of the Trust to engage safely within a therapeutic caring relationship.

This policy supports Trust compliance with the Care Quality Commission regulations.

2. SCOPE

This policy applies to all Trust employees, workers, contractors and students. All employees will be treated in a fair and equitable manner, recognising any special requirements of individuals where adjustments need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of this policy being implemented.

3. POLICY STATEMENT

The Trust requires high standards of conduct and behaviour of its employees. This Policy will ensure that staff members are aware of the Trust's expectation regarding the existence and development of close personal relationships with other staff and/or patients and/or carers with whom they have contact, protecting the interests of both staff and patient.

4. DUTIES AND RESPONSIBILITIES

Chief Executive

The Chief Executive is ultimately responsible for the content of all policies and their implementation.

Executive Directors

To ensure that this policy is acted on through policy dissemination and implementation in collaboration with senior managers.

Senior Managers and Managers

Ensure all staff within their area of responsibility are informed about the contents of this and other associated policies and procedures and apply this policy and procedure in a fair and equitable manner. To comply with this policy and ensure any employment related concern is investigated and resolved as quickly as is reasonably possible.

Staff members

All staff have a duty to comply with all policies in use at the Trust.

Workforce and Organisation Development Team (Workforce and OD)

W&OD are a team of professionals who are responsible for providing advice and guidance regarding employment law and employment related policies and procedures. W&OD are the point of contact for employees and managers if they have need for advice or have a concern over the delivery and implementation of this policy.

Employees

It is the employee's responsibility to read and comply with this and any associated policies.

5. DEFINITION OF A PERSONAL RELATIONSHIP

For the purposes of this Policy the definition of a personal relationship is a relationship that goes beyond the bounds of a 'professional' relationship and includes being personally involved, i.e. a platonic relationship/personal friend/emotional relationship/social relationships including via social networking sites or electronic means/being sexually involved/a family member or entering any other relationships apart from a professional one.

6. PRINCIPLES

6.1. Preventing Closed Cultures (personal relationships between colleagues)

A closed culture is a poor culture in a health or care service that increases the risk of harm. This includes abuse and human rights breaches. The development of closed cultures can be deliberate or unintentional - either way it can cause unacceptable harm to a person and their loved ones – Care Quality Commission 26 July 2022

If two members (or more) of staff are in a close relationship in the workplace, this might impact on a person's independence, transparency and integrity and affect the mood and productivity of a team.

For example, a sexual or romantic relationship, family relationship or very close friendships. As a result, it is important that steps are taken to ensure that whilst the relationship is respected, the opportunity for individuals to be compromised is mitigated, and that a closed culture does not develop, where people / colleagues are not able to speak out due to an imbalance of power, as a result of close personal relationship(s) in the workplace.

One of the most important things to prevent a closed culture is transparency, openness, compassionate leadership, and civility between staff. An open workplace culture is key to maintaining professional boundaries and ensuring quality care is delivered to patients.

It is important to ensure that staff who have a close personal relationship do not work in a direct reporting relationship and are not involved in recruitment, selection, promotion, appraisal or other management activity involving the other person. It is also important staff in close relationships are aware of the standards of behaviour that are expected of them in the workplace, at all times, including not showing obvious signs of affection in front of colleagues / third parties.

6.2. Personal Relationships

This Policy applies equally to both (i) relationships between any members of staff and (ii) relationships between any staff member and patients/carers/patient family members.

6.3. Personal Relationships with Colleagues

In any large organisation it is likely that some employees will be related to one another or develop personal relationships. The Trust appreciates many employees regard their workplaces as a social, as well as a workplace, environment and may regard colleagues as personal friends. Most social and personal relationships between colleagues at work need not present a difficulty and, subject to maintaining professionalism, can be beneficial in promoting good working relationships and a supportive environment. It is not the Trust's intention to wholly prohibit personal relationships between colleagues nor infringe upon the private lives of its staff. There is a clear expectation that staff will conduct themselves in a professional manner and ensure that there is no possibility for the conflict between personal/family loyalty and work responsibilities to arise.

A relationship, particularly between two employees working in the same team, may begin to have an adverse effect on the care they provide, their own and / or their colleagues' work. Where there is evidence of this the manager to whom the personal relationship has been disclosed should give consideration to an alternative arrangement, e.g. one party being moved to another area of work, shift pattern or work location.

The principles laid out in this policy apply equally to the use of Social Media between colleagues.

6.3.1 If the relationship is between a manager/supervisor and colleagues at lower bands/levels:

If the relationship is between a manager/supervisor or a colleague at a higher band and an employee whom the person supervises, any relationship that may or has caused a conflict of interest, for example a sexual or romantic relationship, must be declared to a senior manager. The information declared will be recorded on the personal files of both employees and treated in strict confidence. Examples of conflict of interest is, but not limited too, a line manager completing supervision, post incident debriefs or investigating incidents involving a report.

If either party becomes aware that a personal relationship that may cause a conflict of interest is developing, they have a responsibility to inform a senior manager as early as is reasonably possible so any conflicts of interests or potential impacts can be identified and resolved proactively in the interests of protecting the member of staff and Trust. For example the Senior Manager must take appropriate steps to ensure the manager/supervisor's and reports ability to maintain openness and transparency regarding any work related matters, incidents or issues is not impaired in anyway. For the avoidance of doubt, if a manager and report enjoy a social relationship, it is only necessary to report this relationship with the senior manager if this may or does cause a conflict of interest and/or can impact the day-to-day operations or service.

The principles laid out in this policy apply equally to the use of Social Media between a manager/supervisor and colleagues at lower bands/levels.

6.3.2 If the relationship is between employees where there is no line management relationship

If the relationship is between employees where there is no line management relationship, this does not itself constitute a difficulty and can be beneficial to working relationships and a supportive environment. However, any employee who embarks on a personal relationship with a colleague working in the same department/section/ward is expected to conduct themselves in a professional manner. This includes ensuring this does not impact or influence the day-to-day operations of the team or service, even if perceived to be minor or trivial. If this becomes apparent and/or you anticipate difficulties to do so, the employee(s) is expected to notify their line manager.

The principles laid out in this policy apply equally to the use of Social Media between a manager/supervisor and a colleagues at lower bands/levels.

6.3.3 Following Notification

Following notification of a relationship, the line manager / senior manager should meet with the employee(s), talk through how the relationship may impact the workplace (including impact or perceived impact on colleagues), identify any potential conflicts of interest, (where necessary) agreeing and recording appropriate measures with Workforce and OD where necessary.

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

- An employee should not be involved in any aspect of the recruitment and selection process if they have a personal relationship with any candidate.
- An employee should not be involved in any formal procedures if they have a personal relationship that may, or does, cause a conflict of interest such as influencing decision making with individuals concerned. This includes supervision and appraisal.

If an employee is approached to participate in a formal procedure as either a witness, Investigating Officer, or Case Manager, they are required to declare any conflict of interest due to a personal relationship.

- Employees who have a personal relationship should not be placed on a formal

decision-making panel together where decisions could be influenced by personal relationships. For instance, a disciplinary panel or recruitment panel including two employees with a personal relationship.

- Where a relationship involves person(s) who are manager and a report, the Trust reserves the right to elect to transfer one or both of the employees involved in the relationship to a job in another department/section/ward if the relationship is perceived to have a detrimental effect on either patient care or working relationships within that department/section/ward. This includes where a conflict of interest may exist or where the safety of patients and/or staff may be compromised. In these circumstances, the Trust will first consult with both employees and consider any reasonable alternative measures that may address the detrimental effects or conflicts of interest. If no measures exist and/or are exhausted, the Trust will consult both employees and seek to reach a satisfactory agreement regarding the transfer of one or both of them.

Any decision to do so should not routinely impact on the junior member of staff of those involved and steps should be taken to ensure no member of a protected characteristic group are discriminated against, notably sex, marriage or civil partnership and age.

- If an employee has a personal relationship with a colleague, the person should always maintain professional confidentiality. The person should not display any obvious signs of affection in the presence of third parties. This is to prevent any apparent embarrassment to colleagues and to maintain a professional image with patients and staff.
- An employee should not allow their personal relationship with another employee to influence their decision making, or that of other decision makers.
- An employee should not allow their personal relationship with another employee to impact or influence the day-to-day operations of the team or service, even if perceived to be minor or trivial.

If the relationship breaks down, employees should ensure that no acts that could be interpreted as disagreements occur at work. They may wish to discuss the situation with their line manager.

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

The Trust reserves the right to invoke the disciplinary policy if there is a breach of any of these standards.

6.4. Personal Relationships with Patients/Carers/Relatives

All staff members regardless of role are responsible for maintaining professional boundaries with patients, carers and their families. Our patients are those that seek access to and/or receive our services. For the purposes of this policy, this can be expanded to include their relatives and carers

Professional relationships of a therapeutic nature such as social activities, as part of the agreed care plan are encouraged. However, personal relationships with service users/carers or patients relatives are 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 regularly to discuss and explore any potential boundary conflicts.

For example, in the event a staff member works on a ward and a relative or friend is admitted to that same ward, the line manager will explore any reasonable steps and arrangements to ensure the care is undertaken by another practitioner. In the event it is not possible or reasonable to move the staff member, the line manager will explore the feasibility of moving the patient to an alternative ward.

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

6.4.1 Current patients, their carers and relatives

Relationships should remain professional at all times. Staff must not pursue a personal, sexual or improper emotional relationship with a current patient/carer/patient relative. You must not access and/or make use of any patient confidential information to make contact with a patient/carer/patient relative for any reason that is not in the ordinary fulfilment of your duties.

This includes making use of the patient's name to connect on any social media platform. This would also be considered a serious breach of confidentiality and GDPR which might be regarded as gross misconduct and if deemed well founded, may result in dismissal.

6.4.2 Former Patients

In the interests of protecting you and the former patient, you must discuss with your line manager and consider carefully before pursuing a personal relationship of any kind with a former patient you had a professional relationship with, as this may also be inappropriate depending on factors such as;

- length of time since the professional relationship ended.
- It is not possible to specify a length of time after which it would be acceptable to begin a relationship with a former patient. However, the more recently a professional relationship with a patient ended, the less likely it is that beginning a personal relationship with that patient would be appropriate.
- the nature of the previous professional relationship.
- the impact of the relationship on the reputation of the Trust.
- If your relationship comes about due to activities within the course of your duties, this may risk reputational harm to other service users and our standing in the community in which we operate.
- whether the patient was particularly vulnerable at the time of the professional relationship. Whatever your role, you must not pursue a personal relationship with a former patient who is still vulnerable.
- Some patients may be more vulnerable than others and the more vulnerable someone is, the more likely it is that having a relationship with them would be an abuse of power and position as a health care professional.
- whether you will be caring for other members of the patient's family.

Staff members finding themselves in a difficult situation, which may be open to being misconstrued as an inappropriate personal relationship having been formed with a patient/carer/patient relative, must report the matter to their Line Manager as soon as they become aware of this. Line Managers will ensure that this information is recorded, and guidance given to the worker as appropriate. This is in the interests of protecting both staff member and patient/carer.

If a member of staff is aware that they have feelings for a patient/carer/patients relative, which are personal and go beyond the boundary of a professional relationship, then they must report it to their line manager immediately for appropriate action to be taken. Options 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 personal relationship is developing, this might be unintentional, they have a responsibility to inform their line manager to ensure the safeguarding of the patient's interests and protect themselves. As appropriate, the member of staff should also follow their professional regulatory bodies code including self-referral.

If a member of staff has breached professional boundaries they have a responsibility to inform their line manager to ensure the safeguarding of the patient's interests. As appropriate, the member of staff should also follow their professional regulatory bodies code including self-referral

The procedure that must be followed concerning personal relationships is outlined below:

- Predetermined social contact that is personal rather than a professional relationship is inappropriate.
- It is the responsibility of all members of staff should be aware of the possibility of patients/carers/patients relatives making overtures, particularly of an amorous nature. This might include gifts, flirtatious notes, texts or calls, invitations to meet socially and suggestive comments. If this occurs the member of staff must report this to their line manager immediately for appropriate action to be taken.
- If a member of staff is aware that they have feelings for a patient/carer/patients relative, which are personal and go beyond the boundary of a professional relationship, then they must report it to their line manager immediately for appropriate action to be taken. Options 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/s of staff become concerned that a personal relationship is developing, they have a responsibility to inform their line manager to ensure the safeguarding of the patient's interests. The line manager must then follow the appropriate line of action.
- If a close friend, partner or family member has cause to use the Trust's services this should be handled sensitively. 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 or sexual 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 gross misconduct.
- The development of a sexual relationship with a patient/carer/patient relative 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 Policy or Safeguarding Children Policy and Managing Concerns Against Individuals in a Position of Trust Policy.

There is a careful balance between ensuring that interventions with patient are needs led and therapeutic and overstepping professional boundaries. Examples that may seriously breach professional boundaries include: (This is not an exhaustive list;)

- Any sexually motivated behaviour or conduct
- Setting time aside outside of work to assist a patient / family / patient relative unless this is agreed as part of the MDT approach
- Possessive or secretive behaviour regarding a relationship with a patient e.g. becoming defensive in matters relating to a patient/family or not sharing information with managers
- Sexualised or overfamiliar communication e.g. nicknames, kisses on written exchanges
- Flirtatious behaviour
- Sharing a lot of information about themselves
- Inappropriate physical contact, physical contact should be agreed through the MDT as part of an evidence based therapeutic approach

Unnecessary communication beyond that of a professional relationship and using mediums not endorsed by the Trust e.g. personal mobile phone of staff member and social media contact, using a personal account.

- Keeping in touch even though the patient is no longer using our services unless agreed with the service or within wider volunteering services
- Offering gifts to a patient, or their carer or a family member unless agreed as part of the MDT approach

6.4.3 Reporting inappropriate personal relationships and sexualized behavior by colleagues

It is the duty of every member of staff to raise concerns if a patient tells you about a breach of professional boundaries or you believe a colleague has displayed sexual behavior towards patients. This can include making inappropriate comments. You should immediately discuss with your line manager without delay or the Safeguarding Team.

The Safeguarding Team will consider whether the member of staff has potentially behaved in a way that has harmed or put a child or vulnerable adult at risk of harm, or behaved in a way that indicates the person is not appropriate to work with children or vulnerable adults. If this is the case a referral will be made to the appropriate local Authority under the Local Authority Designated Officer (LADO – Children) or Persons in Position of Trust or Authority (PIPOT – Adult) procedures, whereby an investigation will be carried out.

Any cases whereby a member of staff is found to have breached this policy by engaging in a sexual relationship with a patient or caused harm to a patient, and employment ceased as a result will be referred to the Disclosure and Barring Service (DBS).

The Trust reserves the right to invoke the disciplinary policy if there is a breach of any of these standards and will be considered a serious matter that may be subject to the Trust Disciplinary Policy and may result in dismissal.

7. SOCIAL MEDIA

Staff should be careful when using social media / networking and should comply with the Trust Social Media and Website Policy.

7.1. Staff and Patients

Social media can blur the boundaries between personal and professional lives and may change the nature of the relationship between an employee and a patient.

You must consider the potential risks involved in using social media and the impact that inappropriate use could have on our patients' trust in you and our Trust.

You must not access and/or make use of any patient confidential information, including the patients name, to connect on any social media platform with a current or former patient. This would also be considered a serious breach of confidentiality and GDPR.

Do not accept friend requests from patients, carers or their relatives. If a patient attempts to connect on any social media platform, this should be declined to maintain appropriate professional boundaries.

Regularly review the privacy settings for each of your social media profiles that can limit your visibility to service users.

7.2. Social Media Use Between Colleagues

The Trust appreciates many employees regard colleagues as personal friends which may involve the use of Social Media.

The principles laid out in this policy apply equally to the use of social media between colleagues. Staff should therefore be careful when using social media / networking to interact with colleagues.

Social media can blur the boundaries between personal and professional lives and may change the nature of the relationship between colleagues.

Staff should remember that whenever or however they may be using social media, as Trust employees, staff are expected to maintain standards of professionalism and to uphold the principles laid out in both this policy and the Trust Social Media and Website Policy whilst using and/or interacting with colleagues through Social Media.

7.3. Respect for colleagues

Staff must treat colleagues fairly and with respect. This covers all situations and all forms of interaction and communication including social media. You must not bully, harass, or make inappropriate comments about individuals online.

When interacting with or commenting about individuals or organisations online, you should be aware that postings online are subject to the behavioural standards and the same laws of copyright and defamation as written or verbal communications, whether they are made in a personal or professional capacity.

A failure to uphold these standards or and will be held to account in accordance with the Trust's Disciplinary Policy if these are breached.

You must therefore consider the potential risks involved in requesting or accepting friend requests with colleagues and/or using social media to interact with colleagues and the impact that may have on a working or personal relationship.

Regularly review the privacy settings for each of your social media profiles that can limit your visibility to colleagues.

The Trust reserves the right to invoke the disciplinary policy if there is a breach of any of these standards and will be considered a serious matter that may be subject to the Trust Disciplinary Policy and may result in dismissal.

8. EQUALITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA (Appendix 2). This policy is regarded as equitable to all and as a result of its implementation no individual will suffer any form of discrimination, inequality, victimisation, harassment or bullying.

9. REVIEW AND REVISION

This policy will be reviewed every three years, however there may be some review and revision as and when needed to accommodate changes to tribunal decisions and legislation. These reviews and revisions will be in consultation with the Trust's recognised trade unions.

10. DISSEMINATION AND IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy.

The implementation of this policy requires no additional financial resource.

11. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Disciplinary Policy

Grievance Procedure

Bullying and Harassment Policy

Freedom to Speak Up Policy

Managing Concerns Against Individuals in a Position of Trust Policy

Social Media and Website Policy

Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy - Personal Relationships in the Workplace Policy		
Document Purpose			
Consultation/ Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -></i>	06.02.23	Head of Safeguarding and Named Professional for Adult	
	06.02.23	Workforce and Organisational Development Management Team	
	27.02.23	Workforce and Organisational Development Management Team –	
	02.05.23	TCNC staff side	
	12.10.23	TCNC staff side	
	21.04.23	EDI Networks	
		28.11.23	ODG
	11.01.24	Quality and Patient Safety meeting	
	04.04.24	Quality and Patient Safety meeting	
	22.04.24	ODG	
Approving Committee:	EMT	Date of Approval:	23.04.24
Ratified at:	Board	Date of Ratification:	29.05.24
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
quality Impact Assessment	Yes []	No []	N/A [] Rationale:
Publication and Dissemination	Intranet [x]	Internet []	Staff Email []
Master version held by:	Author []	HealthAssure []	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	intranet managers newsletter request to be added as a scenario in the leadership management training.		
Monitoring and Compliance:			

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
3.0		June 2016	Fully reviewed and revised
4.0	3 yearly review	April 2024	Fully reviewed and revised: Main differences: i) Change of name to Professional Boundaries and Personal Relationships in the Workplace Policy ii) Professional boundaries with patients, carers and their families has been firmed up. iii) Definition of a Personal Relationship firmed up. iv) Firmed up we do not wholly prohibit personal relationships between colleagues in the workplace and to recognise can be a positive factor although to make clear standards, expectations and obligations to ensure this does not impact day-to-day operations. v) Social Media contact with patients firmed up. Social Media contact between colleagues firmed up. vi) 6.1 section added regarding closed cultures. Approved at EMT (23.04.24) and ratified at Board (29.05.24)

Appendix 2 – Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name **Personal Relationships in the Workplace Policy**
2. EIA Reviewer (name, job title, base and contact details) **Justin Manager, Strategic HR Team, Workforce Projects Lead,**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service

This Policy is designed to protect both individual staff members and those who use the services of Humber NHS Foundation Trust. The behaviours of staff must remain within the bounds of a professional relationship which allows staff and people who use the services of the Trust to engage safely within a therapeutic caring relationship.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
--	--	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people, Young people, Children, Early years</p>	Medium	<p>There is evidence in employment case law that suggests where there is a relationship between a line manager and employee and steps or management decisions are made, employers might default to the more junior person. That junior person may not be able to hold the same years of experience and capability / seniority compared due to their age. Care should be taken in any event where steps are taken or management decisions made to ensure it is not simply routine to impact / transfer a junior staff member.</p>
Disability	<p>Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities:</p> <p>Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)</p>	Low	<p>There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.</p>
Sex	Men/Male, Women/Female	Medium	<p>There is evidence in employment case law that suggests where there is a relationship between a line manager and employee and steps or management decisions are made, employers might default to the more junior person. It is accepted that woman historically do not progress in the workplace proportionately to males. Care should be taken in any event where steps are taken or management decisions made to ensure it is not simply routine to impact / transfer a junior staff member.</p>

Marriage / Civil Partnership		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Pregnancy / Maternity		Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Race	Colour, Nationality, Ethnic/national origins	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this protected characteristic is negatively affected by the implementation of this policy.

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
See above.	
EIA Reviewer: Justin Marjoram	
Date completed: 23.04.24	Signature: J Marjoram