

LONG SERVICE RECOGNITION POLICY

Department / Service:	Human Resources
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Approved by:	On behalf of the Joint Negotiating and consultative Committee
Date of Approval:	27 TH September 2017
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Departments
Target staff categories	All Staff

Policy Overview:

This Policy/Procedure sets out the process to mark its appreciation of the commitment and valuable contribution made to the Trust by long-serving staff.

Key amendments to this Document:

Date	Amendment	By:
May 2014	Revised policy setting out new arrangements replaces previous versions	Julia Cross
August 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
July 2017	Policy reviewed no changes required	PWG

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1. Introduction

- 1.1 Worcestershire Acute Hospitals NHS Trust (and its predecessors) recognises the valuable service given by individuals and, as such, recognises the need to reward such loyalty of service to this Trust (and its predecessor organisations where applicable).
- 1.2 This policy sets out how all Trust employees with long service are rewarded.
- 1.3 This document supersedes previous Long Service Recognition Policies.

2. Scope of the policy

- 2.1 This policy will apply to all employees of Worcestershire Acute Hospitals NHS Trust with effect from 1st May 2014.

3. Definitions

- 3.1 Eligible employees are all members of staff who have 25 years' service or more with Worcestershire Acute Hospitals NHS Trust (and its predecessor organisations where applicable).and have not previously received a long service award.
- 3.2 Continuous service for the purposes of this policy service is defined as total Trust service which excludes service which is interrupted by a break of more than 3 months. A break in service of less than 3 months will not affect eligibility, but such breaks will not count towards the service required for the award.
- 3.3 Service accrued whilst undertaking nurse training does not count for the purposes of long service recognition, as this is not service with the Trust.

4. Responsibilities and Duties

- 4.1 The Learning and Development Department shall identify, on an annual basis, all staff eligible for long service recognition.
- 4.2 The Learning and Development Department is responsible for informing managers of the annual Long Service award ceremony and for organising the event.
- 4.3 The Learning and Development Department will also liaise with the Chief Executive's office to ensure there is appropriate Board representation at the event.
- 4.4 A list will be sent to managers for verification, to ensure that all details are correct and that eligible staff have not been omitted. Managers should provide any nominations of eligible employees that have been omitted to the Learning and Development Department.
- 4.5 The Learning and Development Department will invite nominated staff to attend the ceremony.

5. Equality Requirements

An Equality Impact Assessment has been undertaken in accordance with Trust Policy and attached at Appendix 1.

6. Policy Detail

- 6.1 Those employees, who have achieved 25 years continuous service within the Trust, (and its predecessor organisations where applicable) will be invited to an annual award ceremony and presentation, along with a partner, to recognise their contribution to the Trust.
- 6.2 Eligible employees will be presented with a certificate recognising the service of the individual. The certificate will be signed and presented by the Chairman of the Trust or nominated deputy.
- 6.3 Additionally, in recognition of their service, employees with 25 years continuous service within the Trust will receive a commemorative gift pre-determined by the Trust. This gift will be sourced centrally by the Trust.
- 6.4 If, for any reason, an eligible employee is not available to attend the event, their certificate and gift will be forwarded to them
- 6.5 Employees who have received Long Service Awards previously within the Trust (or its predecessors) will not be eligible for a further award under this policy.
- 6.6 Those employees, who have achieved 40 years continuous service within the Trust, (and its predecessor organisations where applicable) will be invited to an annual award ceremony and presentation, along with a partner, to recognise their contribution to the Trust.
- 6.7 Eligible employees will be contacted by letter of thanks and be presented with a certificate signed and personally presented by the Chairman of the Trust or the Chief Executive or a nominated deputy, along with a commemorative gift.

7. Financial risk assessment

There are no direct financial risks associated with the policy

8. Consultation

The policy has been developed by a sub-group of the Joint Negotiating and Consultative Committee and has been subject to consultation with staff representatives.

9. Approval process

The policy has been approved on behalf of the Trust Board by the Joint Negotiating and Consultative Committee

10. Implementation arrangements

The policy will be implemented immediately upon approval.

11. Dissemination process

The policy will be placed in the Trust's HR Document library on the Intranet and will be publicised through Trust's Weekly Brief.

12. Training and awareness

Awareness of this Policy will be raised throughout the Trust.

13. Monitoring and compliance

Actions taken under this Policy will be monitored in terms of equality by the HR Department.

An overview of recipients of awards will be provided to the Workforce and Organisational Development Group on an annual basis.

14. Development of the Policy

This policy will be reviewed after 2 years, or earlier in the light of any legislative changes, developments in best employment practice, to ensure its continuing relevance and effectiveness.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy / guidance affect one group less or more favourably than another on the basis of:		
	Race/Ethnic Origin/Nationality/culture	No	
	Disability	No	
	Gender	No	
	Religion / Belief	No	
	Sexual Orientation: including L.G.B.T.	No	
	Age	No	
	Marital Status	No	
	Gender Reassignment	No	
	Maternity/Pregnancy	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the policy / guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

NB:

Where an inappropriate, negative or discriminatory impact has been identified please proceed to conduct a Full Equality Impact Assessment and refer to Equality and Diversity Committee, together with any suggestions as to the action required to avoid / reduce this impact.

Advice can be obtained from the Equality and Diversity Leads in HR and Nursing Directorates (details available on the Trust intranet).

Supporting Document 2 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	HR Policy
2	Title of document	Long Service Recognition Policy
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-HR-034
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	HR
6	Clinical lead/s	Learning & Development Lead
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	Managers and staff side via Policies Working Group
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Long Service Recognition Policy
<p>Once the document has been developed and is ready for KDAG approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc.</p>		

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Agree at Trust Management Group	Lead –Learning & Development	
Publish on Intranet – document finder and on E&D webpages	Lead –Learning & Development	
Managers – via email and through management development training	Lead –Learning & Development	

1	<p>Step 1 To be completed by Clinical Governance Department</p> <p>Is the document in the correct format?</p> <p>Has all mandatory content been included?</p> <p>Date form returned ____/____/____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	Name of the approving body (person or committee/s)	
	Step 2 To be completed by Committee Chair/ Accountable Director	
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	____/____/____

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.

Appendix-3 Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of Document:	Yes / No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval

Monitoring Table

Pages Section	Key control	Checks to be carried out to confirm compliance with policy	How often the check will be carried out	Responsible for carrying out the check	Results of the check reported to:	Frequency of reporting
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	<i>These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)</i>	<i>Be realistic. Set achievable frequencies . Use terms such as '10 times a year' instead of 'monthly'.</i>	<i>Who is responsible for the check? Is it listed in the 'duties' section of the policy? Is it in the job description ?</i>	<i>Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.</i>	<i>Use terms such as '10 times a year' instead of 'monthly'.</i>