

DOCUMENT CONTROL	
Title:	Long Service and Retirement Awards
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This policy applies to all staff within Pennine Care NHS Foundation Trust	
Purpose:	
The purpose of this Policy is to recognise and reward aggregated NHS service.	
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Long Service	
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HR16, Policy, protocol and guidance policy, version 6	
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Changed award from Annual to the point the anniversary year is met	
Owner:	
Angela Sanderson – Assistant Human Resources Business Partner	
Individual(s) & group(s) involved in the Development:	
This document has been developed in collaboration with interested parties including all Staff, the Equality & Diversity Manager, Staff Side, Managing Directors and Governance Managers.	
Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation through the Consultation Meeting and has been out to all staff for consultation and comments. These have been taken into consideration and the document amended accordingly.	

Equality Impact Analysis:	
Approved by:	Abdul Khan
Date approved:	3 rd April 2018
Reference:	
Freedom of Information Exemption Assessment:	
Approved by:	Sarah Browne
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Presented by:	Angela Sanderson
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Responsibility of:	Assistant Human Resources Business Partner
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Other Trust documentation to which this guideline relates (and when appropriate should be read in conjunction with):

HR033	Retirement Policy, V4

CQC Regulations
This guideline supports the following CQC regulations:

Contents Page

1.	Introduction	5
2.	Purpose	5
3.	Responsibilities, Accountabilities & Duties	5
4.	The Process	5
4.1	Long Service Awards	5
4.2	Retirement Awards	6
4.3	Breaks in Service for Maternity Reasons	6
4.4	Appeals	6
5.	Equality Impact Analysis	6
6.	Freedom of Information Exemption Assessment	6
7.	Information Governance Assessment	7
8.	Safeguarding	7
9.	Monitoring	7
10.	Review	7

1 INTRODUCTION

Pennine Care NHS Foundation Trust recognises Trust long service and retirement by presenting staff with a certificate and financial award.

The Award will be made to staff as they hit the anniversary milestone.

The Long Service Award can only be claimed in the anniversary year. It will not be possible to award retrospective years.

2. PURPOSE

The purpose of this Policy is to recognise and reward aggregated NHS service.

3. RESPONSIBILITIES, ACCOUNTABILITIES & DUTIES

Director of Workforce & Organisational Development – It is the responsibility of the Director to administer the award process.

Human Resources Department – They are responsible for reviewing the report on a monthly basis and contacting staff directly ensuring the Line Manager is also aware.

Line Manager – It is the responsibility of the Line Manager to ensure any eligibility for an award is verified with the employee's personal file so that the appropriate action can be taken

4. THE PROCESS

The way staff receive their awards may differ in each Divisional Business Unit.

Awards are normally presented by the individuals' Managing Director or Line Manager.

4.1. LONG SERVICE AWARDS

A Trust long service award is payable as follows:

- After 20 year's aggregated NHS service; £100 together with a certificate of recognition
- After 30 year's aggregated NHS service; £150 together with a certificate of recognition

- After 40 year's aggregated NHS service; £200 together with a certificate of recognition
- After 50 year's aggregated NHS service; £250 together with a certificate of recognition

In the event of a death in service after 20 years or more continuous service the relevant payment will be made to the deceased's estate.

Bank service is not recognised for the purposes of this policy.

4.2. RETIREMENT AWARDS

Retirement awards are payable after an employee has completed 20 years aggregated NHS Service and will receive £100 together with a certificate of recognition.

Staff will also receive £50 towards a celebration buffet.

Details of the process for claiming retirement awards is contained in the Trust Retirement policy.

4.3. BREAKS IN SERVICE FOR MATERNITY REASONS

Breaks in service for maternity leave will be counted towards continuous service provided that:

- a) No such break is longer than the maximum length of maternity leave permitted by employment legislation.
- b) The production of a birth certificate if requested to do so.

In these cases it is the responsibility of the individual to apply to the Workforce and Organisational Development Department for the award.

4.4. APPEALS

Appeals must be made in writing and will be considered by the Workforce and Organisational Development Director.

5. EQUALITY IMPACT ANALYSIS

As part of its development, this policy was analysed to consider its effect on different groups protected from discrimination by the Equality Act 2010. The requirement is to consider if there are any unintended consequences for some groups, and to consider if the policy will be fully effective for all protected groups. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers or advance equality in the delivery of this policy.

6. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

7. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

8. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

9. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

10. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.