HONOURS GUIDANCE

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Sections
1: Background to Honours system
2: Department of Health process
3: Process for validation
4: How to prepare a citation

Annexes
A: Timetable
B: Honour award levels
C: Elements of a good candidate
D: Generic citations
SECTION 1: BACKGROUND

1. A system of committees was formed to advise the Cabinet Secretary, and through him the Prime Minister, on the composition of the twice-yearly lists of recommendations for Honours which are put forward by the Prime Minister to Her Majesty the Queen.

2. The committees have referred to them, nominations for honours by members of the public, government departments and others. Each committee carefully considers nominations in one of the eight sectors of society:

   Arts & Media
   Sport
   **Health**
   Education
   Science & Technology
   The Economy
   **Community, voluntary & Local Service**
   State

   The nominations put forward by the Department of Health usually fall under **Health** and sometimes **Community & Local Services Committees**.

SECTION 2: DEPARTMENT OF HEALTH PROCESS

1. Nominations are received by the Department in a number of different ways:
   - Twice-yearly trawl to CE of SHA, PCTs, Trusts and other organisations eg Medical Colleges and Directors of Social Services
   - Public nominations, via the Cabinet Office
   - Centrally led cases by the Cabinet Office
   - Direct from the public or other organisations
   - Referred by Other Government Departments.

2. The nominations received from the Cabinet Office, direct or from Other Government Departments require validation either by a policy official in DH, the Strategic Health Authority, Trust or PCT.

3. If, after discrete enquiries it is decided to support the nomination, we would expect a citation form to be completed and submitted with a letter confirming support of the nomination. See below and Annex B, C and D for more information on ‘how to prepare a citation’.

4. The supported nominations are then placed on appropriate ‘live-lists’ and are considered at initial sub committee meetings, for example Doctors are considered by the Chief Medical Officer, Nurses by the Chief Nursing Officer. After the sub committees have sat the selected their nominations these are then discussed at the Main Departmental Committee meeting, where the final list will be agreed for submission to the Cabinet Office (see Background section).
SECTION 3: PROCESS FOR VALIDATION

Centrally led cases which usually span a number of Government Departments are sent to Departments by the Cabinet Office. These cases only require comments to be made on appropriate areas of the nominee’s activities which relate to health. For these cases there is no need to provide a citation - only confirmation of whether there is support for the case or not.

SECTION 4: HOW TO PREPARE A CITATION

1. The Prime Minister selects candidates who are put forward based on achievements, for merit and excellence or for exemplary service. He has asked for the specific attention to be paid to people who:

   - have changed things, with an emphasis on practical achievements
   - have delivered in a way that has brought distinction to British life and enhanced the UK’s reputation in the area or activity concerned or which has contributed in a distinctive way to improving the lives of those less able to help themselves
   - are examples of the best sustained and selfless voluntary service
   - have demonstrated innovation and entrepreneurship which is delivering lasting results
   - carry the respect of their peers and are role models in their field
   - have shown sustained achievements against the odds which have required moral courage, vision in making tough choices and hard application
   - Everyday heroes, people who have made a difference at a very local level

Criteria to carefully consider:

- IMPACT, ACHIEVEMENTS, SUSTAINED, RESPECT, DRIVE, ROLE MODEL, RECOGNITION, INNOVATION/CREATIVITY, OBSTACLES OVERCOME, A BEACON (EXCEPTIONAL SERVICE – voluntary)

All nominations are worthy, for a candidate to be recommended the citation must be:

- Succinct yet
- Persuasive
- Evaluated at the correct award level (see guidance at Annex B)
- Complete and accurate
- Interesting and informative
- About achievements
- Legible and understandable

Citations that focus solely on length of service, good timekeeping, nice personality, just doing their job for which they are being paid, disability (unless the disability has resulted in some innovation activity, such as setting up a charity or support group or research programme) are unlikely to succeed. Citation must not read like CVs.
2. Citations should be completed so they fit the form without going over the page (approx 20 lines (480 words) in Arial 12 pitch). More detailed guidance is contained in Annex A and there are some generic examples at Annex D.

3. Personal information boxes are important and must be completed including current job title to be contained in the ‘Short citation’ box.

4. **Awards in Retirement:**

   The general rule is that honours should be given whilst the individual is still performing the service for which he/she is recommended. Exceptionally nominations can be put forward up to 12 months after the person has retired or stepped down. Nominations made in excess of this time should be unusual. The essential point to bear in mind is whether the individual’s peers, and where appropriate, the public, will understand, and approve of, the reasons behind the award.

**CONTACT US:**

Please contact a member of the honours team, who will be happy to help with any queries and to request the latest version of the citation form. Citations should be fully completed electronically and returned to the honours mail box (mb-honours@dh.gsi.gov.uk)
## ANNEX A

### YEARLY TIMETABLE

<table>
<thead>
<tr>
<th>Event</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden Party Exercise</td>
<td>January/February</td>
</tr>
<tr>
<td>New Year</td>
<td></td>
</tr>
<tr>
<td><strong>Trawl</strong></td>
<td>February</td>
</tr>
<tr>
<td>All citations: State and Non-State to be submitted to the Honours Team</td>
<td>April</td>
</tr>
<tr>
<td><strong>Sub Committee Meetings</strong></td>
<td>April/May</td>
</tr>
<tr>
<td>Birthday Honours List published</td>
<td>Mid June</td>
</tr>
<tr>
<td>Permanent Secretary’s Main honours meeting</td>
<td>Mid June</td>
</tr>
<tr>
<td>Submission to Secretary of State</td>
<td>July</td>
</tr>
<tr>
<td>Citations for selected candidates to Cabinet Office</td>
<td>Early August</td>
</tr>
</tbody>
</table>

### Birthday

<table>
<thead>
<tr>
<th>Event</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trawl</strong></td>
<td>Early July</td>
</tr>
<tr>
<td>All citations: State and Non-State to be submitted to the Honours Team</td>
<td>Mid August</td>
</tr>
<tr>
<td><strong>Sub Committee Meetings</strong></td>
<td>September</td>
</tr>
<tr>
<td>Permanent Secretary’s Main honours meeting</td>
<td>November</td>
</tr>
<tr>
<td>New Year Honours List published</td>
<td>31 December</td>
</tr>
<tr>
<td>Submission to Secretary of State</td>
<td>December</td>
</tr>
<tr>
<td>Citations for selected candidates to Cabinet Office</td>
<td>Early January</td>
</tr>
</tbody>
</table>

LEVEL OF HONOURS

KBE  Knight Commander of the Order of the British Empire

- People at the top of their profession (eg Director Generals, Chief Nursing Officers, Presidents)
- State: Permanent Secretary

KBE will be awarded if the person has an existing higher post nominal (eg Lord, Duke etc) in which case their title will remain the same and KBE will be included after their surname (eg Lord Sebastian Coe KBE).

DBE  Dame Commander of the Order of the British Empire

- People at the top of their profession (eg Director Generals, Chief Nursing Officers, Presidents)
- State: Permanent Secretary

Kt  Knight

- People at the top of their profession (eg Director Generals, Chief Nursing Officers, Presidents)
- State: Permanent Secretary

CB:  Companion of the Order of the Bath

- Senior Civil Service for exceptional candidates who have at least 5 years in the Civil Service

CBE  Commander of the Order of the British Empire

- National level but can have some international input.
- Some border at OBE-CBE level, (eg Chief Executives, Directors (Social Services), Consultants, Vice Presidents,
- State: Senior Civil Servants

OBE  Officer of the Order of the British Empire

- Local level but have a national input (eg Deputy Chairman, Chief Executives, Directors (Social Services), Chief Ambulance Officer, Nursing Directors, )
- State: Grade 6/7

MBE  Member of the British Empire

- Local level but with responsibility (eg Founders, Chairman, GP’s, Dentists, Managers, Carers, Home Helps) Local level (eg Voluntary Workers, Porters, Fundraisers, Auxiliary Workers)
- Local level (eg Voluntary Workers, Porters, Fundraisers, Auxiliary Workers)
- State: SEO and below
BEM British Empire Medal

- Working very locally in the community perhaps supporting the elderly, those with special needs, or other disadvantaged groups. Or perhaps setting an example to others in terms of supporting grassroots sporting activity, support for local young people, or maintaining local parks or other environmental activity.
- Supporting their local hospital or hospice through voluntary activity or fundraising. Or Nurses, or other health professionals, who would merit recognition for their service to the community.
Annex C

Elements of a Good Candidate
for awards in the Order of the British Empire

KT/DBE

Main Element
- Nationally prominent role.
- Done something of national importance, exceptional in its own way
- Pre-eminent and significant contribution.
- Must have lasting impact and influence
- Made a difference
- Ability to make tough, complex choices.
- Vision, innovation and entrepreneurship.
- Sustained commitment and achievement.
- Carry respect from their peers and those who work over and under them.
- Well known (to their peers, not necessarily the public).
- Role model.
- Motivator.

Additional
- Enhanced the UK’s reputation overseas (in area of activity concerned).
- Barrier breaker
- Contribution to diversity.

CBE

Main Elements
- Done something of use, exceptional in its own way
- Nationally prominent role (to a lesser degree than K) or leading role in regional affairs.
- Must have lasting impact and influence.
- Vision, innovation and entrepreneurship.
- Sustained commitment and achievement.
- Carry respect from their peers and those who work over and under them.
- Role model.
- Motivator.

Additional
- Contribution to diversity
- Enhanced the UK’s reputation overseas (in area concerned)
- Barrier breaker

OBE

Main Elements
- Done something of use at local level that has been recognised nationally.
- A distinguished regional or countrywide role in any field.
- Must have lasting influence.
- Vision, innovation and entrepreneurship.
- Sustained Commitment.
- Motivator.
**Additional**
- Contribution to diversity.
- Role model.
- Barrier breaker.

**MBE**  
**Main Elements**
- Service in and to the community of a responsible kind, which is outstanding in its field.
- Inspirational.
- Self sacrifice.
- Sustained commitment.
- “Hands on” service which stands out as an example to others.
- Long service. Although time is relative, for example, 10 years in a continually demanding or onerous role may be considered as relevant at 25 years in a less stressful job.

**Additional**
- Role model.
- Voluntary service.
- Contribution to diversity.
- Overcome adversity.
- Public recognition.
- Moral courage.

**BEM**  
**Main Elements**
- Very “hands-on” service to the community in a local geographical area.
- Sustained, local contribution ie local charity or voluntary activity.
- Innovative, high impact work of a relatively short duration ie delivered real impact but that is relatively short (three to four years) in duration.
GENERIC CITATIONS:

Knighthood/Dame
For Services to health, law and order and education:

Since retiring from a successful career in accountancy, he/she has played a leading role in three different areas of activity. In 1989, he/she became a member of the Southland Health Care Trust and was appointed chair in 1990. Prior of his/her appointment the trust had been struggling both financially and in achieving its health targets. He/she quickly turned things around by setting up a finance sub-committee to ensure the future wellbeing of the trust's finances. He/she also introduced a streamlined admission system for patients, which has proved so successful that it has been identified as an example of good practice and is now adopted by health trusts nationally. He/she stepped down as chair in 1998 but continues to sit as a board member. In 1998, he/she was appointed as a non-executive and unpaid member of the Police Service Strategy Board, now known as the Strategy Board for Crime Prevention. In this capacity, he/she advised the director general of the board on the use of the private sector within the police service. His/her work in this area has helped bring about the more effective use of special constables and neighbourhood watch coordinators. He/she has also encouraged closer liaison between the police and community leaders. He/she is currently a member of the Home Office management board and is playing an important role in the modernisation of the Home Office. In 199 he/she became a member of the council of the University of Northland and was soon appointed chairman and pro-chancellor. Since then he/she has skilfully led the university through a challenging period of dwindling resources combined with the introduction of tuition fees and has maintained confidence and stability. Indeed during his/her term of office he/she has significantly improved the quality of management and has established the university as a major contributor of regional economic development. It is now top of the UK league in terms of access by students from lower socio-economic groups.

CBE
For services to disabled people and to the community in XXX

She is chair of XXX, an organisation providing advice to the county council and to planners on disabled access in building design. In 1989 this work was complemented by her election to the board of the Organisation for Accessible Environments which provides similar guidance to a wider audience. She became vice-chair and did much to raise awareness of the needs of disabled users amongst planners and architects. She has also served in a voluntary capacity in senior positions for a variety of organisations, ranging from the waterways, local government and education. She has been a member of the XXX since it was set up in 1986 and its chair since 1996. The Authority manages wet land, working to conserve and enhance its natural beauty, promote its enjoyment and protect the interests of navigation. She commands the respect of all the members of the Authority through difficult debates on how its land should be managed, and is not afraid to make difficult decisions. She has been a member of the district council since 1983, chairing several committees whilst focusing particularly on planning and the environment. She served as chair of the council in 1996-97. She has been a board member of
the Area Tourism Agency since it was established in 1989, and chair since 1994. Under her guidance, it has developed into a respected and effective marketing agency, generating income and jobs for the local community by developing and promoting tourism. She is also Deputy Lord Lieutenant, and a member of the district health authority. The success of many of the above bodies has been built on the trust and respect she has maintained with all parties, through her considerable talent of keeping diverse interests focussed on common objectives. She is deputy chair of the Greater Village Regeneration Trust, and was a deputy director of the Education Company from 1990 to 1995.

**OBE**

*Director, XXX Nursing Group Ltd. For services to elderly people*

She is a director of one of the largest nursing care home group of companies in England. She is visiting lecturer at the University of XXX, teaching leadership, management and clinical practice. She was Director of Nursing at XXX from 1995 to 1997. She has led the way in raising the profile of nursing homes, championing higher standards of care and introducing innovative practice. Her career specialising in the care of older people began after she returned from a period of nursing in South America in 1981 where healthcare was very poor. She managed several nursing homes in the North and East of England between 1982 and 1995, gaining broad experience and establishing her own philosophy of how to care for older citizens. In particular she introduced continence care and infection control programmes and promoted a greater focus on the fundamentals of care such as nutrition, mobility and basic hygiene. There has not been one case of MRSA in her homes. Rehabilitation in older people formed the basis of her MSc thesis. Since 1988 she has spoken at conferences and written regularly in the nursing press. She is Head of the Editorial Board of Abacus, a journal for those working with elderly people. She has written three books on good practice including Nursing Older People which was the first book on this specialist but neglected subject. As an educator, manager and practitioner she is constantly contributing to the knowledge base and disseminating her ideas and good practice in care for these very vulnerable people - a group whose needs are often marginalised. It is a testament to her work that nursing homes across the UK have adopted her methods and creed of helping patients to live life to their full capacity. Many influential bodies and committees have called on her expertise. She gave evidence to the Royal Commission on Long Term Care and she represents UK nursing homes in the EU Age Forum. Her knowledge of the independent sector has contributed to the UK Community Care Group examining the future regulation of registered nurses. She has won several awards for her excellent work in this difficult sector. Outside work she is school governor and a member of the Working Parents’ Society. She feels strongly that society needs to look after elderly people with dignity and respect but with the right care they can continue to have rich fulfilling lives.

**MBE**

*Team Leader, Advice Services, XXX Council. For services to Homeless People*

Her major contribution to the successful reduction of rough sleeper numbers outside London, both through her impressive work in XXX and her ground breaking and innovative work for the Rough Sleepers Unit (RSU) and with other local authorities is impressive. She is very involved in the North East in
developing many key initiatives and in securing significant funding to develop creative responses to homelessness. She believes that homelessness cannot be tackled in isolation and that the only way forward is to work with other agencies involved with for example drugs, alcohol, crime and debt. Her innovative approach has reduced homelessness in her area by 40% in five years. It is due to her work that a winter night shelter was opened in the city centre which reduced the numbers of homeless people wandering the streets, sometimes committing crimes and frequently causing a nuisance like begging. She was in one of only six local authorities to secure funding from Crisis and Shelter for further shelters in the region. She is a founder member and Chair of Tyneside Legal Services Partnership, the primary vehicle for developing, co-ordinating and funding the provision of advice services in the area. It is thanks to her that the service achieved the Legal Service Quality Mark and lIP. She has participated in several national studies into homelessness and been a representative at national conferences to share best practice and develop new approaches. She set up a national Homeless Development Group for local authority officers to identify issues and then provide workable effective solutions. Several of her ideas include asking Housing Officers to identify suitable properties for groups of people to share, seeking medical help for those with mental health problems and asking Local Education Authorities to assist those with learning disabilities, particularly IT training. She was seconded to the RSU in 2000 and worked with local authorities with the highest numbers of homeless people to devise strategies to tackle specific problems in their areas. She demonstrated diligence, flair, energy and sound judgement. Above all she gave them practical solutions that worked. She is keen to dispel the myth that all those without somewhere to live are totally responsible for their own homelessness. She displays considerable compassion and has tried to highlight in the media the plight of these often forgotten people.

BEM

**Voluntary, XXX Charity. For Charitable Services in Ilfracombe, Devon**

For over 40 years he has been a prolific fundraiser in the community. Since 1970 he has stood outside the local supermarket every Saturday in all weathers rattling his tin for good causes. He has during this time raised around £40,000 for the Ilfracombe Hospice and the Old Rectory Club for disabled people. On retirement in 1990 he began to organise bingo nights three times a week at three different village halls and also arranges a monthly dance. These activities have brought the community together and have helped to raise over £15,000 for several local charities. He is always up for a challenge and pulls out all stops to raise money for a wide range of worthy causes.