

RECRUITMENT AND RETENTION PREMIA POLICY

July 2015

Important: This document can only be considered valid when viewed on the CCG's website.

If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

HR Policy:	Recruitment and Retention Premia Policy
Date Issued:	July 2015
Date to be reviewed:	3 years or if statutory changes are required

Policy Title:	Recruitment and Retention Premia Policy	
Supersedes:	All previous Recruitment and Retention Premia Policies	
Description of Amendment(s):	New Policy for CCG employees	
This policy will impact on:	All staff	
Financial Implications:	No change	
Policy Area:	HR	
Version No:	1	
Issued By:	YHCS Workforce Team	
Author:	HR Policy Lead - adapted for local use by Yorkshire and Humber commissioning Support on behalf of Hull CCG	
Document Reference:		
Effective Date:	July 2015	
Review Date:	July 2018	
Impact Assessment Date:		
APPROVAL RECORD	JTUPF Sub Group	8 April 2015
	JTUPF	22 April 2015
	Governing Body	31 July 2015
Consultation:	All Staff via intranet	16 January 2015
SLT Members	Consultation:	19 December 2014

Contents

1	POLICY STATEMENT	4
2	ENGAGEMENT	4
3	IMPACT ANALYSES	4
3.1	Equality	4
3.2	Bribery Act 2010	4
4	SCOPE	5
5	POLICY PURPOSE & AIMS	5
6	DEFINITIONS	5
7	PRINCIPLES	6
8	ROLES / RESPONSIBILITIES / DUTIES	7
9	IMPLEMENTATION	7
10	TRAINING & AWARENESS	7
11	MONITORING & REVIEW	8
12	REFERENCES	8
Part 2		
1	PROCEDURE	9
APPENDICES		
Appendix 1	Equality Impact Assessment	11
Appendix 2	Business Case for Recruitment and Retention Premia	22

1. POLICY STATEMENT

- 1.1 This document outlines the policy and procedure utilised by NHS Hull Clinical Commissioning Group (the CCG) for awarding recruitment and retention premia.
- 1.2 This policy recognises the need for consistency, equity and fairness to be maintained at both local and national levels.
- 1.3 This policy will apply to all employees with agenda for change terms and conditions of employment.

2. ENGAGEMENT

- 2.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the website.
- 2.2 Training and support will be available to all Line Managers in the implementation and application of this policy

3.0 IMPACT ANALYSES

3.1 Equality

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

In developing this policy, an Equality Impact Analysis has been undertaken and is attached at Appendix 1. As a result of the initial screening, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are required at this stage.

The application of this policy will be monitored alongside recruitment monitoring data to ensure fair application.

3.2 Bribery Act 2010

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery.

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

Due consideration has been given to the Bribery Act 2010 in the development of this policy document and consistent application of this policy will mitigate bribery in relation to this policy.

4 SCOPE

- 4.1 This policy applies to the application of both local and national recruitment and retention premia for those staff on Agenda for Change terms and conditions.

5 POLICY PURPOSE & AIMS

- 5.1 The aim of the Recruitment and Retention Premia Policy is to ensure that the Organisation remunerates all of its employees at a level at which recruitment and retention difficulties will not be encountered. This policy should be read in conjunction with the NHS terms and conditions of service handbook.

6. DEFINITIONS

- 6.1 Recruitment and Retention Premia (RRP) is an additional payment to the basic pay of an individual post or specific group of posts.
- 6.2 Recruitment and Retention Premia may be paid in circumstances “where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in sufficient numbers for the posts concerned at the normal salary for a job of that weight”.
- 6.3 Recruitment and Retention Premia is a supplementary payment over and above the basic pay that the post holder receives by virtue of their position on their pay band, any high cost area supplements, or any payments for unsocial hours or on-call cover.
- 6.4 Recruitment and Retention Premia will apply to posts rather than to employees. Where an employee moves to a different post that does not attract a recruitment and retention premium, either within the same organisation or elsewhere in the NHS, their entitlement to any previous recruitment and retention premium will cease and pay protection will not apply.

Short Term Premia

- 6.5 Short-term Recruitment and Retention Premia will apply where the labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future. Short term premia will normally be applied for a period of no longer than two years. If it is expected that the premia payment will continue for more

than two years, this should be considered under 'Long Term Premia' (6.7)

6.6 Short-term Recruitment and Retention Premia:

- may be awarded on a one-off basis or for a fixed-term;
- will be regularly reviewed (not less than bi-annually);
- may be withdrawn, or have the value adjusted, subject to a notice period of six months; and
- will not be pensionable, or count for purposes of overtime, unsocial hours payments or any other payments linked to basic pay.

Long Term Premia

6.7 Long-term Recruitment and Retention Premia will apply where the relevant labour market conditions are more deep-rooted and the need for the premium is not expected to vary significantly in the foreseeable future.

6.8 Long-term Recruitment and Retention Premia:

- will be awarded on a long-term basis;
- will be regularly reviewed (not less than annually);
- may be awarded to new staff at a different value to that which applies to existing staff;
- may be withdrawn, or have the value adjusted, subject to a notice period of six months; and
- will be pensionable, and will count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay.

6.9 Both long-term and short-term Recruitment and Retention Premia will be expressed as cash sums and will be separately identifiable from basic pay, any high cost area supplement, and any other component of pay.

6.10 Any locally awarded recruitment and retention premium for a given post shall not normally exceed 30% of basic salary. It will be the responsibility of the Organisation to ensure that any premia awarded locally do not normally result in payments in excess of this amount. In the event that, following review and subject to a 6 month notice period the Recruitment and Retention Premia is withdrawn, pay protection arrangements will not apply.

7 PRINCIPLES

7.1 A recruitment and retention premium may be awarded on either a short-term or long-term basis, determined by principles outlined in the following paragraphs.

7.2 The CCG may use premia in two main ways; either through recruitment; or through a requirement to retain staff; based on the job within a locality or through a market shortage or a specific skill set, both of these may be applied in a long or short term capacity.

- 7.3 Recruitment and retention premia will be considered in cases where it is proven that adjustments to non-pay benefits are unlikely to improve the situation and one or more of the following conditions apply:
- There are documented labour market shortages within a defined geographical area;
 - NHS employers locally have jointly agreed to pay supplements for designated posts and the CCG needs to remain competitive in the recruitment market for equivalent posts;
 - There is a competitive non-NHS labour market where salary survey data indicates that enhancements to Agenda for Change evaluated pay rates would be required to attract and retain staff;
 - Where there is consistent data showing high patterns of turnover, supported by exit interview data, indicating a direct link to dissatisfaction with pay levels.
- 7.4 However, if on the basis of paragraph 7.3 above, it is decided that the vacancy problem can be addressed most effectively only through payment of a recruitment and retention premium, consideration should be given to whether the problem is likely to be resolved in the foreseeable future (in which case any premium should be short-term) or whether it is likely to continue indefinitely (in which case any premium should be long-term).
- 7.5 Before consideration is given to payment of Recruitment and Retention Premia to ensure retention of staff, management will ensure non-pay benefits (e.g. training and development) are sufficiently developed.

8 ROLES / RESPONSIBILITIES / DUTIES

- 8.1 To ensure consistency in the application of payment of Recruitment and Retention Premia across the CCG, the Line Manager should work with the Workforce Manager in applying the appropriate award.
- 8.2 The application for the award of recruitment and retention premia can only be approved at senior manager level.

9 IMPLEMENTATION

- 9.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the website.
- 9.2 Support will be provided to all Line Managers in the implementation and application of this policy.
- 9.3 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCGs disciplinary procedure.

10 TRAINING & AWARENESS

10.1 A copy of the policy will be available on the CCG website and training needs will be identified via the appraisal process and training needs analysis.

11. MONITORING & REVIEW

11.1 The policy and procedure will be reviewed and audited periodically by the YHCS Workforce Team in conjunction with the senior leadership team and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

12 REFERENCES

12.1 This policy should be read in conjunction with the relevant recruitment policies and the NHS terms and conditions of service [handbook](#).

PART 2

1. PROCEDURE

1.1 This section sets out the procedure by which the need for a local recruitment and retention premium will be decided.

1.2 Managers who identify that they have a current or potential serious recruitment and retention difficulty should discuss this with their Workforce Manager with a view to establishing the underlying reasons and finding a solution.

The Manager and YHCS Workforce Team will review:

- the recruitment activity to date, including the advertising that has already taken place (media, style etc.), the quality of the recruitment information pack (job description, person specification, department information etc.) and the response rates;
- whether the difficulty could be addressed through a more flexible approach to working patterns, the use of part-time staff, adjusted roles, service modernisation etc;
- whether an increased supply of candidates could be achieved through the use of an improved non-pay employment package – improved training package, relocation expenses, etc;
- whether the experience is national, local to the CCG only or whether it is also the case in other local relevant employers;
- whether the problems are related to avoidable work-related pressures, working environment, volumes, procedures etc. that require attention; the staff survey may have useful pointers in this regard;
- the reasons for leaving given in recent exit interviews (where available);
- whether the problem is seen as short or long term;
- whether the use of bank, agency or locum staff is an acceptable and more cost effective solution.

1.3 Where appropriate, local staff representatives will be included in these discussions.

1.4 Where the conclusion of these discussions is that it may be appropriate to pay a recruitment and retention premium, the Recruiting Manager should prepare a written report (Appendix 3) setting out the case and including, for example:

- the department's staffing establishment and skill mix;
- the current level of staffing and skill mix;
- relevant performance data – targets, achievements etc;
- evidence of the difficulties in recruiting/retaining staff within the band(s) that are the concern;
- details of the recent recruitment activity for the vacancies;
- evidence that non-pay solutions have been tried and have proven unsuccessful;
- the proposed level of payment and the band(s) that this would apply to: this may be set at different rates for pay points within the same band;
- whether a long term or short term premium is proposed;

- the number of staff involved;
- the cost of the proposal and the additional costs currently being incurred in supporting the service;
- evidence that the proposed payment has a basis in terms of pay rates elsewhere in the NHS (for professional roles) or locally (for non-clinical roles);
- How and to what extent the proposed premium will address any current performance deficit i.e. what impact it will have on service delivery.

In other cases, such as the planned closure of a service or a significant service growth in a hard to recruit to service, the Manager may wish to anticipate any expected recruitment and retention difficulties. In this case the situation should be discussed with the Senior Manager/Head of Service and Workforce Manager as above and an appropriate action plan developed.

- 1.5 The agreed report should then be submitted to the remuneration committee for consideration.

Equality Impact Assessment:

Recruitment and Retention Premia Policy

Equality Impact Assessment:

Equality Impact Analysis:	
Policy / Project / Function:	Recruitment and Retention Premia Policy
Date of Analysis:	December 2014
This Equality Impact Analysis was completed by: (Name and Department)	Christine Brown - Workforce Service
What are the aims and intended effects of this policy, project or function ?	The aim of the Recruitment and Retention Premia Policy is to ensure that the Organisation remunerates all of its employees at a level at which recruitment and retention difficulties will not be encountered. This policy should be read in conjunction with the NHS terms and conditions of service handbook
Please list any other policies that are related to or referred to as part of this analysis	Recruitment Policy Disciplinary Procedure
Who does the policy, project or function affect ? Please Tick <input checked="" type="checkbox"/>	Employees <input checked="" type="checkbox"/> Service Users Members of the Public Other (List Below)

Equality Impact Analysis:

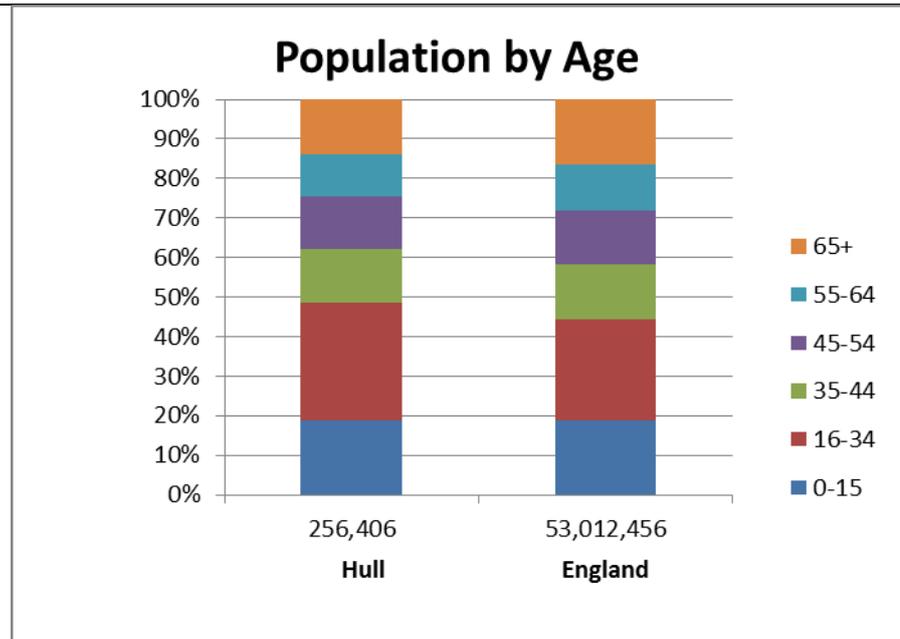
Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit (Employee data as at Oct 14)

General

There are 57 GP practices in the Hull area which spans 7,154 hectares and, as a city, has relatively tight geographical boundaries with most of the 'leafy suburb' areas outside Hull's boundaries in East Riding of Yorkshire. As a result, Hull has a relatively high deprivation score, as measured by the Index of Multiple Deprivation 2010, with Hull ranked as the 10th most deprived local authority out of 326 (bottom 4%).

The resident population of Hull is 256,406 based on the 2011 Census data and 265,369 residents based on estimates from the local GP registration file as at October 2011. This equates to approximately 37 residents per hectare. The Joint Strategic Needs Assessment (JSNA) identifies considerable inequalities in health between Hull and England, and between populations within Hull.

Age



Compared to England, Hull has lower percentages of residents aged 10-19 years and 55+ years, but slightly higher percentages aged under 5, 20-34 years and 45-54 years. There is a relatively large difference between Hull and England for the age group 20-34 years, due to Hull's colleges and Universities.

There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010. The number of deaths occurring to Hull residents has decreased from 2,571 to 2,310 between 2001 and 2010. ONS estimated the resident population to be 243,596 in 2001 compared to 260,424 residents based on the GP registration file, with the difference between these estimates narrowing over time. So, whilst it is difficult to quantify the exact increase in Hull's population, it has increased over recent years.

	<p>Between 2010 and 2030, ONS estimate that Hull's population will increase from 266,100 to 311,900 residents, an increase of 17%.</p> <p>The figure above shows the population of Hull (2011 Census Data).</p>																
Race	<p>The percentage of the population from Black and Minority Ethnic (BME) groups has increased substantially since 2001. For the 2001 Census, it was estimated that 3.3% of Hull's population was not White British or White Irish, whereas Census data shows that this figure increased to 10.2% for 2011. There is no single BME group in Hull with much higher percentages compared to other groups. The 2011 census data shows:</p> <p>White British - 89.7% White Other - 4.4% Mixed - 1.3% Asian - 2.5% Black - 1.2% Other - 0.8%</p>																
Sex	<p>The gender split in Hull is approximately 50.1% men and 49.9% women. For 2008-2010, life expectancy in Hull was 75.7 years for men and 80.2 years for women compared to 78.6 years and 82.6 years for men and women respectively in England.</p>																
Gender reassignment	<p>No local information provided.</p>																
Disability	<p>According to the 2011 Census, it is estimated that approximately 19.7% of the Hull population lives with a long term health problem or disability compared with 17.6% for England. This information can be broken down further (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information) to include learning disabilities, physical disabilities, hearing impairments and visual impairments, as follows:</p> <table border="1"> <thead> <tr> <th>2012 Estimates</th> <th>Hull</th> </tr> </thead> <tbody> <tr> <td>Learning Disability (Age 18 – 64)</td> <td>4,078</td> </tr> <tr> <td>Learning Disability (Age 65 and over)</td> <td>762</td> </tr> <tr> <td>Physical Disability – Moderate (Age 18 – 64)</td> <td>12,222</td> </tr> <tr> <td>Physical Disability – Serious (Age 18 – 64)</td> <td>3,491</td> </tr> <tr> <td>Visual Impairment (Age 18 – 64)</td> <td>108</td> </tr> <tr> <td>Visual Impairment (Age 65 and over)</td> <td>3,263</td> </tr> <tr> <td>Hearing Impairment – Moderate or Severe (Age 18 – 64)</td> <td>5,765</td> </tr> </tbody> </table>	2012 Estimates	Hull	Learning Disability (Age 18 – 64)	4,078	Learning Disability (Age 65 and over)	762	Physical Disability – Moderate (Age 18 – 64)	12,222	Physical Disability – Serious (Age 18 – 64)	3,491	Visual Impairment (Age 18 – 64)	108	Visual Impairment (Age 65 and over)	3,263	Hearing Impairment – Moderate or Severe (Age 18 – 64)	5,765
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	Hearing Impairment – Moderate or Severe (Age 65 and over)	15,707																				
	Hearing Impairment – Profound (Age 18 – 64)	49																				
	Hearing Impairment – Profound (Age 65 and over)	402																				
Sexual Orientation	There are no local statistics for how many Lesbian, Gay or Bisexual (LGB) people live within Hull however, nationally, the Government estimates that 5% of the population are lesbian, gay, bi and transgender communities.																					
Religion, faith and belief	According to the 2011 Census, 54.9% of the population have identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder of the population did not state anything (7.2%) or stated 'no religion' (34.8%).																					
	<table border="1"> <thead> <tr> <th>Religion</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>54.9%</td> </tr> <tr> <td>Buddhist</td> <td>0.3%</td> </tr> <tr> <td>Hindu</td> <td>0.2%</td> </tr> <tr> <td>Jewish</td> <td>0.1%</td> </tr> <tr> <td>Muslim</td> <td>2.1%</td> </tr> <tr> <td>Sikh</td> <td>0.1%</td> </tr> <tr> <td>Other Religion</td> <td>0.3%</td> </tr> <tr> <td>No Religion</td> <td>34.8%</td> </tr> <tr> <td>Religion Not Stated</td> <td>7.2%</td> </tr> </tbody> </table>		Religion	2011	Christian	54.9%	Buddhist	0.3%	Hindu	0.2%	Jewish	0.1%	Muslim	2.1%	Sikh	0.1%	Other Religion	0.3%	No Religion	34.8%	Religion Not Stated	7.2%
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Christian	54.9%																					
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Other Religion	0.3%																					
No Religion	34.8%																					
Religion Not Stated	7.2%																					
Marriage and civil partnership	This protected characteristic generally only applies in the workplace. Data from the Office of National Statistics covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during this three-year period – 52% men and 48% women.																					
Pregnancy and maternity	There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010.																					

Equality Impact Analysis:

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Application success rates <i>Equality Groups</i></p> <p>2: Complaints by <i>Equality Groups</i></p> <p>3: Service usage and withdrawal of services by <i>Equality Groups</i></p> <p>4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p>	<p>Yes employee data has been used to support the monitoring of the impact of this policy in the future. The employee data is not included due to the low number of CCG employees and concern around anonymity</p> <p style="text-align: center;">No </p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Consultation has taken place both locally and nationally with Trade Unions and staff</p> <ul style="list-style-type: none"> • SLT • CCG Employees • JTUPF Sub group • JTUPF • Governing Body (approval)
<p>Promoting Inclusivity</p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>The aim of the Recruitment and Retention Premia Policy is to ensure that the Organisation remunerates all of its employees at a level at which recruitment and retention difficulties will not be encountered. This Policy also takes full account of the arrangements defined under the NHS Terms and Conditions of Service. This should promote fairness and consistency</p>

Equality Impact Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	✓			This has been considered and has a neutral impact. The policy applies equally to all staff. There is a potential with applicants where there is a recognised recruitment and retention issue
Race (All Racial Groups)			✓	As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. However this potential impact is minimised due to the development of the 'portal' facilities detailed in the action plan.
Disability (Mental and Physical)	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.
Religion or Belief	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.
Pregnancy and Maternity	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.

Transgender	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.
Marital Status	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.
Age	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.

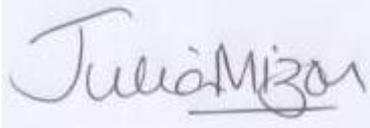
Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs Communication Team is developing the 'portal' to signpost individuals to alternative formats.	CCG Communications	Oct 2014	Next policy review

Equality Impact Findings:	
Analysis Rating:	Green
Red – Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.
Red Amber – Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
Amber – Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.
Green – No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

Brief Summary/Further comments	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.
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Signatures	
Other Comments	
Confirmed by (manager): (Name and Title)	 Julia Mizon Director of Commissioning and Partnerships
Date:	19 March 2015

BUSINESS CASE FOR RECRUITMENT AND RETENTION PREMIA

Supporting Evidence

Post Title:	
Directorate:	
Post Pay Band:	
Number of Posts:	

Is this application for problems with: (Please Tick)		
Recruitment <input type="checkbox"/>	Retention <input type="checkbox"/>	Both <input type="checkbox"/>
Are you applying for:		
Short Term RRP <input type="checkbox"/>	Long Term RRP <input type="checkbox"/>	
Proposed Effective Date:	Proposed Duration:	
Is there any other RRP currently applied?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES, please give further details:		
Summary of identified difficulties to recruit or retain:		

Evidence of previous attempts to recruit or retain. In this section you should include information such as: exit interview results; response to adverts; turnover rates for post(s); National Shortages; Availability of Locum/Agency Equivalents; External (non-NHS) Rates of Pay, etc.

If you are providing information about external rates of pay for similar posts, please attach recent adverts

Suggested value of RRP based upon above information (per full-time post):	£..... per annum
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Please summarise any other action that has been taken/considered to overcome recruitment or retention issues. This should include: flexible working; additional training; changes to roles and recruitment initiatives.

Who else could be affected by this application? For example, are there any implications for posts that attract external sources of funding?

Please detail below how the total cost of the proposed RRP and any cost saving that could be achieved through the application of RRP (i.e. reduction in agency costs)

Suggested RRP VALUE	X	Number of EMPLOYEES	=	Total COST OF RRP
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Current Cost of Cover (per person):

Where will the RRP be funded from? (e.g. Existing/Additional Funding)

Expected benefits of applying RRP

Proposed by:

Signed:

Date:

Remuneration Committee Approval Date: