Reference Number: UHB 213 **Version Number:** Refer to the substantive protocol; unchanged following review.	**Date of Next Review:** 30.09.27 **Publication:** Issue date December 2020; separate publication date not stated.

Recruitment and Retention Payment (RRP) Protocol

Policy Statement

Refer to the Recruitment and Retention Payment (RRP) Protocol for its purpose and requirements.

Policy Commitment

The Health Board will apply the arrangements set out in the substantive protocol. Refer to the protocol for full details.

Supporting Procedures and Written Control Documents

Refer to the substantive protocol for supporting procedures, forms and guidance.

Other supporting documents: Refer to the substantive protocol.

Scope

Refer to the substantive protocol for scope and eligibility.

Equality & Health Impact Assessment (EHIA)	
Part 1 - Equality Impact Assessment (EQIA)	Refer to the substantive protocol and its supporting equality assessment documentation.
Part 2 - Health Impact Assessment (HIA)	Refer to the substantive protocol and any supporting health impact assessment documentation.
Policy Approved by	People and Culture Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group (EPSG). Reviewed on 30.09.26; no changes required. Protocol and existing publication date carried forward. Next review: 30.09.27.
Accountable Executive or Clinical Board Director	Executive Director of People and Culture
Author	Refer to the substantive protocol.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
Refer to protocol	Not stated	December 2020 (issue date)	Original protocol issued December 2020. Existing issue date carried forward.
Unchanged	30.09.26 (EPSG review)	December 2020 (issue date retained)	Reviewed by the Employment Policy Sub Group (EPSG) on 30.09.26. No changes required. Existing protocol and publication date carried forward. Next review: 30.09.27.

"NHS Organisation"

Recruitment & Retention Payment Protocol

Approved by: **Welsh Partnership Forum**

Issue Date: **December 2020**

Review Date: **December 2023**

C O N T E N T S

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2. Purpose of this Protocol

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Appendix A – Outline Business Case for a Recruitment & Retention Payment (RRP)

1. Introduction

1.1 The NHS pay system is predicated on the basis that employees will receive equal pay for work of equal value. However, it is accepted that market forces will apply to some jobs and some geographical areas. These market forces can be addressed by the payment of a local Recruitment & Retention Payment (RRP).

1.2 The principles and rules in respect of the payment of a RRP are laid down in section 5 and annex 10 of the NHS Terms & Conditions of Service Handbook.

1.3 Where organisations wish to introduce an RRP, the implementation of this protocol must be undertaken in partnership.

2. Purpose of this Protocol

The aim of the protocol is to provide information, advice and guidance on the process for determining an RRP and the process for consulting on the proposed RRP prior to implementation.

3. Scope

The policy is applicable to NHS Terms and Conditions of Service (AfC) posts where market pressures would otherwise prevent the Organisation from being able to recruit and retain staff in sufficient numbers (for the posts concerned) at the normal salary for the job.

4. Definitions / Glossary

Recruitment and Retention Payment (RRP) – are additions to the pay of a post or group of similar posts where market pressures would otherwise prevent the employer from being able to recruit or retain staff in sufficient numbers at the normal salary for jobs of that weight.

Short-term RRP – 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.

Long-term RRP – 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.

5. Standards and Practice

5.1 Types of recruitment and Retention Payment

There are two types of Recruitment and Retention Payment (RRP) currently available for consideration. They include locally agreed long-term RRP and locally agreed short-term RRP. Employers should decide in partnership with local staff representatives whether the problem is likely to be resolved in the foreseeable future (in which case any premiums should be short term) or

whether it is likely to continue indefinitely (in which case any premium should be long term).

All National RRPs ceased on 1 April 2013.

5.2 Determining the need for Local RRP

5.2.1 The case for payment of an RRP must be robust enough to resist the challenge of an Equal Pay / Equal Value claim, i.e. that the payment is made as a consequence of a material factor which, if applicable, can be objectively justified. Thus as a general principle, NHS Organisations should demonstrate that they have exhausted all practical non-pay measures to resolve a recruitment and/or retention problem before considering payment of an RRP **and** that the payment of a RRP is likely to resolve the issue.

5.2.2 The main factors that will indicate a *prima-facie* case for consideration of a RRP are a consistent failure to recruit to a specific post(s) and/or a high level of staff turnover in a specific post(s). Thus in determining whether an RRP is appropriate, the following evidence should be gathered at departmental level in consultation with other appropriate departments e.g. finance, planning for inclusion in the outline business case (and in line with Annex 10 of the NHS Terms and Conditions of Service Handbook):

- evidence that all the new vacancies have been advertised in relevant local, regional, national and/or professional media
- evidence that recent adverts have produced insufficient suitable applications to fill all vacancies
- where recent adverts have produced insufficient suitable applications, the following information should be ascertained:
    - the media used
    - number of application packs requested
    - number of applications returned
    - reasons why those who applied were not suitable
    - the quality of recruitment documentation (advert, job description, person specification etc) should be scrutinised
    - consideration should be given to surveying people who requested application packages but did not submit for applications
    - where an applicant(s) was offered a position but rejected the offer, the reasons for not accepting the position
    - relevant national vacancy data
    - local labour market information
    - any expected increase in the supply of staff suitable for the post (e.g. new trainees).
- length of vacancy
- the turnover rates for the staff group concerned (has turnover risen sharply recently after a long period of stability? Is it only recently appointed staff who leave etc?)
- where possible, local turnover rates should be compared with national rates

- leaver questionnaires should be analysed and ideally exit interviews should be held to assess how far pay is a factor in an employee's decision to leave the organisation
- the position of neighbouring Organisations in relation to recruitment and/or retention of the staff group concerned (where neighbouring organisations employ the staff group concerned only)
- external non NHS rates of pay

NOTE: Some evidence should be provided against all the key bullet points above or, if it is not possible to provide evidence, an explanation as to why the evidence cannot be provided should be documented (e.g. it is not possible to detail turnover rates because it is a newly developed post or role etc.).

5.2.3 The department seeking payment of an RRP will complete Sections 1 – 6 of the attached Outline Business Case for a Recruitment and Retention Payment pro-forma (appendix A), which outlines the case and evidence base for the RRP. The pro-forma will be submitted to the Director of Workforce & OD.

5.2.4 The organisation's Workforce & OD Department will establish a panel comprising a balance of Management (Senior Manager(s) together with a representative from Workforce & OD) and TU Representatives (from trades union not involved in the application). It is recommended that the minimum panel should consist of two management and two trade union representatives who should be sourced from within the organisation but who have no connection with the managerial area or trade union representing the staff group submitting the application.

5.2.5 The panel should meet to review the evidence gathered and, if it deems it appropriate, may ask representatives from the management area/staff group concerned to attend a meeting with the panel so that clarification regarding the detail of the application can be sought.

5.2.6 The panel will need to determine whether an RRP is appropriate and if so the type of RRP needed (short or long term) together with the level of any such RRP (refer to section 5 of the AFC Terms and Conditions of Service Handbook). The first test will always be, from the evidence gathered, can the recruitment and/or retention problem be resolved by the application of non-pay measures? It may be necessary for potential non-pay solutions to be applied and the impact of these analysed before making a final determination on the application of an RRP.

5.3 Consultation Process

5.3.1 Once an NHS Organisation has decided that a recruitment and/or retention problem can best be resolved through payment of an RRP, there is a requirement to consult with neighbouring employers, staff side organisations, and other stakeholders before implementing any premium. This section aims to provide a consistent method and timescale for conducting this consultation.

5.3.2 The NHS Organisation seeking payment of an RRP will amend and complete the Outline Business Case Pro-forma, with the exception of Section 7, and in particular should ensure that other stakeholders are clearly identified in Section 6.

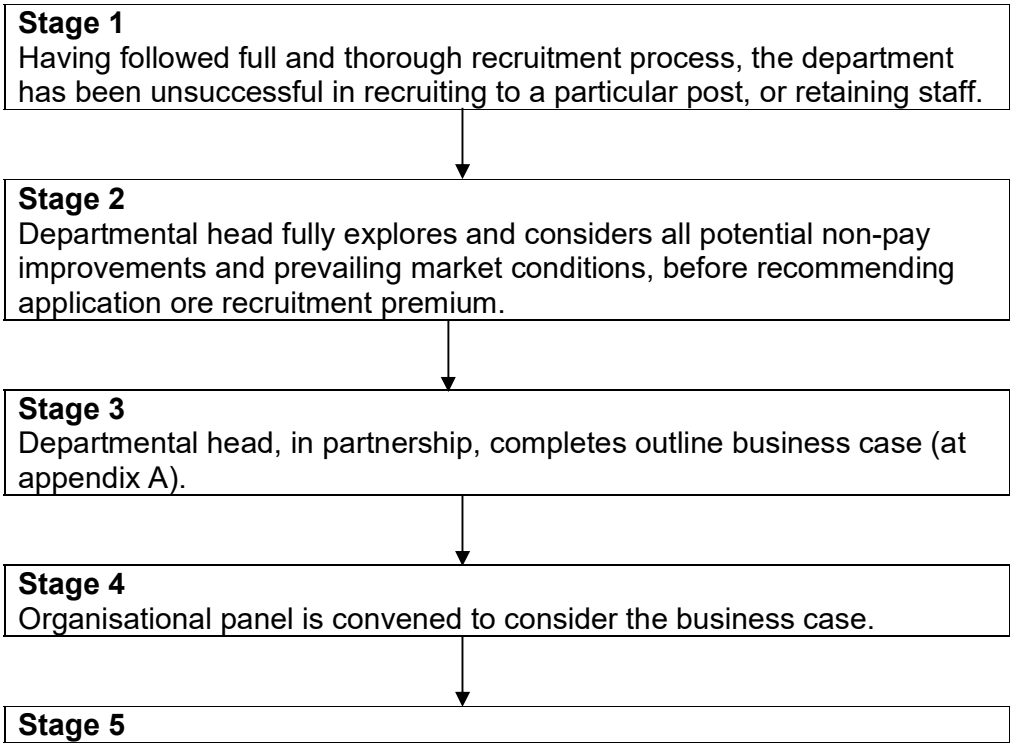
5.3.3 NHS organisations will submit the completed pro-forma to NHS Wales Employers (NWE). NWE will then simultaneously circulate the completed pro-forma to the Joint Chairs the Local Partnership Fora of the neighbouring organisations, and any other stakeholders identified in Section 6 of the outline business case.

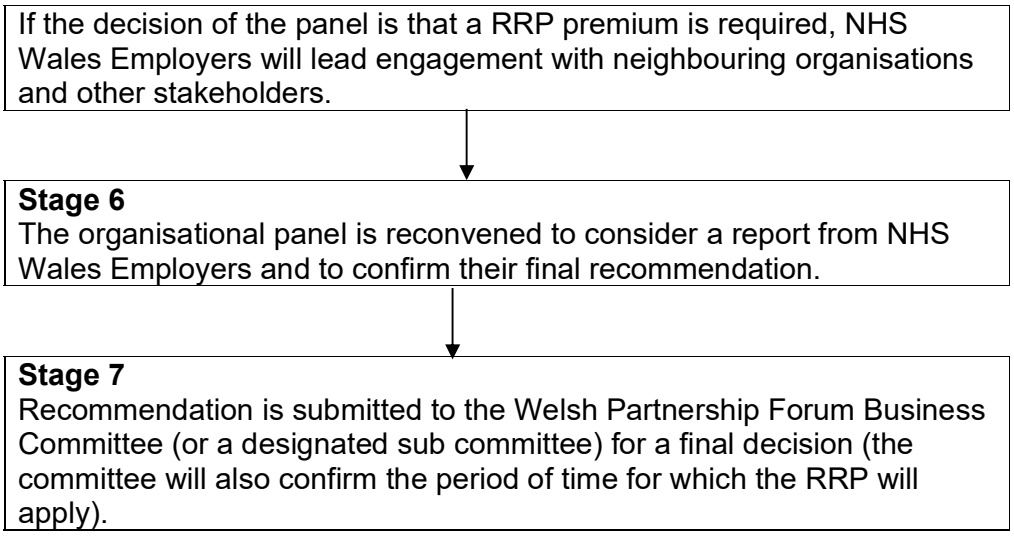
5.3.4 Once circulated the organisations/individuals will have 21 days in which to respond with comments to NHS Wales Employers.

5.3.5 At the end of the consultation period, the panel constituted by the NHS Organisation to consider the RRP will be re-convened to review the RRP in light of the comments received. A written report will be presented by NWE in order that Section 7 of the pro forma can be completed. If any changes are made to the proposed RRP as a result of these comments, NWE will inform those involved in the consultation process of the final recommendation.

5.3.6 NHS Wales Employers will receive the final recommendation (with supporting evidence) and submit this to Welsh Partnership Forum Business Committee (or a designated sub committee) for a final decision (the committee will also confirm the period of time for which the RRP will apply).

The above activities are summarised in the process pathway below:





5.3.7 Any extensions to the length of time for which a RRP will apply will also need to be agreed by the Welsh Partnership Forum Business Committee (or a designated subcommittee). A review process will be initiated 12 months before the expiry date of the RRP. The RRP will cease once expired unless re-submitted to the committee for an extension.

6. Monitoring

The NHS Organisation should monitor the awarding of any new RRPs to ensure compliance with the Equality Act 2010 by avoiding direct or indirect discrimination in respect of a protected characteristic as specified in that Act, in particular gender, and by meeting the public sector equality duty'.

Appendix A – Proposal for a Recruitment and Retention Payment (RRP)

NHS Wales
Outline business case for a recruitment and retention payment (RRP)

Ref:_____ Date:_____

Section 1
NHS organisation _____ Department _____ Contact_____ RRP Application being considered for the following staff group: Post(s) affected:_____ Pay Band: _____ Number of posts: _____
Section 2
RRP Proposed: tick as appropriate ☐ New RRP ☐ Review of existing RRP ☐ Short Term RRP – Length of time: _____ ☐ Long Term RRP – Length of time: _____ Proposed value: _____ Is this due to: ☐ Difficulties in recruiting staff ☐ Difficulties in retaining staff ☐ Both

Section 3 (Please provide documented evidence)
Statement of need and evidence – factors to include: results of exit interviews, response to adverts, information on market rates, turnover, external non NHS rates of pay, etc.

Section 4 (Please provide documented evidence)
Summary of other measures (and outcomes) already considered/carried out – e.g. flexible working, training, and recruitment initiatives.

Section 5 (Please provide documented evidence)
Expected measurable benefits
Section 6 (Please provide documented evidence)
Health economy implications – who else could be affected by this application and what stakeholders should be consulted over this application?

Section 7

Comments from the wider health economy (to be completed following engagement)

Section 8 (Please provide documented evidence)

Suggested value or RRP (per full time post)	£
Number of employees	
Total cost	£

Section 9

Expected Review Date:_____

Name of proposing manager: _____

Post: _____

Signature: _____ Date: _____

Workforce & OD Director signature: _____

Date: _____

Finance Director signature:_____

Date:_____

Staff Side signature: _____

Date: _____

For Office Use Only:-

Date Business Case Received:_____

Date Circulated and List of Recipients:_____

Comments received by:_____

Date recommendation submitted to WPF Business Committee:_____