**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 | Retention | | Both |
| Are you applying for: | | | |
| Short Term RRP | | Long Term RRP | |
| Proposed Effective Date: | | Proposed Duration: | |
| Is there any other RRP currently applied? | | | |
| Yes | | No | |
| 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 |

|  |
| --- |
| 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 |
| 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: .…………………….…. |