This briefing gives an overview of some of the mechanisms that NHS organisations may wish to use to help recruit and retain health visitors. It mainly focuses on how Recruitment and Retention Premia (RRP) can help provider organisations to recruit and retain health visitors and how existing pension flexibilities can help retain experienced health visitors within the workforce.

It sets out the available options so providers can consider whether they are appropriate for their particular situation and labour market. Although primarily aimed at providers, it may also be useful to NHS England area teams and other organisations with an interest in the health visiting workforce and should be considered in conjunction with other recruitment and retention strategies that providers are putting in place.

Key points
— RRP and existing pension flexibilities can help providers with recruiting and retaining health visitors.
— These options may help providers meet their health visitor workforce growth trajectories.
— Under Agenda for Change, RRP can be used as an addition to the pay of certain posts.
— The NHS Pension Scheme has flexibilities which allow members to approach retirement in different ways – helping staff retention.
How this briefing can help

In 2011 the Department of Health published the [Health Visitor Implementation Plan 2011-15 – A Call to Action](#). Within the plan the coalition Government made a commitment to add an extra 4,200 health visitors to the workforce by 2015. We are now in the final year of [A Call to Action](#) and provider organisations are working hard, alongside training providers and health visitors themselves, to meet their workforce growth trajectories.

RRP and flexibilities within the NHS Pension Scheme may be particularly useful in helping to meet workforce trajectories by encouraging:

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— health visitors in training to take up substantive posts with providers upon qualification
— health visitors currently working through employment agencies to take up substantive posts with providers
— health visitors who have left the profession to return to practice
— health visitors who may be considering retiring to remain in the workforce
— qualified health visitors to move back in to practice from management and other roles.

The use of Recruitment and Retention Premia (RRP)

RRP is an addition to the pay of an individual post or specific group of posts, where labour market pressures make it difficult for employers to recruit and retain staff in sufficient numbers at the normal salary rate. Within the Agenda for Change framework there is the mechanism to award local RRP to staff and this should not normally exceed 30 per cent of basic salary. For example this would mean a Band 6 health visitor role at £25,783 would equate to £33,518 if a 30 per cent RRP was applied.

RRP needs to be objectively justified, but providers may find it useful in attracting health visitors to come and work for their organisation as it adds a further element to the total employment package that the trust can offer health visitors. When combined with other factors such as good staff engagement, valuing staff health and wellbeing and other tangible and intangible employment benefits, RRP may be effective in encouraging people to join the workforce who otherwise may not have done. If applied to existing health visitors, and not just new recruits, it may also contribute towards retaining existing health visitors within the provider’s workforce.

RRP may be particularly useful where:

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— NHS providers are keen to attract health visitors back to the profession and a pay supplement may help them to make this decision
— health visitors are employed through employment agencies rather than substantively with the NHS provider and a pay supplement may make working for the provider more attractive
— staff are considering leaving the organisation and a pay supplement may encourage them to stay within the workforce (in the case of long-term RRP this would be pensionable).

Where providers are competing locally with each other for the supply of health visitors, then RRP may not be effective. In this situation, the use of RRP has the potential to increase the cost of employment within the local health economy, and destabilise services, as health visitors can be attracted to a provider which has introduced a RRP. Providers therefore need to consider the circumstances under which they introduce RRP and how they can work with other local providers to avoid wasteful competition.

RRP may be awarded locally by providers or nationally on the recommendation of the NHS Pay Review Body (NHSPRB). There is currently no recommendation for a national RRP for health visitors so any RRP would need to be awarded locally by providers.

Providers, working in partnership with trade unions, are required to follow the nationally agreed guidance when deciding on the award of a RRP.
“Information should be gathered about pay and conditions offered by other employers in the area.”

RRP can be:
- applied in the short-term where the labour market conditions giving rise to the recruitment and retention problems are expected to disappear or reduce in the foreseeable future
- long-term 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.

Both long-term and short-term RRP are separate from basic pay, any high cost area supplement or any other component of pay.

Section 5 and Annex J of the NHS terms and conditions of service handbook set out in detail the rules around RRP and how it should be implemented by providers in order to ensure consistency of application. Providers should consult the handbook before deciding to implement a RRP.

Local RRP – key points for providers to consider

The NHS Staff Council has produced a list of top tips that providers, in collaboration with local staff side, should consider before deciding to implement a local RRP. These should be considered alongside the terms and conditions of the service handbook.

The top tips were not written specifically for the health visiting workforce but are applicable to health visitors as well as all other Agenda for Change staff groups. The top tips are summarised here:

1 Consider the types of posts that you have difficulty recruiting to

Local RRP may be useful for providers where the difficulties in recruiting to posts are particularly influenced by local labour market pressures. Local RRP may enable the NHS to better compete with employers outside of the NHS when individuals get better levels of pay outside the NHS.

The use of local RRP will not be particularly effective where there is a shortage in supply of a particular profession of skill.

It is important to understand what the future supply of health visitors will be prior to awarding the RRP. This will help to inform whether the RRP should be awarded on a short-term or long-term basis.

2 Know your local labour market

Local providers are in the best position to understand the labour market that they operate within. This will include things such as whether there are local skills shortages, any existing external competition and what other employers are paying for comparable jobs.

Information should be gathered about pay and conditions offered by other employers in the area and who is advertising similar posts. This may include speaking to other NHS organisations and accessing any other labour market intelligence that might be available in order to help inform their decision about implementing a RRP.

3 Advertise all new vacancies with NHS Jobs

Providers should consider how they are going to advertise vacancies. NHS Jobs has a large reach as a recruitment website and attracts applications from a wide geographical area. Within several regions there is a facility that enables newly-qualified healthcare professionals to post their profiles in a newly-qualified healthcare professional pool. These pools are only available to employers within the specific regions that are operating them. This facility allows recruiting organisations to be aware of the pool of newly-qualified professionals that are seeking work within the NHS and advertise any vacancies to them.

Clinical leads and service managers within health visiting services may want to discuss with their recruitment colleagues how to make the most of this functionality, and also of other tools within NHS Jobs such as the ability to advertise events such as recruitment fairs that are being held for health visitors.

Providers may also want to consider how they draft their job adverts including emphasising that they welcome applications from newly-qualified health visitors. NHS Employers has produced guidance on drafting job adverts for health visitors that providers may find helpful.

4 Consider why recruitment is difficult

In considering whether to introduce a RRP, providers may want to look at why recruitment is difficult by examining issues including:
- the number and quality of the applications that were received
— checking the relevant national vacancy data to see whether this is a national or local problem
— the extent to which the level of pay is the problem in recruiting health visitors
— whether there are any non-pay improvements which could be made to the employment package to attract health visitors. These could include things such as development opportunities or non-cash benefits. Providers might also want to consider how they use the total reward of their employment package as a recruitment tool. Total reward will include things such as the value of NHS Pension Scheme and can be a large attraction to potential recruits
— whether there are any planned increases in the supply of staff within the profession that will negate the need for a longer term solution. This will help providers to determine how long they may want to apply the RRP for.

5 Consider retention difficulties
Providers may also want to give consideration to whether paying a premium to existing staff may help with retention. This would mean that the premium does not just focus solely on attracting new health visitors but also on retaining existing ones. Before doing this providers may want to consider:
— is there evidence from exit interviews or other sources as to why people are leaving?
— is there evidence to indicate that pay is a major factor or can retention problems be addressed by other measures?

In the context of health visiting, paying a RRP to retain staff may be particularly helpful to providers in retaining experienced health visitors who may be nearing retirement.

Providers may also want to consider the potential implications on the workforce of only paying the premia to certain health visitors [i.e. new recruits] and not to all. A two-tier workforce could have a negative impact on staff morale and providers may want to think carefully about the potential consequences, particularly the legal implications of targeting certain staff groups at the expense of others (for instance, only focusing on those nearing retirement).

6 Work in partnership with local trade unions representatives
It is important for providers to discuss how to address local recruitment and retention problems with their local staff side representatives. If it is decided that a pay supplement will help with either recruitment or retention, then the provider (as the employer) should consult with local staff side representatives about the appropriate level of the pay supplement. The maximum that could be paid should not normally exceed 30 per cent of basic salary. At this point a decision should also be made about the length of the RRP and what the agreed process for review will be.

7 Consult with local NHS organisations
If it is decided to introduce a local RRP then providers may want to talk to other local NHS employers, trade unions and other stakeholders before the implementation and review of the premia. As highlighted previously, this is to avoid wasteful competition between neighbouring NHS organisations and to take a collaborative and consultative approach to the payment of local RRP.

8 Remember equal pay considerations
In order to be consistent with equal pay for equal value it is essential that any decision to award a local RRP needs to be objectively justified. This means that local employers need evidence to support the case that paying a premium at the agreed level is necessary to address local recruitment and retention problems.

It is essential that organisations ensure that a consistent policy for the payment and review of RRP is agreed and adhered to across the organisation, and that all related policy has been subjected to the appropriate equality impact assessment. It is imperative that all records of such payments and the evidence to formally approve them are held centrally.

9 Review annually
Once RRP have been awarded (whether they are short term or long term) then they should be reviewed annually to ensure they still continue to be needed. This should be done in partnership with the relevant service leads/managers and trade union representatives.

“...any decision to award a local RRP needs to be objectively justified.”
In order to support the review, the provider should put in place a formal monitoring process that will ascertain:

- whether the RRP has helped the provider to improve its recruitment and retention
- the likely impact on recruitment and retention of reducing or removing the RRP
- any changes in local labour market circumstances such as supply and demand
- the impact of any service redesign or skill mix review.

10 Change or adjust when recruitment or retention premia is no longer applicable

If local labour market conditions change or where an individual moves to a different post that does not attract a RRP, their entitlement to the additional payment should end. Short-term premia should be reduced or withdrawn as soon as possible consistent with the protection period in Section 5 of the NHS terms and conditions of service handbook. Long-term premia should be adjusted or withdrawn for anyone offered a qualifying post after the decision to withdraw or reduce the premium has been made.

RRP in action – East London NHS Foundation Trust

As part of Health Visitor Implementation Plan 2011-15 – A Call to Action, East London NHS Foundation Trust (ELFT) was set a health visitor recruitment trajectory that represented a significant increase in the number of trained health visitors. ELFT developed a recruitment and retention strategy that addressed a number of issues including staff satisfaction, staff wellbeing and staff development. However, a key element of the strategy was the use of RRP to both attract new health visitors and help retain existing ones.

Initially the organisation offered a one-off payment of £1,000 to new health visitor recruits with a further £1,000 paid after one year of employment. This initially had a positive effect on local recruitment and retention. However, one of the issues faced by the trust was the pay difference between inner and outer London weighting. The two ‘one-off’ payments of £1,000 could not match the monetary difference between inner and outer London weighting on a recurring basis.

The introduction of a RRP was done in conjunction with the agreement of an enhanced bank rate that was designed to help attract health visitors to work for the internal staff bank rather than through an employment agency. At the same time RRP was used to supplement the pay of substantive health visitors in order to match the pay of colleagues employed by inner London trusts.

As the number of health visitors in the trust began to increase, the bank rate was reduced and the health visitors were encouraged to join substantive employment with the trust where the salary was enhanced by the RRP. Although the trust is continuing to work towards its recruitment trajectory, these actions have, as part of an overall strategy, bolstered local recruitment and retention and the trust no longer employs agency staff on a regular and continuous basis.
Recruitment – other tools available

In addition to RRP, providers may have other tools and resources available to help recruit health visitors. For example, the organisational policy on relocation expenses is something that is agreed locally and might be a useful tool to help recruitment. It may be helpful for service managers and colleagues from human resources to explore what else the organisation might be able to offer to aid recruitment and how that can be advertised to potential recruits.

Banding of health visitor posts

RRP can be used as a pay supplement to encourage the recruitment and retention of health visitors but it does not affect the Agenda for Change pay band that the role sits within. All health visitor roles should be subject to job evaluation, which is a key part of the Agenda for Change pay system that covers over one million NHS staff.

Job Evaluation enables jobs to be matched to national job profiles, or allows trusts to evaluate jobs locally, to determine in which Agenda for Change pay band a post should sit. It is the key underpinning element of Agenda for Change that helps NHS organisations protect themselves against equal pay challenges and providers should ensure that all health visitor roles have been through this process so they are in the correct pay band.

For further information on Job Evaluation, please see the NHS Employers website.

Retention of health visitors

This section focuses on pension flexibilities and how they can be used to help retain staff within the workforce. However, pension flexibilities are only one element of a retention strategy (of which RRP may be a part) that organisations may consider putting in place.

There are many factors that influence the decisions of staff as to whether to stay with their employing organisation or to move somewhere else. These can include things such as:

— how the organisation inducts staff and gives them ongoing training opportunities
— the career pathway that the organisation offers to health visitors
— how inclusive the organisation is
— the capability of their line manager
— how the organisation engages with staff and makes them feel involved
— how it looks after the health and wellbeing of staff
— what flexible working opportunities are available
— what the total value of the employment package is

All these factors, along with many others, contribute towards the organisation being a place where people want to work. Providers of health visiting services may want to consider what their current retention strategy is and how it could be improved in order to help retain health visitors and contribute to a sustainable workforce in the medium to long term. The NHS Employers website contains information on the different aspects of a retention strategy that providers may find useful.

— Staff engagement (including the use of NHS staff survey)
— Building a diverse workforce
— Health and wellbeing
— Total Reward
Recruitment and retention of health visitors: The use of Recruitment and Retention Premia and other existing mechanisms

Pension flexibilities and health visitor retention

Since 2011 providers of health visiting services have been implementing the [Health Visitor Implementation Plan 2011-15 – A Call to Action](#) and many newly-qualified health visitors have joined the workforce. Many organisations also have a substantial cohort of health visiting staff approaching retirement who may be considering whether to retire or to stay within the workforce for a longer period.

The NHS Pension Scheme contains a number of flexibilities which allow members to approach retirement in different ways. It is important that providers are aware of these and discuss them with their staff. The flexible options provide an opportunity to support staff while retaining valuable experience within health visiting teams.

The pension scheme offers flexibility regarding:

— the age at which a staff member retires
— the length of time a staff member takes to retire
— the nature and intensity of work in the lead up to final retirement.

The different retirement options available to members of the NHS Pension Scheme are set out here:

— Wind down: as an alternative to retiring, staff can opt to work fewer days or hours in their current post. This option may suit organisations who wish to utilise the skills of existing health visitors while training new staff or introducing new members of staff to the team.

— Step down: staff can step down to a less demanding lower graded [paid] post that still makes use of their skills and experience. This option may be attractive to health visitors who do not want to leave work altogether but would like to give up the pressure and responsibilities of their current role. For example, a health visitor who is in Band 7 and is a practice teacher may want to give up their additional responsibilities and step down to work as a Band 6 health visitor, which would mean their skills are retained by the provider.

— Retire and return to the NHS: under this option the staff member retires, takes all their pension benefits and returns to NHS employment. This could be used by health visitors who have reached the minimum retirement age but want to continue working. Under this option providers are again able to retain their skills within the workforce.

— Draw down [only available to members of the 2008 section of the scheme]: members can opt to take part of their pension benefits while continuing in NHS employment. The options available under draw down could include health visitors retiring and registering for the staff bank, then opting to work on an ‘as and when’ basis.

— Late retirement enhancement [only available to members of the 2008 section of the scheme]: under this option pension benefits are increased by the application of late retirement factors. This means that if a scheme member chooses to retire later than their 65th birthday, then any of their pension earned before age 65 will be increased to take account of the fact that it is being paid later than the normal pension age. Health visitors may find it an attractive option to continue working and enhance their pension while retaining their skills within the workforce.

Ahead of discussing these options with their health visiting teams, providers may find it useful to look at the pensions section of the [NHS Employers website](#), which provides a greater level of detail on the different elements of the current scheme. The website also has a wide range of employer resources to support providers to utilise these options, which include:

— [Short guide to flexible retirement](#)
— [NHS Pension Scheme flexibilities pack for employers](#) (how the NHS Pension Scheme can add value to your reward offer)
New 2015 Pension Scheme

From April 2015 there will be a new NHS pension scheme. At present the scheme is under design but it will offer the following:

— Career Average Revalued Earnings (CARE) scheme
— benefits based on a proportion of pensionable earnings during the employee’s career
— a normal pension age at which benefits can be claimed without reduction for early payment linked to the same age as you are entitled to claim your state pension.

The [NHS Employers website](https://www.nhsemployers.org) has more information on the 2015 scheme that providers (particularly health visiting service managers/clinical leads) may find useful to access so they can have discussions with their health visiting teams about the potential implications for individuals. This is important to ensure that health visitors don’t make decisions about their retirement without understanding what the implications of the new scheme may or may not mean for them.

A series of [frequently asked questions](https://www.nhsemployers.org) has been produced that help to answer some of the queries that health visitors may have about the new scheme. These are applicable to all members of the NHS Pension Scheme and not just health visitors.

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NHS Employers

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We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

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