**Lancashire and South Cumbria**

**System Recovery & ICB Establishment Group**

**Vacancy & Contracts Panel Submission Form**

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| **Submission Summary** | | | | | |
| **Title of the Submission** |  | | | | |
| **Request Author and Contact Details** |  | | | | |
| **Request Approver and Contact Details** |  | | | | |
| **Request Type** |  | | | | |
| **Request Summary** |  | | | | |
| **Quality Impact Assessment Statement** |  | | | | |
| **Request Date** |  | | | | |
| **Quality Impact Assessment Attached** | | | Yes / No |  | |
| **Financial Case Attached** | | | Yes / No |  | |
| **Equality Impact Assessment Attached** | | | Yes / No |  | |
| **Other Supporting Documents Attached** | | | Yes / No |  | |
| **Approval** | | | | | |
| Recruiting Manager / Requesting Manager | |  | | | |
| Executive Lead | |  | | | |
| Finance Lead | |  | | | |
| HR (if required) | |  | | | |
| Internal Trust / ICB authorising body | |  | | | |
| Approval to submit (please tick)  ü | | Yes | | | No |
|  | | |  |

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| 1. **Vacancy Details (if required)** | |
| Vacancy Description |  |
| Clinical / Non-Clinical |  |
| Vacancy Type (for System Recovery and Transformation Vacancy Control Panel only) |  |
| Band |  |
| Vacancy Rationale |  |
| Vacancy Duration (Permanent / Fixed Term / Agency) |  |
| Is the Vacancy within existing budget and/or direct replacement for a Leaver? |  |
| Has the role been job evaluated / job matched? |  |
| What is the cost associated with the vacancy in FY 23/24? |  |
| What is the Full Year Effect cost associated with the vacancy in 24/25? |  |
| Is there a clearly identified funding source for future financial years, and if not, what are the mitigating actions to ensure future financial sustainability of the request being made? |  |
| Are there any EDI implications from not recruiting to this role? If so please detail, including details of the existing diversity profile of the team/service |  |
| Are any productivity metrics for the team? (i.e., Model Hospital/cost per WAU?) |  |
| What alternative resourcing options have been considered? |  |
| Any there any available staffing benchmarks, nationally, regionally, locally? |  |
| Is the role requested within a team that is fully delivering of required levels of CIP? |  |
| What changes can be made to the way the team works / rostering to cover the duties within existing resources |  |
| What are the performance / quality / other impacts of not appointing to the role? |  |
| Is there any opportunity to skill-mix or create development opportunities within the wider team rather than recruit? |  |
| Are there opportunities for sharing resource/mutual aid with other teams/organisations? |  |
| Are there likely to be any service changes that impact on the requirement for this specific role (i.e., shared services/lead provider model)? |  |
| Is the appointment consistent with agreed strategy for developing the team? |  |
| Job Description / Person Specification available? |  |

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| **RT VCP Panel Use Only** | |
| RT VCP Reference Number |  |
| Panel Decision Date |  |
| Panel Conclusion | \*Accept / Reject / Request more Information |
| Rationale for Conclusion |  |
| Further information requested |  |
| Conditions applied |  |
| Other comments, e.g., impact / risk assessment |  |
| RT VCP Panel Member for follow up |  |