**Lancashire and South Cumbria**

**System Recovery & 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)  ✓ | | Yes | | | No |
| ✓ | | |  |
| Please submit this form to [**lscicb-bl.vacancy.controlspanel@nhs.net**](mailto:lscicb-bl.vacancy.controlspanel@nhs.net)  ***Please submit forms by 12pm each Wednesday*** | | | | | |

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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 24/25? |  |
| 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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| 1. **Agency Spend (If relevant)** | |
| Agency Spend Type |  |
| Description |  |
| Band |  |
| Rationale |  |
| Is the proposal within existing budget? |  |
| What is the cost associated with the proposal? |  |
| What alternative resourcing options have been considered? |  |
| 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? |  |
| What changes can be made to the way the team works / rostering to cover the duties within existing resources |  |
| What is the performance / quality / other impacts of not proceeding? |  |
| Is there any opportunity to skill-mix or create development opportunities within the wider team rather than use Agency? |  |
| Are there opportunities for sharing resource/mutual aid with other teams/organisations? |  |
| Job Description / Person Specification available? |  |
| Is the proposed Agency Spend fully compliant with NHSE Agency Rules?[[1]](#footnote-2) |  |
| Is this proposal invoking ‘break glass’ provisions to override NHSE Agency Rules or reporting an after the fact exception to those rules? If so, please explain the rationale for this. |  |

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| 1. **New Procurement (If relevant)** | |
| Description |  |
| 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? |  |
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| 1. **Contract Renewal (If relevant)** | |
| Description |  |
| 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? |  |
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| 1. **Consultancy Spend (If relevant)** | |
| New Business Case or Extension |  |
| Contract Duration |  |
| Contract value (£) to include expenses and irrecoverable VAT |  |
| Does this relate to an ICS Project? |  |
| Summary of the need for consultancy |  |
| 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? |  |
| Statement of outcomes / benefits associated with the proposed spend |  |
| Consequence of not proceeding with the proposed spend |  |
| What procurement method has been used? |  |
| Provide evidence of value for money |  |
| What is the source of funding, and is this funding within existing financial plans? |  |
| Please provide the full NHS Consultancy Expenditure Business Case Approval Form for lifetime contracts in excess of £50,000 |  |

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| 1. **Other Investment (If relevant)** | |
| What is the nature of the investment? |  |
| Does this relate to an ICS Project? |  |
| 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? |  |

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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 |  |

1. NHS England Agency Rules Changes for 2023-2024, April 2023 [↑](#footnote-ref-2)