**Interim very senior manager remuneration approval form for a turnaround director**

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| **For trust completion** | |
| **Trust name** |  |
| **Position** |  |
| **Date submitted** |  |

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| **Additional documents required for evaluation** (please tick 🗸to confirm the documents have been included ) | |
| **Substantive job description** |  |
| **Person specification** |  |

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| Please provide details from when the role was advertised on NHS Jobs  (Provide details of all other methods of advertising the role that were used) | | | |
| **NHS Jobs reference:** |  | **Closing date(s):** |  |
| **Details & reference other job advertisements:** |  | | |

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| **Request description** |
| *Please give a high level summary of  (~250 words)* |

A subcommittee of NHS England’s Agency Operational and Implementation Group will give final approval for all expenditure requested in this interim VSM remuneration approval form.

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| **For NHS England completion** | |
| **Reference number** |  |
| **Date received** |  |

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| **Reference information** (the value of the contract must not exceed the OJEU threshold) | | | |
| **VSM role:** |  | **Name of proposed candidate:** |  |
| **Name of requestor:** |  | **Job role of requestor:** |  |
| **Email address of requestor:** |  | **Date submitted for approval:** |  |
| **Tel number of requestor:** |  | **Total contract value (£) (including expenses and irrecoverable VAT):1** |  |
| **Contract duration (days):** |  | **Total pay to employee (day rate £)** |  |
| **Start date:** |  | **End date:** |  |
| **The Official Journal of the European Union (OJEU):** **this is a mandatory requirement** (**please tick ü)** | | | |
| **Please confirm the contract value is below the OJEU threshold of £164,176:** | | |  |

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| **Financial position** (please provide all details) | |
| **SOF segmentation:** |  |
| **Actual spend:** |  |
| **Ceiling profile:** |  |
| **Turnaround scope:** |  |

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| **Expenditure type** (**please tick ü)** | | | |
| **New appointment** |  | **Extension previous appointment** |  |

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| **Candidate requirements** (**please tick ü)** | | | |
| **Has the role been assessed for Agenda for Change?** |  | **Which band did the role fall under following assessment?** |  |
| **Will the candidate be a voting board member of the trust?** |  | | |

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| **Authorisation** (two internal board-level authorisations required as a minimum) | | |
| **Authorisers2** | **Please tick (🗸)** | **Name and date** |
| Chief executive officer (trust) |  | **By:** [Specify name]; **Date:** [Specify date] |
| Executive regional managing director (NHS Improvement) |  | **By:** [Specify name]; **Date:** [Specify date] |
| Delivery & improvement director (NHS Improvement) |  | **By:** [Specify name]; **Date:** [Specify date] |
| [Specify job role] |  | **By:** [Specify name]; **Date:** [Specify date] |
| Remuneration committee approval |  | **Date:** [Specify date] |

1 Total contract value stated here should equal total cost in the table on the final page of this document.

2 VSM remuneration approval forms should be signed off in accordance with the trust’s own governance arrangements. Please note that NHS England also expects this form to be authorised by at least two board-level executives.

Note: It is the responsibility of the requestor to ensure that approval information is retained for audit purposes.

**Please submit this form via** [**england.agencyrules@nhs.net**](mailto:england.agencyrules@nhs.net)

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| **Assessment criteria** | |
| Please demonstrate the value of the proposed appointment against the following criteria.  Please limit answers to a maximum 350 words per question. Answers should be self-contained within this table, but further evidence and analysis can be submitted as an annex for consideration if absolutely essential. | |
| **The candidate** | **Why is an interim appointment being made?** *Please provide a short description of the reasons behind the decision to hire an interim resource rather than fill the position with a substantive/seconded candidate.* |
| **What outputs or specific deliverables will be required from the appointee, and how do they support the trust’s overall objectives?** *Please provide details of the outputs or deliverables required from the candidate. Outputs should be capable of objective evaluation.* |
| **Please demonstrate where the candidate has made a comparable significant difference in a previous role.** *Please provide details of previous roles where the candidate has successfully delivered objectives under similar circumstances to the role being applied for.* |
| **Why do you feel that the candidate offers value for money?** *Please include details of the challenges this candidate will face at your trust and why you feel the agreed rate offers value for money.* |
| **Please describe the impact on the trust’s objectives, staff and patient care if approval is not given for this remuneration package.** |
| **Clear remit** | *Please ensure the scope is clear and defined and provide information on how the scope was developed, including any engagement with patients, clinicians, commissioners or suppliers.* |
| **Substantive appointment** | *Please explain steps you will take to make a substantive appointment to this position, including bringing this candidate onto a substantive position, if appropriate.* |
| **Alternative options** | **Please detail the steps taken to fill this role before engaging an agency to recruit to the position.** *Specifically describe efforts made to recruit to this post on secondment from within the organisation or the organisation’s STP area. If no action can be demonstrated here, the application will be automatically rejected.* |

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| **Resourcing route if relevant**  (please tick **ü**) | | | | | |
| **Framework**  [Insert which one if known] |  | **Open tender** |  | **Other** |  |
| **Procurement method and value on price:** *Provide details of the resourcing method, including how you reached the decision that this is the best way to meet your business requirements, evidence of sourcing the best value and evidence of negotiation over rates.* | | | | | |

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| **Financial case** | | | | | | |
| *Please provide details of how you have calculated the remuneration package, by reference (as relevant) to benchmarked costs, and provide justification for the period of engagement required. Please provide evidence of the market engagement you have undertaken to calculate the financial case. You should also provide details of additional costs and estimated expenses. Also provide details of the basis of payment and why this will achieve best value: eg does the contract propose a fixed fee, contingent fee, etc, and how will any risks within the payment structure be managed? If there is an agency fee, please also highlight it here.* | | | | | | |
| **Breakdown of expenditure (expand as necessary)** | | | | | | |
| **Role** | **Salary/daily rate** | **On-costs (£)** | **Agency overhead** | **Financial year expenditure due** | | **Sub total (£)** |
| **2016/17** | **2017/18** |
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|  | | **Non-recurring fees** | |  |  |  |
| **Estimated expenses** | |  |  |  |
| **VAT (irrecoverable only)** | |  |  |  |
| **Total cost** | |  |  |  |