Case of Need Form for Recruitment Restriction Exceptions

This form must be completed for **all** proposed exceptions to the recruitment restrictions before submission to the relevant Site Managing Director / Exec lead for review.

The post must have been risk assessed and reviewed through each step of the vacancy control process before progressing to this stage.

Post title:		Band:	WTE:	
Division:		Care Group:		
Recruiting	[Name, Job title]		TRAC	
manager:			ID:	

Is this a like for like	Is this a permanent or	
replacement? (if no,	temporary position? If	
details to be provided)	temporary, for how long?	
What is the funding	What is the budget	
source? i.e. budget /	position of the area?	
external funding etc	i.e. underspent / overspent	
	on pay?	
How long has the	Is the post currently	
post been vacant?	being covered with	
	temporary hours? If	
	yes, what type? i.e. bank,	
	agency, overtime etc.	

Confirm the risk of not recruiting and the score		Score:	Likelihood	Consequence	Risk Control	Total
considering:		30010.				
•	Quality of care	[Description of risk]				
•	Patient safety and experience					
•	Staff engagement and wellbeing					
•	Clinical effectiveness					
•	Operational performance					
•	Activity / income					
Co	nfirm there is no viable candidate to redeploy an					
exi	sting member of staff. Describe why					
rec	leployment is not an option.					
Confirm there is no viable alternative method of						
delivering the workload (e.g. lower band / less hours						
/ restructure of existing team etc.) Describe the						
options considered and why they are unsuitable.						
Confirm the exception reason(s) that apply to this						
role and provide details:						
a)	There is a statutory/legal requirement to have					
	this role in post AND/OR					
b)	The role is connected to funding (either					
~,	specifically named or in relation to meeting KPIs)					
	where the funding would be lost AND/OR					
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c)	The role is intrinsically related to delivery of					
	national performance targets / the Trust's exit					
	from SOF4.					

Exec decision (circle):	Approved	Declined	Further review required	
Name and signature of Exec			Date of decision:	
approver:				