

Approval to Hire Form A1 - New Senior Manager

Health Service Executive - Approval to Hire Form A1 – New Senior Level Posts–Management/Admin
(Section A to G below must be fully completed prior to submitting an application to seniormanagers@hse.ie)

Section A Details of New Senior Manager Post where sanction is sought to fill			
Location	Select from drop down list		
Service Area	Select from drop down list		
Hospital Group / Hospital / CHO / Function / Location	Select from drop down list If not on list provide detail:		
Grade & Grade Code	Select from drop down list		
Job Title	Free text		
Contract Type	Select from drop down list		
Contract duration	Free text		
If fixed term/ specified purpose, confirm that the appropriate contractual arrangements with review will be undertaken;	Select from drop down list		
WTE	Free text		
Please confirm that the post has been reviewed by the appropriate Service/Line Manager and HR at local level and it is deemed necessary for filling	Free Text HR Manager Name:		
Expected Date that Recruitment will be completed	Free text/drop down list		
Confirmation that this position including grade detail has been discussed with the Department of Health	Select from drop down list DoH contact detail:	Position discussed with DoH Yes/No	Email confirming same from DoH attached Yes/No
Section B Summary Detail of Funding Source			
Confirmation of funding (If funding confirmation is not provided this application will not be progressed)			
Full year costs of post - € (Mid point of current salary scale plus 11.05% PRSI & 15% non pay)	Free text	€	
Confirmation the service is currently operating within its funded allocation as per Pay and Numbers Strategy and/ or has a sustainable and balanced financial plan in place (i.e. that this post is affordable)?	Select from drop down list		
Please choose appropriate funding sources:			
1. Service development			
National Service Plan	Select from drop down list		
Initiative (Please include Unique Initiative ID for NSP 2024)	Free text	NSP 2023(free text) NSP 2024(free text) Winter Plan (free text)	Other (provide details):
Budget funding source total allocation	Free text	€	
2. Reconfiguration – This is use of funding sources from other areas/ other posts to fund the current application either in full or in part. If in part the other funding source below must also be completed to provide the detail on the total funding source			
Total funding available through reconfiguration	Free text	€	
Grade(s) of post being suppressed	Free text	Grade	
		Post 1.	Grade Code
		Post 2.	Post 1.
		Post 3.	Post 2.
If the above identified posts for suppression are not vacant please provide the date/s as to when post(s) will become vacant in order to provide the necessary funding source	Free text	Vacant Date/Date when post will become vacant	
		Post 1.	Position Number
		Post 2.	Post 1.
		Post 3.	Post 2.
		Post 4.	Post 3.
		Post 4.	Post 4.

If funded Post(s) suppressed above do not provide sufficient funding please complete section 3 below (Other Funding Source)

3. Other funding source – Whereby the reconfiguration above does not provide full funding for the post, or where the post/s funding is neither funded via a New Service Development or Reconfiguration

Source of funding- specific and detailed information must be provided, including clarification if this post is to be funded / part funded from non-pay.	Free text	
Total funding available	Free text	€
Confirmation on whether funding source is Recurring /Once off funding	Select from drop down list	

4. Full compliance with sanction

Confirm that this position will be recruited in compliance with the Code of Practice prepared by the Commission for Public Service Appointments (CPSA).	Tick box to indicate confirmation	
Confirmation of compliance with Public Sector Pay Policy / Norms including standard terms and conditions, avoidance of grade drift and management layering where relevant.	Tick box to indicate confirmation	

Section C Overarching Business Case

(All Sections below must be completed with sufficient detail to enable progression of the application)

1. Background Context

(This section should set out the context in which this post is being proposed to be used from an overall context)

2. Justification for the Grade

(This section should clearly set out the justification for the requirement of the grade/s at the level being requested – specific evidence should be provided on the level of responsibility, authority and accountability, with comparability to other roles both within and/ across other services / functions that justify the grade level. This section must also set out how this application does or will not constitute grade drift to such senior roles)

3. Reporting Relationships/ Organisational Fit within Current Structure

(this section should clearly set out the reporting relationships and the associated grades of those relationships, both up to the grade that is the subject of the application, and the role and grade for which this new post will report to. An organisation chart is also required to be included in this section showing where this grade fits within the organisation both locally and across service as applicable – e.g. within local hospital structure and within the overall Hospital Group Structure).

3a. Consideration of this role in the context of Regional Health Authorities

(this section should set out where, and how this role will fit in the context of the planned Regional Health Authorities and the consideration given to filling this role through redeployment)

4. Key Role, Responsibilities, and Expected Outputs

(this section must clearly set out the role and function, key responsibilities and expected outcomes/ deliverables from this role)

5. Impact of Not Filling this New Post

(this section must clearly set out the impact of not filling this post, inclusive of an assessment using the HSE Risk Assessment Tool and Rating (click [here](#)), with justification as to the rating applied)

Section D Funding Confirmation by Local Finance Manager			
Signed: <i>(Electronic Signature also accepted)</i>			Date:
Printed Name:			Recommendation:
Title:			
Section E Confirmation of Recommendation by; CEO – Hospital Group/ Chief Officer – Community Health Organisation / CEO Voluntary Hospital/Agency / National Ambulance Service / Head of Function			
Signed: <i>(Electronic Signature also accepted)</i>			Date:
Printed Name:			Recommendation:
Title:			
Section F National Director Confirmation & Approval			
Post fits within current or future organisational structure as noted above	Select from drop down list		
Confirmation that the above post does not contribute to grade drift	Select from drop down list		
Confirmation that this post/New Service Development including grade detail has been discussed in advance with the relevant line unit in the Department of Health	Select from drop down list DoH contact detail:	Position discussed with DoH Yes/No	Email attached confirming same from DoH attached Yes/No
National Director Confirmation that the funding source identified by the service in Section B above is correct and approved. Complete either Section 1, 2, 3 or combination of same as applicable (If funding confirmation is not provided this application will not be progressed)			
1. Where the post has been identified as funded via a New Service Development			
Confirmation that the NSP year and initiative identified in Section B above by the services is correct	Tick box		
Confirmation that budget allocated under NSP for this initiative has adequate budget available/remaining to fund this application	Tick box		
Confirmation of remaining budget available for this NSP initiative after this post has been funded - €	Free text	€	
2. Where the post has been identified as funded via Reconfiguration			
Confirmation that budget in available through reconfiguration is as outlined by the services in Section B	Tick box		
3. Where an 'Other' funding source has been identified			
Confirmation that the budget is available through other sources as outlined by the services in Section B	Tick box		
Signed: <i>(Electronic Signature also accepted)</i>			Date:
Printed Name:			Recommendation:
Title:			
Section G Recommendation by Executive Management Team Member			
Signed: <i>(Electronic Signature also accepted)</i>			Date:
Name:			Recommendation:

Sections H to I for completion by Strategic Workforce Planning & Intelligence, National Human Resources

Section H Decision National Director Human Resources	
Signed: (Electronic Signature also accepted) Ms Anne Marie Hoey National Director HR Health Service Executive	Date: Decision:
Section I Decision Chief Finance Officer	
Signed: (Electronic Signature also accepted) U Stephen Uulala, Chief Finance Officer Health Service Executive	Date: Decision:
Section J Decision Chief Executive Officer	
Signed: (Electronic Signature also accepted) Mr Bernard Gloster Chief Executive Officer Health Service Executive	Date: Decision:
Section K Decision Department of Health	
Signed: (Electronic Signature also accepted) Mr Michael O'Leary, Principal Officer, People, Pay & Superannuation Unit Department of Health	Date: DoH Decision:
Section I Approval to initiate recruitment process	
Signed: (Electronic Signature also accepted) Dr Philippa Ryan Withero Assistant National Director Strategic Workforce Planning & Intelligence Health Service Executive	Stamped Strategic Workforce Planning & Intelligence Approved/Not Approved: SWP&I log Number: Primary Notification Number: Position Number:

Check List (Please Tick ✓)

- Final Job Description *(please note draft job descriptions will not be accepted)*
- Organisational chart attached
- Supporting documentation attached where required
- Signed by local Finance Manager
- Signed by CEO - HG / CO - CHO / CEO Voluntary Hospital/Agency / NAS / Head of Function
- Confirmation that this post/new service development including the grade level has been discussed in advance with the relevant line unit in the Department of Health
- Signed by National Director or equivalent
- Signed by relevant EMT Member