# **Project Proposal**

 ***Guidance note:*** *This form should be completed by the assigned project lead or delegated party. The completed form should be saved as a Microsoft Word® document using the following naming convention: YYYYMMDD NCHA Project Proposal ‘Title of Project’.*

*The completed form should then be submitted to the NCHA Board –* *info@clinicalhomecare.co.uk*

|  |
| --- |
| **Project Proposal** |
| Project Title:Click here to enter text. |
| Prepared by: Click here to enter text. | Contact details:Click here to enter text. | Date: Click here to enter text. |
| **Project information** |
| Project aim (short description):Click here to enter text. |
| Provide reason for the project: *Identify the problem to be addressed*Click here to enter text. |
| **Project scope –** INClick here to enter text. | **Project scope –** OUTClick here to enter text. |
| **Benefit** |
| What is the benefit?Click here to enter text. | Who benefits?Click here to enter text. |
| **Risks** |
| What is the risk? *(of inaction and action)*Click here to enter text. | Who bears the risk?Click here to enter text. |
| **Prioritisation** |
| Legal, Governance & Compliance - Choose an item.Clinical Outcomes - Choose an item.Patient Benefits - Choose an item.Efficiency / Cost saving - Choose an item.Enabling Homecare Growth - Choose an item. |
| **Additional information** |
| Additional information:Click here to enter text. |

|  |
| --- |
| **NCHA Board Decision – to be completed by NCHA Board** |
| Project Sponsor:Click here to enter text. | Date of decision:Click here to enter text. |
| NCHA Board decision:Choose an item. |
| Conditions and comments:*(e.g. ‘Approved subject to …’ or ‘Options appraisal required’)*Click here to enter text. |