# **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*](mailto:info@clinicalhomecare.co.uk)

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| **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 –** IN  Click here to enter text. | | **Project scope –** OUT  Click 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. | | | |

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| **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. | |