# **Project Brief**

***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 Brief ‘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 Brief** | | | | |
| Project Title:  Click here to enter text. | | | | |
| Prepared by:  Click here to enter text. | Date prepared:  Click here to enter text. | | | Project Sponsor:  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. | | | | |
| Projected start date:  Click here to enter text. | | Projected end date:  Click here to enter text. | | |
| **Project scope –** IN  Click here to enter text. | | **Project scope –** OUT  Click here to enter text. | | |
| **Benefits** | | | | |
| 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. | | |
| Impact assessments | | | | |
| Identify relevant impact assessments e.g. Quality, Equality and Diversity, Environmental, Data Security & GDPR. | | | | |
| **Project objectives (SMART)** | | | | |
| *Statements of specific, measurable, achievable, relevant, timely outcomes, baseline, expected improvements and how they will be measured:*  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. | | | | |

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| **Target completion dates** | | | | | | |
| Project Proposal approval date:  Click here to enter text. | Options appraisal approval date:  Click here to enter text. | Project Brief target approval date:  Click here to enter text. | | Design and plan milestone:  Click here to enter text. | Pilot and implement milestone:  Click here to enter text. | Sustain and share milestone:  Click here to enter text. |
| **Stakeholders** | | | | | | |
| NCHA stakeholders: e.g. *PMSG, ABPI, NHMC*  Click here to enter text. | | | External stakeholders:  Click here to enter text. | | | |
| Project team:  Click here to enter text. | | Project role:  Click here to enter text. | | | Time commitment:  Click here to enter text. | |
| **Additional resource requirements** | | | | | | |
| *Staff time, specialist/expert input, equipment and materials travel expense, training etc:*  Click here to enter text. | | | | | | |
| **Additional information** | | | | | | |
| Additional information:  Click here to enter text. | | | | | | |

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| **NCHA Board Decision – to be completed by NCHA Board** | |
| Priority Score:  Enter the priority score (0 – 25) | Date of decision:  Click here to enter text. |
| NCHA Board decision:  Choose an item. | |
| Conditions and comments:  *(e.g. ‘Approved subject to …’)*  Click here to enter text. | |