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| 1. **Scheme Overview**
 |
| Scheme Name: |  | Scheme Lead: |  |
| Unique Reference Number: | *Provided by PMO* | Clinical Lead: |  |
| Division: |  | Finance Lead: |  |
| Directorate(s): |  | HR Lead: |  |
| 1. **Scheme Background and Financial Impact**
 |
| *Please enter brief summary of scheme and source of savings.*  | Savings & Investment (£000) |  |
| Gross Savings Potential (FYE) |  |
| Part Year Effect (PYE) |  |
| Investment to Implement |  |
| Net savings potential (recurrent) |  |
| Net savings potential (non-recurrent) |  |
| Attach Any Supporting Docs Here and embed finance monthly savings profile doc |  |
| 1. **Non-Financial Benefits (if any. Please state if none)**
 |
| Name of benefit | Description | Due Date |
|  |  |  |
|  |  |  |
| 1. **High Level Milestones (to enable finance to develop savings profile)**
 |
|  | Describe Milestone Steps | Due Date | Comments |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 1. **Risks to delivery of the scheme (if any. Please state if none)**
 |
| Risk | Mitigation Plan | Likelihood (RAG) |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. **QUALITY IMPACT ASSESSMENT**
 |
| QIA Required? *(please attach either completed QIA screening tool, or completed QIA)* | *Attach screening tool or QIA here:* |
| 1. **SCHEME APPROVED BY DIVISIONAL LEADERSHIP TEAM TO PROCEED TO DELIVERY AND BUDGETARY TRANSACTION**
 |
| Divisional Director |  | Date |  |
| Divisional Director of Operations |  | Date |  |
| Divisional Director of Nursing |  | Date |  |
| Finance Business Advisor |  | Date |  |
| HR Business Partner (if appropriate) |  | Date |  |
| PMO (if appropriate) |  | Date |  |