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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) |
|  | | | | | |  | | | | | | | | | |  |
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|  | | | | | |  | | | | | | | | | |  |
| 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 | | |  | | | | | | |