

Community Nursing Innovation Project

Interim report

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| Due date: |  |

The purpose of the interim report is to provide the Queen's Nursing Institute with a report on the progress of the project to date.

Please complete every question.

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| **Project title** |  |
| **Your name (project lead)** |  |
| **Your project partner’s name** |  |

**Progress**

|  |  |
| --- | --- |
| **1** | **How is your project progressing? What interventions have taken place so far and what interventions have you got planned?** |
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| **2** | **What actions have you taken so far to collect evidence /data to show the impact of your project?***Please refer to the specific aims in your monitoring framework and planning triangle.* |
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| **3** | **How have you involved people / clients so far in the project?** |
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| **4** | **What have been the challenges of delivering your project so far?** |
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| **5** | **What steps have you taken to overcome challenges?** *Reflect on problematic situations or changes. Discuss unforeseen or unscheduled events that have been encountered and how they have or will be addressed.* |
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| **6** | **Have you needed to make any changes to your project plan, aims or objectives during the project so far?***Include details of any changes of personnel or changes to aims, referring to your planning triangle.* |
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**Impact**

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| --- | --- |
| **7** | **Give a brief overview of the impact your project is having on people’s health so far***Please refer to your specific aims in your planning triangle and monitoring framework.*  |
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| **8** | **Have there been any unintended outcomes? If so, what have these been?** |
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| **9** | **Please detail how you are promoting your project so far.***(Through articles, formal and informal presentations, interviews, etc.)* |
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| **10** | **Choose a person and briefly describe how your project has helped them individually.***There will be a chance to submit a longer case study later in the year.* |
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**Learning and moving forward**

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| **11** | **What will you do to further improve the project in the next six months?** |
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| **12** | **Briefly reflect on something you’ve learned in the process of delivering your project, which you did not know when you started.***Do not include learning from the QNI workshops.* |
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| **13**  | **Are there any areas of the project you would like QNI to support you with as a priority?** |
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**Your project spending**

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| --- | --- | --- | --- | --- |
| **Date** | **Activity/Item** | **Starting balance** | **Amount** | **Remaining****Balance** |
|  |  |  |  |  |
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|  |  |  |  |  |

Please attach copies of invoices/receipts.

|  |  |  |
| --- | --- | --- |
| Signature |  |  (Project Lead) |
| Date |  |  |