



**Outcomes Framework for the  
Health and Social Care  
Regional Integration Fund  
(RIF): Project level technical  
handbook**

**May 2022**

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## Introduction

**This document provides a practical, step-by-step, *project-level* technical handbook for delivery partners funded through the Regional Integration Fund (RIF). The guide sets out the expectations related to the collection and reporting of project data for the RIF and around how this should support the development of six new national Models of Care. Comprehensive contextual information can be found in the full Technical Handbook for Regional Partnership Boards and in the main Health and Social Care Regional Integration Fund guidance document**

**<https://www.gov.wales/sites/default/files/publications/2022-02/health-and-social-care-regional-integration-fund-revenue-guidance-2022-2027.pdf>**

Furthermore, please refer to the RIF Outcomes Framework Technical Handbook for Regional Partnership Boards for additional information.

### **This document contains the following:**

- Key reminders/prompts about the main objectives of the RIF and its reporting procedures
- A description of what kinds of data should be collected both qualitative and quantitative, in which order, and why it is needed
- Details of the data collection and distance travelled tools that should be used
- The outcomes-focused reporting templates (including RBA) that will be used for the RIF, and instructions on how to use them
- The case study templates that will be used for the RIF, and instructions on how to use them

## Background information: key reminders and prompts for delivery partners

### **The RIF aims to develop six new national Models of Care:**

- Community based care: prevention and community co-ordination
- Community based care: complex care close to home
- Promoting good emotional health and well-being
- Supporting families to stay together and therapeutic support for care experienced children
- Home from hospital
- Accommodation based solutions

### **The Models of Care will be delivered making use of 5 key enablers:**

- Integrated planning and commissioning
- Technology enabled care
- Promoting the social value sector
- Integrated community hubs

- Workforce development and integration

#### The priority population groups for the RIF are:

- Older people including people with dementia
- Children and young people with complex needs
- People with learning difficulties and neurodevelopmental conditions
- Unpaid carers
- People with emotional and mental health wellbeing needs

### Key objectives of the RIF

- To develop *system change*, by learning from the successes of projects (what has worked well) but also from situations or experiences where things were *not as successful as expected*, or where intended progress/outcomes were not able to be achieved
- To show the story of that change and make visible all the various elements of the story
- To identify the core components of effective national Models of Care that can be delivered across Wales
- To establish and maintain a learning culture via our Communities of Practice
- To adhere to an agreed outcomes-focused approach to data collection and reporting, making use of a common set of standardised distance travelled tools (responding to concerns raised in the Transformation Fund (TF) and Integrated Care Fund (ICF) evaluations)

### Reporting procedures

Our approach to RIF reporting will be **outcomes focused**. Results Based Accountability (RBA) will continue to be the overall framework for RPBs to report to Welsh Government. We have also introduced simple outcomes-focused reporting 'maps' (Tables 5 and 6), which must be used **as well as** RBA. An Excel reporting tool is in development for RPBs which mirrors both of these templates. Agreed documentation will be submitted at the scheduled quarterly (finance) and six monthly (progress) intervals. For ring-fenced Integrated Autism Service and Dementia Plan funding, within the RIF, current reporting mechanisms remain.

### Steps to take following acceptance of investment proposals

A process flowchart showing the steps that delivery partners must take (once RIF investment proposals have been accepted) is provided at Appendix 2. Each step is explained below.

### Establishing baseline data

From the outset of the RIF, delivery partners should establish a baseline for:

- a) Every project, including those that are new, and those that will be accelerated or embedded from the ICF or TF AND
- b) each of the national Models of Care

Establishing these baselines will be crucial in enabling us to measure change over the lifetime of the RIF and for making it possible to identify the core components of each Model of Care.

## Choosing appropriate indicators and performance measures

### Indicators (quantitative AND qualitative indicators)

- Indicators help to provide *evidence of a change*: this relates to immediate effects, short-term or longer-term changes.
- Indicators can be set for projects against the desired changes in terms of outputs, outcomes, or impact. These will then contribute to the high-level qualitative indicators set against the high-level outcomes for each Model of Care.
- RIF indicators will also be used as ‘checkpoints’ to determine how quickly (or not) change is happening – i.e., the ‘distanced travelled’.
- Indicators should be SMART (Specific, Measurable, Attainable, Realistic and Time Bound).
- **Qualitative indicators are a crucial element of the RIF**, to be used alongside the performance measure metrics. They will help to show the **full story of change** as the Models of Care take shape and evolve.
- **All project based indicators and performance measures that have already been established need to align to those set out in the RIF Outcomes Framework.**

### Performance Measures

- Performance measures are usually quantitative in nature. They show **part of** the story of change. Qualitative indicators help to complete this story: the story ‘behind’ the numbers
- RBA defines performance measures as “a measure of how well a programme or service is working”. It uses them to demonstrate quantity, quality and impact by answering the following questions:
  - How much did we do?
  - How well did we do it?
  - Is anyone better off?

## Begin collecting project level data, using distance travelled tools

All projects should make full use of validated, standardised ‘distance travelled’ tools during data collection. You may wish to choose from the following list (detailed descriptions of each can be found in the full Outcomes Framework Technical Handbook):

- **Outcomes Star: This should be used by ALL projects as a minimum**
- **WEMWBS:** The Warwick-Edinburgh Mental Wellbeing Scales
- **EQ-5D:** a health-related scale

- PERCCI (Person Centred Community Care Inventory)
- PROMIS (Patient-Reported Outcomes Measurement Information System)

## Identify suitable case study examples (*Why do we need to provide case studies for the RIF, and how should they be presented?*)

Case studies are a way of providing evidence through real life experiences

All regions and their delivery partners will need to be able to demonstrate, at a project *and* Model of Care level - that the agreed RIF high level outcomes have been/are being met for the appropriate priority population group or groups. Regions will need to describe and explain how, for whom and in what context the Models of Care are working or have worked. If outcomes are not being met, they must consider why not, and explain what has been learned about this for the future.

### Project level case studies will:

- Make it possible to build a comprehensive picture and understanding of the core components of a Model of Care.
- When used alongside performance measures and indicators, help to complete the story of change, including important details about context.
- Provide a very helpful way of providing detailed evidence of change for projects contributing to the development of the new Models of Care.
- Provide a range of sources of qualitative evidence.
- Make it possible to explore multiple perspectives through (e.g.):
  - people's real-life experiences of a service or an intervention,
  - the relationships between people, and
  - the strengths (positive attributes) and the weaknesses (aspects that did not work so well) of a service/intervention, and information about how learning from this might inform practice.

### Model of Care level case studies will:

- Make it possible to 'read across' the regions at a top level.
- Enable the 'drilling down' into the finer details of the specific projects, to demonstrate their contribution(s) to a Model of Care.

### How should case studies be presented?

RPBs should identify projects that align to each MoC (as agreed via the RIF Investment Proposals) with a view to providing project-level case studies. These can then be used to inform and create an overall case study at a MoC level. Case studies should therefore be used to:

- Provide a summary of each project, its role, and how it fits within a particular Model of Care.
- Focus on presenting robust qualitative evidence that tells a *story of change* for those involved.

- (With the necessary permissions) draw upon individual case studies (e.g., service users and staff). A range of cases should be included, i.e., examples of successes, and of situations/experiences that have proved challenging, as well as those which be of special interest.

Projects, within the scope of the RIF, may choose to present case studies in differing formats, using a range of different data. However, we expect our standard templates – which include the **key headings (core questions) that should be included in all case studies** – to be used, to ensure consistency of reporting. The templates are provided on pages 7-10 below. Use of these templates will make it possible to compare and contrast findings and progress across all regions during the lifecycle of the RIF: this will be very important for later evaluation activities. Bespoke discussions around case study details can be arranged with key performance measure/evaluation contacts at RPBs, to provide additional region-specific Welsh Government advice and guidance as required.

### How many case studies should be produced?

- **Individual level (e.g., service user, patient, unpaid carer, staff):** To be selected at the project's discretion. Minimum number to be provided 5 from different perspectives on a six-month reporting basis.
- **Project level:** Individual case studies contributing (service, patient, staff, project delivery partners) to a project level case study. At least one case study per project per reporting period (six months).
- **Model of Care level:** Overarching case study per Model of Care for each region, synthesising the evidence from project level studies. One case study per Model of Care per reporting period (six months).

## Complete reporting templates

### The RBA reporting template

Table 1 below shows clearly how qualitative evidence can be incorporated into the existing RBA reporting 'quadrant' matrix, aligning with the bottom right box. This enables the addition of greater detail about quality of experience in understanding who is better off (and why) amongst our priority populations; a key expectation for the RIF.

Table 1: RBA Indicators and Performance Measures

## RBA Indicators & Performance Measures

<p>How many people benefitted per activity per population group (e.g. as planned, differences, more than)</p>	<p><b>How much did we do?</b></p> <p><b>Number of service users</b> (priority population groups)</p> <p><b>Number of Activities: the projects</b> (by type of activity)</p>	<p><b>How well did we do it?</b></p> <p><b>% Common measures</b> Service user satisfaction, Workload ratio, staff turnover rate, staff morale, percentage of staff fully trained</p> <p><b>% Activity Specific Measures</b> Percentage of actions timely and correct, percentage clients completing activity, percentage of actions meeting standards, service user satisfaction with activity</p>	<p>Metrics routinely collected across whole programmes</p> <p>Metrics collected specific to the project: tools consistently applied across projects</p>
	<p><b>Is anyone better off?</b></p>		<p>Consider from multiple perspectives, report most important from a Model of Care perspective</p>
<p>Identify across the population group, workforce etc. Consider what is the most important to report and why to a Model of Care</p>	<p><b>Percentage metric</b></p> <p>Quantitative detail: percentages (e.g. number of people who have improved access to training)</p>	<p><b>Quality of experience</b></p> <p>Qualitative detail: people's experiences of the activities of projects and within a Model of Care</p>	

### Case study templates (individual, project level and Model of Care level)

To enable us to compare and contrast the regional Model of Care development, **the following core questions should be included in all case studies**. We are taking a 'nested' case study approach, which offers an effective and efficient way of collecting empirical evidence through examples that explore individual, project, and Model of Care level experiences.

### Table 2. Headings template for an individual case study

This template is an example - primarily to present suggested headings to be used in a text-based case study. Under each heading there is an indication of what to think about including in a study. We would welcome the use of appropriate images and links to audio or video stories that provide your real-life experience of the project activity. It is expected that projects collect individual case studies (e.g., citizen, service user, patient, unpaid carer, the workforce, project partners).



**Ensure that informed or proxy consent has been obtained from all participants/subjects**

<b>Project (activity):</b> <ul style="list-style-type: none"><li>Name the project activity you are sharing your story</li></ul>
<b>Background summary</b> <ul style="list-style-type: none"><li>Describe the activity</li><li>Describe whether you were involved in deciding how activities are or were delivered</li></ul>
<b>What worked well, what didn't work so well:</b> <ul style="list-style-type: none"><li>Describe what you felt worked well and what change occurred as result of what is being or has been delivered?</li><li>Things may not have gone as well as you would have thought or liked, so you may want to tell us about it?</li><li>Were there unforeseen changes - how they were dealt with?</li></ul>
<b>What 'good' or 'success' looks like:</b> <ul style="list-style-type: none"><li>From your perspective what do you think 'good' or 'success' looks like from the activity you benefitted from or were involved with?</li></ul>
<b>What has been learnt:</b> <ul style="list-style-type: none"><li>What do you think you have learnt? What is/was important to you?</li></ul>
<b>Outcomes:</b> <ul style="list-style-type: none"><li>Did the project activity achieve what you expected?</li><li>What do you think has been the results and impact of the project activity you benefitted from?</li><li>What is happening for you at the moment?</li></ul>
<b>Conclusion:</b> <ul style="list-style-type: none"><li>Overall, what do you feel is important to share and what you think people can learn from your experience</li><li>What next – what would you like to happen in the future?</li></ul>

Table 3: Headings template for a Project case study

This template is an example - primarily to present suggested headings to be used in a text-based case study. Under each heading there is an indication of what to think about including in study. If using other formats to present a case study, consider framing the study the within the same headings so as to provide the flow of the story of change being told. We would welcome the use of appropriate images and links to audio or video stories that provide the real-life experience of the project. It is

expected that projects collect individual case studies (e.g., citizen, service user, patient, unpaid carer), the workforce, project partners) that contribute to a project level case study.

**Ensure that informed or proxy consent has been obtained from all participants/subjects**

<p><b>Project (activity):</b></p> <ul style="list-style-type: none"> <li>• Identify the Model of Care the project is aligned to</li> </ul>
<p><b>Background summary - provide the context:</b></p> <ul style="list-style-type: none"> <li>• Summary of the Project</li> <li>• Who is involved, why and key relationships e.g.:             <ul style="list-style-type: none"> <li>- Delivery partners who are part of the project and role</li> <li>- Which priority population groups</li> <li>- Other stakeholders involved</li> </ul> </li> <li>• What types of data/evidence is being collected and tools used to inform the case study</li> </ul>
<p><b>What worked well, what didn't work so well:</b></p> <ul style="list-style-type: none"> <li>• Identify the key features of what worked well and what change occurred as result of what is being or has been delivered</li> <li>• Be open about what may have not worked well or as originally intended – it's part of the learning process</li> <li>• What other unforeseen changes and how they were dealt with</li> <li>• Challenges and limitations</li> <li>• Present the observable and credible evidence.</li> <li>• Drawn upon the experiences of multiple perspectives and individual cases studies</li> </ul>
<p><b>What 'good' or 'success' looks like:</b></p> <ul style="list-style-type: none"> <li>• Consider each individual case and drawn together cumulatively</li> <li>• Ensure observable evidence is presented</li> <li>• Avoid assumptions</li> <li>• Highlight the key aspects of what 'good' or 'success' looks like and for whom</li> </ul>
<p><b>Key themes:</b></p> <ul style="list-style-type: none"> <li>• Outline the themes from across the individual case studies that have been developed</li> <li>• Qualify those themes though the evidence (give examples)</li> <li>• Where the themes consistently reported?</li> <li>• What can be drawn from those themes?</li> <li>• What is/has been the project contribution to the Model of Care?</li> </ul>
<p><b>What has been learnt:</b></p> <ul style="list-style-type: none"> <li>• Ensure there is a clear link to the evidence</li> <li>• The benefits</li> <li>• Draw upon individual case study examples</li> <li>• Consider from multiple perspectives</li> </ul>
<p><b>Meeting the needs of the priority population group(s):</b></p> <ul style="list-style-type: none"> <li>• Consider the impact and outcomes for people</li> </ul>

<ul style="list-style-type: none"> <li>• Consider are people better off and to what extent</li> </ul>
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Are the higher level outcomes of Model the project is aligned to being meet or have been met by providing information on how and in what circumstances</li> </ul>
<p><b>Conclusion:</b></p> <ul style="list-style-type: none"> <li>• Summarise the key points and outstanding features of the project</li> <li>• Outline what is felt to be important to share and learn from</li> <li>• Provide reflection: Is the project activity sustainable and if so why and how? Is it spreadable? Year 2 onwards</li> <li>• Next steps</li> </ul>

**Table 4: Headings template for a Model of Care case study**

This template is an example that will enable projects to understand their contribution to a Model of Care case study.

**Ensure that informed or proxy consent has been obtained from all participants/subjects**

<p><b>Model of Care:</b></p>
<p><b>Background summary - provide the context:</b></p> <ul style="list-style-type: none"> <li>• Set out which model and at what stage in the development of the Model of Care</li> <li>• Who is involved, why and key relationships e.g.:</li> <li>• Projects and delivery partners aligned to the Model of Care</li> <li>• Which priority population groups</li> <li>• Other stakeholders involved</li> <li>• What types of data/evidence is being collected and tools used to inform the case study</li> <li>• Cross cutting aspects to other Models of Care where appropriate</li> <li>• Role of the key enablers</li> </ul>
<p><b>What worked well, what didn't work so well:</b></p> <ul style="list-style-type: none"> <li>• Identify the key features of what worked well and what change occurred</li> <li>• Be open about what may have not worked well or as originally intended – it's part of the learning process</li> <li>• Present the observable and credible evidence.</li> <li>• Drawn upon the experiences of the projects and multiple perspectives (the overall experience)</li> </ul>
<p><b>What 'good' or 'success' looks like:</b></p> <ul style="list-style-type: none"> <li>• Consider each project and drawn together cumulatively</li> <li>• Ensure observable evidence is presented</li> <li>• Avoid assumptions</li> <li>• Highlight the key aspects of what 'good' or 'success' looks like and for whom</li> </ul>
<p><b>Key themes:</b></p>

<ul style="list-style-type: none"> <li>• Outline the themes</li> <li>• Qualify those themes through the evidence (give examples)</li> <li>• Where the themes consistently reported across the projects</li> <li>• What can be drawn from those themes</li> <li>• Have core components of the Model been identified: what did projects bring to the Model of Care?</li> </ul>
<p><b>What has been learnt:</b></p> <ul style="list-style-type: none"> <li>• Ensure there is a clear link to the evidence</li> <li>• Draw upon project examples</li> <li>• Consider from multiple perspectives</li> </ul>
<p><b>Meeting the needs of the priority population group(s):</b></p> <ul style="list-style-type: none"> <li>• Consider the impact and outcomes for people</li> <li>• Consider are people better off and to what extent</li> </ul>
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Are the higher level outcomes of this Model being met or have been met by providing information on how and in what circumstances</li> </ul>
<p><b>Conclusion:</b></p> <ul style="list-style-type: none"> <li>• Summarise the key points and outstanding features of the Model of Care</li> <li>• Outline what is felt to be important to share and learn from</li> <li>• What is the model contributing to system change and the integration across health and social care?</li> <li>• Provide reflection</li> <li>• Next steps</li> </ul>

## Outcomes-focused map templates

The following templates set out below must be used **as well as RBA** as part of the reporting process.

Although (RBA) will continue to be the overall framework for RPBs to report to Welsh Government, we have also introduced these simple outcomes-focused 'maps' (Tables 5 and 6).

The outcomes maps set out a series of clear headings which show what information is required:

- What we did
- Who with?
- How they felt
- What they learned and gained
- What is being done differently?
- What has changed?

The outcomes maps should be used to report at a project level (Table 5) *and* at a Model of Care level (Table 6). Please follow the prompts under each heading, as a guide to the information/details that should be included.

Table 5: Outcomes Focused Reporting Map headings: Project level

Key Headings	What should and is expected to be reported: prompts
<b>What we did and why (Input and Outputs)</b>	<ul style="list-style-type: none"> <li>• Be clear what is presented is credible and attributable as to what people (workforce), partners and other stakeholders did (inputs) and what took place e.g., activities (the outputs)</li> </ul>
<b>Who with (priority population groups)</b>	<ul style="list-style-type: none"> <li>• Which of the priority population groups are involved – tell us about them</li> <li>• Were other people and organisation involved and why?</li> <li>• How much were the priority population groups involved in the development of the project</li> </ul>
<b>How they felt about what is/has been delivered</b>	<ul style="list-style-type: none"> <li>• Report from multiple perspectives:               <ul style="list-style-type: none"> <li>- priority population groups</li> <li>- Front line staff</li> <li>- Managers</li> <li>- Delivery partners</li> <li>- Other organisations involved</li> </ul> </li> </ul>
<b>What we learnt (including challenges) and gained</b>	<ul style="list-style-type: none"> <li>• What worked well for people (priority population groups, front line staff, Managers, etc as well as partners)</li> <li>• What didn't work so well in across multiple perspectives</li> <li>• Let us know the successes and what you feel 'good 'looks like</li> <li>• Have you faced any challenges or limitations both those identify as risks and those that arose as the project developed</li> </ul>
<b>What is being done differently?</b>	<ul style="list-style-type: none"> <li>• Set out how you have done things differently, what makes the project innovative?</li> <li>• Think about what makes the project being delivered different from traditional/current mainstream core services</li> </ul>
<b>What changed? What difference has occurred?</b>	<ul style="list-style-type: none"> <li>• Give a clear and honest view of what change occurred for people (priority population groups, front line staff, Managers, etc as well as partners)</li> <li>• Is the project being delivered as intended, if not why?</li> <li>• Is there anything that needs changing and if so what and why</li> </ul>
<b>Meeting the outcomes of the Model of Care</b>	<ul style="list-style-type: none"> <li>• Explain how the project activities are meeting the outcomes of the Model of Care the project is aligned to</li> <li>• Consider the outcomes from a priority population group(s) perspective, frontline staff etc</li> </ul>
<b>Key contributions to a Model of Care: the results</b>	<ul style="list-style-type: none"> <li>• Identify the activities which you consider are important components of the Model of Care and why</li> </ul>

Table 6: Outcomes Focused Reporting Map headings: Model of Care level

Key Headings	Empirical (Observed) Evidence: prompts
<b>Activities</b>	<ul style="list-style-type: none"> <li>• Set out project activities that are contributing to a Model of Care – be clear about their specific contribution</li> </ul> <p>Has there been any activity outside the RIF that has contributed to this Model of Care, if so, please provide information</p>
<b>Reach and Reaction</b>	<ul style="list-style-type: none"> <li>• Who (the priority population groups)</li> <li>• Think about it from multiple perspectives across the projects - the experiences of people (service users, patients) which should also include the experiences of frontline workers, for example, across the projects</li> <li>• Draw upon any case studies developed from an individual perspective that provide tangible examples of impact and improvement</li> </ul>
<b>Capacity change</b>	<ol style="list-style-type: none"> <li>1. Provide information on:               <ul style="list-style-type: none"> <li>- Capability to deliver on the high-level outcomes of the Model of Care</li> <li>- Opportunities that have arisen that are likely to contribute to the Model of Care</li> <li>- Motivation of people, organisations, and sectors to innovate, change practice and implement</li> </ul> </li> <li>2. Is there anything that needs to improve, change, or cease because it's not working as intended?</li> </ol>
<b>Behaviour and System Change</b>	<ol style="list-style-type: none"> <li>3. Explain what is happening for people, communities, organisations, delivery and from a governance perspective</li> <li>4. What key enablers are being adopted – what difference have they made in contributing to system change</li> <li>5. Identify what the projects are contributing to behaviour and system change for this Model of Care</li> <li>6. Think about what makes what is being delivered different from traditional/current mainstream core services</li> </ol> <p>Identify what you consider to be the key components of the Model of Care. Are there exceptional aspects from project activities and delivery?</p>
<b>Direct Benefit Realisation</b>	<ul style="list-style-type: none"> <li>• Report the qualitative benefits the projects bring to the Model of Care – overall what difference has the outputs from the projects made to:               <ul style="list-style-type: none"> <li>- People (service users, patients, unpaid carers)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Workforce including volunteers and unpaid carers</li> <li>- Organisations</li> <li>- Sectors</li> <li>• Think out the nature of the benefits; are they as envisaged?</li> <li>• Draw on the performance measures that are affecting benefit realisation</li> <li>• What aspects of benefit realisation are contributing to potential system change?</li> </ul>
<p><b>High level outcomes of the Model of Care and Effect</b></p>	<ul style="list-style-type: none"> <li>• Are the projects and the activities meeting the outcomes of this Model of Care? If so, highlight those activities or components which are important to the Model of Care</li> <li>• What effect have the high-level outcomes of the Model of Care had on Model development?</li> </ul>



## Appendix 1: The ‘Golden Thread’ - Outcomes, Indicators and Performance Measures (a Model of Care perspective) for your project(s)

The table below provides a visual aid to show clearly how, for your project(s), indicators, performance measures and the use of appropriate measurement ‘tools’ work in combination to provide evidence of system change, linking the components together with a ‘golden thread’.

### Example of Outcomes = Indicator + Performance Measure: The Golden Thread\*

Community Based Care: prevention and community co-ordination Model of Care

\*Geraint Evans

High Level Outcome (priority population groups)	Project level outcomes (intermediate)	Examples of Indicator(s):	Performance measure(s)	Tools (e.g.)
1. People's well-being needs are improved through accessing co-ordinated community-based solutions	Specific to the project but should be framed within the high level outcome and their contribution to the development of the model of care	<ul style="list-style-type: none"> <li>• Presence of and an appropriate range of opportunities to ensure they connect with their target priority population groups</li> <li>• Evidence that the social capital in communities is being utilised</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in access and uptake of community-based solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Outcome Star</li> <li>• Distanced Travelled</li> <li>• WEMWBS</li> </ul>
Per priority population groups where appropriate	Per priority population groups where appropriate	Qualitative and quantitative dimension used to determine the progress towards achieving the outcome and its role combined with the performance measure metric(s)	Quantitative measure that provides statistical data on that how well a project is contributing	Measures (tools) that evaluates how well a project, programme, service or agency is working for people and their experiences of service delivery



## Appendix 2. Process flowchart

