D1.1 Project Quality Plan

WP1 Project coordination, management and quality assurance

Version 1.0, date 16th May 2014

The CareWell project is co-funded by the European Commission within the ICT Policy Support Programme of the Competitiveness and Innovation Framework Programme (CIP). Grant Agreement No.: 620983

DOCUMENT INFORMATION

ABSTRACT

This document is the overall project/quality plan for the Carewell project. It defines the common management and procedures which are to be used on the project, the specific activities and staff resources necessary to complete the work, plus the organisation and time scales in which the activities are to be performed

ORGANISATION RESPONSIBLE

HIMSA

AUTHORS

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CONTRIBUTING PARTNERS

DELIVERY DATE

DISSEMINATION LEVEL

CO	Confidential, only for members of the consortium (including the Commission Services)	X

VERSION HISTORY

Version	Date	Changes made	By	Sent to
0.1	9th May 2014	Initial draft	John Oates	
1.0	16th May 2014	Updates following review	John Oates	

OUTSTANDING ISSUES

FILENAME

D1.1 v0.2 CareWell Project Quality Plan

STATEMENT OF ORIGINALITY

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

Executive Summary

This document is the overall project/quality plan for the Carewell project.

It defines the scope of the project, and how the project is broken into specific activities. It identifies the staff resources available to complete the work, and time scales in which the activities are to be performed.

The Plan sets out the organisation, management, standards and procedures which are to be used on the project to ensure it meets its objectives.

The document will be updated as required throughout the life of the project.

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1 Introduction

1.1 PURPOSE OF THE PROJECT/QUALITY PLAN

This document is the overall project/quality plan for the CareWell (Multi-level integration for patients with complex needs) project. It defines the common management and procedures which are to be used on the project, the specific activities and staff resources necessary to complete the work, plus the organisation and time scales in which the activities are to be performed.

Participants in the project consortium should prepare a project/quality plan for their own contribution to the project, covering as appropriate internal management procedures, document naming standards, configuration management, other local procedures, and resourcing.

The project/quality plan identifies standards which are to be used by the project, and may also qualify the way in which these standards are to be applied. It defines project-specific information such as specific responsibilities. Where detailed project-specific procedures are required, they will be identified here.

1.2 GLOSSARY

Beneficiary	A signatory to the Contract with full responsibility for the Project. See Contract for further details. Beneficiaries are identified in the Contract with the Commission, and in section 2.1.
Configurable items	Material to which configuration management procedures must be applied. Such material may consist of document, software or hardware.
Consortium	Together, the Beneficiaries and Members carrying out the CareWell project.
Contract	The European Commission Grant Agreement, number 621069.
DoW	Description of Work
GA	Grant Agreement
GP	General Practitioner
HCP	Healthcare professional
Member	A party that has signed a membership agreement with a Beneficiary, giving them similar rights to a Beneficiary. See the Contract (and Annex II) with the Commission for further details.
Participant	Either a Beneficiary or a Member. Part of the Consortium.
PSC	Project Steering Committee
Sub-Contractor	A third party paid by a Participant to carry out some of the activities which the Participant is responsible for.

2 Project overview

2.1 PROJECT IDENTIFICATION

Customer: Consortium: The Consortium partners are the principal beneficiaries of the project.

European Commission: To the extent that the Commission provides funding for the Project, and requires certain deliverables and other documentation (e.g. Financial Statements) as a condition of funding, they can also be considered as a customer.

Project name: CareWell (Learning from integrated eCare practice and promoting deployment in European regions)

Project type: This is a Pilot Type B project undertaken by the Consortium. The project is part of the ICT Policy Support Programme, under the theme ICT for Health, Ageing well and Inclusion; there are 13 Participants forming a Consortium. EC funding for the project is 50%; exact details are contained in the Contract.

Contract: The project is being carried out under EC Grant Agreement number 620983.

This contract defines the Consortium Beneficiaries.

The Participants have signed a Consortium Agreement governing conduct of the project between partners.

Beneficiaries must sign individual contracts with their Member(s).

Consortium composition: Project Co-ordinator (and Beneficiary):

- Asociación Centro de Excelencia Internacional en Investigación Sobre Cronicidad - Spain (Kronikgune)

Beneficiaries:

- Servicio Vasco de Salud Osakidetza - Spain (Osakidetza)
- Powys Teaching Local Health Board - United Kingdom (PHB)
- The Institute of Rural Health LBG - United Kingdom (IRH)
- Agenzia Regionale Sanitaria Pugliese - Italy (AReS Puglia)
- Hrvatska Udruga Za Farmakoekonomikui Ekonomiku Zdravstva - Croatia (HDFEZ)
- Urzad Marszalkowski Wojewodztwa Dolnoslaskiego - Poland (LSV)
- Unita Locale Socio-Sanitaria N. 2 Feltre - Italy (Veneto)
- Region Syddanmark - Denmark (RSD)
- Empirica Gesellschaft Fuer Kommunikations- Und Technologie Forschung MBH - Germany (Empirica)
- Health Information Management SA - Belgium (HIM)
- Ericsson Nikola Tesla D.D. - Croatia (ENT)
- Sveuciliste u Zagrebu Fakultet Elektrotehnike i Racunarstva - Croatia (FER)

Members: None

Sub-Contractors: A number of subcontractors are envisaged. Potential subcontractors have been identified in section 3.1.1 of the DoW, in table 6

Project start date: 1st February 2014

Estimated end date:	31st January 2017
Estimated total elapsed time:	36 months
Size of project:	630 person-months

2.2 CONTACTS

2.2.1 Key Consortium Staff

Name	Organisation	Role
Esteban de Manuel	Kronikgune	Project Co-ordinator
Esteban de Manuel	Kronikgune	Workpackage 1 Manager
Veli Stroetmann	Empirica	Workpackage 2 Manager
Joanna Mora	Kronikgune	Workpackage 3 Manager
Martín Begoña	Osakidetza	Workpackage 4 Manager
Bruce Whitear	PHB	Workpackage 5 Manager
Francesca Avolio	AReS Puglia	Workpackage 6 Manager
Claus Duedal Pedersen	RSD	Workpackage 7 Manager
Reinhard Hammerschmidt	Empirica	Workpackage 8 Manager

2.2.2 Co-ordinator Support Team

Mayte Hurtado	Operational Coordinator
John Oates	Quality Manager
Panagiotis Stafylas	Medical Coordinator

2.2.3 Key European Commission contacts

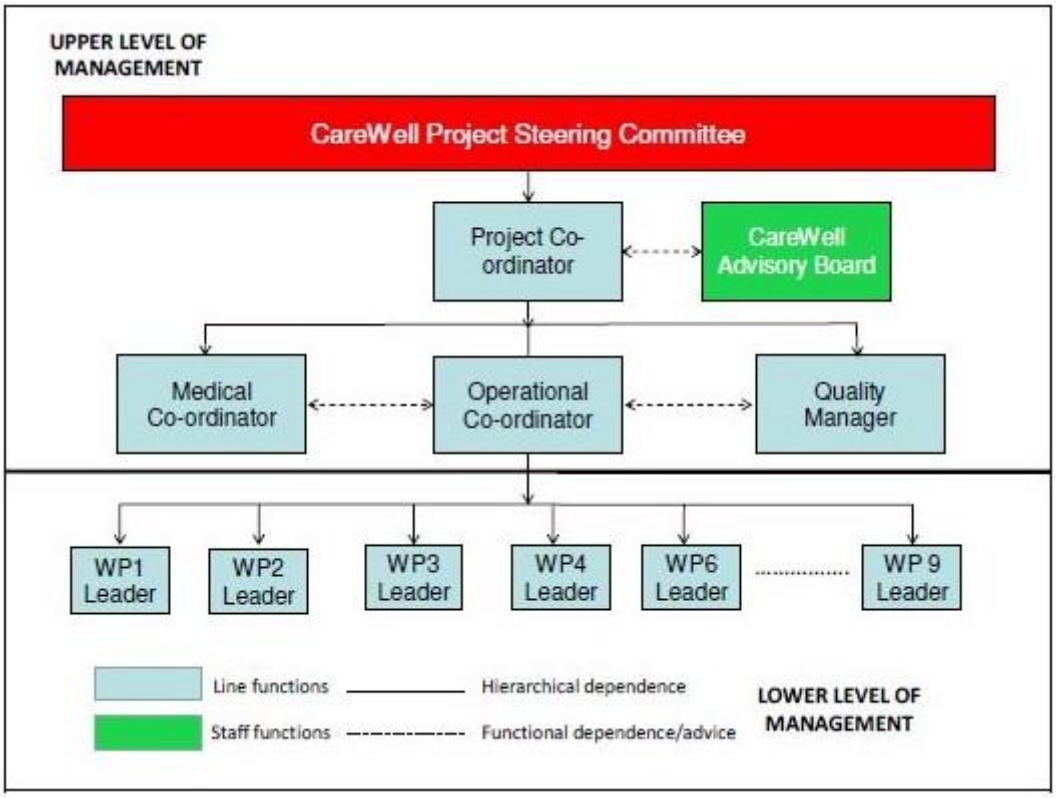
Jan Komárek	Project Officer

2.2.4 Organisation and responsibilities

2.2.4.1 Organisation

The organisation of the project is shown in the chart below:

MANAGEMENT STRUCTURE



The Work Packages and their interdependencies are further described in sections 3.2 and 4.2 below.

2.2.4.2 Responsibilities

The functions and responsibilities of the Project Steering Committee are described in section 5.1 below.

The responsibilities of the various roles are as follows:

The **Project Co-ordinator** is the official interface between the Consortium and the European Commission and has responsibility for the administrative and financial matters and:

- chairs the Project Steering Committee meetings;
- manages budget transfers to project partners;
- co-ordinates the production of administrative periodic reports and cost statements;
- interfaces with the European Commission with regard to the contractual and financial issues;
- keeps the ultimate Project responsibility towards the European Commission on behalf of the entire Consortium.

The **Operational Co-ordinator** assists the Project Co-ordinator in the day-to-day management of the overall project:

- establishes the intra-project communications infrastructure;
- prepares and distributes reports (Management Reports, Progress Reports);
- reports regularly to the Project Co-ordinator on the progress of the Project;
- co-ordinates the individual Work Package Leaders;

- co-ordinates project-wide meetings;
- keeps the whole project on schedule;
- supervises all technical project deliverables.

The **Medical Co-ordinator** assists the Project Co-ordinator and the Operational Co-ordinator in all the aspects having a medical and/or scientific relevance. The Medical Coordinator's main tasks are:

- defines in close collaboration with the medical responsible persons of the individual pilot sites the common inclusion and exclusion criteria for multi-pathology patients;
- supports pilot sites in the preparation of the application for Ethics Committee approval if required by local regulations;
- prepares the clinical trial protocol and ensures its quality;
- coordinates registration and licensing of the questionnaires which will be used for the assessment of the patients;
- writes and/or supervises the writing of all the deliverables having a clinical / scientific relevance;
- supports and guides the local teams in data collection, data analysis and reporting;
- monitors progress in patient inclusion.

The **Quality Manager** is responsible for the Quality Assurance of the overall project. He/she is also the risk manager, acting in line with the risk management process outlined further below. He/she reports to the Project Steering Committee and:

- assists the Operational Co-ordinator in defining the reporting structure and the relative reporting procedures;
- produces the Project and Quality Plan;
- monitors the proper production of quality records by individual Work Package Leaders;
- reports regularly to the Operational Co-ordinator and to the Steering Committee on the quality aspects of the project;
- systematically reviews all the Project deliverables to make sure that they meet the quality standards required for a project such as CareWell.

When and where appropriate, the Quality Manager rewrites part of the deliverables or writes entire deliverables with input from the various partners to ensure consistency of style through the deliverables produced by the Project.

Work Package Leaders are responsible for the detailed management of the work package within the budget of expenses and the workload which is allocated to the work package. This will include:

- production of work package-specific addenda to the overall Project and Quality Plan if required;
- monitoring and control of the work package progress;
- production of the deliverables specified for the work package;
- monitoring and control of quality within the standards defined in the Project and Quality Plan and quality procedures;
- co-ordination of work package workshops.

2.3 INTERFACES

The main interfaces for this project are between the Consortium members: the Beneficiaries, Members and Subcontractors.

The relationship between the Participants is governed by the main contract with the European Commission. Each Beneficiary must have contracts with their respective Members and Subcontractors in order for them to benefit under the Contract. This is supplemented by the Consortium Agreement.

In addition, the Consortium members interface with the Commission. The Project Co-ordinator handles this for the Consortium, and Project Officer for the Commission.

3 The product requirement

3.1 AGREED REQUIREMENT

3.1.1 Background

As Europe's population ages, the way we support older people has to change. It is socially and economically unsustainable to have the same proportion of older people being looked after in institutional care as today. Healthcare and social care are important elements in supporting older people to live safely and well at home, and there is evidence that care service provision is enabled and improved by ICT solutions.

Patients with complex care needs are known to account for a disproportionate share of national health spending. These patients typically see multiple clinicians at different locations, making care coordination imperative.

If poorly managed, chronic diseases can currently account for as much as 70% of health expenditure, partly because of the significant costs involved in employing a workforce to care for sick older people. The costs to governments could be higher still, were it not for the millions of informal carers. This situation is unsustainable when considering the impact of the demographic changes.

3.1.2 This project

CareWell will enable the delivery of integrated healthcare to frail elderly patients in a pilot setting through comprehensive multidisciplinary and tightly knit programmes. ICTs will play a major role in the coordination and communication of healthcare professionals and of patient centred delivery of care at home. CareWell will predominantly focus on the provision of care and support to older people who have complex health and social care needs, are at high risk of hospital or care home admission, and require a range of high-level interventions due to their frailty and multiple chronic diseases. This will be achieved through ICT enabled health and social care services coordination, monitoring, patients self-management and informal care givers involvement.

The ICT platforms and communication channels will avoid duplication of effort when dealing with patients' diagnostic, therapeutic, rehabilitation or monitoring and support needs. Additionally, ICT-based platforms can improve treatment compliance, enhance self-care and self management, and increase patient and carer awareness of their health status. All of which will improve clinical outcomes and enable people to lead fulfilled lives. Moreover, technologies will support the patients' informal caregivers, highlighting when respite care or additional professional input is required.

The two CareWell services are based on (1) integrated care coordination and (2) patient empowerment & home support pathways supported by ICT. These care pathways will cut across organisational boundaries. They will activate the most appropriate healthcare and social care services available, both for scheduled and unscheduled care. Information sharing will need to comply with European and national regulations relating to consent and privacy. The ICT platform will be based, whenever possible, on open standards and multi-vendor interoperability and collaboration among ICT suppliers will be strongly encouraged.

3.2 WORK DESCRIPTION

The Project has been broken down into eight Work Packages:

- WP1 -Project coordination, management and quality assurance

- WP2 -Integrated care programs: user requirements and use case definition
- WP3 -Organisational models and CareWell pathways
- WP4 -Integrated care architecture and service specification
- WP5 -Testing and pilot preparation
- WP6 -Pilot site operation
- WP7 -Evidence gathering and evaluation report
- WP8 -Learning from each other & exploitation of results

These eight work packages can be logically split into horizontal activities, and activities aimed at the fine-tuning of the CareWell business model, and the roll-out in all the six participating regions (vertical activities).

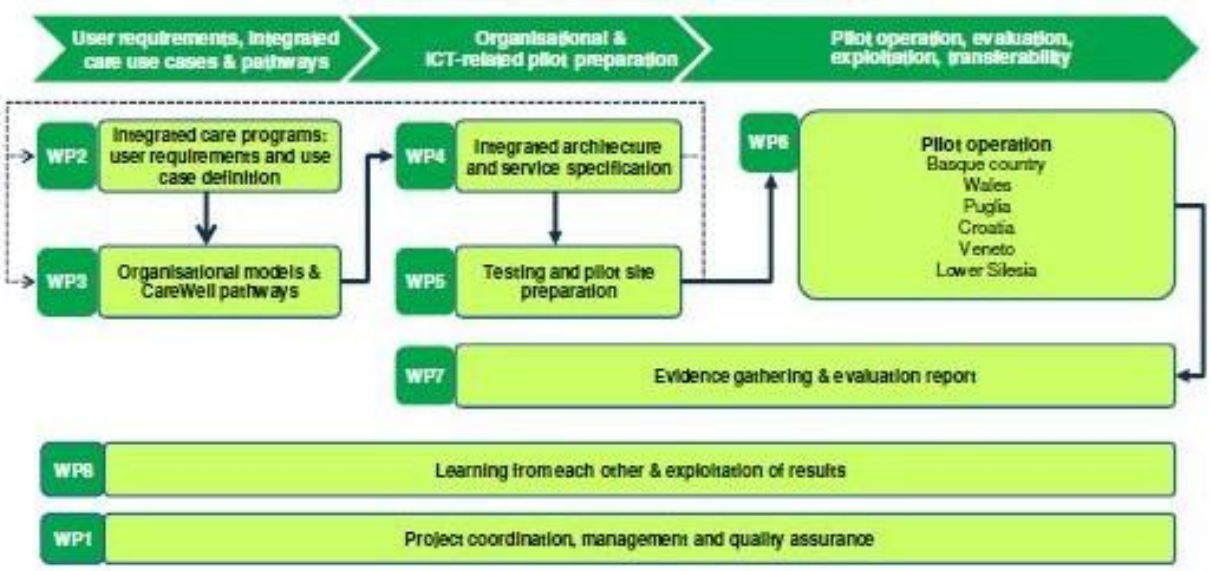


Figure 1: Workpackage realtionships

3.2.1 Horizontal activities

WP1 -Project coordination, management and quality assurance

All the activities of Co-ordination (financial, contractual and administrative issues), General Management and Quality Assurance of the project are included in WP1 which interacts with all the other work packages. In particular all the reporting activities towards the Commission are included in this WP.

The main objectives of this package are the following:

- effective management of the project in all its aspects;
- ensuring that project goals are achieved within the financial and human resources allocated to the project;
- co-ordination of the Consortium activities;
- management of the contractual issues and of the relationship with the European Commission;
- reporting to the Commission;
- Quality Assurance.

WP8 -Learning from each other & exploitation of results

As a horizontal strand of work, dissemination of project results (WP8) is via a project website and through various other means, all guided by a dedicated project communication plan to be developed during the project's start-up phase.

Exploitation plans for the services are generated using information on the legal, financial and policy environment in European regions other than the pilot regions. An attractive and informative web presence for the project is established and maintained.

Guidelines for CareWell Service Systems are drawn up, and business models defined for each type of market player involved. Throughout the exploitation and dissemination work, a particular emphasis is put on reaching out to other integrated care pilots, in particular SmartCare.

The main objectives of this package are the following:

- to guide the project towards successful joint exploitation of results.
- to define appropriate viability or business models for socal care, healthcare, integration and component providers.
- to set up networking activities between the pilot sites.
- to prepare materials to support external dissemination.
- to inform public authorities, healthcare and social care providers, local and regional government about the project.
- to establish and maintain an attractive and informative web presence for the project and to engage with leading online media.
- to finalise guidelines for Pathways procurement of technology solutions and uptake.
- to set up regional / national deployment plans for Systems and Services.
- to organise and carry out workshops and a final project event in close cooperation with relevant ongoing projects and EU initiatives such as the EIP.

As part of this workpackage, the Project Advisory Board is constituted and run.

3.2.2 Assessment activities

WP7 -Evidence gathering and evaluation report

This work package is dedicated to pilot evaluation activities. The evaluation of the various trials will be conducted using the MAST (Model for Assessment of Telemedicine) multidimensional evaluation methodology, developed under contract with the European Commission (MethoTelemed project) and based on HTA (Health Technology Assessment). In MAST, evaluation work is seen as a multi-disciplinary process that summarises and evaluates information about the medical, social, economic and ethical issues related to the use of telemedicine in a systematic, unbiased, robust manner. The MAST approach will specifically be tailored to the requirements of the project. Also, the MAST model ensures that the evaluation will cover all services and all stakeholder perspectives.

3.2.3 Real-life Trials

These comprise all the activities which are instrumental for the preparation and conduct of the trials, and the support of users throughout the trial period. Five work packages (WP1 to WP5) are dedicated to the real life pilots:

- WP2 -Integrated care programs: user requirements and use case definition
- WP3 -Organisational models and CareWell pathways
- WP4 -Integrated care architecture and service specification
- WP5 -Testing and pilot preparation
- WP6 -Pilot site operation

The trial sites are:

- Basque Country.
- Wales.
- Puglia.
- Northwest Croatia.
- Lower Silesia.
- Veneto.

4 Plans and schedules

This section contains information relating to the scheduling of project activities.

4.1 PHASING

The following workpackages are defined in the Contract:

- WP1 -Project coordination, management and quality assurance
- WP2 -Integrated care programs: user requirements and use case definition
- WP3 -Organisational models and CareWell pathways
- WP4 -Integrated care architecture and service specification
- WP5 -Testing and pilot preparation
- WP6 -Pilot site operation
- WP7 -Evidence gathering and evaluation report
- WP8 -Learning from each other & exploitation of results

The summary of effort budgeted for each Workpackage, together with start and end dates, as set out in the Contract, are summarised in the table below. The Operational Coordinator will maintain details of any revisions to any of this information. Detailed budgets by partner and task are given in 4.3.1 below.

Workpackage	Start Month	End Month	Person Months
WP1 Project coordination, management and quality assurance	1	36	39.00
WP2 Integrated care programs: user requirements and use case definition	1	9	56.38
WP3 Organisational models and CareWell pathways	2	10	12.50
WP4 Integrated care architecture and service specification	2	11	37.00
WP5 Testing and pilot preparation	4	12	177.00
WP6 Pilot site operation	3	36	180.00
WP7 Evidence gathering and evaluation report	2	36	72.56
WP8 Learning from each other & exploitation of results	1	36	55.82
Total			630.26

4.2 ACTIVITIES & SCHEDULES

A full description of the workpackages and tasks comprising the project is set out in Description of Work, Annex I of the Contract, amended where appropriate. For each workpackage, the tasks and deliverables are identified below.

The Partners, and the individuals within each Partner, responsible for each Workpackage, Task and Deliverable are set out in document WP1.6-04 Responsibility Matrix.

Details of the effort for each Task, by partner, are given in section 4.3.1 below.

Gantt charts for the Project are maintained by the Project Manager as a separate document.

4.2.1 WP1 - Project coordination, management and quality assurance - Kronikgune

Tasks:

- Task 1.1 – Overall coordination (liaison with European Commission) - Kronikgune
- Task 1.2 – Operational management (Project Management Office) – HIM SA
- Task 1.3 – Administrative coordination – Kronikgune
- Task 1.4 – Internal coordination, including infrastructure – HIM SA
- Task 1.5 – Medical coordination, ethics and data protection management – HIM SA
- Task 1.6 – Quality assurance & performance monitoring– HIM SA

Deliverables:

- D1.1 - Project Quality Plan: [month 2]
- D1.2 - Progress Report - Period 1: [month 12]
- D1.3 - Financial Statement - Period 1: [month 12]
- D1.4 - Progress Report - Period 2: [month 24]
- D1.5 - Financial Statement - Period 2: [month 24]
- D1.6 - Progress Report - Period 3: [month 36]
- D1.7 - Financial Statement - Period 3: [month 36]
- D1.8 - Final Report: [month 36]
- D1.9 - Public Final Report: [month 36]

4.2.2 WP2 - Integrated care programs: user requirements and use case definition - empirica

Tasks:

- Task T2.1 Requirements of CareWell users - empirica
- Task T2.2 - Organisational, staff and business requirements - empirica
- Task T2.3 - Legal and regulatory requirements for CareWell - empirica
- Task T2.4 - Use cases for integrated care coordination pathways (V.1) - empirica
- Task T2.5 - Use cases for patient empowerment and home support pathways (V.1) - empirica
- Task T2.6 - Use cases for integrated care coordination pathways (V.2) - PHB
- Task T2.7 - Use cases for patient empowerment and home support pathways (V.2) - Kronikgune

Deliverables:

- D2.1 - Requirements for CareWell integrated care models and pathways: [month 3]
- D2.2 - Use cases for CareWell integrated care models and pathways: [month 9]

4.2.3 WP3 - Organisational models and CareWell pathways - Kronikgune

Tasks:

- Task T3.1 Organisational models for integrated care coordination pathways (V.1) - empirica / Kronikgune
- Task T3.2 Organisational models for patient empowerment and home support pathways (V.1) - empirica / Kronikgune
- Task T3.3 Organisational models for integrated care coordination pathways (V.2) - Kronikgune
- Task T3.4 Organisational models for patient empowerment and home support pathways (V.2) - Kronikgune
- Task T3.5 Definition of CareWell service and organisational models - Kronikgune

Deliverables:

- D3.1 - CareWell organisational & service process models: [month 10]

4.2.4 WP4 - Integrated care architecture and service specification - Osakidetza

Tasks:

- Task T4.1 Initial CareWell Integration Infrastructure Architecture - Osakidetza
- Task T4.2 Integrated care coordination services (v.1) specification - IRH
- Task T4.3 Integrated patient empowerment & home support services (v.1) specification - Osakidetza
- Task T4.4 Final CareWell Integration Infrastructure Architecture - Osakidetza
- Task T4.5 Integrated care coordination services (v.2) specification - IRH
- Task T4.6 Integrated patient empowerment & home support services (v.2) specification - Osakidetza

Deliverables:

- D4.1 - Pilot level Service Specification for CareWell services: [month 11]

4.2.5 WP5 - Testing and pilot preparation - PHB

Tasks:

- Task 5.1 – Implementation of care coordination services (v.1) – PHB
- Task 5.2 – Implementation of patient empowerment & home support services (v.1) – Osakidetza
- Task 5.3 – Implementation of initial pilot prototype – Kronikgune
- Task 5.4 – Testing of initial pilot prototype – Osakidetza
- Task 5.5 – Implementation of integrated care coordination services (v.2) – Osakidetza
- Task 5.6 – Implementation of integrated patient empowerment & home support services (v.2) – Osakidetza
- Task 5.7 – Final pilot prototype implementation, testing & preparation – ENT

Deliverables:

- D5.1 - CareWell prototype test report: [month 8]
- D5.2 - The CareWell system implementation plan: [month 12]

4.2.6 WP6 - Pilot site operation - AReS Puglia

Tasks:

- Task T6.1 - Operational planning of pilots - HIM SA
- Task T6.2 - Recruitment of patients / older persons for pilots - Osakidetza
- Task T6.3 - Training of professionals, formal & informal carers - Osakidetza
- Task T6.4 - Set up and operation of CareWell integrated care programme partnerships - HIM SA
- Task T6.5 - Introduction of systems and services at pilot sites - Kronikgune
- Task T6.6 - Pilot operation CareWell services for care coordination - FER
- Task T6.7 - Pilot operation CareWell services for patient empowerment - Kronikgune
- Task T6.8 - Help desk provision - HDFEZ
- Task T6.9 - Coaching - AReS Puglia

Deliverables:

- D6.1 - CareWell pilot sites operational: [month 13]
- D6.2 - Report on operation of pilots: [month 36]

4.2.7 WP7 - Evidence gathering and evaluation report - RSD

Tasks:

- Task T7.1 - Evaluation framework and planning - RSD
- Task T7.2 - Evaluation baseline for Pilots - RSD
- Task T7.3 - Follow-up evaluation - Kronikgune
- Task T7.4 - Second follow-up evaluation - Kronikgune
- Task T7.5 - Final evaluation - Kronikgune
- Task T7.6 - Analysis and reporting - Kronikgune

Deliverables:

- D7.1 - CareWell evaluation framework: [month 7]
- D7.2 - Interim evaluation report: [month 22]
- D7.3 - CareWell pilot outcomes: [month 36]

4.2.8 WP8 – Learning from each other & exploitation of results - empirica

Tasks:

- Task T8.1 - Exploitation planning - empirica
- Task T8.2 - Service viability assessment for different providers - empirica

- Task T8.3 - Pilot site networking, link to EIP AHA – B3 & interactions with existing projects - LSV
- Task T8.5 - External dissemination preparation - empirica
- Task T8.6 - External dissemination activities, incl. workshops - empirica
- Task T8.7 - Project web presence and online media management - empirica
- Task T8.8 - Guidelines for CareWell uptake: procurement, infrastructure, pathways etc. - IRH
- Task T8.9 - Planning of deployment of Integrated Care Programmes - Kronikgune
- Task T8.10 - CareWell final conference - Kronikgune

Deliverables:

- D8.1 - First report on dissemination and exploitation activities: [month 12]
- D8.2 - Interim report on dissemination and exploitation activities: [month 24]
- D8.3 - Final report on dissemination and exploitation activities: [month 36]
- D8.4 - Deployment plans for CareWell: [month 36]
- D8.5 - CareWell final conference: [month 36]

4.3 RESOURCES

This section summarises all the resources required for this project, including project staff plus their expected utilisation and the computer equipment required on a shared or exclusive basis.

4.3.1 Staffing resources

The table below is derived from the Contract. It shows the summary of effort, in person-months, by each Participant, and by Workpackage. The Project Manager will maintain details of any changes to these figures.

Beneficiary	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8	Total per Beneficiary
Kronikgune	12.00	4.75	5.00	0.00	0.00	5.00	12.50	7.50	46.75
Osakidetza	0.00	3.25	0.00	33.00	29.00	29.00	4.50	2.00	100.75
PHB	0.00	4.75	0.00	4.00	33.00	27.00	4.50	2.00	75.25
IRH	0.00	7.38	0.00	0.00	0.00	1.00	6.00	7.82	22.20
AReS Puglia	0.00	6.50	0.00	0.00	27.00	30.00	8.00	3.50	75.00
HDFEZ	0.00	0.70	0.00	0.00	0.00	0.00	4.56	3.50	8.76
LSV	0.00	6.50	0.00	0.00	27.00	27.00	8.00	5.50	74.00
Veneto	0.00	5.15	0.00	0.00	26.00	25.00	8.00	3.50	67.65
RSD	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.50	10.50
empirica	0.00	12.00	7.50	0.00	0.00	4.00	2.00	19.50	45.00
HIM	27.00	0.00	0.00	0.00	0.00	4.00	0.00	0.50	31.50

Beneficiary	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8	Total per Beneficiary
ENT	0.00	4.40	0.00	0.00	25.00	20.00	3.00	0.00	52.40
FER	0.00	1.00	0.00	0.00	10.00	8.00	1.50	0.00	20.50
Total	39.00	56.38	12.50	37.00	177.00	180.00	72.56	55.82	630.26

4.3.2 Computer resources

Each member of the Consortium is responsible for arranging the computer resources required for delivering their contribution to the project. This may be done directly, or through arrangements with other members or third parties.

EMPIRICA will manage the project website. The CareWell website has the following URL address: www.carewell-project.eu.

4.3.3 Infrastructure resources

All the main participants are expected to have access to Internet e-mail services, and WinZip.

All e-mails should contain CareWell in the subject line, together with WP/Task reference, to assist recipients if they wish to automate processing of incoming e-mails.

Note that large attachments should be zipped, and that where possible no attachment should be larger than approximately 5Mb.

4.4 CONTRACTUAL DELIVERABLES

4.4.1 List of deliverables

The deliverables identified in the Contract are scheduled for delivery as follows. Note that for completeness, internal deliverables are included, although these will not normally be delivered to Commission.

Del.	Deliverable Title	Type	Dist	Delivery Dates	
				Month	Date
	Start Date			1Feb14	
D1.1	Project Quality Plan	R	CO	2	31Mar14
D1.2	Progress Report - Period 1	R	CO	12	31Jan15
D1.3	Financial Statement - Period 1	R	CO	12	31Jan15
D1.4	Progress Report - Period 2	R	CO	24	31Jan16
D1.5	Financial Statement - Period 2	R	CO	24	31Jan16
D1.6	Progress Report - Period 3	R	CO	36	31Jan17
D1.7	Financial Statement - Period 3	R	CO	36	31Jan17
D1.8	Final Report	R	CO	36	31Jan17
D1.9	Public Final Report	R	PU	36	31Jan17

Del.	Deliverable Title	Type	Dist	Delivery Dates	
				Month	Date
D2.1	Requirements for CareWell integrated care models and pathways	R	PU	3	30Apr14
D2.2	Use cases for CareWell integrated care models and pathways	R	PU	9	31Oct14
D3.1	CareWell organisational & service process models	R	PU	10	30Nov14
D4.1	Pilot level Service Specification for CareWell services	R	PU	11	31Dec14
D5.1	CareWell prototype test report	R	PU	8	30Sep14
D5.2	The CareWell system implementation plan	R	PU	12	31Jan15
D6.1	CareWell pilot sites operational	R	PU	13	28Feb15
D6.2	Report on operation of pilots	R	PU	36	31Jan17
D7.1	CareWell evaluation framework	R	PU	7	31Aug14
D7.2	Interim evaluation report	R	PU	22	30Nov16
D7.3	CareWell pilot outcomes	R	PU	36	31Jan17
D8.1	First report on dissemination and exploitation activities	R	PU	12	31Jan15
D8.2	Interim report on dissemination and exploitation activities	R	PU	24	31Jan16
D8.3	Final report on dissemination and exploitation activities	R	PU	36	31Jan17
D8.4	Deployment plans for CareWell	R	PU	36	31Jan17
D8.5	CareWell final conference	R	PU	36	31Jan17

Notes:
Report Type: R = Report; P = Prototype, O = Other
Distribution Status: PU = Public, RE = Restricted (confidential)

4.4.2 Preparation of deliverables

As a matter of standard practice, the partner responsible for a deliverable should work to the following schedule when preparing a deliverable, whether internal or external; all other partners must work to achieve this schedule:

- By the end of week 4 of task which creates deliverable, circulate proposed Table of Contents, if necessary with explanatory notes about the content of each section / sub-section.
- By the end of week 6, all partners to comment on Table of Contents.
- By the end of week 8, circulate revised Table of Contents.
- Three weeks before delivery date, circulate final draft.
- Two weeks before delivery date, all partners to comment on final draft.
- One week before delivery date, prepare final version.

Further milestones within each Workpackage will be detailed in the Project Plan for that Workpackage.

4.5 ASSUMPTIONS AND RESTRICTIONS

All partners in the Consortium will undertake the tasks assigned to them in a timely way. In the first instance, it is the responsibility of the partner concerned to take action to rectify any slippage in tasks assigned to them. If such action is not forthcoming, or is ineffective, the Project Manager may re-allocate tasks to other partners, with a consequent effect on allocation of funding; such action will require the approval of the Project Steering Committee.

5 Management

5.1 TASK CONTROL, MONITORING AND REPORTING

5.1.1 Contractual Requirements

The European Commission contract sets out some mandatory requirements for reporting to the Commission:

Progress Reports: three Progress Reports (D1.2, D1.4 and D1.6) will be prepared, one for each period.

Periodic Financial Statements: Financial Statements will be prepared using the EC NEF system after each reporting period, namely after month 12, month 24 and at the end of the project (see Annex II, Article 4, Clauses 1, and GA Article 4).

Reviews: The DoW, Tables WT5, identifies a tentative schedule for reviews as follows.

Tentative schedule of project reviews			
Review no.	Tentative timing	Planned venue of review	Comments if any
1	14	Brussels	
2	26	Bilbao	Including site visit of the local service implementation
3	38	Brussels	

Milestones

Milestone		WP	Lead ben	Delivery date	Comments
No.	Name				
MS1	User requirements	WP2	10	3	CareWell user requirements for the two services fully collected and available to all partners
MS2	Evaluation framework	WP7	1	7	Evaluation framework finalised. CareWell evaluation framework deliverable D7.1 finalised
MS3	Pilots activation	WP3	1	13	CareWell pilots fully operational. Following release of D3.1 CareWell organisational and service process models as well as D5.2 CareWell system implementation plan. All 6 CareWell pilot sites have begun
MS8	Deployment plans	WP8	10	36	Deployment plans for participating regions completed. Release of the Deliverable D8.4 on Deployment plans

5.1.2 Internal reporting

Quarterly Participants Report

Prepared by: Each Participant

Circulation:	Project Co-ordinator, Co-ordinator Support Team, Admin Manager
Frequency & Timing:	Every month, within ten working days of the end of the month.
Contents:	Each report will cover a period of three calendar months, and is expected to be no more than ½ page. The report will cover, for each Workpackage: • the work carried out; • highlighting any issues;
Format:	tbd.

Quarterly Participants Labour Report

Prepared by:	Each Participant
Circulation:	Project Co-ordinator, Co-ordinator Support Team, Admin Manager
Frequency & Timing:	Every quarter, within ten working days of the end of the quarter. However, it is recommended that time spent is recorded at least monthly, if not weekly, in order to ensure quality data.
Contents:	Each Labour Report will cover a period of a quarter. The report will cover, for each Workpackage / deliverable, by month: • the effort expended
Format:	The Admin Manager will provide an Excel Workbook to be completed.

Quarterly Workpackage Report

Prepared by:	Each Workpackage Manager
Circulation:	Project Co-ordinator, Co-ordinator Support Team, all partners
Frequency & Timing:	Every three months, within ten working days of the end of the quarter.
Contents:	Each report will cover a period of three calendar months. The report will cover, for each Workpackage: • the work carried out; • highlighting any issues; • the effort expended, against budget; • the effort to go, against budget.
Format:	tbd.

5.1.3 Internal standard tools

Word and Excel will be used as the standard tools on the project, together with PowerPoint. The minimum version is 97, the preferred is Office 2000.

Participants will use electronic mail facilities to enable the distribution of documents by electronic means, thus reducing the delays associated with other methods of distribution.

Where the security policies of the various Partner organisations allow, Skype , GoToMeeting or similar should be considered for personal communications and/or conference calls.

5.1.4 Meetings

5.1.4.1 Project Steering Committee

This meeting will direct the project, and act as a forum for decision making. It also has a formal purpose, as set out in Consortium Agreement.

Chairman:	Project Co-ordinator
Attendees:	Designated representatives of the Participants (including deputies), plus Co-ordinator Support Team.
Circulation of minutes:	Project Steering Committee
Purpose of meeting:	To give the strategic guidelines to the Project Co-ordinator and steer the project according to the objectives agreed. To be responsible for the approval of the financial budgets. Decisions on managerial and technical issues will be made following standard procedures of circulation of agenda items, discussion and agreement at the meeting. If a consensus decision is not possible the issue will be resolved by a vote. The Co-ordinating Partner will have a casting vote. The Project Steering Committee will also address legal, confidentiality, security and ethical issues as they emerge during the lifecycle of the project. The following documents will be circulated: • progress reports from Project Co-ordinator; • minutes of Project Steering Committee meetings; • project deliverables; • reports to the Commission, i.e. management reports, progress reports and annual review reports.
Frequency:	It will meet at initiation and completion of the project and at 3-6 monthly intervals during the project.
Members:	At least one representative of each partner, plus Project Co-ordinator and members of Co-ordinator Support Team.

Virtual meetings through videoconferencing, tele-conferencing and e-mail will be held to improve efficiency and reduce travelling costs

Detailed rules for the functioning of the Project Steering Committee are laid down in the Consortium Agreement.

5.1.4.2 Project Advisory Board

Chairman:	Project Co-ordinator or person nominated by him/her.
Attendees:	To be agreed.
Circulation of minutes:	Attendees, Project Steering Committee
Purpose of meeting:	To provide advice on the conduct of the project and trials.
Frequency:	As required

5.1.5 Project management

A number of mechanisms will be used by Co-ordinator Support Team and others involved in the overall management of the Project. These include:

- Project plan.
- Risk register.
- Issue register.
- Action list.

5.1.5.1 Project plans

A Gantt chart for the project is held and maintained by the Operational Coordinator.

In addition to the overall plan, plans for trial preparation will be elaborated and agreed with each of the pilot sites.

5.1.5.2 Risk register

The initial version of the risk register will be created from the project risks identified in the DoW. The Risk register is contained in document WP8.6-05 CareWell Project Risk Register.

The risk register lists all the potential risks identified, and estimate of their probability and impact, and mitigation plans identified. It will be reviewed, and where appropriate updated, by the Operational Coordinator on a regular basis.

5.1.5.3 Issue register

The issue register will be maintained, reviewed and updated, by the Co-ordinator Support Team as required. The issue register is contained in document WP8.6-06 CareWell Issue Register.

5.1.5.4 Action list

The action list will be created from actions identified at PCC and other Project meetings.

The action list will be reviewed, updated and circulated to all partners on a regular (every two - four weeks) basis by the Operational Coordinator.

5.2 REVIEWS AND APPROVALS

There is no requirement under the Contract or any Annexes for Peer Group Reviews or any other external review to be carried out on any deliverables.

The following internal review types are envisaged:

- **Individual reviews**: In an individual review, each reviewer studies the work, in conjunction with appropriate background and associated material. Comments are produced, for the author to consider and incorporate as appropriate.
- **Call for comments**: This is similar to Individual Review, except that there is a need for review comments to be solicited from a number of individuals. Project requirements will dictate whether the need arises to hold a review meeting following the provision of the opportunity to review in this way. Because of the multi-national, multi-site nature of the project, this is expected to be the usual review type. Document WP8.6-03 Reviews provides guidelines for the conduct of reviews by Call for Comments.
- **Group reviews**: In a group review, a number of people will walk through the work at a meeting, after everyone has had an opportunity to study the work beforehand.

This may occasionally be appropriate where an ad-hoc technical or regional meeting takes place.

In addition, the Quality Manager will review all Contractual Deliverable reports prior to final distribution.

Formal reviews will be carried out on the deliverables identified in the Contract as follows:

- All reports will be reviewed by Call for Comments.
- Other types of deliverable will normally have an accompanying report which is also subject to review by Call for Comments.

5.3 CONCESSIONS

The Operational Coordinator may grant a concession to a partner, relieving the partner of the need to follow a procedure or standard set out in this Project Quality Plan.

The concession may operate for a single instance, or more generally.

The concession will be reported to Quality Manager and Project Steering Committee.

5.4 QUALITY RECORDS

Under the Contract (Annex II, Article 23), accounts must be maintained for at least five years after the final payment. In addition, under the Contract (Annex II, Article 28), the European Commission has the right to initiate a financial audit up to five years after the final payment of Community contributions. Partners must therefore make provision to retain financial records appropriately.

Under the Contract (Annex II, Article 29), the European Commission has the right to initiate a technical review of the project up to five years after the end of the project. Quality records and other appropriate records will therefore be retained for a minimum of six year after the Completion Date of the project.

5.5 QUALITY ASSURANCE

No external quality audits are planned at the project level. However, individual Participants may carry out quality audits on their parts of the work as part of their normal quality assurance procedures.

6 Configuration Management

6.1 RESPONSIBILITIES

It is the responsibility of the Operational Coordinator, delegated to Quality Manager, to ensure that adequate configuration management procedures are defined and used.

6.2 IDENTIFICATION

6.2.1 Documents

The following documents are expected to be under full document control:

- all contractual deliverables;
- this Project Plan;
- the standards, procedures and guidelines identified in Appendix A.

6.3 CHANGE CONTROL

Change control will become effective for the documents identified in section 6.2.1 above as soon as version 1 has been approved for issue.

6.4 STATUS REPORTING

Amendments to controlled documents will be summarised on the standard document information page.

6.5 DOCUMENT CONTROL

6.5.1 Document Formats

Project Deliverables will have the following format. A pro-forma (template) document is available (WP8.6-01) and will be placed on restricted area of project web site. This can also be used for large internal documents. A proforma is also available (WP1.3-02) for small internal documents.

Each deliverable will comprise the following parts:

- Front title page;
- Document information;
- Executive summary or statement of results;
- Main report, with a full description of the results achieved;
- Bibliography and references (optional).

Two parts of each deliverable (front sheet and Executive Summary) are, in principle, for wider distribution to meet the need of eTen community, and of an even broader audience to have information about the results achieved in the Project. The main report, on the contrary, might contain commercially sensitive information which has to be protected. The distribution status of each deliverable is defined in 4.4 above.

The parts of each deliverable have the following format:

Front title page

This form will be the front sheet of each deliverable (see also the front sheet of this deliverable). It comprises the following elements:

- Project Short Title (in logo)
- **Deliverable Number, Title** (as it appears in contract)
- **Workpackage** contributing to the deliverable (as it appears in the contract)
- **Version Number & Date**. Where appropriate this will include draft letter
- **Grant Agreement Number** in the footer(as it appears in the contract)
- In footer, acknowledgement of EU funding, and disclaimer

Document information

- **Abstract:** A few lines describing the essential results contained in the deliverable
- Organisation responsible
- **Author(s):** i.e. name and contact details of the person responsible for the preparation of the document
- **Contributing partners:** i.e. name and contact details of the main contributors to the document
- **Deliverable Type** (e.g. Prototype, Report, Specifications, Tool, Other)
- **Dissemination level** (e.g. Public or Confidential)
- **Version History**: A summary of versions and dates
- **Outstanding issues:** list any outstanding issues
- **Filename:** "filename" field
- A standard statement of originality

Executive Summary

This is a one or two page summary of the deliverable. It contains an adequate description of the conclusions or results of the work but does not divulge confidential details. Diagrams and pictures should be avoided in this part of the document unless they are fully described in the text.

Table of Contents

- Contents: to include figures and tables where appropriate

Full description of deliverable content

This part contains the body or essence of the deliverable and, depending on its distribution level, it can be distributed to a larger or to a more restricted audience.

For all pages except the front page, each page should contain header information with:

- Deliverable number and title
- Project title / logo

and footer information giving:

- Dissemination level (i.e. Public or Confidential)
- "Page number" of "Total Pages"
- Version Number and Date

6.5.2 Naming and referencing standards

Project Deliverables will be referenced:

- Dn.m or IDn.m, where Dn.m is the Deliverable identifier in the Contract.
- Version number. Note that draft versions prior to first release can be numbered 0.1 etc.
- CareWell
- Brief identifying description (e.g. "Project Quality Plan", "Web Site")

Example: D8.1 v2.0 CareWell Project Quality Plan

It is recommended that other documents prepared by partners for general circulation should have names that contain:

- WPn or WPn.m (Workpackage or Task level respectively);
- Sequential document number within WP/Task (two digits starting 01, to be allocated by WP or Task leader);
- Version number;
- CareWell;
- Brief identifying description (e.g. "PSC agenda", "technical mtg mins");
- Date in ISO format (i.e. yymmdd) (optional);

Example: WP3.2-01 v0.1 CareWell User needs;

When commenting on a document by direct additions, then append initials or organisation to version number, e.g. WP8.6-03 v1MHu CareWell Reviews.

Each Participant will need to define their own standard for filing documents and other configurable items (including source and object code where appropriate) produced by the project. These standards must be capable of filing documents produced by other partners. The standards must ensure, as a minimum, that:

- each document/item is clearly identified as a CareWell document/item;
- each document/item has a unique reference;
- for documents/items produced by the project, each document/item has a version number;
- each document/item is labelled with its reference and, where applicable, its version number and date.

6.5.3 Ownership, review, approval and issue of documents

There are a number of different classes of documents:

Project Deliverables - External: These are contractual deliverables for the Commission. Ownership of each deliverable will be assigned under the respective Workpackage Plans. Deliverables are under full document control, and will be reviewed by the Quality Manager, and approved by the Operational Coordinator. Issue will be via the Operational Coordinator's office.

Project working documents: These will not normally be under full document control.

Documents internal to an individual partner: These are regarded as outside the scope of this Project Plan.

6.5.4 Control of changes to documents

Any member of the project may identify the need to update a document, and should then notify the approver of the document (see section 6.5.3 above).

The document approver will decide whether the document should be amended. The Operational Co-ordinator / Workpackage Manager as appropriate will allocate responsibility for amending the document.

Review, approval and issue of amended documents will be as set out in section 6.5.3 above.

Exceptionally, amendments may be issued by document owner or approver requesting holders to make manual updates to their copies, pending reissue of the document.

6.5.5 Physical and electronic storage

Each Participant is responsible for implementing physical and/or electronic storage procedures. The Operational Co-ordinator has the right to review these, and request changes where deemed necessary to protect the project against undue risk.

6.5.6 Indexing

Each Participant is responsible for implementing procedures for indexes in physical and/or electronic storage to ensure that only the latest version of any reissued document is used by project staff. The Operational Co-ordinator has the right to review these, and request changes where deemed necessary to protect the project against undue risk.

6.5.7 Handling of superseded / obsolete documents

Each Participant is responsible for implementing the procedures to handle superseded / obsolete documents. The Operational Co-ordinator has the right to review these, and request changes where deemed necessary to protect the project against undue risk.

6.6 STORAGE AND BACKUP

Each Participant is responsible for defining and following procedures for storage of products and system backup, and in particular for backup of word processed documents and computer system application software components.

As a minimum, electronic copies of controlled and partially controlled documents, and computer system application software components, should be backed up weekly, with off-site storage at least monthly. Use of DropBox (or similar cloud based systems) will be deemed to meet this requirement. Where there are paper only controlled and partially controlled documents, distribution off-site to other partners will be considered adequate backup.

The Operational Co-ordinator has the right to review these procedures, and request changes where deemed necessary to protect the project against undue risk.

6.7 ARCHIVING

Under the Contract (Annex II, Article 23), accounts must be maintained for at least five years after the final payment. In addition, under the Contract (Annex II, Article 28), the European Commission has the right to initiate a financial audit up to five years after the final payment of Community contributions. Partners must therefore make provision to retain financial records appropriately.

Under the Contract (Annex II, Article 29), the European Commission has the right to initiate a technical review of the project up to five years after the end of the project. Quality records and other appropriate records will therefore be retained for a minimum of six year after the Completion Date of the project.

Under the Contract (Annex II, Article 16) the European Commission has the right to request, both during the project and up to five years after its end, data necessary for:

- the continuous and systematic review of the ICT PSP as part of the CIP;

- the evaluation and impact assessment of Community activities, including the use and dissemination of foreground.

Within this requirement, archiving of project material is the responsibility of each Participant, who will define and follow appropriate procedures.

7 Delivery

7.1 EUROPEAN COMMISSION DELIVERABLES

The requirements for delivery are set out in the Contract, Article 7, and Annex II Article II.4 Clause 4 as follows:

- Contract, Article 7:
  "The *reports* and *deliverables* required under this *grant agreement* shall be submitted by the *coordinator* in English."
- Annex II Article II.4 Clause 4:
  "The consortium shall transmit the *Reports* and other deliverables through the *coordinator* to the Commission using the electronic exchange mechanism set up by the Commission. . . . .
  The format and layout of the *reports* shall conform to the rules communicated by the *Commission*."

8 Risks to quality

This is an investment project; regardless of any contractual arrangements, it requires the active participation and commitment from all parties for it to realise its full potential for success.

The approach to risk management is set out in the DoW, section B.3.3.8 Approach to Risk Management.

Appendix A - Project standards and Procedures list

This appendix contains all the global standards, procedures and guidelines used on the project with their version number.

Reference	Title	Version
WP1.6-01	CareWell Deliverable Proforma	
WP1.6-02	CareWell Small Document Proforma	
WP1.6-03	CareWell Reviews	
WP1.6-04	CareWell Responsibility Matrix	
WP1.6-05	CareWell Project Risk Register	
WP1.6-06	CareWell Issue Register	