Project acronym: INVEST4HEALTH

Grant Agreement Number: 101095522

Project full title: Mobilising novel finance models for health promotion and disease prevention

Deliverable D1.1 – Project handbook on quality management

Version:	1.1
Status:	Final (revised at RP1)
Dissemination Level:	Public
Due date of deliverable:	31.03.2023
Actual Submission date:	27.11.2024
Work Package:	Project Management and ELSI
Lead partner for this deliverable:	RS
Partners contributing:	ISAB

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Funded by the European Union

Revision history

Version	Date	What / Changes made	Author(s)
0.1	230215	First version	Magnus Wallengren / ISAB
0.9	230331	Cleaned for review	Magnus Wallengren / ISAB
1.0	230331	Final version	Jolanda Van Vliet / RS Magnus Wallengren / ISAB Bengt Stavenow / ISAB
1.1	241127	Sub-sections on Research Quality Assurance and Gender and Diversity Aspects are added based on feedback received at RP1 Project review	Bengt Stavenow / ISAB Rhiannon Tudor Edwards / BANGOR

GLOSSARY	
EB	Executive board
GA	Grant Agreement
GAss	General Assembly
HE	Horizon Europé
I4H	Invest4Health
SCI	Smart Capacitating Investment

Table of Contents

Introduction

This section introduces the project on overall level, general purpose and scope if this handbook.

Project summary

Due to the complexity of challenges we are facing in modern societies and the increasing scarcity of resources to address them, we need more creative ways to maximise public sector assets[19]. Our focus is on stakeholders in health ecosystems working together to plan and finance health promotion and disease prevention (including future pandemic readiness) at population, community and individual levels. This shifts us from hospital-centred to community-based, people-centred and integrated services enabled by relevant social and technological innovations.

Health promotion and disease prevention is better placed to help people cope with the challenges of the future than medical care. With **smart capacitating investment** we are developing and testing models together with an alternative governance mechanism, that will start to incentivise and show how this shift can be accomplished. Since before the millennium, hospital-centric care models and healthcare performance have not met the needs and challenges of increasing inequalities, the burden of chronic diseases and mental ill health. Consortium members have been contributing to what can take us beyond the state-of-the-art for many years. We will provide validated models to guide longer-term investment at scale in health promotion and prevention across multiple levels with sustainable returns and localised benefits.

With Invest4Health, our response to this dilemma is that it is *better to pre-empt rather than repair.* The financing solution is smart capacitating investment. This means *sharing risks and resources to invest at scale* across multiple levels within health ecosystems generating sustainable returns and localised benefits. Our goal is to incentivise new ways of financing health promotion and disease prevention where the financial benefits to health and other sectors outweigh the initial costs and give a sustainable return on investment.

Purpose of this document

The purpose of this document is to provide to all parties in the consortium an accessible and easy to understand handbook on project purposes, governance, quality control, and day-to-day management. This means both (i) transferring original content from the agreed upon and signed project Grant Agreement and Consortium Agreement, and (ii) agreed upon contents and structure from continuous dialogue within the consortium, all translated into a simplified representation of the above.

This document is considered a living document. It will be regularly reviewed and updated by the Executive Board throughout the entire duration of the project in order to reflect changes and evolution of the project. Therefore, project members should always check the internal, shared repository for the most recent version of this document.

Changes to this document

Although submitted to EC as Deliverable D1.1 The Project handbook is a living document, hence will be regularly reviewed and updated by the Executive Board (EB) throughout the entire duration of the project in order to reflect changes and evolution of the project. Therefore, members of the project should always check the internal website (TEAMS) for the most recent version of this document and associated templates.

As of submission of this handbook (230331) there are several topics which have been identified to be added or updated at a later point in time once agreed upon and contents defined, such as;

Updates to be made
Added details to internal reporting, with calendar
Procedures for supporting publication of project results
Work in progress regarding process in relation to SAB meetings
Repository / library of papers, articles and books

References

- Grant agreement
- Consortium agreement

Organisation and governance

For the purpose of internal communication, the parties have agreed on to exchange information and documents through a Teams channel.

In the root folder are simple and general instructions on usage of shared Teams channel (link).

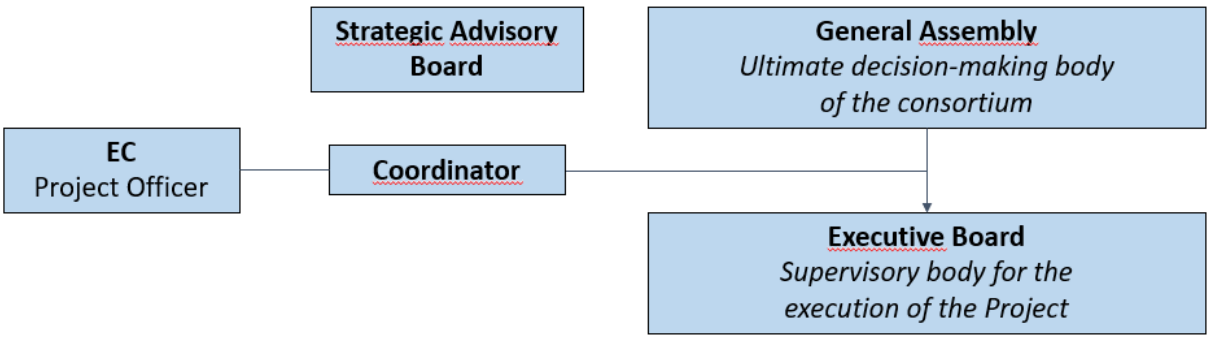
Project Parties

Each project Party must sign the CA. When relevant in certain sections the CA, the CA agreement distinguishes between Beneficiaries and Associated Partners. As of 230331 the Parties of the INVEST4HEALTH Project are;

REGION SKANE **(SKANE LAN), Coordinator**
ERASMUS UNIVERSITEIT ROTTERDAM **(EUR),**
SAMFUNNS-OG NAERINGSLIVSFORSKNING AS **(SNF AS)**
SYREON KUTATO INTEZET KORLATOLT FELELOSSEGU TARSASAG **(SYREON)**
EUROHEALTHNET ASBL **(EuroHealthNet)**
RISE RESEARCH INSTITUTES OF SWEDEN AB **(RISE)**
NORWAY HEALTH TECH **(NHT)**
INNOVATION SKANE AB **(ISAB)**
STICHTING HEALTH CLUSTERNET **(SHCN)**
SINTEF AS, by its institute SINTEF Digital **(SINTEF)**
GOETEBORGS UNIVERSITET **(UGOT)**
UNIVERSITATSKLINIKUM HEIDELBERG **(UKHD)**
UNIVERSIDAD DE NAVARRA **(IESE)**
FORSCHUNGSINSTITUT FUER RATIONALISIERUNG **(FIR)**
AXENCIA GALEGA PARA A XESTION DO CONECEMENTO EN SAUDE **(ACIS)**
HYWEL DDA LOCAL HEALTH BOARD < Associated Partner >
BANGOR UNIVERSITY**,** (**BANGOR)** < Associated Partner >
THE CHANCELLOR, MASTERS AND SCHOLARS OF THE UNIVERSITY OF OXFORD (**OXU**) < Associated Partner >

Governance structure

The CA agreement defines the Consortium Bodies and respective roles and responsibilities as depicted below:



Refer to the Consortium Agreement for details. The table below is compiled to give an overview of the roles of the Executive Board and General Assembly meetings, respectively.

Executive Board and General Assembly

	Executive Board	**General Assembly**
Role	The Executive Board is the supervisory body for the execution of the Project, shall report to and is accountable to the General Assembly	The General Assembly as the ultimate decision-making body of the consortium
Meetings		
Frequency	CA: At least quarterly Currently: every 3 weeks)	CA: At least 1 /year Currently: 2 /year (1 virtual, 1 in-person)
Notice of meeting	14 calendar days	45 calendar days
Sending agenda	7 calendar days	21 calendar days
Adding items to agenda	2 calendar days	14 calendar days
Representation and voting		
Representation	The Executive Board shall consist of the Coordinator and the representatives of the Parties appointed to it by the General Assembly.	The General Assembly shall consist of one representative of each Party
Proposals	The Executive Board shall prepare the meetings, propose decisions and prepare the agenda of the General Assembly The Executive Board shall be responsible for the proper execution and implementation of the decisions of the General Assembly. The Executive Board shall support the Coordinator in preparing meetings with the Granting Authority and in preparing related data and deliverables Upon request of formal review by the Granting Authority, the Executive Board shall provide active support to the Contributor in the preparation and implementation of the procedure.	All proposals made by the Executive Board shall also be considered and decided upon by the General Assembly.

Refer to the CA regarding extraordinary meetings and voting/decisions.

Meeting structure and decisions

The framework at a project level of the governance structure and the consortium bodies are described in Section 6 in the CA agreement. The operations and routines of each Work Package (WP) should be agreed on at a WP level.

Information and documents related to each of the consortium bodies (agenda, meeting documents, minutes) are stored in the Teams folder for Meetings.

A contact list table, that aggregates appointments to Consortium Bodies as well as other informal groupings, is found on the project´s Teams site (root folder). Each party is encouraged to keep this contact list updated.

Executive Board meetings

In addition to the Coordinator, the members of Executive Board (EB) are WP leads and any other project participant appointed by the Coordinator or any of the WP leads. The GA meeting should formally take decisions on these appointments.

The plan for the EB is to meet once each third week. The EB meeting schedule is published on the project's Teams site.

A template agenda for the EB meetings, mirroring the EB´s responsibilities, has been prepared to ensure a consistent follow up of the project

Please direct any questions regarding the EB meetings to the Coordinator.

General Assembly meetings

Each Party has appointed its representative in the General Assembly (GAss) meetings. A list over GA members is published on the project's Teams site. Changes to a Party's representative should be reported to the Coordinator, who has the responsibility to maintain an up-to-date GAss- members list.

The GAss will meet when necessary, but at least three times per year. If appropriate, GAss meetings will be arranged as physical meetings in conjunction with other project activities arranged as physical meetings. Otherwise, the GAss meetings will be on-line meetings.

The GA meeting schedule is published on the project's Teams site.

A template agenda for the GA meetings, mirroring the EB´s responsibilities, has been prepared to ensure a consistent follow up of the project

Strategic Advisory Board meetings

The role of the Strategic Advisory Board (SAB) is to represent stakeholders, such as citizens, patients, health system funders and other public authorities, that are related to the regional pilots but not represented directly in the Consortium. In its role, the SAB will advise the Consortium Bodies and assist and facilitate in the implementation of the decisions made by the Consortium Bodies.

The SAB members shall be allowed to participate in General Assembly and Executive Board meetings upon invitation but have not any voting rights.

< work in progress >

Members of the Strategic Advisory Board (SAB) are appointed by the GA meeting. The process to agree on how and based on which criteria SAB candidates shall be identified, recruited, and then appointed by the GA is ongoing in the EB with support of the WPs.

Project implementation and quality assurance

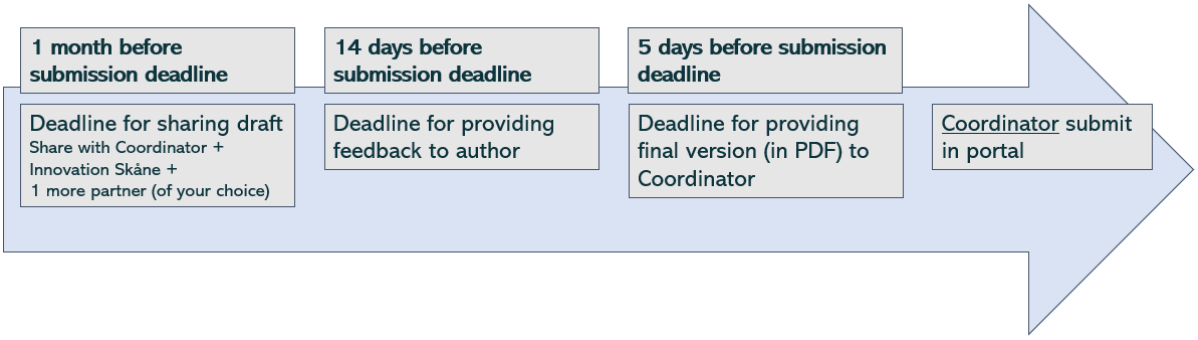
For quality assurance of project implementation and sound coordination the following perspectives are defined as part of this handbook;

- Process for Deliverable submission
- Risk monitoring
- KPI and target fulfillment
- Ethics considerations
- Research quality assurance
- Gender and diversity aspects
- Reporting
    - External (required by funding agency)
    - Internal

Deliverables

All Deliverables are prepared by the Author defined in the Grant Agreement, supported by contributors identified in the List of deliverables. The identified author is free to request additional support and contributions from other partners not mentioned as contributors in the GA.

Throughout the project deliverables are internally reviewed, according to the procedure illustrated below:



- Deliverable drafts shall be shared with Coordinator + Innovation Skåne + 1 additional partner (of your choice) latest 1 month before submission deadline
    - In case any Author are unsure of “additional partner” above, consult Coordinator or WP leader
- All deliverables are submitted in EC portal by the Coordinator.

The Deliverables table from the GA can be found in Appendix.

Quality assurance, risk monitoring

A key part of project Quality assurance is the monitoring of KPI and target realization, current status are available in KPI tracking and quality assurance (Teams link). Find KPIs developed as part of the project proposal (and part of the GA) in Appendix.

A key part of risk management is both (i) the division of risk identification and management, and (ii) a common approach for ways of working.

In terms of (i)

a) Region Skåne as Coordinator has the overall responsibility of risk management on project level,
b) on the sub-level each Work package identifies and report risks to project coordinator, leading management of those risks supported by the Region Skåne as project coordinator.
c) On Work package level, Work package 6 (testbeds) are the single work package (apart from WP1 project management) with expected most critical risks, this means WP6 leader (RISE) is expected to have a closer collaboration with the project coordinator related to risk management.

In (ii) the identification, reporting and monitoring of risks on project and WP level each WP leader are required to monitor and update risks, identification and mitigation in the shared Risk management table (Teams link). Find Risk management table developed as part of the project proposal (and part of the GA) in Appendix.

Ethics considerations

During the project the ethics dimension can be considered on three levels, namely (i) project level, (ii) Work package level, and (iii) partner level;

(i) On overall Project management level Region Skåne are as Coordinator responsible for the management and monitoring of identified and reported risks.
(ii) WP leaders are responsible for the identification, suggested mitigation efforts, and monitoring of risks related to efforts and activities within the WP.
    a. In particular related to the testbeds WP6 leader (RISE) is responsible for continuously monitor risks related to testbed activities.
    b. It is the responsibility of each testbed leader to ensure adherence with regional/national ethics procedures, obligations and practices related to each planned testbed intervention.
(iii) Each project partner is responsible for considering and respecting the ethics dimension in all activities prepared and implemented within the project.

It is the responsibility of all partners to report identified risks to the Coordinator, and support in the proposed mitigation efforts and monitoring of those risks.

Ethics perspective and considerations may be considered upon selection of, and in collaboration with, SAB.

Research Quality Assurance

Being an initiative within a Research and Innovation Action, the I4H project manages two main perspectives on scientific quality

- Scientific quality in relation to scientific publications; in this perspective the project objectives are to ensure that the authors get access to information and support requested from the project, that the project and its implementation are described in a correct way, and that resources are provided such that the scientific papers are of good quality when being submitted to external review
- Scientific result contribution to Impact and Innovation; this perspective is project-internal and has a focus on ensuring that scientific results are described and understood in the context of the project (for example through the scientific-cantered deliverables) and are effectively communicated to other WPs with a focus on implementation, test and evaluation.

The main objective in this perspective is to contribute to activities to develop insights, learnings and evidence in relation to the project's knowledge base.

In both perspectives it is important to leverage on what we have done and moving forward, our approach to ensuring scientific quality in a collaborative manner in the multi-disciplinary Invest4Health project.

Scientific quality in relation to scientific publication

The Invest4Health project is a transdisciplinary partnership drawing academics and policy practitioners across eight different countries together. The disciplines we represent include population health, health policy, health economics, business model and governance science, finance and economics, system innovation, strategy and planning. There are eight work packages in total, with work packages 2, 3, 4 and partly 5 constituting the academic evidence creating engine of the project. We ensure constant peer review of academic standards and quality through the way we contribute to deliverables working across these academic-biassed work packages 2, 3, 4 and partly 5. On a day-to-day basis, the lead academics who are largely professors at UK and European higher education institutions, peer review and track change texts and undertake weekly debate over our emerging evidence gathering methodology. One example of this is that in work package 2, we spent time debating and defining the definition of smart capacitating investment (SCI). In completing deliverable 2.1 we realised we needed to take inductive and deductive approaches to evidence gathering. We also realised that reliance on peer review papers was not sufficient in the context of very recent, novel SCI and that we needed to review grey literature and identify leading websites.

Working in higher education institutions, we are extremely aware of demonstrating the societal impact of our academic endeavours. In terms of peer review of outputs, these are peer reviewed externally and we are already seeing a trajectory of success with the acceptance of oral presentations at a number of international conferences and the imminent acceptance and publication of our study protocol in the journal Frontiers in Public Health. We are currently finalising reviewer feedback and comments, which have been largely favourable.

To further contribute to the quality on scientific publications the project will:

- Continue to document our regular meetings with written action points
- Introduce a more strict review process to ensure that representatives from relevant perspectives on the project are contributing in the review process
- Feed back to the wider research consortium twice a year at face-to-face meetings which provide further peer review and scrutiny of academic evidence gathering from our non-academic more policy-focused partners.
- In terms of overall record keeping of output peer reviewed products, we have a publication register where in a collaborative way colleagues publish their intention to lead a particular academic peer review paper and invite all interested to contribute where they feel they can.
- Consider inviting Members of the SAB in the project-internal review process

Working in higher education institutions, we are extremely aware of demonstrating impact in a practical society sense of our academic endeavours, which will be further discussed below.

Scientific result contribution to Impact and Innovation

In terms of ensuring the scientific quality of the innovation aspect of the Invest4Health project, our main objective is to create a franchise model for SCI to be used in future testbeds to promote population health and prevent disease.

We are in the process of 'flipping' from an emphasis on academic outputs and rigour to an emphasis on impact through ensuring that the innovation component i.e. the testbed activities are fully informed by our definition of SCI included in D2.1, and an evidence-informed tool for assessing the readiness of implementing SCI in the testbeds (D2.2), and plans for evaluation of SCI interventions in the testbeds D2.3 due December 31st 2024. We also badge our peer reviewed outputs with authors and 'on behalf of the I4H team'. In terms of tracking the quality of the innovation component of I4H, work packages 4, 5 and 6 have recordings of interviews with stakeholders involved in the four regional testbeds. These can be peer reviewed across work packages and have been used to inform related WPs. We are pleased to have established a Strategic Advisory Group and a Citizen and Patient Advisory Group (CPAG) is up and running to further hold us accountable on the innovation side of the I4H project. This complements our Common Architecture Reference Group (CARG) which is a methodology group used to support the more theoretical work underpinning a desire for high quality academic evidence generation to inform the innovation part of this collaborative study.

Below are examples of project activities planned or already implemented to manage how scientific results contribute to impact and innovation:

- The implementation of the project will adapt a the "flipping the project" approach that is related to the "usefulness and applicability of the scientific results fortestbeds. The intention is to encourage the testbed representatives (stakeholders, decision-makers, citizens, …) to express their needs of scientific results and applicable support to make use of and support in further development of evidence-based concepts and models.
- Quality-related activities, that also contribute to the scientific quality, will continue. We have quite a few inter-WP discussions, we have the review process of Deliverables (where all Partners should contribute), the deep-dives for each of the regional testbeds, and the recently established Citizen and Patient Advisory Group (CPAG).
- End of 2024 the project will announce an Open Call and invite additional regions to engage with the project. These second tranche of regions create an opportunity to get further feedback on needs of results, training and other types of services.
- For the continuation of the project, an Impact Monitoring process will be implemented. The "usability and applicability" of research results will be included in that process

Gender and Diversity Aspects

For various reasons, gender and diversity inequalities are still an issue in healthcare. Even if there are Eu level and national regulations highlighting health equality as a key responsibility for healthcare providers, there are still significant differences in most countries even in Europe. For example, there are differences in the knowledge base on how men and women typically respond to treatments and drugs for one and the same disease, caused by factors such as that gender-specific conditions are not

fully considered in design of care plans and that there is an under-representation of women in related clinical trials. Additional examples are given in the I4H DoA.

The aspects of gender and diversity ae maybe even less understood when focusing on disease prevention and health promotion.

- It is generally stated that primary prevention and health prevention are for a variety reasons "under-researched". There are requirements on new types of research study concepts (randomised research studies not fully applicable), there are a lack of structured data sources and those existing are owned by different actors.
- Low level of access to structured data may potentially also impact on the potential of future AI applications
- In quite a few cases the design of interventions is based on collaboration among several actors in the civil society with a low level of readiness to collaborate for a shared purpose.
- To cope with the readiness issue new types of support structures at a system level have to be co-developed and applied in multi-actor initiatives. In addition to supporting system structures, readiness also requires shared culture, values and priorities, not at least in relation to the specific topic of health equality (e.g. equal opportunities policies).

The I4H project has expressed a clear objective to implement the project activates with a focus on Health Equality and Ethics. The design, development and implementation of system level support (e.g a collaborative platform and data management), related training, tools and methods applied to the four regional testbeds create an opportunity to ensure that gender and diversity dimensions are appropriately considered. A few examples linked to tasks and deliverables are:

- Implementation of the Citizen and Patient Advisory Group (CPAG) and appointment of Members based on an open call
- Services provided by the collaborative platform, e.g. stakeholder management, co-governance services and dashboards to follow-up on indicators and outcomes in prioritised dimensions
- Training platform on SCI and its overarching principles
- Design and implementation of appropriate tools, such as Foresight workshops and the Scirocco self-assessment tool for readiness.

The project will follow-up on the gender and diversity dimensions in accordance with the general principles discussed above. For example, the WPs will, when implementing their tasks and if applicable, follow the Gendered Innovation Engineering checklist, which has been defined and recommended by the EC. This will be carried out at suitable points in time of the project to ensure that gender bias is avoided. In addition, it is emphasised that all partners operate and maintain equal opportunities policies.

Quality assurance, financial external reporting

All partners are obligated to follow EC rules and procedures for cost accounting and reporting, key principles to be followed below;

- → Ensure adherence to eligible costs
- → Create and maintain specific project code for accounting costs
- → Declared time spent on action per individual and per Work package
    - Templates for timesheet (declaration of time spent on action) in Appendix.

The following data for financial reporting has been defined by the GA (Article 4.2 Data sheet), on reporting periods:

4.2 Periodic reporting and payments

Reporting and payment schedule (art 21, 22):

Reporting					Payments	
Reporting periods			Type	Deadline	Type	Deadline (time to pay)
RP No	Month from	Month to				
					Initial prefinancing	30 days from entry into force/10 days before starting date – whichever is the latest
1	1	18	Periodic report	60 days after end of reporting period	Interim payment	90 days from receiving periodic report
2	19	36	Periodic report	60 days after end of reporting period	Interim payment	90 days from receiving periodic report
3	37	42	Periodic report	60 days after end of reporting period	Final payment	90 days from receiving periodic report

For associated partners, reporting is governed by their respective funding agencies rules, procedures and obligations.

Quality assurance, financial internal reporting

Due to extended reporting periods additional internal reporting will be implemented for cost monitoring and sound project management purposes. Moreover, this is implemented;

- → For reporting of costs according to EC outlines of cost categories
- → To ensure adherence to EC currency conversions

Timing is expected at M12, and at M27, and format will be expected to follow EC obligations for periodic reports.

Overall reporting calendar

The combination of internal and external reporting is presented in the iteratively updated table shared on the Teams workspace (Teams link)

Other

Not covered in chapters 1 & 2 are general topics of interest for all project partners, such as;

How to gather and share relevant resources articles, documents) among project partners
Nomenclature, a common list of definitions commonly used in the implementation of the project.

At the time of submission these topics are to be addressed by the consortium, more specifically WP1 leader in collaboration with WP8, with contributions from all partners.

Appendix - KPI monitoring

Funded by the European Union

Description (outcome/result)	Type	KPI	Status	updated	Notes
Evidence-base for smart capacitating investment: 12 case examples of SCI enablers and test-bed reports available as reference points for implementing SCI together with learning from invest4health	RESULT	12			
Smart capacitating investment finance model(s): SCI compatible financing techniques for health promotion and disease prevention tested in 10 health ecosystems with a digital collaboration space to support and incentivise multi-stakeholder involvement and sustainability	RESULT	10			
Active citizenship guides equitable spend: Use of the new collaborative space by citizen and patient panels builds a sense of co-ownership and trust that health promotion & disease prevention will deliver equitable local benefits	RESULT	"Use of"			
Overcome barriers to data impact: Use of the OMOP Common Data Model adapted to SCI across federated data sources generates data results for meta-analysis of the SCI approach	RESULT	"Use of"			
Replication and scaling: 4 **initial regions** and 3 x 2nd Tranche regions recruited as large-scale LSDs with funding application made. Representatives of at least 20 national or regional organisations involved in stakeholder engagement and advocacy dialogue.	RESULT	4 initial			
Replication and scaling: 4 initial regions and **3 x 2nd Tranche regions** recruited as large-scale LSDs with funding application made. Representatives of at least 20 national or regional organisations involved in stakeholder engagement and advocacy dialogue.	RESULT	3x2nd tranche			
Decision and Policy makers. Models and tools provided to improve planning and financing choices	Dissemination	A **minimum of 3 events in each regional test-bed** (n=15). Online policy briefings at least 1/year			
Decision and Policy makers. Models and tools provided to improve planning and financing choices	Dissemination	A minimum of 3 events in each regional test-bed (n=15). **Online policy briefings at least 1/year**			
Funders and investors. Commitment to SCI cofinancing programmes explored	Dissemination	2 SAB meetings annually; participation in mid-term workshop and final conference			
Citizen panels in regional test-beds. Citizens feel their experience and perspectives are valued	Dissemination	Each deliverable uses visual techniques to optimise knowledge sharing with citizen panels and publics			
Public health workforce and health and social care professionals. Increased awareness about the project	Dissemination	**One webpage at start. At least, 5,000 visits/year. Channels weekly updated (Twitter and LinkedIn). 2,000+ followers** on social media accounts by the end of the project.			
Community services and social housing . Increased awareness about the project	Dissemination				
Research community. The project generates high quality accessible research and results	Dissemination	At least **4 publications in high-impact factor peerreviewed journals** At least 6 consortium coauthored publications in open access journals Special issue in a health policy/implementation focused journal			
Research community. The project generates high quality accessible research and results	Dissemination	At least 4 publications in high-impact factor peerreviewed journals **At least 6 consortium coauthored publications in open access journals.** Special issue in a health policy/implementation focused journal			
Research community. The project generates high quality accessible research and results	Dissemination	At least 4 publications in high-impact factor peerreviewed journals At least 6 consortium coauthored publications in open access journals **Special issue in a health policy/implementation focused journal**			
Industry. Increase participation & commitment; foster synergic actions	Dissemination	Health system/Industry agreements **in each test-bed** for platform based collaborative spaces to offer 'plug and play' options for relevant TRL6 digital health solutions during next largescale demonstration phase			

Appendix - Risk management, table in Grant Agreement

Funded by the European Union

Associated with document Ref. Ares(2022)7741494 - 09/11/2022

LIST OF CRITICAL RISKS

Critical risks & risk management strategy

Grant Preparation (Critical Risks screen) — Enter the info.

Risk number	Description	Work Package No(s)	Proposed Mitigation Measures
1	Controversy, conflicts in consortium/ partner leaving consortium (i) Low (ii) High		Any issue or modification that arises with respect to the project plan will be solved at an appropriate level in the project management structure. If the dispute is still not resolved or in the case of a serious conflict, the consortium will inform the EC project officer and mediation from the EC will be sought, after which the CA legal mechanism for conflict resolution will be instantiated and the process passed to the legal departments of the involved partners. Knowledge sharing is a key principle in the consortium and will be used actively to increase collaboration and reduce conflict.
2	Financial mismanagement from project (i) Low (ii) Medium		The Consortium will establish a rigorous budgetary control mechanism for the project as a whole. This will ensure a high level of quality in financial administration, towards partner, EU and supplier.
3	Project coordination issues due to decreased overall coherence among project partners, related to Covid-19 related restrictions (i) Low (ii) Medium		Fully using technology and virtual formats for meetings and collaborative tools will only partially mitigate this risk. As travel restrictions (as of spring -22) are relaxed in-person project meetings will be arranged in a hybrid format, with the possibility of joining virtually.
4	Inconsistencies between methodological development and implementation design (i) medium (ii) high		Close coordination and communication; project partners involved in several interrelated WPs
5	Test-beds decide early on to implement already mature SCI business and/or finance models with limited room for innovation within the project		Continuous consultation and co-creation between WPs 2-4 and WPs 5-6
6	Limitations on data privacy and sharing between countries (i) Medium (ii) Medium		Business modeling with utilise data in two ways to mitigate risk with data exchange. First, regional test-beds will organise data sharing for their collaboration platforms using an in-region federated data approach. Only data results will be shared with other test-beds and WP/ module leaders for meta-analysis purposes (see also 1.5)
7	Poor usability of proposed models and methods in real-world test-beds (i) medium (ii) high		Stakeholder involvement right from the beginning; close coordination between work packages

Critical risks & risk management strategy

Grant Preparation (Critical Risks screen) — Enter the info.

Risk number	Description	Work Package No(s)	Proposed Mitigation Measures
8	Although we lean towards population data, the possible need for sensitive personal data can't be excluded in the test-bed interventions (i) medium (ii) medium		Where personal data is involved, we´ll work with local data protection/ethics officers according to regulations, established principles of use, and practice

PROJECT REVIEWS

Project Reviews

Grant Preparation (Reviews screen) — Enter the info.

Review No	Timing (month)	Location	Comments
RV1	20	To be decided prior to the review	May be linked with the 1st reporting period; subject to PO approval.
RV2	38	To be decided prior to the review	May be linked with the 2nd reporting period; subject to PO approval.
RV3	42	To be decided prior to the review	May be linked with the 3rd reporting period; subject to PO approval.

Appendix – List of Deliverables

Funded by the European Union

LIST OF DELIVERABLES

Deliverables

Grant Preparation (Deliverables screen) — Enter the info.

The labels used mean:

Public — fully open (⚠ automatically posted online)
Sensitive — limited under the conditions of the Grant Agreement
EU classified —RESTREINT-UE/EU-RESTRICTED, CONFIDENTIEL-UE/EU-CONFIDENTIAL, SECRET-UE/EU-SECRET under Decision 2015/444

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D1.1	Project handbook on quality management	WP1	1 - SKANE LAN	R — Document, report	PU - Public	3
D1.2	Data Management Plan	WP1	1 - SKANE LAN	DMP — Data Management Plan	PU - Public	6
D1.3	Updated Data Management Plan	WP1	1 - SKANE LAN	DMP — Data Management Plan	PU - Public	40
D2.1	Conceptual theoretical framework to systematically describe SCI	WP2	2 - EUR	R — Document, report	PU - Public	18
D2.2	Self-assessment tool for test-beds to assess readiness to test SCI	WP2	16 - HDHB	OTHER	PU - Public	18
D2.3	Proposal for outcome measures and study designs to assess the real-world impact of smart capacitating investments	WP2	17 - BU	R — Document, report	PU - Public	24
D3.1	Technical guide for collaborative platform design	WP3	10 - SINTEF	DEM — Demonstrator, pilot, prototype	SEN - Sensitive	36
D3.2	SCI Business Model framework	WP3	3 - SNF AS	R — Document, report	PU - Public	42
D4.1	Multi-dimensional performance management toolkit for SCI models	WP4	18 - UOXF	OTHER	SEN - Sensitive	26

Deliverables

Grant Preparation (Deliverables screen) — Enter the info.

The labels used mean:

Public — fully open (⚠ automatically posted online)
Sensitive — limited under the conditions of the Grant Agreement
EU classified —RESTREINT-UE/EU-RESTRICTED, CONFIDENTIEL-UE/EU-CONFIDENTIAL, SECRET-UE/EU-SECRET under Decision 2015/444

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D4.2	Smart capacitating investment finance model	WP4	4 - SYREON	R — Document, report	SEN - Sensitive	36
D5.1	Training programme for decision and policy makers to use SCI models and tools	WP5	13 - IESE	DEC —Websites, patent filings, videos, etc	PU - Public	18
D5.2	Report on creating more favourable environments for SCI for health promotion & disease prevention	WP5	5 - EuroHealthNet	R — Document, report	PU - Public	42
D6.1	Results from testing SCI models with public health interventions	WP6	6 - RISE	R — Document, report	PU - Public	40
D6.2	Comparative review of how test-beds are shifting health systems towards prevention	WP6	6 - RISE	R — Document, report	PU - Public	42
D7.1	Business plan for scaling and uptake using social franchising	WP7	7 - NHT	R — Document, report	SEN - Sensitive	36
D7.2	SCI package of models, tools and governance mechanism for large-scale demonstration	WP7	7 - NHT	OTHER	PU - Public	42
D8.1	Project website	WP8	9 - SHCN	DEC —Websites, patent filings, videos, etc	PU - Public	3
D8.2	Communication, dissemination, and exploitation Strategy and Action Plan	WP8	9 - SHCN	R — Document, report	PU - Public	6

Deliverables

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Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D8.3	Mid-term public workshop	WP8	5 - EuroHealthNet	DEC —Websites, patent filings, videos, etc	PU - Public	24
D8.4	White Book co-published and launched with THCS partnership	WP8	9 - SHCN	R — Document, report	PU - Public	41
D8.5	Final conference	WP8	9 - SHCN	DEC —Websites, patent filings, videos, etc	PU - Public	41
D8.6	Final communications, joint activities and dissemination report	WP8	9 - SHCN	R — Document, report	PU - Public	42
D8.7	Updated communication, dissemination, and exploitation Strategy and Action Plan	WP8	9 - SHCN	R — Document, report	PU - Public	30

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Deliverable D1.1 – Project handbook on quality management

Deliverable Number	D1.1	Lead Beneficiary	1. SKANE LAN
Deliverable Name	Project handbook on quality management		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	3	Work Package No	WP1

Description
Accessible and easy to understand handbook on project purposes, governance, quality control, and day-to-day management.

Deliverable D1.2 – Data Management Plan

Deliverable Number	D1.2	Lead Beneficiary	1. SKANE LAN
Deliverable Name	Data Management Plan		
Type	DMP — Data Management Plan	Dissemination Level	PU - Public
Due Date (month)	6	Work Package No	WP1

Description
Project data management plan

Deliverable D1.3 – Updated Data Management Plan

Deliverable Number	D1.3	Lead Beneficiary	1. SKANE LAN
Deliverable Name	Updated Data Management Plan		
Type	DMP — Data Management Plan	Dissemination Level	PU - Public
Due Date (month)	40	Work Package No	WP1

Description
Project data management plan, updated after review of concluded project activities with a particular focus on data management in modelling (financial, business), intervention analysis, collaboration platform, and general project governance.

Deliverable D2.1 – Conceptual theoretical framework to systematically describe SCI

Deliverable Number	D2.1	Lead Beneficiary	2. EUR
Deliverable Name	Conceptual theoretical framework to systematically describe SCI		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	18	Work Package No	WP2

Description

Conceptual theoretical framework to systematically describe Smart Capacitating Investments - Description T2.1

Deliverable D2.2 – Self-assessment tool for test-beds to assess readiness to test SCI

Deliverable Number	D2.2	**Lead Beneficiary**	16. HDHB
Deliverable Name	Self-assessment tool for test-beds to assess readiness to test SCI		
Type	OTHER	**Dissemination Level**	PU - Public
Due Date (month)	18	**Work Package No**	WP2

Description
Self-assessment tool for test-beds to assess readiness to test SCI - Description Task2.2

Deliverable D2.3 – Proposal for outcome measures and study designs to assess the real-world impact of smart capacitating investments

Deliverable Number	D2.3	**Lead Beneficiary**	17. BU
Deliverable Name	Proposal for outcome measures and study designs to assess the real-world impact of smart capacitating investments		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	24	**Work Package No**	WP2

Description
Proposal for outcome measures and study designs to assess real-world impact of SCI models and new governance mechanism - T2.3

Deliverable D3.1 – Technical guide for collaborative platform design

Deliverable Number	D3.1	**Lead Beneficiary**	10. SINTEF
Deliverable Name	Technical guide for collaborative platform design		
Type	DEM — Demonstrator, pilot, prototype	**Dissemination Level**	SEN - Sensitive
Due Date (month)	36	**Work Package No**	WP3

Description
D3.1 Technical guide for collaborative platform design, primarily based upon digital platform and data integration developed in T3.3 and T3.4, respectively.

Deliverable D3.2 – SCI Business Model framework

Deliverable Number	D3.2	**Lead Beneficiary**	3. SNF AS
Deliverable Name	SCI Business Model framework		
Type	R — Document, report	**Dissemination Level**	PU - Public

Due Date (month)	42	Work Package No	WP3

Description
D3.2 SCI Business Model framework [M42] Based upon T3.5 and the overall work performed in the WP.

Deliverable D4.1 – Multi-dimensional performance management toolkit for SCI models

Deliverable Number	D4.1	Lead Beneficiary	18. UOXF
Deliverable Name	Multi-dimensional performance management toolkit for SCI models		
Type	OTHER	Dissemination Level	SEN - Sensitive
Due Date (month)	26	Work Package No	WP4

Description
D4.1 Multidimensional performance measurement toolset for SCI models Toolkit building on the research and results from primarily T4.3, and T4.1

Deliverable D4.2 – Smart capacitating investment finance model

Deliverable Number	D4.2	Lead Beneficiary	4. SYREON
Deliverable Name	Smart capacitating investment finance model		
Type	R — Document, report	Dissemination Level	SEN - Sensitive
Due Date (month)	36	Work Package No	WP4

Description
Smart capacitating investment model Report building on research and results from entire WP.

Deliverable D5.1 – Training programme for decision and policy makers to use SCI models and tools

Deliverable Number	D5.1	Lead Beneficiary	13. IESE
Deliverable Name	Training programme for decision and policy makers to use SCI models and tools		
Type	DEC —Websites, patent filings, videos, etc	Dissemination Level	PU - Public
Due Date (month)	18	Work Package No	WP5

Description
D5.1 Training programme for decision & policy makers to use SCI models and tools Building on results from T5.2

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Deliverable D5.2 – Report on creating more favourable environments for SCI for health promotion & disease prevention

Deliverable Number	D5.2	**Lead Beneficiary**	5. EuroHealthNet
Deliverable Name	Report on creating more favourable environments for SCI for health promotion & disease prevention		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	42	**Work Package No**	WP5

Description
D5.2 Report on creating more favourable and mutually reinforcing environments for SCI in health promotion & disease prevention Report building on T5.3 (primarily) and the entire WP.

Deliverable D6.1 – Results from testing SCI models with public health interventions

Deliverable Number	D6.1	**Lead Beneficiary**	6. RISE
Deliverable Name	Results from testing SCI models with public health interventions		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	40	**Work Package No**	WP6

Description
D6.1 Report of results from testing SCI models with public health interventions

Deliverable D6.2 – Comparative review of how test-beds are shifting health systems towards prevention

Deliverable Number	D6.2	**Lead Beneficiary**	6. RISE
Deliverable Name	Comparative review of how test-beds are shifting health systems towards prevention		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	42	**Work Package No**	WP6

Description
D6.2 Comparative review of how test-beds are shifting health systems away from hospital-centric care

Deliverable D7.1 – Business plan for scaling and uptake using social franchising

Deliverable Number	D7.1	**Lead Beneficiary**	7. NHT
Deliverable Name	Business plan for scaling and uptake using social franchising		
Type	R — Document, report	**Dissemination Level**	SEN - Sensitive
Due Date (month)	36	**Work Package No**	WP7

Description

Business plan for scaling and uptake using social franchising

Deliverable D7.2 – SCI package of models, tools and governance mechanism for large-scale demonstration

Deliverable Number	D7.2	**Lead Beneficiary**	7. NHT
Deliverable Name	SCI package of models, tools and governance mechanism for large-scale demonstration		
Type	OTHER	**Dissemination Level**	PU - Public
Due Date (month)	42	**Work Package No**	WP7

Description
D7.2 SCI package of models, tools and governance mechanism for large-scale demonstration Comprehensive package of smart capacitating investment support resulting from Tasks 7.1-7.4

Deliverable D8.1 – Project website

Deliverable Number	D8.1	**Lead Beneficiary**	9. SHCN
Deliverable Name	Project website		
Type	DEC —Websites, patent filings, videos, etc	**Dissemination Level**	PU - Public
Due Date (month)	3	**Work Package No**	WP8

Description
Project website launched

Deliverable D8.2 – Communication, dissemination, and exploitation Strategy and Action Plan

Deliverable Number	D8.2	**Lead Beneficiary**	9. SHCN
Deliverable Name	Communication, dissemination, and exploitation Strategy and Action Plan		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	6	**Work Package No**	WP8

Description
Communications and dissemination Strategy, exploitation and Action Plan In terms of exploitation this Deliverable links to exploitation plans and measures implemented in WP7.

Deliverable D8.3 – Mid-term public workshop

Deliverable Number	D8.3	**Lead Beneficiary**	5. EuroHealthNet
Deliverable Name	Mid-term public workshop		
Type	DEC —Websites, patent filings, videos, etc	**Dissemination Level**	PU - Public

Due Date (month)	24	**Work Package No**	WP8

Description
Mid-term workshop based upon interim project results, with the purpose of involving relevant stakeholders for added value towards upcoming project activitites.

Deliverable D8.4 – White Book co-published and launched with THCS partnership

Deliverable Number	D8.4	**Lead Beneficiary**	9. SHCN
Deliverable Name	White Book co-published and launched with THCS partnership		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	41	**Work Package No**	WP8

Description
White Book co-published and launched with the THCS partnership

Deliverable D8.5 – Final conference

Deliverable Number	D8.5	**Lead Beneficiary**	9. SHCN
Deliverable Name	Final conference		
Type	DEC —Websites, patent filings, videos, etc	**Dissemination Level**	PU - Public
Due Date (month)	41	**Work Package No**	WP8

Description
Final conference showcasing project purposes, activities, and results

Deliverable D8.6 – Final communications, joint activities and dissemination report

Deliverable Number	D8.6	**Lead Beneficiary**	9. SHCN
Deliverable Name	Final communications, joint activities and dissemination report		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	42	**Work Package No**	WP8

Description
Final communications report

Deliverable D8.7 – Updated communication, dissemination, and exploitation Strategy and Action Plan

Deliverable Number	D8.7	**Lead Beneficiary**	9. SHCN
Deliverable Name	Updated communication, dissemination, and exploitation Strategy and Action Plan		

Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	30	**Work Package No**	WP8

Description
Updated Communications and dissemination Strategy, exploitation and Action Plan. Builds on plan and conclusions of D8.2

Associated with document Ref. Ares(2022)7741494 - 09/11/2022

LIST OF MILESTONES

Milestones

Grant Preparation (Milestones screen) — Enter the info.

Milestone No	Milestone Name	Work Package No	Lead Beneficiary	Means of Verification	Due Date (month)
1	Project Quality Manual	WP1	1-SKANE LAN	Manual uploaded to portal	4
2	A conceptual framework for SCI	WP2	2-EUR	Framework uploaded to portal	6
3	Project branding and website launch	WP8	9-SHCN	Website launched, templates and graphics provided to consortium	6
4	Comparative analysis of relevant business models	WP3	3-SNF AS	Report uploaded to portal	12
5	Functional regional test beds	WP6, WP5	6-RISE	Interim report uploaded to portal	12
6	Model of holistic approach to management & control challenges in & between collaborating organisations	WP5	5-EuroHealthNet	Model uploaded to portal	13
7	Mapping of health financing models potentially applicable to SCI, and criteria to select among them	WP4	4-SYREON	Report uploaded to portal	15
8	Architectural Plan for platform-based collaborative spaces	WP3	3-SNF AS	Workshop to introduce plan to test-bed stakeholders	18
9	MCDA tool developed to explore SCI compatible business models	WP4, WP3	3-SNF AS	Report of real-world test results from test-bed data	18
10	Single foresight exercise across all test-beds	WP6, WP5	5-EuroHealthNet	Report of exercise uploaded to portal	21
11	Mid-term communications, joint activities and dissemination report	WP8	9-SHCN	Report uploaded to portal	24
12	Training courses held in all 5 regional test-beds	WP5	5-EuroHealthNet	Reports & participants lists from all training courses uploaded to portal	31

Appendix – Timesheet declaration (EC reference document)

Funded by the European Union

EU GRANTS DECLARATION OF DAYS WORKED ON A PROJECT *To be kept on file in case of audits.*	**YEAR:**	

Project acronym:		**Project number:**	
Participant name:			
Name of the person:		**Type of personnel:** (employee/ natural person under direct contract/ seconded/ other)	

Month	**Days worked in the action**[1] (e.g.15, 7,5, 0,5)	**Work Packages worked on** (e.g. WP2; WP5)	Date and signature of the person	Name, date and signature of the supervisor
January			Signature: Date:	Name: Signature: Date:
February			Signature: Date:	Name: Signature: Date:
March			Signature: Date:	Name: Signature: Date:
April			Signature: Date:	Name: Signature: Date:
May			Signature: Date:	Name: Signature: Date:
June			Signature: Date:	Name: Signature: Date:
July			Signature: Date:	Name: Signature: Date:
August			Signature: Date:	Name: Signature: Date:
September			Signature: Date:	Name: Signature: Date:
October			Signature: Date:	Name: Signature: Date:
November			Signature: Date:	Name: Signature: Date:
December			Signature: Date:	Name: Signature: Date:
TOTAL				

[1] 1 day = number of hours that a full-time employee of the participant has to work in a standard day (e.g. 8 hours).