JADE CARE

Joint action on implementation
of digitally enabled integrated
person-centered care

PROJECT HANDBOOK

KRONIKGUNE Institute for Health Services Research

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Table of contents

Table of abbreviations

JA	Joint Action
AE	Affiliated Entity
CA	Competent Authority
CFS	Certificate on Financial Statements
CHAFEA	Consumers, Health, Agriculture and Food Executive Agency
Co- LEO	Co- Leading Executive Organization
CT	Coordination Team
DG SANTE	Directorate-General for Health and Food Safety
EC	European Commission
EEA	European Economic Area
EU	European Union
FM	Financial Manager
FTP	File Transfer Protocol
GA	General Assembly
H2020	Horizon 2020
HSBC	Health and Social Care Board, Northern Ireland
IC	Integrated Care
ICMJE	International Committee of Medical Journal Editors
ICT	Information Communications Technology
id	identity
JAC	Joint Action Coordinator
JADECARE	Joint Action on Digital Enabled integrated person-centered CARE
LB	Lead Beneficiary
LEO	Leading Executive Organization
MoH	Ministry of Health
MS	Member State
NAWG	Next Adopters Working Group
NGO	Non-Governmental Organization
oGP	Original Good Practice
PB	Policy Board
PFSIGN	Project Financial Signatory
PM	Project Management/Project Manager
PM^2	Open Project Management Methodology
RP	Reporting Period
SC	Steering Committee
SCO	Scientific Coordination
SGPP	Steering Group on Health Promotion and Prevention and Management of Non-Communicable Diseases
SMART	Specific, Measurable, Attainable/Achievable, Realistic and Time Bound
WP	Work Package
WPL	Work Package Lead

1. About the Project Handbook

The *Project Handbook* summarizes the project's objectives, documents the selected approach for achieving the project goals and establishes guidelines and standards for the project**.** It also highlights the key controlling processes to be used, the project policies and rules, and the overall management approach.

The *Project Handbook* presents the basis for managing the Joint Action (JA) and is an important point of reference for all JA members and stakeholders. The *Project Handbook* is kept up to date throughout the life of the JA by the Coordinator, KRONIKGUNE Institute for Health Services Research.

2. Project Overview

2.1 Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms. The JA aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by Early adopters of original Good Practices (oGPs). It supports best practice transfer from oGPs to Next adopters. JADECARE is focusing on the transfer and adoption of four oGPs concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Denmark).

JADECARE involves 17 Competent Authorities and 31 Affiliated Entities from 17 countries all around Europe, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders are going to be considered for each of the 23 "next adopters". The methodology will allow the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

The general goals of JADECARE are:

- To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- To support the best practice transfer from the systems of the "early adopters" to the "next adopters".

During the JA, health authorities will strengthen their capacity for digitally enabled, integrated, person-centred care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality of practice transfer and including sustainability elements in the transferred local good practices. Authorities will participate in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centred care at policy level.

The transfer of the best practices from early adopters selected by the Steering Group on Health Promotion and Prevention and Management of Non-Communicable Diseases (SGPP) will be focused on the preparation of the local environment for the implementation in the next adopter sites. Depending on local circumstances, the appropriate strategies will be formulated and resources committed. A learning community will be created for developing, collecting and exchanging knowledge through "twinning actions", dedicated seminars and workshops, and other activities.

JADECARE will reinforce the capacity of care authorities to:

- Support the change management and re-organize the existing care models as a result of piloting that will be done in WP5-8. JADECARE will generate data on the impact of the change and establish a common framework and methodology of how integrated care (IC) should be delivered
- Embed digital technologies and tools in the care services: all oGPs are based on the use of digital technologies and tools and the JA will also analyse how the implementation could be done in a broad range of situations from digital illiterate health systems to very advanced ones
- Re-organize patient pathways in the next adopter sites including the experience and point of view of the patients
- Consider and monitor health workforce roles and skills with digital technologies and data development
- Build the capacity of individuals and communities to participate in the care process
- Empower citizens in active participation in healthcare decision making, including the use of patient reported data
- Analyse new payment methods
- Evaluate new performance assessment methods

The objectives of the Project will be established at two levels:

- At JA level, Specific Objectives address ambition, impact, deployment and management.
- At next adopters' level Specific, Measurable, Attainable/Achievable, Realistic and Time Bound (SMART) objectives and key performance indicators will be tailored to each site according to the local Good Practice and Action Plans defined and implemented.

JADECARE project will contribute to the objectives of the Thematic priority 3.4. of Annex I to the Third Health Programme Regulation. It will help to develop innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist Member States in undertaking health system reforms. It will set up a methodology for pooling the expertise of the participating 17 Members States. The Work Plan divided into eight work packages deploys the blueprint designed to ensure the desired impact of JADECARE. It will provide evidence-based advice on effective and efficient investment and innovation in health systems, based on the experience of the four original Good Practices in digitally enabled integrated person-centered care. The four oGPs have been selected by the SGPP as the most interesting and promising practices to transfer to other countries.

2.2 Project Management Objectives

The management approach of the JA is based on the PM^2 methodology of the European Commission, tailored to the context of JADECARE. It is also based on the broad experience of KRONIKGUNE in the coordination of cooperative projects at international level in H2020 and previous Framework Programmes, but also in the area of Public Health.

The management structure of JA has been designed to respond to the needs of a large-scale consortium. It involves a broad range of stakeholders (CAs and AEs) at pan-European level in the implementation and sustainability of good practices. Specifically, it intends to reinforce the capacity of health authorities to successfully address the transition of health systems to digitally-enabled integrated person-centered care, as well as to support the best practice transfer, while respecting traditional and accepted project management standards and principles.

Coordination and implementation roles and activities in the Joint Action are performed by Competent Authorities (CAs) (as Leading Beneficiaries (LB)), and Affiliated Entities (AEs). AEs can act as Leading Executive Organisations (LEO) and Co-Leading Executive Organisations. CAs and AEs are responsible for Work Packages and/or Tasks and contribute to the Deliverables and Milestones as described in the JADECARE Joint Action Grant Agreement.

Many tasks have a somewhat tight, though thoroughly evaluated, time schedule. This will require a close monitoring and emphasis on internal communication between consortium members, to allow close progress assessment and interaction between all the actors involved in the JA. The management structure aims to ensure efficiency and, at the same time, to avoid imposing an exaggerated overhead on the project that could hamper its real implementation and development.

The described management activities are focused on the executing phase of the JA, as well as on assuring that after the closing phase of the project, a real change has been achieved and the sustainability of the new models is instigated. The structure for the JA is based on a multi-level organization that ensures:

- The fulfilment of the project work plan.
- The management of trade-offs affecting scope, quality, time, and cost.
- The due attention needed on critical activities that aim to ensure the achievement of milestones and deliverables and that contribute to strategic objectives.
- The relationships among partners, including conflict resolution.
- The quality and efficiency with which the project activities are carried out.
- The proper follow-up and fulfilment of the Grant Agreement with CHAFEA, including administrative and financial issues, the Consortium Agreement and any other legal arrangements with external parties.
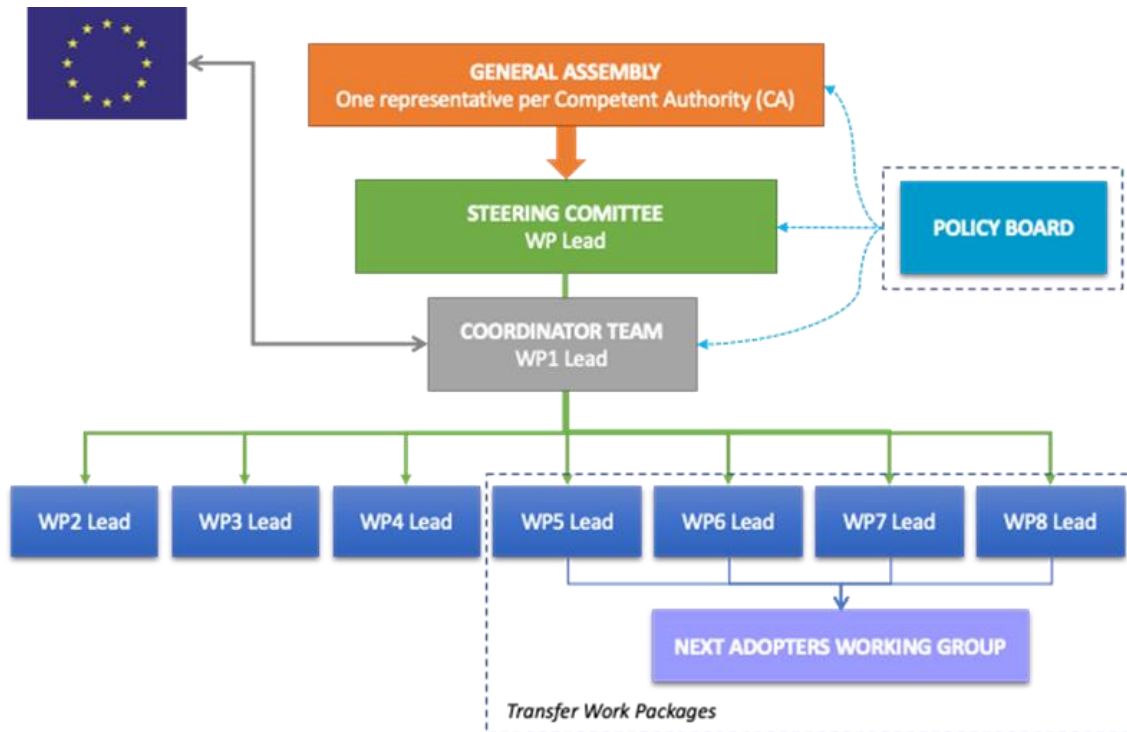
3. Governance, Roles and Responsibilities

FIGURE 1: JADECARE MANAGEMENT STRUCTURE

The management structure in JADECARE is composed by the General Assembly (GA), the Steering Committee (SC), the Coordination Team (WP1 Leader), the Work Package Leads (WPL), the Next Adopters Working Groups (NAWG) and the Policy Board (PB). This management structure will promote smooth and dynamic collaboration between the project participants.

General Assembly (GA): A general assembly of all entities with decision-making responsibility in matters affecting the overall project strategy, major work plan updates, composition of the Consortium, effort and budget re-assignment.

The GA will be chaired by the Joint Action Coordinator and contain representatives from each of the Competent Authorities. This plenary assembly will be the ultimate decision-making body in JADECARE. It will deal with critical issues affecting the JA, such as overall strategy and all other matters that the Steering Committee opts to refer to a higher level. GA members will be required to have the authority to take corrective actions and make decisions as necessary within their respective organizations or clarify the relevant line management. The GA will approve (via the Consortium Agreement) the management structure, and the decision-making principles and responsibilities of all management bodies as described in this section before the start of JADECARE. Typically, the GA will deal with major amendments to the work plan, changes in the composition of the Consortium, and changes in ef-

fort/budget allocation between work packages. The GA will also monitor and review progress, ensure that objectives are met and approve deliverables, supervise management and coordination and the performance in the different work packages, as periodically reported by the SC.

The GA will thus meet at least once a year face-to-face, so that the project evolution and governance are visible and transparent to all participants, and contributions are gathered and discussed in a timely fashion. GA members might be assisted by technical or managerial staff from their organizations for these meetings. For decision purposes, each member of the GA will be allocated one vote. Two thirds of the members attending a meeting of the GA will constitute a quorum. Simple majority of the attending members will be enough for decision adoption. In the event of a tied vote, the JA Coordinator (as Chair) will have an additional vote. DG SANTE and CHAFEA's representatives will participate as observers in the meetings.

Steering Committee (SC): An operational body comprising the Coordination Team and the WP Leads (Lead Beneficiary, Leading and Co-Leading Executive Organisations) as a decision making on daily running of the project, with prerogatives regarding minor updates, and effort/budget re-assignment as well as conflict resolution.

SC will be an operational body in charge of daily coordination of the project work, following up progress in each of the critical areas and the planning of tasks and activities. The SC will be responsible of monitoring the technical quality of the work and coordination between WP Leads, and of conflict resolution as well as the establishment of mitigation plans to reduce impact of potential risks. These include the resolution of disputes and matters relating to allocation of efforts, as well as situations in which the project efficiency might be endangered. At the initiative of any of its members, the SC will also be able to constitute committees for matters that require specific attention (such as security, new technological issues, gender equality, etc.), and to establish working procedures for such committees. The SC will meet at least once a month via tele- or web-conferencing, and at least once a year face-to-face. Consensus will be needed for decision adoption. DG SANTE and CHAFEA's representatives will participate as observers in the meetings.

Coordination Team (CT): KRONIKGUNE will assume the role of JA Coordinator, being the organization representing the JADECARE Consortium. It will be responsible for the achievement of the JA goals and the contractual obligations towards the European Commission, and will provide global scientific and technical leadership, quality assurance policy and overall coordination of the JA. The Coordinator Team will be formed by the JA Coordinator supported by the Scientific Coordinator, the Project Manager and the Financial Manager.

The JA Coordinator (JAC) will lead the Coordinator team, assuming the overall leadership of the JA; will provide strategic guidance, devise changes in scope and focus of the different tasks, coordinate all efforts of the SC and manage dependencies between tasks, linking components towards a successful completion of the JA. The JAC will be a central figure for conflict resolution, decision-making enabling and consensus building. The JAC will also deal with partnership management (accession of new partners, withdrawal, formal relationships with external collaborators), as well as supervise relationships with related external initiatives, managing the stakeholder expectations.

Scientific Coordination (SCO) will be responsible for the delivery of high-quality results within the identified objectives and constraints; will oversee establishing a common overall methodological approach, defining high quality standards and directing the efforts towards implementation, assessment and scientific publications. The SCO

will provide ethical oversight, guaranteeing that data collection and analysis are performed according to current legislation at European and national level.

Project Management (PM) will oversee the day-to-day management of the JA; will support the coordinator's activities and monitor compliance with the work plan, planned resources, time schedule and liaison with CHAFEA. The PM will support WP Leads, promoting synergy and efficiency, facilitating communication among partners, ensuring timely submission of the project deliverables and tracking milestones. The PM will drive risk and issue management (identification, assessment of threats and opportunities, mitigation and contingency plans), manage quality control procedures, support meetings organization and production of minutes. The PM will also promote the application of the management methodology and the use of the PM² methodology's artefacts, information systems, governance and logistics.

Financial Management (FM) will be responsible for overall financial management (periodic reporting, budget management, payments control). The FM will be also responsible of Grant Agreement and Consortium Agreement management (amendments) and other legal issues.

Work Package Lead (WPL) will be performed by the Lead Beneficiary (LB), the Leading Executive Organization (LEO) and the co-Leading Executive Organisation.
LEO and co-Leading Executive Organisation have the responsibility for day-to-day management and coordination of the activities included in their respective work packages as defined in the work plan, implement solutions for problems, supervise Task Leaders, produce the corresponding deliverables, identify risks as early as possible and follow them up, and report to the PM about the progress achieved against that planned. They will be able to raise proposals to the SC regarding effort and budget redistribution, and re-assignment of roles and responsibilities within their respective WPs. WP participants will meet at least once a month via tele- or web-conferencing.

Next Adopters Working Groups (NAWG) including local stakeholders in all the participating countries.
A Next Adopters Working Group (NAWG) will be created in each of the next adopter sites for the implementation of the Local Good Practices, led by the representative of the corresponding CA or AE. NAWGs will be supported by the responsible persons of the oGPs as described in the transfer WPs (WP5-8). The NAWG will include representatives of health systems, healthcare professionals, community members, third sector organizations. All members of each next adopter team will meet regularly to share experiences and learn from each other, suggest improvements, receive and provide support, plan different measures, review objectives, and collect and deliver good practices. During these meetings, the CA or AE representative will inform the members of the team about the progress of the intervention in the other areas, highlighting any problematic situation or any issues raised.

Policy Board (PB) An external board composed by representatives of Ministries of Health (MoH) of all the participating countries.
The policy board will be formed by all Competent Authorities involved in JADECARE that are Ministries of Health (MoH), national focal points for Health Programme at the European Commission (or other representatives of MSs identified by them) from other Member States from EU and EEA, and all other policy-oriented stakeholders that implementers will identify as important based on their sustainability-related analyses. The role of the Policy Board will be to give input to sustainability plans from the focus of policy, and to define core messages to support evi-

dence-based policy making with respect to sustainability of JADECARE results. The PB will have a key role in guaranteeing the sustainability of the JA and the impact after the end of the project. The Policy board will be established and coordinated by WP4 Leader and co-leader with support of the Coordination Team.

Regarding communication, a Consortium Communication Policy will be established by the Coordination Team, making extensive use of electronic resources and described in this Project Handbook (see chapter 6). Regarding conflict resolution, the project organization is planned to support a bottom-up approach. Issues amongst participants in any given activity will be solved at the work package level with the help of the respective WPL, who, with assistance of the Coordination Team, will use mediation and expert and referent powers to objectively solve the issue. If still unresolved the issue will in turn be referred to the SC and ultimately to the GA, where voting mechanisms take place. DG SANTE and CHAFEA's representatives will participate as observers in the meetings.

4. Project Stakeholders

Project stakeholders are people (or groups) who can affect or can be affected by both the activities performed during the life of a project, or/and by the project's output(s) and outcome(s). Stakeholders can be directly and actively involved in a project's work, or can be members of other internal organisations, or can be external to the performing organisation (e.g. suppliers, users, EU citizens, contractors, NGO's, industry partners, Member States, etc.).

The JADECARE consortium is composed of 17 competent authorities covering a representation of 16 of the actual 27 members of the European Union, candidate countries (Serbia), potential candidates (Bosnia and Herzegovina) of the European Union and the United Kingdom.

The four owners of the oGPs are involved in the project. Optimedis is a private company that has developed the oGP selected by the SGPP and will participate as a subcontractor following H2020 rules for subcontracting activities, considering they cannot act as a partner in the Joint Action. The 23 next adopters have declared their interest in the implementation of oGPs or mix-matches of the four selected oGPs. To guarantee a broad impact and future application of the oGPs included in the Joint Action, observer regions have been included in JADECARE. The United Kingdom will participate by the means of HSCB as an observer in JADECARE. HSCB will not be a next adopter during JADECARE but will actively participate to identify potential barriers and solutions in their area of influence so the coverage of different health systems could even be broader.

Experts in dissemination and communication activities are leading WP2- Dissemination and Communication, where the organization of events including stakeholder forums will be a key element for the project involving all communication departments from the different regions participating in JADECARE.

In short, three types of Stakeholders are involved in JADECARE:
- **Internal Stakeholders:** Including stakeholders from the JADECARE 17 CAs and 31 AEs. These stakeholders are actively involved in the project activities as organization legal representatives, project managers, collaborators, oGP implementers and observers. Their responsibilities vary depending on their roles.
- **External Stakeholders:** Including key industries/developers and health systems representatives, Researchers, Scientists, Academia, Front-Line Professional, Citizens, General Public, Journalists, as collaborating stakeholders.
- **Policy Board members:** Including representatives from the Competent authorities of JADECARE, MoHs, National focal points for Health Programme at EC (or other representatives of MSs identified by them) from those MSs from EU and EEA that do not participate in JADECARE, representatives of DG Sante and CHAFEA, and all other policy-oriented stakeholder that implementers will find at their sustainability-related analyses as important.

4.1 Stakeholder Matrix

The Stakeholder Matrix contains the information of the three types of stakeholders previously defined. It is uploaded to the Sharepoint and continuously updated by the partners responsible for managing each type of stakeholder. It includes the name, country, organization, profile, role and contact details of each of the stakeholders.

5. Project Approach

5.1 PM² Tailoring

The table below presents the project plans developed for the needs of JADECARE.

Artefact	Description	Location
Project Hand-book *(this document)*	Summarizes the project objectives and documents the selected approach for achieving the project goals. The Project Handbook is an important reference document for all project members and stakeholders, and along with the Project Work Plan, is the basis on which the project is managed and executed.	*JADECARE Share-point>WP1*
Stakeholder Matrix	Lists all project stakeholders and their contact details and clearly states their role(s) in the project.	*JADECARE Share-point >Stakeholders*
Project Work Plan	Used as the basis to monitor the progress and control the project by the coordinator. Includes the risk log, issue log and change log. It will document all project activities needed to achieve the project goals. It is developed and maintained by the Coordinator team	*JADECARE Share-point >WP1>Project Work plan*
Risk log	Lists the identified risks that may affect the execution of the project and the achievement of its outputs, to then manage and control them.	*JADECARE Share-point >Risk log*
Issue log	Lists the identified issues that may affect the execution of the project and the achievement of its outputs, to then manage and control them.	*JADECARE Share-point>Issue log*
Change log	Lists the changes that may affect the execution of the project and the achievement of its outputs, to then manage and control them.	*JADECARE Share-point>WP1> Change log*

5.2 Conflict Resolution and Escalations

The Coordinator Team will carry out a full supervision and logistic support on all project matters and on the synchronization of all tasks, defining control procedures to follow the evolution of work, solving potential conflicts between entities, defining communication and dissemination policies for results and planning the exploitation strategy (if any).

Conflicts are situations in which one or more parties perceive a threat. They are considered to be critical issues and can be raised by any of the project stakeholders. The Coordinator team should proactively identify, log and raise such issues for resolution.

Conflicts will be solved at the lowest level possible, and preferably amicably. If an agreement cannot be reached at the task or WP level, then the JAC will mediate. When required, conflicts are discussed on the bi-weekly SC Meetings. If that is not satisfactory, then the GA will decide and, if necessary, will ask for the authorization of the European Commission for any envisaged changes.

6. Project Processes

This section presents the main management processes to be used during the lifecycle of the project.

6.1 Risk Management

A risk is an uncertain event that, should it occur, will affect the achievement of the project objectives. The risk management process defines the activities to identify, assess, prioritise, manage and control risks that may affect the execution of the project and the achievement of its outputs. This is a four-step process:

- **Risk Identification:** risks are continuously identified throughout the project lifecycle by any project stakeholder and documented in the *Risk Log* (by any project member).

- **Risk Assessment:** risks are assessed based on their likelihood of occurrence and the impact in project scope and constraints.

- **Risk Response Development:** a strategy of risk response for each risk will be developed, specific actions to implement the strategy will be defined, described, scheduled and assigned, while a Risk Owner assumes the responsibility for its implementation. These actions will be incorporated into the *Project Work Plan*.

- **Risk Control:** SC Meetings are used to revise the status of risks, probabilities and impacts, and related actions, and to identify new risks. Risks will be revised bi-weekly, but also after the occurrence of any significant event. If any of the identified risks occur, then the Project Manager (PM) will implement the contingency plans and communicate the issue to the Steering Committee (SC).

The Risk Log includes the following information:
- ID: Numerical identity (id)
- Description: *Description of the risk including its causes, the kinds of problems that could result (potential effects), and risk dependencies. Because of (CONDITION), it might be that (EVENT), which will lead to (IM-PACT).*
- Identified by: *The Sharepoint user id of the person who identified the risk*
- Identification date: *Date when the risk was identified <mm/dd/yyyy>*
- Likelihood (L): *A numerical value denoting the probability that the risk will occur: 5- Very High to 1- Very Low*
- Impact (I): *A numerical value denoting the severity of the risk's impact: 5- Very High to 1- Very Low*
- Risk Level (L*I): *Product of Likelihood * Impact*
- Risk owner: T*he Name and Affiliation of the Person accountable for managing and monitoring the risk*
- Action details: *Description of the mitigation action(s), including the objective, scope, deliverables, the person responsible and the estimated effort needed*
- Target date: *Date on which the risk response is expected to be implemented*
- Traceability/Comments: *Related mitigation tasks in the Project Plan, related changes, issues or decisions (log entries), etc.*
- WP Leading Executive Organization: *Name*
- Attached files (Optional)

The Risk Log is in the JADECARE_EU Sharepoint.

6.2 Issue Management

An issue is an event that has occurred that will or has potential to impact on the achievement of project objectives. The issue management process defines the activities related to identifying, documenting, assessing, prioritizing, assigning, resolving and controlling issues. It is a four-step process that the PM executes whenever required throughout the project:

- **Issue Identification:** Issues can be identified by any project stakeholder throughout the project lifecycle and registered in the *Issue Log*.

- **Issue Assessment and Action Recommendation**: a first informal assessment considers the impact and urgency to identify a solution. This information is documented in the *Issue Log*.

- **Actions Implementation:** After issues are evaluated and remediation actions developed and approved, the PM will incorporate these actions into the *Project Work Plan* and update project related documentation such as project plans and logs.

- **Issue Control:** The status of issues, related actions, and identification of new issues will be done in the bi-weekly Steering Committee meetings.

The Issue Log includes the following information:

- ID: Numerical id
- Description: *Description of the issue, including how it came about (known risk, unknown risk, …) and its impact on the project*
- Status: *One of the following values: Open, Postponed, Resolved or Closed*
- Identified by: *The Name and Affiliation of the person who identified the issue*
- Identification date: *Date when the issue was raised or was identified <dd/mm/yy>*
- Action details (efforts and responsibilities): *Proposed strategy to handle the issue: For the remediation plan, the following main steps should be executed:*
    - *Identification of the non-conformities, impact and recommended actions;*
    - *Analysis of the different scenarios and associated resources, timetable and costs;*
    - *Selection of the most cost-effective action and assignment of responsibilities*
- Urgency: *A numerical value from 1 to 5 denoting how urgent the issue is: 5- Very High to 1- Very Low*
- Impact: *A numerical value from 1 to 5 denoting the issue's impact: 5- Very High to 1- Very Low*
- Target date: *Date on which the issue is expected to be resolved <mm/dd/yyyy>*
- Issue owner: *Name of the person commissioned with resolving the issue*
- Comments:

The Issue Log is in the JADECARE_EU Sharepoint.

6.3 Project Change Management

The project change management process defines the activities related to identifying, documenting, assessing, approving, prioritising, planning and controlling changes, and communicating them to all relevant stakeholders.

Changes with a significant impact in any of the project dimensions (i.e. scope, time, cost, quality or risk) will be properly assessed, agreed on and approved by the appropriate level of authority. The project change management

process will assure transparency, accountability and traceability to all project changes implemented after the initial scope and plan have been baselined.

It is a five-step process that the Project Manager (PM) executes whenever required throughout the project lifecycle:

- **Change Identification:** a request for a change can be submitted to the coordinator by any of the participants or can be identified and raised during meetings as a result of decisions, issues or risks. The *Change Log* contains information to identify the change, such as the requestor, a short description, identification date, etc.

- **Change Assessment and Action Recommendation**: the size and impact of the change on the project scope and other project boundaries is assessed, where after a recommended action will be documented by the PM in the *Change Log*.

- **Change Approval:** depending on their nature and implications, changes may need to be approved by the SC. In this case, the Coordinator will raise the change proposal in the SC meetings.

- **Change Implementation:** the activities related to the implementation of approved changes will be documented in the *Change log*.

- **Change Control:** the PM will update the *Change Log* with the results of the analysis/review.

The Change Log includes the following information:

- ID: Numerical id
- Change requestor: *The Name and Affiliation of the person who requests the change*
- Description: *Description of the change, including how it came about and its impact on the project*
- *Change implementation details: documents the activities related to the implementation of the change.*
- Impact: *A numerical value from 1 to 5 denoting the change's impact: 5- Very High to 1- Very Low*
- Change date: *Date when the change was made <dd/mm/yy>*
- Comments:

The Change Log is in the JADECARE_EU Sharepoint.

6.4 Quality Management

The project quality management comprises all activities (related both to processes and deliverables) that will increase the ability to meet the project expected results. The Project Handbook sets out standards and procedures to ensure effective coordination and comprehend the quality of results defining high quality criteria and deliverables acceptance procedures. The quality of the transfer and implementation process will be assessed through internal evaluation procedures and the project progress will be monitored to systematically assess the quality and compliance of the project process through an internal evaluation plan.

The quality assurance activities comprises the review and acceptance of deliverables, review and acceptance of dissemination activities (papers, presentations, posters, etc.) and document naming and versioning procedures.

6.4.1 Deliverables Review and Acceptance

The quality management process comprises the activities related to deliverables acceptance, to increase the ability to meet the project's acceptance criteria.

- **Agree on the Deliverable structure and the acceptance criteria:** The organization in charge of the deliverable agrees with the WPLead and the Coordinator the structure and contents of the deliverable, according to its description agreed in the Grant Agreement.

- **Deliverable review and acceptance process:** In order to guarantee the compliance with quality standards for official deliverables, the following review process has been established:

    1. **5 weeks before the deliverable deadline:** the Organization responsible for the deliverable sends it to the deliverable's contributors to get their feedback.
    2. **4 weeks before the deliverable deadline**: the Organization responsible for the deliverable sends the deliverable to peer reviewers.
    3. **Peer review and feedback to the leader of the deliverable.** In ten days after receiving the deliverable, peer reviews insert their comments with track changes. If a deliverable fails to match the criteria, the reviewers along with the deliverable leader and the coordinator sets out the steps to be taken to improve the deliverable's quality.
    4. **Two weeks before the deliverable deadline:** Coordinator receives the deliverable from the WP Leader. The Coordinator shares it with CHAFEA and reviews and modifies the deliverable if needed.
    5. **1 week before the deliverable deadline**: The WP Leader submits again the document to the Coordinator for final approval. The SCO oversees the final acceptance of the deliverables.
    6. **At the deliverable deadline**: The Coordinator sends the final deliverable to the EC.

WP LEOs will be responsible for contacting other beneficiaries if needed for the deliverable drafting.

6.4.2 Document naming and versioning

As a rule, it is essential that every document circulated to other beneficiaries in the consortium include a version number and date in the title.

As for File Naming, to help all beneficiaries in quickly recognizing the documents, the guidelines below should be followed as much as possible.

The file name should (as appropriate):

1. first include the date (yyyymmdd) of issue and the project acronym
2. be descriptive of the contents of the document/file
3. include the version number – version numbers
   Should start at 1.0 (example v1.0) and be incremented just by the author of the document by 0.1 for minor revisions, and by 1.0 for major revisions/new releases
4. include initials of the beneficiary that has created/last modified the document/file, i.e.:"20210301_JADECARE Handbook v1.0_KG.docx",

When several changes from different beneficiaries are expected in the same document, a file history will be tracked at the beginning of the document in a separate table. This table will describe the different versions and dates of the document, briefly the changes produced, author and the name of the reviewer. **This is particularly important in deliverables.**

6.4.3 Review and acceptance of dissemination activities

A JADECARE Publication Policy document has been developed to:

- ensure that individuals working within JADECARE are appropriately included as recognized authors or contributors to dissemination materials, such as journal publications, events or conferences.

- ensure compliance with the dissemination-related terms of the JADECARE Grant Agreement and the Consortium Agreement.
- safeguard against dissemination of material that one or more partners do not wish to disseminate at the time.
- provide a standardized publication policy for the JADECARE JA (i.e. publication in scientific journals and conference presentations/posters).
- outline guidance and rules for publication for the JADECARE.

The guidance and rules outlined in this document will be applied to ALL scientific publications, presentations and posters that involve data collected and information generated as part of the JADECARE project. It will ensure that the JADECARE program of work adheres to criteria for authorship promulgated by the International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org/).

All investigators who wish to use and publish data from JADECARE are required to follow the rules outlined in the JADECARE Publication policy.

A Publication Board will be created to advise on the suitability of publication plans and to have final editorial responsibility for implementing decisions regarding approval for submission to a journal or conference, etc. In addition, the Publication Board will coordinate activities between publications to avoid duplication, contradictory statements or overlap of submissions/publications.

The role of the Publication Board is to:

- review, comment on and approve or reject proposals for scientific and other publications (manuscripts, abstracts, and presentations) according to the dissemination goals set within JADECARE.
- oversee procedures in relation to publication, including writing-up, authorship, co-author contribution, adherence to timelines, and the actual submission process.
- ensure that any disputes are resolved timely, effectively and permanently.
- approve of scientific and other publications prior to final submission and/or re-submission post-revision.

The Publication Board will comprise at least one member from each beneficiary (CA or delegated AE) in JADECARE. The SCO of JADECARE will chair the Publication Board. Other representatives may be included later as needed, or be invited to contribute to discussions on an ad hoc basis.

The PM of JADECARE will be in charge of the publication workflow, receiving proposals from authors, distributing them to the board and ensuring that procedures are followed and decisions are made within deadlines. WP2 Lead will be also involved in the management of the publication procedures.

The Publication Policy document is available in the Sharepoint>WP1 folder.

6.5 Communication Management

Different types of communication will be made in JADECARE, at internal and external level.

The primary forms of internal communication and exchange of documents among JADECARE partners will be tel-econferences, e-mail, File transfer protocol (FTP), web exchange and face-to-face meetings. For legal and administrative issues, the AEs will communicate with their CAs, and these will do the same with the Coordinator. The Coordinator will be in communication with the EU Commission.
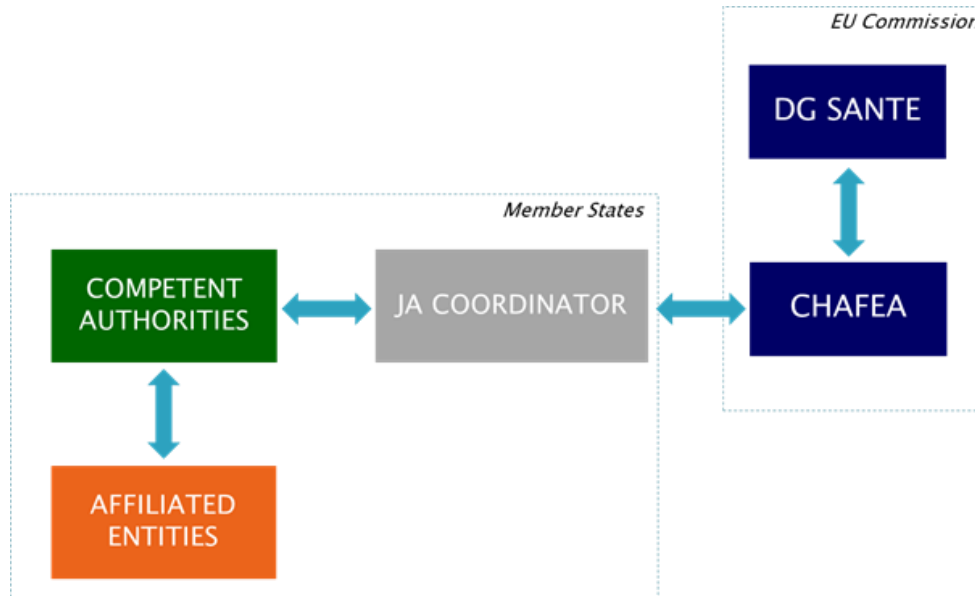
FIGURE 2: THE COMMUNICATION WILL FLOW BETWEEN THE CAs, AEs, THE JA COORDINATOR AND CHAFEA.

Externally, annual Stakeholder forums and Policy board meetings will be conducted.

The following project meetings will be organised during the 36 months of JADECARE:

Meeting	Chair	Frequency
Kick-off Meeting	JA Coordinator	Once, month 1
Consortium meeting	Project coordinator, Task 2.4 (Event organization) leader	Annually (3 times during the project)
General assembly meeting	JA Coordinator	Annually. Extraordinary meetings on demand
Stakeholder forum	Task 2.4 (Event organization) leader	Annually (3 times during the project)
Policy board meeting	Task 4.6 (Policy Board) leader	Annually (3 times during the project)

Steering Committee meeting	Project Manager, Coordinator team	Bi-weekly
WP lead meetings	WP Leading Executive Organiza-tion	Monthly
Publication board meeting	Scientific Coordinator	On demand
Final Conference	JA Coordinator	Once, month 36

6.5.1 Face to face meetings

JADECARE is a JA involving **17 CA and 23 AE** that must interact. If possible, there will be at least annual meetings of the General Assembly and monthly meetings of the Steering Committee.

- **Kick off meeting**

    The Kick off meeting is the inaugural event to introduce project participants, build the JADECARE commu-nity, outline aims, objectives and tasks, challenges and risks, set the project management procedure, get a common understanding of roles and obligations and start project activities.

- **Consortium meetings**

    Three consortium meetings will be organized during JADECARE. In these meetings, participants will share their progress, results/outcomes, and information to go on with the JA activities. The WP2 (supported by the Coordination team) will generate the agenda and the minutes of the meetings.

- **General Assembly (GA) meetings**

    If possible, the GA will meet at least once a year face-to-face. In the annual GA meetings, technical pro-gress will be transmitted through presentation of results and peer review, for a coherent coordination and project planning. Consensus in decision-making is highly desirable, both for quality assurance and to ensure that the goals and interests of the partners are respected. After each meeting, minutes will be compiled. The agenda and minutes for these meetings will be generated by the Coordination team.

- **Stakeholder Forums**

    JADECARE will invite external stakeholders including key industries/developers, to consider how to en-hance the competitiveness of EU industry to create economic growth opportunities. Also health system representatives and researchers interested in collaborating with the JA will be invited to the Stakeholder Forum. Knowledge transfer, exchange and networking activities will be conducted during the forum.

    Stakeholder forum participants will have access to JADECARE deliverables. The project will produce a roadmap for the changes needed to introduce integrated care.

    Three Stakeholder forums are planned in JADECARE, coinciding with the Consortium meetings of the Joint Action. Task 2.4 (Event organization) will be in charge of the planning and executing of the Stakeholder Forums, including the agenda and minutes (supported by the WP2 and the Coordination team).

- **Policy Board Meetings**

   The aims of the policy board are to support successful design and implementation of local Good Practices in next adopters from the focus of sustainability, to further reinforce capacities of national and/or regional care authorities to organize and deliver integrated person centred care based on lessons learnt, including integration in policies, and to co-create EU added value of the JADECARE.

   Policy board has therefore two main advisory roles: 1. alignment of local Good Practices to national, regional and/or local policies, strategies, plans and/or program, and 2. Identifying and building up potential EU added value of JADECARE. Policy Board discussions in the format of Policy dialogues will address ways to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care.

   All CAs of JADECARE that are MoHs, national focal points for Health Programme at EC (or other representatives of MSs identified by them) from those MSs from EU and EEA that do not participate in JADECARE, representatives of DG SANTE and CHAFEA, and all other policy-oriented stakeholder that implementers will find at their sustainability-related analyses as important, such as Statutory Health Insurance in Bismarckian health systems, will be invited to the Policy Board.

   Three Policy Boards meetings are planned in JADECARE, coinciding with the General Assemblies and Stakeholder forums. Task 4.6 (Policy Board) will oversee the planning and executing of the Policy Board, including the agenda and the minutes.

- **Final conference**

   The WP2 (supported by the Coordination team) will generate the agenda and the minutes of the meeting.

KRONIKGUNE (or WP2 and WP4 in case of the Stakeholder Forum or Policy Board) will give notice in writing of a meeting to each beneficiary as soon as possible and at least 14 calendar days preceding an ordinary meeting and seven calendar days preceding an extraordinary meeting.

Keeping minutes for all project meetings is extremely important, as they are a record of the decisions taken and the actions required by the beneficiaries in the project.

Costs for travel and accommodation to participate in these meetings have to be covered by each beneficiary's own budget.

The costs of inviting speakers from key industries/developers/health systems to the Stakeholder Forums will be covered by leaders of Task 2.4. The costs of the Policy board will be covered by the leaders of Task 4.6.

6.5.2 Virtual meetings

For virtual meetings or teleconferences (TELCOs) GoToMeeting, Zoom Meeting and Microsoft Teams facilities will be used.

- **The JADECARE Steering Committee Meetings**
  Scheduled every two weeks, this is an official virtual meeting intended to check the status of the work within each WP, approve actions and schedule next steps. Specific instructions will be provided by email to each Participant through the WPLeads google groups.
  In order to prepare these meetings, KRONIKGUNE will request a progress report to each WP lead, which should be provided in the template available in the repository Sharepoint (see section 7.1.1). The meeting agenda will be sent to the attendants in advance. Action oriented minutes will be generated and shared with attendants by the coordinator after the meeting. KRONIKGUNE will generate the agenda for the meeting and the minutes afterwards.
  The full procedure for the SC Meetings is in the Appendix 1: General Procedure for JADECARE Steering Committee Meetings

- **WP lead meetings**

  Each WP will meet at least once a month to follow up, support and coordinate WP activities. The Leading Executive organization of the WP will generate the agenda for the meeting and the minutes afterwards.

- **Publication board meetings**

  Publication board meetings will be carried out online on demand to solve issues related to dissemination activities and article publications.

- **Bilateral TELCOs within KRONIKGUNE and beneficiaries** may be arranged according to the needs and availability of the members contributing to each WP.

6.5.3 Internal Communication

Mailing lists

The distribution lists below represent the scientific and technical working teams of JADECARE. There is a general one, and google groups for each the Work Packages, Next Adopters and original Good Practice (oGP) representatives. All the groups are continuously updated by KRONIKGUNE.

General: jadecare@googlegroups.com

- WP1: jadecare_wp1lead@googlegroups.com

- WP2: jadecare_wp2lead@googlegroups.com

- WP3: jadecare_wp3lead@googlegroups.com

- WP4: jadecare_wp4lead@googlegroups.com

- WP5: jadecare_wp5lead@googlegroups.com

- WP6: jadecare_wp6lead@googlegroups.com

- WP7: jadecare_wp7lead@googlegroups.com

- WP8: jadecare_wp8lead@googlegroups.com

In addition, google groups for the Next Adopters have been created.

- General, including the contacts of all JADECARE Next Adopters: jadecare_nextadopters@googlegroups.com

- Groups for the Next Adopters of WP5, WP6, WP7 and WP8.

    o WP5: jadecare_nextadoptersWP5@googlegroups.com

    o WP6: jadecare_nextadoptersWP6@googlegroups.com

    o WP7: jadecare_nextadoptersWP7@googlegroups.com

    o WP8: jadecare_nextadoptersWP8@googlegroups.com

oGPs: jadecare_ogps@googlegroups.com

Email formatting

In order to help all participants to efficiently deal with JADECARE related communications, quickly recognizing the significance of an e-mail and finding related messages, JADECARE related e-mails should always include in the subject title, in the order:

- the name of the project (JADECARE)
- the number of the WP to which the communication is related (i.e. WP3) or an indication of the specific issue of the subject.

Examples:

Subject: JADECARE_WP3_email formatting

Subject: JADECARE_Editing of the manual

> In order to help beneficiaries to efficiently deal with project related communications, all beneficiaries are asked to include "JADECARE_" at the beginning of the subject in your email

Teleconferences

Microsoft Teams, Gotomeeting and Zoom meeting will be used for the meetings, study visits and workhops. KRONIKGUNE will provide the tools and connection details.

6.5.4 External communication

External communication is considered towards parties outside the consortium, target groups of the project, stakeholders and the EU Project Officer from CHAFEA.

The external communication is part of WP2 Dissemination and Communication for which the Leading Executive Organization of WP2 is responsible.

Communication of project results is an important part of a CHAFEA Joint Action. For more information, please consult:

- D2.2 "Project Website", (March 2020)
- D2.3 "Dissemination and Communication Strategy and Plan", (March 2020)

General requirements

Unless the Commission requests or agrees otherwise or unless it is impossible, any dissemination of results (in any form, including electronic) must:

(a) display the EU emblem and include the following text in the first slide/cover page:

Co-funded by the Health Programme of the European Union

"This [insert appropriate description, e.g. deliverable/document/report/poster/presentation] was funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442".

(b) include the following text in the last slide/page: "The content of this [insert appropriate description, e.g. deliverable/document/report/poster/presentation] represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

Any communication activity related to the action must indicate the following disclaimer, to be included in the last page of presentation, also in posters and reports/documents: "The content of this [report/deliverable/document)] represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains".

When displayed together with another logo, the EU emblem must have appropriate prominence.

Document standard/Templates: All documentation generated by the JA needs to be under the approved standards. However, it is recommended to use these templates for all JADECARE documents, reports and publications.

All project templates (presentations, document standard) are on Sharepoint.

In order to maintain a common visual identity of JADECARE, all participants are asked to use the template provided for each kind of document

Project Website

The project website is set up for external communication purposes. It is at http://www.JADECARE.eu/. The project website will include information about the project, its objectives, interventions, methodology, results, beneficiaries and events.

6.5.5. Document management - Sharepoint

JADECARE_EU Sharepoint is the main document repository for the JADECARE Joint Action. All collaborators can have access to this Sharepoint site and need to request access from Janire Flores (jflores@KRONIKGUNE.org) and Jon Txarramendieta (jtxarramendieta@KRONIKGUNE.org).

The link to access the Sharepoint is: https://KRONIKGUNE.sharepoint.com/sites/JADECARE_EU

Structure

The **JADECARE** folder in Sharepoint will show the following structure:
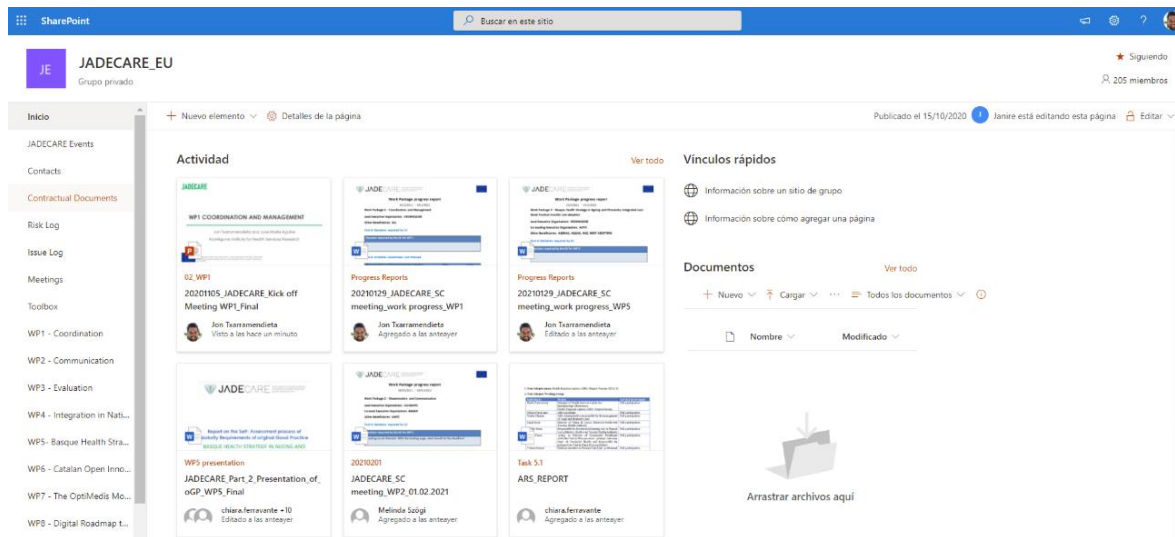

FIGURE 3 – SHAREPOINT MAIN PAGE

Document repository

The Sharepoint is the JADECARE document repository, containing:

- Contracts and agreements
- Reports, deliverables submitted to the EC
- Internal documents
- Meetings (agenda, presentations, minutes)
- Templates for the administrative and financial reporting
- Templates for documents (deliverables, presentations)
- Contact lists.
- Handbook, guidance documents and tools
- Dissemination documents and event calendar

Work Package folders

The WP folders serve to include information on each WP. Each WP leader is responsible for managing his WP folder, by uploading, modifying or eliminating documents accordingly. This is a working area arranged by WPs, where all beneficiaries have permissions to edit the content of the folders, thus will be able to upload or download whatever they need, and exchange documents for daily work within the corresponding WP.

> In order to maintain information updated at Sharepoint, each WP leader is responsible for updating and managing their WP folder

6.6. Financial Management

The financial management of JADECARE consists of supporting the adequate use of resources of the project as well as analysing/reviewing/supporting financial issues that could arise in the JA. The Financial Manager of the Coordination Team is responsible for the overall financial management.

Funding for CHAFEA projects is based on reimbursement of costs at a reimbursement rate. However, in order to provide beneficiaries with a float, certain amounts are granted at the beginning of the project. The payment schedule is mainly linked to the reporting periods and can be summarised as follows:

There are three main payment types:

1. Pre-financing payment

The pre-financing payment is transferred from the European Commission to the coordinator. The coordinator then dispatches it to the Competent Authorities in accordance with their share of the project budget without unjustified delay. Then, eachCA will distribute the funds to their Affiliated entities (if any), accordingly to the budget set in the Grant Agreement.

2. Interim payments

Interim payments reimburse the eligible costs incurred for the implementation of the action during the corresponding reporting periods. Amounts to be received will depend on the costs claimed by each CA and after the approval by CHAFEA.

CHAFEA will pay to the Coordinator the amount due as interim payment within 90 days from receiving the periodic report.

The total amount of pre-financing and interim payments must not exceed 90% of maximum grant amount.[6]

3. Payment of the balance (Final payment)

The payment of the balance reimburses the remaining part of the eligible costs incurred by the beneficiaries for the implementation of the action.

Payment is subject to the approval of the final report. The amount due as the balance is calculated by CHAFEA by deducting the total amount of pre-financing and interim payments already made, from the final grant amount determined.[1]

Keeping records- Supporting documentation [2]

Both CAs and AEs must, for a period of five years after the payment of the balance, keep records and other supporting documentation in order to prove the proper implementation of the action and the declared costs to be eligible.

The documents need to be the original documents. Digital and digitalised documents are accepted if national law accepts these documents as originals.

BothCA and AEs must keep the records and documentation according to their usual cost accounting practices and internal control procedures. There must be a track between the amounts declared, the amounts recorded in accounts and the amounts stated in the supporting documentation (audit trail).

For the different cost categories, consider the following documents:

Direct personnel costs:

- monthly signed time sheets, time records for the number of hours declared.
- calculation of hourly rate.
- labour contracts.

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[1] Article 16 GA, Payments and Payment arrangements
[2] Article 12 GA, Keeping records Supporting documentation

It is the responsibility of eachCA and AE to keep and file the hours worked on JADECARE, by collecting personal timesheet that must be signed by the worker and her/his supervisor. In case of audit, personal timesheets are part of the supporting documents that theCA and AE is obliged to keep for at least five years after the receipt of the last payment of the project.

The time sheets reporting template by CHAFEA is accessible in: https://ec.europa.eu/chafea/health/beneficiaries-corner/templates/index_en.htm

Other direct costs (travel costs and related subsistence allowances, equipment costs, costs of other goods and services):

- quotations (sub)contracts.
- all receipts of expenditure.
- meeting docs: signed presence lists, minutes, agenda.
- calculations of depreciation costs charged to the project.

CAs and AEs will also keep and file invoices and vouchers supporting the direct costs claimed.

Direct costs of subcontracting:

- quotations (sub)contracts.
- signed (sub)contracts.

All the costs definitions, meanings and examples can be found in the JADECARE Grant Agreement and Consortium Agreement at the Sharepoint.

For example: Eligible and Non –eligible costs, Personnel Costs, Subcontracting, Other Direct Costs.

Audit

A Certificate on the Financial Statements (CFS) is requested for eachCA/AE if:

- The maximum EU contribution for the entity is EUR 200.000€ (reimbursement of actual costs) or more and
- The cumulative amount of EU contribution it requests as reimbursement of actual costs (and for which no certificate has yet been submitted) is EUR 150.000€ or more.

In the Grant Agreement, Annex 5, there is a model for the Certificate on Financial Statement (CFS).

The costs of the CFS are eligible only when it is required according to the cumulative conditions above.

7. Reporting

This section presents the approach implemented to report on the overall progress of the JA. Two types of reporting will be used to measure the progress in JADECARE. Internal reports to the Coordinator and periodic reports to CHAFEA, both including technical and financial information.

All CAs and AEs will complete four internal reports and two reports to CHAFEA (periodic report 1 and final report).

The dates of these internal reports will be:

- Internal Report 1: Month 9
  - o Internal technical report 1
  - o Internal financial report 1
- Internal Report 2: Month18 (before the RP1)
  - o Internal technical report 2
  - o Internal financial report 2
- Internal Report 3: Month 27
  - o Internal technical report 3
  - o Internal financial report 3
- Internal Report 4: Month 36 (before the Final Report)
  - o Internal technical report 4
  - o Internal financial report 4

The dates of the periodic reports to CHAFEA will be:

- Periodic Report 1: Month 18
  - o Periodic technical report (to be completed by the coordinator)
  - o Periodic financial report
- Final Report: Month 36
  - o Final technical report (to be completed by the coordinator)
  - o Final financial report

EachCA is responsible for submitting its internal technical and financial reports and the ones from their AEs to the Coordinator. CAs will collect the reports from their AEs in advance.

7.1 Internal reports

1.1.1. Internal technical reports

KRONIKGUNE has prepared a Technical reporting template to collect information on the status of the JADECARE and the work done in each Work Package (see Appendix 2). This template will include:

- Summary of activity for each of the work packages and tasks in which it participates, including all notable results, progress and decisions made
- Deviations and corrective actions for each WP
- Information on milestones
- Information of deliverables
- Significant achievements that can be disseminated

1.1.2. Internal financial reports

KRONIKGUNE has prepared a Financing Reporting template to collect information on the work done and the resources employed by each beneficiary, according to CHAFEA rules (see Appendix 3). It is an excel file based on the periodic financial report for CHAFEA Joint Actions. This is the template for each partners individual financial statement with all the details for eligible costs and Person Months allocated in each WP. These reports follow the JADECARE Financial Reporting guidelines (see Appendix 4).

Submission deadline: All reports will be submitted to the Coordinator duly filled in within 21 days after the end of the corresponding period. The first internal report ends on month 9, so KRONIKGUNE as coordinator will collect all the reports by month 10.

7.2. Periodic reporting

In the Participant Portal there is Continuous reporting functionality. It is activated at the time the project starts and it is continuously open for the beneficiaries to submit deliverables, to report on progress in achieving milestones, to follow up of critical risks, ethics issues, publications, communications activities, and the answers to the questionnaire on horizontal issues.

Following the end of each reporting period the functionality of periodic reporting in the Participant Portal will be activated. While the periodic reporting session is open in the electronic exchange system:

- EachCA will complete on-line their own Financial Statement and the financial reports of their AEs, if any, including the explanations on the use of resources (see Appendix 4, JADECARE Financial Reporting guidelines). Individual financial statement from each beneficiary and AE must detail actual costs incurred for the reporting period concerned.
- Coordinator will upload the Part B of the periodic technical report as a pdf document.

When the coordinator submits the periodic report, the IT tool will capture the information from the continuous reporting module in order to generate the Part A of the periodic technical report. The IT tool will consolidate the individual financial statements and it will generate automatically the report with explanations of the use of resources and the periodic summary financial statements, which corresponds to the request for payment.

Briefly, the steps are the following:

- Filling the statement by introducing the eligible costs of eachCA and its AEs for the period in the individual financial statement (active pdf-template) and submit to the coordinator for revision
- Final percentage of reimbursement will be calculated after we know all the costs that will be charged to the project (not exceeding 80% of the project budget)
- After the agreement of the coordination upload the financial statement to the EU portal, and fill the breakdown numbers in the portal with the data of the revised statement
- The PFSIGN of the CA signs the form

For more information, please check:

- https://ec.europa.eu/chafea/health/beneficiaries-corner/templates/index_en.htm
- https://ec.europa.eu/research/participants/docs/h2020-funding-guide/index_en.htm

8. Appendix 1: General procedure for JADECARE Steering Committee meetings

Bi-weekly meetings will join Steering Committee (SC) members, this is, WP1 to 8 Lead teams. Steering Committee (SC) meetings aim to monitor the progress of WPs, detect any risk and issues and allow communication among the consortium.

Methodology for bi-weekly progress meetings

SC meetings will be held by the Coordinator bi-weekly, on Mondays from 11:00 to 12:30 CET, starting from the 23rd of November 2020 till the end of the JA.

Agenda and telco details will be shared in advance by the Coordinator.

All WPLeads must be represented. If required, specific members can be invited by SC members to attend these meetings. Any other member of the consortium is welcome to attend.

Three documents will be completed by WP leaders in advance to each meeting:

- WP work progress report
- Risk Log
- Issue Log

These documents will be available in JADECARE_EU Sharepoint:

- **WP work progress report**, in JADECARE_EU Sharepoint (Meetings > Steering Committee > SC meetings_work progress_template) (one WP progress report for each WP)
- **Risk Log**, in JADECARE_EU Sharepoint (one common Risk Log document including all WPs)
- **Issue Log**, in JADECARE_EU Sharepoint (one common Issue Log document including all WPs)
- Each WP is responsible to update these documents following the instructions as below.

Instructions to complete WP Work Progress Report

- Work progress report template can be found in JADECARE_EU Sharepoint (Meetings > Steering Committee > SC meetings_work progress_template).
- Reporting is from the Monday of the week of the last SC meeting to end of business on the Friday of the previous week to the next SC meeting.
- Each WP Leading Executive Organization (WP LEO) is responsible for its fulfillment. When required, each WP LEO asks Task leaders to contribute to the report.
- WP LEO uploads the report to the Sharepoint (Meetings > Steering Committee > yyyy/mm/dd) on the Friday before the meeting.
- It is highly recommended to be brief and use bullet points – try to not exceed 2 pages

Progress Reporting template

Has three parts:

Part A: Add any timely decisions required by the SC.

Part B:

- For Dissemination and Communication and WP Management activities, add:

- Activities Undertaken (From Monday of the week of the last meeting to Friday of the week previous to the next meeting)
- Activities Planned for the following two weeks
- For each of the WP tasks, add:
- Activities Undertaken, Significant Outputs and Results and Key Challenges for the previous 2 weeks (From Monday of the week of the last meeting to Friday of the week previous to the next meeting).
- Activities Planned for the following two weeks

Part C: Add status and plan (if not completed) for each deliverable.

Risk and Issue Log

- Risk definition: A risk is an uncertain event that should it occur will affect the achievement of the project objectives.
- Issue definition: An issue is an event that has occurred that will or has potential to impact on the achievement of project objectives. Therefore, a risk may happen, but an issue already has.
- The Risk and Issue Log documents are based on the PM^2 v3.0 templates.

Instructions for completion the Risk and Issue Logs

- Risk Log and Issue Log are found in JADECARE_EU Sharepoint
- Reporting is from the Monday of the week of the last SC meeting to end of business on the Friday of the previous week to the next SC meeting.
- Each WP LEO is responsible for their fulfillment.
- Categories marked with asterisk are compulsory.
- WP LEO will complete the common Risk and Issue Logs directly on the Sharepoint the Friday before the meeting.
- Coordinator will download a copy of both documents and will share with partners to be discussed during the meeting. These versions will be dated and attached to the minutes of the meeting.

9. Appendix 2: JADECARE Technical Reporting Template

Competent Authority	
Affiliated Entity (for AE's reports)	
Reporting Period	
Completed by	
Date of Completion	
Return the completed report to: jtxarramendieta@KRONIKGUNE.com and jflores@KRONIKGUNE.org **Deadline:**	

1. Activity (to be completed WP Leading Executive Organizations)

WP Number					
Task Number		Planned Start		Planned End	
		Actual Start		Actual End	
Task Title (X.1)					
Summary of Activity (including all notable results, progress and decisions made) **(200 words max)**					
Task Title (X.n)					
Summary of Activity (including all notable results, progress and decisions made) **(200 words max)**					

2. DEVIATIONS AND CORRECTIVE ACTIONS (to be completed WP Leading Executive Organizations)

For each <u>significant</u> deviation, please describe proposed corrective actions

Deviations **(100 words max)**	Proposed corrective actions **(100 words max)**

3. MILESTONES (to be completed by the WP Leading Executive Organizations)

Please complete for <u>each</u> milestone

Number	Milestone Title	Due Month	Status

4. DELIVERABLES (to be completed by the WP Leading Executive Organizations)

Please complete for <u>each</u> deliverable

Number	Deliverable Title	Due Month	Status

4. SIGNIFICANT ACHIEVEMENTS (to be completed by WP leaders and project coordinator)

Please provide a high-level summary of significant achievements that can be publically disseminated – good news stories, publications, etc, that can be highlighted to CHAFEA

WP	Description **(100 words max)**

10.   Appendix 3: JADECARE Financial Reporting Template

Important notes:
- Please, be aware of your individual budget detailed in the Grant Agreement.
- For personnel, please include as many rows as personnel to be reported by WP.

A.   **Direct Personnel Costs**

Nº Organ-ization	Acronym Or-ganization	Country	Name/Function	WP	Number of hours worked for the project	Hourly Rate (€)	Total Cost (€)

- Nº Beneficiary: Nº of Beneficiary according to the "List of Beneficiaries" in Annex 1 of the JADECARE GA (part A)
- Acronym Beneficiary: Acronym according to the "List of Beneficiaries" in Annex 1 (part A)
- Country: Country according to the "List of Beneficiaries" in Annex 1 (part A)
- Name/Function: Name and function to the person reporting the personnel costs.
- WP: Number of the WP to report the hours. (i.e. for WP1, the data is "1")
- Number of hours worked for the project: Include the number of hours worked for the project for that person -> Time sheets
- Hourly Rate: Hourly rate calculated according to your instruction's rules (-> see section 5 and 6) Total Costs are automatically calculated

B. **Direct Cost of Subcontracting (Only for Beneficiaries with subcontracting Costs)**

Nº Benefi-ciary	Acronym Organi-zation	Country	Invoice Number	WP	Subcontractor	Description of task	Price (€)

- Nº Beneficiary: Nº of Beneficiary according to the "List of Beneficiaries" in Annex 1 (part A)
- Acronym Beneficiary: Acronym according to the "List of Beneficiaries" in Annex 1 (part A)
- Invoice Number: Include the invoice number
- WP: Number of the WP where the subcontracting cost is allocated according to the budget
- Subcontractor: Name of the subcontractor
- Description of the Task: Description of the subcontracting task (according to Annex 1) Price:
- Price €: Include the cost of subcontracting

C. **Other Direct Cots**

C1. Travel

Nº	Acro-nym	Country Code	Name of the person travel-ling/Meeting/Place	WP	Travel Costs	Accommoda-tion Costs	Nº of days	Daily Rate	Total Costs (€)

- Name of the person travelling/meeting/place: Name of the person, the meeting and the place and date of the meeting
- WP: WP number to report the travel to
- Travel Costs: Total travel costs (i.e. flight, train, taxi, bus, parking, etc.)
- Accommodation Costs: Total costs for accommodation
- Nº of days: Total number of days to calculate the subsistence costs according to your organization's rules
- Daily rate (subsistence): Daily subsistence costs according to your organization's rules
  - If your organization does not work with daily rates but reimbursement of real subsistence costs, include 1 in the cell Nº of days and the total subsistence costs in the cell "Daily Rate"
- Total costs are automatically calculated with the formula: $e = a + b + (c \cdot d)$

C3. Other Goods and services

№	Acro-nym	Country Code	Invoice Number	WP		Description of service or good	Cost (€)

- Invoice number: Include the invoice number
- WP: Number of the WP to report the other goods and services, according to the Annex 1 of the Grant Agreement and the Appendix 4: Financial Reporting guidelines

11. Appendix 4: Financial Reporting guidelines

The purpose of the Financial Reporting is gathering and monitoring of data on levels and types of expenditure, across the consortium, with a view to presenting a single set of data that can be used, by all beneficiaries, in mid- and end-term reports to the Funding Authority (CHAFEA). All CAs must complete their own financial statements, including the information of their AEs.

Please review the Article 6 of the JADECARE Grant Agreement to inform about the eligible and ineligible actual costs.

EachCA and AE will explain in the individual financial statement how the resources were used during the period reported: for each cost declare, the partner will be prompted to give a justification:

A. Direct personnel costs- line

Declare here beneficiaries' direct personnel costs as **actual costs.**

Types of eligible personnel costs:

A.1 Personnel costs are eligible, if they are related to personnel working for the partner under an employment contract and assigned to the action. They must be limited to salaries (including during parental leave), social security contributions, taxes and other costs included in the remuneration, if they arise from national law or the employment contract.

A.2 The costs for natural persons working under a direct contract with the beneficiary other than an employment contract are eligible personnel costs, if:

   a) the person works under conditions similar to those of an employee (in particular regarding the way the work is organized, the tasks that are performed and the premises where they are performed)
   b) the result of the work carried out belongs to the beneficiary (unless exceptionally agreed otherwise)
   c) the costs are not significantly different from those for personnel performing similar tasks under an employment contract with the beneficiary.

Personnel costs must be calculated as follows:

Personnel Costs = Hourly rate x nº of Actual hours worked in the action

Hourly rate multiplied by the number of **actual hours** worked on the action. The number of actual hours declared for a person must be identifiable and verifiable. Keep time records. The total number of hours declared in EU grants, for a person for a year, cannot be higher than the annual productive hours used for the calculations of the hourly rate.

The **hourly rate** is:

Hourly rate= Actual annual personnel costs / nº of Annual productive hours

For personnel costs declared as actual costs: the hourly rate is calculated per full financial year, as follows:

actual annual personnel costs (excluding additional remuneration) for the person divided by number of annual productive hours.

Using the personnel costs and the number of productive hours for each full financial year covered by the reporting period concerned. If a financial year is not closed at the end of the reporting period, the beneficiaries must use the hourly rate of the last closed financial year available.

For the **number of annual productive hours**, the beneficiaries may choose one of the following:

1. Fixed number of hours: 1 720 hours for persons working full time (or corresponding pro-rata for persons not working full time).

2. Individual annual productive hours: the total number of hours worked by the person in the year for the beneficiary, calculated as follows:

   Annual workable hours of the person (according to the employment contract, applicable collective labour agreement or national law) plus overtime worked minus absences (such as sick leave and special leave.

   Annual workable hours mean the period during which the personnel must be working, at the employer's disposal and carrying out his/her activity or duties under the employment contract, applicable collective labour agreement or national working time legislation. If the contract (or applicable collective labour agreement or national working time legislation) does not allow determining the annual workable hours, this option cannot be used.

3. Standard annual productive hours: the standard number of annual hours generally applied by the beneficiary for its personnel in accordance with its usual cost accounting practices. This number must be at least 90% of the *standard annual workable hours*. If there is no applicable reference for the standard annual workable hours, this option cannot be used.

For all options, the actual time spent on parental leave by a person assigned to the action may be deducted from the number of annual productive hours.

C. Other Direct Costs- line

C1. Travel costs and related subsistence allowances (including related duties, taxes and charges such as non-deductible value added tax (VAT) paid by the beneficiary) are eligible if they are in line with the beneficiary's usual practices on travel.

C2. The depreciation costs of equipment, infrastructure or other assets (new or second-hand) as recorded in the beneficiary's accounts are eligible, if they were purchased in accordance with Article 10.1.1 and written off in accordance with international accounting standards and the beneficiary's usual accounting practices.

C3. Costs of other goods and services (including related duties, taxes and charges such as non-deductible value added tax (VAT) paid by the beneficiary) are eligible, if the following applies:

- Must be directly linked to and necessary to implement the action

- Requirement of transparency, best value for money and, if appropriate, lowest price. Conflict of interest must be avoided

Such goods and services include, for instance, consumables and supplies (excluding general office supply), dissemination (including open access), certificates on the financial statements (if they are required by the Agreement), certificates on the methodology, translations and publications.

If costs (Other Direct Costs) were foreseen in the Annex 1 of the Grant Agreement, no further explanation is needed. If costs were not foreseen in Annex 1 of the Gratn Agreement, further explanations are needed.

D. Indirect costs -line

Indirect costs will be automatically calculated at 7% of eligible direct costs, except subcontracting costs.

Indirect costs are costs that cannot be identified as specific costs directly linked to the performance of the action. In practice, they are costs whose link to the action can NOT be (or has not been) measured directly, but only by means of cost drivers or a proxy (i.e. parameters that apportion the total indirect costs (overheads) among the different activities of the beneficiary).

Where any income has been received, that is directly related to the project, this also needs to be declared in this table - under the heading of receipts - and will ultimately form a reduction to the grant that you receive from the EU.