



DELIVERABLE D1.1

Project Quality Plan

Emp-H

“Empowering Hospital”

GA n. 664258



Co-funded by
the Health Programme
of the European Union



PROJECT ACRONYM:	Emp-H
CONTRACT NUMBER:	664258
DISSEMINATION LEVEL:	Public
NATURE OF DOCUMENT:	Report
AUTHORS (name and organization):	Ylenia Sacco (ASL Biella)

TITLE OF DOCUMENT:	Project Quality Plan
REFERENCE NUMBER:	D1.1
WORKPACKAGE CONTRIBUTION TO THE DOCUMENT:	WP1
EXPECTED DELIVERY DATE:	31st July 2015

Short description of the Deliverable

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

REVISION HISTORY			
REVISION	DATE	COMMENTS	AUTHOR (name and organisation)
V1	21/07/2015	Delivered to all partners for comments	Ylenia Sacco (ASL Biella)
V2	27/07/2015	Changes to the section 4.2.3 (WP3)	Ylenia Sacco (ASL Biella) Alessandro Coppo (UPO)





EXECUTIVE SUMMARY

This document is the overall project/quality plan for the Emp-H project. It defines the scope of the project, and how the project is broken into specific activities. It identifies the staff resources available to complete the work, and time scales in which the activities are to be performed.

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

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





Summary

EXECUTIVE SUMMARY	3
1. INTRODUCTION	6
1.1 Purpose of the project/quality plan	6
1.2 Glossary	6
2. PROJECT OVERVIEW	6
2.1 Project identification	6
2.2 Contacts	8
2.2.1 Key Consortium Staff	8
2.2.2 Co-ordinator Support Team.....	8
2.2.3 Key European Commission contacts	8
2.2.4 Organisation and responsibilities	8
2.3 Interfaces	12
3. THE PRODUCT REQUIREMENTS.....	12
3.1 Agreed requirement	12
3.1.1 Background.....	12
3.1.2 Projects' aims and Consortium partners	13
3.2 Work description	14
4. PLANS AND SCHEDULES.....	14
4.1 Phasing.....	14
4.2 Activities & Schedules.....	15
4.2.1 WP1 – Management and Coordination – ASL BI	15
4.2.2 WP2 - Dissemination and communication – ASL BI.....	15
4.2.3 WP3 – Evaluation/Quality - UPO	16
4.2.4 WP4 – Selection of interventions – DCU	16
4.2.5 WP5 – Project Implementation – ASL BI	16
4.3 Resources.....	16
4.3.1 Staffing resources	16
4.3.2 Infrastructure resources	17
5. MANAGEMENT	17
5.1 Monitoring and reporting.....	17





5.1.1 Contractual Requirements	17
5.1.2 Internal standard tools	18
5.1.3 Meetings.....	18
6. CONFIGURATION MANAGEMENT	19
6.1 Responsibilities.....	19
6.2 Identification	19
6.2.1 Documents.....	19
6.3 Change control	19
6.4 Status reporting.....	19
6.5 Document control.....	19
6.5.1 Document Formats.....	19
6.5.2 Naming and referencing standards	21
6.5.3 Information Flow	22
6.5.4 Ownership, review, approval and issue of documents	23
6.5.5 Control of changes to documents	23
6.5.6 Physical and electronic storage	23
6.5.7 Indexing	23
6.5.8 Handling of superseded / obsolete documents	23
6.6 Storage and backup	24
6.7 Archiving.....	24
7. RISKS TO QUALITY.....	24



1. INTRODUCTION

1.1 Purpose of the project/quality plan

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

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

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

1.2 Glossary

Beneficiary	A signatory to the Contract with full responsibility for the Project. See Contract for further details.
Configurable items	Material to which configuration management procedures must be applied. Such material may consist of document, software or hardware.
Consortium	The Beneficiaries carrying out the Emp-H project.
Contract	The European Commission Grant Agreement, number 62558.
GA	Grant Agreement
Collaborating Partner	Collaborating partner and/or experts are organisations or individual persons, which: <ul style="list-style-type: none"> - may significantly increase the technical and scientific content of the project; - have no contractual relationship with the Agency; - do not receive any EU funding from this particular grant
PCC	Project Coordination Committee
WPLC	Work Package Leaders Committee
HPCT	Hospitals Project Coordination Team
Sub-Contractor	A third party paid by a Participant to carry out some of the activities which the Participant is responsible for.

2. PROJECT OVERVIEW

2.1 Project identification

Customer:



Co-funded by
the Health Programme
of the European Union



1. Consortium: The Consortium partners are the principal beneficiaries of the project.
2. European Commission: To the extent that the Commission provides funding for the Project, and requires certain deliverables and other documentation (e.g. Financial Statements) as a condition of funding, they can also be considered as a customer.

Project name:

Emp-H (Empowering Hospital)

Project type:

This project is granted by the third Health Programme of UE under the following topic: Pj-01-2014 "Innovation to prevent and manage chronic diseases". There are 5 Participants coming from 4 EU countries and forming the project Consortium. EC funding for the project is 60%; exact details are contained in the GA.

Contract:

The project is being carried out under EC Grant Agreement number 62558. This contract defines the Consortium Beneficiaries.

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

Consortium composition:

Project Co-ordinator (and Beneficiary):

- ASL di Biella (Italy)

Beneficiaries:

- UPO, Università del Piemonte Orientale, Italy
- DCU CPM, Dublin City University - Centre for Preventive Medicine, Ireland
- HULAFE, Fundacion para la Investigacion del Hospital Universitario la Fe de Valencia, Spain
- LISS, Lithuanian Multiple Sclerosis Union, Lithuania

Sub-Contractors

A budget has been allocated for sub-contractors for the following activities:

- Setting-up and up-dating of the project website
- Promotional materials for meetings and conferences

Project start date: 1st May 2015

Estimated end date: 30th April 2018



Co-funded by
the Health Programme
of the European Union



Estimated total elapsed time: 36 months

Size of project: 147,6 person-months

2.2 Contacts

2.2.1 Key Consortium Staff

Name	Organisation	Role
Maurizio Bacchi	ASL BI	Project Coordinator
Maurizio Bacchi, Carla Becchi, Ylenia Sacco	ASL BI	WP1 Managers
Maurizio Bacchi, Ylenia Sacco	ASL BI	WP2 Managers
Fabrizio Faggiano, Alessandro Coppo	UPO	WP3 Managers
Davide Susta	CPM DCU	WP4 Manager
Maurizio Bacchi	ASL BI	WP5 Manager

2.2.2 Co-ordinator Support Team

Ylenia Sacco, Project Manager

Carla Becchi, Administrative and Financial Manager

Davide Bertacin, Quality Manager

2.2.3 Key European Commission contacts

Anne-Marie Yazbeck, Project Officer

2.2.4 Organisation and responsibilities

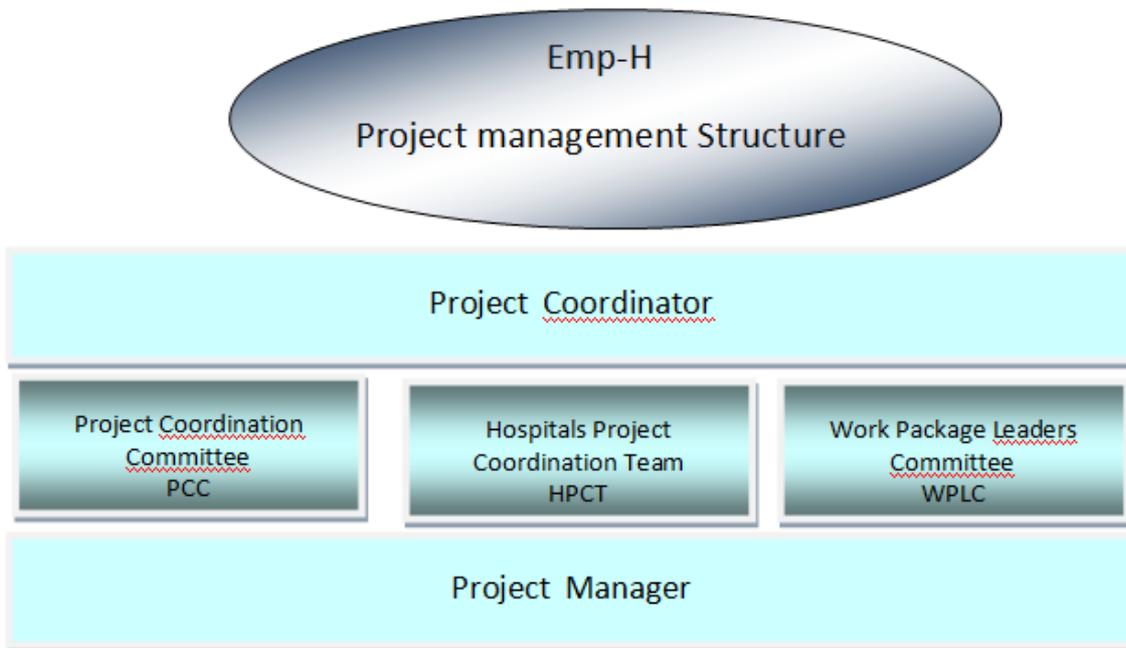
2.2.4.1 Organisation

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

Figure: Emp - H – Project Management Structure



Co-funded by
the Health Programme
of the European Union



The responsibilities of the various roles are as follows:

<i>Management Body</i>	<i>Responsibilities</i>	<i>Meeting Frequency</i>
Project Coordinator	<ul style="list-style-type: none"> • Overall project coordination • Overall project communication • Chairs Project Coordination Committee • Only official channel between the consortium, the European Commission (EACH) and third parties (eventually) 	Not applicable
Project Coordination Committee (PCC)	<ul style="list-style-type: none"> • Resolve any conflicts that may appear among the consortium • Approve any changes in the Consortium Agreement and 	Three times a year and on demand



	<p>recommend acceptance of changes to management or partners</p> <ul style="list-style-type: none"> • Approve and accept deliverables of the project of scientific or reporting nature • Decide on defaulting projects and partners • Implementation of a quality assurance system 	
Work Package Leaders Committee (WPLC)	<ul style="list-style-type: none"> – Management of the work packages – Coordination, monitoring, assessment and reporting of the progress of work package – Evaluation of possible actions and activities 	On demand and when needed WPLC meetings will be scheduled the day after the PCC Meetings
Hospitals Project Coordination Team (HPCT)	<ul style="list-style-type: none"> – Management of all interaction with collaborating end users (both health professionals and patients involved in the implementation of the model) – Achievement a constructive requirements gathering and to allow for on-time validation of results 	On demand and when needed HPC meetings will be scheduled the day after the PCC Meetings
Project manager	<p>Support to the Project Coordinator for the:</p> <ul style="list-style-type: none"> – overall project management – overall project 	Not applicable



	<p>communication</p> <ul style="list-style-type: none"> – Chairs Project Coordination Committee <p>Support to the Project Coordinator who is the official channel between the consortium, the European Commission (EACH) and third parties (when needed)</p>	
--	---	--

The persons involved in the Coordinator Support Team and in the Key Consortium Staff are reported in section 2.2.1 and 2.2.2. Their roles are as follows.

The **Administrative and Financial Manager**, in collaboration with the Project Manager, supports the Project Coordinator in the day-to-day management of the project and has responsibility for the administrative and financial matters:

- maintains accurate consolidated records of costs, resources and timescales;
- prepares and distributes reports (Management Reports, Progress Reports);
- reports regularly to the Project Co-ordinator on the progress of the Project;
- manages budget transfers between project partners;
- carries out the overall legal, contractual, ethical, financial and administrative management
- interfaces with the European Commission with regard to the contractual and financial issues

The **Quality Manager** is responsible for the Quality Assurance of the project. He reports to the Coordinator Support Team, and:

- assists the Coordinator Support Team in defining the reporting structure and the relative reporting procedures;
- monitors the proper production of quality records by individual Work Package Leaders;
- reports regularly to the Project Co-ordinator and to the Coordinator Support Team on the quality aspects of the project;
- systematically reviews all the Project deliverables to make sure that they meet the quality standards required for a project such as Emp-H;
- when and where appropriate, rewrites part of a deliverable with input from the various partners to ensure consistency of style through the deliverables produced by the Project.

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

- production of work package-specific addenda to the overall Project and Quality Plan if required;





- monitoring and control of the work package progress;
- production of the deliverables specified for the work package;
- monitoring and control of quality within the standards defined in the Project and Quality Plan and quality procedures;
- co-ordination of work package activities in collaboration with the Project Coordinator and the Project Manager.

See the section 2.2.4.1 for the activities and responsibilities concerning the Project Coordinator and the Project Manager.

2.3 Interfaces

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

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

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

3. THE PRODUCT REQUIREMENTS

3.1 Agreed requirement

3.1.1 Background

Prevention of risk factors and promotion of healthy behaviours are thus pivotal to obtain measurable improvements in health. Reorienting health services towards health promotion is one of the major health promotion strategies stipulated by the Ottawa Charter (WHO 1986), and requires considerable efforts to reshape the role of the healthcare services and broaden their focus by including holistic and salutogenic approaches. In particular, it is necessary to design effective organisational strategies able to overcome existing barriers to health promotion implementation in clinical practice and in hospitals (Röthlin 2013). Hospitals are natural settings for preventing disease relapse and promoting healthy behaviours among patients (Demark-Wahnefried 2005; McBride, 2003).

The rationale for implementing health promotion activities is to be supported by at least three factors. The increased life expectancy and prevalence of people older than 65 in Europe is likely to result in increased prevalence of preventable chronic diseases, such as diabetes and cardiovascular disorders. Second, health promotion at a hospital setting configures as an ideal system to bridge the gap between primary care services and general hospitals. Third, a considerable and diverse body of evidence supports the effectiveness of health promotion in achieving durable behaviour change which results in decreased risk for chronic medical conditions.





3.1.2 Projects' aims and Consortium partners

This multicentre project aims to foster health promotion interventions and environments suitable for prevention of chronic diseases in order to:

1. Profiling patients according to their risk factor and deliver counselling and introducing a personalised pathways
2. Engagement of patients in interactive workshops aiming at monitoring and changing their risk factors
3. Redesigning the hospital environment to be fully conducive in a health promotion perspective (e.g. introduction of healthy food at the hospital canteen and cafeteria) according with the available evidence
4. creating strong *liaisons* with the hospital catchment area, useful to provide and maintain a suitable environment for a permanent healthy behavioural changes among patients (within and outside the hospital)
5. designing and availability of the protocol and reports encourage the development of hospitals embracing a comprehensive and effective health promotion approach

The Emp – H Consortium brings together a selection of partners particularly addressed to lead the way towards fostering health promotion interventions and environments in hospital settings.

The strategy is based on the Health Promoting Hospitals (HPH) framework with a strong emphasis on evidence based prevention.

Emp-H partners and collaborating partners may be grouped as follows:

Local Health Authorities/Hospitals and Network of Hospitals

- ASL Biella, Italy (Coordinator)
- Hospital La Fè – Valencia, Spain (Partner)
- HPH Network (collaborating partner)

Public Universities with Competence in capacity building and evaluation of prevention and health-promotion interventions

- Università del Piemonte Orientale, Italy (Partner and WP Leader)
- Dublin City University, Ireland (Partner and WP Leader)

Regional authorities and national/local associations for the prevention of chronic diseases

- Lithuanian Sclerosis Multiple Union, Lithuania (Partner)



Co-funded by
the Health Programme
of the European Union

- Regione Piemonte (collaborating partner), Italy
- Fondo Edo Tempia – Biella Lotta contro i tumori (collaborating partner), Italy
- LILT – Biella Lega Italiana per la lotta contro i tumori (collaborating partner), Italy

3.2 Work description

The Project has been broken down into five Work Packages as reported in the following scheme:

WP number	Title	Description
1	Management and Coordination	Actions undertaken to manage the project and to make sure that it is implemented as planned
2	Dissemination and Communication	Actions undertaken to ensure that the results and deliverables of the project will be made available to the target groups
3	Evaluation / Quality	Actions undertaken to verify if the project is being implemented as planned and reaches the objectives
4	Selection of Interventions	Actions undertaken to make sure that effective evidence-based individual and environmental interventions are selected for implementation
5	Project Implementation	Actions undertaken to administer effective individual counselling activities, interactive group workshops, salutogenic hospital environment, and establish strong <i>liaisons</i> with the hospital catchment area

For more details about each WP see the Workplans presented during the Kick-off meeting on 15-16th June 2015 at EACH in Luxembourg.

4. PLANS AND SCHEDULES

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

4.1 Phasing

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





Workpackage	Start month	End month	Person Months
WP1 Management and Coordination	1	36	12,6
WP2 Dissemination and Communication	2	36	14
WP3 Evaluation / Quality	2	36	28
WP4 Selection of Interventions	2	36	34,3
WP5 Project Implementation	2	36	58,7
Total			147,6

4.2 Activities & Schedules

A full description of the workpackages and deliverables comprising the project is set out in Annex 1 to the Grant Agreement (Description of the Action) and in the Workplans presented to the EU PO during the kick-off Meeting, amended where appropriate. For each workpackage, the milestones and deliverables are identified below.

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

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

4.2.1 WP1 – Management and Coordination – ASL BI

Milestones:

- Milestone 1: Project Quality Plan [month 3]
- Milestone 2: Final Management Report [month 36]

Deliverables:

- D1.1 - Project Quality Plan [month 3]
- D1.2 – Interim and financial report (period 1) [month 13]
- D1.3 - Interim and financial report (period 2) [month 25]
- D1.4 - Interim and financial report (period 3) [month 36]
- D1.5 – Final Management Report [month 36]

4.2.2 WP2 - Dissemination and communication – ASL BI

Milestones:

- Milestone 3: Setting-up project web site
- Milestone 4: Organisation of Mid-term workshop [month 18]
- Milestone 5: Organisation of Final Conference [month 35]

Deliverables:



Co-funded by
the Health Programme
of the European Union



- D2.1 - Dissemination Plan [month 3]
- D2.2 - Emp-H Project website [month 3]
- D2.3 - Project Leaflets and dissemination materials [month 12]
- D2.4 - Layman version of the final report [month 35]

4.2.3 WP3 – Evaluation/Quality - UPO

Milestones:

- Milestone 6: Publication of Study protocol [month 12]
- Milestone 7: Report on impact analysis and evaluation of economic sustainability [month 36]

Deliverables:

- D3.1 – Evaluation questionnaires [month 6]
- D3.2 – Process report [month 24]
- D3.3 – Report on impact analysis and evaluation of economic sustainability [month 36]

4.2.4 WP4 – Selection of interventions – DCU

Milestones:

- Milestone 8: Patients' profiling tools [month 7]
- Milestone 9: Handbook on hospital-based health promoting activities for healthcare professionals and hospital managers [month 36]

4.2.5 WP5 – Project Implementation – ASL BI

Milestone 10: Training and dissemination report [month 24]

Milestone 11: Report on agreement between HPC and resources at community level [month 36]

4.3 Resources

This section summarises all the resources required for this project, including project staff and their expected utilisation.

4.3.1 Staffing resources

The table below shows the summary of effort, in person-months, by each Participant, and by Workpackage. The Coordinator Support Team will maintain details of any changes to this effort.



Summary of staff effort						
	WP 1	WP 2	WP 3	WP 4	WP 5	Tot.
ASL BI	8,6	7,0	4,0	3,0	21,3	43,9
UPO	1,0	2,0	21,0	7,1	2,2	33,6
CPM DCU	1,0	2,0	1,0	13,9	2,2	20,1
HULAFE	1,0	2,0	2,0	10,0	21,5	36,5
LISS	1,0	1,0	0,0	0,0	11,5	13,5
	12,6	14,0	28,0	34,3	58,7	147,6

4.3.2 Infrastructure resources

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

All e-mails should contain Emp-H or “Empowering Hospital” in the subject line, together with WP/Task reference, to assist recipients if they wish to automate processing of incoming e-mails.

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

ASL BI will manage the project website. The Emp-H website has the following URL address: <http://www.emp-h-project.eu/>.

5. MANAGEMENT

5.1 Monitoring and reporting

5.1.1 Contractual Requirements

The European Commission contract sets out some mandatory requirements for reporting to the Commission as reported in Art. 15 of the GA:

Reporting periods: The project is divided into the following “reporting periods”

- RP1: from month 1 to month 12
- RP2: from month 13 to month 25
- RP3: from month 26 to month 36

Periodic Reports: the Coordinator must submit a periodic report within 60 days following the end of each reporting period.





The periodic report must include the following:

- a) A “periodic technical report” containing:
 - An explanation of the work carried out by the beneficiaries;
 - An overview of the progress towards the objectives of the project, including milestones and deliverables identified in Annex 1

- b) A “periodic financial report” containing:
 - An “individual financial statement” (as reported in Annex 4 of the GA) from each beneficiary, for the reporting period concerned
 - An explanation of the use of resources from each beneficiary for the reporting period concerned
 - A “periodic summary financial statement (as required in Annex 4 of the GA) created automatically by the electronic exchange system.

5.1.2 Internal standard tools

Word and Excel will be used as the standard tools on the project, together with PowerPoint for the meetings’ presentations or similar.

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

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

5.1.3 Meetings

5.1.3.1 Project’s Consortium Meetings

The Project’s Consortium Meeting will be scheduled on a regular basis. The meetings will direct the project, and act as a forum for decision making. It also has a formal purpose, as set out in the Annex I section 2.8 and also reported in the current Plan under the section “Organisation 2.2.4.1”.

Frequency: The PCC (Project Coordination Committee) will meet three times a year and on demand. The WPLC and HPCT meetings will be scheduled, on demand and when needed, immediately the day after the PCC meeting. Virtual meetings through videoconferencing, tele-conferencing and e-mail will be held to improve efficiency and reduce travelling costs

Chairman: Project Co-ordinator

Attendees: At least one representative for each partner is expected to be present plus Project Coordinator and members of Co-ordinator Support Team.

Purpose of meeting: To share strategic guidelines among the Coordinator and the Partners, and steer the project according to the objectives agreed. Decisions on managerial and technical issues will be made following standard procedures of circulation of agenda items, discussion and agreement at the meeting. If a consensus decision is not possible the issue will be resolved by a vote.



Co-funded by
the Health Programme
of the European Union



Agenda and meeting materials: The agenda of each meeting will be circulated at least 15 days before the meeting itself.

When needed, the following documents will be circulated:

- progress reports;
- minutes;
- project deliverables;
- reports to the Commission, i.e. management reports, progress reports and annual review reports.

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

6. CONFIGURATION MANAGEMENT

6.1 Responsibilities

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

6.2 Identification

6.2.1 Documents

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

- all contractual deliverables;
- the current Project Plan;
- the standards, procedures and guidelines.

6.3 Change control

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

6.4 Status reporting

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

6.5 Document control

6.5.1 Document Formats

Project Deliverables will have the following format. A template document is available in Dropbox "Emp-H Project" repository (Dropbox\Emp-H Project\02_Working Area\WP1). This can also be used for large internal documents. A template is also available for small internal documents.

Each deliverable will comprise the following parts:





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

Two parts of each deliverable (front sheet and Executive Summary) are, in principle, for wider distribution, and of an even broader audience to have information about the results achieved in the Project. The parts of each deliverable have the following format:

Front title page

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

- **Project Short Title / acronym** (in logo)
- **Deliverable Number, Title** (as it appears in contract)
- **Full name of project**

Document information

- **Project acronym:** Emp-H
- **Contract number:** 664258
- **Dissemination level** (e.g. Public or Confidential)
- **Nature of document** (e.g. Report, Handbook, Tool, Other)
- **Title of document**
- **Reference number** (deliverable number)
- **Workpackage** contributing to the deliverable (as it appears in the contract)
- **Version Number** (where appropriate this will include draft letter)
- **Expected delivery date** (from Annex I)
- **Date of this version**
- **Author(s):** i.e. name and contact details of the person responsible for the preparation of the document
- **Short description of the Deliverable (i.e. Abstract):** A few lines describing the essential results contained in the deliverable
- **Revision History:** A summary of versions and
- **Filename:** "filename" field

Executive Summary



Co-funded by
the Health Programme
of the European Union



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

Table of Contents

Contents: to include figures and tables where appropriate

Full description of deliverable content

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

For all except the first two pages, each page should contain header information giving:

- Project Number and Title
- Deliverable Number and Title

and further information giving:

- "Confidential" or "public"
- **"Page number" of "Total Pages"**: Page number will run from 1 on first page of Executive Summary, throughout document
- Version Number and Date

6.5.2 Naming and referencing standards

Project Deliverables will be referenced:

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

Example: Emp-H D1.1 v2.0 Project Quality Plan

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

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





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

When commenting on a document by direct additions, then append initials or organisation to version number, e.g. Emp-H WP1.4-03 v1ASLBI.

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

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

6.5.3 Information Flow

Information Flow takes the form of:

- Working papers presenting scientific data and related information and referring to the description and results of the particular activities of a phase, work package, task etc.
- Management document, such as:

Management and progress reports, costs statements and any other reports to be submitted to the Commission services, according to the Public Health Programme monitoring procedures.

Project Meeting Minutes, as well as the minutes of working meetings to be issued with the responsibility of either the Project Coordinator or the Work Package Leaders. The minutes will be circulated to all participants.

6.5.3.1 Tools for internal communication

Dropbox repository

The “Emp-H project” repository has been built on DropBox application and has been arranged in the mains following sections:

01_Contracts

02_Working Area

03_Reporting Tool

04_Official documents



Co-funded by
the Health Programme
of the European Union



The **Working Area** arranged by WPs permits to upload, download and exchange docs for daily work within the WP.

Mailing list

Available in the project repository. Any communication about changes of email address, phone number etc. has to be addressed to the Project Manager and Quality Manager.

6.5.4 Ownership, review, approval and issue of documents

There are a number of different classes of documents:

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

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

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

6.5.5 Control of changes to documents

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

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

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

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

6.5.6 Physical and electronic storage

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

6.5.7 Indexing

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

6.5.8 Handling of superseded / obsolete documents

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





6.6 Storage and backup

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

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

The Quality Manager has the right to review these procedures, and request changes where deemed necessary to protect the project against undue risk.

6.7 Archiving

Under the GA (Article 17), reviews may be started up to five years after the payment of the balance so accounts and technical reports must be maintained for at least five years after the final payment. In addition, the European Commission has the right to initiate a financial audit up to five years after the final payment of Community contributions. Partners must therefore make provision to retain financial records appropriately.

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

7. RISKS TO QUALITY

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

