Project Manual

Deliverable 2.1

Date: 31/05/2023

DDS_MAP

Co-funded by the European Union

DDS-MAP

PROJECT NUMBER: 101101259

Project Manual

Programme: EU4Health

Grant Agreement No.: 101101259

Agency: European Health and Digital Executive Agency (HaDEA)

Call Year: 2022

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Project Duration: 30 months

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Date: TBC

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1 Partner Details

Partner Name	Short name	Partner Address	Country	PIC
SOUTH EAST TECHNOLOGICAL UNIVERISTY	SETU	CORK ROAD, WATERFORD, IE	Ireland	999618660
IBK MANAGEMENT SOLUTIONS	IBK	WALDSTRASSE 35 C, 65187, WIESBADEN, DE	Germany	942418730
UNIVERSITY COLLEGE DUBLIN, NATIONAL UNIVERSITY OF IRELAND,	UCD	BELFIELD, 4, DUBLIN, IE	Ireland	999974359
UNIVERZA V MARIBORU	UM	SLOMSKOV TRG 15, 2000, MARIBOR, SI	Slovenia	999903646
OSTFALIA HOCHSCHULE FUER ANGEWANDTE WISSENSCHAFTEN HOCHSCHULE BRAUNSCHWEIG WOLFENBUTTEL	OSTFALIA	SALZDAHLUMER STRASSE 46/48, 38302, WOLFENBUTTEL, DE	Germany	972219749
UNIVERSITA DEGLI STUDI DI UDINE	UNIUD	VIA PALLADIO 8, 33100, UDINE, IT	Italy	999899281
KLAIPEDOS UNIVERSITETAS	KLAIPEDOS	Herkaus Manto 84, LT-92294, KLAIPEDA, LT	Lithuania	999904422
VEUCILISTE JOSIPA JURJA STROSSMAYERA U OSIJEKU, FAKULTET ZA DENTALNU MEDICINU	FDMZ	CRKVENA 21, 31000, OSIJEK, HR	Croatia	904575926
UNIWERSYTET MEDYCZNY W LUBLINIE	MUL	AL RACLAWICKIE 1, 20 059, LUBLIN, PL	Poland	952657953
ASOCIACION DE INDUSTRIAS DE CONOCIMIENTO Y TECNOLOGIA - GAIA - EUSKALHERRIKO EZAGUTZA ETA TEKNOLOGIA INDUSTRIEN ELKARTEA	GAIA	PORTUETXE BIDEA, N14, EDIFICIO IBAETA, PLANTA 1ª, 20018, SAN SEBASTIAN, ES	Spain	998526052
AZIENDA UNITA SANITARIA LOCALE DI TERAMO	ASL	CIRCONVALLAZIONE RAGUSA 1, 64100, TERAMO, IT	Italy	893843458

EUROPEAN ASSOCIATION OF SERVICE PROVIDERS FOR PERSONS WITH DISABILITIES	EASPD	RUE DU COMMERCE 72, 1040, BRUXELLES, BE	Belgium	996312221
BIEDRIBA EUROFORTIS	BEFO	ANNINMUIZAS BULVARIS 38-37, 1067, RIGA, LV	Latvia	950139057
MUTUALIA MUTUA COLABORADORA CON LA SEGURIDAD SOCIAL NO 2	MUTUALIA	C/ HENAO 26, 48009, BILBAO, ES	Spain	917082621
RIGAS STRADINA UNIVERSITATE	RSU	Dzirciema street 16, 1007, RIGA, LV	Latvia	999843118

2 Project Management

2.1 Management Structure

There are two authorities will manage the project: the Project Board (chaired by the Project Coordinator) and the Advisory Board. The Project Coordinator (will ensure the effective and timely co-ordination of all project activities and successful financial, administrative and technical management ensuring that (1) the overall objectives of the project are accomplished within the time-frame agreed; (2) all project activities are carefully monitored to ensure project progress; (3) an effective internal communication strategy is designed; (4) project partners get the necessary support to complete their tasks throughout the project life-cycle; (5) a partner agreement is signed by all partners; (6) the required financial and administrative reports are prepared; (7) act in all contractual matters as the link between the Project and the EC and ensure that administrative procedures in relation to the European Commission are handled properly and smoothly.

The Project Board comprises representation of all members of the consortium and will oversee and coordinate the work of the working groups. The Project Board will be assigned with the tasks of ensuring: that all partners are delivering the required outcomes on schedule, (b) that effective monitoring of the scheduled activities is conducted to avoid delays to project outputs, (c) that ongoing risk assessment is conducted to identify potential problem areas and define appropriate corrective actions if required, (d) that evaluation of project outcomes is conducted to ensure appropriateness and relevance in all partner countries, (e) that rigorous quality management; and appropriate activities to generate awareness of the aims and objectives of the project is performed. The Project Board will be the main decision-making body and will officially meet in each project meeting – and if needed on demand.

The management and governance structures of the proposed project are designed to monitor the project progress against the project plan as well as to resolve any technical, administrative or contractual challenges to secure the project progress. The proposer will carry out the overall management of the funded project.

An Advisory Board will support all levels of the project.

The overall management of the project will include the following tasks:

- Administration, which will include all necessary financial administration, contractual and reporting activities as well as the operation of the project office.
- Organization, which will ensure the proper preparation and organisation of the various meetings and events, which will be necessary for duly conducting the project.
- Communication, within the consortium as wells as with the other stakeholders of the project.
- Documentation, with the objective of implementing professional documentation standards for the proposed research endeavor. This will include monthly, quarterly and Work Package Reports, as well as all reports to EC.
- Quality Management, which will ensure that standards are maintained and that the stakeholders will receive the defined results.
- Conflict Resolution Procedures: In case of necessity, the project coordinator will organise a conflict resolution meeting within 30 days following the reception of a written request transmitted by any project partner. Arbitration will be performed in increasing order of authority.

The details for all these activities will be fixed in the Project Manual, which will be presented at the kick-off Meeting for further fine-tuning and released within six weeks after this meeting and which will be signed by all partners.

The financial management of the project will be monitored on a quarterly basis and each partner will be required to produce expenditure and activity reports to ensure that documents and records are sufficient to satisfy reporting requirements and that the spend profile is in line with the overall project budget.

The work of the project (see output delivery description) is broken down int eight Work Packages incorporation:

1. Project Co-ordination and Ethics Management (led by SETU)
2. Dissemination and establishing sustainability (led by EASPD)
3. Evaluation (led by GAIA)
4. Survey and analysis training needs per country and per sector to inform module content and delivery (led by OSTFALIA)
5. Content development of 4 modules to deliver upgrading and new skills (led by UM)
6. Design & implement a delivery platform with augmented and virtual reality features (led by SETU)
7. Localising the module content into partner regions and testing the language versions with selected trainees (led by UNIUD)
8. Delivering and validating the modules with target group participants (led by MUL)

	Content	WP Leader	Partner
WP1	Project Coordination and Ethics Management	Professor John Wells	SETU
Tasks	1.1 Management of the contractual commitments and financial control, establish Project Boards and publish the Project Manual (PM) 1.2 Establishing overall Quality Assurance Processes, Standards and Measures 1.3 Regular monitoring and re-porting the overall project development, progression and activities, internally and to the CEC 1.4 Agreeing an overall Ethics Management Plan for the project and submission of local ethics forms where required 1.5 Preparing and attending 3 Project Board Meetings (kick-off, mid-term & project closing) plus bi-monthly virtual meetings		
Milestones	Milestone 1 Kick off meeting (30th April 2023) Milestone 2 Project manual developed and signed off (Project manual developed and signed off) (May 31st 2023) Milestone 10 Final conference (July 31st 2025)		
Deliverables	Project Manual (31st May)		

	Content	WP Manager	Partner
WP2	Dissemination & establishing sustainability	Omor Ahmad	EASPD
Tasks	2.1 Implementing, maintaining and continually updating a project website and community of practice 2.2 User friendly CI branding and design (Logo, website, policy briefs, academic posters, …) 2.3 Developing and publishing a Communications and Sustainability Strategy with a BMC for post-project activities 2.4 Ongoing outreach and engagement with key stakeholders (media, professional associations, advocacy and community groups, etc.) 2.5 Promotion & dissemination via stakeholder workshops, seminars & international conferences 2.6 Organising and running a workshop with Quality and Qualification Agencies and Regulators 2.7 Organising and running a final conference 2.8 Relevant project results made freely available according to FAIR principles 2.9 Scientific publications		
Milestones	Milestone 7 Workshops completed (July 31st 2024)		
Deliverable	Deliverable 2: DDS-MAP Communication and Dissemination Plan (May 31st 2023) Deliverable 3: DDS-MAP consultative workshops and multiplier (January 31st 2025)		

	Content	WP Manager	Partner
WP3	Evaluation	Begona Bonito	GAIA
Tasks	3.1 Evaluation of results of WP4 3.2 Evaluation of training module and delivery path designed in WP5 3.3 Evaluation of platform implemented in WP6 3.4 Evaluation of localised training modules implemented in WP7 3.5 Evaluation of module content and delivery with module alumni in WP8		
Deliverables	Deliverable 4: Evaluation report (31st August 2025)		

	Content	IO Manager	Partner
WP4	Survey and analysis training needs per country and per sector to inform module content and delivery	Stephanie Krebbs	OSTFALIA
Tasks	4.1 Develop individual and organisational self-assessments for digital literacy, resilience, service delivery and sustainability 4.2 Running 4.1 in partner regions 4.3 Analysis of 4.2 for training needs per country, sector, target groups and thematic focus referenced against EU Pact for Skills 4.4 Mapping of existing continuous and professional development training possibilities referenced to 4.2 & 4.3 4.5 Gap analysis referenced to 4.1 - 4.4 4.6 Co-creation with stakeholders referencing "real world" competency skills credentialling referenced to 4.5 4.7 Generating WP summary report and performing Quality Gate		
Milestones	Milestone 3: Survey completed (August 2023)		
Deliverables	Deliverable : Pan European Survey Instrument (31st October 2023)		

	Content	WP Manager	Partner
WP5	Content development of 4 modules to deliver upgrading and new skills	Dominika Vrbnjak	UM
Tasks	5.1 Define integrated micro-credentialling approach with CPD 5.2 Referenced to WP4 define and develop content for modules 1-4 5.3 Define inputs and outcomes 5.4 Transforming content into multimedia presentations as required 5.5 Define assessments 5.6 Seek accreditation through academic partner institutions 5.7 Generating WP summary report and performing Quality Gate		
Milestone	Milestone 4: Micro credential approach finalized (29th February 2024) Milestone 8: Training module context finalized (31st July 2024) Milestone 9: Accreditation process concluded (30th September 2024)		
Deliverable	Deliverable 6: Common module platform and content with reference to a micro-credential framework (29th February 2024)		

	Content	WP Manager	Partner
WP6	Design & implement a delivery platform with augmented and virtual reality features	Frances Cleary	SETU
Tasks	8.1 Identify and adapt most commonly used delivery platforms 8.2 User Requirements Definition for the VR Pan European Healthcare training Metaverse 8.3 Identification of system / hardware requirements for the Healthcare training Metaverse 8.4 Design and Development of VR Metaverse training Modules 8.5 Developing a virtual hospital data model based on the new Mutualia Hospital under construction 8.6 Testing, Improvement and Validation (standalone) 8.7 Pilot and roll out support 8.8 Generating WP summary report and per-forming Quality Gate		
Milestones	Milestone 5 Finalised AR/VR modules (April 2024)		
Deliverable	Deliverable 7: AR/V-based training/assessment materials referenced to the modules (30th April 2024)		

	Content	WP Manager	Partner
WP7	Localising the module content into partner regions and testing the language versions with selected trainees	Alvisa Palese	UNIUD
Tasks	7.1 Translating common core module content into partner languages 7.2 Translating the Platform interface and messages into required partner languages 7.3 Select volunteer trainees to test localised modules on the platform (w/o PO) 7.4 Improve module content delivery based on results from 7.3 7.5 Generating WP summary report and performing Quality Gate		
Milestones	Milestone 8: Content translated and localized (31st August 2024)		
Deliverable	Translated module materials (31st December 2024)		

	Content	WP Manager	Partner
WP8	Delivering and validating the modules with target group participants	Beata Dobrowolska	MUL
Tasks	8.1 Promoting the modules through the participating HEI and Multipliers 8.2 Deliver each module to at least 60 learners drawn from the target groups with a total of 200 or more 8.3 Evaluation of module content and delivery with module alumni in WP8 8.4 Adjust module(s) based on feedback received 8.5 Generating WP summary report and performing Quality Gate		
Deliverables	Deliverable 9 Validated modules and report on Action Level Indicators (31st August 2025)		

2.2 Project Meetings

In the project we differ between 2 types of meetings:

A) Project Board Meetings
B) Working group meetings

Both levels of activities are prepared and organised by the hosting partner. In the case of Type A events, the agenda is set up in co-operation with the PC and the hosting party is responsible for doing the minutes.

Type B is coordinated between the attending parties and needs no minutes if the outcome is a WP content or a co-operation issue, because these will be reported as WP results.

In both cases a list of attendance is necessary to be signed by the partners, whilst with external attendance we can only ask politely if they are also prepared to sign.

3 In-person Project Board Meetings

There will be three in-person Project Board Meetings across the lifetime of the project, attended by persons with the full right to vote on both financial and administrative matters for their organisation in the context of this project.

With the exception of the Kick-off Meeting, the structure will always be:

- Arrival for all the evening before
- First morning - Status overview and any administrative activities needing attendance
- Afternoon - Starting on task specific workshops, running until the evening
- Second morning – Summary of work from 1st day and new workgroups or continuation of work done
- Late noon - end of meeting, so that everybody can fly home with afternoon or evening flights

At each meeting, the next meeting will be confirmed as a fixed date and the next one after as a provisionally fixed date.

Kick-Off, Mid-Term and Final Project Board Meeting are obligatory to Project Partners, unless jointly agreed on differently during the last previous meeting (e.g. due to Piloting issued to be solved).

3.1.1 Other Meetings

Other meetings are any other meeting organised between two or more of the consortium partners to work on a current issue or of one (or several) partners with external parties to prepare or support piloting actions or for dissemination activities. They should be managed by Zoom and/or Teams.

4 Conflict Resolution Procedures

In case of necessity, the project coordinator will organise a conflict resolution meeting within 30 days following the reception of a written request transmitted by any DDS-MAP partner. Arbitration will be performed in increasing order of authority:

- within the team of each intellectual output under the management of the WP leader
- within the Technical Board under the management of the Project Co-Ordinator
- within the Project Board under the management of the Project Co-Ordinator
- by the Co-ordinating side (ideally the Project Co-Ordinator) after consultation with the Project Board. The Co-ordinating side is then the one and only instance seeking arbitration from the EU4Health project officer.

In case of necessity, a meeting will be held with all representatives of the level authorised. The quorum (No. of persons) requested for arranging a meeting and making decisions is defined according to the conflict's nature and the number of organisations involved.

Within the conflict resolution meetings, agreements are searched for through dialogue and mutual concession between the partners. In case of failure a meeting at the upper level will be arranged. If it becomes necessary to involve the responsible EU4Health officer, a formal request for a meeting will be submitted by mail to the Co-ordinator. The request includes potential solutions and requests an answer. The Co-ordinator will be the only link and intermediary between the *contractors* and the Commission. This chain (procedure) is mandatory to everybody.

4.1 Management Tools

4.1.1 Project Management

For the management of the project's timelines and the tracking of due dates for deliverables and milestones, the consortium may use the tools delivered by EU4Health, supplemented by such tools as Trello which help organise activities, tasks and links for each work package.

4.1.2 Communication Tools and Procedures

To facilitate the exchange of working documents, the consortium will make use of e-mail and the Internet wherever this is possible.

If for administrative reasons blue ink copies are needed, these are advanced by a PDF file to the receiving partner.

Each partner has the duty to check at least once per week (Thursday evening) her/his e-mail.

If a needed answer to an e-mail is overdue for more than 3 working days, the sending party has the duty to check with the other party, if the message was received in time.

Additionally to the e-mail, the Project Promoter set up a document management system on Google Drive where the official version of each document currently in work may be accessible, as well as the delivered final versions.

NB: As for communications to the Commission, and according to the contract, any communication to the Commission should be sent through the Project Co-ordinator (Coo), who will act as intermediary (exceptions may be granted by the Coo, whenever necessary).

5 Structure and deadlines of administrative documents and financing

5.1 Document Types and their Deadlines

The project will use the following documents either to track the running work internally, or to direct submissions to the NA/CEC and the responsible Project Officer for approval:

- Timesheets
- Communication Activity Report
- Dissemination Activity Report
- Interim Report 12 months after the operative commencement date of the contract.
- Final Report 24 months after the operative commencement date of the contract.
- Business Plan (BP) with a forecast for the next 3 years after the end of the funded project. This document includes the joint and individual Dissemination and Valorisation activities of each partner done on the project results.

Table 1 summarises the contractual due dates and latest deadlines to reach the PC for the various types of administrative documents.

DOCUMENT	**PERIOD Covered**	**DEADLINE for Input**	**DEADLINE**
Communication and Dissemination Activity Reports	Current Quarter	n.a.	15th of each following month
Interim Report	TBC	30 days prior to the report	Month 20
Final Report	TBC	30 days prior to the report	Month 32

Table 1 - Deadlines for the administrative reports

5.1.1 Financial Reporting

DOCUMENT	**PERIOD Covered**	**DEADLINE for Input**	**DEADLINE**
Individual Quarterly Time sheet	Reported by quarter, accumulated an	n.a.	15th of the month following the last quarter
Consolidated Interim Financial Report	First Project Half	30 days prior to the report	60 days after end of reporting period (Month 18)
Consolidated Final Financial Report	Full Project	30 days prior to the report	60 days after end of reporting

			period (Month 30)

6 ACTIVITIES PERFORMED AND RESULTS DELIVERED

This section summarised the data as collected by the individual Monthly Status Reports (MSR) and lists the deliveries that have been due during the reporting period.

6.1 Interim and Final Report

The Interim and Final Reports are due at mid-term and the end of the project respectively and must be submitted to the EC as described in the project contract. Both documents are defined in the reporting and content structure by the NA and will be delivered as templates to the consortium partner by the PC not later than 1 month before the end of each reporting period.

All partners must support the Project Coordinator (PC) in generating this document and are fully responsible for the correctness of the data reporting their individual contribution and usage of resources.

If there are no problems or conflicts in the comments, PC will prepare the final version of the reports and submit them to the EC and the DDS-MAP partners, as well as the project's Advisory Board.

In case of problems, a second review cycle will be quickly performed.

The BP (Business Plan) will be included in the Interim Report as a draft and in its full version in the Final Report. The main focus of the BP lies on disseminating the results post-project and how to maintain and update them after the project (and such the funding) ends.

6.2 Time-sheets

The partners are obliged to fill in an Excel-Sheet for each person working in the project delivered as a standard form.

Individual Time Sheet

Time Sheet per Person and category: see template (working hours: use ¼ day, ½ day, ¾ day, 1 day), please pay attention, that you always end up with a whole day at the end of the month; signature of supervisor.

This document is listing in detail what work was done when, by whom and in relation to what Intellectual Output and is summarising the accumulated per person and quarter.

A cover page summarises these monthly overviews per quarter and must be signed by the employee and the supervisor and must be sent in to the Project Coordinator (as a scan) or uploaded to the project document server by the 15th of the month following the quarter.

Example timesheet overview

DDS-MAP

Time Sheet for 1st Project Quarter

For:	C.-Andreas Dalluege
Period covered:	1.3. 2023 -31.5.2023
Project:	DDS-MAP
Project number:	EU4H 101101259
Institution:	IBK Management Solutions GmbH
Company Position:	Managing Partner
Work Contract:	Employment contract of 2002 with addendum 2022
Project Tasks:	Manager & Senior Researcher

Overview Andreas Dalluege

Period	WP1 DAYS	WP2 DAYS	WP3 DAYS	WP4 DAYS	WP5 DAYS	WP6 DAYS	WP7 DAYS	WP8 DAYS	DAYS in total
March 2023	2.50	0.50		1.00	0.00	0.00			4.00
April 2023	5.00	2.00		2.00	0.00	0.00			9.00
May 2023	0.00	0.00		0.00	0.00	0.00			0.00
Total	7.50	2.50	0.00	3.00	0.00	0.00	0.00	0.00	13.00

05/06/23 _____
Date Signature (employee)

05/06/23 _____
Date Signature (employer)

7 Project Dissemination & Communication Plan

The objective of the DDS-MAP Dissemination & Communication Plan is to develop both an individual and joint approach about disseminating the project results during the project's life time and for the post-project activities of each partner and of the consortium as whole.

The PDCP will show the following main topics:

I. EXECUTIVE SUMMARY
II. The product/service/results to be disseminated
III. Description of the market/target groups for each region
IV. Communication and dissemination activities already performed
V. Communication and dissemination activities planned for the next 12 months
VI. Long term goals for market penetration
VII. ANNEX: DDS-MAP presentation materials Produced so far The PDCP is developed in three releases:

Release 1 contains only the chapters I.-III. and will be released after project month 3.

Release 2 will be delivered together with the Interim Report and updates the first edition, as well as fills in the chapters IV.-VII.

Release 3 will be delivered together with the Interim Report and updates all chapters with the data gathered during the piloting and validation phase of the project and delivers a dissemination plan for the post-project period.

All Work Package Deliverables must be formally released through a Quality Gate (Chapter 7) before they can be accepted as an official deliverable of the project or made available outside the direct project partners.

7.1 Review Cycle

To assure the required quality and acceptance of the various deliverables by the EU4Health reviewers, internal preparation and review procedures must be established (e.g. author/reader cycles). As the contents of the deliverables are very different, the deliverable responsible and the TB will decide on the actual preparation/review procedures, taking into account the deadlines established in the DDS-MAP Technical Annex. The scheme illustrated below may be used for the planning of each deliverable.

Task	:
Deliverable N°	:
Title	:
Overall Responsible	:
Contributors	:
EC deadline	:

Activity	Resp.	DEADLINE
Distribute commented table of contents (with definition of contributions required from other partners)		

Return comments on table of contents to overall responsible		
Return requested contribution to overall responsible (first input)		
Circulate draft version of deliverable to involved partners		
Return commented draft version and final input		
Send finalised deliverable to the Co-ordinator who will forward it to the EC and to all other partners		

Scheme for the planning of the deliverables

8 DDS-MAP Quality Management

Measures planned to ensure that the project implementation is of high quality and completed in time

Management and governance structures of **DDS-MAP** directs and monitors the project's progress against the project plan and will resolve any technical, administrative or contractual challenges to secure the DDS-MAP progress. SETU as Project Co-ordinator (PC) will carry out overall management of the **DDS-MAP** project.

Establishing a Project Manual: The PC will cooperate with IBK, who will oversee DDS-MAP Quality & Agility Management (QAM), to develop a Project Manual (PM) to guide all areas of cooperation and lines of communication between the partners including budget management, timelines for outcomes completion, risk management and activity reporting. The PC will present the PM to DDS-MAP partners at the Kick-off meeting for discussion and agreement. Once all partners have agreed to it, the PM will become the formal, binding guideline for all activities within DDR.

DDS-MAP's overall budget and time management approach: The PC will act for contractual matters as the link between DDS-MAP and the European Health and Digital Executive Agency (HaDEA). and carry out project management, e.g., budget control through maintaining records of costs, resources and time and ensure regular reporting by DDS-MAP partners. The PC will warrant those administrative procedures are in accordance with the requirements of the European Commission (EC) and are addressed effectively and efficiently.

Methods to ensure good quality, monitoring, planning and control

DDS-MAP governance structures: The project will be managed by a tripartite governance structure, the PC, a Project Board (PB) and? This tripartite governance structure will be advised by an independent Project Advisory Board (AB). The PC will co-ordinate **DDS-MAP** through the PB. The PC will maintain project records and will act as the communications conduit on behalf of the consortium with EU4Health. The PB consists of a senior representative from each consortium partner with the authority to take any necessary corrective actions within their respective organisation in relation to the project. The AB consists of experts who are not members of the **DDS-MAP** consortium. They will provide independent advice to **DDS-MAP** in relation to project tasks and outputs over time.

The overall management tasks are:

- Administration: all financial administration, contractual and reporting activities and operation of the project office.
- Organization: proper preparation and organisation of the various meetings and events necessary to conduct **DDS-MAP**.
- Communication: regular communication within **DDS-MAP** and with other stakeholders.
- Documentation: maintain records and implement professional standards for the proposed activities. This will include the quarterly reporting, as well as all reports to EU4Health.
- Quality Management: maintenance of standards as **DDS-MAP** progresses as outlined in the approved project protocol and ensure that stakeholders receive defined results.
- Risk Management: if necessary, the PC will organise a risk management meeting within 30 days following the receipt of a written request transmitted by any project partner. Arbitration will be performed in increasing order of authority Quality Progress
- Data Management

Evaluation methods and indicators

Monitoring of achievements of the DDS-MAP project will be referenced to meeting target dates of the specified activities and outcomes. Monthly meetings between the DDS-MAP consortium members, following the procedures laid out in the Management Plan, are set to monitor the progress and

activities of the project that will take place. IBK, in consultation with SETU (PC) has a particular responsibility to monitor activity as this relates to the quality of the co-design results.

To monitor and verify the outreach, coverage and impact of the modules and project results DDS-MAP will use standard measures employed within HEIs to measure education programme outreach and effectiveness (Baseline numbers of potential learners in health related organisations in the regions and countries served by the consortium HEIs through engagement with publicly available data providers (for example; health authority employment data) learners and organisations who engage with the DDS-MAP modules in the participating regions plus those learners and organisations outside of the test regions that also take the modules. Impact will be measured through qualitative learner evaluations of their experience of the modules in terms of delivery and impact on their sense of competency (particularly referenced to their views on the work-based learning and assessment approach). We will also ask the employing organisations to provide feedback as part of the evaluation process of impact. A quantitative measure of impact will be the numbers of learners who successfully complete the modules. These activities will take place in WP 3, 7 and 8. Specific data will be collected by each participating HEI who delivers modules in relation to number of persons who completed the training with a breakdown for each specific target groups (General medicine, nurses, care personnel and non-clinical staff) and for each country in which the modules are delivered and learners who take the modules but do not live in the host country of the participating HEI. Learner profile of those who completed the training will also be referenced to age, gender, category of health workforce (clinical and non-clinical staff). In addition,

- Number of persons who completed digital skills courses.
- Number of persons who completed training on specific themes (themes defined in training programmes).
- Number of participants of training, who obtained continuous Medical Education credits (Alviif applicable according to national frameworks).
- Number of certificates of training obtained by participants issued according to developed micro credentials.
- Satisfaction rate of participants of the training

The analysis of this training can provide a quantitative means of assessment through user performance monitoring, time to competition and completion rates and while adaptation of participant feedback through the Moodle platform can allow for cross evaluation of qualitative subjective feedback.

1. DDS-MAP will engage in a wide range of processes involving organisations, students and staff in the development and quality management of all DDS-MAP results. Fundamentally, this will ensure that DDS-MAP results are designed with and for students and staff to meet their needs and requirements. The project's achievements will be evaluated through engaging with these stakeholders to evaluate, critically assess and improve upon iterative project results. This will be accomplished using surveys, multiplier activities and other forms of engagement.

2. Daily quality assurance of the ongoing work will be maintained through a rapid prototyping cycle that enables continuous improvement of all the project outputs. This will be monitored through the monthly, quarterly and PR final reports.

3.Specific Quality Gates (QG) for each major output, through all partners reporting on the readiness of the output, to start the next development step for which this output is a relevant input. These Quality Gates (QG) are prepared through QG specific surveys and then voted on by all partners as part of a workshop. This process will be reported, and each WP Report will refer to the related QG. Every QG Report will be summarized in the Quality Management Report.

4. A risk management and conflict resolution process (as described in 2.4) will be implemented should there be any problems related to any of the quality assurance steps, the project will follow the concepts of agile management coupled with rapid prototyping cycles. This allows a high flexibility and

fast response time to any problem identified. All partners will be active in these tasks and the PC will coordinate these efforts as a basis for formal reports to the European Health and Digital Executive Agency (HaDEA).

5. A data management plan will be refined in WP1 that establishes the data management policy to be adopted within the DDS-MAP for datasets generated and collected through the survey (which will be anonymous) and co-creation processes and meetings with stakeholders (which will be pseudo-anonymised and aligned with GDPR requirements). The main elements of the plan will cover dataset set reference and description, standards, data sharing (both between DDS-MAP partners and in relation to FAIR principles), storage and preservation procedures on a SETU server. In relation to learner data, for example demographic profile, completion rates and satisfaction assessments, this data will be collected by each HEI in accordance with their local quality assurance policies and procedure for the collection of such data and a partnership agreement that such data will be shared, in line with GDPR requirements, amongst the consortium for DDS-MAP reporting purposes. This plan will be implemented in M2 and will be regularly updated throughout the lifetime of the project.

The project will continually monitor the outreach and coverage for the use of its results delivered and referenced to number of people who take the programmes (we have a minimum target of 200 within DDS-MAP) delivered by the target language group participating HEIs and trainers within the consortium (referenced to the potential number of the health workforce target groups which will also form a baseline number) covered within their respective region by each partner. DDS-MAP is also mindful of reach in terms of numbers outside of the HEI regions take the modules as a further indicator of pan European reach who deliver the modules, organizations, communities, etc. and is largely based on the intervention's scope. This data will be collated and reported upon in line with the DDS-MAP data management plan.

To evaluate reach/ impact in use of digital tools DDS-MAP will use amongst other indicators:

- Baseline and post module surveys of learners will be undertaken.
- Increased use of digital tools in clinical work (survey upon completion of training; 80% of participants put to use digital tools/ expand the use of digital tools in clinical work)
- Increased use of digital tools in administrative work (survey upon completion of training; 80% of participants to use digital tools/ expand the use of digital tools for administrative tasks (this target is stated in Objective 2, p.19)

FAIR principles relating to anonymised survey data will be followed, utilising the Open Science Framework. EASPD working with the project co-ordinator, SETU will take responsibility to ensure that this is done.

8.1 Test Results Reporting

All test phases will use a test incident feedback report that will be delivered by the implementing partner as a web-based formulary to ensure consistent description.

Additionally there will be a final field testing questionnaire to be filled in by every pilot user at the end of the field test phase that will summarize the experiences gained.

This questionnaire will be developed once the exact structure of each outputs has be defined to allow listing the modules to be tested in detail.

The Text Incident Report Form will be designed and delivered just-in-time for Beta Testing to ensure all technical issues are shown as a menu-list.

8.2 Quality Gates in DDS-MAP

The Quality Gate[5] approach of the DDS-MAP Project is based on the quality management developed by TU Dortmund for the Leonardo da Vinci Project LOPEC (Logistics personnel excellence by continuous self-assessment; DE/12/LLP-LDV/TOI/147538) for testifying that a quality gate within the LOPEC project had been successfully reached. The DDS-MAP partners enhanced this approach by adding a web-based survey to it as a basis to replace a formerly needed face-to-face with a more time and cost friendly tele-conference approach without losing the one-on-one interaction dimension.

So it needs to be checked what has to be achieved in one section and which results are accomplished and if appropriate, identify potential for improvement. When all parties are satisfied with the process and the product quality, the quality gate can be closed.

8.2.1 Quality Gates in DDS-MAP - Which Quality Gates do exist and how are they to pass?

In DDS-MAP at least three Quality Gates have to be passed, one for each of the Intellectual Outputs work packages.

QG are managed as part of each output and are due after the deadline for the delivery of the expected results, but before the report for closing the output is finalised.

In all Outputs, work processes are to be endorsed for the final product. According to this an action guideline is given below to show how the Quality Gates could be passed.

8.2.2 Action Guideline for moderation

We propose to review the achievements of quality gates in qualitative workshops or so-called gate meetings[12]. All stakeholders of the project are included. To allow for the geographical distribution and travel budget restrictions these workshops are prepared via a web-based survey for each QG, followed by a Teams -based meeting for agreeing on the vote.

On the one hand, this is necessary to stay close to the given time frame and to include all partners. On the other hand, this is necessary to keep the time frame as closely as possible and simultaneously involve all responsible, to what extent they are satisfied with the development and whether the quality gate can be passed. Furthermore, the decision is to meet the project needs to be taken during the meeting.

1. First, it is asked what specifically the object was and what was actually necessary to attain it. This is the phase of inventory.
2. In a second step it is required to ask if the partners are of the opinion that the necessary parameters have been achieved and thus the achievement of the process is successful. This done by asking on a task-by-task level of how satisfied each project member is with the work performed and results reached.
3. Reflects on the need to tasks to be kept open any task of the IO to be closed for further monitoring and reflection on future developments on the market/topic. If such a case is identified, the need for further activities must be defined, as well as the argument, why this does not endanger the closing of the IO or the passing of the QG. This will haven in the web-based workshop.
4. Finally, the participants are asked if the status is "Passed" or "Not passed".
    a) Did we reach the point where the next Output depending on these results can be started? (Yes/no)

b) Do you agree that we reached the point where this Quality Gate can be agreed as passed? (Yes/no)

If all participants vote for the status of "Achieved" the Quality Gate closed and the next work process can begin.

However, if one participant does not fully agree to the achievement of quality gates, it must be analysed which concrete factors must be changed in order to achieve the required quality improvement and quality. Accordingly, the factors affecting must be examined first. That means where do the participants actually see the product quality at risk? In their opinion, where does something not working?

Thereafter, the participants are asked to appoint changing conditions required to achieve the product quality agreed. In order to combine activities and problematic factors and to find a workable solution, managers are also asked about their personal commitment, how and where they could exercise personal influence. So the achievement of the Quality Gate could be accomplished based on this task list with concrete targets as well as named responsible participants. Finally, the participants are asked about their next activities to continue the process smoothly.

8.2.3 Action Guideline for the tele-workshop

1. What has been done so far? What is necessary? (Status quo)
2. Based on the web-survey run between al project partners before this tele-meeting;
   a. In the opinion of the participants are all stated objectives for the next process completed? (Target achievement)
   b. Are you satisfied with the work process and results? (Satisfaction)
3. Discussion of any open issue disclosed by the survey results
4. Does everybody know his next tasks for the process phase? (Next step)

If all the participants now vote for "Passed" the Quality Gate is passed

If not:

1. Where the parties actually see the product quality at risk? What did not work? (Factors affecting)
2. What should be changed in order to achieve the specified product quality? (Changing conditions)
3. What could the participants do? (Task list / Personal interest / Deadline)
4. Fix date for new QG discussion to reached “passed” level
5. Everyone knows his/her task is for the next level for those tasks that could be started already at this stage? (Next step)

8.2.4 Moderation Agenda

Moderation schedule (30 minutes)

1. First, the current situation is generally summarised. One participant (project coordinator or work package leader) is asked briefly to describe the objectives, functions and working status.
2. The results of the survey performed on this QG, are presented, and shortly commented on, with the possibility of additions by the participants (status quo), especially of the overall satisfaction with a given task is under 80%.

3. If there is no uniform result (e.g. one partner indicated strong dissatisfaction with a specific task result), the indicators will be discussed.
4. Then it is checked whether the activities for the next working phase are clear to each participant or briefly explained.
5. The presenter explains the quality gate as passed if all participants give a positive vote.

If not all participants agree on „passed" during the tele-meeting, the Quality Gate has to be repeated!

In that case:

6. Each participant will write possible impairment factors and associated changing conditions into the message field of the conference window. These will be logged by the project coordinator for further monitoring.
7. The proposals will be discussed with the group and checked for operationalisation and importance. Then based on the proposals a task list is created, provided with necessary activities and deadlines and assigned with a responsible person. The list of participants will be confirmed by approval from the group.
8. Finally, the group is asked again whether the procedure for obtaining the quality gates is accepted. If all participants agree, the process is postponed and a new quality gate meeting agreed on in which the agreed on remedies have to be agreed on as "successful".
9. The group agrees on which tasks building on individual sub-goal of the current QG can be seen as good enough to already start the next working steps without losing time for the overall results.

One and only instance seeking arbitration from the EU4Health project officer.

In case of necessity, a meeting will be held with all representatives of the level authorised. The quorum (No. of persons) requested for arranging a meeting and making decisions is defined according to the conflict's nature and the number of organisations involved.

Within the conflict resolution meetings, agreements are searched for through dialogue and mutual concession between the partners. In case of failure a meeting at the upper level will be arranged. If it becomes necessary to involve the responsible EU4Health officer, a formal request for a meeting will be submitted by mail to the Co-ordinator. The request includes potential solutions and requests an answer. The Co-ordinator will be the only link and intermediary between the *contractors* and the Commission. This chain (procedure) is mandatory to everybody.

8.2.5 Risk management

Risk	Proposed risk mitigation measures
Communication issues arising from the online modality (low/low)	Planning of face-to- face meetings
Nonperforming partner (low/low)	Risk Management measures according Project Manual
Pandemic risk of travel bans (Low/Medium)	In case a new virus variant will cause a revival of reduced personal contacts and a new restriction of travel we will increase the number of virtual meetings to balance this.
A key person of DDS-MAP staff could change position in the organization or change enterprise (Low/Medium)	Regular monitoring, quick replacement and inform EU4Health. Replace key person by other qualified one of the same organization or by other

	among the project partners.
Unexpected delay delivering deliverables (Medium/Medium)	Regular monitoring of the project and sending of reminders frequently enough, combined with risk management plan as set up in the PM.

8.3 Financial Reporting

DOCUMENT	PERIOD Covered	DEADLINE for Input	DEADLINE
Individual Quarterly Time sheet	Reported by month, accumulated and Includes a Signed Time Sheets Summary for each 6 month period	n.a.	15th of each following month
Consolidated Interim Financial Report	Month 1 to Month 18	30 days prior to the report	Month 20
Consolidated Final Financial Report	Month 18 to 30	30 days prior to the report	Month 32

Table 2 - Deadlines for the financial rep

ACTIVITIES PERFORMED AND RESULTS DELIVERED

This section summarised the data as collected by the individual Monthly Status Reports (MSR) and lists the deliveries that have been due during the reporting period.

8.4 Interim and Final Report

The Interim and Final Reports are due at mid-term and the end of the project respectively and must be submitted to the EC as described in the project contract. Both documents are defined in the reporting and content structure by the NA and will be delivered as templates to the consortium partner by the PC not later than 1 month before the end of each reporting period.

All partners must support the Project Coordinator (PC) in generating this document and are fully responsible for the correctness of the data reporting their individual contribution and usage of resources.

If there are no problems or conflicts in the comments, PC will prepare the final version of the reports and submit them to the EC and the DDS-MAP partners, as well as the project's Advisory Board.

In case of problems, a second review cycle will be quickly performed.

The BP (Business Plan) will be included in the Interim Report as a draft and in its full version in the Final Report. The main focus of the BP lies on disseminating the results post-project and how to maintain and update them after the project (and such the funding) ends.