FP7 – 610753

Framework Programme (FP) 7

ICT-2013.5.1 - Personalised health, active ageing, and independent living

d2) Development of mobile eHealth services to empower patients and enable patient-centric care, using mobile devices and converging software platforms

UNWIREDHealth

Deliverable 1.2
Project Initiation Document

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Abstract	The document provides the project management procedures, the consortium bodies defined and the processes defined for quality assurance.

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1 Purpose

The Project Initiation Document contains the project management structures and procedures of the UNWIRED Health project and aims to be a tool for each partner in order to ease the project progress during its lifetime.

This document should not replace the project Grant Agreement. Please note that not all sections and clauses are summarised here.

Where necessary, The Project Initiation Document makes reference to the relevant project documents such as Grant Agreement and Annexes including Description of Work (DoW) and Consortium Agreement (CA). When ambiguity of interpretation among these documents arises, this PID is superseded. Therefore, priority is given to the documents in the following order:

1. Grant Agreement [Ref. 1] and the DoW [Ref. 2]
2. Consortium Agreement [Ref. 3]
3. Project Initiation Document (the present document)
4. This document will be updated during the project lifetime if necessary.

If doubts persist, they have to be resolved by the established project authority, which during the project will be the Steering Board.

2 Legal Basis

The project UNWIRED Health is a combination of CP & CSA partially funded by the ICT Work Programme 2012 under the call 10 of the European Commission FP7 Framework Programme. Its Grant Agreement number 610753 [Ref. 1] was signed on December 17th, 2013.

3 Consortium Partners

No.	Partner Name	Short Name	Country
1	FUNDACIO TICSALUT	TICSALUT	Spain
2	NHS 24 (SCOTLAND)	NHS24	United Kingdom
3	REGION SYDDANMARK	RSD	Denmark
4	CONTINUA HEALTH ALLIANCE PRIVATE STICHTING	CONTINUA	Belgium
5	INTEGRATING THE HEALTHCARE ENTERPRISE-EUROPE AISBL.	IHE-EUR	Belgium
6	GSM CONFERENCE SERVICES LIMITED	GSMA	United Kingdom
7	AGENCIA DE QUALITAT I AVALUACIO SANITARIES DE CATALUNYA	AQUAS	Spain

4 Project Definition and Objectives

UNWIRED Health aims to redesign health care delivery, **introducing a mobile care path for consumers**. The project will deploy Pre-commercial Procurement (PCP) to create step-change innovations in mobile patient ICTs **in order to empower patients enabling patient-centric care, using mobile devices and converging interoperable platforms**.

The consortium consists of three procurers introducing the innovation into their territories: Catalonia, Scotland and Southern Denmark; and three vendor independent non-profit associations gathering a significant broad range of organizations and enterprises; and an expert organisation on Health Technology Assessment (HTA) and PCP process evaluation.

The project aims:

1. to establish an agreed PCP process across Europe and
2. to use the developed PCP process to run a call for tenders for the development of mobile eHealth services

The mHealth service developed under the project's PCP process will include a system to **coach patients with heart failures** enabling education, motivation, remote monitoring and other functionalities, **integrating and coordinating care provided by hospital and primary care**. This service will be innovative, fully integrating the mHealth Service in the regional public health systems and allowing the prescription of the service by GPs and Heart Failure specialists. These services will be implemented in an open platform infrastructure that will make the service platform-agnostic, suitable to any smartphone and any participating operator. This will demand the collaboration of operators and software integrators to bid for the tender. The vendor associations will act as catalyst to encourage their member enterprises to participate in the bid fostering the development of open platforms and interoperable solutions. AQUAS will assess the clinical adequacy, while the three procuring authorities will contribute with solid knowledge of innovative clinical paths and their strategic plans.

5 Project Management Structure

The organisational structure of the Consortium is fully defined in the Annex I Description of Work [Ref. 2] and in the Consortium Agreement [Ref. 3], which makes a clear description of all the Consortium Bodies of the Project and their attributions. UNWIRED Health project will be supported by a management structure as described below:

- **Steering Board (SB)** as the ultimate decision-making body of the Consortium, and the supervisory body for the execution of the Project. The Steering Board members will be the principals appointed by the procuring organisations namely NHS24 Scotland, Region of Southern Denmark and Fundació TicSalut.

  Programme Board (PB) members will be the Project Managers from each of the procuring organisations, representatives from the technical consortium partners and PCP advisors appointed by each of the procurers. The Programme Board will establish governance procedures to ensure that the project progresses according to the plan. Any change to the programme plan will be conducted via agreed configuration management processes. The Programme Board will make decisions to ensure that the programme runs to plan, with consideration given to time, cost and quality criteria. These representatives may report to the Steering Board providing information related with the project progress, requesting validation, Quality Management will be provided by the Programme Board with review and acceptance procedures on all project deliverables.

  Voting rights

  Each of the partner representatives shall have the right to vote for their organisation. The exception for the normal voting procedure would be for topics already identified as restricted by the Steering Board at the Agenda of the Programme Board meeting, in which only the representatives from the procuring entities will be enabled to vote.

- **The Executive Committee (EXCO)** members are the nominated individuals at each regional procuring authority that coordinates the regional activities and reports progress to the Programme Board and the Steering Board. This committee is responsible for the implementation of the strategic decisions of the boards and is in charge of the operational management of all the activities of the project. EXCO members are to ensure that the work of their contributors is not influenced by the interests of a particular region. Any procuring authority is entitled to define its own Local Coordination Team (LCT) that will coordinate activities at local level and report them to the Executive Committee. **The Coordinator (PC), TicSalut**, is the legal entity acting as the intermediary between the Parties and the European Commission. The Coordinator shall, in addition to its responsibilities as a Party, perform the tasks assigned to it as described in the EC-GA and this Consortium Agreement.

  Specific responsibilities include:

  - Preparing reports on the whole Project
  - Informing and supporting the SB and PB, providing minutes for SB and PB meetings and ensuring SB and PB decisions are executed
  - On mandate from the EXCO, proposing to the European Commission any amendment in terms of the Contract
  - Execution of payments in line with Grant Agreement and Consortium Agreement

- Establish and maintain an appropriately secured bank account for holding the balance of any EC funds received
- Proposing to the PB policies for dissemination of foreground from the Project
- Produce and maintain an adequate description of planned activities and products accessible to all project participants
- Identifying and managing risks associated with contingency plans and keeping PB informed of perceived risks

- **The Industry Team Coordinator (ITC)**, IHE Europe, is the formal interface between the Beneficiaries and the Industry Team members (GSMA, IHE-Europe and Continua Health Alliance). The ITC might be invited to take part in the EXCO as consulting member. The ITC might also attend Project Steering Board on invitation without voting rights. The ITC works in close collaboration with the EXCO, WP leaders and Task leaders to synchronize the production of IT contributions with related IT members.

  Specific responsibilities include:

  - Technical writing support to the Project
  - The allocation, coordination and delivery of the testing platform to evaluate the candidates
  - Assisting procurement authorities with technical aspects of the Project in terms of, functional and/or technical advice
  - Definition of a testing methodology
  - Independent conformance testing including proof of concepts, laboratory testing, field tests
  - Provision of a technical forum to support the testing of interoperability specifications
  - Communicate with project coordinator and other key individuals in the project
  - Provide guidance in order to develop availability of a competitive supply of Unwired Health compliant solutions in good time for the tenders while maintaining the competiveness of any participating company

- The **Advisory Groups**, which shall comprise the Clinical and IT advisory and the legal PCP Advisory, will function as support groups for the Programme Board. The objective of these groups are on one hand to provide external points of view on the research conducted so it brings maximum outcomes to the health sector and, on the other hand to serve as a key dissemination channel for project outcomes to facilitate project exploitation and impact.

  Advisory Groups are structured in two groups: (i) Clinical and IT advisory Board and (ii) Legal advisory Board. Both will provide critical information to ensure strategic and operational effectiveness, including:

  - Legislative constraints observation
  - Quality assurance adherence
  - Keeping focusing on business needs
  - Ensuring that the project remains viable
  - An acceptable solution for PCP is being developed
  - The scope of the project is not creeping upwards unnoticed
  - Members of the UNWIRED Health Advisory Board will be proposed by the Programme Board and validated by the Steering Board. Members list could be updated during the project lifetime.

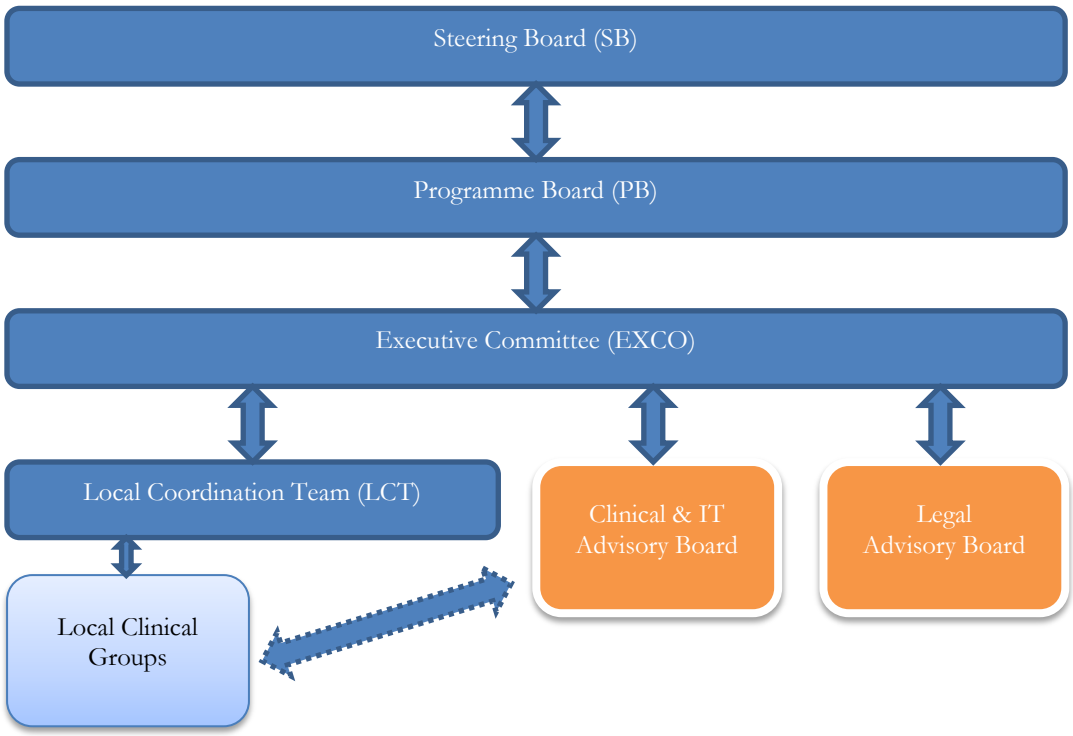

Figure 1. Consortium Bodies

6 Conflict resolution

The Executive Committee will be responsible for the executive management as well as for the decision- making and conflict resolution procedures. Detected risks or conflicts by the Local Coordination Teams will be elevated to the EXCO to propose conflict resolution. EXCO will examine all evidence submitted prior to the meeting in question, and decide by simple majority.

The final body who is responsible for conflict resolution is the Steering Board, where any conflict not resolved internally by the consortium body itself, will be elevated to the Steering Board.

7 Meetings

Regular Steering Board meetings take place at least twice a year and are chaired by the Coordinator. Such meetings can be either face-to-face or virtual (by telephone or video conferences). At least one meeting per year will be face-to-face. The partner representative will in principle be maintained throughout the project, where this is possible. Any change in a partner's representative to the Programme Board should be informed in writing to the Coordinator, indicating the reason for substitution, identifying the new representative and explaining whether the substitution will be temporary or permanent. The Coordinator shall give notice in writing of a meeting to each Member as soon as possible and at least:

	Ordinary meeting	Extraordinary meeting
Steering Board	20 calendar days preceding meeting	15 calendar days preceding meeting
Other Consortium Bodies	14 calendar days preceding meeting	7 calendar days preceding meeting

Regular Programme Board meetings take place at least once every six months and are chaired by the Coordinator as well. The agenda of the Programme Board meetings should be sent fifteen (15) calendar days before the ordinary meetings. Any Member of the Programme Board may add an item to the original agenda by written notification to all of the other Members up to eight

(8) calendar days preceding the meeting. The agenda may be modified during the meeting without limitation in meetings where all Members of the Programme Board are present and it is unanimously accepted or approved.

The following items will be part of the standard agenda for all Programme Board meetings:

- Progress
- Ensure compliance with Programme directives
- Consider and decide milestone changes
- Consider and decide specification deviations
- Review of key risks and issues
- Review of financial reports
- Review of Consortia Resources

The Coordinator shall produce written minutes of each meeting which shall be the formal record of all decisions taken. The draft minutes shall be sent to all Members within ten (10) calendar days of the meeting. The minutes shall be considered as accepted if, within fifteen (15) calendar days from sending, no Member has objected in writing to the chairperson with respect to the accuracy of the draft of the minutes.

Regular EXCO meetings take place at least quarterly and are chaired by the Coordinator. Such meetings can be either face-to-face or virtual (by telephone or video conferences). At least one meeting per year will be face-to-face. Local coordination teams may also be invited to attend certain EXCO meetings as participants with no voting rights.

8 Work plan

8.1 Project Start and End Date

For central progress reporting requirements, it is essential that an FP7 project has a common start and end date. In case of UNWIRED Health:

- Start date: 01.01.2014 (M1)
- End date: 31.12.2016 (M36)

8.2 Project work packages structure

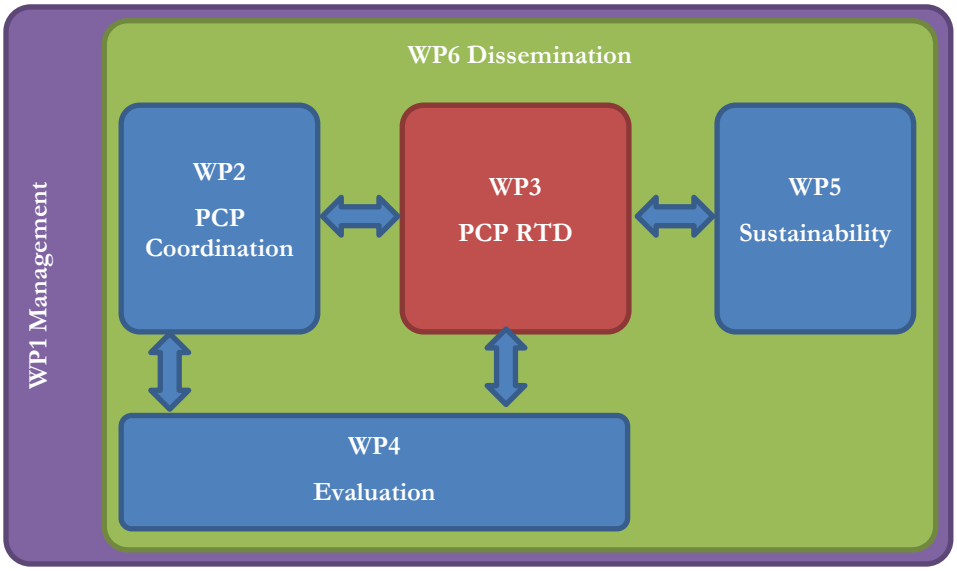

Figure 2. Work package structure and organisation

8.3 Gantt chart

Nr		Month																																	
		Year 1												Year 2												Year 3											
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
WP1	**Management Activities**																																				
T1.1	Cooperation Board governance procedures																																				
T1.2	PID (Project Initiation Document)																																				
T1.3	Support tools and mechanisms																																				
T1.4	Management progress and Quarterly reports																																				
T1.5	Final Unwired Health report																																				
WP2	**WP2 Precomercial Procurement coordination activities**																																				
T2.1	Needs Assessment																																				
Milestone	**M1: Use Case Agreements**																																				
T2.2	Phase 1: Design of eID solutions																																				
T2.3	Phase 1: Design specifications of PHR properties and functionalities																																				
T2.4	Phase 1: Design the mobile environment for chronic heart failure patients																																				
Milestone	**M2: Requirements of Design**																																				
Milestone	**M3: Evaluation Parameters**																																				
T2.5	Phase 1: Design of requested interoperability ,evaluation parameters …																																				
T2.6	Phase 1: End user feedback with mock ups																																				
T2.7	Phase 1: Tender publication in the EU official Journal and in official regional…																																				
Milestone	**M4: PCP Notice Publication 1**																																				
T2.8	Phase 1: Evaluation of submissions																																				
Milestone	**M5: Evaluation of submissions, Phase 1**																																				
T2.9	Phase 2: Specification and evaluations criteria for prototypes																																				
Milestone	**M6: Requirements of prototype, Phase 2**																																				
Milestone	**M7: Evaluation parameters, Phase 2**																																				
T2.10	Phase 2: Notice Publication of the tender extension for prototypes																																				
Milestone	**M8: PCP Public Notice publication 2**																																				
T2.11	Phase 2:Testing of prototypes with IHE / Continua platform																																				
T2.12	Phase 2: End users feed back																																				
T2.13	Phase 2: Evaluation of submissions																																				
Milestone	**M9: Evaluation of submissions, Phase 2**																																				
T2.14	Phase 2:Legal documentation and contract awards																																				
T2.15	Phase 3:Legal IPR, and business scenarios																																				
T2.16	Phase 3: Development specifications																																				
Milestone	**M10: Requirements for deployment, Phase3**																																				
T2.17	Phase 3: Internal call-off and contract awards for small-series production																																				
Milestone	**M11: PCP Public Notice publication 3**																																				
T2.18	Phase 3: Interoperability testing of the awarded service deployment (pre-production)																																				
T2.19	Phase 3: Evaluation of the deployment services																																				
Milestone	**M12: Testing & Evaluation of submissions, Phase 3**																																				

		Month																																
		Year 1												Year 2												Year 3										
Nr		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
WP3	**Pre-Commercial Procurement RTD activities**																																			
	Phase 1: Design																																			
	Phase 2: Prototyping																																			
	Phase 3: Pre-Production																																			
WP 4	**Evaluation activities**																																			
T4.1	Evaluation Report Definition																																			
T4.2	Programme Evaluation Report Definition																																			
T4.3	Ergonomic and clinical evaluation framework																																			
T4.4	Interoperability evaluation framework																																			
T4.5	Evaluation report: Phase 1																																			
T4.6	Evaluation report: Phase 2																																			
T4.7	Evaluation report phase 3 & global report																																			
T4.8	Programme evaluation report: report																																			
WP5	**Unwired Health Apps and project platform**																																			
T5.1	Interoperability guidelines/blueprint for mobile services interacting with PHR																																			
Milestone	**M13: Blueprint and SW sustainability guidelines**																																			
T5.2	Apps exploitation plan																																			
WP6	**Dissemination Activities**																																			
T6.1	Dissemination plan																																			
Milestone	**M14: Dissemination tools and strategy**																																			
T6.2	Information dissemination tools Website, social media and international congresses																																			
Milestone	**M15: GSMA, MiHealth congress or Final event on mobile service presentation**																																			

8.4 Deliverables

Number	Work package	Title	Lead beneficiary	Person months	Nature	Dissemination	Delivery date
D1.1	WP1	Documented governance procedures	TICSALUT	9.60	O	CO	35
D1.2	WP1	Project Initiation Document	TICSALUT	2.20	R	PU	4
D1.3	WP1	Tools for PCP practice	TICSALUT	4.40	R	RE	10
D1.4	WP1	Progress Report YR1	TICSALUT	2.80	R	CO	12
D1.5	WP1	Progress Report YR2	TICSALUT	2.80	R	CO	24
D1.6	WP1	Progress Report YR3	TICSALUT	2.80	R	CO	36
D1.7	WP1	Final Unwired Health administrative report	TICSALUT	8.00	R	CO	36
D1.8	WP1	Report 1 on Advisory board's recommendations	TICSALUT	6.00	R	PP	12
D1.9	WP1	Report 2 on Advisory board's recommendations	TICSALUT	6.00	R	PP	30
D1.10	WP1	Report on the distribution of the Community financial contribution between beneficiaries	TICSALUT	0.20	R	RE	36
D1.11	WP1	Guidelines for PCP practice	TICSALUT	7.60	R	PU	32
D2.1	WP2	Phase 0: Needs assessment report	NHS 24	4.50	R	PP	9
D2.2	WP2	Agreed Use cases definition at each territory	NHS 24	4.50	R	PU	9
D2.3	WP2	Phase 1: Specification of eID and security levels	TICSALUT	5.00	R	PU	10
D2.4	WP2	Phase 1: Specification of PHR properties and functionalities	NHS 24	4.50	R	PU	10
D2.5	WP2	Phase 1: Report on Assessment of external boards	RSD	2.20	R	PP	10
D2.6	WP2	Phase 1: Report on final requirements and Tender publication	TICSALUT	2.50	R	PU	13
D2.7	WP2	Phase 1: Technical standards report	IHE-EUR	3.40	R	PU	10
D2.8	WP2	Phase 1: Submissions evaluation & report on contract awarded	TICSALUT	1.00	R	CO	17
D2.9	WP2	Phase 1: End user feedback report	RSD	3.00	R	CO	20

D2.10	WP2	Phase 1: Report on evaluation phase 1	AQUAS	1.15	R	PP	21
D2.11	WP2	Legal restrictions for procurement phases 2-3	TICSALUT	2.70	R	PP	16
D2.12	WP2	Phase 2: Prototype requirements report and public Notice	TICSALUT	1.00	O	PU	21
D2.13	WP2	Phase 2: Awarded candidates report and submissions evaluation report	NHS 24	1.50	R	PP	22
D2.14	WP2	Phase 2: Testing Guidelines and testing report	IHE-EUR	4.20	R	PP	26
D2.15	WP2	Phase 2: Report on evaluation phase 2	AQUAS	0.90	R	PP	29
D2.16	WP2	Phase 2: End user feedback report	RSD	0.80	R	PU	28
D2.17	WP2	Phase 3: Requirements reassessment and Public notice	TICSALUT	1.50	O	PU	29
D2.18	WP2	Phase 3: Testing Guidelines and testing report	CONTINUA	4.80	R	CO	32
D2.19	WP2	Phase 3: Awarded candidates report and submission evaluation	TICSALUT	1.50	R	PP	30
D2.20	WP2	Phase 3: Report on evaluation phase 3	AQUAS	1.15	R	PP	36
D4.1	WP4	Ergonomic and clinical evaluation report	AQUAS	2.00	R	CO	26
D4.2	WP4	Interoperability and evaluation framework	IHE-EUR	2.00	R	CO	25
D4.3	WP4	Evaluation Report of Phase 1	AQUAS	3.70	R	PP	21
D4.4	WP4	Evaluation Report of Phase 2	AQUAS	2.60	R	PP	29
D4.5	WP4	Evaluation Report: Phase 3 and final report	AQUAS	3.40	R	PP	36
D5.1	WP5	Interoperability blueprint	TICSALUT	2.10	R	PU	35
D5.2	WP5	Mobile Service Sustainability	TICSALUT	2.60	R	PU	35
D6.1	WP6	Dissemination Plan	GSMA	3.00	R	PU	9
D6.2	WP6	Dissemination tools: Leaflets, newsletter, and social media impact analysis on PCP	GSMA	8.90	O	PU	12
D6.3	WP6	Networking summary report	GSMA	5.00	R	PU	36
D6.4	WP6	Final seminar and Congress EC, Continua Alliance, GSMA, IHE and procurers	GSMA	7.00	O	PU	36

8.5 Milestones

Number	Work package	Name	Lead beneficiary	Delivery date	Comments
MS1	WP2	Use cases agreement	NHS 24	10	Report
MS2	WP2	Requirements of design	RSD	11	Report
MS3	WP2	Evaluation parameters	TICSALUT	10	Tabled indicators
MS4	WP2	PCP Public Notice publication 1	TICSALUT	13	PCP publication in OJEU & regional procurement portals
MS5	WP2	Evaluation of submissions phase 1	TICSALUT	17	Report on awarded bids
MS6	WP2	Requirements of prototype phase 2	TICSALUT	15	Report
MS7	WP2	Evaluation parameters phase 2	NHS 24	20	Tabled indicators & tests
MS8	WP2	PCP Public Notice publication 2	TICSALUT	21	Public Notification for contract advance to phase 2
MS9	WP2	Evaluation of submissions phase 2	AQUAS	22	Report on awarded bids
MS10	WP2	Requirements for deployment phase 3	NHS 24	28	Report
MS11	WP2	PCP Public Notice publication 3	TICSALUT	29	Public notification for contract advance to phase 3
MS12	WP2	Testing & Evaluation of submissions phase 3	CONTINUA	30	Testing platform and tabled indicators
MS13	WP5	Blueprint and SW sustainability guidelines	TICSALUT	35	Guidelines/Blueprint for mobile services interacting with PHF and SW sustainability
MS14	WP6	Dissemination tools and strategy	TICSALUT	10	Dissemination Strategy and first dissemination elements ready
MS15	WP6	GSMA, MiHealth congress or Final event on mobile service presentation	GSMA	36	Congress event
MS16	WP3	Service coverage	TICSALUT	12	Service validated by users
MS17	WP3	Award contract	TICSALUT	17	Published OJEU, ITT and contracts awarded
MS18	WP3	Pre-production	TICSALUT	34	Services running at large scale
MS19	WP3	Report on solutions	TICSALUT	36	Report validated
MS20	WP3	Notice Phase 1	TICSALUT	13	Public Notice delivering the overarching information for the three procurement phases, and awards for Phase 1

MS21	WP3	Awards for Phase 2	TICSALUT	22	Nominated bidders according to the requirements extension for the second phase
MS22	WP3	Awards for Phase 3	TICSALUT	30	Nominated bidders according to the requirements extension for the third phase
MS23	WP3	Design development	TICSALUT	20	Contracted functional and architecture description for the requested Mobile services. The evidence of this milestone will form the basis of submissions for Phase 2 work
MS24	WP3	Prototype development	TICSALUT	28	Prototypes evaluation and selection. The evidence of this milestone will form the basis of submissions for Phase 3 work

8.6 Deliverables Revision Protocol

Deliverables, Milestones and other technical reports shall be submitted according to the dates stated in the Description of Work [Ref. 2].

Every Work Package Leader (WPL) is responsible for the planning, coordination, monitoring and reporting of his/her WP and for the coordination with other WPs. He/she is also responsible for the submission to the rest of the consortium of the related deliverables in coordination with his/her WP team.

Quality assurance for deliverables is implemented by review procedures for the approval of all deliverables to the Commission. If necessary, for a deliverable one or two reviewers are appointed by the EXCO, either from consortium members, from Advisory group members or by seeking specific external review (appropriate confidentiality ensured). The proposal will be deemed accepted if no objections have been received within 7 days after making the proposal by the WP Leader and the Deliverable responsible (Main author). Reviewers will evaluate the deliverable's contents and report their findings to the EXCO. The EXCO / Project Coordinator will subsequently decide on acceptance. In case of approval, the deliverable will be signed by the Project Coordinator and sent to the Commission, in case changes need to be made, the partners responsible for the deliverable will be informed at shortest possible notice about the actions to undertake.

All deliverables must be sent to the reviewer in advance to the deadline in order to facilitate the correct and efficient revision of the deliverable according to the deliverable revision protocol.

From	To	Object	Document Status	Date
Main Author	WP Leader and co-authors	Table of contents	Draft	70 days before deadline
EXCO	Main Author	One or two Reviewer(s) Assignment		45 days before deadline
WP Leader and co-authors	Main Author	Table of contents	Review comments	65 days before deadline
Main Author	EXCO and Coordinator	Table of contents	Review completed	60 days before deadline
Main Author	Co-Authors	Ask for input	Draft	60 days before deadline
Main Author and co-authors	Main Author	Input text for deliverable	Draft	20 working days before deadline
Main Author	WP Leader and Reviewer(s)	Deliverable	Draft	15 working days before deadline
WP Leader and Reviewer(s)	Main Author	Deliverable	Review comments	10 working days before deadline
Main Author and co-authors	Main author	Deliverable	Feedback based on review	4 working days before deadline
Main Author	Coordinator	Deliverable	Review completed	2 working days before deadline
Coordinator	Project Officer	Deliverable	Final	Deadline

9 Document procedures, standards and control

Wherever possible, documents should adhere to the layout and contents style that remains the same throughout the project. Document templates (in MS-Word and MS-PowerPoint format) that can be used are made available on the UNWIRED Internal Web site.

File naming should follow the specifications below:

- Deliverables: UH_DX.Y_DeliverableName_VXX.docx
- Minutes: UH_YYYYMMDD_ SB_Xth_City_ MeetingMinutes_VXX.docx (where (1) 'City is the place where the meeting were held and (2) SB stands for Steering Board or it could be replaced for EXCO or "other")
- Economical reporting: UH_ReportingPeriod_X_Y_VXX.xlsx (where X from "ReportingPeriod" could be from 1 to 6, and Y is the name of the organisation: e.g. TICSALUT)

In the creation of documents the version numbering is maintained. Version numbers consist of a maximum of three fields, denoting the major version, the minor version, and the update version, respectively. For example, "Version 3.2.1" indicates major version 3 of the document, minor version 2, and update version 1. Major version number 0 is used for (draft) documents prior to submission to the Commission. Formally, each new version supersedes all earlier versions. The naming convention for filenames includes the version at the end of the filename (e.g., "UH_D1.2_ProjectInitiationDocument_V1.1.2.doc")

The differences between major, minor, and update versions are as follows:

- Major Version: A major version represents significant additions to the document, including but not limited to major additions to the contents. A major version is published on as wide as possible forum (within the restrictions set by the Grant Agreement and Consortium Agreement), e.g., as deliverable to the Commission. A major version consolidates all errata and corrigenda to data. The publication of a major version supersedes any prior documentation for major, minor, and updates versions.
- Minor Version: A minor version also represents significant additions to the document. It may include small or large additions to the contents or other significant normative changes. A minor version is typically distributed only within the Consortium. A minor version incorporates selected errata as appropriate.
- Update Version: An update version represents relatively small changes to the document, focusing on linguistic, layout, or minor content-related changes. An update version never involves any additions to actual scientific or technical contents. It is distributed within the working group (authors, editors, reviewers) that works on the document. An update version incorporates selected errata.

The version history is reflected by a table at the start of each document, identifying version number, date, authors, reviewers and summary of the document's status.

10 Reporting procedures, frequency and format

WP Leaders will update the consortium at normal Programme Board meetings. Work Package progress will be reported at the yearly Progress Report (template provided by the Coordinator), but will be shared with the Coordinator once every six months.

The Coordinator further prepares reports to the Commission for formal review purposes, as and when required by the contract.

Useful information on many administrative aspects of project management can be obtained from the documents listed in section 13. FP7 project Management main tasks are indicated in Articles II.2, II.4 and II.16.5 of the Grant Agreement Annex II General Conditions [Ref. 4].

The administrative execution period is fractioned into 3 main reporting periods (RP):

- RP1: from Month 1 to Month 12 (January 2014– December 2014
- RP2: from Month 13 to Month 24 January 2015 – December 2015)
- RP3: from Month 25 to Month 36 January 2016 – December 2016)

Within each of the execution periods the reporting, deliverable and planning cycles consist of:

- Resource reporting (Intermediate Financial report): internal report of the project partners to the Coordinator on the effort allocated and cost assigned by each partner to the work packages of UNWIRED Health. Economical internal reports are sent to the coordinator every six months. That is to say:
    - ReportingPeriod 1: from Month 1 to Month 6 (January 2014-June 2014)
    - ReportingPeriod 2: from Month 7 to Month 12 (July 2014-December 2014)
    - ReportingPeriod 3: from Month 13 to Month 18 (January 2015-June 2015)
    - ReportingPeriod 4: from Month 19 to Month 24 (July 2015-December 2015)
    - ReportingPeriod 5: from Month 25 to Month 30 (January 2016-June 2016)
    - ReportingPeriod 6: from Month 31 to Month 36 (July 2016-December 2016)

ReportingPeriod 1 and 2 are included in RP1, ReportingPeriod 3 and 4 are included in RP2, ReportingPeriod 5 and 6 are included in RP3.

- Periodic reports to the EC have to be generated for every reporting period (RP1, RP2 and RP3) and are due 60 days after the end of the corresponding reporting period. The reports contain cost claims. Periodic internal reports (from 1 to 6) are sent to the coordinator and the deadline is the last day in July (ReportingPeriods 1, 3, 5) or January (ReportingPeriods 2, 4, 6).
    - Certificate on Financial Statement shall be submitted for claims of interim and final payments when the amount of the cumulate (with all previous payments for which a certificate on the financial statements has not been submitted) Community financial contribution claimed by a beneficiary under the form of reimbursement of costs is equal to or superior to 375.000 EUR.
    - Cost reimbursement and payments: The received payments (pre-financing at the beginning of the project implementation and reimbursement of justified cost after project evaluations) are distributed to the beneficiaries by the Coordinator.
- Project deliverables are due according to the detailed work plan defined in the DoW [Ref. 2] and are delivered to the Coordinator at this date. The Coordinator takes care of their issue to the EC Project Officer and the project reviewers according to contractual obligations established in the contract and to particular agreements with the Project Officer. Deliverable generation process is described in section 8.4.
- The final report to the EC has to be generated after the last reporting period and is also due not later than 60 days after RP3. This report shall comprise a final publishable summary report covering results, conclusions, impact and wider societal implications of the project.

Project reviews are meetings between part of the consortium led by the Coordinator and the EC (eventually assisted by External Project Reviewers) and form part of the yearly EC project review procedure to be finished normally at the latest 90 days after the reporting period. In the case of the final review the meeting normally takes place before the final reports are finished, i.e. at the latest 60 days after the end of the project, in order to provide input and support to the generation of the final reports.

- RV1: Month 12 (December 2014)
- RV2: Month 24 (December 2015)
- RV3: Month 36 (December 2016)

11 Communication procedures

All contacts with the EC about any matter will be made via the Coordinator. Communications with the European Commission will be in spoken or written English.

All the e-mails related to the project shall include the subject starting with "[UNWIRED]", followed by a more specific description of the subject.

When sending e-mails with file attachments, please consider the size of the attachment. Very large attachments may not be accepted by the recipient server and even modest size attachments (around a few MB) might rapidly cause e-mail quotas to be exceeded, particularly where recipients are away from the office for an extended period. Therefore, consideration should be given to uploading the relevant file to a shared folder instead of attaching it to the e-mail. Finally, as a courtesy, please include your contact details on every e-mail that you initiate.

A listing of all the mail addresses of the members of the project can be found at the private area of UNWIRED Health web portal or at the Dropbox shared folder. There will be a project consortium mailing list, and also lists to consortium bodies and WP (Ex. exco@unwiredhealth.eu, wp6@unwiredhealth.eu).

The teleconference system used along the project will be GoToMeeting (http://www.gotomeeting.com), to support any remote meeting for the consortium bodies. Therefore it is recommended that all individuals make sure they have the possibility to run the application that allows the GoToMeeting service to work properly. Access the webpage https://global.gotomeeting.com/meeting/host to make sure you can install and use the service on you PC. There are also applications for the GoToMeeting service for mobile devices available for iOS, Android and Windows phone at the OS market for applications and also available at http://www.gotomeeting.com/online/meeting/ipad-iphone-android-apps.

A central storage point for all public project-related information is established in the UNWIRED Health WWW page: http://www.unwiredhealth.eu. Maintenance of the public website is the responsibility of GSMA, Leader of WP6: "Dissemination". The Coordinator will approve the contents of the public website.

The central repository of all internal project meeting reports, publications, document templates, task lists, contact information, and any other additions brought in by project members is established in the UNWIRED Health intranet webpage available at the domain registered for the project http://www.unwiredhealth.eu. The internal site can only be accessed via a password distributed to project members either by the Coordinator or the web master. Maintenance of internal project website is the responsibility of the project coordinator.

11.1 Project Communication Mechanisms

11.1.1 Mailing lists

Consortium will use the mailing list consortium@unwiredhealth.eu for general communication to all the consortium members.

The other available mailing list will be the ones described at the table below, with the members updated according to a document available at the project intranet and the Dropbox folder.

Mailing list email	Description
steering@unwiredhealth.eu	Steering Board members
programme@unwiredhealth.eu	Programme Board members
exco@unwiredhealth.eu	EXCO members
ticsalut@unwiredhealth.eu	TICSALUT involved people in Unwired Health
nhs24@unwiredhealth.eu	NHS24 involved people in Unwired Health
rsd@unwiredhealth.eu	RSD involved people in Unwired Health
ihe@unwiredhealth.eu	IHE-EUR involved people in Unwired Health

continua@unwiredhealth.eu	CONTINUA involved people in Unwired Health
gsma@unwiredhealth.eu	GSMA involved people in Unwired Health
aquas@unwiredhealth.eu	AQUAS involved people in Unwired Health
wp1@unwiredhealth.eu	WP1 participants
wp2@unwiredhealth.eu	WP2 participants
wp3@unwiredhealth.eu	WP3 participants
wp4@unwiredhealth.eu	WP4 participants
wp5@unwiredhealth.eu	WP5 participants
wp6@unwiredhealth.eu	WP6 participants

11.1.2 Document management

All working documents, reports, templates, minutes, etc. should be uploaded to the Dropbox Unwired Health folder, accessible via the Internet, where it is possible to upload and share electronic files as well as to download those uploaded by other users. The use of the project Dropbox folder is a supporting tool for its ease of use. But all formal and final versions of project deliverables have to be uploaded to the intranet for archive and tracking purposes.

11.1.3 UNWIRED Health Website

The UNWIRED Health project website will be: www.unwiredhealth.eu

It will be used as a tool to make the following information public:

- Project Abstract
- Progress of the work
- Consortium activity related to the project
- Partners
- Publications
- Contact details

11.1.4 Procedure for publications and public presentations of UNWIRED Health

Every communication, public presentation or document aimed at the dissemination of the project shall include the logo of UNWIRED Health and the flag of the European Union (according the EU emblem rules [Ref. 5]).

The sentence:

> This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 610753.

Shall also appear in all the mentioned supports aimed to the dissemination of the project.

Every publication carried out by partners has to be first shown to the consortium for comments and for their information. The consortium shall have a few days for including any comments before the partner makes its publication public.

11.1.5 Other communication means

Conference call systems

As already stated, the GoToMeeting conference system will be mainly used for all major meeting in the project. This tool allows VoIP conferencing, videoconferencing, screen sharing, and recording system for the meeting. It also allows the connection from normal phone call using the local phones available.

The Skype conference call system might be used for minor and delimited meetings in the project, as it allows users to make phone calls, over the internet, from their computers to other Skype users free of charge. Additional features include instant messaging, file transfer, short message service and video conferencing.

Postal Mail

The postal address of UNWIRED Health project's coordination for any kind of paper-based communication is:

FUNDACIÓ TICSALUT
Attn. Ignasi Garcia-Milà
Parc TecnoCampus Mataró-Maresme
Av. d'Ernest Lluch, 32
Torre TCM 3, Planta 6
E-08302 Mataró (Barcelona)
Spain

12 Risks management

The approach for risk management in the project will be to identify risks, assess their consequences (occurrence, impact on cost, result, time, WP most affected, partners most affected...) and develop responses based on corrective actions or contingency plans. Risk tracking will be used through the different meetings, in order to minimize their impacts at the utmost. At this stage, the risks identified are presented below:

Risk	Likelihood	Impact	Contingency action(s)	Identified at
Procurers do not agree on the PCP terms	Low	High	EXCO should deal with the definition of the common basis for PCP, and have any negotiation with EC so that the Steering Board principals can ensure their commitment to the PCP process.	Proposal submission
Differing national priorities and business needs of procuring regions make difficult to define and agree needs and use cases for the PCP tender	Low	High	EXCO to help in the definition of common needs and use cases. Technical partners may help in the use case definition from an independent point of view.	Proposal submission and Kick-off meeting
Disagreement on standards to be used			Selection of standards and profiles as soon as possible to avoid possible conflicts. Awarded providers will be subject to test their technical solutions with standard test environments.	Proposal submission
Security and confidentiality considerations are difficult to reconcile	Medium	Medium	Providers could use testing environments instead to show that it is possible if legislation was in place	Proposal submission
Funding not sufficient to implement the specified requirements at the expected speed	Medium	Medium	Establish priorities and describe reasonable use cases to reduce the complexity. Use existing standards and profiles, architecture. Ensure the correct move from phase 2 to phase 3.	Proposal submission
PCP challenge is already commercially available or near market entry.	Low	High	Concept Viability to calibrate PCP challenge thorough IP search before publishing the Tender	Proposal submission
Project Coordinator having difficulty managing competitions	Medium	Medium	Provide dialog mechanisms with legal evidence and legal support	Proposal submission
Suppliers not delivering the results according agreed milestones	Medium	Medium	Keep programme on time and budget with monitoring tools for suppliers participating to the PCP	Proposal submission

This initial risk log will be constantly updated throughout the duration of the UNWIRED Health project.

13 References

Ref. 1 Grant Agreement Nº 610756 UNWIRED HEALTH, dated 17/12/2013 and its amendments

Ref. 2 Annex I of the Contract no. 610753 – "Description of Work", dated 07/04/2012

Ref. 3 UNWIRED HEALTH Consortium Agreement v5 Signature Version, dated from 07/12/2012

Ref. 4 Model Grant Agreement – Annex II – General Conditions
http://ec.europa.eu/research/participants/data/ref/fp7/93289/fp7-ga-annex2_en.pdf

Ref. 5 The use of the EU Emblem in the context of EU programmes
http://ec.europa.eu/research/pdf/eu_emblem_rules_2012.pdf

14 List of Key Words, Abbreviations & Acronyms

CA	Consortium Agreement
CP	Collaborative Project
CSA	Coordination & Support Action
DoW	Grant Agreement Annex I - Description of Work
FP7	Framework Programme 7
GA	Grant Agreement
ICT	Information and Communication Technologies
PCP	Pre Commercial Procurement
PID	Program Initiation Document
SME	Small & Medium Enterprises
WP	Work Package
WPL	Work Package Leader