

Quality Assessment Criteria for the Operations for Strategic Importance (OSIs), in the context of the Interreg VI-A Romania-Hungary Programme

In general, each OSI should focus on how, in addition to improving quality and/or safety for the targeted population through delivery of improved high-quality facilities or equipment, or plan/strategy to deliver service development or planning or interventions which draw on the principles of integrated approach including attention to development of shared standards and protocols between specialists and practitioners in own country and on a cross-border basis.

Specifically, each OSI should demonstrate initiatives, intentions and impact in relation to the following:

Section A. Joint Cross-border Project Planning, Delivery and Governance (20p)

A.1 OSI demonstrates joint planning, development of the proposal and joint integrated project governance (human and financial resources) for the overall project; (10p)

A.2 OSI identifies the target group needs and provides supporting evidence, validated if available (e.g. Country Health Status reports, national/regional official statistics, etc); (5p)

A.3 OSI correlates the proposed approach (set specific objectives, related activities, and project's outputs) with the set performance indicators, to support the measurement of the anticipated impact in the field of intervention in the cross-border area; (5p)

Section B. Delivering Good Practice in Cross-Border Cooperation (20p)

To obtain the maximum score, OSI must meet at least five of the following criteria (and minimum 1 from each of the sub-sections B.1 and B.2) and provide robust evidence of how it will meet (and measure progress towards) these standards of practice in cross-border cooperation:

B.1 Best practice in cross-border cooperation

B.1.1 Contributing to improved performance standards in the relevant field of intervention across the cross-border population catchment of Ro/HU;

B.1.2 Contributing to the development of cross-border shared services, interventions and/or protocols for co-operation in the relevant field of intervention;

B.1.3 Contributing to the development of consistency in services, interventions provided to the cross-border regional population through protocols and integrated networks involving experts co-operating on cross-border models;

B.1.4 Contributing to the improvement of the status of the cross-border region through direct intervention, promotion, or creation of whole systems capacity in the region for evidence-informed cross-border planning;

B.1.5 Contributing to networking and best practice exchange among experts / practitioners in the region (e.g. associations of professionals, national/cross-border/European networks, e-platforms);

B.1.6 Contributing to a whole-systems cross-border approach to advancing educational programmes, enhancing the implementation of new solutions and/or professional specialties and excellence based on a cross-border catchment model;

B 2: Best practice in strategic collaboration for a better quality of life in the cross-border Ro/Hu region:

B.2.1 Contributing to improvements in data collection and/or the promotion of data-informed approaches to future planning;

B.2.2 Contributing to the problem-solving of administrative, or institutional, or professional, or informational, or financial obstacles to cross-border cooperation in the relevant field of intervention;

B.2.3 Just for the OSIs under Specific Objective 4.5 – Healthcare: Contributing to increased (including facilitated) access by citizens of their right to access cross-border care supported by public healthcare insurers as well as private healthcare insurers, via either bilateral agreements between Member State health systems and/or exercising of the provisions contained in either or both the EU Directive on the Rights of Patients in Cross-border Healthcare and the EU Social Security Reg;

B.2.4 Contributing to increased and improved levels of general public information and choice regarding cross-border pathways related to relevant specific systems/services/platforms/interventions/strategies;

B.2.5 Contributing to the involvement of citizens, their advocates and representative organisations or NGOs in the design and development/improvement of cross-border services, information campaigns, or cross-border planning;

B.2.6 Contributing to multilingualism and addressing language barriers as a quality issue;

B.2.7 Contributing to specific population needs relating to gender, age, or disability status.

Section C. Cross-Border Excellence Including Integrated Approach (10p)

System resilience and Capacity: OSIs must involve collaboration **in at least one of the following areas** and describe impact in as many as are relevant:

C.1 Interventions which draw on the principles of integrated approach (e.g. for healthcare OSIs see 9 Pillars of Integrated Care) including multidisciplinary settings and development of shared standards, referral and protocols between specialists and practitioners in own country and on a cross-border basis; (5p)

C.2 Address how the OSI's specific proposals will contribute to the development of a cross-border region of innovation and excellence in a particular specialty/domain, with special attention to increasing system capacity based on a cross-border network of assets and expertise also reaching the requisite governance systems to accommodate this; (5p)

C.3 Address the creation of new articulated pathways based on population need and on specialists / practitioners co-operating across the border in supporting specific target groups

(e.g. trauma and rehabilitation patients accessing part of the rehabilitation journey in the other country); (5p)

C.4 Address quality improvement and continuous improvement in relation to system capacity and innovation in cross-border services design, including contribution to whole-systems transformation and modernisation of relevant delivery systems with particular reference to greater capacity and delivery at community level, and the development of multidisciplinary teams in such domains; (5p)

Section D. Joint Actions - Strategic Overarching Cross-border Co-operation strands (10p)

Each OSI Lead Partner should, having achieved consensus with the other partners and lead partners of the other OSIs, identify itself as leading **one** of the overarching regional cross-border co-operation workstreams:

D.1 for Health – a. Patient Mobility, or

b. Clinical Leadership Forum and Network, or

c. Cross-Border Healthcare and Population Health Data Collaborative;

D.2 for all SOs - Building the knowledge basis, capacities, joint systems, and joint working procedures as a precondition for projects sustainability and effective results (i.e. soft measures across all selected POs and specific measures under ISO1 on other themes not related to selected POs).

D.3 for ISO 1 - Systematising lessons learnt at the end of the programme implementation, drawing lessons on cooperation in different fields, in what concerns: the development of joint solutions, effective cross-border systems and institutional cooperation frameworks throughout the selected POs; the resolution of legal and administrative barriers;

Each OSI Proposal should include the description for the Strategic Overarching Strand. The project costs for this workstream should be for it to be carried out as a regional workstream and not just among the immediate specific partners to the OSI. Costings and project governance should provide for events, participation, and release of personnel from all relevant institutions of the region to participate in the strategic workstream.

Section E. Concentration of resources on interventions where cross-border cooperation brings added value (10p):

Promoting the higher possible cross-border impact on territorial disparities and bridging territories and communities based on common territorial and intangible assets, contributing to:

- wellbeing (i.e. health, environmental protection, and green infrastructure);
- safety (i.e. protection from natural disasters and climate change adaptation strategies);
- equal opportunities (i.e. equal access to health services, tailor-made solutions for patients, involving youth, rural population, and marginalised communities in cultural

activities and in the valorisation of resources for the socio-economic development of the area);

- common socio-economic opportunities for the economic recovery (i.e. renewable energies and the opportunity of creating “renewable energy / green communities”);
- culture and tourism, as fields of common interest capable of leveraging funds and partnerships under a common destination management vision for the PA);

Section F. Quality of Project Design and Intended Resource Planning (15p)

F.1 Capital Expenditure as an Enabler for the anticipated Outcomes (5p):

- Each OSI should show clearly how any proposed interventions/measures, capital expenditure, capital works of equipment will contribute directly to achieving identified outcomes for the identified target groups; information on the scale of impact should be provided, as well as geographical reach of impact;

F.2 Human Resources as an Enabler for the anticipated Outcomes (5p):

- Each OSI should clearly propose a workforce plan and related costings designed to ensure that the proposed project can be delivered to best effect and on a timely basis – costings should involve workforce investments (e.g. for a clinical leadership network, costs should include locum backfill for clinicians who need to be released from clinical work in order to participate- backfill ensures that patient clinics do not need to be cancelled etc); (NB: information should be included about what the post-project human resources investment will be to secure post-programming period project legacy. This information should be retained by JTS, shared with DG REGIO and drawn on in identification of recommendations for alignment of other structural funds and MS programming and mainstream resources to secure legacy of Interreg investments into the future).
- Each OSI should include clear proposals for resourcing project management and administrative/financial supports necessary for timely delivery, whether these are based within targeted / beneficiary (e.g. healthcare/cultural/educational) institutions or supporting (e.g. local government) institutions.

F.3 Communications and Citizen/Civil Society Engagement (5p):

- Each OSI to include a project- level workstream relating to communications, networking of project stakeholders within the project and with other OSIs, with relevant and interested civil society organisations, and with communities and citizens in the cross-border area; networking should also involve engagement and exchange of best practice in cross-border co-operation with other EU border regions through engagement with all relevant EU policy and engagement platforms/initiatives e.g. EUREGHA, Committee of the Regions, AEBR, B-Solutions Project, Interreg Volunteer Youth Project

Section G. Project Maturity (15p)

G 1. HARD OSI (with infrastructure component)

- The **Technical Plans are finalised** and accepted by the relevant OSI partner – 5p
- The execution of **works** has been **started / is undergoing**– 5 p

- Possible risks are identified, and mitigating measures are foreseen, to prevent operational, financial, or administrative delays to project delivery and identifying correlated works – 5 p

G2. SOFT OSI

- The **procurement documentation** for the development of the Feasibility Study (DAIW)/Construction technical plan & detailed cost estimation of works & photo documentation is **prepared** – 5 p
- The **procurement contract** for the development of the Feasibility Study (DAIW)/Construction technical plan & detailed cost estimation of works & photo documentation **has been signed / is undergoing** – 5 p
- Possible risks are identified, and mitigating measures are foreseen, to prevent operational, financial, or administrative delays to project delivery and identifying correlated works – 5 p