Victorian Lung Cancer Service Redesign Program
Grants Scheme 2016

Application Guidelines
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A. Introduction

Purpose
This document provides an overview of the Victorian Lung Cancer Service Redesign Program: Grants Scheme. This Grants Scheme will provide up to $160,000 to fund a maximum of four lung cancer service redesign projects over 18 months. These funds have been allocated from the budgets of the Victorian Integrated Cancer Services.

Applications are invited from public hospitals in Victoria that provide or have access to a full range of services to manage patients with lung cancer in Victoria. Applicants must also be a signatory to an Integrated Cancer Services (ICS) Memorandum of Understanding.

Background
Improved access and timelines to treatment was a key improvement opportunity identified by over sixty multidisciplinary lung cancer clinicians at the Victorian Lung Cancer Summit, held in Melbourne in November 2014.

In 2013, lung cancer was the fourth most common new cancer (n=2657 cases) diagnosed in Victoria and was the leading cause of cancer death in both males and females. The prognosis for those diagnosed with lung cancer is poor with a five year relative survival rate of 14% for males and 18% for females. In the significant majority of cases by the time lung cancer is diagnosed it is too late for curative treatment. The diagnostic process is complex, with lung cancer patients at times, seeing up to four specialists and undergoing multiple tests before treatment commences. The approach to triage and coordination of the diagnostic pathway varies markedly. Recent feedback from consumers nationally, indicates that time to first specialist appointment ranges from two weeks to two months, and time to definitive diagnosis ranges from two weeks to three months.

Variation in timeliness of lung cancer care remains a significant problem in Victoria, with a recent analysis of the Victorian Lung Cancer Registry data revealing only 66% of patients met the referral to diagnosis target of ≤ 28 days and 56% met the diagnosis to first treatment target of ≤ 14 days. Similarly, evidence suggests that significant variation exists in the presentation of patients at a lung multidisciplinary team (MDT) meeting.
B. Grants Scheme Overview

The Victorian Lung Cancer Service Redesign Program (VLCSRP) Grants Scheme has been established to support establishment of local lung cancer service redesign projects, to decrease delays in the diagnosis and treatment of lung cancer.

Objectives

- To decrease delays from receipt of referral to first lung cancer specialist appointment.
- To decrease time from first specialist appointment to first staging test.
- To decrease time from receipt of referral to a diagnosis of lung cancer.
- To ensure all patients with a new diagnosis of lung cancer are discussed at a multi-disciplinary team (MDT) meeting.
- To ensure sustainability of the redesigned services post project by building multidisciplinary lung team capacity to continue to monitor and improve performance.
- To increase the capability of Victorian lung cancer teams to employ redesign methodology to support locally led service improvement and application of best practice Principles.

Guiding principles

Project proposals will need to align with the following principles, as well as the VLCSRP objectives outlined above:

- Projects will consist of five clearly defined phases: a set up phase, diagnostic phase, solution phase, implementation and evaluation phase and sustainability phase.
- Redesign methodologies consistent with the Department of Health and Human Services (the Department) and the Redesigning Hospital Care Program (RHCP) will be used to understand baseline performance and systematically improve processes across the referral to treatment pathway.
- There will be strong engagement of multidisciplinary, cross functional teams across the selected lung project setting.
- Solution redesign will support application of the Principles for best practice management of lung cancer in Australia.
- Pilot design solutions will be tested (through use of Plan-Do-Study-Act (PDSA) cycles) to better understand contributions to performance improvement cycles and will require sign off by the Chief Executive Officer (CEO) and Executive Sponsor at participating health services, prior to final implementation.
- Projects will demonstrate sustainability and identify potential applicability to other health services.

Expected outcomes

Outcomes will depend on the specific gaps / variations identified by health services across the lung project setting. Projects will deliver outcomes consistent with the five best practice Principles of lung cancer care.

- Principle 1: Patient-centred care
- Principle 2: Timely access to evidence-based pathways of care
- Principle 3: Multidisciplinary care
- Principle 4: Coordination, communication and continuity of care
- Principle 5: Data-driven improvements in lung cancer care
C. Approach

Project methodology

Redesign methodologies consistent with the Department and RHCP\textsuperscript{13} will be used to create improvements across steps two to four of the *Optimal Care Pathway for People with Lung Cancer*\textsuperscript{7}, from the point of referral to a health service to the start of first treatment, with meeting of timeliness indicators a priority.

The recommended interval from receipt of referral to commencement of treatment for lung cancer is of \(\leq 42\) days\textsuperscript{7}. This will be divided into two distinct time periods (1) receipt of referral to diagnosis and (2) diagnosis to treatment. The date of the multidisciplinary team meeting will also be a defining time point.

Data

A process for the collection of agreed data measures will be developed during the set up phase of the project. Data regarding the timeliness of care will be collected from receipt of referral to start of first treatment. This will enable the timing of the lung MDT to be captured and identify potential delays in the diagnosis to treatment component of the pathway that may benefit from subsequent work. The data will inform the conduct of the improvement project and assess project outcomes. Both quantitative and qualitative data will be collected including information on clinician and consumer experience.

Community of Practice

A Community of Practice (CoP) will be established to support sharing of experiences and learnings, facilitate joint problem solving and create, spread and sustain best practice improvements in the delivery of lung cancer care. It is likely challenges facing lung cancer teams will have common themes.

The Project Manager will coordinate four CoP forums over the life of the project to support collaborative learning and ensure that good ideas are shared and measures are consistent for benchmarking.

A toolkit to support other health services undertake similar redesign work, will be developed from the projects and published by the Department as an outcome of the overall program.
D. Application Process

Funding available

The total funding available to develop, implement, evaluate and embed the Lung Cancer Service Redesign Projects is $160,000 over an eighteen month period.

Up to four health services will be funded to conduct a local redesign project over an eighteen month period. A co-funding arrangement will be adopted for this initiative. Successful health services will be eligible to receive a total of $60,000: $40,000 will be contributed from the statewide ICS budget and $20,000 will be contributed by the respective ICS or health service to support project management costs.

All funded projects will be expected to take a partnership approach in the implementation of their redesign projects. Project teams will be supported and mentored by a Project Manager and by a Community of Practice sponsored by the Southern Melbourne Integrated Cancer Services (SMICS).

Submission of applications

- All applicants must complete a Victorian Lung Cancer Service Redesign Program Grants Scheme application form via the SmartyGrants application web database.
- Please ensure all uploaded attachments are clearly labelled and titled with:
  - attachment number
  - names of person and/or type of document
  - project title, and
  - application number (generated at the start of your online application).
- The department will NOT accept faxed or hard copies of applications.
- Applications will be accepted if they are lodged on or before the closing date. Please note: incomplete or late applications will not be accepted under any circumstances.

Applications must be submitted by: 2.00 pm, Monday, 11 April 2016.
E. Application Details

Application
Application for the Victorian Lung Cancer Service Redesign Grants scheme must be under the auspices of a Victorian public health service that is a signatory to an Integrated Cancer Service (ICS) Memorandum of Understanding.

Applicant
Provide the name (including title) and organisational affiliation of the applicant who will lead the project. This person is responsible for completing and lodging the application, including seeking agreement for the involvement of all collaborators. Should the grant be funded, this person will be accountable for progress and reporting on the project.

Co-Applicants
Co-applicants are a specific sub-set of collaborators who are directly involved in the conduct of the project. For the purpose of this project Co-Applicants must include a project Executive Sponsor and Redesign Lead.

Executive Sponsor
Provide the name (including title) and organisational affiliation of the applicant who will be the Executive sponsor for the local project. The Executive sponsor is responsible to the business for the success of the project and will act as a liaison to the organisational stakeholders, communicating how the project will integrate into their overarching strategy and goals.

Redesign Lead
Provide the name (including title) and organisational affiliation of the Redesign lead for the project. The redesign lead is responsible for facilitating locally responsive health service review and project improvement initiatives that target improvements in the timeliness of lung cancer care, in line with the Optimal Care Pathway for people with lung cancer.

Administering Organisation
The Administering Organisation is the entity to which funds will be disbursed in the case of successful applications. Any health service with a funding agreement with the department generally will meet Administering Organisation requirements. The Administering Organisation will be responsible for ensuring the completion of the project, and must adhere to the department’s Funding Rules and Conditions, as well as the Eligibility Criteria outlined in Section L. There can be only one Administering Organisation (metropolitan or regional) per project grant.

Partner Organisation
A Partner Organisation for the purpose of the VLCSRP is defined as a collaboration of public healthcare service providers, in the acute care sector, delivering lung cancer care across a range of locations.

A Partner organisation may be for example:
- a metropolitan tertiary health service with formal or informal networks to other metropolitan, regional or rural healthcare services, or
- non-tertiary metropolitan health services with formal or informal networks to other metropolitan, regional or rural healthcare services, or
• regional or rural health services with formal or informal networks to other metropolitan, regional or rural healthcare services.

Where there is a joint application for funding, project endorsement is required for each health service.

**Total funding sought from the department**

Enter the total amount of funding sought. This must not exceed the level of funding for the grant as described in Section D; otherwise the application will be deemed ineligible. All funding requests must be exclusive of GST.

**Duration of project**

Enter the planned duration of the project in months. This value must not exceed the maximum duration of funding available as described in Section D (18 months); otherwise the application will be deemed ineligible. This must be a numeric entry.
F. Capacity to Undertake the Project

Lead applicant details
Provide full details. Contact details should be those that apply when the application is submitted so that the applicant can be contacted during the assessment process if required. A brief description of the role that the lead applicant will play in the project is required.

Anticipated absences
Provide details of any anticipated absence greater than 4 weeks during the project, for example, sabbatical, annual, long service leave, maternity leave, etc. These should be taken into account when planning timelines and setting milestones, as well as in the risk strategy.

Academic qualifications
List all relevant academic qualifications.

Relevant project/change management and/or clinical experience
To support the application, please briefly outline any previous relevant experience and associated demonstrated outcomes in project management and/or implementing change in health organisations, as well as any clinical experience related to lung cancer care.

Current appointments of lead applicant
List up to five of the lead applicant’s current appointments, including start and end dates (month and year), organisation and status of appointments, e.g. tenured, non-tenured, non-continuing, postgraduate, training or other (please specify). Do not include unpaid appointments.

Capability Improvement Survey (self-assessment)
Applicants must complete a baseline Capability Improvement Survey as part of their application. This survey, based on selected criterion from the Department and RHCP Health Improvement Capability Quotient Tool, will enable health services to assess their level of organisational capability for improvement (lung redesign). This survey will be repeated in the evaluation phase of the project.
G. Co-applicant/s details

Provide details of any co-applicant/s named in Section 1. Contact details should be those that apply when the application is submitted so that co-applicants can be contacted during the assessment process if required.

Briefly describe the role that the co-applicant/s will play in the project.

Briefly describe the relevant experience and associated demonstrated outcomes of the Redesign Lead in healthcare redesign, project management and/or change management that support the application in a word or PDF document that can be uploaded to the application.
H. Preliminary Project Proposal

Funding recipients will be required to submit a detailed project plan and report on conclusion of the diagnostic phase of the project (templates to be provided).

Summary of proposed project

Provide a brief (overview of your project. This should be more specific than the lay summary provided in Section 1.

Project description

Keep in mind the selection criteria listed in Section M, as well as the proposed evaluation framework when describing your proposed project. This section must not exceed 2500 words. Please upload a list of cited references.

Description of proposed project initiative

Describe your proposed project using the headings below, with reference to the eligibility criteria in Section L and selection criteria in Section M of this document.

1. Alignment with the Victorian Lung Cancer Redesign Program
   • How the proposed project meets the objectives and guiding principles (part B Application Guidelines) of the Victorian Lung Cancer Redesign Program.
   • How the project meets the eligibility criteria outlined in part E of the Application Guidelines

2. Capacity to undertake the project
   • Evidence of the applicant’s satisfactory completion of previous projects, associated demonstrated outcomes and compliance with project requirements (track record)
   • Appropriately qualified staff available for the proposed timeframes. Alternatively, a commitment to hire staff requires sample key selection criteria to be included.
   • Commitment by senior leadership to achieving the project objectives including designation of an executive sponsor and redesign lead for the projects and an appropriate governance structure.
   • Capability Improvement Survey assessment undertaken.

3. Summary of preliminary project proposal
   Justification for project proposal
   This section needs to note the evidence and data supporting the project proposal, in particular answering the following questions:
   • The project and its potential outcomes are designed to address an important problem or need pertaining to the timeliness of lung cancer care.
   • Need is demonstrated through the provision of adequate level of evidence.
   Aims and objectives
   Provide an outline of the aims and objectives of the proposed project. In particular, describe:
   • How the initiative will create measurable improvements in the timeliness of lung cancer care?
   Viability
   Identifies the likelihood of project success.
   • Articulates a clear concept and sets realistic and measurable targets.
   • Incorporates an appropriate evidence base for the strategies outlined and articulates relevant report, guidelines and policies.
• Demonstrates how the project aligns with local strategic / business plans.
• Identifies potential barriers / preliminary risks and risk mitigation strategies.

Implementation Methodology
Provide a description of the methodology you intend to implement, in particular focusing on describing the following:
• An appropriate service redesign methodology (consistent with the Department and RHCP) to support effective management of project activities across the five stages of the project: set up phases, diagnostic phase, solution phase, implementation and evaluation phase and sustainability phase.
• Clear, proposed measurable outcomes
• Role of consumers in the local project governance committee

Evaluation
Outline an evaluation strategy for the project that:
• Includes qualitative / quantitative measures and tools for the collection of data.
• Aligns with the stated project methodology, noting the way in which the project will capture and report on data.

Communication and Dissemination
• Please append a communication and dissemination plan.

Sustainability
• Demonstrate consideration and commitment to sustainability during and following cessation of project funding.

Ethics
It is anticipated that projects submitted will be predominantly focused on quality and service development and/or improvement. If the project requires submission to a human ethics committee, please briefly outline the rationale and likely timelines.

Governance arrangements
Outline the governance arrangements for the project, including any committees (existing or to be established). Please append a governance diagram illustrating reporting and accountability lines.
I. Milestones

Funding recipients will be required to provide a project status report to the Department, Cancer Strategy and Development (CSD) and a PowerPoint presentation to the Community of Practice at completion of each stage of the project.

As per the Administration and Reporting Requirements (Section N) funding recipients will report on progress against milestones, risk assessments and targets at three, six, twelve and eighteen months respectively from start date of project. A final written report and financial statement must also be submitted.

Submission of the following reports is a non-negotiable milestone for all successful applicants.

- Diagnostic report: at 3 months
- Solution report: at 6 months
- Implementation and evaluation final report: at 12 months
- Sustainability report: at 15 months
- Final Report: at 18 months

With reference to the proposed project, please provide a list of relevant milestones that can be used to measure progress over each phase of the project following the reporting timeframes outlined above. Each milestone should be clear and succinct.

These milestones will be included in the letter of agreement between the Department of Health and Human Services and the administering organisation should the application be successful. Include milestones for ethics approvals and staff appointments where relevant.
J. Budget Request

Project budget

All requests should be exclusive of GST. GST will be paid on top of grant amounts where appropriate, determined by the Administering Organisation’s GST status. This status must be identified by the financial delegate of your Administering Organisation.

If the project is receiving funds from other sources, please state where the additional funds are being provided from and the amount provided.

Funding from other sources

The department will only provide funding to applicants who can confirm that they have not already received funding from other sources for this specific project. If this application is successful, the department must be informed of any other funding received for this specific project for its duration. This may affect the funding provided by the department.

GST status

Please identify the Administering Organisation’s GST status. As per comment on application form, please advise how this sections need to be amended from Department perspective to suit the VLCSR.

In-kind contributions

Please list any in-kind contributions the project will be receiving. This could be provision of office space, IT equipment, or waiving of any infrastructure charges.

Labour costs

Provide full details of each position requested, including number, level and EFT. Include an explanation of how the salary level requested is in line with the required skills, experience and time commitment to the project. If it is intended to hire to a specific position, please provide a suggested Key Selection Criteria. In addition, please itemise the predicted cost for additional resources for intervention, administrative support and data support. *Attachment to complete supplied in Application Form. The certificate proforma form needs to be downloaded, completed, signed and reloaded where indicated.
K. Certifications

All signatures must be obtained prior to the submission of the application to the Department. Electronic signatures will be accepted.

Before proceeding to certification, all sections of the application must be finalised. Review your application for accuracy and completeness. Download a PDF version of your application (instructions for this are in the application form) and close the application.

Provide the PDF of the application, together with each of the appropriate certification forms to the lead applicant, the delegate of the administering organisation, and the delegate of the partner organisation.

Once the certifications are signed, they can be uploaded to the certification section of the application.

Certification by the lead applicant
The lead applicant must certify the application on behalf of all Applicants.

Certification by the administering organisation
The application must be signed by the relevant delegate of the Administering Organisation. This should be the CEO or equivalent or delegate. *Attachment to complete supplied in Application Form. The certificate proforma form needs to be downloaded, completed, signed and reloaded where indicated.

Certification by the head of the Partner Organisation
The application must be signed by the relevant delegate of the Partner Organisation. This should be the CEO or equivalent or delegate. *Attachment to complete supplied in Application Form. The certificate proforma form needs to be downloaded, completed, signed and reloaded where indicated.
L. Eligibility Criteria

Application requirements

Applications are invited from public hospitals in Victoria that provide or have access to a full range of services to manage patients with lung cancer in Victoria. This includes:

- Health services with ≥ 150 patients with one or more admissions for primary lung cancer per annum may apply;
- Health services with < 150 patients with one or more admissions for lung cancer (C33-C34) per annum may only apply if they submit a joint application with another site.

The Victorian Lung Cancer Service Redesign Program Grants Scheme will fund projects that target improvements across steps two to four of the Optimal Care Pathway for People with Lung Cancer, from the point of referral to a health service to the start of first treatment, with meeting of timeliness indicators a priority.

Applicant requirements

- The lead applicant must be an employee of the administering organization.
- Applicants must complete a baseline Capability Improvement Survey (self-assessment). This survey, based on selected criterion from the Department and the Redesign Hospital Care Program Health Improvement Capability Quotient Tool, will enable health services to assess their level of organisational capability for improvement (lung service redesign). This survey will be repeated in the evaluation phase of the project.

Project requirements

- The project must be completed within Victoria (collaborators may work interstate).
- Projects must have specific aim and outcomes that align with the aim / objectives outlined in part B and are achievable in the designated timeframe.
- Projects may partner and be co-delivered across public health services in the acute care sector (who singularly have <150 cases patients with one or more admissions for lung cancer (C33-C34) per annum); however the fund holder and project lead must be employed in the administering organisation.

Exclusions

The Victorian Lung Cancer Service Redesign Program: Grants Scheme will not fund:

- Redesign of processes related to care after initial treatment and recovery, management of recurrent and residual disease and end of life.
- Development and purchase of IT.

Administering Organisation

Applicants must make their application under the auspices of a Victorian public hospital with a funding and service agreement with the Department of Health and Human Services.

A single organisation (metropolitan or regional) should be designated as the administering organisation. The administering organisation must:

- Certify in the application form that they meet the requirements for receipt of government funding.
- Have in place policies and procedures for the management of public funds.
• Have in place policies for the proper conduct of projects.
• Provide adequate infrastructure to allow the project to be completed.

It is expected that the administering organisation will ensure there is effective governance of the project and have in place a process for evaluating the effectiveness of any governance arrangements. Specifically funding recipients will be required to establish a Local Project Management Team (LPMT). The membership of this group will include but not be limited to a project executive sponsor, project lead, redesign lead, project officer and multidisciplinary stakeholders drawn across functional lung cancer teams.

The LMPT will be responsible for the delivery of key project tasks within prescribed timelines, communicating learnings in a coordinated and consistent manner and identifying and managing any risks that emerge within the life of the project. Meeting frequency will be determined by the local executive sponsor and lead applicant.
M. Assessment Process

Selection criteria and requirements

The following criteria will be used for the evaluation of applications submitted. Please refer to Section H, for more detailed information pertaining to each of the listed criteria.

<table>
<thead>
<tr>
<th>No</th>
<th>Criteria</th>
<th>Weighting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Alignment with the Victorian Lung Cancer Service Redesign Program (VLCSRPP).</strong>&lt;br&gt;How the project meets with objectives, guiding principles and expected outcomes of the Victorian Lung Cancer Service Redesign Program (Part B).&lt;br&gt;How the project meets the eligibility criteria outlined in part E.</td>
<td>30%</td>
</tr>
<tr>
<td>3</td>
<td><strong>Capacity to undertake the project</strong>&lt;br&gt;Evidence of the applicants satisfactory completion of previous projects and compliance with project requirements (track record)&lt;br&gt;Appropriately qualified staff available for the proposed timeframes. Alternatively a commitment to hire staff requires sample key selection criteria to be included.&lt;br&gt;Commitment by senior leadership to achieving the project objectives including designation of an executive sponsor and redesign lead for the projects and an appropriate governance structure.&lt;br&gt;Capability Improvement Survey assessment.</td>
<td>40%</td>
</tr>
<tr>
<td>3</td>
<td><strong>Summary of preliminary project proposal with reference to the details outlined in Section H.</strong>&lt;br&gt;• Justification for project proposal&lt;br&gt;• Aims and Objectives of proposed initiative&lt;br&gt;• Viability&lt;br&gt;• Implementation methodology&lt;br&gt;• Evaluation&lt;br&gt;• Communication and dissemination&lt;br&gt;• Sustainability</td>
<td>30%</td>
</tr>
</tbody>
</table>

Evaluation process

Applications will be screened to ensure that selection and eligibility criteria have been met. A receipt of submission will be sent to applicants by SmartyGrants.

An Evaluation Panel will be convened to assess applications for Grant and make recommendations for funding. The recommendations from the Evaluation Panel will be considered by the department, who will determine the number of applications it is able to fund, its obligations under government policy, and the overall strategic objectives of the Victorian Lung Cancer Service Redesign Program.

In the event that the department identifies that there are projects that are similar or complementary to each other, the department may request that the applicants consider collaborating on their projects, where appropriate. There is no obligation imposed on the applicants under this condition: any recommendation that might eventuate from such a suggestion by the department would be voluntary.
The lodging of an application does not confer any entitlement on the applicant. The making of a recommendation is totally within the discretion of the assessment panel and the department. All applicants will be advised in writing of the final outcome of the selection process.

Privacy

All information contained in applications will be regarded as confidential. Documents containing personal information will be handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998. Personal information will only be disclosed with the permission of the individual to whom it relates, or where the Act allows.

Applicants consent to the information supplied as part of their application being disclosed for the purposes of the evaluation and administration of the grant. Such disclosure includes but is not limited to members of evaluation panels, independent readers/assessors requested by the evaluation panels to provide advice on the applications, the Department and Cancer Strategy & Development staff, and relevant employees of the Victorian Government involved with the grant process.

Applicants acknowledge that announcement of the funded grants will involve the dissemination of information to the public about the general nature of the funded grants.

Conflict of interest

The Victorian Government requires its Evaluation Panel members to act in an ethical manner, declare conflicts of interest and withdraw from considering applications where such conflict exists.
N. Administration & Reporting Requirements for Department of Health and Human Services Funding

Applicant
The Applicant will be responsible for guiding and managing the project through to completion. This will include liaising with collaborators and coordinating reporting requirements of the grant with the administering organisation.

Where the project involves several sites, the Applicant must obtain written commitment from all Chief Executives of collaborative partners not within the Administering Organisation and must assume responsibility for undertaking and completing the activities outlined in the application.

The grant recipient (or funds manager) must enter into a funding agreement with the Department of Health and Human Services that sets out the terms and conditions, including delivery of the funded activity described in the application form.

Administering organisation
The Administering Organisation will be responsible for administration of the project and funding. Funds must only be used for the purposes set out in the agreement.

Funding
The total grant amount will be paid in the following instalments:

- 50% of funds to successful health services at project initiation;
- 30% of funds following submission of diagnostic report;
- 10% following submission of final report;
- 10% of funds following submission of sustainability report.

The grant recipient (or funds manager) must spend the grant funds on the types of expenditure items identified under the Budget Request (Section J) and in accordance with the Eligibility Criteria (Section L) and as described in the agreement with the department, and acquit all purchases funded by this grant.

A request to vary the approved items of expenditure for approved grant amounts must be submitted to the department for approval prior to implementation. All the funds must be spent by 15 January 2018. The department must be notified of any funds unspent by 30 January 2018 and, if requested, these unspent funds must be returned to the department.

Goods and services tax
GST will be paid on top of grant amounts where appropriate. This will be determined by the administering organisation’s GST status. This status must be identified by the financial delegate of the Administering Organisation. Please include the administering organisation’s GST status in the application.

Public Liability
The grant recipient (or funds manager) must ensure it has arranged public liability insurance for at least $10 million for any one occurrence; such insurance indemnifies the group against personal injury and/or property damage claims made by third parties in connection with the group’s activities.
Reporting

Funding recipients will be required to provide a project report to the Departments’ Cancer Strategy and Development unit and a PowerPoint presentation to the Community of Practice on progress against milestones, risk assessments and targets at completion of each stage of the project.

Projects will use templates and project reporting milestones based on those utilised across Victorian health services in the RHCP.

All project documentation and reports will be owned by the Department and may be published on the Departments’ website.

A preliminary reporting schedule is outlined in the table (Table 1) below.

**Table 1: Reporting Schedule**

<table>
<thead>
<tr>
<th>Report</th>
<th>Inclusions overview</th>
<th>Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic report</td>
<td>• “As is” process map&lt;br&gt;• Agreed area(s) for service redesign identified&lt;br&gt;• Baseline interval time data collection&lt;br&gt;• Baseline lung clinician, patient / carer interviews&lt;br&gt;• Agreed set of performance measures suitable to work flow patterns aimed at improving timeliness of care / and the experience for patients&lt;br&gt;• Detailed project plan, risk management matrix and communication plan</td>
<td>3 months from start date of project</td>
</tr>
<tr>
<td>Solution report</td>
<td>• Future process map&lt;br&gt;• Agreed evidenced based design solution(s)&lt;br&gt;• Principles for best practice management integrated into design solution&lt;br&gt;• Project materials endorsed by Program Governance Committee&lt;br&gt;• Interventions tested and confirmed using PDSA cycles&lt;br&gt;• Sign off of confirmed intervention by CEO and Executive Sponsor</td>
<td>6 months from start date of project</td>
</tr>
<tr>
<td>Implementation and Evaluation report</td>
<td>• Intervention implemented in practice&lt;br&gt;• Post implementation evaluation completed&lt;br&gt;• Capability Improvement Survey Assessment completed</td>
<td>12 months from start date of project</td>
</tr>
<tr>
<td>Sustainability phase</td>
<td>• Sustainability report submitted&lt;br&gt;• Toolkit to assist other health services redesign their lung cancer pathway published by the Department</td>
<td>15 months</td>
</tr>
<tr>
<td>Final Report</td>
<td>Template provided to include:&lt;br&gt;• Areas of focus&lt;br&gt;• Achievements against goals&lt;br&gt;• Successful initiatives undertaken&lt;br&gt;• Project Learnings&lt;br&gt;• Transferability of work</td>
<td>18 months</td>
</tr>
</tbody>
</table>
O. References


