Targeted Call - Health System Solutions 2024

Guidelines and Conditions

Concept Paper Applications close:
1:00 pm (AWST) Thursday 29 August 2024

fhrifund.health.wa.gov.au

Contents

1. Introduction

Targeted Call - Health System Solutions (the Program) is a funding program of the Western Australian (WA) [Future Health Research and Innovation (FHRI) Fund](#).

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation.

This Program contributes to the [FHRI Fund Priority Goal](#):
- establish innovation Programs and Initiatives to support topical and/or early stage ideas and enable opportunities for these innovative ideas to secure follow-on funding from commercial/other funders.

The expected outcomes are in alignment with the following objectives of the *[Western Australian Future Health Research and Innovation Fund Act 2012](#)*:
- improving the health and wellbeing of Western Australians
- improving the financial sustainability of Western Australia's health system.

The Program is administered by the Office of Medical Research and Innovation (OMRI), WA Department of Health (Department of Health). Queries may be directed to DOH.OMRI@health.wa.gov.au.

2. Purpose

The purpose of this Program is to facilitate the development and implementation of innovative solutions to the Business Challenges identified by WA Health Service Providers (HSPs).

The aims of the Program are to:
- promote the development of innovative solutions to address unmet health and medical needs or opportunities identified by WA HSPs
- facilitate the implementation of developed solutions where these have significant value.

The objectives of the Program are to:
- advance the innovation maturity level of innovative solutions to the WA HSP Business Challenges
- establish partnerships with organisations, including healthcare providers, researchers, innovators, industry leaders and community organisations, to facilitate the implementation of innovative solutions to address WA HSP Business Challenges
- increase the implementation of innovative solutions to address WA HSP Business Challenges
- drive the scalable implementation and long-term viability of innovative solutions that address WA HSP Business Challenges.

3. Program description

The WA public health system covers the metropolitan, regional and remote areas of the State and each HSP is responsible for the delivery of safe, high quality, efficient and economical health services for their health service area.

The following HSPs have identified Business Challenges which are a current concern and for which innovative solutions could potentially be developed:

- Child and Adolescent Health Service (CAHS)
- East Metropolitan Health Service (EMHS)
- North Metropolitan Health Service (NMHS)
- PathWest Laboratory Medicine WA (PathWest)
- South Metropolitan Health Service (SMHS)
- WA Country Health Service (WACHS).

The Program is open to applications from WA innovators (which includes health services, universities, medical research institutes and industry) to propose innovative solutions for the HSP Business Challenges in the table below. Detailed descriptions of each Business Challenge, including Areas of Interest (where applicable), are provided in Appendix 1.

	HSP	Business Challenge
1	CAHS	The first 1,000 days – connection, accessibility and prevention
2	EMHS	Revolutionise the surgical journey: transforming the patient experience for elective surgery
3	NMHS	Improving safety and management of emergency department waiting room patients.
4	PathWest	Digitising regional blood films for immediate AI and pathological review
5	SMHS	On point care – seamless digital pre-habilitation to post surgery patient recovery
6	WACHS	Delivering sustainable innovative maternity healthcare to ensure thriving country communities

Funding will be awarded for health and medical innovation activities to address a HSP Business Challenge through a competitive process, based on a process of assessment and selection.

Selection of recipients will be through a two-stage process, with the submission of initial short Concept Papers, followed by Full Proposals from invited applicants.

To ensure that only relevant solutions to the Business Challenges are invited to progress to the Full Proposal stage, Concept Papers will be assessed by the HSP that owns the relevant Business Challenge. Please note, you will not be disadvantaged should you not have a HSP representative involved in the Concept Paper stage. Please do not approach HSPs at this stage unless you already have these contacts.

To ensure that Full Proposals are best placed to address the Business Challenge and have appropriate HSP representation, OMRI will provide contact details of a person nominated by the HSP for this purpose in the Full Proposal invitation letter. There must be involvement by the HSP in the Full Proposal, either as the Activity Lead, a team member and/or in an advisory role.

When making recommendations for fundable applications, the Full Proposal panel may consider an appropriate allocation across the Business Challenges, noting that the FHRI Fund 'High-quality' Funding Principle must be met.

Funding will be provided to innovation proposals that demonstrate potential to develop or advance novel (new) processes, products and/or services. The innovation may result in incremental or transformative/disruptive change.

Funding is to support Activities that would be undertaken at Innovation Maturity Levels (IMLs) 3 to 6, as outlined in Appendix 2. These include various stages of the innovation

development life cycle, including proof of concept, feasibility or value, and preliminary validation.

In addition to funding successful applicants proposing to develop innovative solutions to the Business Challenges, follow-up funding direct to HSPs may also be made available to assist in the implementation of solutions, when these are determined to be of significant value.

There is no guarantee that WA health will purchase a solution from any grantee.

The Program is directed towards Activities that fall within the health and medical innovation and commercialisation stream of the FHRI Fund.

Funding cannot be used to support Activities that are deemed to be research, unless these are an integral part of the innovation Activity and are feasible to be undertaken within the timeframe of the Activity. It should also be noted that this Program will not support 'business as usual' activities, such as quality improvement.

The Activity Lead will be responsible for coordinating the Activity and ensuring its timely execution.

The Responsible Entity* will be accountable for the governance and financial management of any funding awarded.

* *It is acknowledged that the term Administering Institution has traditionally been used by universities and research institutes, however for this grant, the term Responsible Entity is inclusive of industry and reflects that grant agreements are the responsibility of the contracted entity.*

4. Eligibility

To be eligible for this Program all of the following criteria apply:

- The Responsible Entity must:
    - o have an active Australian Business Number (ABN)
    - o have a physical and operational presence in WA.
- The Activity Lead must:
    - o be an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place for the duration of the Activity
    - o be based in WA for a minimum of 80 per cent of the period of the Activity
    - o have no overdue reports for any grant funding program administered by OMRI (including FHRI Fund programs) from any year (excludes authorised extensions)
    - o ensure that funding has not been awarded for any component of the Activity
    - o have a position or title at the Responsible Entity for the period of the Activity
      The Activity Lead will be required to declare which of the following applies:
        (a) employee of the Responsible Entity; or
        (b) honorary or adjunct title at the Responsible Entity.
      In the case of (a), if the Activity Lead is also employed by the WA public health system (may include Clinical Academics) they will register a Conflict of Interest for this grant in accordance with the Department of Health Managing Conflicts of Interest Policy that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected.
      In the case of (b), if the Activity Lead is employed by another entity (the Employer), this entity must have an active ABN, a physical and operational presence in WA and evidence must be provided that either:
        i. an affiliation agreement* exists between the Responsible Entity and the relevant Employer; or

ii. *the intention is for this Activity to be subcontracted* to the relevant Employer and there is in-principle agreement between the Responsible Entity and the Employer for this arrangement.*

* the affiliation/subcontract agreement must clearly define each entity's responsibilities in relation to the Activity, and in accordance with the 'Contractual arrangements' section below, include relevant permissions to use third-party intellectual property (IP) required to deliver the Activity and address ownership of new IP generated by the Activity.

- The proposed innovation Activity to be undertaken must be within the range of IML 3 to IML 6 (as outlined in Appendix 2).
- Any rights (for example Intellectual Property rights) to develop or implement the innovation must be vested with the innovation team, or otherwise not be vested in another entity in a manner which would preclude the ability of the innovation team to deliver the innovation (Freedom to Operate).
- The Responsible Entity or other entities that fund or are involved in the Activity must not be part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.
- The grant funding must not constitute the entire financial base of the Responsible Entity i.e. the Responsible Entity must have other external sources of income.
- The Responsible Entity must ensure applications meet all eligibility criteria as set out in these guidelines.
- Applications must be submitted in accordance with the 'Application instructions' section of this document.
- An Activity Lead may submit more than one application to the Program, providing that there is no overlap in the Activity.
- An application may be deemed ineligible and excluded from further consideration if OMRI identifies that:
  o it does not meet all eligibility criteria as set out in these guidelines
  o the proposed Activity duplicates activity previously or currently being undertaken
  o it is not an innovation, e.g. is a 'business as usual' activity, such as quality improvement
  o it includes any incomplete, false or misleading information
  o it was submitted after the advertised closing date and time.
- Grant offers may be withdrawn if it is determined that eligibility criteria are not met.
- OMRI reserves the right to request further information and make final decisions regarding eligibility.
- Decisions made in relation to previous grant programs will not be regarded as precedents and will not be considered when assessing eligibility for this grant program.
- To be eligible to submit a Full Proposal you must:
  o have received an invitation from OMRI to progress to the Full Proposal stage
  o have a HSP representative in the Full Proposal, either as the Activity Lead, a team member or in an advisory role
  o have contacted the person nominated by the HSP when developing the Full Proposal (contact details will be provided in the Full Proposal invitation letter).

Note: Concept Paper applicants will not be disadvantaged if a HSP representative is not identified at that stage. Please do not approach HSPs at the Concept Paper stage unless you already have these contacts.

5. Program funding

Funding amounts between $50,000 and $500,000 excluding GST are available to successful applications to finance an innovation Activity as per the table below:

Activity Innovation Maturity Level (IML)*	Funding available excluding GST	Maximum Activity duration
IML 3	$50,000 to $100,000	12 months
IML 4-6	$250,000 to $500,000	24 months

* IMLs described in Appendix 2.

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity and be directly attributable to the delivery of the proposed Activity.

Funding will be in accordance with the following:
- Salary costs:
  - may include Award/Agreement increases and salary increments as appropriate
  - may include leave entitlements that accrue and are taken during the period the salary is being paid by the grant funding (annual leave is accrued at a rate of 7.69% of the base salary paid by grant funding). Leave entitlements accrued outside this period, long service leave, parental leave, sabbatical, severance and termination payments cannot be paid by the grant funding
  - may include on-costs up to a maximum of 30%, noting that WA public health system salaries can only include superannuation as a salary on-cost
  - are not to provide salary for the Activity Lead. An exemption to this rule may be requested, where it is deemed that this salary is crucial to the success of the Activity. Adequate justification must be provided. Determination of exemptions will be made on a case-by-case basis, at the discretion of OMRI.
- Non-salary costs:
  - may include expenses such as essential services, supplies, equipment and consumer involvement
  - for travel will not be approved unless strongly justified as being essential to the undertaking of the Activity and must not include costs related to conference attendance
  - may be requested for equipment, however, the total value of all equipment items must not exceed 10% of the budget request or $15,000, whichever is the lesser amount, and quotes for each item must be attached to the application.
- Overhead charges:
  - may be requested up to a maximum of 10% of the total budget, noting that WA public health system Responsible Entities cannot claim standard overhead charges in accordance with the Financial Management Manual s522 (grant funding administered by OMRI is exempt).

Funding will only be made available for the scope of work described in the Application Form, or any modifications to the scope of work approved in writing by OMRI. The Department of Health will not underwrite any costs beyond the funding awarded through the Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

All budget items should be adequately described and justified as consideration is given to budgets during the assessment process.

Budgets must be calculated accurately, as requests for additional funding will not be considered.

Funding cannot be used to support activities that are deemed to be research, unless these are an integral part of the innovation Activity and are feasible to be undertaken within the timeframe of the grant.

Funding is offered subject to budget availability, which could be varied in the event of unforeseen circumstances.

6. Application instructions

The instructions below must be followed when making a submission:

Concept Paper Form

- The Concept Paper Form available from the FHRI Fund website must be submitted by **1:00 pm (AWST) Thursday 29 August 2024.**
- The Concept Paper must be completed in Arial font 11 point or lager.
- Electronic signatures are acceptable if approval to use the electronic signature has been obtained from that person.
- The Concept Paper is to be emailed to DOH.OMRI@health.wa.gov.au as a **single** Adobe Acrobat PDF or Microsoft Word file, not exceeding 5 MBs.
- The Concept Paper and email subject line must be titled as follows:
    Activity Lead SURNAME, First name – TC-HSS-2024 Concept Paper
    e.g. SMITH, Alex – TC-HSS-2024 Concept Paper.

Full Proposal Form

- Full Proposal Forms will only be accepted if Activity Leads have received an invitation to progress to the Full Proposal stage.
- The Full Proposal Form provided by OMRI must be submitted by the requested date/time.
- The application must be completed in Arial font 11 point or larger.
- Electronic signatures are acceptable if approval to use the electronic signature has been obtained from that person.
- The application is to be emailed to DOH.OMRI@health.wa.gov.au as a **single** Adobe Acrobat PDF or Microsoft Word file, not exceeding 5 MBs, including CVs and bibliographic references (if applicable). The application document and email subject line must be titled as follows:
    Activity Lead SURNAME, First name – TC-HSS-2024 Full Proposal
    e.g. SMITH, Alex – TC-HSS-2024 Full Proposal
- Applications must be complete, include requested certifications and be submitted by the closing date/time. Consideration must be given to the time needed to comply with internal deadlines.

Acknowledgement of receipt of the Concept Paper Form and Full Proposal Form will be provided via email to the Responsible Entity and Activity Lead within 5 working days of the closing dates.

Applications including commercially sensitive information should be marked as commercial-in-confidence, noting that the 'Activity summary' section in the Application Form may be used for publicity purposes.

Queries regarding the application process should be directed by email to DOH.OMRI@health.wa.gov.au.

7. Selection process

Assessment process

Funding will be awarded on merit, based on a process of assessment and selection.

This will be through a two-stage process, with the submission of initial short Concept Papers, followed by Full Proposals from invited applicants.

Stage 1 – Concept Paper

> Concept Papers will be assessed by the HSP that owns the relevant Business Challenge to determine those that will be invited to progress to the Full Proposal stage.

Stage 2 – Full Proposal

> Full Proposals will be assessed by a review panel to determine if they are considered 'fundable' and determine an overall panel ranking of these.

Eligibility reviews will be undertaken by the Office of Medical Research and Innovation (OMRI).

The Full Proposal review panel will consist of a health and medical innovation expert from each HSP that has submitted a Business Challenge, experienced innovators and consumer representative(s).

Conflicts of interest that may arise will be treated in accordance with the WA health system Managing Conflicts of Interest Policy.

Stage 1– Concept Paper

The purpose of this stage is for each HSP to assess the eligible Concept Papers relevant to their Business Challenge and to determine those that will be invited to apply to the Full Proposal stage.

The following assessment criteria will apply:

- Is the intended outcome of the Activity an innovation, i.e. will result in an innovative solution, as opposed to being research or quality improvement?

- Does the proposed solution have the potential to address the Business Challenge problem?

- Do the expected benefits justify the funding requested (value for money)?

Note: Concept Paper applicants will not be disadvantaged if a HSP representative as the Activity Lead, a team member or in an advisory role is not identified at this stage. Please do not approach HSPs at this stage unless you already have these contacts.

Stage 2– Full Proposal

The purpose of this stage is to assess applications to determine if they are considered 'fundable' and determine an overall panel ranking of these.

To ensure that Full Proposal applications are best placed to address the HSP Business Challenge, OMRI will provide contact details of a person nominated by the HSP in the Full Proposal invitation letter. Prior to submission of the Full Proposal applicants will be required to contact this nominated person who will:

- provide or facilitate advice regarding the approach to addressing the Business Challenge

- ensure that the application includes a HSP employee in the project (either as the Activity Lead, a team member or in an advisory role).

Assessment of Full Proposals will be based on the criteria and % weightings set out in the table below.

Assessment Criteria	%
Proposed solution • The appropriateness of the solution to address the Business Challenge problem. • The IML applicable to the Activity that will be undertaken, and justification for this. • The impact the solution will have on the Business Challenge problem. • The economic, social and environmental benefits of the solution to WA. • The differentiation between the proposed innovation and any existing or emerging competing processes, products and/or services.	25
Activity plan • The activity that will be undertaken, including objectives, methodology and realistic measures of expected outcomes. • The contribution the Activity provides towards the proposed solution. • The achievability of the proposed milestones and timeframe. • The proposed budget to undertake the activity and justification for budget items, including any proposed salary components.	25
Activity Lead track record and potential • The contribution of the Activity Lead to the proposed Activity, including the specific responsibilities towards the delivery of the objectives, methodology and outcomes. • The extent to which the Activity Lead's expertise and experience will support the proposed activity. • The extent to which the Activity Lead demonstrates the ability to deliver the proposed solution.	10
Supporting environment • The knowledge, expertise and experience of Activity team members. • The capacity and capability of the Activity team to deliver the proposed Activity. • Appropriate level of partner engagement and collaboration during both the development of the Proposal and the conduct of the Activity. • Access to technical resources, infrastructure, equipment and facilities, and additional support personnel, if necessary.	10
Consumer involvement • How consumers (e.g. patients, carers, community members with a lived experience of a health issue) have been involved in the development of the proposed Activity. • The plan for ongoing consumer engagement in the Activity, including their roles and how their lived experience perspectives will inform the Activity through formal and informal processes. Refer to Section 8 'Consumer involvement' of this document.	10

Anticipated implementation strategy	**20**
• The anticipated pathway for implementation of the proposed solution into the HSP considering financial sustainability now and into the future. • The anticipated time and resources (e.g. human, financial, physical) required to implement the solution to the Business Challenge problem. • The anticipated partnerships/potential investors that may support implementation of the innovation. • The proposed risk identification and mitigation strategies considered in relation to implementation. • The scalability of the solution and expected long-term benefits.	

Selection of recipients

When making recommendations for fundable applications, the panel may consider an appropriate allocation across the Business Challenges, noting that the FHRI Fund 'High-quality' Funding Principle must be met.

Based on the Full Proposal review panel assessments, the Department of Health will determine and approve the awarding of grants in accordance with the Department of Health financial and procurement processes and delegation authorities.

OMRI reserves the right to offer lower funding rates than requested and/or request modification to the Activity on a case-by-case basis.

8. Consumer involvement

In line with the National Health and Medical Research Council (NHMRC) definition, consumers are people who have lived experience of a health issue. They include patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.

There is increasing recognition of the benefits of involving consumers in research and innovation. Effective consumer involvement can ensure research and innovation is relevant to the WA community and improves translation into policy and practice.

Health consumers should be engaged during the development of funding applications and embedded in the proposed Activity by being provided with a detailed description of their role and contribution and, where appropriate, included as a team member.

Consumer involvement should incorporate:
- clearly defined relationships with health consumers or community groups who have 'lived experience' of the issue the Activity addresses
- demonstrated understanding of the benefits derived from involving people with a lived experience
- inclusion of consumers in the Activity where appropriate
- plans to involve consumers in the Activity throughout the delivery timeline
- budget strategy with funds allocated to support, implement and acknowledge consumer involvement (e.g. training opportunities, honoraria and payments, additional time to support involvement activities, administration support and consultations and events associated with involvement activities).

Guidance on consumer involvement can be found at the Consumer and Community Involvement Program website and the NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016.

It is encouraged that all team members complete the free online 30 minute Consumer and Community Involvement in Health Research course (or equivalent) and for the Activity Lead to complete the free online 30 minute Consumer & Community Involvement and Grant Writing course.

9. Contractual arrangements

Grants to entities external to the WA public health system are offered in accordance with the Department of Health Grant Funding Agreement (and its Terms and Conditions) which is a legal agreement between the Department of Health (Us) and the Responsible Entity (You). Within the WA public health system, a Memorandum of Understanding (MOU) will be entered into.

The Responsible Entity must ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities.

The Department of Health reserves the right to withdraw an offer of award to a Responsible Entity if the Grant Funding Agreement and/or Grant Funding Agreement Terms and Conditions, or MOU, cannot be agreed between the parties.

Insurance

A Responsible Entity external to the WA public health system will be required to provide evidence of insurance as a condition of the Grant Funding Agreement, which may include:
- Public Liability (mandatory for all grants)
- Professional Indemnity (mandatory if the Responsible Entity is conducting a clinical trial, provides any form of medical treatment or advice, training, or will provide any tailored design, advice or specification services)
- Property for the Responsible Entity's replacement value of assets (mandatory for building, plant, machinery, equipment)
- Workers Compensation (mandatory if the Responsible Entity has employees or is paying salaries, noting this includes payments to working Directors)
- Product Liability (mandatory if the Responsible Entity manufactures, supplies, sells, services or repairs a product)
- Motor Vehicle if the Responsible Entity owns vehicles
- Clinical Trials if the Responsible Entity undertakes clinical trials (note this insurance may include Professional Indemnity)
- Cyber Liability if the Activity involves confidential data, e.g. identifiable patient information.

OMRI recommend that you seek advice from your insurance advisors to confirm what level and type is required for the Activity.

The Responsible Entity is responsible for ensuring participating entities have appropriate insurance.

Note that any Activity that requires site governance approval will also be required to provide evidence of appropriate insurance during the governance process, which may vary depending on the site.

Intellectual Property

Intellectual Property (IP) that arises out of the Activity will vest with the Responsible Entity (You). However, consideration will be given to the provisions of the *Western Australian Government Intellectual Property Policy 2023* (or any future iterations of this), and that IP rights should be allocated to optimise the economic, social or environmental benefits for

WA from the use, commercialisation and disposal of the IP. For information, the IP clause that will apply to this Program is:

1. The ownership of any Intellectual Property generated by undertaking the Activity shall vest in You.
2. The ownership of any background or pre-existing Intellectual Property and associated Moral Rights, used or incorporated in the Activity that is presently vested in a Party shall remain vested in that Party, unless otherwise agreed.
3. Each Party will be entirely and solely responsible for the use in the Activity of any Intellectual Property and associated Moral Rights it has provided to undertake the Activity which belongs to, or is licensed from, any other party, and indemnifies the other Party against all claims by a third party arising out of use of that Intellectual Property and associated Moral Rights.
4. You will negotiate in good faith with Us to provide, in a fair and reasonable manner for both parties, any product to which this grant funding has significantly contributed, to the WA (public) Health system, or agreed components of this, either free of charge, or at the cost of production, for a mutually acceptable period of time after its production, providing that this in no manner compromises the attraction of additional funding, and/or the commercialisation by You of the product.
5. You indemnify and will keep indemnified Us and all Our respective officers, employees and agents from and against all costs, losses, expenses, actions, suits, demands, claims, damages and other liabilities resulting from Your failure to comply with this agreement, or otherwise resulting from the actual or alleged infringement of the Intellectual Property rights or associated Moral Rights of any third party by You.
6. Your obligations under this Agreement are continuing and survive expiration or termination of the Agreement.

Where relevant, agreements between the Activity Lead, team members and participating entities must include relevant permissions to use third-party IP required to deliver the Activity and have Freedom to Operate for the Activity. When a team includes a member(s) from the WA public health system as a participant in the Activity (i.e. the WA public health entity is not the Responsible Entity), the IP agreement must be authorised at an appropriate level by the relevant WA public health system entity.

Any questions regarding such IP matters should, in the first instance, be directed to OMRI (DOH.OMRI@health.wa.gov.au).

Requests for variation

Requests for variations to the Grant Funding Agreement or MOU, such as Activity description, Activity Lead or Responsible Entity, must be directed to OMRI. Approval of the variation will be at the discretion of the Department of Health. If variations are not approved this could result in termination of the grant with associated funding reverting to, or being recoverable by, the Department of Health, where for example eligibility or viability of the Activity is affected.

10. Funding conditions

Payment instalments

Funding will be provided in instalments to the Responsible Entity as follows:

- The first instalment will be subject to execution of a Grant Funding Agreement or MOU*.
- Subsequent instalments (if applicable) will be subject to satisfactory progress being achieved against the Activity milestones, as demonstrated in Progress Reports.

* *Within the WA public health system, payment will be made to the Responsible Entity via a General Ledger Journal (GLJ) transfer progressively upon receipt of evidence of expenditure.*

If ethics and governance approvals are required (refer to 'Approvals' section of this document), then the Responsible Entity may only release the first instalment to the Activity Lead once all approvals for the Activity have been obtained and lodged with the Responsible Entity.

Additional funding sources

Additional sources of funding are permitted, and encouraged, provided the additional funding supports activities that complement, but do not duplicate, the Activity for which grant funding under this Program is awarded.

Partial payment or suspension of funds

The Department of Health reserves the right to:

- provide funding instalments in parts, based on milestone achievement and risk assessment of future milestones
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

Termination of funds

Funds shall revert to, or be recoverable by, the Department of Health in instances where:

- eligibility requirements are no longer met, unless a request for variation to address this is approved by OMRI
- the Activity is terminated by OMRI as a result of insufficient progress being made at the time of Progress Reports or any interim Progress Report, or it has been otherwise determined by either the Responsible Entity or OMRI that the Activity is no longer viable
- full or partial funding for the Activity is obtained from another source, noting the date funds revert or are recoverable would be the date you are notified by the funding source
- funds are used for purposes other than those for which they were awarded
- funds were spent on activities that require ethics and/or governance approvals and such approvals were not obtained before undertaking the activities
- funds are not fully expended at the conclusion of the Activity (including any extensions approved by OMRI)
- it is determined that misleading or fraudulent information has been provided
- the Responsible Entity does not enter into formal agreements with respect to this Activity, which includes Intellectual Property ownership, where appropriate
- other entities fund or are involved in the Activity that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.

11. Approvals

Research ethics and research governance

Funding cannot be used to support Activities that are deemed to be research, unless these are an integral part of the innovation Activity and are feasible to be undertaken within the timeframe of the Activity.

The Responsible Entity, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking funded activities, and ensuring these are maintained as required for the duration of the Activity.

Research ethics approvals must be obtained from relevant ethics committees (human and/or animal). Research governance authorisation (also known as site specific assessment or access request review) must be obtained from each relevant institution/site conducting the Activity or providing access to data, participants or tissue samples.

For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: Research Ethics; Research Governance; Multi-centre Research.

Use of data collections

An Activity that requires access to and use of WA Department of Health data collections requires review and approval for data release in accordance with the *Health Services Act 2016* and the *Health Services (Information) Regulations 2017*. This is in addition to research ethics and governance approvals and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data from the data custodian.

Preliminary cost and time estimates can be obtained by contacting DataServ@health.wa.gov.au. Cost estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the Application Form.

For further information please review the Data Linkage Services website.

Should the application for funding be successful, we recommend you immediately begin the data request and approval process.

12. Reporting

The Activity Lead and Responsible Entity are responsible for meeting reporting requirements over the duration of the Activity and at its conclusion.

All reports are to be completed on templates provided by OMRI.

Progress Activity Report

Progress Reports outlining the progress against the milestones listed in the Activity plan may be required as stipulated in the Grant Funding Agreement or MOU.

OMRI reserves the right to request a Progress Report at any point.

OMRI reserves the right to suspend or withdraw funding where insufficient progress has been made.

Final Activity Report

A Final Report detailing the Activity and outcomes must be submitted to OMRI at the conclusion of the Activity. Failure to submit the final report at this time may render the Activity Lead ineligible for further funding from the FHRI Fund and OMRI until the Final Report is received.

Financial Report

A financial acquittal statement outlining the expenditure of funds must be submitted to OMRI at the conclusion of the Activity. Acquittal statements must be certified by an authorised finance officer (or equivalent) of the Responsible Entity.

OMRI reserves the right to request interim Financial Reports at any stage during the Activity.

Any unexpended funds must be returned to the Department of Health. Any over-expenditure is the responsibility of the Responsible Entity, and no claim may be made against the Department of Health.

Community Stakeholder Brief

In order to provide feedback to consumers, a one-page *Community Stakeholder Brief* which includes an outline of the Activity, its outcomes, and next steps is to be provided to all participating consumers and a copy submitted to OMRI with the Final Activity Report.

13.   Publicising, acknowledgements and publications

The Minister for Medical Research and/or the Department of Health will publicly announce recipients, including the title of the Activity. All other parties must withhold announcement/media coverage until after OMRI advises this has occurred.

Acknowledgement of FHRI Fund support must be made in publications, conference presentations, public discussion, press statements etc. A copy of any published material or media must be provided to Us.

In order to maximise knowledge exchange, funding recipients must comply with the NHMRC 'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research', which can be downloaded from the Australian Code for the Responsible Conduct of Research page, and the NHMRC Open Access Policy.

14.   Confidentiality

Activity title, Activity Lead, funding amount, Responsible Entity, plain language summaries and sections indicated on applications or reports may be used for publicity purposes.

All other information provided in applications and reports will be maintained confidentially by OMRI, review panels, evaluation panels and the FHRI Fund Advisory Council. If requests are received by OMRI to make public any aspect of the Activity, other than the aspects listed above, the authorisation of the Responsible Entity will be sought, notwithstanding information requested under the *Freedom of Information Act 1992 (WA)* or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

15. Evaluation

OMRI undertakes evaluations of Funding Programs, which will include unsuccessful applications. All parties in the application, including team members and consumer representatives, are required to contribute to the evaluation.

16. Complaints

Responsible Entities or Activity Leads who feel that their interests have been adversely affected by an action taken by OMRI in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision. Complaints must be submitted via email (marked Confidential) to: Deputy Director General (OfficeoftheDDG@health.wa.gov.au).

Appendix 1 – Business Challenges

Summary

	HSP	Business Challenge
1	CAHS	The first 1,000 days – connection, accessibility and prevention
2	EMHS	Revolutionise the surgical journey: transforming the patient experience for elective surgery
3	NMHS	Improving safety and management of emergency department waiting room patients
4	PathWest	Digitising regional blood films for immediate AI and pathological review
5	SMHS	On point care – seamless digital pre-habilitation to post surgery patient recovery
6	WACHS	Delivering sustainable innovative maternity healthcare to ensure thriving country communities

Health Service Provider information

Acronym	Full name	Website
CAHS	Child and Adolescent Health Service	Child and Adolescent Health Service | CAHS
EMHS	East Metropolitan Health Service	East Metropolitan Health Service
NMHS	North Metropolitan Health Service	North Metropolitan Health Service
PathWest	PathWest Laboratory Medicine WA	PathWest (health.wa.gov.au)
SMHS	South Metropolitan Health Service	South Metropolitan Health Service
WACHS	WA Country Health Service	WA Country Health Service

Business Challenge 1 - The First 1,000 Days – Connection, Accessibility and Prevention

Health Service Provider	**Child and Adolescent Health Service (CAHS)**
Problem Statement	Failures in coordination and connection of services can have disproportionately negative impacts on those in the early stages of life when early interventions have profound and lasting impact.
Business Challenge	**The First 1,000 Days – Connection, Accessibility and Prevention** Our challenge is to provide an innovative solution to integrate approaches across government departments and communities which are connected, accessible and focus on prevention to support children and families in the first 1,000 days of life.
Areas of Interest	**Prevention, Connected and Accessible Services in the First 1,000 Days.** **Priority 1: Prevention and early intervention services (Prevention)** Western Australia has a plethora of existing health, preventive and early intervention services in the first 1000 days of life. These services commence from conception and extend throughout the antenatal period, maternity service and then child health and development services. Develop solutions for prevention and early intervention in the first 1,000 days. This could include solutions for universal, rising risk1 and at-risk mothers, infants and children. Solutions may include examining existing services, service strengths, gaps and capacity constraints. Example: Intervene early to prevent childhood obesity. **Priority 2: Connection and Coordination of Services in the First 1000 Days (Connected)** There is a variety of services provided across WA which can often be disjointed, confusing and difficult to navigate for families. Develop solutions to improve the connection and coordination of services by working with other health service providers and government departments to improve the client journey. Example: • Holistic support for families with developmentally vulnerable children. • Mapping of services for children and their families. **Priority 3: Accessibility of services for families who need more support (Accessible)** Develop solutions to maximise the impact of early identification of preventable adverse outcomes, timely identification of mothers, infants and young children who may need additional support should be identified and prioritised for services.

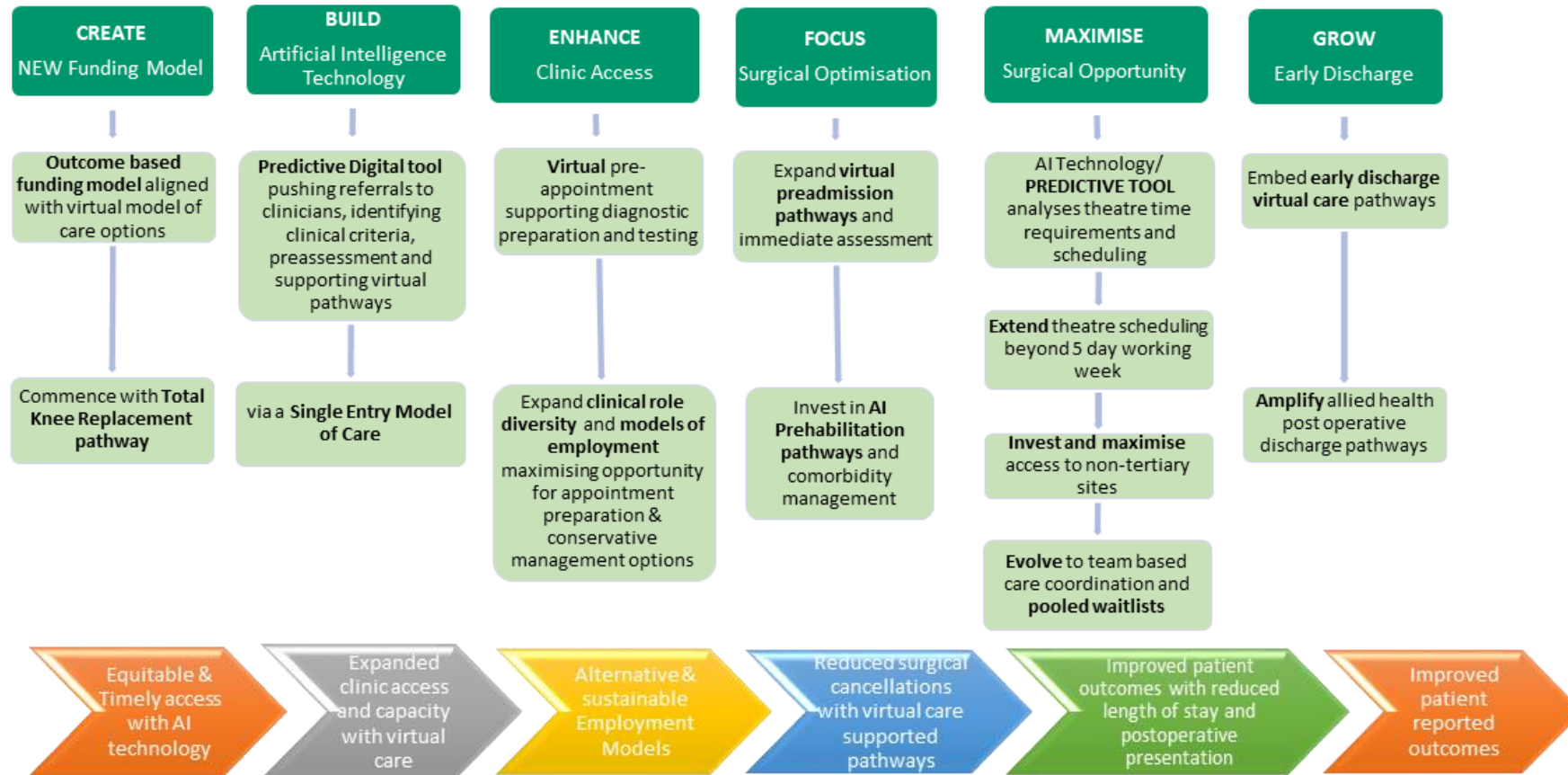|	
	Example: Address early weaning in breastfeeding vulnerable babies.
	1. Rising risk refers to clients with predicable risk factors that with appropriate timely early intervention services can avoid the trajectory to becoming 'at risk'.
Background	Recommendation 8 of the Sustainable Health Review (SHR) acknowledges the significant opportunity to positively influence a person's health and wellbeing through investment in the early years. The recommendation states "Health actively partner in a whole-of-government approach to supporting children and families in getting the best start in life to become physically and mentally healthy adults".
	This refers to the earliest stage of human development from conception to the end of a child's second year (the first 1,000 days). This critical window of early childhood development has a profound and lasting impact on cognitive, social, and physical outcomes, shaping a person's lifelong health and potential. Early interventions during this period can yield significant improvements in future educational attainment, economic productivity and overall wellbeing.[1, 2]
	The SHR describes priorities for implementation must begin with better coordination and integration of services that influence child health and wellbeing from conception to two years, to address risk factors associated with chronic disease.[3] This is especially important for children and families considered at risk, who may frequently present to government, community health and social services.
	3 Year Objective: Delivering and evaluating new and innovative approaches that are delivered in partnership with other government departments and communities to supporting children and families in the first 1000 days of life.
	10 Year Objective: Partnerships are established between the DOH and other Western Australian departments and key organisations providing service to children and families during the first 1,000 days of life that are connected, accessible and focus on prevention.
	1. Moore T, Arefadib N, Deery A, West S. The First Thousand Days: An Evidence Paper. Victoria. Centre for Community Child Health, Murdoch Children's Research. 2017.
	2. Department of Health. National Action Plan for the Health of Children and Young People 2020-2030. Department of Health. Australia. 2019.
	3. Department of Health Western Australia. Sustainable Health Review: Final Report to the Western Australian Government. 2019.

Business Challenge 2 - Revolutionise the Surgical Journey: Transforming the Patient Experience for Elective Surgery

Health Service Provider	**East Metropolitan Health Service (EMHS)**
Problem Statement	Surgical demand is unsustainable across the public health system. 30,000 patients are currently on the Elective Surgery Waitlist with over 21% of patients currently waiting longer than the clinically recommended time frame.
Business Challenge	**Revolutionise the Surgical Journey: Transforming the Patient Experience for Elective Surgery** Our challenge is to provide an innovative solution to a virtual care package supported by a funding model that supports outcomes-based payments and is bundled to include pre and post operative virtual care options, home rehabilitation, supporting a single-entry point model, alongside artificial intelligence – a predictive digital tool that identifies preassessment component, referral allocation according to clinical criterion and wait times, conversion to surgery rates, subsequent surgery wait time and predicted theatre time.

Areas of Interest	**Transform the Orthopaedic Journey with innovative funding, technology, and alternative workforce models.**
	
	Australia faces an unsustainable joint replacement burden by 2030 with existing surgical trends alongside an increasingly obese society further increasing the demand for Total Knee Replacements 3.
	
	EMHS has >1,800 cases on the Orthopaedic Elective Waitlist4 with a further 5,655 Outpatient patients waiting on first appointment or referral triage.5 Demand is anticipated to continue to increase placing an urgent demand on orthopaedic services to meet the needs of our population.
	
	Investment in the Orthopaedic surgical journey entails:
	
	• Developing the **innovative funding model** with an outcome based payment model supporting a bundled **virtual model of care package** commencing with Total Knee and Hip Replacement pathways.
	• Building **Artificial Intelligence Technology**, supporting a **single-entry model of care**, pushing referrals where capacity exists and co-designing optimal virtual clinical pathways with consumers will include:
	  1. Enhancing Outpatient clinic access with **virtual appointments** and **expanded clinical role diversity**
	  2. Focus on clinical led triage, **virtual surgical optimisation** and prehabilitation pathways
	  3. Maximising surgical opportunity such **as increased access to non-tertiary sites**, extending theatre scheduling, recruiting surgeons across multiple sites, evolving to team-based care coordination and **pooled waitlists**
	  4. Growing **early discharge and virtual care pathways**
	
	Opportunity and capability exists at EMHS to support this transformation with these innovative funding and technology solutions and key strategies to support surgical access for our EMHS community into the future and provide a blueprint for WA Health surgical demand.

Background	Australia faces ongoing unsustainable demand for surgical services across the public system. WA has almost 30,000 patients on the Elective Surgery Waitlist with over 21% of patients overboundary1 i.e., waiting longer than the clinically recommended time frame. The burden is increased further with demand on outpatient services and increasing wait times for surgical review.
	Transforming the surgical pathway seeks to create a patient centred, end to end journey that supports timely and equitable access to care, aligning with the WA DOH Sustainable Health Review and specifically Strategy 5, recommendation 17 'Implement a new funding and commissioning model for the WA health system…'2 as well as the 2020-25 National Health Reform Agreement.
	This will be achieved by commissioning a **virtual care package** with an **innovative funding model** that supports outcome based payments and is bundled to include pre and post operative virtual care options, home rehabilitation, supporting a **single-entry point model**, alongside **artificial intelligence** - a predictive digital tool, that identifies the preassessment component, referral allocation according to clinical criterion and wait times, conversion to surgery rates, subsequent surgery wait time and predicted theatre time. This further supports the opportunity to invest in alternative workforce models, theatre scheduling beyond the 5-day working week, expanded access to non-tertiary sites and evolution to team-based care coordination and pooled waitlists.
	Using patient centred co-design, will translate to equitable and timely access to care, increased outpatient clinic capacity, increase in non-surgical pathway uptake, reduced surgical cancellations, reduced length of stay, and improved patient reported outcomes measures.

REVOLUTIONISE THE SURGICAL JOURNEY: Transforming Patient Experience for Elective Surgery

SUCCESS: A patient centred, end to end surgical journey championed by **innovative funding**, **artificial intelligence** and expanded **virtual care** supporting equitable and timely patient access.

CREATE	BUILD	ENHANCE	FOCUS	MAXIMISE	GROW
NEW Funding Model	Artificial Intelligence Technology	Clinic Access	Surgical Optimisation	Surgical Opportunity	Early Discharge

CREATE — NEW Funding Model
- **Outcome based funding model** aligned with virtual model of care options
- Commence with **Total Knee Replacement pathway**

BUILD — Artificial Intelligence Technology
- **Predictive Digital tool** pushing referrals to clinicians, identifying clinical criteria, preassessment and supporting virtual pathways
- via a **Single Entry Model of Care**

ENHANCE — Clinic Access
- **Virtual** pre-appointment supporting diagnostic preparation and testing
- Expand **clinical role diversity** and **models of employment** maximising opportunity for appointment preparation & conservative management options

FOCUS — Surgical Optimisation
- Expand **virtual preadmission pathways** and immediate assessment
- Invest in **AI Prehabilitation pathways** and comorbidity management

MAXIMISE — Surgical Opportunity
- AI Technology/ **PREDICTIVE TOOL** analyses theatre time requirements and scheduling
- **Extend** theatre scheduling beyond 5 day working week
- **Invest and maximise** access to non-tertiary sites
- **Evolve** to team based care coordination and **pooled waitlists**

GROW — Early Discharge
- Embed **early discharge virtual care** pathways
- **Amplify** allied health post operative discharge pathways

Outcomes:
- Equitable & Timely access with AI technology
- Expanded clinic access and capacity with virtual care
- Alternative & sustainable Employment Models
- Reduced surgical cancellations with virtual care supported pathways
- Improved patient outcomes with reduced length of stay and postoperative presentation
- Improved patient reported outcomes

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6. Damani Z, Conner-Spady B, Nash T, Stelfox H, Noseworthy T, Marshall D. What is the influence of single-entry models on access to elective surgical procedures? A systematic review. BMJ Journals Open 2017; 7; e012225

Business Challenge 3 - Improving safety and management of emergency department waiting room patients

Health Service Provider	**North Metropolitan Health Service (NMHS)**
Problem statement	Emergency Departments (ED) across WA Health are experiencing an increasing demand for their services. Access block and overcrowding have led to delays in care, limited visibility of patients awaiting care, and care being delivered in waiting rooms.
Business Challenge	**Improving safety and management of emergency department waiting room patients** Our challenge is to provide an innovative digital solution to facilitate triage and the management of patient care in the ED waiting room. An ideal solution would improve patient safety and quality of care with real time communication and patient management, early identification of clinical deterioration, and expedited treatment and investigations.
Areas of Interest	None
Background	Emergency Departments (ED) across WA Health are experiencing an increasing demand for their services. Access block and overcrowding have led to situations where patient care is delivered in ED waiting rooms. This is a singular challenge for clinicians, particularly in terms of assessing patients in a timely fashion, monitoring patients for clinical deterioration, ordering investigations, and timely referral and/or discharge. Additionally, long wait times and a lack of information can lead to communication breakdowns with patients. Staff are frustrated and overwhelmed while our patients are dissatisfied and disempowered. An ability to improve waiting room, including triage, patient management and flow will aid fast and efficient clinical decision making and subsequently create a more positive experience for patients and staff; while enhanced clinical oversight of these patients would reduce the likelihood or even prevent another serious adverse advent, such as the case of Aishwarya in April 2021.

Business Challenge 4 - Digitising regional blood films for immediate AI and Pathologist review

Health Service Provider	**PathWest Laboratory Medicine WA (PathWest)**
Problem Statement	Review of blood films by specialist Haematologists is necessary for effective diagnosis of blood cancer and is time critical for patient outcomes. Transporting blood films from remote areas to Perth creates significant delays, threatening patient care.
Business Challenge	**Digitising regional blood films for immediate AI and Pathologist review.** Our challenge is to provide an innovative solution to support the real-time provision of specialist diagnostic consultative services into regional areas, enabling timely specialist pathologist review of blood films through their digitisation. The timely access to specialist pathologist review will provide critical clinical information back to the treating clinician without delay, benefiting patients living in regional and remote areas of WA. Further, digitising regional blood films with AI support tools will provide instant support to regional scientists while facilitating specialist Haematologist review, regardless of location, further enhancing diagnostic pathology services to regional and remote communities.
Areas of Interest	**Using Digital Pathology to improve patient outcomes in Regional Western Australia** The rising complexity of health care in regional WA, particularly with the opening of regional cancer and other specialist clinics, combined increasing requests for blood counts requires an innovative solution to reduce delays and provide high-quality laboratory diagnostics to all patients, regardless of where they live or work. The use of digital pathology in diagnostic Haematology testing is one such solution, delivering real-time access to specialist Haematologist diagnostic expertise to Western Australians living in regional and remote communities. Such technology can reduce the risks of missed and delayed diagnosis and improve access to quality pathology testing for all patients in regional WA. Digital pathology can assist Medical Scientists in remote locations when they see an unusual cell in a blood film. These cells may mean the patient has a rare blood cancer. Digital images from the stained blood slide would be captured by an automated digital microscope platform at the testing laboratory. These captured images can be uploaded to a central server for instant review by a specialist Haematologist in Perth, allowing real time review and rapid and accurate diagnosis. Some digital platforms also use Artificial Intelligence to pre-classify the imaged cells to assist and support these remotely based lab staff with alerts of diagnoses to consider. Such software can reduce the likelihood of a 'missed' critical blood disorder diagnosis at the regional site. The use of such technology also eliminates transport delays of 2 – 3 days for some regional locations.

Background	PathWest provides pathology at 22 regional and remote sites throughout WA and employs well trained, skilled Medical Scientists. The 'full blood count' is a commonly ordered pathology test where microscopic assessment of dried stained blood on a glass slide creates a 'blood film'. Unusual and abnormal blood cells can be seen on films and they need to be referred to a tertiary laboratory in Perth for review by a specialist Haematologist as quickly as possible. This urgency is because a blood film is the first critical step in assessing blood cells. For example, the ability to recognise whether a blood cell is simply reacting to infection or has in fact transformed into a cancerous blood cell, can be challenging and can require specialist Haematologist review. A diagnosis such as a blood cancer (for example an acute leukaemia) can be time critical and rapid recognition of the condition with fast referral to a Haematologist to assess and implement therapy, may make the difference in patient survival. There are transport challenges associated with referring samples to Perth, particularly for remote sites such as Derby, Kununurra and Esperance and this creates significant delays which can impact patient outcomes.
	Our challenge is to provide an innovative solution to deliver equitable, fast and reliable access to expert pathology services no matter the patient location. Digitising regional films with AI support tools provides instant support to regional scientists whilst simultaneously providing the 'city' expert Haematologist with the critical blood film to review.

Business Challenge 5 - On point Care– Seamless digital pre-habilitation to post surgery patient recovery

Health Service Provider	**South Metropolitan Health Service (SMHS)**
Problem Statement	Current planning, scheduling, and delivery of clinical workflows and care pathways are sub-optimal, leading to lost productivity, inefficiency and wasted resources.
Business Challenge	**On point Care– Seamless digital pre-habilitation to post surgery patient recovery** Our challenge is to provide an innovative digital solution to improve navigation of the patient journey from the pre-habilitation to rehabilitation with the aim to reduce time to surgery and improving outcomes.
Areas of Interest	**Digitalisation, Cross Collaboration, co-design, enterprise focused for effective healthcare navigation** The proposed project targets challenges affecting areas of high clinical relevance (high waitlist patient numbers). The project will bring together a broad range of professionals that will evaluate current care pathways and clinical data to identify gaps that prevent effective care planning, scheduling, delivery, and clinical staff training. The insights identified will help shape the digital solution for the desired future state. To accomplish these aims, we need to improve the digital literacy of clinical staff and patients and adapt hospital resources, workflow and care pathways to modern digital technologies, including the use of portable devices, web-based services, remote monitoring and AI-based technologies. Once implemented, this service can be expanded in additional patient cohorts at a system level in SMHS, empowering patients and carers to better manage their care and condition. This aligns to WA Health Digital Strategy. The provided diagrams illustrate a sample of one anticipated redesigned workflow outcome.

Background	Hospital and Healthcare settings have significant challenges treating patients that require surgical intervention. Right from the GP referral to outpatient specialist appointment, on referral to other services and diagnostics can be clunky, administratively heavy, disorganised, inconsistent and overall inefficient wasting clinicians and patient's valuable time.
	Despite the best efforts, errors and gaps are common occurrences in patient care scheduling, handover, and documentation. Even with established protocols, ensuring patients do not fall through scheduling gaps remains an issue with several SAC1 events known to have occurred across WA Health. Frequently, patients are often inconvenienced by inappropriate order or timing of scheduled visits, diagnostics, or interventions resulting in a poor experience and outcome.
	There is an immediate need to develop and implement workflows and incorporate established optimal care pathways (OCPs) in the clinical setting. Clinicians and patients need easy-to-access systems and information to provide and receive timely and organised care.
	Within this context, digital tools offer an effective and practical solution to improve patient care and outcome. We aim to implement innovative digital solutions to improve the navigation for patient from pre-habilitation to rehabilitation with the aim to reduce time to surgery and improving outcomes. We propose to co-design and implement digital solutions that will integrate existing systems, and merge with current care protocols, existing clinical service support services and equipment, that reduces waste and improves patient outcomes.

Business Challenge 6 - Delivering sustainable innovative maternity healthcare to ensure thriving country communities

Health Service Provider	**WA Country Health Service (WACHS)**
Problem Statement	Closing gaps in maternal health care disparities between metropolitan and country communities requires innovative and partnership approaches to support country mothers and their families. There is an opportunity to design new service models and models of care that promote equity of access, cultural safety, close to home, for country communities and optimise the scope of practice of the health care team. These models must demonstrate the ability to be sustainable within the context of national maternity service sustainability challenges and closures.
Business Challenge	**Delivering sustainable innovative maternity healthcare to ensure thriving country communities.** Our challenge is to design new service models and models of care that promote equity of access, cultural safety, close to home, for country communities and optimise the scope of practice of the health care team while enabling service sustainability.
Area of Interest	**Sustainable innovative services and virtual support** **Skilled retained workforce** **Cultural and service partnerships** Sustainable innovative services and virtual support Considerable evidence nationally and internationally, demonstrates the need for locally designed, interdisciplinary team-based models of care, to sustain the availability of and access to maternal and newborn care in regional settings. WACHS is also interested in leveraging digital technology and expanding virtual care services to enhance the quality and reach of rural maternity care services and support workforce attraction, retention, and skill development. Innovative solutions may include: 24/7 virtual maternity and obstetric support available to all sites with access to specialist clinical and cultural support including grief support - Remote support via CTG monitoring - Community navigators and Aboriginal and cultural maternity and birthing support workers - Shared antenatal, birthing and post-natal care with Aboriginal Medical Services Skilled retained workforce A skilled workforce is fundamental to sustaining country maternity services and retaining the workforce. WACHS is interested in innovative solutions that support the maternity workforce pipeline including solutions that focus on matching supply and demand and training for geographically dispersed staff.

	Service Partnerships and Information sharing
	Current consumer experience is fragmented across the pregnancy, birth, and post-natal journey both between local service providers, and especially if there is a need to receive care away from the local service. Information and health navigation co-designed with Aboriginal women and families to meet the cultural needs of the mother, family, and community, will support a seamless consumer journey across pregnancy, birth and post-natal care. Partnerships with the Aboriginal sector and other providers can strengthen service sustainability and quality.
Background	WACHS delivers healthcare to more than 530,000 people across 2.5 million km2.
	In 2022-2023, WACHS and their service partners, provided maternity care for more than 5,300 women including 4,500 births. There are 18 WACHS birthing sites. Multiple sites are facing sustainability challenges with significant impacts on communities and Aboriginal cultural on country birthing. One site (Carnarvon) has temporarily suspended birthing due to inability to sustain workforce. This is within the context of decades of progressive closures of rural maternity services in Australia and around the world.
	WACHS has national and international acclaim for virtual care innovation and is deeply committed to continuing this success to deliver culturally safe maternity healthcare, as close to home as possible. Sustainable maternity and newborn services are fundamental to thriving local communities and to address the current and historical inequity in health outcomes for country women, particularly women from low socio-economic backgrounds, Aboriginal women and those living out of proximity of maternity services.
	To strengthen and sustain services and avoid the National trend of closure, WACHS seeks to bring service models and partnerships, supported by virtual care, and cultural and service partnerships to the forefront of service innovation.

Appendix 2 – Innovation Maturity Level (IML)

The proposed innovation Activity to be undertaken must be within the range of IML 3 to IML 6, as highlighted below.

For applications at an Activity of IML 3, the funding available will be $50,000 to $100,000 per project, expended over 12 months.

For those where the Activity is within IMLs 4-6, the funding available will be $250,000 to $500,000 per project, expended over 24 months.

	IML 1	IML 2	IML 3	IML 4	IML 5	IML 6	IML 7	IML 8	IML 9
	Need	**Idea**	**Proof of Concept**	**Proof of Feasibility**	**Proof of Value**	**Preliminary Validation**	**Confirmatory Validation**	**Approval and Launch**	**Uptake**
Description	Identification of problem or unmet need	Potential solution described, evaluated and selected (where applicable, in comparison with any existing, inferior, solution)	Key concepts validated and value proposition tested	Feasibility of solution demonstrated, which aligns with stakeholder and/or potential user feedback and/or expectations	Solution developed to a stage where it is recognised to have value by stakeholders and/or potential users	Production of prototype, minimum viable product, or equivalent, and collection of relevant data. As required, is attractive to further developmental investment.	The solution is definitively demonstrated to be effective and to be of value to stakeholders and/or users. The solution is ready to be taken to market (or equivalent).	Institutional and regulatory approval received (as required) and solution launched	The solution is implemented/used by stakeholders and/or users

Adapted from the Innovation Maturity Levels (IMLs) of the MTPConnec*t BioMedTech Horizons* program, which is based on the Consortia for Improving Medicine with Innovation & Technology's *Navigating the HealthTech Innovation Cycle*.