# ANNEX B - EXPRESSION OF INTEREST TO BECOME A NATIONAL MATERNITY REVIEW EARLY ADOPTER SITE

Please feel free to expand the boxes, as required, when providing your responses on the issues set out below. **However, final applications should be no longer than 15 pages in length**

| **Name of STP submitting this EoI** |  |
| --- | --- |
| **Principal contact for this EoI** | Name: |  |
| Job title: |  |
| Email: |  |
| Phone no.: |  |
| **Confirmation of approval by STP lead** | Name: |  |
| Job title: |  |
| Email: |  |
| **Confirmation of approval by Maternity Clinical Network lead** | Name: |  |
|  | Job title: |  |
|  | Email: |  |

| **YOUR VISION FOR MATERNITY SERVICES** |
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| **Please outline your vision of what maternity services in your area would look like in two years’ time, and what progress you have made already in responding to the recommendations of the National Maternity Review** |
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| **ENABLERS THAT ALL EARLY ADOPTERS MUST PUT IN PLACE** |
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| **Please outline how you are, or will take forward the following enablers outlined in table 1 of the context information:** **(a) A move towards commissioning for outcomes** |
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|  **(b) Collaboration to review and design local services** |
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| **(c) Shared Clinical Governance** |
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| **(d) Joined up community and hospital services** |
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| **(e) Ensuring there is access to all three types of birthplace**  |
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| **(f) Supporting a learning culture** |
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| **SPECIFIC INITIATIVES** |
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| **Please outline how you are, or will, be prepared to test one or more if the following which are outlined in table 2 of the context information:*** **Personalised care planning**
* **Continuity of carer models**
* **Improving postnatal care**
* **Electronic records**
* **Testing novel payment models**
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| **ENTHUSIASM TO TEST NEW APPROACHES AND SHARE LEARNING** |
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| **Please confirm your readiness to engage with other early adopter sites, and with Maternity Clinical Networks and national bodies to share learning, and how you will do so** |
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| **EVALUATION AND MONITORING**  |
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| **Please outline how you propose to monitor and evaluate progress during the lifetime of the programme** |
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| **LEADERSHIP, GOVERNANCE AND PARTNERSHIP ARRANGEMENTS** |
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| **Please describe the governance arrangements you would put in place to oversee the work of the early adopter to transform maternity services** |
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| **Please describe how your governance arrangements outlined above are part of the wider STP governance arrangements to ensure joined up working (including with neonatal services) and a collective commitment.**  |
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| **Please describe how you would involve wider partners (including clinicians and women and their families, independent midwifery practices and the voluntary sector as appropriate) to design and support delivery of your vision for transforming maternity services** |
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| **RESOURCING AND MONITORING** |
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| **Please outline how you propose to resource your early adopter to enable rapid delivery? If you are seeking additional funding from NHS England, please set out how much is required and what it is for. Please also explain what resources you will put in place to ensure effective management of your programme?** |
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| **OTHER INFORMATION** |
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| **Please provide any further information you consider appropriate in support of your expression of interest** |
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**-END-**