

KPI	Definition	Numerator	Denominator	Indicator
1.a) Agreed care pathways and standard operating procedures for all common conditions implemented across maternity services in the MMN footprint.	<p>RAG rating</p> <p>GREEN: An MMC referral pathway criteria is in place across the Network and all providers have adopted local guidelines on the local management or referral (as agreed by MMN) of the following conditions in pregnancy: Epilepsy; Hypertension in pregnancy including pre-eclampsia; Diabetes mellitus (T1, T2, GDM); Bleeding disorders e.g. haemophilia, thrombocytopenia; Heart disease; Acute VTE; Prevention of VTE; Sickle cell disease</p> <p>AMBER: An MMC referral pathway criteria is in place across the Network but not all providers have agreed local guidelines on the management of the above conditions</p> <p>RED: There is not an MMC referral pathway criteria in place across the Network</p>	n/a	n/a	Green
	For completion			
1.b) Percentage of women who have been referred for (i) care (ii) opinion to an MMC and been seen at a clinic (in person or remote), who have an MDT-produced care plan. Wherever feasible, this care plan should include postnatal care and handing care back to physicians.	<p>(i)</p> <p>Numerator (i): Number of women who are referred for care to the MMC and seen in a clinic who have an MDT-produced care plan, which includes (wherever feasible) postnatal care and handing care back to physicians.</p> <p>Denominator (i): Number of women who are referred to the MMC for care</p> <p>Calculation: Numerator / Denominator x100 (Reported as a percentage)</p>	(i)	(i)	(i)
	<p>(ii)</p> <p>Numerator (ii): Number of women who are referred for opinion to the MMC and seen in a clinic who have an MDT-produced care plan, which includes (wherever feasible) postnatal care and handing care back to physicians.</p> <p>Denominator (ii): Number of women who are referred to the MMC for opinion</p> <p>Calculation: Numerator / Denominator x100 (Reported as a percentage)</p>	(ii)	(ii)	(ii)
2.a) Guidelines/standard operating procedures (SOPs) are in place across all acute care settings for identification, referral and who to contact for women with symptoms or conditions relevant to the Maternal Medicine Network.	<p>RAG rating</p> <p>Numerator Number of acute care settings in Network where guidelines/SOPs are in place on the identification, referral and who to contact for women with symptoms or conditions relevant to the MMN.</p> <p>Denominator Number of acute care settings in Network</p> <p>Calculation: Numerator / Denominator x100 (Reported as a percentage)</p> <p>Acute care settings: emergency departments; inpatients in medical/surgical wards; ICU</p> <p>GREEN: Guidelines/SOPs are in place in 100% of acute care settings in the Network</p> <p>AMBER: Guidelines/SOPs are in place in 50% or more of acute care settings in the Network</p> <p>RED: Guidelines/SOPs are in place in less than 50% of acute care settings in the Network</p>			Populated Automatically - Enter Figures into Numerator and Denominator Columns
2.b) Procedures are in place for MMC notification and involvement in provider case review of adverse outcomes relevant to the MMN, and learning is shared across the Network for quality improvement	Procedures are in place for MMC notification and involvement in provider case review of adverse outcomes relevant to the MMN, and learning is shared across the Network for quality improvement	n/a	n/a	Yes
3.a) Every MMC has the following staff at a minimum: 5PAs/0.5 WTE Obstetrician (sub-specialist in maternal fetal medicine or equivalent) 10PAs/1 WTE Obstetric Physician 1 WTE Specialist Midwife (B8 or in line with local requirements).	Current team at the MMC(s)	MMC Name	MMC Name	MMC Name
	<i>Obstetrician</i>	no. & PAs	no. & PAs	no. & PAs
	<i>Obstetric Physician</i>	no. & PAs	no. & PAs	no. & PAs
	<i>Specialist Midwife</i>	no. & WTE	no. & WTE	no. & WTE
	<i>Other</i>	no. & WTE	no. & WTE	no. & WTE
3.b) The MMN can provide evidence of regular MDT meetings in every MMC that ensures all category C cases are discussed in a timely manner across the Network footprint.	Network-wide MDT meetings are held at least monthly in every MMC to discuss category C cases across the footprint.	n/a	n/a	Yes
3.c) The MMN can provide evidence of regular MDT meetings in every MMC to share learning across the network, to include at least: maternal deaths, adverse/serious incidents, and service-level recommendations in annual MBRRACE reports on maternal mortality	MDT meetings to share learning across the network are held at least quarterly in every MMC, to include at least: maternal deaths, adverse/serious incidents, and service-level recommendations in annual MBRRACE reports on maternal mortality.	n/a	n/a	Yes
3.d) Evidence of at least one - ideally multidisciplinary - regional teaching session each quarter at a minimum, targeting at least one of the following staff groups: primary and secondary care clinicians, midwives, obstetric anaesthetists, specialist nurses, pharmacists and allied health professionals.	At least one - ideally multidisciplinary - regional teaching session each quarter at a minimum targeting at least one of the following staff groups: primary and secondary care clinicians, midwives, obstetric anaesthetists, specialist nurses, pharmacists and allied health professionals.	n/a	n/a	Yes
4.a) All network guidelines include a section on equality and inclusion, including actions to ensure equity of access.	All network guidelines include a section on equality and inclusion.	n/a	n/a	Yes
4.b) The MMN monitors women's experiences of accessing and receiving care, with appropriate representation from those groups impacted by health inequalities (as identified within local population).	A feedback mechanism that includes equalities monitoring questions is in place for women that have received maternal medicine care.	n/a	n/a	Yes
4.c) The MMN can demonstrate service user co-production of all aspects of MMN function, including a user group that can provide feedback on experience of quality of care, choice, and accessibility	MMN leads are engaging regularly with a local MVP and/or relevant service user groups, including as appropriate discussing service user feedback (see KPI above)	n/a	n/a	Yes