

Maternity Incentive Scheme (MIS)

Year 6

What to expect – An overview of changes

MIS Year 6 document – due for publication 2 April 2024

We have made some amendments to how the MIS document is presented this year to try and simplify the requirements and improve clarity. We hope this will help support Trusts and make it easier to focus on the safety standards in the scheme.

The primary requirements for each safety action are now at the front of the document, and the technical guidance can be accessed at the back. There is a clear index and links throughout the document enabling you to jump to other sections.

Overview of progress on safety action requirements

Safety Action Requirements:

Safety Action	Red	Amber	Green	Blue	Total Requirements
1	7	0	0	0	7
2	3	0	0	0	3
3	4	0	0	0	4
4	23	0	0	0	23
5	5	0	0	0	5
6	6	0	0	0	6
7	7	0	0	0	7
8	16	0	0	0	16
9	10	0	0	0	10
10	8	0	0	0	8
Total	89	0	0	0	89

Key:

Red	Not compliant
Amber	Partial compliance - work underway
Green	Full compliance - evidence not yet reviewed
Blue	Full compliance - final evidence reviewed

The MIS document will be published with an accompanying audit/compliance tool this year. The tool has been designed to support you as you work towards compliance with the MIS safety actions.

It is not mandatory to use this tool, but we hope you will find it helpful.

The tool has been developed for your internal use only and is not intended for submission to NHS Resolution. It will allow you to track your progress with the actions and record when supporting evidence has been approved and where it is saved.

We anticipate that the Year 6 document will be published 2 April 2024. The compliance period will end 30 November 2024. The submission deadline will be 12:00 midday on 3 March 2025.

NHS Resolution will also be launching a [Maternity Incentive Scheme workspace](#) on the FutureNHS platform. We hope this will provide improved access to consistent information and guidance about the scheme in response to any queries. We will provide a series of webinars and resources that will be available on the platform. It will also offer the opportunity to share learning and tools that work well across the system, using examples of best practice / what good looks like. For those that do not wish to join the platform, information will continue to be provided by existing methods.



The MIS Team will be attending a number of local, regional and national meetings over the coming year to provide updates on the Maternity Incentive Scheme. Please contact them on nhsr.mis@nhs.net if this is something you feel would be helpful for your team.

The ten safety actions

We have worked with the Safety Action Leads to streamline some of the requirements of the safety actions where possible this year, while ensuring that this does not compromise the safety improvements that contribute to improved outcomes for women and families accessing maternity services.

To aid your forward planning, we have provided a very brief overview of any significant changes in this letter. Any aspects of safety actions not directly referenced below may be assumed to be essentially unchanged from Year 5 of the MIS. Further information will be available within the full published document in April 2024.

Please note: Where any elements have been removed from safety actions, this may not mean there is no requirement for this activity to continue in order to ensure best practice. However, it may be that it is no longer reportable as a requirement to meet full MIS compliance.

Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths from 8 December 2023 30 November 2024 to the required standard?

- Compliance period commences immediately following MIS year 5 (in line with Safety Action 10).
- Removed requirement within MIS to demonstrate surveillance information completed within 30 days.
- Removed requirement within MIS to complete the review to the draft report stage by four months after the death.

Safety action 2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

- Removed requirement within MIS to report on Midwifery Continuity of Carer pathway indicators.
- Removed requirement within MIS to demonstrate two people registered to submit MSDS data.

Safety action 3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies?

- Removed requirement within MIS to audit all 37+ week admissions to the neonatal unit (NNU).
- Focus on transitional care pathways for babies between 34+0 and 36+6.
- Introduce (any) quality improvement initiative to decrease admissions and/or length of stay to NNU.

Safety action 4: Can you demonstrate an effective system of clinical workforce planning to the required standard?

Obstetric Workforce

- Removed requirement within MIS to demonstrate compliance with the Royal College of Obstetricians and Gynaecologists' (RCOG) guidance on compensatory rest.
- Removed option to demonstrate compliance with RCOG guidelines on engagement of locums with an action plan.

Neonatal Workforce

- Updated to reflect November 2022 BAPM Service Quality Standards.

Safety action 5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?

- An allocated midwifery coordinator in charge of the labour ward must have supernumerary status *at the start of every shift*. An escalation plan must include the process for providing a substitute coordinator in situations where there is no coordinator available.

Safety action 6: Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives (SBL) Care Bundle Version Three?

- Removed requirement within MIS for providers to demonstrate implementation of a specific percentage of interventions.
- Agreement of a local improvement trajectory with the Local Maternity and Neonatal System (LMNS), and subsequently quarterly reviews to confirm progress against that trajectory, with optional use of the SBL implementation tool.
- Evidence of work towards full implementation / sustained improvement.
- Evidence of regionally shared learning.

Safety action 7: Listen to women, parents and families using maternity and neonatal services and co-produce services with users.

- Trusts should work with their LMNS/Integrated Care Board (ICB) to ensure a funded, user-led Maternity and Neonatal Voices Partnership (MNVP) is in place, with appropriate escalation if not.
- Provide evidence of MNVP infrastructure being in place.
- Provide evidence of MNVP Lead as a member of key Trust Safety and Governance meetings (working towards being a quorate member).

Safety action 8: Can you evidence the following three elements of local training plans and 'in-house', one day multi professional training?

- It is important for units to continue to implement all six core modules of the Core Competency Framework, but this will no longer be measured in Safety Action 8.
- All anaesthetic doctors (staff grades and anaesthetic trainees) who contribute to the obstetric anaesthetic on-call rota *in any capacity* must attend maternity emergencies and multi-professional training.

Safety action 9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?

- Discussions regarding safety intelligence must take place at the Trust Board (*or at an appropriate sub-committee with delegated responsibility*), as they are responsible and accountable for effective patient safety incident management in their organisation.
- Discussions must include ongoing monitoring of services and trends over a longer time frame; concerns raised by staff and service users; progress and actions relating to a local improvement plan using the Patient Safety Incident Response Framework (PSIRF).
- Removed requirement within MIS for Non-Executive Directors and Board Safety Champions to be registered with the dedicated FutureNHS workspace.

Safety action 10: Have you reported 100% of qualifying cases to Maternity and Newborn Safety Investigations (MNSI) programme and to NHS Resolution's Early Notification (EN) Scheme from 8 December 2023 to 30 November 2024?

- Updated to reflect changes to MNSI reporting criteria.