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Maternity (Perinatal) Incentive Scheme (MIS) Year 8

A Summary of Changes and Alignment with Health Innovation Maternity and Neonatal Safety Improvement Programmes

01 April 2026

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MIS Year 8: Why the changes and what's new

Year 8 is a refreshed and streamlined MIS model, shaped directly by Trust feedback and the MIS evaluation, to:

- Clarify purpose and outcomes so requirements feel meaningful and impact-focused.
- Increase local flexibility by reducing prescription and supporting Trusts to evidence "what good looks like" in their context.
- Reduce process burden and duplication, focusing effort on the areas most likely to improve safety, quality and culture.
- Strengthen governance and assurance by improving clarity on Board accountability and expectations for robust, locally held evidence.

New structure: Six core safety actions and a clearer format

The scheme has introduced six core safety actions (A–F), reorganised by theme and intention, supported by supplementary guidance and examples.

Each safety action now follows a consistent structure to support outcome-focused implementation and Board assurance:

- **Outcome:** the change expected when requirements are implemented.
- **Why:** the purpose behind the requirement, linking it to safety, quality and culture improvements and what should happen when themes, delays or risks are identified.
- **What:** a concise, high-level map of the minimum mandatory elements for compliance, without prescribing one operational approach, enabling Trusts to determine how to meet requirements locally and assure their Board accordingly.

Transitioning to an Outcome-Focused Safety Action Structure



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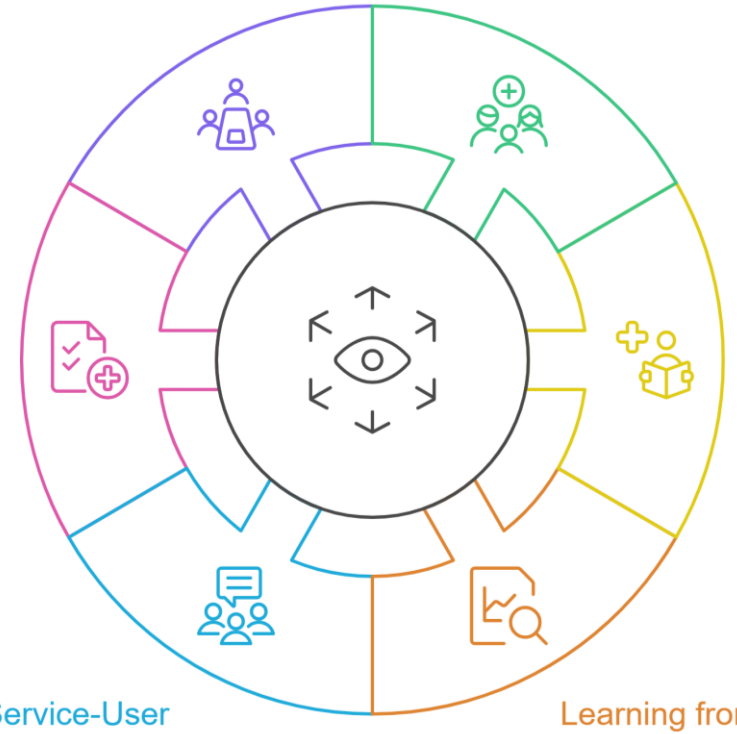
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Board Oversight

Visible Board oversight, MOSS use, culture plan.

Workforce and Capacity

Ensure adequate staffing and resources for safe care.



Care Bundles

SBLCB progress, MCB plan, universal pulse-ox.

Training

Multi-professional training, supporting competence and sustained compliance.

Service-User Voice

Co-produce improvements, address inequities, improve access.

Learning from Reviews

Triangulate learning, involve families, track impact.

MIS Year 8 streamlines the scheme from ten actions to six core, outcomes-focused safety actions:

A - Workforce and capacity,
B - Training,
C - Learning from reviews and investigations,
D - Service-user voice and equity,
E - Care bundles,
F - Board oversight, governance, culture and leadership.

The scheme is more principles-based and emphasises local outcome delivery over process compliance.

Year 8 is being used as a bridging year, as the model has changed - with a sample mid-year check-in with randomly sampled Trusts.

The new standards were developed with a wide group of stakeholders, including Royal Colleges, national Perinatal groups/bodies, regulatory and safety organisations and service user representatives.

The documents were further refined through engagement with a wide range of provider Trusts and their Perinatal leadership teams.

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Summary of Changes by Safety Action

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A - Workforce and Capacity

- Year 8 combines all maternity and neonatal workforce requirements into one multi-professional action.
- Sets clearer expectations for consultant presence, anaesthetic cover, neonatal staffing and locum use.
- Removes supernumerary coordinator and 1:1 labour care from MIS, but services should still monitor via red-flags.
- Adds operational capacity monitoring, including elective Caesarean activity via SitRep.
- Continues funded midwifery establishment (BirthRate+) and funded neonatal establishment requirements.
- Confirms need for trained anaesthetic assistants and progress towards peri-operative team models.

B - Training

- Year 8 strengthens training and assurance with two compliance checkpoints (30 Nov plus one local).
- Training continues to cover fetal monitoring, maternity emergencies and neonatal resuscitation.
- In-situ simulation now required in both hospital and community settings.
- Anaesthetic training requirement reduced to a half-day to support attendance.
- Impacted Fetal Head (IFH) scenarios must be included by year end to align with Avoiding Brain Injury in Childbirth (ABC) preparation.

C - Learning from Reviews and Investigations

- Year 8 strengthens triangulation of reviews with wider safety intelligence, ensuring early identification of themes and meaningful family involvement.
- Includes the Perinatal Mortality Review Tool (PMRT), MNSI and Early Notification (EN) learning now aligned, with Submit a Perinatal Event Notification (SPEN) as the single national notification route.
- PMRT external review threshold increased to 60%.
- Quarterly Board-level thematic reports required.
- Greater focus on learning → action → impact.
- Statutory Duty of Candour reporting removed from MIS (already a legal requirement).

D - Service-user Voice and Equity

- Strengthened focus on communication equity, ensuring women and families can understand their care and participate fully with appropriate language support and reasonable adjustments.
- Service-user-led improvement, using lived experience to identify priorities and barriers to safe, respectful care.
- Emphasis on equity, using local data to identify groups with poorer access or outcomes and addressing identified gaps.
- Maternal and Neonatal Voices Partnership (MNVP) guidance issued by NHS England still applies. However, recognising capacity is sometimes limited, it is no longer a requirement for MIS. Where capacity is limited, trusts must ensure diverse and representative service user voices inform priorities, improvement work and governance.

E - Care Bundles

- Year 8 introduces a more targeted local approach to Saving Babies' Lives Care Bundle (SBLCB) alongside preparation for the new Maternity Care Bundle (MCB).
- Quarterly SBLCBv3.2 reports required at Trust Board, reflecting local progress, implementation, incidents and safety intelligence.
- ICB assurance step removed as ICBs no longer hold a formal oversight role.
- Trusts must develop an MCB implementation plan with quarterly Board oversight.

F - Board Oversight, Governance, Culture and Leadership

- Clearer expectations for Board-level assurance and use of safety intelligence.
- Routine use of the Maternity Outcomes Signal System (MOSS) and associated SOPs.
- Bimonthly Board Safety Champion meetings with MNVP involvement.
- Live Perinatal Culture Improvement Plan required, with quarterly Board review.

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Alignment with Health Innovation MatNeoSIP Programmes

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MIS Year 8 Safety Action	What's Required?	Aligned MatNeoSIP programme deliverables	How engaging in the programmes can support MIS Year 8
A. Workforce and capacity	Board oversight of MDT workforce and capacity planning across maternity & neonatal teams; monitoring and escalation of persistent capacity issues (incl. planned CS pathway capacity mapping).	**MEWS/NEWTT2** implementation readiness explicitly requires multi-professional leadership and organisational readiness (incl. stakeholder groups and readiness work across leadership, staff readiness, governance, measurement, resources) to support safe deterioration response.	Use MatNeoSIP readiness activity to support evidence of role clarity, leadership structure, and workforce impact assessment for deterioration pathways (e.g., who responds, who escalates, how handover works). This strengthens the MIS A narrative (though staffing standards still need local workforce evidence).
B. Training	Board oversight of MDT training/competency (obstetric emergencies, fetal monitoring, neonatal resuscitation, in-situ simulation—hospital + community), with compliance checkpoints and reporting.	**MEWS and NEWTT2** require staff readiness and training planning, including improvement support where there are known issues with compliance/escalation/response. **ABC** requires cascaded training (faculty → T2 trust/site leads → T1 staff) and fidelity to approach; MIS B also explicitly expects IFH scenario inclusion by year end to align with ABC preparation.	Support evidence MIS B through: (1) MEWS/NEWTT2 training plan + staff trained counts; (2) case studies showing escalation behaviours improved (PIER); (3) ABC readiness—IFH scenario incorporated into MDT emergency training and/or simulation schedule; (4) board-ready training compliance trajectory with narrative on escalation practice.
C. Learning from reviews and investigations	Quarterly thematic learning reports triangulating national/local intelligence; "learning → action → impact"; parent involvement and robust governance.	MatNeoSIP expects measurement and local evaluation of MEWS/NEWTT2 implementation (e.g., compliance audits, staff trained, time to escalation case studies) within PIER. ABC includes feedback mechanisms ("share and learn"), phased implementation, and reporting routes, supporting systematic learning capture.	Fold MatNeoSIP/ABC reporting into MIS C quarterly thematic reports: include deterioration themes (missed recognition, delayed escalation, response delays), actions taken (training, pathway redesign), and evidence of impact (audit trends/case reviews). Use programme "share & learn" outputs as appendices or supporting evidence.
D. Service-user voice and equity	Service-user voice drives improvement; communication equity (language support/reasonable adjustments); use demographic insight to address inequities.	NEWTT2 escalation explicitly includes parent worry/concern and aims to improve parent/family experience within escalation pathways. MatNeoSIP expected outcomes include improved experience via engagement with women/families regarding escalating concern; triage scoping aims to reduce variation and improve triage systems.	Evidence MIS D by linking programme work to: (1) how women/families raise concerns in triage/postnatal/newborn settings and how staff respond; (2) co-designed patient information for escalation routes; (3) triage baselining that highlights equity gaps and improvement actions. Supplement with local interpreting/reasonable adjustment evidence as MIS D requires.
E. Care bundles	Board oversight of SBLCBv3.2 progress, plan for Maternal Care Bundle by March 2027, and neonatal pulse oximetry guideline including escalation pathways.	MatNeoSIP is not a care bundle programme, but it strengthens the escalation infrastructure (PIER, MEWS/NEWTT2) and measurement approaches that can be reused in bundle oversight reporting.	Use MatNeoSIP to evidence the "how" behind bundle safety: consistent escalation behaviours, reliable response pathways, and measurement discipline. For pulse oximetry, explicitly align escalation steps with PIER principles and newborn deterioration response culture supported by NEWTT2.
F. Board oversight, governance, culture and leadership	Board receives comprehensive maternity/neonatal safety intelligence; escalation routes; safety champions; MOSS critical safety checks/drills; culture improvement plan.	**MEWS/NEWTT2** implementation support includes explicit focus on guidelines/governance alignment, measurement, resources, and addressing escalation/response culture; also requires stakeholder and network engagement to sustain implementation. **ABC** includes defined support offer, reporting expectations, phased milestones, and escalation of barriers—all of which support board assurance.	Evidence MIS F by integrating MatNeoSIP/ABC governance into board cadence: adoption/spread narrative (MEWS/NEWTT2), readiness status, training progress, escalation culture risks, and barrier escalation. Use programme milestones and measurement plans as board assurance artefacts that show "active grip."