

Care Quality Commission- Written evidence (PRT0041)

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Our role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. We register and assess services and publish what we find. Where we find poor care, we will use our enforcement powers to take action. Through the Health and Care Act 2022, we also have new responsibilities to assess integrated care systems and local authorities.

As set out in our most recent State of Care report,¹ many people are still not receiving the safe, good quality maternity care that they deserve, with issues around leadership, staffing and communication. Ingrained inequality and the impact on people from ethnic minority groups remains a key concern.

The next iteration of our maternity survey² for 2024 will be taking place in the coming weeks. The survey is carried out every year and asks women and other people who have used maternity services about their experience of maternity care. NHS hospital trusts will be inviting people to take part in this year's survey from April. The survey asks a sample of people who gave birth in 2024 about their experiences of antenatal care, labour and birth and postnatal care.

Areas covered:

1.Variation in care and health inequalities

1.1. The implementation of existing NICE and NHS guidance on preterm birth.

¹ https://www.cqc.org.uk/sites/default/files/2023-10/20231030_stateofcare2223_print.pdf

² <https://www.cqc.org.uk/news/tell-us-what-your-maternity-care-was-you-2024>

- Our previous maternity core assessment framework contained NICE guidance on preterm birth. This was under the Key Question of Effective in the prompts under, "E1.1 Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes?" The NICE guidance referred to were:
 - NICE guidelines NG25 Preterm labour and birth
 - NICE QS 135: preterm labour and birth
- Our new approach through the single assessment framework³ will use best practice and guidance to direct our ongoing assessment of services. How maternity services implement existing NICE and NHS guidance on preterm birth continues to be assessed under our Quality Statement in our Effective domain.
 - "We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards."

1.2. The ethnic and socioeconomic inequalities seen in relation to preterm birth and how these could be reduced.

- As part of our assessment, we check how services reflects the population they serve. We look at how leaders and staff understand the demographics of their local population and how services are adjusted accordingly. Where staffing levels enable this, we will ask how a service offer continuity of care to women and birthing people who are at higher risk of poor outcomes.

³ <https://www.cqc.org.uk/guidance-regulation/providers/assessment>

- Tackling inequalities in health and care is a core ambition of our strategy⁴, and our equality objectives for 2021 to 2025 recognise the need to focus on the quality of care for people who are most likely to have poor experience or outcomes from care.

1.3. Additional support, such as language support, that may be needed to remove barriers to receiving high-quality care in relation to preterm birth

- As part of our ongoing maternity assessments, we ask about the provision of language support tailored to the population of the area. We will also look at innovative methods of support that go above what is expected.

2.Prevention

2.1. The prediction of preterm birth, including through screening and the use of new technologies

- While this is not specifically targeted in our inspection and assessment processes, as part of our ongoing assessment we look at the quality of services provided tailored to a patients' needs. Our current National Professional Advisor for Maternity is a Fetal Medicine specialist and is able to advise on the quality of prediction of preterm birth, including through screening and use of new technologies when the need arises.
- In 2015, we launched a thematic review⁵ looking at current practice in relation to the management of newborn infants whose health was deteriorating. Part of this review looked at how babies diagnosed in utero were followed up post birth including the planning and the involvement of multidisciplinary teams as soon as possible. As part

⁴ <https://www.cqc.org.uk/about-us/our-strategy-plans/new-strategy-changing-world-health-social-care-cqcs-strategy-2021>

⁵ <https://www.cqc.org.uk/news/stories/review-look-care-newborn-babies-need-extra-support>

of this work, we looked at around 20 neonatal services offering different levels of care in England.

3. Neonatal and longer-term care and support

3.1. How postnatal care and psychological support for women who have given birth preterm and parents can improve outcomes.

- Our previous core service frameworks assessed how women and their families were given emotional support under the “Caring” domain, the following key lines of enquiries were followed:
 - “Do staff understand the impact that a person’s care, treatment or condition will have on their wellbeing and on those close to them, both emotionally and socially?”
 - Are people given appropriate and timely support and information to cope emotionally with their care, treatment or condition? Are they advised how to find other support services?
 - What emotional support and information is provided to those close to people who use services, including carers, family and dependants?”
- We also assessed against the following guidelines:
 - [NICE QS15 Statement 10](#): Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
 - [Sands Guidelines - Pregnancy loss and death of a baby](#)
- Through our new approach, providers follow a single assessment framework across all sectors and services. The following Quality Statements are used in relation to this area:

- We expect providers, commissioners and system leaders live up to these statements:
 - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.
 - We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.
 - We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Inspectors will continue to use the guidelines highlighted above.

4.Other topics

4.1. Data collection and monitoring in relation to preterm birth, including variation in the recording of data.

- The data we hold at CQC in relation to pre-term births:
 - National Neonatal Audit Programme (NNAP) - Clinical outcomes composite metric (Component measures: bloodstream infection, BPD, NEC, preterm brain injury) [this metric would also include outcomes from births at term]
 - MBRRACE – stillbirths [although this would also include births at term].

- We also review data on NHS England's Maternity Services Dashboard which contains the pre-term birth rate (calculated from the Maternity Services Dataset) as part of the Clinical Quality Improvement Metrics (CQIMs). The rate is shown over time for providers and the dashboards also show comparisons with other providers as well as SPC charts. The dashboard also provides data quality ratings for each of the Clinical Quality Improvement Metric's – the metric passes data quality if the data is of sufficient quality and completeness.

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