



Memorandum of Understanding between the Care Quality Commission and Getting It Right First Time (GIRFT)

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Introduction

1. This Memorandum of Understanding (MoU) sets out the framework to support the working relationship between the Care Quality Commission (CQC) and GIRFT in order to safeguard the wellbeing of the public receiving health and social care in England.
2. The working relationship between CQC and GIRFT is part of the maintenance of a regulatory system for health and adult social care in England that promotes patient safety and high-quality care.
3. CQC is the independent regulator of health and social care in England. The GIRFT programme has been charged by the Secretary of State with the review of care provision across 40 plus national specialties, with a view to identifying and reducing unwarranted variation in practice and outcomes. The responsibilities and functions of CQC and GIRFT are set out in Annex 1. Both organisations share a concern for the quality and safety of health and care services, and recognise that the development of models of health and care service delivery requires closer cooperation between the two organisations.
4. This MoU does not override the statutory responsibilities and functions of CQC and GIRFT and is not enforceable in law. However, CQC and GIRFT are committed to working in ways that are consistent with the principles of this MoU.

Principles of co-operation

This MoU is a statement of principle, which supports our focus on promoting patient and public safety and wellbeing. More detailed operational protocols and guidance can be developed as required.

5. CQC and GIRFT intend that their working relationship be characterised by the following principles:
 - a. The need to make decisions that promote people's safety and high-quality health and social care.
 - b. Respect for each organisation's independent status.
 - c. The need to maintain public and professional confidence in the two organisations and the regulatory process.
 - d. Openness and transparency between the two organisations
 - e. The need to use resources effectively and efficiently.
 - f. Addressing overlaps and gaps in the regulatory framework.

Areas of co-operation

6. The working relationship between CQC and GIRFT involves co-operation in the following areas:
 - a. Pre-publication sharing of GIRFT reports
 - b. Access to the 2-weekly updates
 - c. Notification of any safety concerns
 - d. Notification of outliers and action plans
 - e. Notification of those Providers failing to implement action plans
 - f. Ad hoc advice/support in relation to patient safety and/or clinical performance

7. Both organisations recognise that all processing of personal data (including the sharing of personal data) must be carried out in accordance with the General Data Protection Regulation, The Data Protection Act 2018, section 76 to 79 of the Health and Social Care Act 2008, The Human Rights Act 1998, and all relevant legislation relating to these matters and respective Codes of Practice, frameworks or other policies relating to confidential personal information and information issues. Both organisations agree that the sharing of personal data will be considered on a case-by-case basis and carried out in a manner consistent with the Data Sharing Code of Practice published by the Information Commissioner's Office.

8. Both organisations recognise their responsibilities under the Freedom of Information Act 2000. Where either organisation receives a request under the Act for information received from the other, both organisations agree to take reasonable steps to consult on the proposed disclosure and the application of exemptions, but recognise that the responsibility for disclosure lies with the organisation that received the request.

Resolution of disagreement

9. Where there is disagreement between CQC and GIRFT this should be resolved in the first instance at working level. If this is not possible, it may be referred through those responsible for the management of this MoU, up to and including the Chief Executive of CQC and the Chair of GIRFT who will then be jointly responsible for ensuring a mutually satisfactory resolution.

Duration and review

10. This MoU commences on the date of the signatures below. It is not time-limited and will continue to have effect unless the principles described above need to be altered and/or cease to be relevant.

11. This MoU will be reviewed every two to three years but may be reviewed at any time at the request of either party. However, any alterations to the MoU will require both parties to agree.
12. Both organisations have identified a person responsible for the management of this MoU (known as 'Relationship Leads') and their contact details are set out in Annex 2. Relationship Leads will liaise as required to ensure that:
 - a. this MoU is kept up to date
 - b. they identify any emerging issues in the working relationship between the organisations
 - c. they resolve any questions that arise regarding the interpretation of this MoU.

Signatures




<p>Ian Trenholm Chief Executive Care Quality Commission</p>	<p>Professor Tim Briggs Chair of GIRFT and National Director of Clinical Improvement</p>
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Date: 24 July 2020

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Annex 1: Responsibilities and functions of CQC and GIRFT

The Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Its purpose is to make sure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage them to improve.

CQC does this by registering, monitoring, inspecting and regulating hospitals, adult social care services, dental and general practices and other care services in England, to make sure they meet fundamental standards of quality and safety. We set out what good and outstanding care looks like and we make sure services meet these standards which care must never fall below.

CQC reports publicly on what it finds locally, including performance ratings for care providers, to help people choose care and encourage providers to improve. It also reports annually to Parliament on the overall state of health and adult social care in England.

Strategic partner GIRFT

Brief description of responsibilities and functions.

Getting It Right First Time (GIRFT) is a national programme designed to improve medical care within the NHS by reducing unwarranted variations. By tackling variations in the way services are delivered across the NHS, and by sharing best practice between trusts, GIRFT identifies changes that will help improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

The programme comprises a series of 40 surgical and medical work streams, each led by a prominent clinician chosen from the specialty they are reviewing. Each clinician heads a project to compile a data and insight driven report into their specialty, combining publicly available information, including Hospital Episode Statistics (HES), other relevant registry or professional body data, and the results of a questionnaire issued to all the trusts being reviewed. The report will look at a wide range of factors, from length of stay to patient mortality, and individual service costs through to overall budgets.

A report is produced and issued to every trust being reviewed, which is then followed by a meeting at the trust – known as a ‘deep dive’ – with medical staff and senior trust managers. At each deep dive the clinical leads review the findings with their peers, which provides more context to unwarranted variations and opens up a discussion around individual practice and any challenges the trusts face. It is also an opportunity to share best practice and any solutions that have already helped reduce variations.

Annex 2: Contact details for all parties

Contact details redacted