

**Memorandum of Understanding
between**

**National Institute for Health and
Care Excellence
and
Care Quality Commission**

October 2014

Context and shared purpose

Purpose

1. This Memorandum of Understanding (MOU) sets out the nature of the relationship between the National Institute for Health and Care Excellence (NICE) and the Care Quality Commission (CQC). It describes how we will work in partnership to drive improvement in the quality of care. It covers the guidance, advice and other products that NICE provides for the health and care system, the support CQC provides for the development and implementation of NICE guidance, quality standards and indicators, and the support NICE provides to CQC in order for CQC to fulfil its role in the regulation of health and social care services.
2. CQC's powers apply to England. This MOU applies in respect of NICE's functions in England.
3. This MOU describes the circumstances in which, and the processes through which, CQC and NICE will co-operate when carrying out their functions. This MOU does not reduce the separate statutory duties and reporting rights of either organisation. This MOU does not place additional legal responsibilities on either organisation, nor does it imply any transfer of responsibility from one to the other, nor sharing of statutory functions or accountabilities.

Roles

4. NICE provides guidance to support practitioners and managers in making sure that care commissioned and provided is of the best possible quality and offers the best value for money.
5. CQC is the independent regulator of health and adult social care in England.
6. Each organisations role is described in more detail in Annex A.

Principles

7. The working relationship between NICE and CQC will be:
 - Mutually supportive, respecting the statutory status and independence of both organisations

- Valued at the highest levels of both organisations, with visible leadership, clear lines of accountability, and a coherent corporate approach
- Open and transparent, with both organisations sharing information, to inform good decision-making and to minimise risk
- Efficient, with business processes designed to deliver outputs quickly, facilitate rapid communication between the partners and to enable the partnership to change and develop
- Able to make decisions which promote the delivery of high quality care
- One that maintains public confidence in the two organisations.

Joint priorities and areas of work

8. There are several areas of work where CQC and NICE need to work closely together to provide a series of products for the health and social care sector. The areas listed below represent core areas of ongoing work that will be assumed to continue, unless agreed otherwise (see section below on agreeing priorities).

Developing and providing support for meeting fundamental standards

9. In October 2014 new regulations of quality and safety were introduced which set in law 'fundamental standards' as described in the Francis Inquiry report.
10. CQC develops guidance (as required in the Health and Social Care Act 2008 Section 23 (1) that sets out what providers can do to meet the regulations.
11. CQC and NICE will work together to ensure guidance on meeting fundamental standards details, where appropriate, NICE guidelines and quality standards.

Alignment to support meeting standards for high quality care

12. CQC has a single model of monitoring and inspection, in all the sectors it regulates. CQC makes professional, evidence based judgements about whether care is safe, effective, delivered in a caring manner, responsive to people's needs and whether the organisation delivering that care is well led. CQC awards a rating, on a four point scale of outstanding, good, requires improvement and inadequate, to providers.
13. To ensure CQC is able to make these judgements CQC has developed approaches to using and monitoring intelligence, inspections involving clinical and professional experts as well as experts by experience, and a robust assessment framework that details the key lines of enquiry used to gather the evidence.

14. CQC and NICE will work together to ensure, where appropriate, there is alignment between NICE guidelines and NICE quality standards, and CQC's inspection framework, to ensure standards of care that are aspirational but achievable.

Supporting the development of NICE guidance and quality standards

15. NICE's guidance development process includes a number of stages of stakeholder consultation (stakeholder workshop, scope and guidance consultation). CQC will provide comments at these stages as appropriate.
16. NICE's quality standard development process includes two consultation stages. Where appropriate, CQC will provide comments during the topic overview stage and on draft quality standards, indicating potential links with fundamental standards of care.
17. Particular attention will be paid to ensure that there is close liaison between NICE and CQC on the development of guidance and standards for social care and that CQC's findings inform the NICE social care programme.

Supporting the development of thematic activity

18. NICE is a member of the CQC Thematic Activity Strategy Board. Through its involvement in this work, NICE will ensure that guidance, quality standards, associated measures and indicators are incorporated into activity appropriately. CQC will provide NICE with information about the extent of implementation and impact of its products to help inform further development.
19. Further to the flow of information described above, NICE and CQC will also explore the value of jointly badged themed activity for particular areas of care.

Supporting initiatives aimed at measuring quality of care

20. CQC and NICE work closely together to understand strengths and weaknesses in current practice and where improvement or reductions in variation is most needed. CQC provides:
 - Information from State of Care reports and thematic activity about current practice that help to inform guidance scoping
 - Information from State of Care reports and themed activity about current practice that help to inform reports on the uptake and use of NICE guidance, technology appraisals and standards and implementation issues.
21. NICE quality standards and associated measures will inform the CQC's assessment of providers and be referenced in guidance for providers on

meeting fundamental standards, and provider and inspector handbooks and resources relevant to the inspection and ratings of services.

22. CQC and NICE will identify opportunities to collaborate on matters relating to risk and improvement at the local level, for example in relation to Quality Surveillance Groups and Health and Wellbeing Boards.

External communications

23. CQC and NICE will seek to give each other adequate warning of, and sufficient information about any planned announcements to the public that the other may need to know of.
24. CQC and NICE will, when appropriate, share with each other details of relevant evidence to Parliamentary Committees in relation to the operation of the regulatory regime or the exercise of their functions.
25. CQC and NICE will respect the confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

Cross-referral of concerns

26. Where CQC or NICE encounters a serious concern which it believes falls within the remit of the other, they will promptly convey the concern and relevant information to a named individual with relevant responsibility within the other organisation. The receiving organisation will provide feedback on any action that was taken to improve how CQC and NICE work together to improve the quality of care.

Exchange of information

27. The cooperation outlined in paragraphs 9 to 22 will often require CQC and the NICE to exchange information. All arrangements for collaboration and exchange of information set out in this MOU and any supplementary agreements will take account of and comply with the Data Protection Act 1998, section 76 Health and Social Care Act 2008 and any CQC and NICE codes of practice frameworks or other policies relating to confidential personal information.

Agreeing joint priorities

28. In addition to the core ongoing areas of work described above, NICE and CQC will also build in an annual discussion as part of the business planning cycle to review priorities. Any new areas of work will be considered, and whether the resources are available to take them forward.

Any new areas of work will then be reflected in the appropriate NICE or CQC business plans.

29. Both organisations will identify and share developments which may impact on existing areas of joint working as listed above. As part of the monitoring and arrangements for engagement described below, both organisations will also discuss and identify new potential areas of joint working that may emerge from associated initiatives.

Monitoring and arrangements for engagement

30. The Chief Executives of NICE and CQC will meet on an annual basis to consider strategic issues and to review the operation of the MOU and matters of relevance to strategic business planning.
31. The NICE Deputy Chief Executive is a member of the CQC External Reference Group which meets annually.
32. Meetings between NICE senior staff and CQC Chief Inspectors will take place periodically to develop and maintain strategic collaboration.
33. NICE and CQC Partnership Group will meet quarterly. Members of the group will include the CQC Chief Inspectors, CQC Director of Policy and Strategy and the NICE Deputy Chief Executive.
34. The Partnership Group will review plans and address any issues arising from each organisation. From this meeting specific areas of joint work may be identified and taken forward by task and finish groups, convened of members from one or both organisations. An example of a task and finish group may be found in Annex B.
35. The Partnership Group will facilitate any new contacts required and generally seek to coordinate links. A programme of meetings and an agenda planner for the Partnership Group will be agreed and put in place by the relevant lead contact persons in each organisation. Details of other key operational contacts from both organisations are listed in Annex C.
36. The following regular meetings will also take place (see Annex B for details):
- Operational meetings to discuss the quality standard topics
 - Communications/ external affairs leads meetings
 - NICE Field team/ regional CQC leads meetings
37. Other regular meetings and information exchanges relating to individual products or programmes can take place on an ad hoc basis and

exceptional may be called by either NICE or CQC to address a particular concern.

Arrangements for the Partnership Agreement

38. This MOU will be effective from 1st November 2014, and will be reviewed annually according to the cycle above. It may be amended at any time by agreement between CQC and NICE. Our aim for this agreement is to have an enduring document, which describes how we intend to conduct our relationship. This will be supplemented by the annual planning process, and the strategic planning process, described above.

39. Any disagreement between CQC and NICE will normally be resolved at working level. If this is not possible, it may be referred upwards through those responsible, up to and including the Chief Executives of CQC and NICE who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Signatures



21 November 2014

David Behan

Chief Executive, CQC

Date



4/12/14

Andrew Dillon

Chief Executive, NICE

Date

Annex A: Responsibilities and functions

National Institute for Health and Care Excellence

NICE is an executive non-departmental public body operating within the wider health, public health and social care system. NICE provides guidance to support practitioners and managers in making sure that the care commissioned and provided is of the best possible quality and offers the best value for money. NICE's guidance is not mandatory, with the exception of NICE technology appraisals, where regulations require NHS bodies to comply with the technology appraisal recommendations within three months of publication. The Health and Social Care Act (2012) also places a requirement on the Secretary of State for Health to "have regard to the quality standards prepared by NICE", in discharging their duty to improve the quality of services.

NICE also supports the adoption and implementation of guidance and quality standards through a dedicated programme that includes providing online resources, an education strategy and wider influencing and joint working. NICE uses its guidance, as well as accredited guidance, within an indicator development programme for the Quality and Outcomes Framework (QOF) and Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)

NICE also produces a range of other products, including evidence summaries on new medicines, guidance on best practice in prescribing, and an on-line evidence portal for health and social care (NICE Evidence Services) that includes books and journals purchased on behalf of the NHS. NICE holds the contract for BNF and supports online access through mobile applications. It also provides information on new drugs in development through a restricted database for horizon-scanners (UK Pharnascan).

Care Quality Commission

The responsibilities of the Care Quality Commission (CQC) are set out primarily in the Health and Social Care Act 2008, Care Act 2014, Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act (Regulated Activities) Regulations 2014.

CQC's role is to protect and promote the health, safety and welfare of people who use health and social care services. It does this to encourage:

- The improvement of health and social care services

- The provision of services that focus on the needs and experiences of people who use those services
- The efficient and effective use of resources

CQC's purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage them to improve.

To do these things CQC:

- Registers providers against national standards of quality and safety. These are the standards that providers have a legal responsibility to meet and that people have a right to expect whenever or wherever they receive care.
- Monitors and inspects providers against those standards, carrying out inspections regularly, at any time in response to concerns. We also carry out themed inspections, themed reviews and specialist investigations based on particular aspects of care.
- Takes action if we find that a provider is failing to meet the standards, using a range of powers. These include issuing a warning notice, restricting admissions, fining a provider or manager, prosecuting a manager or provider or both and if necessary, cancelling a provider's or manager's registration.
- Involves people in our work, working with local groups, national organisations and the public to make sure that the views and experiences of people are at the centre of what we do.
- Publishes information and ratings on the quality and safety of services, national reports on key themes, and reports on the state of care.

Annex B: Regular strategic relationship meetings

Quarterly meetings will be initiated by Gillian Leng and Malte Gerhold, involving colleagues from their organisations relevant to the focus of the meeting.

Meetings between NICE senior staff and CQC Chief Inspectors will take place periodically to develop and maintain strategic collaboration.

Other meetings detail

Meeting	Purpose	Frequency	Lead
Thematic Activity Strategy Board	Ensuring that NICE guidance, quality standards, associated measures and indicators are considered as part of CQC's thematic activity.	Monthly	Sarah Bickerstaffe (Chair) / Val Moore (NICE representative)
Task and Finish Groups <i>(i.e. Mapping quality standards to core services)</i>	To take forward joint activity on an issue relevant to both organisations	As required	As required
Communications/ external affairs	Part of forward planning meetings (also includes DH, Monitor, NHS England, TDA)	Quarterly	Chris Day, Director of Engagement, CQC / Simon Wilde
Field and regional	Regional Operations directors meet with corresponding NICE Implementation Consultant	Annually	Ops sector/regional leads/ Steve Sparks
Advisory Groups to the Chief inspectors	Groups or events initiated by Chief Inspectors to inform development of programmes	As required	Chief Inspectors Input from senior NICE staff as appropriate

Annex C: Key contacts

Care Quality Commission Finsbury Tower 103 - 105 Bunhill Row London EC1Y 8TG Telephone: 03000 616161	National Institute for Health and Care Excellence 10 Spring Gardens London SW1A 2BU
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Chief Executives	
David Behan Chief Executive Email: David.Behan@cqc.org.uk	Andrew Dillon Chief Executive Email: Andrew.Dillon@nice.org.uk
Strategic Leads	
Dr. Malte Gerhold Director of Policy and Strategy Email: Malte.Gerhold@cqc.org.uk Direct line: 020 7448 9060	Gillian Leng, Deputy Chief executive, and Director of Health and Social Care Email: Gillian.Leng@nice.org.uk
MOU and partnership leads (including all strategic issues)	
Caroline Hacker Head of Mental Health Policy Email: Caroline.Hacker@cqc.org.uk Direct line: 02074489335	Val Moore Implementation Programme Director Email: Val.Moore@nice.org.uk Direct line: 020 7045 2807/ 07788 643682
Sector/Regional Leads	
Alex Baylis Head of Acute Policy Email: Alex.Baylis@cqc.org.uk	Tom Conyers Associate Director: Impact & Evaluation Email: Tom.Conyers@nice.org.uk
Amanda Hutchinson Head of Primary Care and Community Services Policy Email: Amanda.Hutchinson@cqc.org.uk	Nicola Bent Programme Director Health and Social Care Quality Programme Email: Nicola.Bent@nice.org.uk
Rachael Dodgson Head of Adult Social Care Policy Email: Rachael.Dodgson@cqc.org.uk	Jane Silvester Associate Director - Social Care Guidance and Quality Standards

	<p>Email: Jane.Silvester@nice.org.uk</p> <p>Mark Salmon Programme Director for Engagement and Management (NICE Evidence search) Email: Mark.Salmon@nice.org.uk</p>
Data protection and confidentiality	
<p>Simon Richardson Information Governance Manager Email: Simon.Richardson@cqc.org.uk Direct line: 0191 413 1607</p>	<p>Julian Lewis Compliance Manager Email: Julian.Lewis@nice.org.uk</p>
Media	
<p>Paul Cooney Media Manager Email: Paul.Cooney@cqc.org.uk Direct line: 020 7448 9313</p>	<p>John Davidson Associate Director – Press and media Email: John.Davidson@nice.org.uk</p>
Public affairs and evidence to parliamentary committees	
<p>Tom Coales Parliamentary and Stakeholder Engagement Manager Email: Thomas.Coales@cqc.org.uk Direct line: 020 7448 1750</p>	<p>Simon Wilde Associate Director - Public Affairs Email: Simon.Wilde@nice.org.uk Direct line: 020 7045 2303</p>