MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN THE SEXUAL HEALTH POLICY TEAM (SHPT) AT THE DEPARTMENT OF HEALTH AND THE CARE QUALITY COMMISSION (CQC) FOR THE INSPECTION, APPROVAL AND MONITORING OF THOSE INDEPENDENT SECTOR PLACES WHERE THE REGULATED ACTIVITY OF TERMINATION OF PREGNANCY IS CARRIED OUT

Purpose of document

1. The purpose of this MOU is to define the critical elements of the relationship between the Department of Health’s Sexual Health Policy Team (SHPT) on behalf of the Secretary of State for Health and the CQC as it relates to termination of pregnancy services that are carried out in independent sector places. The Department of Health will keep the CQC informed, where appropriate, of any policy developments, and (where appropriate) consult with the CQC.

2. This MOU, although not intended to have a legally binding effect formalises the working relationship between the CQC and the SHPT and emphasises working in partnership.

Background

3. The MOU is to be read alongside the Framework Agreement between the Department of Health and the CQC 20141. This MOU supplements and does not supersede that agreement.

Cooperation and Inspection

- The SHPT and the CQC will work in partnership to serve users of termination of pregnancy (TOP) services and the public to ensure that all service users have access to safe, high quality and lawful services.

- Pursuant to paragraph 9 of Schedule 4 to the Health and Social Care Act 2008 the CQC will assist the Department of Health in their functions by taking on a more formal role of inspecting against all of the Department’s Required Standard Operating Procedures (RSOPs) and incorporate the findings into ratings of services (where CQC apply a rating).

Operation and Review of the MOU

4. The MOU may be amended at any time by agreement between the SHPT and the CQC and shall be reviewed as required but no less than annually.

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1 Department of Health and CQC Framework Agreement 2014
Information Exchange

5. Timely and focused exchange of information will be essential to effective working and cooperation. The SHPT and CQC will share information in cases where either party becomes aware about services that may be providing termination of pregnancy without being appropriately registered with the CQC and/or licenced with the Department of Health. In addition SHPT and CQC will share information of concern in a timely manner where either party believes a service being provided is not safe or where the Abortion Act 1967 and Abortion Regulations 1991 may be being breached. Exchange of information will be as permitted by law and, in the case of CQC will be in accordance with CQC’s duty under section 39 of the Health and Social Care Act 2008 and also in accordance with CQC’s Code of Practice on Confidential Personal Information.

6. The SHPT and CQC nominated person or their deputy will meet on a regular basis or as required. The purpose of the meetings is to ensure that the arrangements under the MOU are functioning effectively, for CQC to update SHPT on any changes to inspection methodology of TOP services and to generally discuss published CQC inspection reports.

Alerts

7. To set up an effective alert system to: Notify each party to this MOU to alerts in relation to the Abortion Act 1967 and/or the Abortion Regulations 1991 Notify DH SHPT when an inspection of an independent sector TOP service is announced and when the subsequent inspection report has been published.

8. This must be a two way process, with effective and timely flow of information where permitted by relevant legislation. The expectation is that both parties will notify the other of any reports as above within two working days of it coming to their attention.

DH SHPT email box: hsbd@dh.gsi.gov.uk
CQC contact email box: enquiries@cqc.org.uk

Emergency action

9. It is important that the SHPT and the CQC have the ability to act quickly where appropriate to carry out their respective functions (See Annex A for respective functions). In that context, action may need to be taken without prior consultation. In this case, each party agrees to give notice as soon as practicable of the situation and the action taken or proposed to be taken.
Confidentiality

10. The SHPT and the CQC will treat any unpublished information shared under this MOU as being confidential which will not be disclosed further without consultation with the originating body of that information.

11. If SHPT or CQC receive a request under the Freedom of Information Act 2000 (FOIA) or the Data Protection Act 1998 (DPA) or any other statute, for information shared under this MOU they will promptly consult with the originating body of that information prior to disclosure.

12. Any Confidential Personal Information received by CQC under this MOU will be handled in accordance with CQC’s statutory Code of Practice on Confidential Personal Information.

Signed:  

Date: 17/12/2015  
On behalf of the Department

Signed:  

Date: 04/02/2016  
On behalf of the CQC

Professor Sir Mike Richards  
Chief Inspector of Hospitals

Date: 04/02/2016
ANNEX A

Outline of roles and responsibilities of CQC

1. The responsibilities of the Care Quality Commission (CQC) are set out primarily in the Health and Social Care Act 2008 (the 2008 Act).

2. The CQC is an independent, corporate body established under the 2008 Act. It is responsible for the regulation of the quality of health and adult social care services in England. Functions include:

   Registration functions, review and investigation and function under the Mental Health Act 1983

3. Registration and enforcement: a new system of registration was introduced in 2010 as the cornerstone of CQC’s regulatory activity. It means that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights.

4. The CQC have an objective to encourage the improvement of health and adult social care: CQC encourages improvement by providing independent, reliable and up-to-date information about the quality of providers’ care, as well as carrying out special reviews and studies about particular types of care.

5. The CQC is required to make available to the public a register containing details of registered providers. The register includes information about the regulated activities that a provider is registered to provide and any condition relating to the activity.

6. The CQC is also required to make available to the public, findings of any review of compliance including details of enforcement action taken.

7. Providers are required by law to register their services with CQC if they provide one or more of the regulated activities. Regulated activities have been set out by the Department of Health and are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The CQC ‘Scope of Regulation’ guidance describes Regulated activities and sets out the types of services that are required to register.

8. There are 14 regulated activities. The activity of termination of pregnancy is regulated. This is the fundamental purpose of this MOU being agreed.

The CQC web site provides further information about CQC and its functions.
http://www.cqc.org.uk/aboutcqc.cfm
ANNEX B

Outline of roles and responsibilities of the Department of Health Sexual health Policy Team

Notification

The Abortion Regulations\(^2\) make provision for the certification of the relevant opinion of the medical practitioners referred to in the Act and the giving of notice of abortions to the Chief Medical Officer (CMO). Practitioners are required to send to the CMO a notice of each termination on Form HSA4. In England, the Regulations require that Form HSA4 be submitted within 14 days of the procedure. This notification is used by the Department as an aid to checking that terminations are carried out within the law. Form HSA4 requires detailed information relating to the procedure including the names and addresses of the doctors who certified there were grounds under the Act, gestation, method used and place of termination. Every form is checked and monitored by Department of Health officials, authorised by the CMO.

Approval and monitoring

- Approving places where treatment for termination of pregnancy (“abortion”) may be carried out.
- Monitoring compliance with The Abortion Act 1967\(^1\), regulations made under that Act – currently the Abortion Regulations 1991 and the Procedures for the Approval of Independent Sector Places for the Termination of Pregnancy
- Consideration of the withdrawal of approval if evidence of non-compliance comes to the Department’s attention. In addition reporting to the appropriate authorities if there are concerns or allegations that a criminal act may have been carried out. Decisions will be based on the facts and circumstances of each individual case

CQC Operational contacts

Regional operational contacts within QCQ will make referrals directly to The Department of Heath Sexual Health Policy Team (DH SHPT) via email box:

hsbd@dh.gsi.gov.uk

and CQC operational staff contacts will copy the Ask Policy and Strategy mail box

DH SHPT will make contact with CQC via email box: enquiries@cqc.org.uk

This mail box is monitored by the CQC to ensure the information is passed to the

appropriate inspection or registration team. Concerns or issues will be followed up regionally by CQC

ANNEX C

The named team in CQC who will be responsible for making sure that staff within CQC is aware that the MOU is in place.

Acute Sector Policy Team

Email contact: ask policy and strategy@cqc.org.uk
Tel contact: 03000616161

The named contact in SHPT will be responsible for making sure that staff within The Department of Health are aware that the MOU is in place.

Lisa Westall, Senior Policy Manager
Email contact: Lisa.Westall@dh.gsi.gov.uk
Tel contact: 0207 210 6375