The purpose of sharing information is to enable CQC and HMIP to have as full a picture as possible of performance, while avoiding duplicate information requests of regulated bodies. This protocol sits in the context of relevant law, duties and codes of practice. Nothing in it can override each organisation's obligations to respect where information is confidential, or where it has been provided on the understanding that it will not be shared further; similarly, nothing in this protocol should prevent either body from providing information to other parties (such as professional regulators) where appropriate to safeguard prisoners, visitors, staff or the public.

How information will be shared

(i) Systematic sharing of information
CQC will share information with HMIP on findings related to registration, performance assessment (of providers and commissioners) and bespoke information related to PCTs as commissioners of prison healthcare. This will be done in the following ways.

Registration
Following notification to CQC by HMIP of its schedule for inspections and associated deadlines, CQC will provide relevant and appropriate information as agreed between the two bodies, for the prisons concerned. This will be done through regional leads in CQC and HMIP, by the deadlines set out in HMIP’s schedule.

CQC will notify HMIP whenever it intends to take any responsive checks of a prison healthcare service, or enforcement against it. This will be done through regional leads, and will enable HMIP to input to the process to the extent that is agreed in each case. It will include inviting HMIP where appropriate to regional risk summits and planned collaborative reviews (which involve a range of local regulators).

CQC will notify HMIP whenever it intends to make a regulatory judgement on a provider for a prison healthcare service. This will be done through regional
leads and will enable HMIP to input to the judgement and contribute to its quality assurance, to the extent that is agreed in each case.

CQC will notify HMIP whenever it completes enforcement action against a provider in relation to a prison healthcare service. This will be done by the regional leads.

**PCT commissioners**

CQC and HMIP will agree means of sharing information on commissioners as one of the priority areas for action in 2010/2011. Until then, CQC will continue to administer a generic questionnaire and provide it to HMIP one week in advance of announced HMIP prison inspections. In the case of unannounced HMIP prison inspections, CQC will administer a questionnaire and provide it to HMIP in the course of the unannounced inspections (before day 4 of inspection, ie the Thursday). In both cases, CQC’s regional operational lead for offender issues will ensure that the questionnaire is administered by the assessor whose caseload includes the relevant PCT.

HMIP will share information with CQC from its programme of inspections by ensuring that regional leads have early sight of recommendations relating to registered providers, once they have been validated. The mechanisms for doing this will be agreed during 2010/2011.

HMIP will also share information with CQC about its planned programme of inspections. This will be updated at each meeting of the Offender Health and Social Care Working Group.

(ii) **Ad hoc sharing of information**

CQC and HMIP will use the Offender Health and Social Care Working Group for regular updates and sharing of information and intelligence, and to enable direct information sharing between CQC’s regional leads and HMIP as needed. The information to be shared will include findings on providers' or commissioners' performance; matters related to the fitness of a provider to carry on the service; and broader issues which may affect service provision.

In addition, CQC and HMIP will share local intelligence as relevant to each other’s functions. This will be done informally through national and regional leads, who will ensure that it is passed to the appropriate records or people.

**Collaboration on development of information**

CQC and HMIP may from time to time collaborate on improving the quality or availability of information related to offender health and social care (including new information collection, for example for thematic reviews), or its analysis. This may be across any of their functions. Each case will be considered individually, overseen by the Offender Health and Social Care Working Group.