Memorandum of Understanding between the Care Quality Commission and the Nursing and Midwifery Council

Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out the framework to support the working relationship between the Care Quality Commission (CQC) and the Nursing and Midwifery Council (NMC) in order to safeguard the wellbeing of the public receiving health and adult social care services in England.

2. The working relationship between the CQC and the NMC is part of the maintenance of a regulatory system for health and adult social care in England which promotes patient safety and high quality care.

3. The CQC is the regulator of health and adult social care in England. The NMC is the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands. The responsibilities and functions of the CQC and the NMC are set out at Annex A.

4. This MoU does not override the statutory responsibilities and functions of the CQC and the NMC and is not enforceable in law. However, the CQC and the NMC are committed to working in ways that are consistent with the content of this MoU.

Principles of cooperation

5. The CQC and the NMC intend that their working relationship will be characterised by the following principles.

5.1 The need to make decisions which promote patient safety and high quality health and adult social care.

5.2 Respect for each organisation’s independent status.

5.3 The need to maintain public confidence in the two organisations.

5.4 Openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate.

5.5 The need to use resources effectively and efficiently.

6. The CQC and the NMC are also committed to a regulatory system for health and adult social care in England which is transparent, accountable, proportionate, consistent, and targeted (the Better Regulation Task Force principles of good regulation).

7. In order to ensure that this MoU is effective the Chief Executive of the CQC and the Chief Executive and Registrar of the NMC, or their designated deputies, will meet on a regular basis and at least twice a year.
Areas of cooperation

8 The working relationship between the CQC and the NMC involves cooperation in the following areas. This document is flexible and can be updated to reflect changes in the working relationship between the two organisations.

Cross-referral of concerns

9 Where the CQC or the NMC encounters concerns which it believes may fall within the remit of the other, they will at the earliest opportunity convey the concerns and supporting information to a named individual with relevant responsibility at the other organisation (subject to the provisions of paragraph 13 of this document). In the interests of patient safety, the referring organisation will not wait until its own review or investigation has concluded.

10 In particular, the CQC will refer to the NMC:

10.1 Any concerns and relevant information about a registered nurse or midwife which may call into question his or her fitness to practise.

10.2 Any concerns and relevant information about a health or adult social care organisation which may call into question its suitability as a learning environment for nursing or midwifery students.

10.3 Any concerns and relevant information relating to the general delivery of nursing and midwifery care at a health or adult social care organisation which may call into question the robustness of its nursing or midwifery leadership.

10.4 Any investigations into or follow ups of identified risks in systems in which concerns about individual nurses or midwives or about nursing or midwifery practice have been identified.

11 In particular, the NMC will refer to the CQC:

11.1 Any concerns and relevant information about a health or adult social care organisation in England in which nurses or midwives practise, which may call into question its registration with the CQC.

11.2 Any concerns and relevant information about a health or adult social care organisation in England which may call into question the suitability of its supervision practices or its learning environment for pre-registration nursing or midwifery students, or its ongoing statutory midwifery supervision.

11.3 Information about any investigations it conducts which raise concerns about poor team working, leadership, record keeping, appraisal systems or general failures at a health or adult social care organisation in England.

Joint working

12 The CQC and the NMC may, by agreement, undertake joint regulatory work. Throughout such work the CQC and the NMC will retain and act in accordance
with their own statutory powers. Details of this will be set out in the Joint Working Protocol.

Exchange of information

13 The cooperation outlined in the paragraphs above will often require the CQC and the NMC 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 of the Health and Social Care Act 2008, the Human Rights Act 1998, the Medical Act 1983 and any CQC and NMC codes of practice frameworks or other policies relating to confidential personal information.

14 This MoU will be supplemented by a separate Information Sharing Agreement (ISA) which sets out information to be shared between the parties, and a Joint Working Protocol which outlines the process and circumstances where information will be shared. Both of these documents are to be developed and reviewed in alignment with this MoU.

15 Both the CQC and the NMC are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other, the receiving organisation will discuss the request with the other before responding.

Resolution of disagreement

16 Any disagreement between the CQC and the NMC will normally be resolved 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 the CQC and the Chief Executive and Registrar of the NMC, who will then jointly be responsible for ensuring a mutually satisfactory resolution.

Duration and review of this MOU

17 This MoU originally came into effect in September 2010. This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. The MoU may be reviewed at any time at the request of either party.

18 Both organisations have identified a person responsible for the management of this MoU. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.

19 The named contacts with responsibility for each area of cooperation will be identified in the Joint Working Protocol and will liaise as required to carry out day-to-day business.
Signatures

David Behan
Chief Executive
Care Quality Commission
Finsbury Tower
103 – 105 Bunhill Row
London EC1Y 8TG
Telephone: 03000 616161

Jackie Smith
Chief Executive and Registrar
Nursing and Midwifery Council
23 Portland Place
London W1B 1PZ
Telephone: 020 7637 7181

Date: December 2013

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Annex A

Responsibilities and functions

1 The Care Quality Commission (CQC) and the Nursing and Midwifery Council (NMC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

The Care Quality Commission

2 The responsibilities of the CQC are set out primarily in the Health and Social Care Act 2008 as amended (the 2008 Act) and the accompanying Regulations (as amended).

3 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

4 CQC’s purpose is to drive improvements in the quality of care through the unique function of measuring whether services meet national standards of quality and safety.

5 To do these things CQC:
   - Registers providers against national standards of quality and safety. These are the standards 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 service isn’t meeting the standards, using a range of powers. These include issuing a warning notice, restricting admissions, fining a provider or manager, and if necessary, cancelling a provider’s or manager’s registration or prosecuting them.
   - Involve 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.
• Publish information about whether or not services are meeting the standards and national reports on key themes, and reports on the state of care.

The Nursing and Midwifery Council

6 The Nursing and Midwifery Council (NMC) exists to safeguard the health and wellbeing of the public. The responsibilities and functions of the NMC are set out primarily in the Nursing and Midwifery Order 2001.

7 The NMC is the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. The NMC:

7.1 exists to protect the health and wellbeing of the public.

7.2 sets the standards of education, training and conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.

7.3 make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.

7.4 have clear and transparent processes to investigate nurses and midwives who fall short of our standards.