

## **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 and Northern Ireland and nursing associates in England. 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, midwife or nursing associate which may call into question their 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, midwifery or nursing associate students.
- 10.3 Any concerns and relevant information relating to the general delivery of nursing, midwifery or nursing associate 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, midwives or nursing associates or about nursing, midwifery or nursing associate 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, midwives or nursing associates 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, midwifery or nursing associate students.
- 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 General Data Protection Regulation, Data Protection Act 2018, 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 is supplemented by a Joint Working Protocol which outlines the process and circumstances where information will be shared. This document has been 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

**Ian Trenholm**  
Chief Executive  
Care Quality Commission



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**Date: 17 September 2018**

**Matthew McClelland**  
Director of Fitness to Practise  
Nursing and Midwifery Council



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**Date: 17 October 2018**

# 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 CQC is the independent regulator of health and social care services in England. It also monitors the use of the Mental Health Act 1983 and protects the interests of people whose rights are restricted under that Act.
- 3 The CQC was established by the Health and Social Care Act 2008. Its main powers and responsibilities are provided under that Act, the Health and Social Care Act 2012, the Mental Health Act 1983, the Mental Capacity Act 2005, the Health and Safety at Work Act 1974, and regulations under those Acts.
- 4 CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. To do this, CQC:
  - 4.1 Registers providers and managers, a process which checks that these persons can meet a number of legal requirements including fundamental standards of quality and safety
  - 4.2 Monitors registered services drawing on data, evidence and information, including feedback from service users and their families
  - 4.3 Performs provider inspections drawing on expert advice and, publishes findings
  - 4.4 Takes action to protect service users
  - 4.5 Speaks with an independent voice, publishing regional and national views of the major quality issues in health and social care.

### The Nursing and Midwifery Council

- 5 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.
- 6 The NMC is the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland and nursing associates in England. The NMC:
  - 6.1 sets the standards of education, training and conduct and performance so that nurses, midwives and nursing associates can deliver high quality healthcare throughout their careers
  - 6.2 make sure that nurses, midwives and nursing associates keep their skills and

knowledge up to date and uphold our professional standards

- 6.3 have clear and transparent processes to investigate nurses, midwives and nursing associates who fall short of our standards
- 6.4 maintains a register of nurses, midwives and nursing associates allowed to practise in the UK.

## **Annex B** [redacted]