



# **Memorandum of Understanding**

**between**

**Healthcare Improvement Scotland  
(HIS)**

**and the**

**Nursing and Midwifery Council  
(NMC)**

**November 2021**

## Contents

Introduction	1
Principles of cooperation	1
Areas of cooperation	2
Routine information sharing	2
Cross-referral of concerns	2
Strategic collaboration	3
Media/publications related to Scottish nursing and midwifery education or healthcare providers and interactions with the Scottish government or Parliament	4
Information sharing	4
Resolution of disagreement	5
Duration and review of this MoU	5
Annex A - Responsibilities and functions	6 & 8
Annex B - Lead contacts	9 & 10

# Memorandum of Understanding between Healthcare Improvement Scotland and the Nursing and Midwifery Council

## Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out the framework for working relationships between Healthcare Improvement Scotland (HIS) and the Nursing and Midwifery Council (NMC).
2. The working relationship between HIS and the NMC is part of the maintenance of an assurance system for healthcare in Scotland which promotes patient safety and high quality care.
3. HIS is the national healthcare improvement organisation for Scotland. The NMC is the independent regulator of nurses and midwives in the UK and nursing associates in England. The responsibilities and functions of HIS and the NMC are set out at Annex A.
4. This MoU does not override the statutory responsibilities and functions of HIS and the NMC and is not enforceable in law. However, HIS and the NMC agree to adhere to the contents of this MoU.

## Principles of cooperation

5. HIS and the NMC are committed to an inspection and regulation system for healthcare in Scotland which is transparent, accountable, proportionate, consistent, and targeted.
6. HIS and the NMC intend that their working relationship will be characterised by the following principles:
  - The need to make decisions which promote patient safety and high quality healthcare.
  - Respect for each organisation's independent status.
  - The need to maintain public confidence in the two organisations and the regulatory process.
  - Openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate.
  - The need to use resources effectively and efficiently.
7. HIS and the NMC also recognise that there may be opportunity to assist one another in relation to achieving shared strategic aims. The HIS *Making Care Better strategy 2017-2022*:

[http://www.healthcareimprovementscotland.org/previous\\_resources/policy\\_and\\_strategy/strategy\\_2017-2022.aspx](http://www.healthcareimprovementscotland.org/previous_resources/policy_and_strategy/strategy_2017-2022.aspx)

The NMC *Regulate, Support Influence Strategy 2020-2025*:

<https://www.nmc.org.uk/globalassets/sitedocuments/strategy/nmc-strategy-2020-2025.pdf>

## **Areas of cooperation**

8. The working relationship between HIS and the NMC involves cooperation in the following areas:
  - Routine information sharing in line with the 'Routine information sharing' section of this MoU.
  - Sharing of emerging and/or urgent concerns in line with the 'Cross referral of concerns' section of this MoU.
  - Identifying any possibilities for joint working, in line with the 'Strategic collaboration' section of this MoU.
  - Sharing of registrant fitness to practise information upon direct request by either organisation.
  - Sharing of feedback about particular health or adult social care providers upon direct request by either organisation.
  - Give prior notice about any planned media announcements or publications that the other may need to know of, where reasonably practicable.
  - A named contact with responsibility for each area is identified at Annex B.

## **Routine information sharing**

9. The NMC and HIS will each make available routine information arising from their regulatory activity that may assist the other in its remit.

## **Cross-referral of concerns**

10. Where HIS and the NMC encounter concerns which either believe 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. In the interests of patient safety, the referring organisation will not wait until its own review or investigation has concluded.
11. In particular, HIS will refer to the NMC:
  - Any concerns and relevant information about a registered nurse or midwife which may call into question their fitness to practice.
  - Any concerns and relevant information about a health care organisation which may call into question its suitability as a learning environment for nursing and midwifery students.
  - Any concerns and relevant information, such as serious failings in professional leadership, supervision, workload and workforce management, training, safeguarding and other related factors that could affect the general delivery of nursing and midwifery care at a health care organisation in which any NMC registrant practices.
  - Any investigations into or follow ups of identified risks in which concerns about individual nurses' or midwives' practice have been identified.

- Any thematic issues about nurses and midwives that could be addressed through setting professional standards.
- Where independent healthcare services are provided and/or operated by sole practitioners, concerns raised about an individual's fitness to practice cannot be escalated within clinical governance structures. In such cases, Healthcare Improvement Scotland will refer to the NMC.

12. In particular, NMC will refer to HIS:

- Any concerns and relevant information about a health care organisation in which NMC registrants practice, which may call into question the quality and safety of the services it provides.
- Any concerns and relevant information about a health care organisation which may call into question its suitability as a learning environment for pre-registration nursing or midwifery students or its capacity to support registrants to meet the requirements of registration and revalidation.
- Any issues arising from its regulatory work which may be useful intelligence to HIS in reviewing and developing its approach to regulation.
- Information about any investigations it conducts that may be relevant to HIS's remit.
- Information about any investigations it conducts which raise concerns about poor team working, leadership, systemic record keeping issues, appraisal systems and general organisational failures.

### **Strategic Collaboration**

13. HIS and the NMC will have regard to circumstances in which their objectives may be best served by collaboration. Each organisation will seek to give consideration to the other when planning their work programmes and identify any possibilities for joint working.

14. They may, by agreement, undertake joint inspection, investigation or other regulatory work. Throughout such work HIS and the NMC will retain and act in accordance with their own statutory powers. This work could include:

- Joint reviews of information about a health care organisation
- Site visits to a health care organisation
- The co-production of documents and reports
- Coordination of any follow up action planning to address any recommendations.

### **Media/publications related to Scottish nursing and midwifery education or healthcare providers and evidence to committees and interactions with the Scottish government or Parliament**

15. HIS and the NMC will seek to give each other adequate warning (at least 48 hours) and sufficient information about any planned press releases and announcements to the public that the other may need to know of.

16. HIS and the NMC will, when appropriate, share with each other awareness of relevant evidence to committees or interactions with the Scottish government or Parliament.
17. HIS and the NMC 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.
18. HIS and the NMC will work to ensure that the recommendations arising from investigations and reviews are communicated widely and are understood.
19. HIS and the NMC may work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations where specific concerns are identified.

### **Information sharing**

20. Implementing this MoU may require HIS and the NMC to exchange information.
21. 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 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000/Freedom of Information (Scotland) Act 2002 and any other relevant data protection legislation and any HIS and NMC codes of practice, frameworks or other policies relating to personal information.
22. When exchanging information, both organisations will, at all times, act in accordance with Article 8 of the European Convention on Human Rights (right to respect for private and family life).
23. Both HIS and the NMC are subject to the Freedom of Information Act 2000/Freedom of Information (Scotland) Act 2002. 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**

24. Any disagreement between HIS 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 HIS 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**

25. This MoU will be reviewed periodically but at a minimum every two years.
26. Both organisations have identified a person responsible for the management of this MoU, contact details are provided at Annex B. They will liaise as

required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise as to the interpretation of this MoU.

27. The named contacts with responsibility for each area of cooperation identified at Annex B will liaise as required to carry out day-to-day business.

28. In order to ensure that this MoU is effective the Chief Executive of HIS and the Chief Executive and Registrar of the NMC will meet on a regular basis.

### **Signatures**



**Date 29 November 2021**

**Robbie Pearson  
Chief Executive  
Healthcare Improvement Scotland**



**Date 14 December 2021**

**Andrea Sutcliffe  
Chief Executive and Registrar  
Nursing and Midwifery Council**

## Annex A

### Responsibilities and functions

1. Healthcare Improvement Scotland (HIS) and the Nursing and Midwifery Council (NMC) acknowledge the responsibilities and functions of each other and will take account of these when working together.

#### Healthcare Improvement Scotland

##### Responsibilities and functions of HIS

The responsibilities and functions of HIS are set out primarily in the National Health Service (Scotland) Act 1978(a), thereafter referred to as the Act.

The purpose of HIS under the Act is to work with healthcare providers to drive and support improvements in the quality of healthcare, and empower patients and the public.

The Public Services Reform (Scotland) Act 2010 (PSR Act) makes HIS a Public Body with four principal functions:

- supporting the delivery of safer healthcare services and the reliable spread of best practice in quality improvement
- providing sound evidence for improved healthcare, through the Scottish Medicines Consortium (SMC), the Scottish Health Technologies Group (SHTG), and the Scottish Intercollegiate Guidelines Network (SIGN)
- ensuring the effective participation of the public in the design and delivery of healthcare, principally through the Community Engagement Directorate
- scrutinising and quality assuring

The HIS *Making Care Better – Better Quality Health and Social Care for Everyone in Scotland – A Strategy for supporting better care in Scotland 2017-2022* sets out the key organisational priorities for HIS to work together with healthcare providers and the people of Scotland to:

- Enable people to make informed decisions about their care and treatment.
- Help health and social care organisations to continuously improve and redesign their services.
- Provide evidence and share knowledge that helps people get the best out of the services they use and helps services improve.
- Provide quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve.
- Make the best use of resources to ensure every pound invested in our work adds value to the care people receive.



## The Nursing and Midwifery Council

1. The NMC's overarching objective is to protect the public. The protection of the public has the following statutory elements:
  - a. To protect, promote and maintain the health, safety and wellbeing of the public;
  - b. To promote and maintain public confidence in the profession; and
  - c. To promote and maintain proper professional standards.
2. The responsibilities and functions of the NMC are set out primarily in the Nursing and Midwifery Order 2001.
3. The NMC's purpose is as follows:
  - Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 745,000 nursing and midwifery professionals, we have an important role to play in making this a reality.
  - Our core role is to **regulate**. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.
  - To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.
  - Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.
4. The NMC's values and behaviours:
  - Our values and behaviours will shape our culture, influencing the work we do and how we do it. Our values are important to us. They guide the way

we behave, individually and together, and give us a firm foundation to promote excellence in nursing and midwifery for the benefit of the public.

- Each value is crucial, but their real strength comes from how they work together.

**We're fair**

We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.

**We're kind**

We act with kindness and in a way that values people, their insights, situations and experiences.

**We're ambitious**

We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.

**We're collaborative**

We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

## **Annex B**

### **Lead contacts**

There will be specific points of contact between HIS and the NMC as follows:

***[redacted]***