

Strategic review of the Nursing and Midwifery Council: terms of reference

February 2012

1. Key questions

- 1.1 Is the leadership, management, organisational structure, and resource allocation, of the NMC correctly aligned to ensure that it can deliver its regulatory functions in the most efficient and effective manner?
- 1.2 If not, what changes need to be made to ensure that the NMC (at strategic leadership, management, organisational, and resources allocation levels) is focussed on delivering against its statutory duties, and is able to build capacity to deliver its core functions in a more efficient and effective manner?

2. Background

- 2.1 The NMC has had difficulties in performance of its statutory duties for many years. It holds the largest register of any UK regulator, some 690,000 nurses and midwives and has an annual income of over £52 million. It employs over 400 staff.
- 2.2 The Parliamentary Under Secretary of State has asked CHRE for advice on whether 'the way in which the NMC is structured, the manner in which it allocates its resources and its strategic leadership are aligned to enable the organisation to deliver its core regulatory functions in a manner that is efficient, effective and in keeping with the principles of right-touch regulation'¹
- 2.3 The minister has further written that she 'would welcome recommendations from CHRE as to how the NMC might be able to achieve the necessary improvement' and has requested a final report by early summer 2012.

3. CHRE's approach to the strategic review

- 3.1 CHRE will conduct the review in partnership and with the co-operation of the Council and directors of the NMC.
- 3.2 We will work with the NMC and its stakeholders to identify strengths and weaknesses in its organisation and systems.

¹ Letter from Anne Milton MP to Harry Cayton, CHRE, 26 January 2012

- 3.3 We will apply the principles of right-touch regulation to the NMC:
- To identify and describe the regulatory outcomes it should be achieving
 - To confirm if its approach is proportionate and targeted
 - To ensure it is focussed on public protection.
- 3.4 Having clarified regulatory outcomes we will ask:
- Does the organisational structure support those outcomes?
 - Are the plans they have formed capable of achieving those outcomes?
 - Are resources appropriately allocated to give it the ability to achieve its objectives?
 - Are internal processes efficient, effective and economic?
- 3.5 Having reviewed, structure, operations and resource allocation we will consider how the governance and management need to conduct themselves in order to be effective:
- Is the Council strategic in its approach, does it hold the executive to account, does it provide proper stewardship of its resources, is it transparent and accountable in its performance?
 - Is the executive organised for effective delivery and accountability?
 - Does the organisational leadership work as a team, supporting and challenging each other?
 - What competencies, skills and experience should be sought in the new chief executive and chair to secure the future of the organisation?

4. Timescale and resources

- 4.1 CHRE will aim to complete a report for the NMC and Department of Health in four months from the date it is authorised to commence work and has control of the necessary additional resources.
- 4.2 The review will be overseen by Harry Cayton, chief executive and managed by Christine Braithwaite, Director of Standards and Policy.
- 4.3 We will second in for the period of the work two additional audit staff to carry out the field work and draft the findings and report.
- 4.4 We will provide an interim report with key findings in April 2012.
- 4.5 The review will take into account the information available from CHRE Performance Reviews, audits and the current progress reports on fitness to practise the NMC is providing. It will also take account of the cost effectiveness and efficiency review of the regulators already underway.

- 4.6 We seek perspectives from key stakeholders in the nursing and midwifery sector including trades unions and professional bodies.
- 4.7 We will ensure we obtain perspectives from the administrations in Scotland, Wales and Northern Ireland and from the nursing and midwifery sectors in those countries
- 4.8 We may need to seek legal advice on possible interpretations of the NMC's legislation.

5. Timetable

Month one February 2012	<ul style="list-style-type: none"> • Induction for auditors • Scoping • Initial interviews • Fact-finding
Months two/three March/April 2012	<ul style="list-style-type: none"> • Observation • Follow-up interviews • Preliminary conclusions • Interim report
Month four May 2012	<ul style="list-style-type: none"> • Report drafting • Assurance and review • Final report