



Regional Chief Nurses
Directors of Nursing

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Monday 6th April 2020

Dear Colleagues,

Nursing and Midwifery response to Covid-19 – an update

Since I last wrote to you on the 19 March 2020, Covid-19 has now become a fully established pandemic and as expected is having a significant impact on our health and care system – and indeed the people and populations we serve. It is truly unprecedented, and I thank you for your ongoing leadership and commitment during such uncertainty.

As indicated in my previous letter you will be aware that several initiatives have now been rolled out formally. I would like to take this opportunity to describe them in a little more detail to ensure you are up to date and reiterate that we continue to collaborate with the Nursing and Midwifery Council (NMC) and our other key partners across the system, and indeed, the UK.

So far in response to the Covid-19 pandemic, and aligned to my plan for rapid workforce expansion:

1. The NMC has established a Covid-19 temporary register: The Coronavirus Act 2020 provides the NMC with a new emergency power to temporarily register a person or group of persons as registered nurses or midwives. The first focus has been on encouraging those nurses and midwives who have left the register within the last *three years* to return to the workforce. To date, over 6,500 have opted in to this part of the temporary register. These returners have also completed the associated NHS England and NHS Improvement deployment survey which is distributed daily by my team to the regional workforce cells to help with their model which is to provide staff to your organisations across the sectors.



2. Redeploying nurses not working in clinical care: I have written to all registered nurses and midwives across NHS England and NHS Improvement, as well as at Health Education England (HEE) and the CQC requesting them to consider returning to clinical practice during the Covid-19 outbreak. I have also written this week to clinical colleagues working in academia to invite them to consider coming back into practice during this time or into a range of indirect care roles such as working with students on placement and other relevant staff.
3. Nursing students: Following detailed discussion with the NMC, the Council of Deans of Health, my CNO colleagues in the other countries, the royal colleges, unions and other key partners we have agreed the following:
 - a. First year undergraduate students will continue with their academic studies (using distance learning approaches) but their clinical placements will be suspended;
 - b. Second year and third years in their first six months of the undergraduate programme and postgraduate students will be offered to opt in to a revised programme model where they will spend 80% of their time in clinical practice and 20% in academia. Given the increased time in clinical practice, students will no longer be classified as supernumerary and will be paid at Band 3 level.
 - c. Third year students in their final six months will be offered to voluntarily opt in to stopping the academic element of their programme and moving into clinical practice for the duration of the emergency period. Under this voluntary option they can spend the first 4-8 weeks in a Band 4 role and then, following appropriate induction and governance, would voluntarily move to a Band 5 role. To facilitate the latter, students would be placed on the NMC temporary register.

To support students to make informed decisions and manage the deployment process NHS England and Improvement and HEE have worked collaboratively on an end to end process including development of a clinical professional COVID-19 training database which tracks each individual student nurse, midwife and AHP in universities across England.

A survey has been issued to each university and student with a set of options of where students opting in would wish to work (including acute, community and social care). HEE is monitoring the number of students entering practice through their online portal. To date, 1,550 third year nursing students across 12 HEIs have opted to be deployed in an extended paid clinical placement. This is expected to increase each day as more universities complete the data collection.

However, as pressures continue and our new Nightingale hospitals open, we are now also progressing the **additional points** to my workforce plan:

4. The widening of the scope of the temporary register to include those numbers who left the register between *4 to 5 years* ago. This comprises an additional 40k nurses and midwives in England who will be written to by the NMC and asked to consider joining the temporary register, within the same framework as point one above.
5. Overseas qualified nursing and midwifery professionals already working or studying in the UK in other healthcare roles. The NMC temporary register will allow provision for overseas applicants already in UK, including both nurses and midwives, who have completed all parts of their NMC registration process except the final clinical examination (OSCE) to voluntarily temporarily join the register. The NMC estimate there are 1700 Internationally Educated Nurses (IENs) in the UK, within this group.

A [joint statement](#) between NMC, the four CNOs and key partners (including Royal Colleges) was issued on 2 April setting out this expansion to the temporary register. Those nurses who fall within scope of this intervention are being contacted asking them to opt into the temporary register and be subsequently deployed across the system. There will be no cost for individuals to register, and those colleagues who join the temporary register will be paid at a Band 5.

It is recognised that overseas qualified nurses and midwives will be at various stages of induction to organisations and preparation for their OSCE examinations. The [NHS Employers International Recruitment Toolkit](#) provides a good practice guide including information on pastoral and professional support, which in these challenging times are never more needed.

Alongside the expansion of the temporary register to include overseas qualified nurses and midwives, I am pleased that the Home Secretary announced on 31 March 2020:

- Those NHS staff with visas due to expire before 1 October 2020 will have them automatically extended for one year. The extension will also apply to their family members.
- The extension to NHS visas will be automatic and have no fees attached to it for NHS employees.
- International student nurses and doctors will be allowed to work more hours per week in the NHS.

- Pre-registered overseas nurses who are currently required to sit their first skills test within three months and to pass the test within eight months, will now have this deadline extended to the end of the year as well.

With the NMC, we have committed to supporting temporary registrants to join the permanent register once the temporary register is dissolved. When the time is right, we will work with employers to ensure applicants understand the process for this.

6. Registered nurses and midwives working for the Department of Work and Pensions and its contractor organisations to be deployed to work in the NHS to support the efforts against Covid-19. Around 1,100 DWP nurses are based in England (distributed across the country) and an optional returning process has been agreed. I have been delighted with the high number of expressions of interest that have already been submitted from those colleagues and responses will be supported by the national nursing team and then provided to regional workforce cells for deployment. This will be through a secondment agreement approach with an initial period of 3 months and then review.
7. NHS Professionals – we are working closely with NHS Professionals (NHSP) who have now launched a COVID-19 rapid response service to boost support for frontline services. This [rapid response service](#) enables qualified nurses and other healthcare professionals, who may or may not be currently working in the NHS and who want to help in the battle against the current pandemic, to move quickly and safely to the frontline. Early figures have shown an initial surge in applications - as of 28 March 2020, NHSP have managed over 4,500 new clinicians of which 1,319 had been deployed to front line services.

All of the above continues at pace and scale, and I continue to rely on expert scientific advice, emergency planning data, and learning from other countries, while we explore safe and clinically governed deployment opportunities. The impact of these interventions is to ensure that our approach can remain appropriate and effective in supporting you, your teams and the needs of the health and social care system; and I am always happy to receive feedback.



My teams are continuing to work with the 'Bringing Back Staff' Team and the seven Regional Workforce Cells to support deployment of staff back into practice. These regional teams have rapidly stepped up their capacity and deployment pipelines are seeing significant increases and I ask that you and your staff are also prepared for this to avoid any potential delays in enabling these colleagues to return to practice.

With ongoing thanks for your transformational leadership during such unprecedented times.

Yours sincerely,

A handwritten signature in black ink that reads 'Ruth May'.

Ruth May

Chief Nursing Officer, England

