

To: Regional Chief Nurses,  
Directors of Nursing

Chief Nursing Officer for England  
Nursing Directorate  
Skipton House  
80 London Road  
London  
SE1 6LH

[England.chiefnursingofficer@nhs.net](mailto:England.chiefnursingofficer@nhs.net)

Dear colleagues,

10 September 2020

### **Nursing and midwifery workforce response to COVID-19 – third phase**

Firstly, I would like to thank you and your teams for all your work over recent times. Our nursing and midwifery teams, and our professions, have been central to the successful NHS response in the face of this unprecedented pandemic.

Further to my previous letters of [6 April](#) on the actions taken to support the nursing and midwifery workforce during the pandemic and Simon Stevens' and Amanda Pritchard's [letter to the system](#) on 31 July, I want to outline the current position and plans for nursing and midwifery workforce capacity as we move into the third phase of the NHS response, and on the back of the publication of *We are the NHS: People Plan for 2020/21 – action for us all*.

We need a continued focus on our workforce to ensure sufficient capacity and capability to deliver non-COVID health services while preparing for the potential demand pressures of winter and further COVID spikes as well as supporting our staff's health and wellbeing.

This will include a continued focus to increasing the nursing and midwifery workforce, aligned to the Government's commitment to an additional 50,000 nurses.

Meeting the workforce capacity demands of the system cannot be achieved through one single action and will require a multi-factorial approach. Similarly, action cannot be undertaken wholly at national, regional or organisational level and will require a combined approach with national actions that support local implementation.

#### **Temporary registrants**

Over 13,000 nurses and midwives have signed up to the temporary register. Of these, around 6,000 have completed pre-employment checks to allow them to return to work on a temporary basis.

As we move into the third phase, further using this valuable temporary resource will be important in supporting the acceleration of non-COVID health services and managing any further COVID spikes.

It is therefore vital we do all we can both to support these returners in the short term and look at how we can retain them in the longer term. The Regional Nursing teams have developed a next phase process to support returners to the workforce. This will be supported

by Health Education England (HEE) to ensure those who wish to come back to the permanent register can do so.

Nationally we will provide:

- a set of national principles to support locally managed processes
- workforce data to support local assessments of need
- information and data on workforce requirements for emerging national programmes – continuing healthcare, rapid testing and winter vaccination programmes
- guidance on routes to enable individuals to re-join the permanent register, supported by national funding from HEE.

The demands at a regional, system and organisational level will be different and therefore approaches to assessing need and discussing opportunities with temporary registrants should be locally developed. However, regions should ensure their models:

- include processes for a ground-up assessment of local workforce demands aligned to their phase 3 plans and emerging national programme requirements
- support options for career conversations with individuals to ensure effective deployment and onward support to join the permanent register where appropriate.

### **International nurse recruitment**

The pandemic has impacted on international recruitment (IR) of nurses in multiple ways, however we are now beginning to see some international markets reopen and some international nurses have travelled to the UK to join the NHS in the past few weeks.

There is therefore a real opportunity to accelerate the recruitment and arrival of international nurses. This will require financial and non-financial support and we have developed a national offer for organisations.

The financial offer to trusts will include:

- £14 million to support and accelerate appointed nurses who have not yet arrived in the UK. The funding is designed to support the pastoral cost elements of IR, including flights, airport transfers, welcome packages, OSCE training, quarantine periods and accommodation. This package will help to cover additional costs trusts may incur to safely support the arrival and onboarding of international nurses
- a further £14 million to fund a significant expansion of future nursing intentional recruitment. This money is aimed at recruiting additional international nurses in 2020/21 and will support trusts to reduce their nursing vacancies. It will be available to:
  - a. set up or expand lead recruiter/IR local hubs aimed at encouraging greater collaboration between organisations and across systems focused on IR, helping to realise the collective benefits of working at scale to recruit, induct and provide pastoral support
  - b. develop a new pipeline of overseas nurses and diversify the intake of nurses from a range of countries.

The process for accessing this funding will be similar to the process for the Clinical Placements Programme and my team will write out to you in the next few weeks with more detail.

The wider offer around international recruitment includes:

- developing new government-to-government agreements and commissioning agencies to facilitate recruitment of nurses from a broader range of countries, in line with ethical recruitment practice
- in a similar approach to our Retention Programme, working directly with cohorts of trusts to produce effective lead recruiter plans. We will also provide induction, pastoral and professional best practice and implementation support. We will boost our and HEE regional teams to help provide this hands-on support and exchange of best practice
- providing you with IR marketing materials to use in your recruitment activities. These will help you advertise the NHS as the destination of choice for overseas nurses.
- an HEE pilot of English Language (EL) programmes with both the British Council (IELTS) and OET (OET test) to boost OSCE-ready candidates in key target countries.
- a new EL offer this year for overseas nurses based in the UK working in healthcare support work (HSCW) roles to help them achieve the IELTS/OETs requirements and progress their Nursing and Midwifery Council (NMC) application. Further details will be included when we write to you to explain the process for applying for financial support on IR.
- working closely with the NMC to ensure ongoing OSCE capacity.

The NHS People Plan has underlined our ongoing commitment to international nurse recruitment. I therefore ask that you, Directors of Nursing, review and ramp up your IR plans and activity in the next few weeks and also ensure you have an effective plan to get those overseas nurses that you have already appointed to the UK in the coming weeks and months.

### **Healthcare support workers**

Healthcare support workers play a vital role supporting our clinical teams to deliver the best outcomes for our patients. During the pandemic, we have seen increased interest in healthcare roles and there have been local efforts to recruit to vacancies from other affected sectors. There has been a small reduction in vacancies in recent months but it is important we significantly minimise or where possible, zero our vacancies in readiness for winter and to support the registered nursing pipeline in the longer term.

The coming months present an opportunity to raise the profile of healthcare support worker roles across all our clinical settings and clearly define career pathways via the pre-registered routes to attract individuals new to healthcare.

To achieve this, we have secured £1.7m which will be made available through regional teams support our HCSW2020 programme, which will include a national recruitment campaign, enhanced onboarding and clinical support, alongside tailored support to trusts and systems with the highest vacancy rates to enhance recruitment and retention initiatives.

### **Further developing capability of staff to support delivery**

Alongside these actions on numbers, it is important we continue to support the development and expansion of capability across the nursing and midwifery workforce.

We have seen several excellent examples of upskilling and capacity building in response to the pandemic and I am keen we continue to drive this forward. HEE has made available a series of [e-learning COVID materials online](#). These are free to use across NHS and social care and I would encourage you to think about how these can be used to support your staff.

This will be supported by the additional £150 million of CPD funding available this year. HEE is currently reviewing trust level plans prior to the second tranche of funding.

At a national level, we will continue to work across the system to ensure we have the right systems in place to support the next phase of NHS's response to COVID-19. I hope this letter is helpful in your work to support this at a regional and organisational level.

Thank you for your continued support and leadership throughout this period.

With best wishes,

A handwritten signature in black ink that reads "Ruth May". The signature is written in a cursive, flowing style.

Ruth May  
Chief Nursing Officer for England