Message

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Subject: RE: Second phase nursing and midwifery response – please read and cascade ASAP

To: Regional Chief Nurses

Second phase nursing and midwifery response – please read and cascade ASAP

Dear colleagues,

Nursing and midwifery response to COVID-19 – second phase

Further to my letter of 6 April outlining the actions taken to support the nursing and midwifery workforce in the COVID-19 pandemic, and Simon Stevens and Amanda Pritchard's letter to the system on 29 April, I want to outline our plans for this workforce in the second phase of the NHS response.

As the system moves to respond to the requirement of this next phase it is important that the changing needs to support this are reflected in our workforce. This requires a wide range of action, focused on the following:

- Maximising the effective deployment of nurses and midwives into the system in the short term, to ensure that enough staff are available to respond to the medium to longer-term demands on the system.
- Movement of redeployed staff back to substantive roles to support standing up of core services (eg public health nursing).
- Further review of the student model to ensure effective plans in place for Autumn 2020 starters.

In line with the next phase, we now need to adapt approaches across our four key workforce areas to support local systems to – where appropriate – step up non-COVID-19 urgent services and increase capacity for some routine non-urgent elective care.

Actions to support next phase

Returning nurses and midwives

Deployment and then retention of returners during the next 12 months (and potentially beyond) will be vital to support the medium to long term system response to COVID-19 and the standing up of elective care. This will require an approach focused on:

a. Local deployment – the regional workforce cells are continuing to work with organisations to deploy returning staff. These staff can provide vital support to our existing workforce and we need to utilise and support these returning staff as much as possible.

b. Retention – local action to support retention should include building on the flexibility in shift patterns and participation, and encouraging involvement in the health and wellbeing initiatives developed centrally for all NHS staff. This will be supported by national actions with regulators to establish a process to support returning staff to stay with us in the longer term where this is right for them.

Redeploying nurses not working in clinical care

In line with the approach to the next phase of the system response to COVID-19, we now need to look at how non-COVID services can be stepped up into business-as-usual contacts under the healthy child programme and child safeguarding protocols. From a nursing perspective there are a number of staff that need to be moved back to key areas to support this.

We will therefore be working with PHE colleagues (and local government and association of directors of public health) to advise the following services to return to their commissioned service model:

a. Health visiting and school nursing teams commissioned by local authorities
b. Looked after children's teams managed by clinical commissioning groups (CCGs)
c. Special educational needs and disabilities teams
d. Community children's nurses for complexly ill children.

In returning to the commissioned service model it is vital that we do not lose the best practice examples of integrated care launched during COVID-19 which have really supported children and families and we will be encouraging systems to review this as part of the move back.

International nurses

We have seen a fantastic response from our internationally qualified nurses to our call to join the temporary register. Going forward, we will continue to work alongside the Nursing and Midwifery Council (NMC) on the design and development of an approach to enable these individuals to join the full register, as well ensure those who have opted not to join the register are fully supported to achieve full registration, particularly given the OSCE test centres remain closed.

Additionally, the approach and parameters to ongoing international recruitment, considering current circumstance, is being reviewed to ensure that the important international supply route remains viable. This is also being discussed with the NMC to agree an approach.

Nursing and midwifery students

Health Education England is managing the process for nursing and midwifery students to opt in to clinical practice. To date, around 27,000 students have opted in, of which 19,000 have been allocated to trusts, and 10,000 have started to work shifts.

We will be developing phased approaches that support both effective deployment – including to CCGs as part of our 'mutual aid' support for care homes – and time for students to recover and undertake academic requirements. Most institutions have adopted the NMC emergency standards and flows of students on placement has started.

Student progression needs to be a high priority for all placement providers and universities. Where required, as many placement opportunities as possible will be needed to help make up for placement hours that have been lost to COVID-19 to minimise disruption to the workforce pipeline.

These arrangements are under constant review as part of pandemic management and have recently been reviewed with the NMC, DHSC, healthcare environment inspectorates (HEIs) and four nations chief nursing officers. Completion of academic programmes including clinical hours is a priority for students with a view to ending these arrangements end of summer term 2020 and align to the normal academic cycle.

At a national level, we will continue to work across the system to ensure that 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 provider level.

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

With best wishes,

Personal Data

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