

ROYAL COLLEGE OF NURSING

SUBMISSIONS IN ADVANCE OF THE PRELIMINARY HEARING IN MODULE 3

The Royal College of Nursing (“RCN”)

1. The RCN has been designated as a Core Participant in Module 3, and the RCN is grateful to the Chair for her decision.
2. With a membership of almost half a million registered nurses (with more than 300,000 working in the NHS), midwives, health visitors, nursing students, health care assistants and nurse cadets, the RCN is the voice of nursing across the different jurisdictions of the UK and the largest professional union of nursing staff in the world.
3. The RCN is both the professional body for nursing and a trade union. It campaigns on issues of concern to nursing staff and patients, including pay and terms and conditions; it influences health policies; and promotes excellence in nursing practice. The RCN’s members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.
4. Nursing is the largest safety-critical profession in health care: it is vital to patient safety that there are the right nurses (and other members of the nursing family), with the right skills, in the right place, at the right time. The pandemic highlighted the critical role that nursing plays in protecting, improving, and sustaining health. Working in hospitals, schools, care homes, GP surgeries, prisons and homes throughout the pandemic, the RCN has supported its members and campaigned in the interests of the profession and its patients. Some examples of the RCN’s work include:
 - a) **Support services:** Throughout the pandemic and more widely the RCN provides support services and runs a call centre where nursing staff from across the UK can seek advice and access the RCN’s specialist representation. Since the start of the pandemic, the RCN has received over 25,525 calls from its members on issues to do with Covid-19. This has given the RCN an unrivalled

insight into the day-to-day frontline experiences of nurses and other allied health professionals, the challenges they have faced and the pressures they were under throughout the pandemic.

- b) **Advice and guidelines:** The RCN compiled extensive guidance and advice on a rolling basis, both in anticipation of and in response to key emerging issues, to support nurses throughout the pandemic in relation to their clinical roles, their employment and their mental health and wellbeing. This included a Covid-19 workplace risk assessment toolkit to support healthcare professionals consider and manage risks associated with the transmission of respiratory infections, specifically Covid-19, and aid local decision making as to the level of personal protective equipment (“PPE”) required to protect them whilst at work. RCN personnel have also been, and continue to be, closely involved in a number of relevant clinical and government advisory groups, such as the Emergency Planning Resilience and Response Clinical Reference Group and the Scottish Government’s COVID-19 Community Nursing for Adults advisory group.
- c) **Influencing and campaigning:** The RCN are recognised experts in their field and provide advice to parliamentarians on developing healthcare policies through legislation, select committees, all-party parliamentary groups and parliamentary briefings. The RCN has contributed to numerous consultations and published open letters and position statements throughout the pandemic to escalate urgent issues affecting nursing up the government’s agenda. For example, the RCN responded to the Public Accounts Committee consultation on the supply of PPE and also made submissions to both the Women and Equalities Select Committee and Baroness Lawrence’s review into the impact of Covid-19 on BAME groups. The RCN also led a coalition of health experts to demand that the Prime Minister urgently tackle the inadequate protection of nursing staff from Covid-19. A summary of what the RCN has done to influence and lobby on behalf of its members during Covid-19 is available on its website.¹
- d) **Engagement:** The RCN undertakes regular surveys of its membership, including its Employment Survey, and other surveys on particular issues. For example,

¹ <https://www.rcn.org.uk/Get-Involved/Campaign-with-us/COVID-19-campaigning>

the RCN conducted two online surveys on PPE (in April and May 2020), sent to all RCN members, across all health and care settings in the UK. The results of these surveys have revealed a detailed picture of the effects of the pandemic on nursing staff across the UK. The RCN have also been collecting qualitative data about nurses' experiences of the pandemic. By way of example, RCN Northern Ireland commissioned a qualitative survey to identify nurses' lived experience of delivering care and treatment across a range of settings during the period April 2020 to March 2021. Nurses were asked to share a story from their recent experience and then to answer some follow-up questions related to their specific experience. More than 700 stories from nurses were collated.

e) **Research and data:** The RCN has also played a key role in furthering scientific understanding through research to inform UK health care guidelines. For example, the RCN commissioned an independent review of guidelines for the prevention and control of Covid-19 in health care settings in the UK, and an evaluation and messages for future infection-related emergency planning.

5. The RCN represents the voice of nursing, and its members have a unique story to tell of their experiences of working during the pandemic. Nurses are the largest staff group in the NHS, they are a predominantly female workforce and nearly 25% of registered nurses, health visitors and midwives are from a BAME background (approximately 20% of RCN members are from a BAME background). They were and remain, the frontline response to the Covid-19 pandemic.

The RCN's hopes for the Inquiry

6. It is imperative for the nursing profession, its leaders and for patients, that the failures of government and other agencies in the pandemic must be identified and reported on, and lessons must be learned. Nurses and health care workers will be on the frontline of the next pandemic and the RCN has a responsibility to ensure anything that went wrong or things that could be improved are reported on and acted upon in the interests of nurses and the patients to whom they provide care.
7. The RCN considers the following issues to be critically relevant to Module 3. The numbers in brackets indicate to which part(s) of Module 3 the issues relate. This is not

exhaustive and reflects the stage the RCN is currently at in gathering and analysing the evidence and information it holds.

- Obtaining, provision and supply of PPE (8).
- Transfer of patients from hospitals to care homes, restrictions on visiting, infection prevention and control, including the testing of frontline staff (5, 8).
- Infection and death rates (and data on the same) for nurses and healthcare workers, including the issues impacting BAME communities in the workforce (7, 10).
- Recruitment, retention, pay and conditions of nurses throughout the pandemic and beyond its lockdown stages and the impact on nurses and patient care (3, 5).
- Provision of death in service benefits, removal of the NHS surcharge for non-UK healthcare staff, and the requirement for RIDDOR reporting for Covid-19 related Occupational Illness and death (7, 10).
- Patient experience of healthcare throughout the pandemic and recovery planning (1, 5).
- Impact of the pandemic on the mental and physical health of the nursing and healthcare workforce, including professionals who were pregnant, clinically vulnerable or redeployed (7, 11).

9. The RCN hopes that the Covid-19 Inquiry will increase awareness of the need for proper staffing to ensure safe and effective patient care and promote its provision. The RCN's principles for staffing for safe and effective care are as follows:

Accountability We want it to be clear whose job it is to make sure there are enough nurses to meet patients' needs.

Numbers We want the right number of nurses, with the right skills, to be in the right place, at the right time - so patients' needs are met .

Strategy We want a vision for tackling nurse shortages and making sure nursing helps meet the whole country's health needs.

Plans We want clear plans for getting the right numbers and skill mix of nursing staff and we want checks to make sure they really happen.

Education We want governments to educate enough nursing students, and develop existing staff, to meet patients' needs.

10. The RCN has also drawn up Nursing Workforce Standards which set out expectations for safe and effective nursing staffing across the UK.²

The Scottish Covid-19 Inquiry

11. RCN Scotland has Core Participant status for the Scottish Covid-19 Inquiry. The Inquiry is asked to bear in mind the RCN and RCN Scotland's involvement in both Inquiries in terms of its commitments to responding to requests for information and other materials, and its involvement in the work of the Inquiries.

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21 February 2023

² <https://www.rcn.org.uk/professional-development/publications/rcn-workforce-standards-uk-pub-009681>