

## ROYAL COLLEGE OF NURSING

### SUBMISSIONS IN ADVANCE OF THE SECOND PRELIMINARY HEARING IN MODULE 3

#### The Royal College of Nursing (“RCN”)

1. The RCN welcomes the work of the Inquiry in this, the third module, and is grateful for the opportunity to provide evidence and make submissions. The impact of the Covid-19 pandemic was then, and continues to be, huge.
2. As Patricia Cullen, General Secretary and Chief Executive of the RCN, will say in her evidence to the Inquiry:

*“Nursing staff across the UK carried the heavy burden of the Covid-19 pandemic, working in hospitals, care homes, general practice, the community and beyond. Our nursing community responded to the global health crisis in the UK in extraordinary ways, coming out of retirement, putting aside their studies and being redeployed to specialised clinical areas.”*

3. The RCN has a unique archive of the voices of nurses who contacted the RCN for advice and support during the pandemic. Members raised issues including:
  - That they did not get to see their own children for months apart from some distance and they lived in fear that they could bring the infection home.
  - They saw colleagues in hospital with Covid-19 and they went to work with a daily fear of dying.
  - Short staffing meant that they were looking after significant numbers of patients which far exceeded the nurse-to-patient ratio. This was a patient safety risk - they were concerned a patient could deteriorate or die in one of the rooms without them knowing.
  - Risk assessments were not always carried out, despite members’ requesting them. This was a particular concern for members with underlying conditions and/or from an ethnic minority, and so at heightened risk of contracting Covid-19.
  - The experience during the pandemic had caused them to hit breaking point and to doubt whether they wanted to pursue a career in nursing.
4. These examples reflect the experiences of thousands of nurses, who worked
  - with inadequate PPE;
  - on understaffed wards;
  - with inadequate training, risk assessments and support; and
  - while their own physical and mental health suffered.

5. The data clearly shows that nurses from ethnic minorities suffered disproportionately.

### **Long Covid**

6. Of all the grave negative impacts of the pandemic on nurses, Long Covid is a particularly serious problem. A significant body of nurses have been left with chronic ill-health. They are unable to work and their lives are permanently blighted. All as a result of their committed service to the community at a time of national crisis. Such a situation requires a prompt and concerted response.
7. Therefore, the RCN adopts and supports the TUC's proposal that Long Covid be designated a disability in law, in order that those who suffer with Long Covid may be properly protected. Furthermore, the RCN asks that a compensation scheme to meet the needs of those healthcare workers who are chronically ill as a result of Long Covid and who cannot work as they did before be set up soon, without waiting for the end of the Inquiry.

### **Staffing**

8. Our members told us repeatedly throughout the pandemic that staffing levels were challenging and, in many instances, unsafe.
9. This was a state of affairs that preceded the pandemic. For example, 73% of nursing staff surveyed by the RCN going into the pandemic in January 2020 said that the staffing levels on their shift were not sufficient to meet all the needs of the patients safely and effectively.
10. The long-term failure by successive governments to invest in the nursing workforce meant health and care services were chronically under-resourced to deal with the pressures of the pandemic.
11. During the pandemic, staff shortages were exacerbated by sickness and nurses having to shield, putting further pressure on an already stretched workforce and leading to stress, burnout and moral distress for those who had to fill the gaps.
12. The failure of the UK government to tackle the issues facing the nursing workforce, including in recruitment, retention and burnout, remains a serious risk to the country's ability to robustly tackle future pandemics. Currently, in England, there is not yet a shared credible system for understanding workforce shortages and responding to increasing demand in both population and service. Persistent, systemic workforce issues put nursing staff and patients at risk – this was even more in evidence during the Covid-19 pandemic.

13. The RCN is calling for a strong legislative underpinning of government accountability for workforce planning and supply across health and social care. The RCN also seeks a commitment from government to the development of a sustainable nursing workforce supply through a fully-funded workforce strategy for recruitment and retention and ongoing assessment of workforce requirements in health and social care.

### **Infection Prevention and Control (“IPC”)**

14. IPC is of vital significance to the Inquiry’s work in this module.

15. The RCN asks the Inquiry to give consideration to two specific aspects of this part of its work.

16. First, the IPC guidance given during the period with which this module is concerned. The guidance changed frequently and at pace. The RCN has searched amongst its own materials and in the National Archive for a full suite, but has not been able to compose a complete set of guidance documents.

17. The Inquiry is therefore asked to seek from the relevant bodies:

- A. a full suite of all the iterations of the IPC guidance for the whole period with which the module is concerned;
- B. a clear chronology of when, by whom, and how, the guidance was varied, and then disseminated.

18. Second, from CTI’s Note for this hearing, the RCN understands that the Inquiry proposes to instruct a “panel of experts” in IPC. IPC is an important and controversial issue. The RCN would like to understand more about the remit of the panel – for example, will it cover hospital, social care and community settings - and would welcome the opportunity to engage with the Inquiry if it might assist in relation to that.

19. If there is to be a panel, the RCN encourages the Inquiry to appoint a multi-disciplinary team. Such a team would ensure a variety of perspectives and help to avoid the “group think” that the Inquiry heard in the first module can sometimes be a problem in this area.

20. The RCN also encourages the Inquiry to secure the independence of the panel by not selecting those who were responsible for the guidance that was issued during the period with which the module is concerned.
21. The RCN would welcome the opportunity to engage further with the Inquiry as to the membership of the panel, and has some informed suggestions to make should the Inquiry wish to hear them.

**Every Story Matters (“ESM”)**

22. The RCN has sought to impress upon its members the importance of sharing their stories and experiences of the pandemic through the listening exercise by highlighting the existence of ESM to its members via its social media channels, its Covid-19 exhibition ‘Unmasked: Real stories of nursing in Covid-19’ and during Covid-19 related seminars. The RCN is in communication with the Inquiry’s ESM team and is grateful for the engagement to date. The RCN hopes, in the coming months, to confirm ESM attendance at upcoming member events to facilitate community listening opportunities.

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