IN THE MATTER OF

THE UK COVID-19 INQUIRY

SUBMISSIONS MADE ON BEHALF OF THE ROYAL COLLEGE OF NURSING IN ADVANCE OF THE MODULE 6 PRELIMINARY HEARING ON 19 MARCH 2024

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1. The Royal College of Nursing ("**RCN**") has been designated as a Core Participant in Module 6 of the Inquiry and the RCN is grateful to the Chair for her decision.

2. With a membership of more than half a million registered nurses, 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, including almost 33,000 nurses who work in the adult social care sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the UK government and governments of the Devolved Administrations 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.

5. Some examples of the RCN's work in relation to the care sector include:

   5.1**. Support services**: Throughout the pandemic and more widely, the RCN provides support services and runs a call centre where nursing staff across the UK can seek

advice and access the RCN's specialist representation. Since the start of the pandemic, the RCN has received over 28,604 calls from its members on issues to do with Covid-19, including more than 3,700 calls from members working in the care sector, a notably higher figure (relative to the number of members) than calls from other sectors. This has given the RCN a clear insight into the day-to-day experiences of nurses and other allied health professionals directly relevant to Module 6.

5.1.1 This included concerns around locked in measures, infection prevention and control (**"IPC**") guidance, lack of sick pay when required to self-isolate and lack of personal protective equipment **("PPE")**.

"The member has been told that the home is going into quarantine for at least 2 weeks. They have asked staff if they can stay in work for the lockdown and they will get paid for 18 hours. The member has a small son as well but if they cannot go in they stay at home. There are no cases of the virus in the home."

"All staff received an email saying as of the 11th Jan anyone who not been vaccinated and has covid symptoms will not be paid. unless you have medical condition. Member has asthma, however has continued to work and look after covid residents. Member is currently at home after contracting covid for the second time. Member is worried she won't be paid."

"I work for a care home and there is nothing in place to protect us during this pandemic. There is no senior leadership in place, no PPE, no instruction on how to deal with this pandemic or what to do if one of our residents gets symptoms of Covid-19."

"Today i was called to managers office regarding an email i sent to human resources because of infection control. Manager said that wasn't my business and i was wearing a mask and she said to take it of or leave the home. Said I wasn't going to take mask of so i left home. What can i do now?"

5.2. In Northern Ireland, the RCN, through its Independent Sector Nurse Managers Network, provided support to registered nursing homes and raised issues on behalf of the sector with the Department of Health, Health and Social Care Trusts and the Regulation and Quality Improvement Authority.

5.3. **Advice and guidelines**: The RCN compiled extensive guidance and advice, both in anticipation of, and in response to, key emerging issues. This included joint guidance on registered nurse verification of expected adult death, including those occurring in care homes, frequently asked questions for care home visiting and the Covid-19 workplace risk assessment toolkit applicable to all health and social care settings.

5.4. RCN personnel have also been closely involved in a number of relevant clinical and government advisory groups.

5.5. The RCN also collaborated on National Institute for Health and Care Excellence ("**NICE**") guidance on managing suspected or confirmed pneumonia in adults in the community and responded to proposed national guidance on PPE for Primary and Community Care.

5.6. **Influencing and campaigning**: The RCN is a recognised expert in its field and has contributed to numerous consultations and published open letters and position statements throughout the pandemic to escalate urgent issues affecting care sector nursing to ensure priority on the government's agenda, including: testing for care home staff; discharge of patients from hospitals to care homes; enabling visiting in care homes; pay for healthcare workers in independent health or social care when unable to work because of Covid-19; and eligibility of workers from the care sector for furlough support while shielding. The RCN highlighted the need for clarification of infection prevention and control guidance to take account of healthcare workers in community care settings, called for the use of individual dynamic risk assessments to enable visiting in care homes, campaigned against "locked in staffing arrangements" for care home staff and called for personalised end of life care plans rather than the use of blanket do not attempt cardiopulmonary resuscitation ("**DNACPR**") decisions.

5.7. The RCN responded to a number of consultations including: the Department of Health and Social Care's ("**DHSC**") consultation on extending free PPE to the health and care sector to take account of primary and community care; the UK Government's proposal to stop movement of staff between care settings; the Migration Advisory Committee's ("**MAC**") review of the impact of ending freedom of movement on the adult social care sector; and the DHSC open consultation "Making vaccination a condition of deployment in older adult care homes".

5.8. In Northern Ireland, the RCN responded to the proposal for the “Safe at Home” model pilot study. In Wales, the RCN called on Care Inspectorate Wales to assure the quality and safety of care homes for older people during the pandemic and that those being admitted to a care home from hospital test negative for Covid-19 prior to transition. The RCN also called for lessons to be learned from the impact of the pandemic on Scotland’s care homes.

5.9. **Engagement:** The RCN undertakes regular surveys of its membership including a UK-wide online survey on staff testing in April 2020. The results revealed a disparity between access to testing for those working in the NHS compared to the social care sector. Results of two online RCN surveys on PPE indicated that healthcare workers in care homes were less likely to have access to appropriate PPE and were more likely to feel pressurised into caring for individuals with Covid-19 without adequate protection. The RCN also collected qualitative data about nurses’ experiences of the pandemic, for example through “SenseMaker”. In particular, one member recalled:

> *“A shambolic week. Bombardment of or lack of information following COVID-19 vaccines and now positive residents and staff. Having to support both residents, staff and the families with little to no guidance and maintaining safety within the workplace. A level of uncertainty and lack of education with regards same for care home sector. Not only is there still the day to day running of the care home to maintain, with now increasing numbers of staff off isolating and lack of support from the trust due to likely the same issues."*

5.10. Research and data: the RCN Research Forum designed and led a national (4-country) study exploring the Impact of Covid-19 on the Nursing and Midwifery workforce (“ICON”). The RCN’s findings have informed national health and social care policy. The RCN also played a key role in furthering scientific understanding through research to inform UK health and care guidelines. For example, the RCN commissioned an independent review of guidelines for IPC health care settings in the UK, and an evaluation and messages for future infection-related emergency planning. The guidelines applied to all hospital and community settings, including the care sector.

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 identified, reported on and acted upon in the interests of nurses and the patients to whom they provide care.

7. **Staffing** – we understand that the Inquiry will consider the state of adult social care systems in the UK prior to the pandemic, where it is necessary to understand how the pandemic impacted on adult social care. Our members told us repeatedly through the pandemic that staffing levels were challenging and in many instances, unsafe. This was a state of affairs that preceded the pandemic. For example, 73% of nursing staff across all sectors 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. In England alone, there were an estimated 105,000 unfilled posts in English social care in 2019/20, equivalent to 6.8% of the workforce.

8. 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.

9. 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.

10. 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 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.

11. The RCN is calling for a strong legislative underpinning of Government accountability for workforce planning and supply across health and social care. In England and Northern Ireland, there is no law related to nurse staffing (unlike the Nurse Staffing (Wales) Act 2016 and the Health and Care (Staffing) (Scotland) Act 2019). The RCN is calling for legislation in each UK country to guarantee nurse staffing levels across all sectors and settings.

12. **Personal Protective Equipment**– Potentially the most significant impact of the strategic decisions taken in respect of Health and Social Care were those made in relation to PPE.

13. Despite being most at risk from Covid-19, the lack of regard for older people's rights and specifically the rights of care home residents in the development and implementation of guidance is concerning. Lack of access to appropriate PPE, testing and guidance for care home staff has exposed key workers and those they care for, to unnecessary risk. It is important to note that many people within these settings will be older, and as such must not be discriminated against for equal access to protection based upon their age or disability.

14. It is the view of the RCN that a lack of clarity on use of the term "PPE", combined with a culture of assumptions that historical influenza guidance was adequate, placed healthcare workers at unacceptable risk in the workplace. Challenges around distribution and the inequality in supplies/distributions for social care and other non-NHS services were among the main issues. Due to those challenges, there were reports that RCN members had been required to reuse equipment, to use equipment previously marked as out of date, to clean old gowns with alcohol wipes and to use alternative equipment which had been donated and did not provide full protection. Health care professionals described feeling like "*lambs to the slaughter*" or "*cannon fodder*" and that they were "*scared*" and were left feeling "*let down and frustrated*".

15. The RCN regularly expressed its concerns in correspondence to the UK Government and HSE regarding the difficulties its members had in accessing adequate supplies of PPE. Care homes were particularly affected by a lack of PPE. Care homes are generally privately-run. Consequently, they were initially responsible for purchasing their own PPE. Alongside the disruptions to the global supply and distribution chains, in the early stages of the pandemic, many care homes found that their usual supplies/suppliers did not have sufficient stocks to supply them. They were also competing with better funded hospitals for PPE supplies. Further, one-size-fits-all protective equipment had been a problem for frontline healthcare workers who had to wear this life saving equipment for up to 12 hours at a time. A number of brands were not producing masks to fit female faces. The shape and design of masks were too big and caused many female nurses and doctors to fail the fit testing process. It also affected members who wore headscarves or who had facial hair for religious reasons.

16. Ultimately, the RCN found that there was a serious lack of engagement by the UK Government to consider the growing international scientific evidence of airborne transmission of Covid-19. The possibility of airborne transmission was ultimately dismissed in favour of droplet transmission despite no evidence supporting this. The impact of these decisions requires critical examination by this Inquiry.

17. **The discharge of patients** - RCN members had concerns about the arbitrary discharging, or prevention of discharge, from hospital into care homes and particularly for people returning to their own homes. This was driven by Government policy. Not all RCN members working in the care home sector were managers who could refuse who was admitted into the care homes. The RCN is of the view that the pandemic has emphasised the need to ensure the community and care home sectors are properly represented in planning to scale up the nursing workforce for future pandemics and ensure a whole system approach. Historically there has been an artificial and unhelpful divide between social care and the NHS, with unequal access to resources, guidance and workforce. This has led to an unfair perception that adult social care is secondary to acute hospital care. This perception appeared to continue throughout the pandemic. with care homes feeling under pressure to take untested discharged patients to prevent the NHS from being overwhelmed but which, ultimately, may have resulted in higher levels of deaths in care homes.

18. **Infection Prevention and Control** ("**IPC**") – IPC is of vital significance to the Inquiry's work in this module. 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. As requested in the RCN submissions for the second preliminary hearing for Module 3, the Inquiry is 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.

19. **Conclusion** - RCN members were at the forefront of the battle against Covid-19 and we will always remember the commitment to their patients and the sacrifice of those who have sadly passed away. The loss of life of RCN members through their sacrifice to work on the frontline during the pandemic cannot be understated. Many others who

contracted Covid-19 in their workplace have gone on to suffer from Long Covid and continue to experience the debilitating effects of this illness. We must never forget the dedication shown by health and social care workers to their patients and profession and the impact this pandemic has had on them.

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