

Health and Sport Committee - Resilience and emergency planning

RCN Scotland submission

Did previous planning adequately prepare us for the current pandemic?

RCN Scotland is of the view that previous resilience planning, both nationally and locally, has not adequately incorporated the community and care home sectors. There has not been a whole system approach to planning and this was evident at the start of the pandemic, during efforts to rapidly scale up acute capacity when some community staff were being redeployed into the acute sector without sufficient thought being given to the services that needed to continue in the community. For example, we heard reports that community nursing staff were being asked to go and work in hospitals when community services needed to be augmented at the same time to ensure essential services, such as child protection and end of life care, could continue. The Scottish Government then published *Coronavirus (COVID-19): nursing and community health staff guidance* in early April which was required to support planning and prioritisation of the workforce as part of the community and primary care resilience response. We believe the serious challenges around accessing PPE that staff working in care homes and the community experienced, also illustrate the point that these sectors were not sufficiently considered in resilience plans.

It is also worth noting that plans to rapidly scale up the nursing workforce nationally, including through the creation of a temporary register and deploying nursing students to the workforce, had not been worked out in detail in advance. There was a lot of activity across the UK on developing the details of these plans at the start of the pandemic, after measures had been announced, which resulted in a period of confusion, anxiety and uncertainty for members. For example, it was announced that nursing students were being deployed to the workforce a number of weeks before any detailed plans were agreed on this. We hope that lessons around what has worked well, and what has been less successful, in this regard will be fed into future resilience and emergency plans.

With hindsight, what prevented better advanced planning to deal with the pandemic? Were the right people and organisations involved?

We believe the initial response focused on acute hospital capacity without also factoring in sufficiently the community and care home sectors. We agree that there was an urgent need to scale up acute capacity, given the fears that services could be overwhelmed, but it is critical that we don't consider hospitals in isolation. Our hospitals are part of the system – a system that would grind to a halt if it wasn't for the primary and social care services that provide clinical care in our communities.

These services are crucial in reducing the number of people who need to be admitted to hospital and supporting people to return to their communities when hospital care is no longer needed. They too are on the frontline of this crisis and yet are often overlooked. This demonstrates the need to ensure the community and care home sectors are properly represented in planning to ensure a whole system approach.

What lessons have been learned which could inform the response to future outbreaks of COVID-19 infection or another pandemic?

We note the commitment from the First Minister to a future public inquiry into the whole crisis and agree that there should be a thorough review of the pandemic response.

In terms of answering the Committee's question we think it's quite early to be considering this given that we are still at a relatively early stage of responding to the pandemic and that new evidence and learning about the virus is coming to light constantly. However, our initial thoughts on lessons learned are below:

- The pandemic has highlighted the need for health and social care partnerships to consider and include all health and care facilities in their area, including independent sector care homes, in resilience and emergency planning.
- Partnership working evident within the NHS should be extended to cover future emergency planning, both within the NHS and beyond to include the social care sector, in order to ensure input and engagement from trade unions.
- Before this crisis nursing staffing levels in hospitals, community teams and care homes were already significantly stretched. While there have been successive annual increases since 2013/14 to the number of commissioned places for pre-registration nursing students, it is vital that this trend is seen within the context of the significant 20% cut in student places from 2010/11 to 2012/13. Increases over the last eight years have been necessary to reverse previous cuts in nursing student places, and to continue to appropriately plan for the future registered nursing workforce to meet projected future demand. Going forward, workforce shortages within the NHS and the independent sector need to be addressed in a sustainable way.
- Care homes are at the centre of this pandemic and this emergency has brought to the fore the recruitment crisis facing the sector. However, this has been a long-term issue that hasn't received the attention it deserves before now. Within Scotland 20% of registered care services report having nursing vacancies and the level is significantly higher in care homes for older people, with 46% of these services reporting nursing vacancies. 60% of providers indicate recruitment of nurses to be more difficult than the previous year.

When the Health and Care (Staffing) (Scotland) Bill was before the Scottish Parliament, the RCN fought hard to achieve parity of principle for safe staffing across health and social care in Scotland. While the Act contains many important provisions for the care sector, our campaign for a provision that would ensure appropriate clinical advice from registered nursing professionals on care home staffing was not successful. It has taken this crisis for there to be a proper recognition of the increasing clinical complexity within care homes and a new oversight role has been given to the NHS Board Directors of Nursing which we welcome. The role of registered nurse staff in Scotland's care homes is critical in responding to increasing clinical complexities and rapid deterioration of residents. This was the case before the pandemic and we hope that it is recognised going forward.

- As a society for too long we have undervalued the care sector and those who work in it. This crisis has highlighted the crucial importance those working in the care sector, showing their fundamental importance to the functioning of society. We should recognise and value those people and the work they do and we need to redefine the sector going forward.
- The government should ensure that issues around financial inequity between those who work in the NHS and those who work in the independent sector that have come to the fore during this crisis (for example pay for those who are sick, self-isolating or shielding) are resolved and lessons taken forward.
- A greater understanding is required of the wider health impact caused by lockdown measures and the pausing of all elective and non-urgent health services. As the data on this become available, and our understanding of the wider health impacts of the pandemic improves, it is vital that this is fed into future planning to inform decision making about best tackling the balance of harms caused by a pandemic.
- Further to the above point, a greater understanding is also required of the impact of the pandemic on mental health, both in terms of impact on access to already stretched services and the direct impact of the pandemic on increasing need for mental health support. Going forward, planning for the mental health impact of a pandemic should incorporate lessons learned from the current situation. This is also an area which has been traditionally undervalued and we would hope that future emergency planning will recognise the vital importance of these services and the value of those who work in them.
- There can be no doubt now about the importance of, and value in, investment in education, nursing posts and nurse leadership across health and social care. The RCN is determined to build a better future for nursing which truly values the profession and ensures it is an attractive career across all settings. The RCN is currently engaging with our members on how they would like to be recognised and valued in future.