



Closing Statement/Written Submission on behalf of the Royal College of Nursing Scotland

A. Introduction

1. The Royal College of Nursing Scotland (“RCN Scotland”) extends its thanks for the opportunity to participate in and contribute to the Scottish Covid-19 Inquiry (“the Inquiry”) in respect of the hearings looking at the evidence of the impacts of the strategic decision making, during the pandemic, by the Scottish Government in relation to the themes of Health and Social Care (“Impact Hearings”). As the Inquiry will be aware RCN Scotland is the representative voice of nursing across the four nations of the UK and is the largest professional union of nursing staff in the world. It is a registered trade union. RCN Scotland is a distinct directorate operating within the UK-wide RCN rather than a separate legal entity. Over 48,500 members of RCN members are based in Scotland from a UK-wide and international membership of over half a million registered nurses, student nurses, midwives and nursing support workers. Members of RCN Scotland work across NHS hospitals and specialist health facilities, in care nursing homes, the community and private healthcare sector, among others.
2. RCN Scotland continues to offer its condolences and its heartfelt thoughts to everyone who has lost loved ones during the pandemic. It will never forget the sacrifice of the front-line workers, including those who passed away as a result of the pandemic and those who continue to feel the impacts on their health as a consequence of Covid-19, including Long Covid. RCN Scotland is committed to continuing to advocate for and support those of its members that were impacted by the pandemic.
3. On 24 October 2023, RCN Scotland attended the Inquiry to deliver its Opening Statement in respect of the Inquiry’s Health and Social Care Impact Hearings. RCN Scotland had submitted a written submission which set out in detail what it hoped to achieve from this phase and the varying impacts that its members had experienced in respect of Terms of Reference 2(a)-(l). RCN Scotland thereafter submitted witness statements on behalf of the organisation from three senior office holders, Colin Poolman [Executive Director], Norman Provan [Associate Director (Employment Relations)], and Eileen

McKenna [Associate Director (Nursing, Policy & Professional Practice)]. On 20 March 2024, these three witnesses from RCN Scotland attended the Inquiry and delivered oral evidence expanding on the points raised in the organisational statements.

4. Evidence was led which set out the extent of RCN Scotland's engagement with the Scottish Government. In summary, RCN Scotland participated at the highest levels with Scottish Government and other stakeholders during the pandemic. It lobbied the Scottish Government on behalf of its members and on the issues nursing faced from the outset of the pandemic, at times writing directly to Scotland's First Minister to raise concerns and highlight areas requiring action. RCN Scotland sat on a number of groups created in response to the pandemic. As the Scottish Government put in place weekly meeting structures to bring stakeholders together to deal with the pandemic, these meetings became RCN Scotland's primary conduit for engagement with Scottish Government. Overall, engagement with the Scottish Government was good and RCN Scotland's opening submission together with its organisational statements and oral evidence illustrate that. However, it was not perfect.
5. This submission sets out RCN Scotland's response to the evidence heard over the course of the Impact Hearings. RCN Scotland acknowledges and was grateful to learn that the content of its Opening Statement, organisational witness statements and oral evidence will be considered by the Inquiry in its entirety and as such this submission does not intend to repeat every point in detail. As per the Direction of the Chair of the Inquiry, RCN Scotland intends to focus its submission on the impacts that it considers were (a) foreseeable, (b) most significant and/or detrimental, and (c) might have been minimised, or excluded, had reasonable steps been taken to do so. **Section B** of this Closing Statement discusses the key areas of concern for RCN Scotland including: B.1) the adequacy and hierarchy of provision of PPE and the guidance surrounding the mode of transmission of the virus; B.2) Long-Covid and the issues with RIDDOR reporting; B.3) the workforce shortage and redeployment during the pandemic; and B.4) the impacts on the physical and mental well-being of health and social care staff. **Section C** of this submission deals with identifying what future investigations and further evidence RCN Scotland considers would be necessary for the Inquiry to complete its consideration of the decisions and implementation of measures which resulted in, or failed to minimise, the impacts identified.

B. Summary of Key Areas of Concern

6. Throughout the pandemic, RCN Scotland engaged with its members through the RCN's existing interactive support services via a call centre and online platform, known as RCN Direct ("RCND"). The

RCN across the UK received 28,604 calls from members on Covid-19 related issues during the period from March 2020 to the end of June 2022, with around 2,500 of them from nursing and support workers in Scotland, which broadly reflects the membership and population share. Virtually every aspect of the pandemic affected RCN Scotland's members. Its members were impacted in terms of the work they had to do day in and day out, what support was available to them in order to facilitate that work and the toll that their work took on their mental and physical health, including on professionals who were pregnant, clinically vulnerable or redeployed into unfamiliar areas. That impact included suffering from Covid themselves, often on multiple occasions. For some, this means continuing to suffer from 'Long Covid' today, and for others it meant dying from Covid. It is well known that nursing staff across the UK carried the heavy burden of the Covid-19 pandemic. It became apparent throughout the pandemic that there were themes of key impacts emerging, which were recognised by both RCN Scotland personnel and also its members. RCN Scotland has listened to the evidence given over the course of the Impact Hearings and has noted that some of these key impacts were being felt across the health and social care sector. As mentioned, RCN Scotland intends to focus on the themes in the evidence that RCN Scotland considers were foreseeable, (b) most significant and/or detrimental, and (c) might have been minimised, or excluded, had reasonable steps been taken to do so.

B.1 Concerns in relation to PPE

the adequacy and hierarchy of provision of PPE

7. RCN Scotland considers one of the key impacts illustrated over the course of the evidence related to PPE. From the beginning of and throughout the pandemic, RCN Scotland regularly expressed its concerns in correspondence to the First Minister of Scotland regarding the difficulties its members had in accessing adequate supplies of PPE. Care homes were particularly affected by a lack of PPE due to not being able to access their usual supplies/suppliers. The evidence has highlighted that there appeared to be a hierarchy in terms of the supply of PPE. RCN Scotland members were reporting that they considered there was a prioritisation of PPE, in particular of the more "heavy duty" PPE, such as FFP3 masks, in the Intensive Care Units and acute sector. PPE in the care home/ community care sector, both in relation to procurement and provision of, was considered by RCN Scotland to be inadequate, a view which was supported in the evidence of multiple organisations including (but not limited to): Scottish Care, the Scottish Trade Unions Congress, UNITE, GMB, Scottish Hazards, and Scottish Healthcare Workers Coalition who all gave their evidence between March and May of this year. This resulted in RCN Scotland members having to reuse PPE which was intended for single use only, procure their own PPE, or, in some cases, make their own using bin bags and other household items.

Further, the one-size-fits-all approach in the design of 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. Face-fitting was an issue as many people had not been properly trained to carry this out. This was exacerbated by the fact a number of brands were not producing masks which fitted female faces nor took into consideration workers who may have religious headwear. There was also evidence of a lack of training in the fitting of such PPE. As a result of issues of this type, the masks were often ill-fitting for those individuals.

8. RCN Scotland observes that a further recurring concern expressed by its members was in relation to the confusion regarding the guidance on use of PPE. This was supported by multiple organisations representing frontline workers who appeared to provide evidence including (but not limited to): the Royal College of Physicians and Surgeons Glasgow; Scottish Healthcare Workers Coalition; Scottish Intensive Care Society; BMA Scotland; Scottish Care; Independent Care Homes Scotland; GMB; Unite and Royal College of Midwives.
9. The evidence that has been led supports the position that the guidance on PPE changed frequently leading to confusion on how to apply it. Of particular concern for RCN Scotland was that many members expressed this led to a dilemma over whether they could or could not treat patients without wearing PPE. The frequency at which PPE guidance was updated caused inconsistency in its application which, in RCN Scotland's view, will have undoubtedly contributed to the transmission of the virus.

the guidance surrounding the mode of transmission of the virus

10. Intrinsically linked to the adequacy and provision of PPE were the impacts caused by the Scottish Government's understanding and application of how the virus was transmitted, which was contradicted by the emerging clinical evidence. RCN Scotland along with other organisations lobbied the Government to accept that Covid-19 was an airborne virus rather than transmitted by droplet. This was colloquially referred to by Dr Iain Kennedy, of the British Medical Association Scotland in his evidence at the Inquiry, as the "droplet dogma". RCN Scotland submit that the Scottish Government allowed its belief that the virus was transmitted via droplets to permeate and inform every decision and piece of guidance issued by it in relation to infection prevention during the pandemic. RCN Scotland wrote directly to Scottish Government citing international gathered evidence to support its position in March 2021, but at no time did the Scottish Government suitably address its concerns.

11. RCN Scotland carried out an independent review of the literature that was emerging in this regard and found that the evidence was clear that the transmission of the virus was airborne. RCN Scotland was supported in its position by other organisations which the Inquiry has now heard from, including BMA Scotland, Scottish Care and the Scottish Trade Unions Congress. Unfortunately, the Scottish Government preferred the evidence of Antimicrobial Resistance and Healthcare Associated Infection Scotland (“ARHAI”) in favour of the virus being transmitted via droplets. Had the Government approached this issue on a more cautious basis it is submitted that it would likely have had an impact on the recommendations of what protective equipment staff should have been using and when

12. RCN Scotland considers that the Scottish Government could have been more prepared in respect of issues surrounding PPE. RCN Scotland acted proactively and developed its own Covid-19 risk assessment resource for its members, to align Infection Prevention and Control and Health and Safety requirements and provide clarity of the position of Health and Safety legislation which remained current throughout the pandemic. It launched on 23 December 2021. RCN Scotland and other stakeholders were not fully involved in the design of national guidance on PPE and infection control. Nor was the Scottish Government taking heed of the emerging evidence and ensuring there were sufficient stocks of adequate PPE across all settings including: acute and care settings and amongst public, private and third sectors. It was a foreseeable consequence of insufficient, inadequate and inconsistently applied PPE that it would increase the likelihood of contracting the virus. Staff wearing appropriate PPE in clinical, community and care settings would likely have reduced the spread and, latterly, the consequences of Covid-19. The evidence which has been led indicates that FFP3 masks, visors and aprons would at a minimum have been a reasonable precaution as in terms of infection prevention and control measures PPE was arguably the easiest measure to put in place.

B.2 Long Covid and issues with RIDDOR reporting

13. RCN Scotland submits that due to the inappropriate/inadequate PPE provision many individuals contracted Covid-19. Some died because of contracting the virus. Others have gone on to suffer from 'Long Covid' which continues to cause them harm. RCN Scotland submits that this is one of the most detrimental consequences of the impact of the pandemic. Across the UK, the prevalence of Long Covid amongst staff working in health care and social care is significantly higher than the wider population. Many RCN Scotland members who contracted Long Covid via exposure to Covid-19 at work are now at risk of losing their employment due to ongoing health issues and the lack of workplace support to

enable them to remain in employment. For many, working on the front line of the pandemic has resulted in the ultimate sacrifice of their health.

14. Unfortunately, there is a significant lack of information regarding workplace infection due to the inadequate reporting systems that many employers had in place, including the lack of utilisation of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Norman Provan, of RCN Scotland, explained during his evidence that he wrote to every NHS health board in Scotland reminding them of their responsibilities to record what might have been occupationally derived disease through the RIDDOR reporting mechanism. Inconsistent responses were returned, and some employers dismissed this entirely stating that it would be impossible to contract covid because they had provided staff with PPE. Even after this was raised with the Scottish Government, the mechanism for testing moved from the more robust polymerase chain reaction (PCR) testing and reporting, to at home testing which relied heavily on individuals self-reporting. As a consequence, there will undoubtedly be a large part of the workforce who were infected with Covid-19 in the workplace, but in respect of which this was not recorded and consequently never relayed to the Health and Safety Executive. RCN Scotland submits that had the Health and Safety Executive received the accurate figures this would likely have resulted in changes to the infection control mechanisms in place. Had there been more stringent reporting mechanisms, there would likely have been more stringent infection control mechanisms which would have decreased the number of people contracting Covid-19 in the workplace and decreased the number who went on to develop Long Covid.

15. RCN Scotland was particularly moved by the evidence which was led during the Inquiry in relation to Long Covid and those suffering from it. This month RCN Scotland is writing to the First Minister seeking an amendment to the current Terms of Reference of the Inquiry to explicitly include Long Covid. This is to ensure that the evidence at the Inquiry in relation to Long Covid is fully part of the Inquiry's investigations and reports. RCN Scotland shares the view of Jane Omerod from Long Covid Scotland, that in terms of foreseeability given pre-existing knowledge in respect of post-viral symptoms in other infections, Long Covid ought to have been predicted. RCN Scotland continues to support members with the symptoms of Long Covid. However, more needs to be done in terms of supporting those who have Long Covid and who, as a consequence of its symptom's, have gone on to lose their jobs. The RCN together with the BMA have called upon the Government to make urgent progress on supporting healthcare workers with Long Covid and have it recognised as an occupational disease. For RCN Scotland, the impact on the nursing profession, both in relation to financial detriment being felt by individuals, as well as the effect of lower workforce numbers, will be felt for some time and it considers this impact should properly be part of future pandemic planning.

B.3 evidence in relation to the impact on the workforce shortage; redeployment

16. Even prior to the pandemic there had, for a number of years, been high numbers of unfilled vacancies within the NHS Scotland. RCN Scotland has long said that the whole-time staffing required to provide a good level of service was in deficit at the start of the pandemic and was significantly exacerbated as a result of the pandemic. The impact of Long Covid on the workforce, along with continuing psychological symptoms being experienced by many RCN Scotland members as referred to in paragraphs 18 and 20 and 21 below mean that there is large number of the workforce now unable to practice.
17. This was emphasised with the evidence led in respect of redeployment of nurses to different sectors. The example given by RCN Scotland was that in order to increase intensive care capacity, the number of staff needed in those settings had to be increased. Eileen McKenna explained in her evidence that she is an intensive care nurse by background, and this involved an additional year's training and different knowledge and skills than those required at an acute or surgical ward. However, during the pandemic staff were being redeployed with no additional training for the areas into which they were redeployed. RCN Scotland found this created a moral dilemma for many of their members who felt out of their depth but were being required to treat critically ill patients.
18. Many student nurses and nurses who had retired were mobilised to address the shortfall in the workforce numbers. Nursing staff of all grades delayed retirement; retirees returned to work. Many were redeployed to unfamiliar clinical environments, and organisations redesigned their service delivery model to maintain services to patients, residents in care homes, and the wider community. The impact on the nursing workforce and nursing students cannot be underestimated. RCN Scotland acknowledges that other trade unions, such as UNITE, shared similar experiences, noting that staff were redeployed to areas where they had no experience or expertise. The understaffing left inexperienced staff with too much responsibility which consequently had a huge mental health impact.
19. RCN Scotland accepts that the issues with the nursing workforce predate the pandemic. However, the knowledge of the gaps in the workforce should have presented the Scottish Government with a real and foreseeable risk of the pressures on the sector if there were to be a pandemic. As a consequence of this issue not having been addressed, there was a direct and detrimental impact on the level of care that many nurses felt they *had* to deliver as compared to what they would have wanted to or need to deliver. RCN Scotland believes there are many lessons to be learned, but for Scotland to be ready for the next pandemic it highlights that the greatest lesson to be learned is to ensure that there is a suitable

health and social care workforce in place. RCN Scotland says that without an adequate number of medical, clinical and healthcare workers with the right mixture of skills and who are able to deliver the appropriate standard of patient care to meet the demand of the country at the present time in the **absence** of a pandemic, then there is no prospect of the demand created by any future pandemic coming close to being met. The longer-term impacts on the sector are already being felt. The staffing crisis is getting worse due to staff leaving or having to take ill health retirement due to ongoing physical and mental health consequences of their Long Covid diagnoses.

B.4 the impacts on the physical and mental well-being of health and social care staff

20. RCN Scotland presented evidence to the Inquiry using a snapshot of quotations obtained from its member surveys to illustrate the detrimental impact of the pandemic on the health and wellbeing of the workforce. For example, RCN Scotland gave evidence highlighting that the pandemic exacerbated the issue of excessive demands on a nursing workforce already at risk of stress and burnout. Over 50% of RCN Scotland members who responded to a 2020 survey said they were worried about their mental health, while 58% said they were worried about their physical health. The quotations used by RCN Scotland during the Impact Hearings highlighted the feelings of angst, vulnerability, fear, dread, panic as well as the emotional and physical aspects of dealing with death, pain and suffering daily at levels staff had never experienced before.
21. RCN Scotland now finds that many health and social care staff are experiencing significant and complex mental health issues as a consequence of the pandemic, which has a collateral effect on the quality of care being delivered to patients and care home residents, as discussed above. RCN Scotland accepts that the long-term impact on the wellbeing of the workforce will take some time to establish and this must be taken account of when planning for service recovery. These impacts ought to have been foreseeable consequences of facing a pandemic with an inadequately staffed workforce and this will require to be addressed to ensure that history does not repeat itself in the event of a future pandemic.

C. Future Investigations

22. RCN Scotland notes and welcomes future investigations in relation to the implementation of measures and key decision making by the Scottish Government in respect of Health and Social care. Further it considers that the Inquiry would benefit from evidence led in relation to the knowledge and understanding of Long Covid within Scotland; and the knowledge and understanding of the mode of

transmission of the Covid-19 virus in particular from (a) those public bodies charged with implementing policy decisions and (b) decision makers within the Scottish Government.

D. Conclusion

RCN Scotland has belief in the Inquiry establishing the facts of and learn lessons from the strategic response to the Covid-19 pandemic in Scotland. It believes there are many lessons to be learned, but in order for Scotland to be ready for the next pandemic, RCN Scotland highlights that the greatest lesson to be learned is to ensure that there is a suitable health and social care workforce in place. That is not just a lesson to be learned, but also a warning that with the current level of staffing, the number of vacancies and long-term effects of the Covid pandemic (such as Long Covid), the country's health service and its workers are struggling to cope at present and certainly could not cope with another pandemic. There are likewise lessons to be learned on pandemic planning, in particular to ensure that PPE appropriate to the virus and its method of transmission is available and is provided. Also on issuing guidance that takes into account emerging clinical data in respect of infection transmission and control, and on the need for research into the impact of Long Covid on the nursing and healthcare workforce.

23. RCN Scotland, through the evidence of Colin Poolman noted that the nation "was quick to move on from the pandemic" but for many the pandemic and its impacts are not over. This reflects the reality of much of the evidence which has been led throughout the course of the impact hearings.

24. RCN Scotland looks forward to receiving the findings of this phase of hearings which serves as a reminder that the impact on our professionals in the health and social care sector was considerable and we must not be quick to forget it.