Royal College of Nursing

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

A. Introduction

1. RCN Scotland welcomes the opportunity to participate in and contribute to the Scottish Covid-19 Inquiry. The Royal College of Nursing 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. Its members work in a variety of hospital, care and community settings in the NHS and the independent sector. RCN Scotland is a distinct directorate operating within the UK-wide RCN rather than a separate legal entity. The Director for Scotland, based in Edinburgh, has strategic and operational autonomy in the Scottish context, within the broader strategic approach and operational requirements of the RCN as a whole. RCN Scotland deals with Scottish nursing matters, including pay and conditions, and campaigns on issues of concern to nursing staff, influencing health policies at local, NHS Scotland and Scottish Government levels. 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 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, at times writing directly to Scotland's First Minister to raise concerns and highlight areas requiring action. RCN Scotland sat on:

- **Workforce Senior Leadership Group (WSLG)** - multiagency group with Scottish Government officials; **Clinical Professional Advisory Group** (CPAG) - Care Home specific with range of stakeholders and SG; **Louisa Jordan Programme Board** – Multi-agency group, equivalent to the Nightingale Hospitals; **Pandemic Response in Adult Social Care Group** (PRASCG); **National PPE Oversight Group** - supply and products, not guidance; **HSC Winter Planning and Response Group**; **Rapid Response/Action Group** (care homes); **Infection Prevention and Control Sub-group; Short Life Working Group on Intensive Care Units; Staff Recovery Short Life Working Group; Community Nursing for Adults Group**

3. The RCN Scotland Director Theresa Fyffe and the Cabinet Secretary for Health were in regular contact. Ms Fyffe's successor from early 2021, Susan Aitkenhead, also had contact as did her successor from September 2021, Colin Poolman. The frequency and nature of that contact varied with the stages of the pandemic and with the various lockdown rules. In the initial two to three months of the pandemic contact was at least fortnightly and typically conducted by telephone. This provided an opportunity for the RCN to raise members' concerns directly with Scottish Government. Ms Fyffe also wrote to the Cabinet Secretary on several occasions. As the Scottish Government put in place weekly meeting structures to bring stakeholders together to deal with the pandemic, these became RCN Scotland's primary conduit for engagement with Scottish Government. The RCN Scotland Director was also in regular contact with Scotland's Chief Nursing Officer with a similar frequency to that of the contact with the Cabinet Secretary, and RCN Scotland's two Associate Directors, Norman Provan for Employment Relations, and Eileen McKenna for Nursing, Policy and Professional Practice, held weekly meetings with the Deputy Chief Nursing Officer to allow more detailed discussion around key issues. In addition to direct dialogue with the Scottish Government, RCN Scotland worked to highlight members' concerns on safe staffing, access to PPE and staff wellbeing along with others, such as the Royal College of General Practitioners, the British Medical Association and Scottish Care.

4. RCN Scotland welcomed the Scottish Government's overall approach to engagement with stakeholders and others. The list of matters that were progressed via these groups is extensive and can be dealt with in witness/oral evidence. It included such things as the provision of PPE, the status of students who were called upon to work, the provision of mental health and wellbeing support for staff, accounting for the particular health and safety needs of Black and Minority Ethnic staff, multiple policy variations including regarding sick leave, support funds for social care workers, proper laundry facilities, access to schools for children of NHS staff to ensure they were able to attend for work during lockdown, access to testing and vaccination for health and social care staff and guidance for them.

5. However, while the engagement was good, this did not mean that RCN Scotland's arguments were always accepted and/or acted upon. The impact of this was consequently felt by its members, as discussed below, and RCN Scotland considers there are lessons for the Inquiry to draw out and learn in this regard. Again, this will be more fully explored in oral submissions/witness evidence.

6. This submission sets out some of **RCN Scotland's key concerns**, in respect of the impacts of the strategic decision making by the Scottish Government in relation to the themes of Health and Social Care this Inquiry's Terms of Reference. Firstly, **Section B** addresses the human impact of the pandemic on its members from the decisions taken. Secondly, at **Section C** it more specifically addresses the key concerns of RCN Scotland arising from each Term of Reference ("TOR") 2(a) – (l). Thirdly, it concludes at **Section D** with what the RCN hopes this Inquiry will learn for future pandemics.

B. Impact on Nurses, Loss of Life and Long-Covid

7. RCN Scotland considers it is vitally important to start with the impact the pandemic and the decisions made had on nurses, nursing as a whole and related healthcare staff. In this regard, it is hoped that RCN Scotland can participate as an organisational witness in the Impact Hearings in due course.

8. **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 professionals who were pregnant, clinically vulnerable or redeployed. That impact included suffering from Covid themselves, often on multiple occasions. In some cases, this means continuing to suffer from 'Long Covid' 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. Our nursing community responded to the global health crisis in extraordinary ways, coming out of retirement, putting aside their studies and being redeployed to specialised clinical areas.**

9. In a broad sense, 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.

10. From these calls, much of the impact of the strategic decisions felt by RCN members was documented. Among the issues which nurses and healthcare workers reported that they were: *attending work despite not feeling well enough to perform their duties; *reporting that extended periods of time spent wearing PPE caused damage to their skin and contributed to fatigue and heat stress; *feeling depressed, anxious and stressed; and *reporting experiences indicative of a probable post-traumatic

stress disorder diagnosis increased. As well as this, they were being presented with professional dilemmas, such as whether or not to treat patients without wearing PPE; how to delegate tasks appropriately; whether or not to undertake work at a higher level than they were familiar with, and ensuring they balanced their unpaid overtime with considerations of patient safety so that overwork and exhaustion did not present a risk to that safety. They faced fitness to practise referrals where their decisions on such matters were challenged. Members working in the community reported receiving harassment and abuse from members of the public. Nursing staff from ethnic minorities, as in the general population, suffered poorer outcomes of Covid-19 infection, exacerbated by existing structural inequalities and institutional bias within the healthcare system. The pandemic worsened the financial difficulties experienced by many RCN members. Nursing students suffered particular impacts as a result of Covid-19, including concerns about academic deadlines, clinical placements and deployment, testing and risk assessments, registration, pay and sick pay, indemnity and life assurance, and stress levels. Pregnant members and those on maternity leave raised queries about their rights and obligations in relation to attending work in high-risk areas, and those already with children experienced childcare difficulties. Members contacted and continue to contact the RCND in large numbers with queries about Long Covid. Across the UK, prevalence of Long Covid amongst staff working in health care and social care is significantly higher than the wider population. Many RCN 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. Further, the impacts of the pandemic have been unequal across the population, exposing long-standing structural inequalities that have impacted RCN members.

11. **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.**

12. **Key issues arising from the Terms of Reference (TOR) which RCN Scotland wants the Inquiry to consider -** RCN Scotland has considered the scope of the TORs and summarise their position in respect of what they consider to be the key issues arising, taking each TOR in turn.

TOR 2(a) pandemic planning and exercises carried out by the Scottish Government

13. RCN Scotland submits that many of the impacts felt by it and its members were a consequence of decisions taken in terms of pandemic planning by the Scottish and UK Governments.

14. **Crucially, the size and scale of the Scottish health and social care nursing workforce, across all sectors, was inadequate to meet demand prior to the pandemic, during the pandemic, and continues to be so after the pandemic. For many years, RCN Scotland had been advocating for Scottish Government to take more urgent action to fill vacancies, retain existing staff and bring new entrants into the nursing workforce. Unfortunately, not enough was done to do this. In turn, this has not only impacted RCN members but also, the provision of care of patients**.

15. **Low staffing levels during the pandemic impacted patient care and staff morale and contributed to increased numbers of nursing staff considering leaving the profession. Elevated staff sickness levels (and self-isolating and shielding) during the pandemic further exacerbated the workforce shortages and had a direct impact on the sustainability of services and the ability of staff to deliver safe and effective care. Nurse-to-patient ratios were diluted, impacting the level of care that could be provided. Members had to adapt to new ways of working at a rapid pace and often without adequate support. This put additional pressure on nursing staff, contributing to increased levels of anxiety and burn out**.

16. **RCN Scotland considers that a workforce crisis was well entrenched in the health and care service before the Covid-19 pandemic struck, which significantly impacted Scotland's ability to appropriately prepare for the impact the pandemic would have on the health and social sector. The Covid-19 pandemic shone a spotlight on the critical role undertaken by nursing staff across in Scotland and across the UK. It also highlighted the how underfunded and understaffed the nursing profession and the wider health and care system has become over the past decade. RCN members report feeling overstretched and undervalued today.**

TOR2(b) the decisions to lockdown and to apply other restrictions and the impact of those restrictions

17. RCN Scotland in large part supported the Scottish Government's approach to lockdown and restrictions**.** However, while decisions taken by the Scottish Government to impose restrictions and enter into

lockdowns were for the benefit of the population, RCN Scotland considers the impact of these decisions on nurses and healthcare staff who were required, in some instances, as frontline workers, to isolate themselves from their normal support networks of friends and family should not be lost. These decisions, while perhaps unavoidable, added to the increased stress to for nurses and others.

TOR2(c) the delivery of a system of testing, outbreak management and self-isolation; **and** ***TOR2(d) the design and delivery of a vaccination strategy***

18. RCN Scotland commends the Scottish Government for the engagement with it in terms of access to testing and vaccination for health and social care staff and guidance for nurses and others. However, it is the position of RCN Scotland that the pandemic increased its health and safety concerns/the HSE's role in investigating the impact of Covid-19 on staff and the (in some cases) unsatisfactory approach by employers to the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR). The fact the rate of death amongst nursing staff was significantly higher than the general population of a similar age group highlighted the need to properly investigate why, and to give nurses the protection they needed. All frontline staff deaths related to Covid-19 should have been reported as occupational fatalities as a precaution. Further, there was confusion arising from the infection control guidance at UK level as agreed by the four nations. As a profession, nurses have led the way in reducing the transmission of infection by prioritising infection prevention and control measures. These measures are fundamental to nursing, meaning the profession is uniquely able to understand the importance and methods to reduce infection rates. Prior to, and during the Covid-19 pandemic, the RCN was not fully involved in the design of national guidance on PPE and infection control. In future, full and proper engagement with the nursing profession on infection control will help to ensure national guidance is robust, fully informed and evidence based.

19. As the largest element of the health and social care workforce qualified to give vaccinations, nursing staff were critical to the delivery of the programme. This made them subject to similar risks to their own health as those they had faced in earlier stages of the pandemic.

TOR2(e) the supply, distribution and use of Personal Protective Equipment (PPE)

20. Potentially the most significant impact of the strategic decisions taken in respect of Health and Social Care were those made in relation to Personal Protective Equipment (PPE). Early in the pandemic the RCN Scotland argued that more 'heavy duty' PPE was required for health and social care staff, to ensure

their protection for the procedures with which they were involved and their extensive exposure to Covid-19. Specifically, this meant the provision of FFP3 masks as a default for staff. It was also related to RCN Scotland's position that Covid-19 is an airborne virus rather than being spread through only by means of droplets, or by way of a limited number of 'aerosol generating procedures'. The Scottish Government resisted making FFP3 masks the default for some time, and eventually only conceded the point in part by way of recommending that FFP3 masks were allocated if a member of staff requested, which would involve a risk assessment. The later decision by the World Health Organisation to categorise Covid-19 as an airborne virus had vindicated RCN, but too late for those who caught Covid-19 as a result of inadequate PPE: https://www.independent.co.uk/news/covid-who-aerosol-transmission-soumya-swaminathan-b223238.html

21. It is the view of RCN Scotland that a lack of clarity on use of the term "PPE", and confusion over the definition and purpose of source control 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 in Scotland. 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*".

22. RCN Scotland regularly expressed its concerns in correspondence to the Scottish First Minister 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. 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 which fit female faces, particularly with the shape and design of masks being too big and causing many female nurses and doctors to fail the fit testing process and also those members who wear headscarves.

23. Ultimately, the RCN found that there was a serious lack of engagement by the Scottish Government to consider the growing international scientific evidence of airborne transmission of Covid-19 but this was

ultimately dismissed in favour of droplet transmission despite no evidence supporting this and the impact of these decisions require to be critically examined by this Inquiry.

TOR2(f) the requirement for shielding and associated assistance programmes, provided or supported by public agencies

24. The pandemic worsened the financial difficulties experienced by many members working in the independent care sector, who reported concerns surrounding entitlement to sick pay. There were also issues surrounding the level of pay shielding members were entitled to from their employers. In addition, the requirement for many members to shield exposed the already depleted and struggling workforce numbers. RCN members expressed a lack of clarity of the guidance issued by both the Scottish Government and their employers in respect of high-risk individuals and shielding. Many members reported facing a moral dilemma between protecting themselves and not contributing to the difficulties faced by the growing staff shortages.

TOR2(g) in care and nursing homes: the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, infection prevention and control, and inspections

25. The issues in respect of care and nursing homes are interlinked with RCN Scotland's concerns regarding the staff workforce and provision of PPE, the impact of both shortfalls was greatly felt in the care and nursing homes. 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. RCN Scotland 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.

TOR2(h) the provision of healthcare services and social care support, including the management and support of staff and the recognition, involvement and support of unpaid carers

26. Issues in respect of TOR2(H) have largely been covered above, including but not limited to, the health and safety concerns/the HSE's role in investigating the impact of Covid-19 on staff and the approach by employers to the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR).

27. However, RCN Scotland asks this Inquiry to consider the impact of the pandemic and the existing staff shortages which required the mobilisation of the student workforce and retired nurses. RCN Scotland acknowledged, in its briefing for the Scottish Government Debate 'Suppressing Covid: Next Phase' in May 2020, that the response to the call for nurses and other health professionals to re-register, and for students to join the workforce early, had been overwhelming – but that many were not being called upon to work. Mobilising the student workforce in Scotland got off to a slow start. RCN Scotland was clear that where final year students opted to join the Covid-19 temporary register, they had to be paid at Band 5 level. It sought clarity from the Scottish Government on the position for students who chose not to join the Covid-19 temporary register and opted to continue their final year placements as students and queried the extent of any financial support.

TOR2(i) the delivery of end-of-life care and the use of DNACPR (do not attempt cardiopulmonary resuscitation decisions)

28. The RCN's position has always been that there must never be blanket use of DNACPRs and that end-of-life care must always be delivered with the utmost compassion and as part of a personalised care plan which it reemphasised in a press release in late 2020.

TOR2(j). welfare assistance programmes, for example those relating to benefits or the provision of food, provided or supported by public agencies

29. The impact of the strategic decisions taken by the Scottish Government during pandemic on the personal lives of RCN members included an increase in the numbers reporting being worried about their financial circumstances. Financial concerns were particularly acute among younger nursing staff and among staff from black or ethnic minority background as well as those employed on lower pay bands. The possibility of receiving only Statutory Sick Pay for Covid-related absences early in the pandemic clearly contributed to the risk of acute financial distress. Members were also concerned about whether they would be paid when self-isolating with a lot of ambiguity and lack of clarity in the beginning in respect of Government guidance. RCN Scotland's position was that health and care staff should not suffer any financial detriment for being away from work to protect public safety.

30. RCN Scotland submits that it is essential for the Inquiry to consider the impacts of Long Covid on the nursing profession and for healthcare support workers, both in relation to financial detriment that is being felt by many professionals in the health and social care setting, as well as the impact on workforce

numbers. RCN Scotland has been active in supporting its members to raise personal injury claims where, for instance, there is a case to be made for negligence in exposing nurses to otherwise avoidable infection. As a result of the impact on the workforce and its members, RCN Scotland is considering calling for a key worker compensation scheme to provide financial support to healthcare professionals suffering from Long Covid.

TOR2(k). the delivery of education and certification

31. As has been mentioned, the impact of the pandemic on student nurses was in large part a consequence of the staff shortages which resulted in the mobilisation of student nurses to the workforce. Feedback from within this group has highlighted the main concerns as being a lack of clarity surrounding academic deadlines, clinical placements and deployment, testing and risk assessments, bursaries, registration, pay and sick pay, PPE and options available to them. Nursing students in Scotland felt so lost and concerned about the future of their degrees that they wrote to Nicola Sturgeon, the First Minister of Scotland at the time. RCN Scotland has continued to engage with the Scottish Government to suggest ways in which the student nursing force could be supported.

C. CONCLUSION

RCN Scotland is relying on this Inquiry to establish 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**, it highlights that the greatest lesson to be learned is to ensure that there is a suitable health and social care workforce in place. 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 chance at all that the demand created by any future pandemic will come close to being met. 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 associated lessons on pandemic planning on properly researched PPE, research into the impact of Long Covid on the nursing and healthcare workforce and work on not only recruitment but how to retain staff in the workforce over the longer term.