Royal College of Nursing
20 Cavendish Square
London
W1G 0RN

Dame Donna Kinnair
Chief Executive & General Secretary

Telephone 020 7647 3781
Email Donna.Kinnair@rcn.org.uk

Executive Assistant: Danielle Boyle
Telephone 020 7647 3781
Email Danielle.Boyle@rcn.org.uk

Baroness Armstrong,
Chair, Public Services Committee

Sent by email to: armstrongh@parliament.uk, cc Mark Hudson: hudsonm@parliament.uk

31 July 2020

Dear Chair,

Thank you again for the opportunity to contribute to the Public Services Committee's session on *Lessons from Coronavirus* to discuss the nursing workforce last month. The nursing community has been front and centre in responding to the pandemic and I am writing to restate the most significant challenges faced by Royal College of Nursing (RCN) members throughout COVID-19. Whilst your inquiry is focused on public services in England, many of the issues detailed below were, at least in part, experienced by nursing staff in all nations of the UK.

As I highlighted during the session, despite the agility and professionalism of nursing staff, there were both immediate issues and deep-rooted problems that existed prior to the pandemic, which impacted our members ability to provide safe care.

Personal Protective Equipment (PPE)

The biggest and most significant challenge faced by our members was a lack of supply and access to appropriate and correct PPE. This caused staff significant worry and anxiety regarding their safety at work, especially for our members in care homes where they had to buy their own supplies or accept donations. Procurement of PPE for all settings has been a longstanding problem and we are clear that specialist procurement nurses must be included in national and local supply decisions so that stocks acquired are adequate and will be fit for purpose. Members are still reporting that some of the PPE available to them isn't correct, in particular, some masks do not meet the standards. Furthermore, changes to Public Health England's guidance, especially on the re-use of single use PPE in April - which under no circumstances do the RCN endorse - led to heightened anxiety and left many working in unsafe environments.

Our latest member survey from May shows stark differences in access to PPE between White British nursing staff and their colleagues from Black, Asian and minority ethnic (BAME) backgrounds. Of respondents working in high-risk environments (including intensive and critical care units), only 43% from a BAME background said they had enough eye and face protection equipment. This is in stark contrast to 66% of white British nursing staff[i].

As the health and care sector re-builds and nursing staff return from their redeployment, we expect the Government and relevant agencies to capture and act on lessons learned during the pandemic in relation to supplies of PPE and to ensure there are clear and accountable mechanisms in place for staff to raise any concerns in the knowledge that they will be dealt with without fear of redress.

Royal College of Nursing of the United Kingdom
20 Cavendish Square
London W1G 0RN
Telephone:
+44 (0) 20 7409 3333
RCN Direct 0345 772 6100
rcn.org.uk

Patron
Her Majesty The Queen

President
Professor Anne Marie Rafferty CBE, FRCN

Chief Executive & General Secretary
Dame Donna Kinnair

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.

Workforce shortages

Before the pandemic, the NHS in England had almost 40,000 nursing vacancies alone. Estimates from Skills for Care highlight that the turnover rate of nursing staff in social care is 30%, with leavers steadily increasing by 9% from 2012 to 2018. The domestic nursing supply is fragmented and has not kept pace with rising population need causing an unethical overreliance on international staff to fill the gaps. The supply, recruitment, retention and remuneration of staff must be resolved for the long-term so that we have a sustainable and sufficient workforce to deliver safe and effective care.

Accountability for workforce supply and planning in law
Currently, decisions around workforce, finance and service design happen in isolation. COVID-19 has highlighted the fragmentation across national and local decision makers and systems. The workforce shortages are in part due to a lack of clarity around responsibilities and accountabilities for growing and developing the workforce based on a full assessment of patient demand now and in the future. We have been calling for the lack of clarity to be resolved in law so that the public can be assured that the health and care system is adequately staffed to provide safe and effective care.

Nursing higher education
In order to address workforce shortages, it is essential to increase the numbers of nursing students and to create oversupply. We know that the undergraduate degree route into nursing is the quickest and safest way to increase the workforce at the pace and scale required. However, the funding reforms from 2017 - which removed the bursary and free tuition fees for students - have disincentivised potential nurses from studying due to the prospect of debt. Since this policy decision, applications to nursing courses have dropped 30% overall. Despite positive rises in applications to study nursing this year (a rise of 16%), COVID-19 has highlighted how critical it is for the Government to rapidly but safely increase nurse numbers in order to begin to close the gap between vacancy rates and patient need.

We expect Government to reimburse tuition fees or forgive current debt for all current nursing students; abolish student-funded tuition fees for nursing students starting in 2020/21 and beyond, and lastly, introduce universal maintenance grants that reflect actual need building on the training grants announced in December 2019.

Value and reward
There have been no substantive national efforts to value and retain the workforce by successive Governments. For nearly a decade, nursing pay in England was capped at 1% and nursing staff have been left feeling devalued whilst working in overstretched and under resourced environments. Our latest RCN member survey revealed a significant rise in nursing staff considering leaving the profession, citing pay as a factor[ii]. Alongside the other health unions, we have called for the Prime Minister and his Government to begin Agenda for Change NHS staff pay talks immediately and the pay settlement to be brought forward.

Fragmented integration between the NHS and wider health and care services

Health and wellbeing of a population is not solely dependent on access to acute hospital care; many of us will never require acute hospital admission but will need nursing staff working in General Practice, the community and in care homes as we move through life. Not only is the health and care system designed to treat illness rather than promote good health, there is an

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.

artificial and unhelpful divide between social care and the NHS. COVID-19 has exposed the disjointed nature of health and care services at national, regional and local scales. There is unequal access to resources, guidance and workforce in the care sector as opposed to the NHS.

Whilst fragmentation is recognised by our members and decision makers, there remains no long term and sustainable funding and strategy for the care sector. The future immigration system which sets to exclude many social care staff from attaining visas to work in the UK will further push the care sector to breaking point as it will almost certainly cause a drop in the numbers of international staff. The Government must rethink this damaging immigration policy and implement a sustainable funding solution for social care with urgency.

COVID-19 testing for nursing staff

The testing infrastructure took too long to roll-out across acute Trusts and the wider health and care system. This meant that nursing staff took the precaution of self-isolating when presenting with symptoms, unable to access a test. As a result, in early April, some Directors of Nursing in London were reporting staff sickness rates of over 20%. This presented a significant staffing challenge and placed additional pressure on already overburdened staff. Furthermore, startling discrepancies existed between the offer and accessibility of COVID-19 testing for those working in the NHS compared to those working on temporary contracts or outside the NHS, while other members told us that a lack of transport to remote testing sites prevented them from accessing testing facilities during the peak.

Staff wellbeing and mental health

The impact and challenge of delivering care during the pandemic is likely to significantly affect staff mental health and wellbeing. For those caring for the escalating numbers of critically unwell patients as well as distressed family members virtually, this is likely to be more traumatic. Many of our members have expressed the high levels of stress working through the height of COVID-19 has had on them, with many of our members telling us they are on the cusp of burnout. The psychological impact of caring for increased volumes of very sick patients and distressed relatives must not be underestimated. The RCN expects all employers to make available and fund timely access to confidential counselling and psychological support for all staff.

I hope this information proves helpful for your Inquiry and thank you again for the opportunity to give evidence to the Committee. Should you have any questions, please contact Rachael Truswell, Public Affairs Adviser on Rachael.Truswell@rcn.org.uk or 0207 647 3607.

Yours sincerely,

Dame Donna Kinnair
Chief Executive and General Secretary

---

[i] RCN report, second PPE UK wide membership survey report of results, May 2020. Available here: https://www.rcn.org.uk/professional-development/publications/rcn-second-ppe-survey-covid-19-pub009269
[ii] RCN report, Speaking Up: How UK nursing staff expect to be valued, 2020. Available here: https://www.rcn.org.uk/professional-development/publications/rcn-speaking-up-uk-covid-19-pub-009323

The RCN is a Royal College set up by Royal Charter and a Special Register Trade Union established under the Trade Union and Labour Relations (Consolidation) Act 1992.