

Royal College of Nursing response to the Equality and Human Rights Commission consultation on its new strategic plan for 2022-2025

With a membership of around 465,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

1. Upholding rights and equality in health and social care

- 1.1. The RCN welcomes the opportunity to give feedback to the Equality and Human Rights Commission (EHRC) on its strategic plan for 2022-25.¹ To support the EHRC's commitment to being independent, authoritative and agile, as set out in the strategic plan, it would be useful to have a fuller definition of these principles, including affirming independence from undue political influence.
- 1.2. Nursing staff across the UK have witnessed how the pandemic is exposing and amplifying existing inequalities. Nursing staff work in a wide and diverse range of services and settings including in homes, schools, hospitals, GPs, prisons, specialist clinics, and care homes and we work with a diverse range of people, families and communities across the life course. The RCN is particularly concerned about how the health visiting service has been impacted by significant declining workforce numbers, cuts to funding and rising demand.¹ We would welcome the inclusion of support for early years intervention and prevention within the EHRC strategic plan, given that it is the foundation for health creating practice from an education perspective as well as improving the life outcomes for future generations.
- 1.3. In this context, the EHRC has a vital role to play in promoting laws and standards and providing independent advice and expertise on human rights and equality, including ensuring compliance with the public sector equality duty, as well as raising awareness and improving our understanding of the importance of human rights and equality law in providing protections against discrimination and breaches of fundamental rights. The RCN recommends that the EHRC prioritises strengthening the public sector equality duty across England, Scotland and Wales, with a practical focus for public sector institutions and bodies, and the services commissioned by them, on changing outcomes and reducing inequalities across the public sector. It is vital that the Equality Act 2010 is strengthened as a lever for delivering change.¹
- 1.4. The EHRC will need to understand and work closely with the relevant health and care bodies and structures across the UK. As the strategic plan states, this must include governments as well as service providers and regulators, inspectorates and ombudsmen.
- 1.5. We would welcome further information about what enforcement action will look like across complex health and care structures across the UK. We want to see further assurance that the EHRC is able to reach into these structures, either directly or through existing regulatory and inspecting frameworks, to ensure that employers and system leaders are held to account in the health and care sector. This is particularly important given their status as anchor organisations.

¹ The EHRC works across Great Britain (England, Scotland and Wales).

2. Fairness in a changing workplace

- 2.1. The pandemic has had a significant impact on the nursing workforce. The death rate from COVID-19 amongst nursing staff has been higher than that of the wider population; while the death rate among social care staff is two times higher than among the general population.ⁱⁱⁱ Mirroring the wider evidence about the unequal impact of the pandemic, nursing staff from ethnic minority communities have been disproportionately affected and face an elevated level of risk of serious illness and death from COVID-19 as a result of greater exposure to the virus as a result of a wide-range of structural inequalities link with occupation, housing and location of residence.
- 2.2. We would like to see a priority given to work that focuses on delivering safer and more inclusive environments for health care staff, this forms part of the foundation for creating and maintaining safe and effective care. Our own survey data research revealed that some ethnic minority nurses experienced greater difficulty in accessing appropriate Personal Protective Equipment (PPE) in comparison to their white colleagues.^{iv} Data from the NHS Workforce Disability Equality Standard in England, highlights the disparities in workplace experience and outcomes for disabled staff as does data on the NHS Workforce Race Equality Standard for England^{vi} in respect of ethnicity.
- 2.3. The EHRC should also pay particular attention to the development of clear and accessible guidance on the importance of intersectional pay gap reporting which covers, at minimum, gender, disability and ethnicity. As knowledge about the nature of discrimination within the workplace deepens, it is critical that employers are required to build a clear understanding of the forces that are driving inequity and the evidence base presenting the size of the issue across health and care sectors. Requiring organisations to develop clear evidence-based action plans to tackle pay gaps remains integral to reducing discrimination and disadvantage in the labour market.
- 2.4. The EHRC should focus on strengthening its enforcement mechanisms, particularly in areas of the labour market with low levels of trade union membership density such as the independent health and care sector alongside social care. We recommend that particular attention is paid to working closely with regulatory and inspecting bodies to ensure that full compliance with the Equality Act 2010 is a distinct part of their assessment process, as well as inclusion in the strategy objectives for implementing evaluation and regular follow up to capture prioritisation and impact.

For further information please contact: Rosalind Stainton, Policy Adviser at rosalind.stainton@rcn.org.uk

ⁱ Institute of Health Visiting (2020) Health visiting in England: State of Health Visiting in England <https://ihv.org.uk/wp-content/uploads/2020/02/State-of-Health-Visiting-survey-FINAL-VERSION-18.2.20.pdf>

ⁱⁱ House of Lords Liaison Committee, 4th Follow up report: The Equality Act 2010: Impact on Disabled People: Follow Up Report published 9th September 2021

[House of Lords - The Equality Act 2010: the impact on disabled people Follow-up report - Liaison Committee \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/liaison-committee/house-of-lords-the-equality-act-2010-the-impact-on-disabled-people-follow-up-report-liaison-committee/) (accessed 28th September 2021)

ⁱⁱⁱ ONS (2021) 'Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 28 December 2020', published 25 January 2021

^{iv} RCN (2020) Second Personal Protective Equipment Survey of UK Nursing Staff Report: Use and availability of PPE during the COVID-19 pandemic, Royal College of Nursing, 2020. Available at <https://www.rcn.org.uk/professional-development/publications/rcn-second-ppe-survey-covid-19-pub009269>

^v Annual NHS Workforce Disability Equality Standard Report (2019) <https://www.england.nhs.uk/publication/wdes-annual-report-2019/>

^{vi} Annual Report for the NHS Workforce Race Equality Standard (2020) <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/workforce-race-equality-standard-2020-report/>