RCN London briefing: GLA Oversight Committee session with Minister for London, Paul Scully MP, on London's response to COVID-19

This briefing outlines several key issues raised by nursing staff working in the health and care system across London.

A lack of enough or adequate personal protective equipment

• • Throughout COVID-19, nursing staff have consistently raised and been unheard in their call for adequate supplies of personal protective equipment (PPE) to support them to do their jobs safely. Without adequate and appropriate PPE, nursing staff are putting their own lives, the lives of their families and patients, at risk. Nursing staff deserve assurance that their safety is paramount. However, the lack of enough or adequate PPE has been a constant concern, a major source of worry and anxiety for our members across the capital. Government efforts to resolve problems with supply of and access to PPE have fallen short. As a result, nursing staff in the capital have been left exposed, and their health and safety compromised.

• • From 17 March to 17 May, we received 407 enquiries from our members in London directly regarding concerns around PPE.[i] Issues centre around the following:

• - Staff not being given the correct gown/apron/mask/gloves to wear when caring for patients

• - Staff being told to wear the same PPE for extended periods of time. For example, staff told to wear their FFP3 masks for the whole of their 8/12 hour shift

• - Where employers have run out of PPE, they have given guidance to staff about washing/wiping down PPE so it can be re-used

• - Out of date PPE being supplied

• - Staff not having suitable risk assessments conducted.

• • We have also surveyed our membership to get a real-time picture of the current challenges facing nursing staff in relation to access and supply of PPE. In our most recent survey[ii], conducted between 7-11 May 2020, nursing staff in London continued to highlight significant concerns with access to and availability of PPE:

• - 58% of respondents said they are under pressure to care for patients with possible or confirmed COVID-19 without adequate protective equipment

• - Nearly two thirds (65%) of respondents said they had raised concerns about PPE with their employer and more than a quarter (29%) reported those concerns had not been addressed

- Despite promises of delivery of gowns, nearly a quarter (24%) of respondents who require them, said there were not enough gowns for them to use, with a further 37% concerned about the supply for their next shift
- One in five respondents 20% said there were not enough respirator masks for them to use, with a further 36% concerned about the supply for their next shift. Furthermore, over half (54%) had not been adequately fit tested for respirator masks, with the most common reasons being due to there being too many different brands/types of mask to be able to fit test them all, or that their employer had not scheduled fit testing. Failure of employers to fit test is a breach of health and safety legislation, while also significantly compromising the health and safety of nursing staff caring for patients.
- 54% of respondents are still being asked to reuse single use equipment.

2. Health and care worker deaths from COVID-19

Data collection

• Despite repeated calls for accurate data to be made public, there is still no official public reporting on the number of health and care workers who have died from COVID-19. It is critically important that the UK Government act to collect, record and report on health and care worker deaths accurately and transparently. In London, we are aware of 23 members of the nursing community who have lost their lives due to COVID-19.

• The RCN has been calling on the Government to publish full and accurate reports of all health and care workers deaths. We will continue to call for accurate reporting of the numbers of deaths and infections so that swift action can be taken by employers to reduce risk and harm.

Protecting the BAME community

• We are very concerned about the disproportionate impact COVID-19 is having on Black, Asian and Minority Ethnic (BAME) health and care workers. The early data suggest that disproportionately high numbers of people from BAME backgrounds are becoming seriously ill and dying from the virus.

• Independent reviews have been established by Public Health England and other agencies investigate the reasons for this disparity. However, the official reviews do not displace the responsibilities of employers to comply fully with their health and safety obligations and wider duty of care to employees, regardless of their race or nationality.

• All employers of health and care staff have a duty to safeguard their employees and ensure they are properly protected in their jobs. BAME staff will understandably have real anxieties and concerns about their safety and that of their families, and it is vital that employers are supportive and facilitate conversations that encourage staff to access support and share concerns.

• The RCN position RCN Position on Employer Responsibilities for BAME staff[iii] sets out a number of key actions all health and care employers should comply with in their duty of care. Key actions include:

- Carrying out comprehensive and continuous equality analysis including impact assessments on staffing issues relating to COVID-19, including reviewing the allocation of shifts, and access to PPE and to fit testing for BAME workers

- Updating their risk assessment processes to include ethnicity in their vulnerable and at-risk groups.

- Ensuring that all staff are aware of the support and counselling services that available to them to maintain and promote wellbeing.

- Including BAME staff in the priority list for testing during the first five days of symptoms.

- Confirming that staff will receive full pay during any COVID-19 related absences, including periods when individuals are self-isolating or shielding off sick for COVID-19 related reasons.

- Ensure that all BAME staff who may need to use a FFP3 mask are supported to be fit tested as soon as possible

- Ensure that they have the correct processes in place to maintain an accurate register of staff deaths.

3. London's missing nursing workforce and its impact on patient care

• COVID-19 highlighted the nurse staffing pressures in London. For example, during COVID-19, intensive care capacity was increased across London. However, there was a significant lack of appropriately trained intensive care nurses due to the ongoing nurse staffing crisis in London. Currently, there are 9,334 vacant nursing posts in the NHS alone in London, as well as rising vacancies across social care.[iv] London's vacancy rate is the highest in England at 13.5 per cent.

• Swift action must be taken by health leaders and politicians to grow London's nursing workforce both to ensure it has the capacity to deliver safe and effective patient care, and to be able to respond to a second peak of COVID-19. The evidence is clear: essential patient care is compromised or left undone when shifts have fewer registered nurses than planned.[v]

[i] **References**

RCN Direct, enquiries related to COVID-19 from RCN London members living and/or working in London. These enquires are related to issues with PPE only for London from the 17 March to 17 May 2020.

[ii] Royal College of Nursing, Second Personal Protective Equipment Survey of UK Nursing Staff - Summary Use and availability during the COVID-19 pandemic, May 2020. There was a total of 5,023 full responses, of which 517 responses from London. Access the findings here.

[iii] Royal College of Nursing, RCN Position on Employer Responsibilities for BAME staff, May 2020. Available here.

[iv] NHS Digital, NHS Vacancy Statistics England February 2015 - December 2019, Experimental Statistics. Available here.

[v] Griffiths, P., Ball, J., Drennan, J., Dall'ora, C., Jones, J., Maruotti, A., Simon, M. (2016). Nurse staffing and patient outcomes: strengths and limitations of the evidence to inform policy and practice. A review and discussion paper based on evidence reviewed for the National Institute for Health and Care Excellence safe staffing guideline development. International Journal of Nursing Studies, 63, 213-225. DOI: 10.1016/j. ijnurstu.2016.03.012. Available here.