

ELGC COV 50

Ymchwiliad i COVID-19 a'i effaith

Inquiry into COVID-19 and its impact

Ymateb gan: Coleg Nyrsio Brenhinol Cymru

Reponse from: Royal College of Nursing



Nurses and nursing staff in care homes, hospices, the community and hospitals have worked long hours under great stress and risking their own health to protect others.

COVID-19 has ignited the debate on health, economic and racial inequalities. The adverse effect of COVID-19 on Black, Asian and Minority Ethnic (BAME) communities has stimulated an abundance of research into racial inequalities. COVID-19 has also exacerbated gender inequalities and the inequalities among children from deprived areas.

In terms of the nursing workforce, there are inequalities within the health and social care sector, in particular when discussing the differences between the healthcare workforce and the social care workforce. The social care workforce is essential for addressing inequalities among the public. They provide complex care packages and promote independence for some of the most vulnerable individuals in society. Despite addressing inequalities among the public, the inequalities within the health and social care sector have not been addressed.

In these difficult times it is important that the nursing community feels supported by the Welsh Government and Welsh Parliament.

In our evidence for the Committee the Royal College of Nursing (RCN) Wales will address the equality concerns relating to the following topics:

- 1. Black Asian and Minority Ethnic (BAME) healthcare workers**
- 2. Gender inequalities**
- 3. Child inequalities**
- 4. The social care workforce**

## **Section One - BAME healthcare workers**

There is growing evidence that COVID-19 is having a disproportionately impact on the BAME community. The majority of the health or social care workers in the UK who have sadly died from COVID-19 were from BAME backgrounds.

The Royal College of Nursing (RCN) is concerned about structural discrimination and institutional bias creating workplace conditions that increase risk for this group.

The RCN undertakes a survey of its 450,000 strong UK membership's views and experience of employment every two years and has done so for the last two decades. This statistical record is a rich source of labour market information.

### *The 2017 RCN Employment Survey*

- A higher proportion of BAME nursing staff than white nursing staff work full-time (79 per cent compared with 69%) – a finding that has changed little in the past 10 years.
- Black African/Caribbean nursing staff were much more likely to have gone to work when feeling unwell more than five times (36%), compared with white nursing staff (12%), mixed or other ethnicity (20%), or Asian respondents (24%).

### *The 2019 RCN Employment Survey*

- BAME nursing staff are more likely to work additional hours and far less likely to be employed in higher pay grades.
- 65% of black respondents and 61% of Asian respondents are the main or primary breadwinner in their household in contrast to 55% of white respondents.
- 48% of Asian respondents and 47% of black respondents had experienced bullying from colleagues, compared to 38% of white respondents

### *RCN (UK-wide) April 2020 PPE Survey*

- 40% of BAME respondents said they had not received PPE training compared to just 31% of white British respondents.
- Only 43% of respondents from BAME backgrounds said they had enough eye and face protection equipment, compared to 66% of white British nursing staff
- Nearly a quarter of BAME nursing staff said they had no confidence that their employer is doing enough to protect them from COVID-19, compared to only 11% of White British respondents.

On Wednesday 29th April the NHS England Chief Executive and NHS England Chief Operating Officer wrote to NHS Trusts in England advising them that since evidence clearly shows that people from BAME backgrounds are being disproportionately affected by COVID-19, employers should (in advance of the report commissioned from Public Health England) risk-

assess BAME staff who are at potentially greater risk and make appropriate deployment arrangements accordingly<sup>1</sup>.

The Royal College of Nursing Wales raised this matter with the Welsh Government through the Partnership Forum arrangements and on the 2<sup>nd</sup> May the Welsh Government issued a joint statement with NHS Employers, the Association of Directors of Social Services, Trade Unions and Government<sup>2</sup>. This statement refers to the need for individuals to have robust risk assessments with appropriate measures to safeguard them put in to place including redeployment.

The RCN Wales strongly welcomes the Welsh Government's initiative to set up a BAME COVID-19 advisory group. The Group which met for the first time on the 29 April, aims to address racial inequalities in light of COVID-19 and provide recommendations to the Welsh Government.

RCN Wales was invited to contribute to the group.

The BAME advisory group published its first report in July 2020. The report provides a comprehensive understanding of a wider range of devolved and non-devolved topics and the challenges facing the BAME community in Wales.

On the 2 June a risk assessment tool was launched by Welsh Government to support people from BAME backgrounds in the NHS and social care in Wales. The Tool asks a number of questions designed to identify whether an individual is at a higher risk from COVID-19. It asks questions about health, weight and ethnicity, which may increase your risk of serious illness following an infection with COVID-19.

This contextual information regarding BAME staff is pertinent to the COVID-19 situation because it indicates multiple pressures, which may result in greater exposure of BAME staff to risk and/or exposure. In addition, it highlights why staff from this group may be reluctant to ask for a risk assessment or redeployment, as they may feel that they are viewed negatively by management or colleagues as asking for 'special treatment'. These factors are created by a mixture of overt and unconscious racism, structural discrimination and institutional bias.

The Risk Assessment Tool is greatly welcomed, however the RCN has raised concerns related to the weighting of every ethnicity. Currently every ethnicity is rated the same, however research would suggest that Black and Bangladeshi/Pakistani men are, between 4.63 and 3.13 times more likely to suffer from more severe effects and die from COVID-19 than white ethnicities. Indian and Chinese men are between 2.6 and 1.4 times more likely to die from COVID-19 than white ethnicities<sup>3</sup>. All BAME individuals should receive a risk assessment however as Black, Bangladeshi/Pakistani individuals are at a higher risk, a higher weighting should be granted to their ethnicity.

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf>

<sup>2</sup> <https://gov.wales/written-statement-covid-and-bame-measures-protect-health-and-social-care-workforce>

<sup>3</sup> <https://www.health.org.uk/news-and-comment/charts-and-infographics/emerging-findings-on-the-impact-of-covid-19-on-black-and-min>

The Welsh Government have listened to the RCN's concerns at the Partnership Forum and the RCN raised these concerns with the Health and Social Services Minister in July. RCN Wales is pleased that the Welsh Government is taking such a strong stance on inequalities within the BAME community.

Finally, NHS Wales needs to be sure that any measures introduced to protect BAME staff are equally applicable to agency working. The RCN has received anecdotal evidence that there is a higher proportion of BAME staff in agency working, therefore it is extremely important that any measures are introduced across the health and social care sector for all staff. However, it is understood that this may require a very different practical approach as the very nature of agency work means that ward managers at the local level will not know which nurse or HCSW will be assigned to them. RCN Wales calls for the Welsh Government to ensure that the main nursing agencies are involved with and signed up to any developed protocol on risk management. Additionally, our expectation is that the development of risk protocols enables sufficient time for meaningful engagement for co-production amongst our stakeholders including our members.

## Section Two – Gender Inequalities

It has been well documented that men are more susceptible to COVID-19 than women and are more likely to suffer severe effects. The research surrounding the impact of COVID-19 is ongoing and predominately focuses on the biological affect and the unknown long-term consequences. However, the social consequences of COVID-19 are extremely important in understanding the impact of COVID-19 on women.

Research has indicated that working women complete more childcare and household responsibilities than men during the COVID-19 pandemic. Researchers from Boston Consulting Group surveyed more than 3,000 people in Europe and the US and found that working women currently spend an average of 15 hours a week more on unpaid domestic labour than men<sup>4</sup>. This pattern is occurring regardless of income.

Early research by the Cambridge-INET Institute shows that working women in the UK, Germany and the US did more childcare and home-schooling across all wage brackets, compared to men with similar earnings (March/April)<sup>5</sup>.

The so called ‘hidden’ or social consequences of COVID-19 have not been researched to the same extent as the effects of COVID-19 on men and the biological impact.

The British Medical Journal (BMJ), have reported that women are underrepresented in COVID-19 research. Women only account for about a third of all authors who have published papers relating to COVID-19 since the beginning of the outbreak in 2020. The under-representation of female researchers tends to create an under-representation of issues that are relevant to women in research<sup>6</sup>. The BMJ reported that this has created important gaps in our understanding of COVID-19.

The lack of research relating to women during COVID-19, and reliance on working women to provide home schooling, be the primary caregiver and maintain a household whilst working from home indicated to the larger gender inequalities. Wales should seek to promote research and women in research to understand the full impact of COVID-19 on the entire population including men, women and children.

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<sup>4</sup> <https://www.bcg.com/publications/2020/helping-working-parents-ease-the-burden-of-covid-19>

<sup>5</sup> <https://www.inet.econ.cam.ac.uk/research-papers/wp-abstracts?wp=2018>

<sup>6</sup> <https://gh.bmj.com/content/5/7/e002922>

### **Section Three – Child inequalities**

Almost one in three children live in poverty in Wales.

The RCN welcomed the decision to close schools to ensure the safety of the pupils, the staff and their families. However, for those children that live in poverty, they may be less able to home school and may not have the resources needed, i.e. stationary, calculator, books. The Welsh Government must ensure that for those unable to complete home schooling during the pandemic that they are supported upon their return to school in September. Children from deprived areas, and those that live in poverty should not be negatively affected by any decisions the Welsh Government or schools have taken.

COVID-19 has provided the opportunity for an evaluate current capabilities and expand services in order to improve mental health service for children and young people in Wales. The NSPCC reported that young people use the word “trapped” to describe how they feel about being at home during the lockdown, particularly since strict social distancing measures were put in place. NSPCC commented that children and young people are concerned about:

- The loss of contact with friends
- Concerns regarding grades
- Concerns about home learning,
- Loss of support and their ‘safe’ environment.

Children and young people are increasingly anxious and distressed regarding COVID-19. The added impact of media stories and families and friends debating schools reopening contributes to the child’s heightened anxiety level and poor mental health.

Returning to school may be an anxious time for pupils of all ages, especially if they have been shielding, from the BAME community or have a family member that has been shielding. Their return to school will require additional emotional support through access to services that will ease their anxiety.

Anxiety and distress are particularly prevalent when considering those that have experienced bereavement of a family or close friend. Bereavement can be emotionally distressing for children and young people. It is important that a school is informed of a family bereavement so that they can offer any necessary support.

It is important that any child on the ‘at risk register’ feels supported in their return to school. This requires additional support with an emphasis on the role of school nurse, health visitors in their ability to provide safeguarding services.

School nurses are in the ideal position to provide advice, support and referrals for pupils that have experienced distress and anxiety caused by COVID-19. School nurses provide vital care and advice to **all** pupils. A school nurse plays an active role in reducing inequalities by identifying the pupils that need care and directing them to the appropriate services.

## Section Four – Social Care Sector

The Social care workforce has worked tirelessly during the COVID-19 pandemic to ensure the most vulnerable individuals are protected from the pandemic. The workforce has also continued to provide a complex package of care and comfort when family members could not visit. The dedication of the workforce should not be overlooked or passed by.

COVID-19 has shone a light on the essential contribution RCN members make to protect the health and well-being of people across Wales, irrespective of historic inequalities within the social care sector, including COVID-19 arrangements, testing, pay, terms and conditions.

The social care workforce is essential for addressing inequalities among the public. They provide care for some of the most vulnerable individuals in society and ensure that irrelevant of age, location or mental ability they are provided the highest quality of care. It is therefore important that the inequalities within the workforce are address so that they can continue to provide high quality care for the public.

### *PPE and Testing*

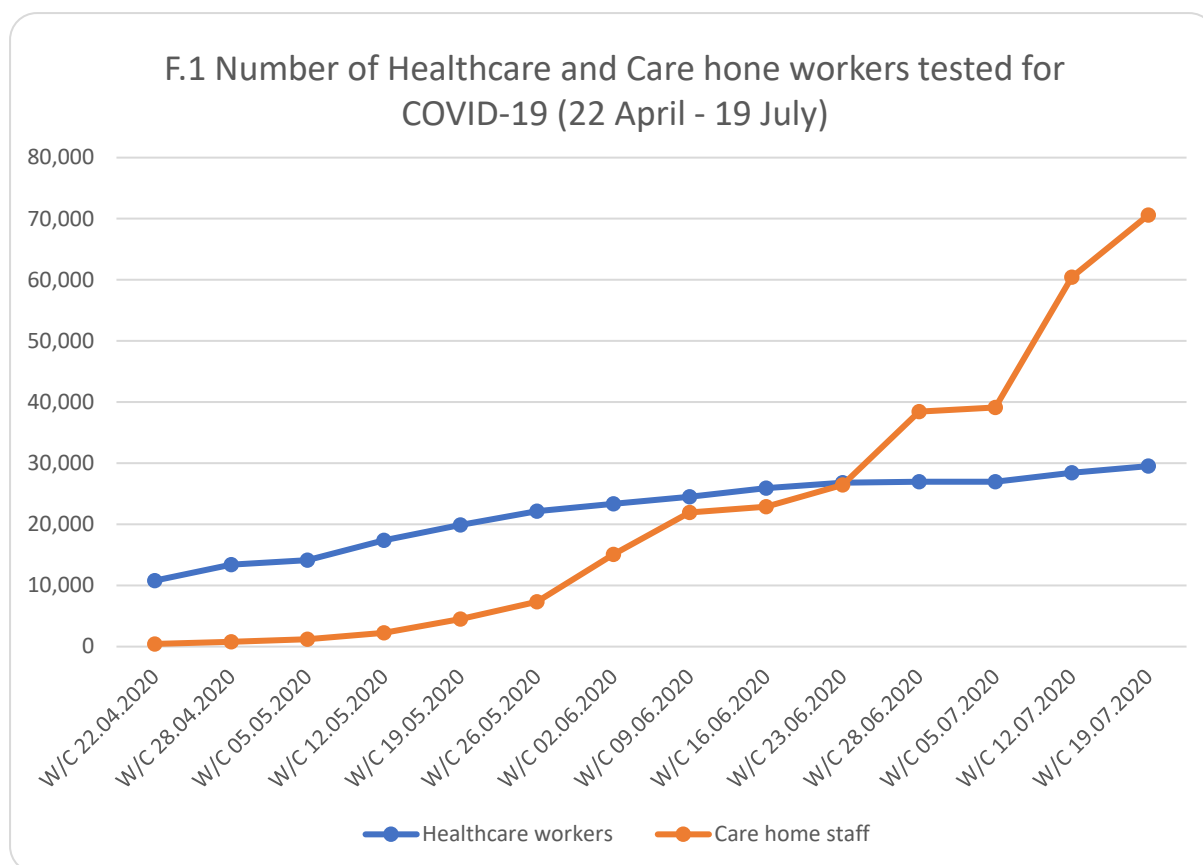
Personal protective equipment (PPE) was crucial to our members across the health and social care sector. PPE allows an individual to provide care whilst ensuring the patient is protect and that they are as well.

There were noticeable difficulties in access to PPE in the initial phases of the COVID-19 pandemic. This transcends across health and social care, however the social care workforce did not receive the same high quality PPE at the same time as the healthcare workforce.

Testing for social care workers was considerably lower than that offered to healthcare workers. Figure 1 highlights the disparity of testing between the 22 April – 19 July. The RCN has been critical of this inequality.

Between the week of the 22 April and 28 April it was reported that **only 16 tests** were carried out on social care staff. The RCN commented on the lack of testing for social care staff, in particular care home staff, was unacceptable. Helen Whyley, RCN Wales director reflected on these figures in an interview with the BBC. PHW have since refuted the figures and explained that PHW had calculated the data incorrectly and the number of tests received by social care staff was actually closer to 300 between the weeks the 22 and 28 April.

The data in figure 1 have been informed by the updated PHW data.



It took over two months for the number of tests offered to care home staff and healthcare workers to converge and follow a similar pattern. This only occurred once testing on healthcare workers slowed and following the Welsh Government's expansion of their care home testing policy. On the 16 May 2020, the Welsh Government announced that testing would be offered to all residents and staff who had not previously tested positive.

From Monday 15 June all care home staff were offered weekly testing for a period of four weeks, hence the sharp incline of testing from the week commencing 12.07.2020.

The initial lack of testing highlighted the drastic inequalities between the healthcare and social care workforce. It further highlights the difference among the value of the workforces by the Government.

*Pay, terms and conditions*

There has been a historic inequality within the social care sector in terms of pay, terms and conditions. COVID-19 has brought this to the attention of the public and political representatives across the UK.

There is no UK level or Welsh national mechanism for those employed by independent providers, which includes those in the social care sector as well as GP practice nurses and private hospital. Pay is determined by individual employers; the exception being social care



staff directly employed by local authorities whose pay will follow the Welsh government rates.

In the independent sector, base pay for Registered Nurses often match the lowest NHS rates but can be higher or lower, whereas most Nursing Care Assistants are employed on or around the national minimum wage. In general, the terms and conditions for nursing staff in the independent sector are often less favourable than the NHS, e.g. pensions and sick pay. In 2018 the average earnings of an individual working in the adult social care sector in Wales was estimated to be £16,900<sup>7</sup>.

The Welsh Government should make a clear statement of intent that the contribution and value of all NHS staff, whatever their jobs, will be reflected in future conversations about pay. Pay, terms and conditions for social care staff should be competitive with the NHS.

RCN Wales also expects the Welsh Government to ensure that the current COVID-19 pay arrangements secured for care home staffs are extended so that the additional effort and goodwill of staff is recognised. Staff should be paid properly for all the hours they work – including applying overtime rates to hours over 37.5 a week e.g. shift overruns.

The Welsh Government announced a £500 bonus for those working in the social care sector. The RCN welcomed this as an attempt to reward the dedication of the workforce, however there is a recognition that more needs to be done to address the large inequalities in the social care sector.

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<sup>7</sup> [https://socialcare.wales/cms\\_assets/file-uploads/The-Economic-Value-of-the-Adult-Social-Care-Sector\\_Wales.pdf](https://socialcare.wales/cms_assets/file-uploads/The-Economic-Value-of-the-Adult-Social-Care-Sector_Wales.pdf)