HOUSE OF LORDS

Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Wednesday 17 June 2020

4.05 pm

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

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Witnesses

I: Professor Dame Donna Kinnair, Chief Executive and General Secretary, Royal College of Nursing (RCN); Mary Robertson, Public Services Lead at Trades Union Congress (TUC); James Zuccollo, Director of School Workforce, Education Policy Institute (EPI).

Examination of witnesses

Professor Dame Donna Kinnair, Mary Robertson and James Zuccollo.

The Chair: I now want to welcome the people for our second panel. I am going to move straight into questioning and ask you in your first answer to give your name and where you are from so that people can recognise you and know who you are. I am keen that we get into the session; otherwise we are not going to give you proper time to express your views.

I go to my colleague Lord Bourne and ask him to ask the first question in this second panel.

Q43 **Lord Bourne of Aberystwyth:** Thank you very much, Chair, and welcome to the panel.

Were public services workforces adequately equipped at the start of the pandemic to meet the challenges posed by the virus, and, perhaps anticipating your responses, how were they lacking? Perhaps we can take Mary Robertson of the TUC first.

Mary Robertson: Thank you very much. I am Mary Robertson from the Trades Union Congress. We represent 5.5 million working people from 48 unions across the economy. Among other sectors, our members work across the public sector, and many of them have been on the front line in the fight against Covid.

It is important to begin, as I am sure you will agree, by paying tribute to public sector workers, who have done an exceptional job in rising to the challenge of the crisis and demonstrated their talent and dedication. I emphasise that this is true right across the board. We have had "clap for our carers", and we know the sacrifices made by NHS and social care workers. What we have heard less about is the role of civil servants, transport workers, council workers and even the fire brigade. Right across the board, public sector workers have been doing a huge amount to get us through this crisis, so it is important to recognise that.

However, as you anticipated, the short answer is no, I do not think they were adequately equipped. We were starting from a very weak position in a number of senses. A really important one is staff shortages. Earlier this year we reported NHS staff survey results that showed that only 32% of NHS staff thought that there were enough staff in their organisation to do their job properly—and this is before the pandemic hit.

In adult social care, around one in 10 social worker jobs and one in 11 care worker roles are unfilled. In the Civil Service, taking DWP as an example, in 2011—at its peak after the financial crisis—there were 130,000 staff. We went into this crisis with 78,000 staff. If you remember, at the beginning of lockdown we saw a huge increase in people claiming UC. With that level of staffing, they were not really equipped to deal with a small uptick in the number of claimants, let alone such a huge one.

This has been compounded by jobcentre and office closures, which have had a prolonged effect of making it difficult to recruit new staff while socially distancing. Part of that is that the DWP has not been investing in IT in the same way as other government departments. Only a minority of staff have been able to work from home.

That staffing issue—the lack of staff or shortages of staffing—has been a huge weakness in going into the crisis and has shaped our ability to respond.

The other point is funding. We have seen cuts across the board to public services over the last 10 years. I would point to the example of local authorities; it is one of the most significant ones. We commissioned a report by the New Economics Foundation a year or so ago, which found that by the financial year 2024-25 councils would require an extra £25.4 billion a year just to maintain 2010-11 levels of service provision. Those are huge shortfalls.

I listened to the previous panel. Local authorities, who have done a huge amount and gone above and beyond to rise to the challenge of this crisis, have really been hamstrung by those cuts. I particularly point to the loss of the wider public health ecosphere. About a quarter has been cut from public health budgets in the last five years. That has often meant—the picture is different across the country—the loss of environmental health services, youth services, community teams, the kind of organisations or structures that know their local community, have knowledge on the ground and would have been invaluable in doing the contacting, tracking and tracing and helping to implement our response to this crisis. Many councils have not had those services because they have been cut back.

Professor Dame Donna Kinnair: I am Dame Donna Kinnair. I am chief executive and general secretary of the Royal College of Nursing.

Our response would be, in a word, no: we were not prepared for the pandemic at all. We know we went into this pandemic with at least 40,000 vacancies in the nursing sector and, in our estimation, just in nurses and health and care workers, about 110,000 vacancies across the care sector.

We know also that a big issue was that they had no nursing expertise in some of those homes, so, when we talked about cohorting patients or dealing with infections, one member wrote to me and said that he watched, to his horror, somebody return from annual leave and kiss all the patients in a care home. We know that they were not equipped to deal with some of the spread of the virus.

We also know that we did not even have the number of nurses in the community workforce. We know that our trained district nursing had dropped by about 40% since 2012, and that led to a huge loss of expertise, but also it was where nursing homes and care homes could turn, particularly around public health and infection control.

We also know that austerity measures meant that, although we were gaining some nurses in the acute sector, we were losing other nurses because of the pay caps in the community sector.

We know that there was not the increase in the workforce that we would have expected. We did not know that a pandemic was coming. Equally, we did not have enough to serve without a pandemic.

The other thing that Covid-19 has exposed is the disjointed nature of health and care services in the unequal access to resources, the unequal access to guidance and the focus on the NHS as opposed sometimes to the workforce in the care sector.

The other issues that I would highlight have been highlighted by your other participants—the severe shortages of PPE. I think 40% of the PPE was 10 years out of date. Therefore, we had to take extraordinary measures to repurpose them so that they could be used.

Testing for both patients and staff was hugely absent. Even though we knew that we were sending people out, testing for other members was not accessible. It was not accessible for staff until almost half way through March. That is when we started to see a push on being able to get those working in care homes tested.

That led to increased shortages because people were self-isolating, which put pressure on the rest of the workforce throughout this whole period.

In a word, my answer would be no, for some of those reasons.

The funding allocations were very delayed and were given with only four weeks' notice in March, so I think it continued to compound some of the efforts and the assessments of what the populations in those areas needed.

James Zuccollo: I am James Zuccollo. I lead the education workforce research at the Education Policy Institute, an independent research institute doing mostly quantitative research to support the opportunities for all children.

I am going to speak mostly about schools. That is not because there are not very important workforces in all sorts of other parts of education—from early years all the way through to higher education—but because there is a lot more information about what is going on at the moment in schools relative to those other areas and because the Government have much more of a hand in schools than in private early years provision or in universities, for instance, which have a lot more operational autonomy.

The wider picture coming into this with schools is that there were recruitment difficulties for quite some years in secondary schools, with more teachers quitting than ever used to quit before, so there were already difficulties with the workforce, particularly in secondary schools.

At the same time, schools have taken on much more of a role in children's lives over the last decade. It has been mentioned a number of times that local authorities have seen their budgets cut by about 20% per child in real terms over the last decade, so schools are taking on much more of a role in the safeguarding of children and provision of services to children, which makes it very difficult now that there is a crisis to support the needs of particularly the most vulnerable children.

What has happened when there has been this crisis? Not a lot of education has happened. Less than half of pupils in schools returned their last piece of work. Ninety per cent of teachers say children are doing much less work, and even in private schools, which tend to have a lot more resources to support their children and much better access to IT, only about half of children are doing even four hours of education a day, so there is much less learning going on.

If you think about the safeguarding of children, which is an incredibly important role for schools, in the most deprived areas teachers are in contact with only about half of pupils at the moment, which is a huge concern for the most vulnerable.

I am saying that I do not think it has been all that well prepared, and your follow-up question is, "Why is that?" I think it is because there has not been a plan, so the Government had to make very difficult decisions on the hoof in fairly unprecedented circumstances and they have clearly been making things up a little bit as they go along because there was not initially a plan for what to do in these circumstances.

While all the civil servants have been working extremely hard to come up with a workable plan, in the end they made very sensible decisions, such as extending free school meals to children over Easter and over the summer break, and providing laptops and routers for wi-fi to families who do not have them so that they can access education.

This has come so late that, when you go back to Easter, many schools had already spent a lot of budget on providing almost a food bank service to families because the Government's decision came too late to release that funding for them to plan for. Many schools have already sunk a lot of money into IT equipment for families because the Government still have not even sent out half the laptops that they wanted to send out, and the ones they have sent out have largely been sent out in the past week, months after schools closed.

There has not been a plan, so schools have had to assume there will not be a plan and to do it themselves. Of course they have tight budgets already, and I think that the bigger concern is looking forward to September. Where there is not yet a plan for what is going to happen in September, schools are making recruitment decisions now for what to do; they are trying to plan for how they will organise their classes and their operations to provide an education in September, and they really have no idea how to do that at the moment.

The Chair: Thank you. I am going to move now to Lord Bichard and hope his connection works.

Q44 **Lord Bichard:** Yes, Chair; Gloucestershire has been temporarily reconnected to the UK.

May I ask the panel whether they think we have learned lessons that are relevant for the future resilience of the public service workforces and whether different sectors have learned different things from each other?

Professor Dame Donna Kinnair: I think we have learned a huge amount from different sectors, but, more interestingly, we have learned from across the globe about the handling of the pandemic. One thing we know is that care homes and nursing homes worked better, or were able to cohort their patients better, when they had expertise provided from local public health workers, and those that had particular staff in them were able, in some cases, safely to cohort their patients and ensure that isolation occurred when somebody had been identified with the virus.

The other thing we have learned is the importance of data. I worked on the front line in one of the Nightingale hospitals, and, as the directors of public health said, it is important to know who you are providing care to, both in ethnicity and other factors. It was painfully obvious to me as I worked—and it was the east end of London Nightingale—that it had affected a particular part of the population. Out of the 30 patients we were looking after, 29 of them were men and most of them had slight obesity. For me, there was a lot that you could see with the eyes. We did not have to go and research an awful lot because there were a lot of things that this particular virus was affecting that were painfully obvious to the open eye.

We also needed to think about what I would call the common-sense approach. For too long, we stubbornly refused to see that we required investment in PPE for a wider group of people than the WHO guidance had initially suggested, and we could have learned that much earlier if we had looked across the globe. Italy had already decided, because of South Korea, where they had better outcomes relating to patient deaths, to use PPE.

As you have seen just recently, when we think of our public sector workers—this is right across the board, not just nursing and those standing a metre in front, but our bus drivers and the people who were actually delivering services—the use of masks for protection or stopping of spread is a little late in the day. We could have picked up some of this way in advance rather than stoically—and, I think, aggressively—hiding behind WHO guidance.

Mary Robertson: Thank you. I would pull out three main cross-cutting lessons.

First, national collective bargaining structures have proved absolutely vital in enabling and co-ordinating strategic responses. The best example in Britain is the NHS Social Partnership Forum, which has been crucial in

enabling issues of importance for staff—terms and conditions, which have seen rapid changes in the response to the crisis, as well as issues related to health and well-being—to be discussed in a timely way. This has in turn allowed the system to intervene relatively quickly during the pandemic to deliver change on the ground. The Social Partnership Forum is, as I say, the best example.

Another perhaps more surprising example is the fire and rescue service, whose response to the Covid-19 crisis has been managed through a UK-wide collective agreement between the FBU—the Fire Brigades Union—the fire service national employers and the National Fire Chiefs Council. This has enabled arrangements under which fire and rescue services have been able to contribute to the response through driving ambulances, distributing PPE and making deliveries to vulnerable households.

Again, delivering rapid emergency response changes and responses on the ground has been reliant on having national bargaining structures in place. One key lesson of this crisis should be that these national structures need replicating across other public services.

A second related lesson is that sectors with central levers or means for central control fared better than those without. The clearest illustration is a comparison of the NHS with social care. Although, as we have heard, staff testing and the distribution of PPE has been far from perfect in the NHS, there have at least been ways for the centre to effect change in hospitals and other healthcare settings.

This is in quite stark contrast to social care, where the more disparate nature of many social care services, especially in domiciliary care, but also the hugely fragmented nature of the care market, have made it much harder to replicate that kind of co-ordination, which means that problems such as PPE and testing have been harder to fix in social care.

The final lesson I point to is that, invariably, those workforces that are directly employed by their employer, rather than outsourced or contracted out, have proved much more resilient. This could be seen, for example, in a comparison of the treatment of staff who have needed to self-isolate during the crisis. There was clear NHS guidance that where NHS staff were having to self-isolate it would not be considered as sickness absence, but the same treatment did not consistently apply, for example, to social care staff or to outsourced NHS workers such as cleaners. With cleaners, it was much patchier, and this has often impeded the ability of those workers to follow government guidance on isolation.

Perhaps another illustration of the same point—the difference in efficacy of staff who are directly employed versus those who are contracted out—is from a local authority. I am afraid this came from one of our affiliates and I cannot provide the name of the local authority. This local authority had kept delivery of key services in-house, enabling it to redeploy staff and resources more effectively to respond to the crisis.

The specific example that was given was transport staff who would normally help to transport SEND children to and from school—the schools were closed—were redeployed to enable social distancing in refuse collection. In councils where those services have been contracted out, it is not possible to do the same redeployment.

The Chair: Thank you, Mary—great. James, do you have anything quickly to add?

James Zuccollo: Yes. I have two very quick things.

First, I think this balance between local and central is so important. Schools have done a great job responding to their local circumstances, but they cannot be expected to plan for a once-in-a-century pandemic or expend resources on it, and the lack of a plan there has been a big issue, where more resilience is required.

The second is that schools have had to acquire huge expertise in technology to develop learning solutions online, and teachers often do not do a lot of CPD. For some years now, English teachers have done less than those overseas. That means that developing the breadth and depth of their skills has been a problem and that has been reflected in the struggles that many of these schools have had in implementing these online solutions rapidly.

Q45 **Baroness Tyler of Enfield:** At our evidence-giving session last week, the Children's Commissioner posed the question of why the Government had been able rapidly to increase the capacity of the NHS to deal with the pandemic but had so far been unable to open schools to all but a small number of pupils. I am interested in whether you think this is a fair comparison and, if not, why not.

James Zuccollo: I am no expert on the NHS, so I will leave it perhaps to Dame Donna or someone else to explain whether it is a fair comparison, but I think there are very clear challenges with expanding the capacity of schools.

First, taking the medical advice that there should be small bubbles of children of 10 or 15 or so as a given, because I have no expertise in that sort of thing, if you had that, then to get children into physical schools you would need massively more classrooms—in the order of 250,000 more classrooms across the country.

You might say, "What about churches or village halls?", but there are only about 10,000 village halls and maybe 40,000 churches in the country, so, even if you used every single one of them all the time throughout the week, you would still be about 200,000 spaces short for education. That is a big challenge.

Similarly with staffing, you would need around 250,000 more teachers to deliver classes in those additional spaces, so I think it would be unfair to criticise the Government for not having delivered more in-person lessons immediately. In fact, delivering any number of in-person lessons or close

to the full number of children is going to be extremely hard until class sizes can return to their normal level.

Professor Dame Donna Kinnair: I would add that it was easier to find and build Nightingale hospitals because it could be physically achieved. If you think about the workforce to staff those, we took people out of retirement—four or five years retired—and could quickly train them and bring them back in to help support the staffing of today, so we could expand into places such as the Nightingale, whereas, and I am no expert on schools, schools are physically contained because you can only have a certain number of people within that environment if you are going to practise the right social distancing and protect teachers and pupils.

Most NHS staff who do nursing are trained in the NHS, so even if they end up working in a care home or somewhere else they have had the basic training on infection; we supply the whole system. Even if I have worked in an acute hospital, I will still be able to adapt my training to a care home.

You can almost deploy a nurse who has been trained anywhere and they can help with infection control, cohorting and providing basic nursing care. It is easier to do. It was much easier to pull people out of retirement, update them very quickly and deploy them out to services.

We did not even need all that, but it was much easier for the Government to prepare once we knew how many ventilators we were likely to need and how many staff we were likely to need, and we could then call on students and the retired workforce.

Mary Robertson: I concur with the other panellists. The fact that the focus in schools has always been on the wider opening of existing school premises rather than the opening of additional premises means that it is not a fair comparison. Focusing on existing premises imposes inherent limits on what can safely happen.

The second point is that the key question has to be the extent to which capacity has been increased safely, and, given the rationing of PPE and testing and the number of NHS staff who have died, I think there are real questions about whether the scaling up in the NHS has happened safely.

Notwithstanding those two caveats, the main difference in the Government's approach to the NHS versus schools has been the lack of a strategic approach to schools. Right from the beginning of lockdown, we were seeing Government announcements being made without clear guidance for or engagement with teachers and school leaders, and this is really only now being addressed very late in the day.

A new advisory group has been established, which met for the first time last week, but the TUC and education unions have been calling for it from the beginning. It has been essential in successful responses and was lacking in schools for quite a long time.

Q46 **Lord Young of Cookham:** This is primarily a question for James. You

mentioned earlier some of the disadvantages from the lockdown. You said there was less learning and less safeguarding of children. You also mentioned some advantages: there are now a number of homes that have access to computers and the internet that did not have that before. I suppose there is also an advantage for those who live near schools of reduced pollution.

Are there some advantages from the lockdown for pupils and teachers that need to be carried forward and does that benefit perhaps differ according to which age group one is talking about?

James Zuccollo: It is quite hard at the moment to see many advantages emerging. Certainly schools have had to improve their online platforms and online learning, and when we return to education in school premises that might mean that they are better at delivering that for children who cannot make it to the school for some reason—perhaps they are off with a chronic illness, are snowed in that day or transport is not working—and they will be able to deliver lessons online more effectively. The disadvantages are far clearer at the moment in the difference in access to IT and online learning between those children who are more affluent and those who are less likely to have IT.

Only about 40% of children at the most deprived schools have good access to IT that everyone in the family can use at the same time, which of course everyone often has to at the moment. They may have one device but, if they have two or three children, they cannot share it at the same time.

There have been far more disadvantages and inequality of access and a likely widening of the gap in learning between the most advantaged and the least advantaged children than there have been advantages that we would want to embed.

The Chair: Thank you for that. May I say to colleagues that we are about to have a vote, so get ready for it? I am now going to ask Lord Davies to ask his question.

Q47 **Lord Davies of Gower:** Thank you, Chair.

My question regarding the use of technology in nursing is directly for Dame Donna. How have nurses used technology since the beginning of the crisis and what has gone well, what has gone badly and what lessons can we learn from this experience?

Professor Dame Donna Kinnair: I think the technology has been well used and it is imperative that we do not lose some of these innovations that we have seen during lockdown and the learning from them. It has enabled some services to continue. Telemedicine has been successful in small pockets of care, including general practice, and it has been well used for district nursing services and for some health visiting services.

However, health services cannot be done using technology alone. Health is predominantly a service where you need to use observations, palpate, to be able to see, feel and touch your patient to aid diagnosis. So it

cannot replace it, although we have seen an expansion in the use of technology providing some limited use to screen and to be able sometimes to get to patients where we have real difficulties.

One thing that technology has not replaced is access and the things that you see with your eyes for vulnerable people, including children. With some of that, while you can hear something with patients who, let us say, have mental health problems, online you cannot actually see it and diagnose it to be able to assure yourself of it, but it has been useful.

The learning here is that we do need a blended plan to respond in a crisis, to make use of technology but also have some face-to-face consultation with proper PPE.

It will not go unmissed that, as we come through this crisis, we will see many things that have failed to be diagnosed. We will see a huge increase in cancers, and we will see many people whom we have not reached during this pandemic. Therefore, we do need in the future to understand what we need to do in treating a pandemic but maintaining some essential services, because it cannot be that we shut the health services for four months, deal with Covid and then find that people are dying of all different types of cancers thereafter.

Technology will play a part in the future in helping us to analyse some of the things that we really need to get to and respond to even though there is a pandemic crisis going on.

The Chair: Thank you, Dame Donna. Colleagues, I have now voted, but you have about 13 minutes.

Q48 **Lord Filkin:** My question is about the recruitment and retention of public sector employees. What have been the problems faced during the crisis, and will it be easier or more difficult to recruit and retain staff in the future?

Mary Robertson: I think that during the crisis it is quite a patchy picture. Credit where credit is due, some areas have impressively scaled up very quickly—again, the NHS is the obvious example—but I think it is notable that gaps have been filled through temporary measures, accelerating students into professional roles and bringing back retirees. These do not offer a long-term solution to staff shortages in the NHS.

In other areas, we have seen far fewer successes. I mentioned the DWP, where we have seen probably around—the numbers are not clear—2,000 extra staff recruited. As I said before, the number of staff it has been able to recruit has been limited by prior underinvestment in IT to enable staff to work at home and by office closures, which means it simply cannot accommodate them all. Even now, a lot of the ordinary roles of DWP—fraud and error, discussions about work placements, fortnightly interviews and so on—are not happening. Our estimates are that, if those were to happen, DWP would require an extra 30,000 staff.

Another example of where things are going less well is HMRC, which of course is playing an absolutely crucial role in delivering the job retention scheme and the self-employed and income support scheme. Yes, it is continuing; there has been real pressure on staff during this crisis, yet it is continuing to roll out redundancy programmes. These have been delayed temporarily in some cases, but we are still seeing redundancies going ahead, redundancies driven by a shift to the regional office centres even though the way the crisis played out for the department raised real questions about that structure, both in that it has demonstrated that staff can work at home successfully and in that there are questions around the viability of social distancing with such a structure.

It is a patchy picture overall. As for whether it will be easier or more difficult in future, I think that ultimately depends on whether we see the long-run causes of staff shortages or recruitment and retention problems addressed. In our eyes, the two main causes are pay and workload. We have seen real-terms pay falling for public sector workers over the last decade. On average, for the average public sector worker pay is still £900 lower today than it was in 2010—it is actually lower in real terms—and for some roles the picture is much worse: that goes up to £3,000 worse off for nurses and community nurses in band 5, so it has been a real pay squeeze and at the same time with workload increasing for public sector workers. Until those problems are addressed, recruitment and retention will continue to be a challenge.

Lord Filkin: Thank you. Dame Donna or James, do you have any succinct points?

James Zuccollo: Yes, I do. This is a very interesting challenge for schools because there are two sides to this coin.

On the one hand, recruitment has gone off a cliff in schools. Normally, this time would be the peak season of recruitment, but they are not really recruiting; teachers are not moving schools any more, because of the uncertainty. Because of that, new recruits have been unable to be placed in schools to do their first year in school training next year, so that is a big problem.

On the other hand, in the last recession, back in 2008 and onwards, there was a spike in recruitment into teaching following that because of the recession. So if there is a recession because of this pandemic, which seems extremely likely, teaching will probably continue to be quite a secure and reasonably well-paid occupation and is likely to encourage more people to come into it.

The challenge for the Government is how we retain those people in teaching once the recession passes and how we ensure that there is no blockage in the pipeline to training for teaching because we are retaining more teachers. It may be a funding problem. I do not think we exactly know what the Government could do there yet.

Professor Dame Donna Kinnair: There has been a huge amount of interest in the nursing profession and it is really welcome, but it still takes three years to train a nurse, as it does to train other professions. What we always know is that, coming out of a pandemic—or what we have seen previously—people also get traumatised by the numbers of people who die and they have to look after, so we have a number leaving the profession as well.

I am hearing from people on the ground that the lack of PPE, testing and the unsafe work environments that nurses and some medical staff perceive may mean that they have lost their trust in their ability to be looked after during times of crisis. Therefore, we have an issue with that.

The other area that is really concerning—we are expecting other spikes, but, equally, we know that as we come out of this pandemic we have to ramp up services for those we have missed or who have not been treated during the pandemic—is that the hard work and the long hours will continue as we try to mitigate the lung cancers that we will be finding, and we still know that we do not have enough community staff on the ground to be able safely to keep people out of hospital.

The other issue, I think, is the immigration system around healthcare workers. That is going to have a devastating impact on health and social care and can potentially cut off the international supply route if we exclude care workers from entering the UK.

I think there are real major problems that we will need to address, and, again, the disjointed nature of health and social care has to be addressed because that workforce is fluid. The artificial divide does not really stand the test of time.

The Chair: Yes. That is a very telling point to finish that little bit on.

Q49 **Lord Hunt of Kings Heath:** My question follows on from that and is about the well-being of staff. From the lessons that have already been learned in the crisis, looking to the future and if we want to enhance the well-being of our staff, which I am sure we do, what are the key lessons that we have learned? We have already heard about shortages, the lack of equipment, the benefit of collective bargaining at a national level, training and CPD. Would you like to expand on that or are there other elements that would enhance well-being in the future?

Professor Dame Donna Kinnair: It feels like for ever now, but we are supposed to have a people plan in place that accompanied the NHS long-term plan, which we have all been waiting for, that actually talks about respecting your staff, changing the culture and value and leadership.

There needs to be an understanding that if we are going to attract the best into services, even if we might be facing other issues, people need adequate training and career progression. We know that our budgets in these have been cut in recent years. It is important that the workforce see that we are learning from the issues around Covid and that we knew existed before Covid even hit our shores.

As for well-being, if most people leave the NHS and other services because they cannot hack it any more, or they are actually better rewarded by working in Lidl or some other supermarket without the stresses that they have to carry home when they are working long hours that they are not being paid for, and if we are going to prevent those staff from burning out, we are going to have to have a much more supportive culture and recognise that if you invest in your staff—if you treat them well—they will work very hard for you. In spite of some of this, staff have stepped up during this pandemic—stepped up and come back in to help—because people naturally do that.

We know that BAME staff have been disproportionately impacted on by Covid and we have a number of things to fix that talk about the structural inequalities of our systems. We need a cross-government strategy, and, whether it is the people plan or not, we need to understand why we are not able to make staff feel good about working for one of the best services in the world.

James Zuccollo: In the longer term, the Department for Education has recently concluded an expert group on well-being for teachers and has plans coming out of that. I think it is really important that we do not lose sight of the fact that this is likely to be temporary, and it is important to focus on those plans and continue implementation even as the Civil Service is trying to recover from the pandemic.

In the shorter term the immediate pressure on well-being has really been on school leaders, who have been left without a lot of guidance from the Government and without a lot of immediate support from the Government. They have been under a huge amount of pressure, so I think the obvious thing to do is to provide that guidance, to provide that support ahead of re-opening of schools in the next school year in September so that they are not left on their own trying to plan for a re-opening of schools and the return of all children in a completely distributed way without any guidance from the Government.

Mary Robertson: Some of this will be recapping what I have said already, so I will try to be brief.

Collaborative national structures are absolutely crucial for staff well-being. We would like to see a levelling up across the public sector or a rolling out of something like the Social Partnership Forum across the public sector. I think this crisis has really confronted us with the ways in which contracting out leads to second-class treatment of some staff, and acknowledging and addressing that would be really important for staff well-being coming out of it.

Staffing levels, again, we touched on: rather than cutting services to the bone, invest in them both to ensure manageable workloads and to ensure that services are equipped to deal with sudden surges in demand—and that is both staff and estates.

Some other areas that we have not touched on yet I will rattle through briefly. Mental health: I think everyone is expecting increased demand for mental health services, particularly among front-line workers, when this is over. That is going to place demands on access and funding, which are really crucial to address, but they need to be addressed in conjunction with structural causes of mental health problems in the workplace—stress workload, insecurity, and so on.

I think the crisis demonstrated that new methods of working are possible in some areas, the continuation of which could have beneficial effects on staff well-being. Particularly where it has proved viable to work from home, it is proven to bring benefits in more flexible working, more manageable work-life balance.

Finally—Dame Donna touched on this already—understanding and addressing the disproportionate impact of Covid on BAME workers and communities will be absolutely essential to safeguard their future well-being.

Q50 **The Chair:** Thank you for that. May I round up by saying public sector workers have largely been given a lot of public support over this period, but we know there are going to be huge challenges in the future, and in some sectors, not so much in the public sector, I suspect, there are going to be significant redundancies.

I wonder how you think the public services can build on the good will about the way they move forward with concrete benefits for their workforce.

James Zuccollo: I think it is absolutely true that a lot of people will become redundant, and schools can open their arms to those people and allow them to play an incredibly important social role as well as giving them an opportunity for a very secure and stable career if schools need to expand their workforces through the next few years to cope with perhaps smaller class sizes. I think the Government could immediately take advantage of that.

I think it is really important that the Government do not expect schools in the next year or so, as the pressure really comes on them—perhaps if there is a second wave of infection—to cope with that without additional funding and support and simply muddle through. I think there needs to be a plan; there needs to be perhaps some relaxation of the accountability pressures that are extremely strong on schools at the moment as well as the additional funding to be able to cope with that.

Finally, I think it is really important that the existing work that the Department for Education is doing—the very good work it is doing to try to improve the well-being and the recruitment and retention of teachers and improve career paths for them, for which they released a strategy just a couple of years ago—is not lost because of this pandemic, that we do not overreact and lose that good work that has been done and really needs to continue.

The Chair: We have lost Mary. Dame Donna?

Professor Dame Donna Kinnair: Throughout this pandemic, what has been really important is that, when we have needed to ramp up, we have been able to. That means not just trained staff, but we have worked with volunteers and others to deliver some really good services to the citizens of this country. We can learn from that because we have that ability, whether it is in the community providing food or analysing what is wrong with some of those communities and sharing that back. There are many pathways that we have developed to enable good care to be delivered. That is one thing that we have learned.

We have also learned the importance, as we have learned from the teaching profession, actually, that if you invest in that profession and you get people into it and have some good accelerated pathways, then you can create good nurses and people providing care for the future.

We have learned lots. We have learned about the use of innovation in education and technology, in supporting some of our university students as we have gone through the pandemic, and many of those things can be applied and used going forward.

The Chair: Thank you. Very quickly, how do you think we specifically should be supporting people in the black community who are working in public services?

Professor Dame Donna Kinnair: I would say that there is lots of learning for us to do. This is not hidden, although it has come to light because we have seen the structural inequalities that Covid has shone a light on.

We need to learn and support our workforce: 15% to 18% of the workforce in the NHS is BAME, yet we know that they are overrepresented in investigations, in referrals to professional regulators. The NMC and the GMC have plenty of data and intelligence about how to help tackle some of the underlying causes, but this often does not go back into the services, and there is a real failure to challenge.

Every year we collect WRES data, but there is a real failure to make sure that we seek to improve that data. We recognise it, but we do not actually see it moving in the right direction because we have not put the strategies in place. I think there is a discourse to be had with those communities about how best to improve it.

Equally, I think, the structure of certainly the NHS and social care leaders needs to reflect the communities they serve. That needs to be addressed. If you think about the whole of England, having only 10 chief nurses across the whole of England and Wales is poor. It is poor, because how do we get an understanding? How do those members of staff feel that they can speak up?

We know that one thing that the pandemic has shone a light on, particularly with the PPE issue, is that yet again we saw members of staff being silenced when they tried to raise issues. This cannot go on.

We have to take the learning and make sure that our priority is to support our workforce, but particularly BAME members of staff, who make up a good percentage, and they are overrepresented in our investigations. They are in our care sector and we need to support them.

The Chair: Thank you very much. I am really sorry, Mary, we lost you at a critical period. Actually, I do not have time to let the other two answer that question, so I am sorry about that, because I did not want to put just Donna in to answer that question. I am really sorry about that, but we have come to the end of this session, I am afraid.

Thank you all very much. We have an enormous amount to think about: the future workforce and the structure and organisation. I congratulate you all on managing to get through that without mentioning Brexit and the effect it may have on the workforce.

Thank you very much for contributing to this afternoon's session. If you have anything else that you think we ought to take into account that you have not had the chance to say, please let us have your comments in writing.

I thank very much not only our witnesses but the main Committee.