



Doing the rounds

**Scotland's
district nurses
speak out**

UNISON
Scotland

A UNISON Scotland survey
April 2016

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Introduction

This survey is the latest report in our series looking at the impact of austerity on public services by examining the experience of particular groups of workers.

UNISON Scotland conducted a survey of our members working as district nurses in Health Boards across Scotland in March 2016. Our survey shows that despite the Scottish Government's insistence that they are protecting the Scottish Health Service, austerity is making life very difficult for our members in this sector

The UK Government's Austerity programme will result in a further £2billion of cuts to Scotland's public services. The Scottish Government has chosen not to use its tax raising powers to mitigate the impact of these cuts but continues to claim that it is protecting the Scottish Health Service.

District nurses work in the community, usually out of GP practices. They work mainly with adult patients, suffering from illnesses, often recovering from major surgery, etc. They do not, in the main, provide personal care.

UNISON is a participant in and welcomes the Scottish Governments Review of District Nursing which is overseen by the Chief Nursing Officer, in presenting our findings we appreciate that the Review of District Nursing is sighted on many of these issues and is tasked with developing a modern, fit for purpose District Nursing service.

Survey of District Nursing Members

UNISON recently carried out an online survey to find out what difficulties our members were experiencing when carrying out their work as district nurses.

We also asked them if the new GP contract was affecting their work and what the impact of the Integration of Health and Social Care was having on them.

Our survey asked 13 questions in total, some only to identify employer and other personal information. Job titles included district nurses (majority), team leaders community care practitioner teachers, district nurse sisters.

They came from a cross section of health boards across Scotland.

Age profile

The results showed an aging workforce, with the majority of survey respondents being in the 51-65 age bracket (80%) and only 20% were aged between 30-50.

Whilst this is a partial snapshot of the district nurse workforce it does indicate an issue will need to be addressed in the short to medium future, as it will mean a considerable reduction in the numbers employed over the next 10 or so years.

Working hours and caseload

Regarding hours worked, 20% worked between 15 and 26 hours; 30% of them worked between 27 and 37.5 hours and 50% worked over 37.5 hours. When asked if they worked longer than their scheduled hours, 90% said they worked over their normal hours. Some worked between 40 and 45 hours a week, some up to 40 and the rest between 2 and 6 extra hours a week.

Given the amount of extra working that was reported it came as no surprise that the majority when asked about their caseloads said that they had become heavier in the last few years. 80% believed that it had got heavier, 20% said it had stayed the same – none of our respondents reported that it had become lighter.

What the nurses say

Increase in complex cases

We are seeing earlier discharge from hospital, difficulty obtaining packages of care, and increasing complexity and co-morbidities

There is more paper work involved.

Problems recruiting and retaining staff. Service delivery model is not conducive to patient care and nurse autonomy. Staff being moved with little or no discussion. Nursing staff have not been replaced in many areas placing huge demands on already overstretched professionals. No consultation. Proposals being made without forward thinking leading to patients and staff being put at risk. Information being withheld and/or not disseminated. Staff not being included. Bullying.

Increase in workload

Fewer staff, staff are leaving and not being replaced making it hectic and stressful

Due to District Nursing review all band 6 staff have been aligned to more GP practices to make up the magic number of 9000 patient population. No thought has been taken into what the profile of the 9000 patients is like and this is problematic for gaining a true picture of what the changes have actually meant for individual staff.

Technology changes eg documentation, referrals. Management pressure to complete audits, training, student mentoring, admin work around patients and staff. Not replacing staff who leave all add to the workload. Sickness rates amongst staff are high

We have been moved from the surgery to a central location. Poor communications with gps due to this

More dependent people at home, also earlier discharge.

Staffing levels

We asked if staffing levels had altered. 70% said that it had 30 and % said that it hadn't in their area.

What the nurses say

Increase in workload

Less time to focus on person centred care.

Fewer staff, staff are leaving and not being replaced making it hectic and stressful

Myself and colleagues moved about into different areas regularly, at times covering 4 GP practices. No stability. Increased stress

As a small DN team within a health centre my job-sharing colleague and I gained 7.5 hours extra of a band 5 member of staff, and increased hours for one of the band 3 members of staff. As part of a larger DN group at the health centre we have gained another part-time band 5 and are due to have another full time band 5 join in the next few months. This however still takes us well below the limit of 2+ WTE band 5 staff for each of the 3 caseloads. The changes which started in January 2016 will be due to be reviewed in 6 months so it is unclear whether the additional hours will be continued or not.

More stressful creating more work for all members of the team

Very significantly. More stressed to complete assessments and care plans on time.

No longer able to cover rota with out using bank staff

Impact on staff morale

Unsurprisingly perhaps these circumstances are having an impact on morale . 70% said that it was low or very low, and with only 30% said it was fine or good. Drivers of this mood were not difficult to find.

What the nurses say

Less experienced staff to deal with complex caseloads

Too many changes all at one time

No inclusion, consultation, clinical leadership. Lack of support. Uncertainty. Instability. Lack of sense of belonging. Being moved to different areas against wishes.

Currently within my smaller DN team one member of staff has recently had a bereavement so it is difficult to differentiate how much of her morale is due to that and how much is due to the vast changes that the caseload has had to absorb in a short space of time since January 2016. The band 5 member appears happy that she has been granted the increase in her working hours to work 4 full days a week so her morale is ok, but this may also be in part due to her plan to take early retirement next year. My own morale has actually improved

since the changes in January, but I can not say whether this will be sustained or not, as there are so many changes and demands on DN time. Staff do appear to feel generally undervalued by some members of senior management and in turn the government. In real terms my financial income has gone down as a result of changes to the regular car users allowances and this would appear to also have had a negative impact on my future pensionable pay.

Staff are exhausted and constantly talk of looking for another job

Stress of workload and management not really grasping this.

Constant pressure to use IT systems despite telling managers it does not work to deliver safe patient care

Staff morale in future

90% did not expect morale to improve in the future.

What the nurses say

Again not training sufficient staff to deal with complexities of caseload

Being asked to do more with little reward, either through job satisfaction or financial

Pressure from movement of patient care from acute to primary care without increasing DN team capacity. Lack of investment in DN training, role no longer attractive to sn's due to in increasing accountability/ litigation.

No insight into how service delivery should be managed. Intent on change without consultation and inclusion.

I believe that staff who have considerable years of experience generally feel that this counts for nothing in terms of either financial or social reward. At a recent meeting a group of band 6s were told by a new senior manager that 'I don't know any

of you so as far as I am concerned I am just looking to balance the numbers'. The staff present felt that this just confirmed the fact that we are nothing but faceless numbers and our own individual lives or experience are not valued.

There are no plans to increase staff numbers

Lots of staff taking retirement as can't cope with constant pressure of changes and managers lack of comprehension of what it's like to actually deliver planned quality care

Don't see any improvement in staffing levels anytime soon

Integration of Health and Social Care

We asked if the Integration of Health and Social Care had affected their jobs. Although over half (55%) said that it had, a perhaps surprising, 45% indicated that it had not so far, although some said that it had not yet begun in their areas. Of those who are working in the new system the response was less than overwhelmingly positive.

What the nurses say

SWD (Social Work Department) expecting nurses to 'fill in' at short notice when they are unable to provide care.

Yes, investment in hospital at home service rather than district nurse service. Too many different teams in community leading to patient confusion.

The two services do not always marry up well and their criteria of what is deemed to be urgent are very different.

We are constantly receiving calls from carers who take very little responsibility for their clients

Have a social work manager who doesn't really understand the pressures the nursing team is under.

Changes to new GP contract

Changes to the new GP contract do not appear to have have knock on effects on most District nurses work with only work. Only 20% said that it had had an impact - generally in the form of increased referrals.

Safety at work - dealing with problems and 'difficult situations'

Almost by definition, district nurses work in a variety of settings, including patients homes. We asked if there were management systems for intervention in the event of problems, such as violence.

Whilst the overwhelming majority (90%) said that they were aware of such systems there was a degree of disquiet that existing provision was insufficient in some cases.

We asked for their experiences whilst working in the home. 40% said that they had been put in difficult situations

What the nurses say

We have working alone policy. protocols in place. Control book.

Identicom, remote device linked to call centre who will alert if any issues

Risk assessments. Double visits. Working with other services.

We can utilise Guardian 24 via our mobile phones. This however would not protect staff if a person decided to attack them, it would only allow the powers that be to know where we are the time of the attack. Staff feel that the system is merely an intrusive form of monitoring where they are. We have had good support from our direct line managers over the past years or so, if we have had particularly challenging patients. Managers have come out to patient's homes to support staff in such circumstances.

Guardian 24 alert on phone. Not much use as serious consequence can still happen to you by time we get help

Palliative patient in possession of a firearm. Police & service managers involved. Duty of care to palliative patient conflicting with safety of others.

Difficulty finding places in the dark and frequently meet with aggression and unrealistic expectations

Patients non compliance with care. Bad weather. Lack of direct contact with gps

People appear to be more demanding and have unrealistic expectations of the service. Also don't seem to take any responsibility for themselves or their relatives.

Conclusion - service at risk of collapse needs significant investment

It is evident from this UNISON survey and the work being carried out within the District Nurse Review that this service is at risk of collapse. An aging workforce, poor staffing levels, IT solutions which are not fit for purpose, lack of clarity and feelings of take over within the Integrated Health and Social Care agenda are all contributing to dangerously low morale.

District Nurses have a critical role to play in the future of Community or Care at Home based services, however without significant investment in staff and equipment the service will collapse inward.

Even where new models are being trialled there is concern and frustration that IT is seen as the silver bullet to resource pressures, when in reality the current IT works poorly and creates frustrations and workload issues.

UNISON recognises that there is emerging support for the development of new models of working, be that through the GP contract discussions currently underway or along the lines of the Dutch Social Enterprise, Burtzorg model where community based nurses work and organise themselves in small dynamic teams.

Whatever the solution, policy makers and political leaders need to listen to District Nurses and relearn the value of care.

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