The high impact actions for nursing and midwifery: fit and well to care

Sickness absence impacts on continuity of care and costs the NHS £1.7bn each year. Ward managers must take action to improve nurses’ health and wellbeing.

The proportion of working days lost to sickness absence varies widely from trust to trust: in some it is as low as 1.75%, in others as high as 7.42% (NHS Information Centre for Health and Social Care, 2009). The impact on patients and the costs involved are significant. By developing a positive focus on nurses being “fit and well to care”, we can make a positive impact on quality and cost reduction. Reducing our reliance on bank and agency staff will result in more regular and consistent staffing, leading to better team work and care provision. Even more significantly, we can ensure that NHS nurses feel valued and supported in their work.

WHAT CAN NURSES DO? Reducing sickness absence by a third is an achievable ambition. Organisations such as BT and Royal Mail have demonstrated that it is more than possible and that achieving an improvement in sickness absence policy to reflect a 3% target. Management leads and managers clear responsibilities to "manage" staff sickness and absence in their area — was another key component. The trust launched a programme to coach managers in sickness management skills. Now IT systems were introduced to provide real time, bespoke reporting on staff sickness by area and the trust updated its sickness and absence policy to reflect a 3% target.

Impact of the initiative The trust has now achieved a 4.04% sickness and absence rate (January 2010). This has contributed to reduced use of agency and locum staff. Improved staff morale has increased retention of existing staff, thereby reducing the cost of advertising vacancies and releasing management time from the burden of recruiting.

Impact on quality of care The challenge for the nurses and the trust within the current economic climate is to continue to reduce sickness absence. Since the changes were introduced, the average number of hours lost has dropped from 96 per month (August 2009-January 2010) to 59 per month (January-May 2010). The trust has reported a better working environment. They are given the opportunity to discuss concerns and unload any stress and have an active training programme through well planned and monitored clinical supervision. The Cassio Unit has been recognised across the trust, and positively for its work on the Productive Mental Health Ward.

WHAT AND WHERE ARE THE BEST SOURCES OF INFORMATION? The reports below have been used to develop the Productive Mental Health Ward.

1. The Bournemouth experience. 2. The experiences of 2012 London Olympics to embrace physical health. 3. Homerton University Hospital Foundation Trust. 4. Leicester City Community Health Service. 5. The Cassio Unit.

REFERENCES


12 Nursing Times 20 July 2010 Vol 106 No 28 www.nursingtimes.net
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