

**Interviewer: I am talking now to Matthew Mortlock, the project manager responsible for the follow up report on the management of sickness absence by NHS trusts in Wales. Matthew, what are trusts doing to help staff return to work following periods of sickness absence?**

**Matthew Mortlock :**Well we found that there has been an increased emphasis in recent years on the importance of facilitating a return to work promptly following periods of sickness absence. For example our report highlights the use of redeployments to different job roles in certain trusts, and also ways in which trust have been more pro-active in allowing staff to return to work on phased basis gradually building up their hours ahead of a full return.

We also highlight a number of interventions including early telephone consultations between occupation health teams and sick staff, or in some cases pathology testing for catering staff who have been off sick with diarrhoea and vomiting making sure they are diagnosed fit to return at the earliest opportunity without presenting the risk of cross-infection. There are also examples of trusts providing extra dedicated health treatment services for their own staff as part of their Occupational Health provision, or in some cases fast tracking staff to fill appointments cancelled by members of the public. But overall, there are still opportunities for trusts to learn from each others' practices and to do more to resolve long-term sickness absences in a pro-active way, whether this is by facilitating a return to work or reaching agreement on the termination of employment or ill health retirement

**Interviewer :Why, as the report concludes, is the new Electronic Staff Record system not yet being used by trusts to its full potential to support sickness absence management?**

**Matthew Mortlock:** There were some early concerns about the accuracy of the sickness absence information that was being generated from the Electronic Staff Record system, this is the new combined HR and payroll system that has been rolled out across the NHS in England and Wales. These issues have gradually been resolved, but what they mean is they have affected the speed at which trusts have moved forward in terms of taking advantage of the potential benefits of the system for their own recording and reporting of sickness absence information. It is fair to say that when they first implemented the system trusts' immediate priority was on making sure the system worked effectively so that staff were paid correctly.

One area where there is scope for further progress relates to using the system so that line managers can enter staff sickness records directly onto it, this approach should, in principle, save time and reduce the risk of error which is inherent in the existing processes by which sickness absence records are collated.

**Interviewer :The report notes that trusts' HR departments have been providing more active support in the management of absence. But what role do local managers have to play in tackling sickness absence?**

**Matthew Mortlock :**Well line managers are at the front-line in the management of sickness cases just as they are in terms of identifying and addressing at source some of the problems that can lead to sickness absence, for example health and safety issues, work place conflict and stress. Its fair to say that the best of intentions and indeed the best of HR policies can mean nothing unless line managers have the commitment, time and competence to implement them. We were pleased to find that trusts had been taking more seriously the need to train managers to give them the knowledge and skills required to manage sickness absence in a fair and consistent way. The Assembly Government has also supported the development of an e-learning tool for the NHS in Wales and this covers a range of employment law related practice including sickness management.

**Interviewer: The report published by the previous Auditor General in January 2004 highlighted concerns about the provision of Occupational Health services, has progress been made to deal with the problems identified previously?**

**Matthew Mortlock :**Our report does identify some examples of trusts taking action locally to improve their occupational health provision, but overall this provision remains inconsistent and some of the concerns raised in the previous Auditor General's report, for example about waiting times for appointments still remain.

A planned review of Occupational Health provision across NHS Wales is still ongoing. And our report recommends that the Assembly Government should work to progress this review as a matter of priority, particularly given the context of the wider plans for NHS reorganisation. Indeed that reorganisation itself presents an obvious opportunity to think again about how Occupational Health services might be best and more consistently provided to NHS staff.