NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

**Workplace health: long-term sickness absence and capability to work**

The impact on equality has been assessed during quality standard development according to the principles of the NICE equality policy.

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

The guideline development group highlighted the importance of clear and accessible communication for employees with hearing loss, difficulties with speech and difficulties with communication. They noted that policies and communication between employers and people with these additional communication needs should be clear and accessible and that managers should receive training to help them do this.

The guideline development committee highlighted that the following groups are more likely to experience long term sickness absence:

* Employees aged between 50-64 years
* Women employees
* Employees with a disability

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

* Those aged under 16 are not included.
* People who are self-employed. This is appropriate as the standard will focus on how employers can improve how they manage sickness absence and support their staff back into work.
* Pregnant women who have taken sickness absence related to their pregnancy. This is appropriate as this group would have their pregnancy related sickness absence addressed separately.

Completed by lead technical analyst: Daniel Smithson

Date: 09/07/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 09/07/2020

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The need for sickness absence management policies to be clear and accessible was identified when drafting the quality standard. This has been noted in the equality and diversity section of statement 1.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The draft quality statements do not make it more difficult in practice for any group to access services.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

### 2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

No

Completed by lead technical analyst: Daniel Smithson

Date: 19/10/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 19/11/2020

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

No specific equality issues or health inequalities were identified.

### 3.2 If the quality statements have changed after the consultation stage, are there any that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Changed versions of the statements do not make it more difficult in practice for a specific group to access services compared with other groups.

### 3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Changed versions of the statements do not have potential to have an adverse impact on people with disabilities because of something that is a consequence of that disability.

### 3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

No.

Completed by lead technical analyst: Daniel Smithson

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