

# Healthy workplaces: improving employee mental and physical health and wellbeing

## NICE quality standard

### Draft for consultation

August 2016

## Introduction

This quality standard covers improving the health and wellbeing of all employees, including their mental health. For more information see the healthy workplaces: improving employee mental and physical health and wellbeing [topic overview](#).

This NICE quality standard does not cover areas of national policy, such as the setting of a minimum or living wage.

This quality standard applies to all employers. However, it is acknowledged that some of the statements will have more relevance to medium and large organisations. Medium organisations are defined as having between 50 and 249 employees, with large organisations employing over 250<sup>1</sup>.

### ***Why this quality standard is needed***

The Department of Health and Department for Work and Pensions found strong evidence that work is generally good for people's physical and mental health and general wellbeing ([Chief Medical Officer annual report: surveillance volume 2012, Health, work and wellbeing – evidence and research](#).)

There is also a positive association between wellbeing, job satisfaction and an employee's job performance – and between supportive supervision and job satisfaction. However, these benefits do depend on the type of work involved ([Good work and our times: report of the Good Work Commission](#)).

During 2014/15:

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<sup>1</sup> [Small businesses and the UK economy](#), House of Commons Library

- 1.2 million people had a work-related illness and, along with workplace injuries, this led to the loss of an estimated 27.3 million working days ([Health and Safety Statistics Annual report for Great Britain 2014/15](#) Health and Safety Executive).
- Musculoskeletal disorders accounted for 44% of work-related illnesses, resulting in the loss of 9.5 million working days. ([Health and Safety Statistics Annual report for Great Britain 2014/15](#) Health and Safety Executive)
- Stress accounted for 35% of work-related illnesses and 43% of all working days lost due to ill health. This led to the loss of 9.9 million working days (an average of 23 days lost per incident). (The Health and Safety Executive's [Labour Force Survey.](#))

The Government Office for Science reported that poor leadership is linked with stress, burnout and depression ([Mental capital and wellbeing: making the most of ourselves in the 21st century](#)).

The [Workplace Wellbeing Charter](#) gives employers an opportunity to demonstrate their commitment to the health and wellbeing of their workforce and recognises the importance of line managers in promoting health and wellbeing.

The Health and Safety Executive has published management standards to combat work-related stress ([What are the Management Standards for work related stress?](#)).

In 2015, NHS England announced the [health and wellbeing offer to NHS staff](#): 12 NHS organisations are developing a 'core offer' or NHS standard to promote staff health and wellbeing. This is supported by NHS England, Public Health England and other national organisations and will be evaluated by NHS England and NHS Employers.

The quality standard is expected to contribute to improvements in the following outcomes:

- wellbeing of employees
- sickness absence rates.

## ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [Public health outcomes framework for England 2016–19](#)
- [NHS Outcomes Framework 2016 to 2017.](#)

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [Public health outcomes framework for England 2016–19](#)

<b>Domain</b>	<b>Objectives and indicators</b>
1 Improving the wider determinants of health	<p><b>Objective</b></p> <p>Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p><b>Indicators</b></p> <p>1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *, **</p> <p>1.09 Sickness absence rate</p>
2 Health improvement	<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b></p> <p>2.11 Diet</p> <p>2.12 Excess weight in adults</p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.14 Smoking prevalence – adults (over 18s)</p> <p>2.23 Self-reported well-being</p>
<p><b><i>Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework</i></b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

**Table 2 [NHS Outcomes Framework 2016 to 2017](#)**

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><b><i>Overarching indicator</i></b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b><i>Improvement areas</i></b></p> <p><b>Improving functional ability in people with long-term conditions</b></p> <p>2.2 Employment of people with long-term conditions*, **</p> <p><b>Enhancing quality of life for people with mental illness</b></p> <p>2.5 i Employment of people with mental illness**</p> <p>ii <i>Health-related quality of life for people with mental illness**</i></p>
<p><b>Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

### **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All managers should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

### ***Coordinated services***

Other quality standards that should be considered when providing employees with a healthy workplace that is committed to improving employee mental and physical health and wellbeing are listed in [related quality standards](#).

### **Resource impact considerations**

Quality standards should be achievable by local organisations given the resources required to implement them. Resource impact considerations are taken into account by the quality standards advisory committee, drawing on resource impact work associated with source guidelines. The costing statements for the source guidelines

provide more detailed resource impact information. Organisations are encouraged to use these tools to help estimate local costs.

- [Business case](#) for mental wellbeing at work (2009) NICE guideline PH22
- [Resource impact tools](#) for workplace health: management practices (2015) NICE guideline NG13.

## List of quality statements

[Statement 1](#). Employers have a named senior manager who is responsible for making employee health and wellbeing a core priority.

[Statement 2](#). Line managers' job descriptions and performance indicators include supporting employee health and wellbeing.

[Statement 3](#). Line managers are trained to recognise when employees are experiencing stress and respond to their needs.

[Statement 4](#). Employers give employees the opportunity to contribute to decision-making through staff engagement forums.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you have an example from practice of implementing the NICE guidelines that underpin this quality standard? If so, please submit your example to the [NICE local practice collection](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

**Question 4** Do you think each of the statements in this draft quality standard would be achievable by employers, given the net resources needed to deliver them? Please describe any resources that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

**Question 5** It is recognised that some of the quality statements within this quality standard will be more relevant for medium and large organisations (employing 50 or more people) than for micro and small organisations. Is this an accurate understanding? Please explain your answer.

## Quality statement 1: Make health and wellbeing a priority

### ***Quality statement***

Employers have a named senior manager who is responsible for making employee health and wellbeing a core priority.

### ***Rationale***

Giving a senior manager responsibility for health and wellbeing shows the employer's commitment to a healthy working environment. The named manager can lead on healthy work initiatives and provide both line managers and employees with support to plan and improve working conditions. This will increase productivity, lower staff sickness levels and improve staff retention rates.

### ***Quality measures***

#### **Structure**

a) Evidence of arrangements for a named senior manager to have responsibility for making employee health and wellbeing a core organisational priority.

**Data source:** Local data collection, for example, job descriptions, minutes of senior management meetings and company policies related to health and wellbeing.

b) Evidence of arrangements for implementing an employee health and wellbeing strategy.

**Data source:** Local data collection, for example, an employee health and wellbeing strategy with metrics and the progress made.

c) Evidence of arrangements to incorporate health and wellbeing in all relevant corporate policies and communications.

**Data source:** Local data collection.

#### **Outcome**

a) Employee sickness absence rates.

**Data source:** Local data collection. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

b) Employee retention rates.

**Data source:** Local data collection.

### ***What the quality statement means for employers and line managers***

**Employers** have a named senior manager who is responsible for making employee health and wellbeing a core priority. This includes ensuring that health and wellbeing is included in the organisation's strategic and business management plans and encouraging and supporting a consistent, positive approach to employee health and wellbeing. The senior manager will lead on initiatives to improve employee health and wellbeing.

**Line managers** recognise the importance of health and wellbeing and take it into account, for example, when planning tasks and designing jobs.

### ***What the quality statement means for employees***

**Employees** know which senior manager is responsible for their health and wellbeing at work. They also know that their employer is committed to a healthy working environment and that jobs will be designed with this in mind.

### ***Source guidance***

- [Workplace health: management practices](#) (2015) NICE guideline NG13, recommendation 1.1.1
- [Mental wellbeing at work](#) (2009) NICE guideline PH22 recommendation 1

### ***Definitions of terms used in this quality statement***

#### **Senior manager**

The type of senior manager depends on the size and type of organisation. For a medium or large organisation (employing 50 or more people) this would usually be a member of the executive team or another manager with significant responsibility within the organisation. For micro and small organisations this could be, for example,

the owner of the organisation or someone they delegate the day to day running of the organisation to.

[Expert opinion]

### **Health and wellbeing**

Health relates to a person's physical and mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. Mental wellbeing relates to a person's emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community.

[Glossaries of NICE's guidelines on [workplace health: management practices](#)) and [older people: independence and mental wellbeing](#).]

### **Core priority**

In organisations where health and wellbeing is a core priority, there will be a health and wellbeing strategy or plan. In addition, health and wellbeing will be included in all relevant corporate policies, for example absence and recruitment policies, and communications and the organisation will develop or promote and coordinate health and wellbeing programmes and activities.

[Expert opinion]

## Quality statement 2: Role of line managers

### ***Quality statement***

Line managers' job descriptions and performance indicators include supporting employee health and wellbeing.

### ***Rationale***

As the employer's representative, a line manager can have a significant influence on employee attitudes and behaviours. Making health and wellbeing a central part of their role will help ensure they make employees feel valued and supported. This, in turn, will help to make them feel more content and should aid productivity.

### ***Quality measures***

#### **Structure**

a) Evidence that supporting employee health and wellbeing is included in any documents outlining the skills and knowledge line managers need, including job descriptions.

**Data source:** Local data collection, for example, job descriptions.

#### **Process**

a) Proportion of line managers whose job descriptions include supporting employee health and wellbeing.

Numerator – the number in the denominator whose job description includes supporting employee health and wellbeing.

Denominator – the number of line managers in the organisation.

**Data source:** Local data collection, for example, job descriptions.

b) Proportion of line managers whose performance indicators include supporting employee health and wellbeing.

Numerator – the number in the denominator whose performance indicators include supporting employee health and wellbeing.

Denominator – the number of line managers in the organisation.

**Data source:** Local data collection, for example, appraisal documentation.

### **Outcome**

a) Employee sickness absence rates.

**Data source:** Local data collection. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

b) Employee retention rates.

**Data source:** Local data collection.

### ***What the quality statement means for employers and line managers***

**Employers** (such as senior management teams including the chief executive and departmental managers) make line managers aware that supporting employee health and wellbeing is a central part of their role by including it in their job descriptions and performance indicators and emphasising it during recruitment. They ensure that line managers have adequate time, training and resources to promote and support the health and wellbeing of employees.

**Line managers** are aware of the important role they have in supporting the health and wellbeing of employees, as highlighted in their job descriptions and performance indicators. They put this into practice in the way they manage employees and design jobs and person specifications.

### ***What the quality statement means for employees***

**Employees** work in an environment where they know line managers aim to protect and support employee health and wellbeing.

### ***Source guidance***

- [Workplace health: management practices](#) (2015) NICE guideline NG13, recommendations 1.6.4 and 1.9.2

## ***Definitions of terms used in this quality statement***

### **Line manager**

A person with direct managerial responsibility for an employee.

[NICE's guideline on [workplace health: management practices](#) (2015), glossary]

### **Supporting employee health and wellbeing**

Taking action to maintain people's health and wellbeing at work. This can be done by:

- developing good relationships with employees
- good communication skills
- recognising the effects of organisational change and how to manage it
- developing people's skills
- supporting employees by agreeing relevant and realistic job targets.

Stress risk assessments and the development of workplace solutions to reduce this risk can also help.

[NICE's guideline on [workplace health: management practices](#) , recommendation 1.9.1]

### **Health and wellbeing**

Health relates to a person's physical or mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. Mental wellbeing relates to a person's emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community.

[Glossaries of NICE's guidelines on [workplace health: management practices](#) and [older people: independence and mental wellbeing](#)]

## Quality statement 3: Identifying stress

### ***Quality statement***

Line managers are trained to recognise when employees are experiencing stress and respond to their needs.

### ***Rationale***

Line managers are in regular contact with employees they are responsible for, so they are in a good position to identify the early signs of stress. Acting on these early signs can help prevent symptoms escalating and causing illness and sickness absence.

### ***Quality measures***

#### **Structure**

a) Evidence of arrangements to ensure that line managers are given up-to-date training on how to recognise when employees are experiencing stress and how to respond to their needs.

**Data source:** Local data collection, for example, training records and copies of training documentation.

#### **Process**

a) Proportion of line managers who are trained to use a stress risk assessment to identify and respond to sources of stress.

Numerator – the number in the denominator who are trained to use a stress risk assessment to identify and respond to sources of stress.

Denominator – the number of line managers in the organisation.

**Data source:** Local data collection, for example, training records and copies of training documentation. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

b) Proportion of line managers who receive training to recognise the internal and external causes of stress such as excessive workload, financial worries, work–home conflict or family issues.

Numerator – the number in the denominator who receive training to recognise the internal and external causes of stress such as excessive workload, financial worries, work–home conflict or family issues.

Denominator – the number of line managers in the organisation.

**Data source:** Local data collection, for example, training records and copies of training documentation. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

c) Proportion of line managers who receive information on other sources of support for stress both inside and outside the workplace.

Numerator – the number in the denominator who receive information on other sources of support for stress both inside and outside the workplace.

Denominator – the number of line managers in the organisation.

**Data source:** Local data collection, for example, training records and copies of training documentation. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

## Outcome

a) Identification of stress in employees.

**Data source:** Local data collection, for example, records of referrals and support offered to employees experiencing stress. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

b) Support for employees experiencing stress.

**Data source:** Local data collection. National data from the Chartered Institute of Personnel and Development's [annual absence management survey](#).

### ***What the quality statement means for employers and line managers***

**Employers** (such as senior management teams including the chief executive and departmental managers) ensure that line managers receive training and information on how to recognise and respond when an employee is stressed. This includes being able to develop workplace solutions to reduce the risk and knowing when to provide additional support, for example, via a referral to occupational health and other sources of support both in and outside the workplace.

**Line managers** undertake training on how to recognise and respond when an employee is stressed. This may involve using a stress risk assessment. They are also trained to develop workplace solutions to reduce the risk. In addition, they are aware of occupational health and other sources of support both in and outside the workplace and know when to refer employees to these sources of support.

### ***What the quality statement means for employees***

**Employees** have a line manager who is trained to recognise when they are stressed and know what actions they can take to help. This could include, for example, making changes to how their job is carried out or temporarily reducing the workload, if needed. It could also include referring them for support from occupational health or other sources of help, both in and outside the workplace. This will help employees to continue in work.

### ***Source guidance***

- [Workplace health: management practices](#) (2015) NICE guideline NG13, recommendations 1.8.2 and 1.9.1
- [Mental wellbeing at work](#) (2009) NICE guideline PH22 recommendation 1

### ***Definition of terms used in this quality statement***

#### **Line manager**

A person with direct managerial responsibility for an employee.

[NICE's guideline on [workplace health: management practices](#), glossary]

## **Stress**

There is no simple definition of stress. It is a natural but sometimes distressing reaction leading to a psychological and physiological tension that is referred to as the 'flight or fight' response. It may be positive or negative. It leads to an increase in heart rate and blood pressure and may result in frequent, intrusive thoughts and feelings of fear or excitement. Sometimes it can lead to mental or physical health problems.

[Adapted from NICE's guideline on [workplace health: long-term sickness absence and incapacity to work](#) and expert opinion]

## **Respond to employee needs**

Recognising when an employee may need support and the need for preventive actions as soon as possible. This can involve identifying internal and external services that may be able to help, and understanding how to carry out a risk assessment.

[Adapted from NICE's guideline on [workplace health: management practices](#), recommendations 1.8.2 and 1.9.1]

## Quality statement 4: Employee involvement in decision-making

### ***Quality statement***

Employers give employees the opportunity to contribute to decision-making through staff engagement forums.

### ***Rationale***

Empowering employees to be involved in organisational decisions and practices that have a direct impact on them can show that their employer values their opinions. This can also lead to improved working practices and, in turn, improved job satisfaction, resulting in a more content and healthy workforce as well as higher productivity.

### ***Quality measures***

#### **Structure**

a) Evidence of arrangements for staff engagement forums that enable employees to contribute to decision-making.

**Data source:** Local data collection, for example, staff engagement forum minutes.

b) Evidence of arrangements for feedback to employees on actions taken as a result of their contribution.

**Data source:** Local data collection, for example, staff engagement forum and team meeting minutes, organisational newsletters, posters or emails.

#### **Outcome**

a) Employee satisfaction.

**Data source:** Local data collection, for example, staff surveys.

b) Employee engagement.

**Data source:** Local data collection, for example, numbers attending staff engagement forums.

c) Employee retention rates.

**Data source:** Local data collection.

### ***What the quality statement means for employers and line managers***

**Employers** ensure that employees are encouraged to voice their opinions and actively seek them through staff engagement forums. Staff engagement forums should be included in organisational plans and published reports, for example, the annual report. Employers provide regular feedback on ways that employee opinions have been considered through, for example, staff meetings, newsletters, posters or emails.

**Line managers** ensure that they give employees the support and encouragement they need to contribute to decision-making, for example, by giving them time off to attend staff engagement forums.

### ***What the quality statement means for employees***

**Employees** are given the opportunity to voice their opinions and their employer takes these into account when making business decisions that affect them. Employees receive regular feedback on how their opinions have influenced the organisation's decisions.

### ***Source guidance***

- [Workplace health: management practices](#) (2015) NICE guideline NG13, recommendation 1.5.2

### ***Definition of terms used in this quality statement***

#### **Health and wellbeing**

Health relates to a person's physical or mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. Mental wellbeing relates to a person's emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of

adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community.

[Glossaries of NICE's guidelines on [workplace health: management practices](#) and [older people: independence and mental wellbeing](#)]

### **Line manager**

A person with direct managerial responsibility for an employee.

[NICE's guideline on [workplace health: management practices](#), glossary]

### ***Equality and diversity considerations***

Some employees may find it difficult to contribute to staff engagement forums because, for example, they have a physical disability or find it difficult to read or write. Others may worry that they will be discriminated against if they give their opinion. Employers must ensure that no such discrimination occurs and employees have the confidence and are supported to share their comments, in confidence, if necessary.

## Status of this quality standard

This is the draft quality standard released for consultation from 15 August to 13 September 2016. It is not NICE's final quality standard on healthy workplaces: improving employee mental and physical health and wellbeing. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 13 September. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from January 2017.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

## ***Levels of achievement***

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up quality, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps employers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

## ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between senior management, line managers and employees is essential. Methods of improving employee mental and physical health and wellbeing should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Employees should have access to an interpreter if needed.

Employers and, where appropriate, commissioners should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## Development sources

Further explanation of the methodology used can be found in the [quality standards process guide](#).

### ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the quality standards advisory committee to develop the quality standard statements and measures.

- [Workplace health: management practices](#) (2015) NICE guideline NG13
- [Mental wellbeing at work](#) (2009) NICE guideline PH22.

### ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- Chartered Institute of Personnel and Development (2016) [Growing the health and well-being agenda: from first steps to full potential](#)
- Chartered Institute of Personnel and Development (2015) [Mental health in the workplace](#)
- Chartered Institute of Personnel and Development (2015) [Stress in the workplace](#)
- Department for Work and Pensions (2015) [Employer attitudes to fuller working lives](#)
- Department for Work and Pensions (2013; updated 2015) [2010 to 2015 government policy: employment](#)
- MIND (2015) [Getting ahead: why mental health at work matters](#)
- Department for Work and Pensions (2013) [Health, work and wellbeing indicators: baseline data](#)
- Department for Work and Pensions (2013) [Mental health and work](#)
- Department for Work and Pensions (2013) [Work and health: changing how we think about health problems](#)
- Department for Work and Pensions (2011) [Health at work – an independent review of sickness absence in Great Britain](#)

- World Health Organization (2010) [Healthy workplaces: a WHO global model for action](#).

### ***Definitions and data sources for the quality measures***

- Chartered Institute of Personnel and Development (2015) [Absence management survey](#).

## **Related NICE quality standards**

### ***Published***

- [Obesity in adults: prevention and lifestyle weight management programmes](#) (2016) NICE quality standard 111
- [Physical activity: for NHS staff, patients and carers](#) (2015) NICE quality standard 84
- [Smoking: reducing and preventing tobacco use](#) (2015) NICE quality standard 82.

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topic scheduled for future development:

- Workplace: long-term sickness absence and management.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## **Quality standards advisory committee and NICE project team**

### ***Quality standards advisory committee***

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

#### **Mr Barry Attwood**

Lay member

**Professor Gillian Baird**

Consultant Developmental Paediatrician, Guys and St Thomas NHS Foundation Trust, London

**Dr Ashok Bohra**

Consultant Surgeon, Royal Derby Hospital

**Dr Guy Bradley-Smith**

Freelance GP and Clinical Commissioning Lead for Learning Disability, North, East and West (NEW) Devon Clinical Commissioning Group

**Mrs Julie Clatworthy**

Governing Body Nurse, Gloucester Clinical Commissioning Group

**Mr Michael Fairbairn**

Quality Manager, NHS Improvement

**Mr Derek Cruickshank**

Consultant Gynaecological Oncologist and Chief of Service, South Tees NHS Foundation Trust

**Mrs Jean Gaffin**

Lay member

**Dr Anjan Ghosh**

Consultant in Public Health, Public Health Merton, London

**Mr Jim Greer**

Principal Lecturer, Teesside University

**Mr Malcolm Griffiths**

Consultant Obstetrician and Gynaecologist, Luton and Dunstable University Hospital NHS Foundation Trust

**Dr Ulrike Harrower**

Consultant in Public Health Medicine, NHS Somerset

**Mr Gavin Lavery**

Clinical Director, Public Health Agency

**Dr Tessa Lewis**

GP and Medical Adviser in Therapeutics, Aneurin Bevan University Health Board

**Ms Robyn Noonan**

Area Service Manager Learning Disability, Oxfordshire County Council

**Dr Michael Rudolf (Chair)**

Honorary Consultant Physician, London North West Healthcare NHS Trust

**Dr Anita Sharma**

GP and Clinical Director of Vascular and Medicine Optimisation, Oldham Clinical Commissioning Group

**Dr Amanda Smith**

Director of Therapies and Health Service, Powys Teaching Health Board

**Ms Ruth Studley**

Director of Strategy and Development, Healthcare Inspectorate Wales

The following specialist members joined the committee to develop this quality standard:

**Dr Michael Brannan**

Deputy National Lead for Adult Health and Wellbeing, Public Health England

**Mr Mark Gabbay**

Professor of General Practice and Head of Department Health Services Research, University of Liverpool

**Ms Elaine Harris**

Associate Lecturer in Occupational Health, University of the West of England

**Professor Ivan Robertson**

Director, Robertson Cooper, Manchester

**Ms Mandy Wardle**

Associate Director Public Health, The Fit For Work Team, Leicester and Fellow of the Faculty of Public Health

**Mrs Susan Barton**

Lay member

***NICE project team***

**Nick Baillie**

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Senior Technical Analyst

**Eileen Taylor**

Technical Analyst

**Rachel Neary-Jones**

Programme Manager

**Esther Clifford**

Project Manager

**Nicola Cunliffe**

Coordinator

**About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathways on [workplace health: policy and management practices](#) and [promoting mental wellbeing at work](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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