NATIONAL INSTITUTE FOR HEALTH AND   
CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARD CONSULTATION

SUMMARY REPORT

1. Quality standard title

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

Date of quality standards advisory committee post-consultation meeting:   
08 June 2021

1. Introduction

The draft quality standard for Workplace health: long-term sickness absence and capability to work was made available on the NICE website for a 6-week public consultation period between 02 December 2020 and 11 January 2021. Registered stakeholders were notified by email and invited to submit consultation comments on the draft quality standard. General feedback on the quality standard and comments on individual quality statements were accepted.

Comments were received from 16 external organisations, which included service providers, national organisations, professional bodies and others.

This report provides the quality standards advisory committee with a high-level summary of the consultation comments, prepared by the NICE quality standards team. It provides a basis for discussion by the committee as part of the final meeting where the committee will consider consultation comments. Where appropriate the quality standard will be refined with input from the committee.

Consultation comments that may result in changes to the quality standard have been highlighted within this report. Comments suggesting changes that are outside of the process have not been included in this summary. The types of comments typically not included are those relating to source guidance recommendations and suggestions for non-accredited source guidance, requests to broaden statements out of scope, requests to include thresholds, targets, large volumes of supporting information, general comments on the role and purpose of quality standards and requests to change NICE templates. However, the committee should read this summary alongside the full set of consultation comments, which are provided in appendices 1 and 2.

1. Questions for consultation

Stakeholders were invited to respond to the following general questions:

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

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

3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

4. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form.

1. General comments

The following is a summary of general (non-statement-specific) comments on the quality standard.

* There was strong support for the chosen areas of quality improvement
* Stakeholders agreed that the quality standard accurately reflects key areas for quality improvement
* Stakeholders highlighted the importance of monitoring workplace health and sickness absence, particularly sickness absence due to COVID-19.
* Stakeholders suggested that the need for information to be provided in accessible, clear non-technical language should be highlighted throughout the quality standard
* Stakeholders suggested that the need to support employees’ communication needs should be highlighted throughout the quality standard
* Stakeholders highlighted other areas of equality, diversity and complexity that should be accounted for throughout the quality standard:
  + fluctuating level of need and ability associated with some long term conditions
  + conditions that may appear ‘invisible’
  + employee mental health needs
  + employees experiencing conflict with managers
  + employees experiencing isolation at work
* Stakeholders indicated a need to consider the variable nature of employers and their different interpretations of these statements
* Stakeholders raised concerns about implementation and measurement in smaller organisations
* Stakeholders suggested that implementation may not be fully achievable without regulation

1. Summary of consultation feedback by draft statement
   1. Draft statement 1

Employees work in organisations that include policies for managing sickness absence and return to work in broader strategies which promote employee health and wellbeing.

### Consultation comments

Stakeholders made the following comments in relation to draft statement 1:

Smaller organisations

* The statement may be harder to implement in smaller organisations due to a lack of resources or expert knowledge

Rationale

* Amend wording to clarify that policies should be adaptable to individual circumstances
* Add reference to implementing policies as part of a supportive culture in a culturally sensitive manner

Measures

* Structure measure a) would be improved if there was guidance on who in the organisation should be involved
* Outcome measure b) difficult to measure without a timescale
* Separate physical and mental health in outcome measure b)
* Add structure measures on employee wellbeing
* Add measures on manager engagement with policies
* Add a measure on manager training on policies
* Use qualitative data to measure implementation
* Use surveys of employee satisfaction, such as the Short Warwick-Edinburgh Wellbeing Scale, for outcome measures

Audience descriptors

* Include examples of what a proactive strategic approach may feature
  1. Draft statement 2

Employees on sickness absence for more than 7 days are contacted by their employer as soon as possible to provide support and discuss arrangements for keeping in touch.

### Consultation comments

Stakeholders made the following comments in relation to draft statement 2:

* There should be no set timescale to account for smaller employers as they may find 7 days hard to implement
* Add wording to allow the possibility of not keeping in touch, or keeping in touch as appropriate
* Measures should focus on whether the conversation was supportive and meaningful rather than the timescale
* Measurement may be difficult in organisations without digital recording of absence dates
* Define meaningful conversations and their content
* Add reference to considering the communication needs of the employee prior to initial contact
  1. Draft statement 3

Employees have information in their statement of fitness for work about how their reason for sickness absence or their treatment might affect them on their return to work.

### Consultation comments

Stakeholders made the following comments in relation to draft statement 3:

Employee privacy

* It may not be appropriate to provide employers and line managers with reasons for absence
* The information shared should be at the discretion of the employee
* Only information related to employee’s ability to work should be shared, and due regard to doctor/patient confidentiality should be given

‘May be fit for work’ option

* This option on the fit note includes a free text area for doctors to include additional information
* Employees are prompted to discuss this with their doctor and then their employer to determine what can be done to help them return to work
* The option is rarely used in current practice

Rationale

* Include wording on the role of specialist equipment and organisational culture in supporting employees to return to work

Measures

* Suggestion to use return-to-work plan discussions with employees rather than surveys in outcome measure a)
* Suggestion to use quarterly national data from NHS Digital on use of the ‘may be fit for work’ option in fit notes as a measure
* Suggestion to add a measure on use of clear and non-technical language

Clinical roles

* GPs and hospital doctors may not have the knowledge of occupational health to advise on workplace adjustments
* There is potential for the list of personnel able to fill out ‘fit notes’ to expand, meaning that other professionals such as occupational therapists could give information on what is needed when an employee returns to work
  1. Draft statement 4

Employees returning from sickness absence have any workplace adjustments recorded in a return-to-work plan and monitored.

### Consultation comments

Stakeholders made the following comments in relation to draft statement 4:

Smaller organisations

* Smaller organisations may struggle to implement return-to-work plans due to lack of resources or personnel
* Where return-to-work- plans have to be conducted by an employee’s line manager, employees may feel pressured to perform

Implementation

* Potential for return-to-work plans to become performance measure focused and put pressure on employees
* Include a record of adaptations refused by the employee, and the reasons why
* Having an expected duration may not be suitable for some people, and may put pressure on employees (such as those with fluctuating conditions) or lead to adaptations being ended too early
* Employers should consider how employee confidence and resilience is affected by adjustments to equipment and the workplace, rather than adjustments to working hours alone

1. Suggestions for additional statements

The following is a summary of stakeholder suggestions for additional statements.

* Early intervention, including by occupational therapists
* Supporting those in unemployment

© NICE 2021. All rights reserved. Subject to [Notice of rights](https://www.nice.org.uk/terms-and-conditions#notice-of-rights).

# Appendix 1: Quality standard consultation comments table – registered stakeholders

| ID | Stakeholder | Statement number | Comments[[1]](#footnote-1) |
| --- | --- | --- | --- |
| 1 | National Rheumatoid Arthritis Society (NRAS) | General Comment | • The following comments are made to reflect the facts that rheumatoid arthritis (RA) is:  o a fluctuating condition;  o often ‘invisible’;  o and that because of the nature of the condition, an employee may be able to perform a piece of work one week, but not the next, due to the unpredictable nature of flares and employees’ response to flares.  There are many other long-term conditions (LTCs) of a similar fluctuating nature, and these comments, while specific to RA, will be applicable in many respects to such LTCs as well. |
| 2 | Royal College of Nursing | General Comment | Monitoring workplace health and sickness is of particular concern and increasing importance due to COVID-19. It is essential to not only support staff physical health but mental health as well which can be hidden and staff wellbeing. |
| 3 | Royal College of Occupational Therapists | General Comment | Key areas for quality improvement should include early intervention. The NICE guidelines [Workplace health: long-term sickness absence and capability to work. NICE guideline NG146](https://www.nice.org.uk/guidance/ng146)  repeatedly talk about interventions delivered by occupational therapists and physiotherapists when more specialist help is required and this should be included in the Quality Standard. There is increasing evidence to support early intervention by occupational therapists in primary care:   * Nouri F, Coole C, Smyth G, Drummond A. The Allied Health Professions Health and Work Report and the fit note: Perspectives of patients and stakeholders. *British Journal of Occupational Therapy*. August 2020. doi:[10.1177/0308022620948763](https://doi.org/10.1177/0308022620948763) * [Using occupational therapists in vocational clinics in primary care: a feasibility study | BMC Family Practice | Full Text](https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01340-5) * Drummond, A., Coole, C., Nouri, F. *et al.* Using occupational therapists in vocational clinics in primary care: a feasibility study. *BMC Fam Pract* 21, 268 (2020). https://doi.org/10.1186/s12875-020-01340-5 |
| 4 | Royal College of Occupational Therapists | General Comment | Concerns have been expressed by our members that the data collection methods described do not consider small and medium sized employers with no HR or occupational health support. |
| 5 | Royal College of Occupational Therapists | General Comment | The last section of the NICE guideline (1.8) is about supporting the unemployed. As Covid-19 is predicted to increase unemployment rates in the UK, it would be pertinent to include this also as a Quality Standard. |
| 6 | The Pulmonary Fibrosis Trust | General Comment | My concern is for those patients who have been diagnosed with an ILD condition. They may not be classified as disabled, or returning to work following an illness, but are returning to work with an incurable illness. Are their needs fully provided? They are living with a life limiting illness. Will the workplace provide a well ventilated environment? Will the use of ambulatory oxygen be allowed and be safe to use? |
| 7 | The Royal College of Physicians and Surgeons of Glasgow | General Comment | The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While this report is related to England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.  The College welcomes the draft Quality Standards which aims to get people back into work with plans to minimise disruption to their employment as a result of illness. While the College feels the quality standards are a great ideal, enforcing them will be difficult. In the reviewer’s experience employers take an opposing view to that outlined in the document. They will interpret the standards differently. It is the reviewer’s experience that when the government is the employer, they also take a different attitude (eg use of the Bradford Index).  Therefore, it is vital than these standards are subject to regulation in a similar way to the RIDDOR (Reporting of Injuries; Diseases and Dangerous Occurrences Regulations) scheme is regulated by the Health and Safety Executive (HSE).  In terms of the equality impact assessment, while the standards themselves are realistic, it is quite clear employers may interpret them differently depending on the protected characteristic under the Equality Act 2010. |
| 8 | Royal College of Nursing | Question 1 | Does this draft quality standard accurately reflect the key areas for quality improvement?  This draft document clearly outlines the standard procedures in most healthcare environments. In terms of the quality improvement, the statement on well-being is important in order to help people back to work. We would suggest the full WHO definition on mental health well-being is used - as it is more clearly defined. In terms of quality improvement, sometimes a lot of emphasis is placed on the Bradford scoring in healthcare organisations and if one is genuinely unwell this process can be intimidating for healthcare staff. To reduce staff sickness, regular contact from line managers, face-to-face meetings and forward planning is important. |
| 9 | Royal College of Speech and Language Therapists (RCSLT) | Question 1 | Q1: Does this draft quality standard accurately reflect the key areas for quality improvement?  The RCSLT would like to see a clearer focus on the following principles running throughout the Quality Standard:   1. All information is accessible and in non-technical language at every stage. This is based on <https://www.england.nhs.uk/ourwork/accessibleinfo> 2. Employers check that employees have understood the information and record this 3. The importance of supporting employee’s communication is acknowledged from the outset   Records of employee’s communication needs and information needs are kept |
| 10 | The Royal College of Physicians and Surgeons of Glasgow | Question 1 | Does this draft quality standard accurately reflect the key areas for quality improvement?  Yes |
| 11 | Royal College of Nursing | 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?  As far as we are aware in mental health and substance misuse settings, procedures are in place in non-statutory, statutory and private organisations in respect of these quality measures. It is important that this standard structure is in place as some organisations do differ in respect of local systems and structures they have in place. |
| 12 | The Royal College of Physicians and Surgeons of Glasgow | 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?  No. Local systems would need to be developed with oversight from a body such as HSE. |
| 13 | Royal College of Nursing | Question 3 | Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment  The statements in the draft quality standard seem realistic and achievable by local services. However, it is important to recognise that in order to have people flourish in an organisation, the mental health wellbeing as well as physical wellbeing is of most importance. We would recommend that organisations should consider input from occupational health, mental health workers (emotional well-being teams), social workers, psychologists and organisational nurses where appropriate. If organisations have mental health professionals assisting people back to work – people are more likely to return to work due to the support, expertise and guidance available.  In terms of cost savings, the opportunity cost for having registered mental health nurses supporting staff to return to work, would probably outweigh the cost of long-term sickness to the organisation. |
| 14 | The Royal College of Physicians and Surgeons of Glasgow | Question 3 | Do you think each of the statements in this draft quality standard would be achievable by employers or healthcare professionals given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings.  The college does not believe that the ideal of the standards are achievable in the current climate without regulation. While the health aspects are achievable, the NHS as an employer would not achieve this. |
| 15 | Royal College of Nursing | Question 4 | Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.  We are aware of the standard in mental health settings around ‘mental health of adults in in the criminal justice system and promote the importance of this standard to mental health nursing students who are placed in-patient secure or the prison environment. We promote and raise awareness of the need to address mental health problems, of people in the criminal justice systems, for instance, anxiety, psychosis and depression. This is to ensure, that improvements are made in the different settings, to ensure mental health nursing students are competent in Mental State examination, Mental Health Assessment, care planning and risk assessment as per care programme approach. |
| 16 | The Royal College of Physicians and Surgeons of Glasgow | Question 4 | Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details  No |
| 17 | BAME Health Collaborative | Statement 1 | The quality standard accurately reflects the key areas for quality improvement in large and medium sized organisations but may not reflect the systems that can be put in place in micro sized organisations which are increasing common in the current economy |
| 18 | BAME Health Collaborative | Statement 1 | Systems and structures are in place in most organisations and it is feasible to set up these systems in all organisations |
| 19 | BAME Health Collaborative | Statement 1 | b) Rates of recurrent sickness absence would be difficult to measure currently because this is not defined in the NICE Guideline because it does not provide a longitudinal period over which to measure e.g. 3 months, 6 months, 12 months 24 months (page 4 of 18).  Recurring long term sickness absence is also poorly defined. Over what period of time would you need to measure for someone’s long term sickness absence to be recurring (page 5 of 18) |
| 20 | BAME Health Collaborative | Statement 1 | Employee health and wellbeing strategies are key to managing sickness absence and return to work, but employers need to demonstrate they understand and support the needs of employees. Certain groups are particularly vulnerable:   * Women in their forties and fifties (according to the Office for National Statistics) are entering employment at a faster rate than any other cohort in the UK. Statistics show as many as one in five women leave the workplace due to menopause without giving employers the underlying reasons. Many employers do not have policies and practices in place to support women through this stage; * People from Black and ethnic minority backgrounds (BAME) or disabled can often experience a sense of “not belonging” in the workplace. This may result in feelings of lack of self-esteem and can lead to issues with mental health. If employees do not feel they can “speak up” or employers do not policies in place to create inclusive workplaces and cultures, any policies or strategies which are introduced will not improve levels of sickness absence; and * People from a BAME background have been shown to be at a higher risk of being infected by COVID-19.   Long Covid has urgently put the spotlight on workers with long-term health problems. The condition is defined as “not recovering [for] several weeks or months following the start of symptoms that were suggestive of Covid, whether you were tested or not” (Nabavi, 2020) and includes, among others, symptoms of fatigue, muscular pain and breathlessness. It is a concern that this is being introduced now as Long Covid is becoming a focus. The virus’s effects are not yet fully appreciated and will present differently among individual patients.  Members of these groups may feel these policies are being introduced to deliberately target them. |
| 21 | Connect Health | Statement 1 | Some employers won’t have enough resources to implement a health and wellbeing strategy. Employers would benefit from guidance about who and what roles would be suitable to write a health and wellbeing strategy and also who should be involved in both writing and implementing this strategy (e.g. representatives from different levels within an organisation as well as people with specialist knowledge). The quality standard should direct employers to suitable resources to help them implement this quality standard. |
| 22 | Epilepsy Action | Statement 1 | The presence of policies for managing sickness absence and return to work could be hard to determine. We would recommend that such policies be provided on an employer’s website, such as with school health policies. This would also help ensure employees are aware of and have access to the policies Further support should also be provided to help employers develop such policies, using best practice knowledge. |
| 23 | Fair Treatment for the Women of Wales | Statement 1 | The statement includes a reference to a ‘workplace culture that is proactive, consistent and works for all employees’. Would suggest amending to make clear that sickness absence policies and arrangements also need to be sufficiently adaptable to accommodate the unique circumstances of individual employees. |
| 24 | Fair Treatment for the Women of Wales | Statement 1 | Measuring rates of recurrent sickness absence. Would emphasise here that employers need to be aware that some employees, ie those with long-term conditions which involve flair-ups / regular interventions, may have to take time off because there aren’t adequate reasonable adjustments in place to enable them to continue in work at those times – an audit should not be punitive or single certain employees out. |
| 25 | Fair Treatment for the Women of Wales | Statement 1 | Would recommend including a reference here to the Equality Act 2010 and reasonable adjustments. |
| 26 | Mind | Statement 1 | It is positive that this statement focuses on the need for employers to have strategies which promote employee health and wellbeing. It would benefit from including examples, otherwise employers may be unclear about how to practically demonstrate a ‘proactive strategic approach that promotes employee health and wellbeing’. One example could be fulfilling the Mental Health at Work Commitment to achieve better mental health outcomes for employees, and having Wellness Action Plans (WAPs) for staff. More information [here](https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/useful-resources/). |
| 27 | National Rheumatoid Arthritis Society (NRAS) | Statement 1 | * In addition to quantitative data, qualitative data is valuable as a metric of training and implementation of employee health and wellbeing strategy – implementation requires organisational culture change.   + Brief case studies should be written into data collection as a data source.   + NRAS has conducted studies on work (see *I Want to Work* on NRAS.org.uk) capturing employees’ feelings of job security, impediments to work, challenges, support and wellbeing. The latter importantly includes feelings of being understood, being valued and experiencing willingness to show flexibility/make accommodations from both employers and colleagues. * For small and medium-sized businesses (SMEs), an important element of these policies should be clear and up-to-date signposting to schemes/resources (notably *Access to Work*) and relevant organisations (notably *ACAS*, and patient organisations).   + In such organisations, issues around long-term sickness absence, and especially around long term conditions (LTCs) including rheumatoid arthritis (RA) and similar musculoskeletal (MSK) conditions, may be rare. Employers should be able to access—and should be aware of—the expertise of patient organisations. They should know what resources and support are available to them to support their staff, for example with transport support or specialist equipment as may be necessary.   + Example: following a recent survey about work in the context of the ongoing pandemic, a man living with RA who worked in a factory told us that he was facing redundancy due to the worsening of his condition. Placed on furlough (not sickness leave, but the case study is nonetheless relevant) his organisation was not aware of the impact of the advanced therapeutic treatment he was due to start on his ability to work. His condition is an ‘invisible’ one, and he told us he faced an organisational culture that might be described as ‘old fashioned’ in its attitude to hidden long-term health conditions, for example in providing flexibility in work duties. The changes his organisation *did* make in providing specialist equipment (a more modern lifting system, for example) provided value for all employees, not just him. Had this organisation had the right information and culture about the likely impact of the treatment he was due to start on his ability to work, his experience could have been dramatically improved and he would not at the time of the survey have been facing redundancy.   + We are keenly aware that the reality of having, maintaining and implementing a successful health and wellbeing strategy means one thing to a large organisation with dedicated Human Resources and Occupational Health resources, and quite another to small organisations with few staff. * Mental wellbeing is another ‘invisible’ area of health that must not be neglected. NRAS ran a small online Mental Wellbeing survey in May 2020 (n=138). 59% of respondents who were shielding told us this had a significant impact on their mental wellbeing; overall, respondents rated the ‘negative impact of Coronavirus on your mental wellbeing’ at 5.6, where 0 = no impact and 10 = a very significant impact.   For successful implementation of the policies covered by the draft quality standard, effective line manager training is crucial. Within draft QS 1, in the paragraph starting ‘Line Managers’, it would be also useful to add that the application of such policies should in itself promote an organisational culture that is understanding and supportive of staff who have long-term and/or hidden conditions. |
| 28 | NHS England and NHS Improvement | Statement 1 | Useful to have consistent policy but also the managers will benefit from implementation of this policy in culturally sensitive manner and create a supportive culture. |
| 29 | NHS England and NHS Improvement | Statement 1 | This statement may be hard to measure,  Some companies have no well-being policy in place due to size of company or lacking in structures staff engagement  This would make it a one sided approach not benefiting all employees, often well-being can be at the owners discretion, care homes for example have 1000s of staff working for them across the UK, the larger companies have procedures to follow smaller owners do not, some other format maybe considered for measure  This could disadvantage some an alternative should be considered to follow for all sizes of companies,  A template for good practice, the policy is really looking at well organised companies we should look at the less organised ones to follow a pathway, not presume they will  Ensuring it is 360 approach for all equality and rights, a fair approach |
| 30 | NHS England and NHS Improvement | Statement 1 | This statement may be hard to measure as many providers, owners, companies have various operational set standards,  Often you find these are confusing for an employee,  One employee will be paid sick leave, one may not pending on internal policies  One maybe given 10 days’ sick leave a year, one may only give 5, some give none, affecting well-being, I am surprised In today’s HR world this is not set, for example compassionate leave, some give 5 days’ some give 10 days, how are employees expected to deal with loss be effective at work during the hardest time they then have to arrange to see a GP,  Often you want to be left alone, be with friends, not be arranging paper work to be off longer to hand to your employer, surely employers should have this as a base line for support to staff to prevent, also adds pressure to the work load of the GPs across the country  Variance to employees, needs to probably be set in policy as good practice, a standard covering a baseline to follow to reduce variances to support well-being programmes,  Not presuming the smaller companies will follow, making their own rules up, the larger companies have better systems to follow guidelines set nationally , this policy does not give a clear guidance on how to deal with it manage an all systems approach, not just those who are set up in there working HR practices |
| 31 | NHS England and NHS Improvement | Statement 1 | This could be hard to measure due to variance of ability of line managers,  Often no formal training in is given to first line managers in return to work in performance of sickness management , it can be adhoc managed by numbers approach, this can make seasoned employees feel isolated, not valued, not listened too, not understood, not willing to give personal information to the line manger  Can lead to a large variance in how staff are treated in the same environment, discrimination to some,  if your manager likes you, or if not are you given the same opportunities during your vulnerable time, this can lead to further time off due to stress  How do you manage the outcomes if such a large variance out in the field for line mangers sickness monitoring |
| 32 | NHS England and NHS Improvement | Statement 1 | This statement may be hard to measure because some companies have no well-being policy in place due to size of company or lacking in structures staff engagement.  This would make it a one-sided approach not benefiting all employees, often well-being can be at the owner’s discretion. Care homes for example have 1000s of staff working for them across the UK – the larger companies have procedures to follow while smaller owners do not. Some other format maybe considered for measure  This could be a disadvantage for some. An alternative should be considered to follow for all sizes of companies. A template for good practice, the policy is really looking at well organised existing companies, suggest consideration as to less established organisations to ensure parity.  Ensuring it is 360 approach for all equality and rights, therefore a fair approach |
| 33 | NHS England and NHS Improvement | Statement 1 | Evidence of implementing an employee health and wellbeing strategy needs to consider more than figures as this can be tokenistic.  Suggest that information MUST be available in a way the person understands, not should as this is a risk of marginalising the individual. Also suggest comment here about the content of the information given this will have a wider impact if not applied appropriately |
| 34 | NHS England and NHS Improvement | Statement 1 | This statement may be hard to measure as many providers, owners, companies have various operational set standards.  Suggest clarity as to the person being contacted as agreed with the person to avoid deviation from best practice guidance. In practice often you find these are confusing for an employee, one employee will be paid sick leave, one may not pending on internal policies so guidance as to expectations would be helpful.  It is surprising that in today’s HR world this is not set, for example compassionate leave; some give 5 days and some give 10 days – how are employees expected to deal with loss be effective at work during the hardest time when they then have to arrange to see a GP?  Consideration as to how the process may impact the person’s illness needs evidencing here. For example, people may need time alone with friends or family and the process if too stringent may place a burden upon them. Emphasis as to the caring element needs promoting as a baseline for employers to ensure support to staff to prevent delays in recovery and therefore return. There also needs consideration as to the pressures the process may place on the workload of the GPs across the country should this not be managed appropriately.  Variance to employees’ needs suggest to probably be set in guidance or policy as good practice, a standard covering a baseline to follow to reduce variances to support well-being programmes.  This will help standardise for all organisations including smaller companies. Clear guidance on how to deal with it and manage an all-systems approach would be useful to support those without large HR teams for equity across health and social care |
| 35 | NHS England and NHS Improvement | Statement 1 | This could be hard to measure due to variance of ability of line managers.  Formal training for first line managers in return to work in performance of sickness management can be sporadic therefore managed inconsistently by numbers approach. This can make seasoned employees feel isolated, not valued, not listened to, not understood, not willing to give personal information to the line manager.  This can lead to a large variance in how staff are treated in the same environment with discrimination to some.  Where managed poorly this can lead to further time off due to stress therefore expectations as to the employer’s responsibilities is key.  Ensuring the data is not just numbers but experience so outcomes that have large unwarranted variations can be easily identified and addressed |
| 36 | Royal College of Occupational Therapists | Statement 1 | Promotion of employee health and wellbeing should be measured by more than just sickness absence rates – many organisations now use annual staff surveys to ensure impact of a range of initiatives to improve health, wellbeing, recruitment, retention and staff satisfaction. |
| 37 | Royal College of Speech and Language Therapists (RCSLT) | Statement 1 | Under the first Quality Measure Structure and Data Source, RCSLT would like to see a firmer commitment to employee wellbeing improvement, for example through regular wellbeing activities, rather than an one-off add-on activity.  This could take the form of a weekly or monthly Warwick Short Edinburgh Wellbeing Survey to monitor employee wellbeing trends. This would support the ethos of the quality standard to create “caring and supportive” work cultures and to put wellbeing at the heart of the organisation.  Therefore, we suggest that this could be changed to:  Quality measures  Structure  a) Evidence of implementing an employee health and wellbeing strategy with regular activity to monitor employee wellbeing.  Data source: Local data collection, for example, an employee health and wellbeing strategy with metrics and details of the progress, supported by the Warwick Short Edinburgh Wellbeing Survey. |
| 38 | Royal College of Speech and Language Therapists (RCSLT) | Statement 1 | One of the key areas for improvement is to ensure that information is provided in a way that the person can understand and access. In the Equality and Diversity Considerations section RCSLT recommend that this is expanded. We recommend that you add:  “this information should be provided in clear, non-technical language.” |
| 39 | Shooting Star Chase | Statement 1 | This draft statement reflects the area for improvement as policies provide a framework to manage sickness absence and a consistent approach for minimal standards organisations should follow. A focus on wellbeing is a positive and proactive approach to prevent long term absence from occurring. |
| 40 | Shooting Star Chase | Statement 1 | This statement may not be achievable for smaller organisations that do not have a health and wellbeing policy in place.  We do not have a policy at present but this is a scheduled piece of work for 2021/22, however as ACAS are building this section of their website further time will need to be spent researching and generating this policy. |
| 41 | Skills for Care | Statement 1 | In addition to having evidence that policies for managing sickness absence and return to work are part of broader strategies to promote employee health and wellbeing. Engagement with managers and training on the policies should also be considered as a measure. It is important managers fully understand the reason for the policies and processes and that the end result is to support employees and prevent future absences. |
| 42 | The Royal College of Physicians and Surgeons of Glasgow | Statement 1 | We believe a caring and supportive workplace is difficult to achieve in a target driven culture in many industries (including the NHS). |
| 43 | The Royal College of Physicians and Surgeons of Glasgow | Statement 1 | We would suggest Data source (rates of recurrent sickness) is broken this down to categories which would include physical and mental health. |
| 44 | BAME Health Collaborative | Statement 2 | The quality standard accurately reflects the key areas for quality improvement in all sizes of organisation and can easily be measured |
| 45 | BAME Health Collaborative | Statement 2 | This should be left to the discretion of individual employers. Seven days may be too prescriptive for many smaller employers. Larger employers may have the resources to ensure this is handled appropriately and the employee does not feel they are under pressure to return to the workplace.  It may not be appropriate for the employee to be contact by their line manager, but the employee’s line manager may not be aware they are not the most appropriate person. |
| 46 | Epilepsy Action | Statement 2 | Contact from an employer may be inappropriate in some circumstances, for example when stress, which can be a seizure trigger for many people with epilepsy, is a reason for the employee’s sickness absence. Employees should be given the opportunity to opt-out of this contact if they feel it would not be appropriate in their case. |
| 47 | Epilepsy Action | Statement 2 | Employee satisfaction with support from employer during sickness absence would also be hard to measure across different organisations. A template form to provide to employers/employees would help to ensure that the same questions are being asked across different organisations to ensure some consistency. |
| 48 | Fair Treatment for the Women of Wales | Statement 2 | Statement 2 includes a reference to ‘discussing arrangements for keeping in touch’. Would suggest amending this to add, ‘or not / as appropriate’ – arrangements of this nature should, as far as possible, be employee-led, particularly if the employee is absent due to mental illness / stress where their job is implicated; employers should be mindful that ‘keeping in touch’ may exacerbate problems and delay a return to work. |
| 49 | Mind | Statement 2 | Discussions about support should take place before an employee needs to take time off work. With regards to mental health, this is why a [Wellness Action Plan (WAP)](https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/) is useful. |
| 50 | National Rheumatoid Arthritis Society (NRAS) | Statement 2 | * In a July/August 2020 work survey (n = 348) we asked respondents what support they would value on returning to work (after working from home, furlough or sickness leave). The top response was ‘interview with my line manager’.   + The second and third most popular responses respectively were ‘occupational health advisor’ and ‘other mental wellbeing support’.   This is an opportunity for employers to signpost their employees to patient organisations, ACAS, Access to Work and other relevant organisations/schemes as appropriate; this can provide valuable support for the employee, as well as for employer. |
| 51 | NHS England and NHS Improvement | Statement 2 | The emphasis should be on meaningful and supportive conversation rather than quantitative measure of how many days in which contact was established. |
| 52 | NHS England and NHS Improvement | Statement 2 | Patchy data collection on short term and long term sickness absence in general practice which may be considered infringement of independent contractor status. |
| 53 | NHS England and NHS Improvement | Statement 2 | This could be hard to measure do the some companies expecting the employee to make contact first, this is set in some policies out in the field  Some ask for daily contact, some ask for other, no set format for the amount of companies organisations ,  This can be seen as intrusive, it is often not identified if contact is to made in person, email, phone, text, this leads to anxiety for the well-being of the staff members or frustration for the employer who cannot speak directly with the employee, or the employee goes awol, I have it said to me before didn’t you trust me to be off sick |
| 54 | NHS England and NHS Improvement | Statement 2 | This could be hard to measure. Guidance as to the parameters and decision-making would be helpful as some companies expect employees to make contact first. This is set in some policies out in the field and some ask for daily contact, some ask for other – there is no set format for the amount of companies organisations.  This can be seen as intrusive. It is often not identified if contact is to made in person, email, phone, or text which leads to anxiety for the well-being of the staff members or frustration for the employer who cannot speak directly with the employee, or the employee becomes absent without leave or there is mistrust between managers and staff.  Suggest the meeting with line managers should be clear as to the offer to have others involved also where helpful. This may be the person the staff member is professionally accountable too but not line managed by; friends/family members; union representatives and so on to ensure that a meaningful conversation takes place with the employee that is supportive and does not put undue pressure on them about returning to work.  Also suggest the ‘Keeping in touch’ element needs clarity as to this being guided by an agreement between individuals and not driven by the employer too much, otherwise this may be perceived inappropriately |
| 55 | Royal College of Occupational Therapists | Statement 2 | The “meaningful conversation” between line manager and employee is key but more guidance about the content of this dialogue is required such as the presenting health and work situation, adaptations in the workplace that could be possible etc. |
| 56 | Royal College of Speech and Language Therapists (RCSLT) | Statement 2 | There is a gap in Quality Standard 2. Many of the support arrangements such as “keeping in touch” conversations are communication based and dependent on talking. However, the Quality Standard does not acknowledge the importance of supporting the employee’s communication from the outset. This is essential to ensure better interaction and engagement.  RCSLT recommend that you add to Quality Standard 2:  “Before the initial contact consider the communication needs of the employee and how best to communicate with them.” |
| 57 | Shooting Star Chase | Statement 2 | This statement does address the quality standard for improvement.  Our managers contact staff absent earlier than 7 days to establish a dialogue should the absence go over the 7 days. |
| 58 | Shooting Star Chase | Statement 2 | The statement may be hard to measure for our charity because many of our systems are manual, we do not have an HR management system. Presently we do not centrally record the date managers contact employees. As the system is manual it is feasible to gather this data going forward but the additional time to collate and data enter would not be cost effective. We are looking to implement an HR Management system in the near future which would make implementing this measurement far more feasible. |
| 59 | The Royal College of Physicians and Surgeons of Glasgow | Statement 2 | We agree with all these strategies about how to record sickness absence after seven days. |
| 60 | BAME Health Collaborative | Statement 3 | Outcome: employee satisfaction with adjustments and support on their return to work Rather than employee surveys it would reflect the ethos of respect and dignity at work if there could be a section in the return-to-work plan that enables the employee and employer to discuss satisfaction about the adjustments made i.e. the ability of the employer to provide it and satisfaction with the adjustment. Medium and large organisations will have access to occupational health and an additional measure for organisations of this size should be able to provide data on what proportion of their employees requiring adjustments have been offered specialist occupational health support |
| 61 | BAME Health Collaborative | Statement 3 | Providing this level of information to employers especially line managers could be problematic. Whilst it may be possible to provide information around adjustments eg. staged return to work, reduced hours etc. it would not be appropriate to provide certain information about the reason for absence. Extreme caution needs to be exercised here. This should be at the discretion of the employee and the health care professional as to how much information is shared. |
| 62 | Connect Health | Statement 3 | ‘Receiving this information as part of a statement of fitness for work (‘fit note’)’  This rationale is restrictive to only the fit note. Examples should be given of different statements of fitness for work. The Allied Health Professionals (AHP) ‘health and work report’ for example is a report that employers could utilise to achieve a bigger impact with this quality standard, but they may not be aware of its existence. This is a key area for quality improvement which is not reflected by the quality standard. |
| 63 | Connect Health | Statement 3 | ‘information included in their ‘fit note’ from their GP or hospital’  This statement is restrictive to only the fit note as a statement of fitness for work and to GPs and hospitals as commissioners of statement of fitness for work. Allied Health Professionals (AHPs) and the ‘health and work report’ should be included to expand the awareness of statements of fitness for work available to employees, organisations and line managers and to increase awareness of different healthcare professionals that can provide a statement of fitness for work. This guidance and direction to more resources will make this quality standard more achievable. |
| 64 | Department for Work & Pensions – Fit Note Policy Team | Statement 3 | It is a policy intention that fit notes provide information to enable employers and employees to support a return to work. When the current fit note was introduced in 2010 a new option was made available to doctors ‘may be fit for work subject to the following advice’ and four options were available to be ticked plus a free text box to capture additional information. The intention was that doctors would provide simple advice which could form the basis of a return to work discussion between employer and employee.  DWP’s fit note guide for patients and employees states: *‘Your doctor will give you advice in the rest of your fit note about how your health affects what you can do at work. Make sure you discuss this with them and understand their advice. You should discuss your fit note with your employer to see if they can help you return to work; this won’t necessarily mean doing your old job, or working full time. We know that employers want to help their employees return to work, and can often make changes to the workplace or job duties’.*  <https://www.gov.uk/government/publications/the-fit-note-a-guide-for-patients-and-employees/the-fit-note-guidance-for-patients-and-employees>  However, the published fit note data shows that very few fit notes are issued with a ‘may be fit for work’ assessment with the vast majority issued as ‘not fit for work’. The most recently published statistics show the average number of ‘may be fit for work’ fit notes as 5.8% of the total issued although this may be lower due to the impact of COVID -19. Previous averages have been between 6 and 7% although there are regional variations. It is possible that many employees and employers may not have seen a ‘may be fit for work’ fit note and accompanying return to work advice. |
| 65 | Department for Work & Pensions – Fit Note Policy Team | Statement 3 | Data is published quarterly by NHS D based on fit notes issued by GP practices in England. This data includes the number of fit notes issued with the ‘may be fit for work subject to the following advice’ category. The data is published at CCG level. The data is in the public domain and will inform the numbers of fit notes issues in a particular CCG or region but it is not possible to break this down to a lower level. Employers may use their own data bases to provide information to support the proposed quality standard subject to their own GDPR and privacy policies. |
| 66 | Department for Work & Pensions – Fit Note Policy Team | Statement 3 | Currently regulations limit the issue of fit notes to registered medical professionals, mainly GPs but does include doctors in hospitals. The Joint Work and Health Unit is currently exploring a change of secondary legislation to extend fit note certification to other healthcare professionals.  It is possible that this could potentially increase the number of fit notes that carry advice on return to work but this would be subject to future evaluation should the change be implemented. It would also mean that the standard would need updating to reflect any additional healthcare professionals, in addition to GPs and hospital doctors, that become in scope for issuing fit notes. |
| 67 | Epilepsy Action | Statement 3 | Any statement of fitness to work should have input from a healthcare professional. |
| 68 | Epilepsy Action | Statement 3 | It would be difficult to measure whether statements of fitness to work include sufficient information on how an employee’s reason for sickness absence or their treatment might affect them at work. As above, providing a template would ensure that similar information is being included across different organisations. |
| 69 | Fair Treatment for the Women of Wales | Statement 3 | Would advise caution here in light of doctor / patient confidentiality – the recommendation that a fitness for work statement contain information on the employee’s reason for sickness absence or their treatment needs to be absolutely clear that this is only in so far as it affects the employee’s ability to work / any reasonable adjustments required, as some employees may not feel comfortable disclosing certain details of their health issues / treatments to an employer. |
| 70 | Hywel Dda University Health Board | Statement 3 | Fit notes often do not contain sufficient information on how an employee’s reason for sickness absence or their treatment might affect them on their return to work.  The option to indicate if an employee “may be fit for work taking account of the following advice” is very often not completed |
| 71 | National Rheumatoid Arthritis Society (NRAS) | Statement 3 | * In the NRAS *Work Matters* survey 2017 report (available at NRAS.org.uk) we noted that ‘of participants currently employed, self-employed or employed but currently on sick leave, the majority rated their performance at work somewhat or much worse compared to their performance prior to diagnosis.’ This worry in turn ‘is likely to contribute to anxiety and a lack of mental wellbeing, which will impact both the individual and the employer’. * Of survey responses analysed (n=1,222) 31.7% reported that they had been absent from work for an average of 7 days due to their RA in the past month; the average time missed due to inflammatory arthritis in the past week was 10.7%.   + Asked how secure they would feel if their illness prevented them working for three months or more, 48.5% of respondents said they would feel ‘rather/very insecure’. This anxiety is again likely to exacerbate problems and negatively impact respondents both as employees and in their general wellbeing. * It would be valuable to include in this section a reiteration of the valuable role that specialist equipment and/or organisational culture change can support an employee’s return to work. For example, an adapted chair or keyboard can be an inexpensive way to help an employee carry out their work. Culture change or organisational adaptations might be as straightforward as providing seating where appropriate for machine operators.   For fluctuating conditions, support and understanding are important. As noted above, an employee may be able to perform a piece of work one week, but not the next, due to the unpredictable nature of flares and employees’ response to flares. Survey respondents have described how the attitudes of colleagues and/or employers are at times unhelpful: ‘You don’t *look* ill’ |
| 72 | NHS England and NHS Improvement | Statement 3 | Requirement of sufficient information on Fit note- some patients may not wish to have detail within fit note- it maybe considered breach of confidentiality. Also if the current health state condition is directly related to working environment then patient may not wish to disclose the detail |
| 73 | NHS England and NHS Improvement | Statement 3 | Fit notes are done by GPs/hospital doctors who aren’t trained in occupational medicine and hence may not be able to advise on permissible working circumstances. |
| 74 | NHS England and NHS Improvement | Statement 3 | Not everyone working in Primary care has access to Occupational health which may also impact return to work. Therefore does access to Occupation health need to be considered as quality standard? |
| 75 | NHS England and NHS Improvement | Statement 3 | Workplace adjustments need creative thinking , also using technology tools at hand and using HR expertise which primary care does not always have access to |
| 76 | NHS England and NHS Improvement | Statement 3 | This could be hard to measure and may breach GDPR for sharing of information, feeling having to share it, if the Dr put on the medical cert, no cause, then the staff member is asked, it can be very upsetting or hard for the employee if a diagnosis is so personal,  Could break patient Dr confidentiality,  Should short term sick be identified unless occupation health are involved, for example a recently diagnosed HIV form overseas employee could not even tell her family, but now is expected to tell her employer, not a disclosure post, but simply as the employer is asking why she is off having treatment long term, very scary for the employee despite laws in place to protect, this leads to further anxiety it could become common knowledge  Why do we ask for medical certs below 7 days the law states you do not need but only a self cert, However some employers ask employees to get one, indicating a lack of knowledge from line managers, causing anxiety to well being  employees may find hard, domestic abuse injuries, STD, or other to want to tell the employer, we should look at areas in this policy for these areas of concern for protection |
| 77 | NHS England and NHS Improvement | Statement 3 | This needs further work to measure, some companies will not allow you undertake reduced duties,  Some say you must be fit to fully return to work, however GP do ask, the employee then ends up on a wheel of debate between HR, GP line manager, you are either off or not, we understand some admin or other posts but within care or nursing this can prove impossible to meet this standard  There are no reduced duties for care staff, or nurses in some companies, for example care homes, the staff member can be faced with no pay often been put through performance management losing the job if they cannot do the role employed |
| 78 | NHS England and NHS Improvement | Statement 3 | This could be hard to measure and may breach GDPR for sharing of information – inciting feelings of having to share information if the doctor put information on the medical certificate; if there’s no cause then the staff member is asked and it can be very upsetting or hard for the employee if a diagnosis is so personal. Guidance here would be helpful as individuals may inadvertently breach patient-doctor confidentiality.  Should short term sick be identified unless occupational health is involved, for example providing further detail as to approaches as it may be extremely challenging for people to disclose such personal information, then outlining the protection individuals must get as written in law and policy is also key here.  Clarity as to medical certs is below 7 days as the law states you do not need but only a self certify, however some employers ask employees to get one, indicating a lack of knowledge from line managers which then causes anxiety to the employee’s wellbeing.  Suggest clarity also as to the non-linear approach here to ensure where the person has a variable condition there is fluidity in the approach as well as a ‘check-in’ type system to promote good communication and adaptation of support |
| 79 | NHS England and NHS Improvement | Statement 3 | This needs further work to measure as some companies will not allow you undertake reduced duties which risks marginalising individuals and groups. In practice some organisations say you must be fit to fully return to work however GPs do also ask which then the employee then ends up on a wheel of debate between HR, GP, line manager – you are either off or not. It is understandable that in some posts other duties are not available however in nursing there are a variety of roles. Consideration as to those on temporary or agency contracts is needed to ensure financial stability also as some staff members in private companies can be faced with no pay often being put through performance management and losing the job if they cannot do the role employed |
| 80 | Royal College of Nursing | Statement 3 | Employers/organisations do not have control over what is written in Fit Notes, so holding them accountable for the quality of information in those statements seems unreasonable. |
| 81 | Royal College of Occupational Therapists | Statement 3 | The DWP in England collect national fit note data such as the total number issued and whether they have used the “not fit for work” or “may be fit for work” options. This data should be used. In addition, as many more occupational therapists and physiotherapists are now working in primary care, many patients will be receiving Allied Health Profession Health and Work Reports containing return to work advice, and these should be included in the data collection. |
| 82 | Royal College of Speech and Language Therapists (RCSLT) | Statement 3 | A key area for improvement is the accessibility of information which is provided which must be uncomplicated and in plain English.  Whilst RCSLT welcome the statement in the Rationale, which highlights that information should be provided in clear and non-technical language, we would like to see this principle more explicitly running throughout the Quality Standard. |
| 83 | Royal College of Speech and Language Therapists (RCSLT) | Statement 3 | Despite welcoming the commitment to non-technical language, RCSLT is disappointed that there is not a quality measure to support this. We recommend that this is added, or information will remain complex at a time when employees are vulnerable and need support. |
| 84 | Shooting Star Chase | Statement 3 | Local systems are in place already to achieve this policy because a Sickness Absence policy is in place requiring all staff absent for over 7 consecutive days to provide a Fit Note – managers are required to provide a copy to HR for collation of data and to provide HR support where required |
| 85 | Shooting Star Chase | Statement 3 | This statement may not be achievable as ‘Fit Notes’ received for our employees to date rarely contain information about an employee’s return to work. Of the ‘Fit Notes’ we have received over the last 6 months for long term absence, 15% have included comments regarding an employees return to work, however the comments did not provide sufficient information to base a return to work plan on. All staff have had to be referred to Occupational Health for further guidance. |
| 86 | Skills for Care | Statement 3 | Employers will often need to have conversations with employees about their absence and the impact of this on their specific job role and adjustments and support that can be put in place to enable their return. This could be different for each job role and organisation. Having this detailed information on statements of fitness for work may be difficult as the GP may not necessarily be aware of the job role or the adjustments that can be made by the employer. Sufficient information should be on the statement to allow the conversation to take place between employer and employee. |
| 87 | BAME Health Collaborative | Statement 4 | Nothing to add |
| 88 | BAME Health Collaborative | Statement 4 | Large employers may have resources to operate return to work plans and undertake monitoring, but this may not be possible for smaller employers where this may have to by the employee’s line manager. There is a significant concern that these could become “performance management plans”. This could cause additional difficulties for an employee especially at a time when they are vulnerable. |
| 89 | Epilepsy Action | Statement 4 | Return-to-work plans should include any workplace adjustments that are refused, and the reason for the refusal. |
| 90 | Mind | Statement 4 | Given the fluctuating nature of mental health problems, it could be unhelpful to have an ‘expected duration’ of the adjustments a person needs. For example, it could be that an employee feels under pressure to stop their adjustments after the expected duration ends. This could mean their mental health will deteriorate after the adjustment is stopped, meaning they need to take time off again. In some cases, they may also need to be ongoing adjustments. |
| 91 | National Rheumatoid Arthritis Society (NRAS) | Statement 4 | * Returning to a point we make in 1 above, we see a significant gap in signposting to available support and resources for employers, especially relevant to SMEs. We know that Access to Work and ACAS are frequently cited as useful; likewise, the specialist knowledge of patient organisations can play a valuable role here, especially for long-term conditions such as RA, where treatment options are constantly developing. Within the policy, relevant organisations that can support both employee and employer should be signposted.   Supporting information for line managers: workplace adjustments are often relatively easily achieved and low-cost. Again, engaging with Patient Organisations can provide even very small organisations with specialist knowledge and support. The provision of workplace adjustments may include (a) specialist equipment, which employers may be able to access funding for; (b) access to transport to work; (c) flexibility in working hours; (d) working from home where appropriate/possible; and (e) flexibility in duties where appropriate. By including categories of support in a return-to-work plan, employers may be prompted to provide such support. |
| 92 | NHS England and NHS Improvement | Statement 4 | Workplace adjustments need creative thinking , also using technology tools at hand and using HR expertise which primary care does not always have access to |
| 93 | NHS England and NHS Improvement | Statement 4 | Suggest further detail as to the ‘quality’ of the conversations here. Guidance to support employers to offer referrals to other teams, using resources available to them to promote health and wellbeing and the use of accredited tools to maximise employee engagement as well as consider flexible approaches to employment as need to flesh this section out. Inclusion of a section which outlines best practice in a sickness policy may also benefit from being included and detailing this and the conversations expected to be held |
| 94 | Royal College of Speech and Language Therapists (RCSLT) | Statement 4 | In Quality Standard 4 there is a gap around employee resilience and confidence in raising workplace adjustments especially after a lengthy period of absence.  Employer ignorance may translate this to changes to working hours or flexible working without considering the adjustments needed to the work environment, equipment, or reasonable adjustments in communication approaches, which are essential to support return to work. |
| 95 | Shooting Star Chase | Statement 4 | Local system is already in place to agree with an employee an individualised phased return to work plan following long term absence where required. It would be feasible and possible with the current resource to introduce a form for this purpose to collate the data consistently for reporting purposes. |
| 96 | Shooting Star Chase | Statement 4 | This statement may not be achievable based the return to work information currently presented by staff on their ‘Fit Note’. The relevance of this information would need to improve in order for the ‘Fit Note’ to be effectively used in the manner outlined in this standard |
| 97 | The Royal College of Physicians and Surgeons of Glasgow | Statement 4 | We would suggest a standardised “return to work plan” format. |
| 98 | Fair Treatment for the Women of Wales | EIA | Would ask that NICE try to use social model language when referring to ‘employees with a disability’. Ideally, this should say ‘disabled employees / employees with an impairment’. |
| 99 | Fair Treatment for the Women of Wales | EIA | In the point referencing pregnant women, more clarity is needed on whether this includes those who have experienced miscarriage(s) and stillbirth also |

## Registered stakeholders who submitted comments at consultation

* BAME Health Collaborative
* Connect Health
* Department for Work & Pensions – Fit Note Policy Team
* Epilepsy Action
* Fair Treatment for the Women of Wales
* Hywel Dda University Health Board
* Mind
* National Rheumatoid Arthritis Society (NRAS)
* NHS England and NHS Improvement
* Royal College of Nursing
* Royal College of Occupational Therapists
* Royal College of Speech and Language Therapists (RCSLT)
* Shooting Star Chase
* Skills for Care
* The Pulmonary Fibrosis Trust
* The Royal College of Physicians and Surgeons of Glasgow

1. PLEASE NOTE: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how quality standards are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its staff or its advisory committees. [↑](#footnote-ref-1)