NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

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

NICE quality standard

Draft for consultation

02 December 2020

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| **This quality standard covers** how to help people return to work after long-term sickness absence, the reduction of recurring sickness absence, and the prevention of moving from short-term to long-term sickness absence. It covers everyone aged over 16 in full-time or part-time employment (paid or unpaid). It describes high-quality care in priority areas for improvement.**It is for** employers, healthcare professionals, and the public.This is the draft quality standard for consultation (from 02 December 2020 to 11 January 2021). The final quality standard is expected to publish in May 2021.  |

# Quality statements

[Statement 1](#_Quality_statement_1:_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.

[Statement 2](#_Quality_statement_2:_1) 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.

[Statement 3](#_Quality_statement_3:_1) 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.

[Statement 4](#_Quality_statement_3:) Employees returning from sickness absence have any workplace adjustments recorded in a return-to-work plan and monitored.

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| Another quality standard that should be considered when helping employees with their health and wellbeing is the [NICE quality standard for healthy workplaces: improving employee mental and physical health and wellbeing](https://www.nice.org.uk/guidance/qs147).A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |

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| 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 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.Local practice case studies**Question 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. |

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# Quality statement 1: Workplace culture and policies

## Quality statement

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

## Rationale

Organisational policies play an important role in creating and supporting healthy workplaces, which can help to prevent long-term sickness absence. Workplace policies on sickness absence and return to work may help to reduce uncertainty about the process to enable an employee’s return to work. These policies should fit within the wider strategic approach to promote employee health and wellbeing. They should be part of a caring and supportive workplace culture that is proactive, consistent and works for all employees.

## Quality measures

### Structure

a) Evidence of implementing an employee health and wellbeing strategy.

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

b) Evidence that policies for managing sickness absence and return to work are part of broader strategies to promote employee health and wellbeing.

**Data source:** Local data collection, for example, policy reviews.

### Outcome

a) Long-term sickness absence rates.

**Data source:**Local data collection, for example HR management systems.

b) Rates of recurrent sickness absence.

**Data source:**Local data collection, for example HR management systems.

## What the quality statement means for different audiences

**Organisations** (senior management teams, including the chief executive, and departmental managers) ensure that they have sickness absence and return-to-work policies in place, and that these policies are part of a proactive strategic approach that promotes employee health and wellbeing. They ensure that the culture in their workplace is caring and supportive, and that the policies work for all employees.

**Line managers** ensure that they understand and apply sickness absence and return-to-work policies in a way that reflects the wider organisational culture that values and promotes employee health and wellbeing. They consider and accommodate the individual needs of employees when using the policies.

**Employees** are aware of absence management policies in their workplace and are supported by their line managers in line with those policies. They know that the policies are part of a wider organisational culture that values and promotes employee health and wellbeing.

## Source guidance

[Workplace health: long-term sickness absence and capability to work. NICE guideline NG146](https://www.nice.org.uk/guidance/ng146) (2019), recommendations 1.1.2, 1.1.5

## Definitions of terms used in this quality statement

### Long-term sickness absence

For this quality standard long-term sickness absence is defined as an absence lasting 4 or more weeks. Recurring long-term sickness absence has been defined as more than 1 episode of long-term sickness absence, with each episode lasting more than 4 weeks. [[NICE’s guideline on workplace health: long-term sickness absence and capability to work](https://www.nice.org.uk/guidance/ng146)]

### Wellbeing

Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. [[NICE’s guideline on workplace health: long-term sickness absence and capability to work](https://www.nice.org.uk/guidance/ng146)]

## Equality and diversity considerations

Employees should be provided with policies that they can easily read and understand themselves, or with support. Policies should be in a format that suits their needs and preferences. They should be accessible to people who do not speak or read English, and they should be culturally appropriate and age appropriate.

# Quality statement 2: Support during sickness absence

## Quality statement

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.

## Rationale

Making supportive and non-judgemental contact with employees at the earliest appropriate opportunity is a very important part of managing sickness absence. Keeping in touch can help employees feel supported and valued if done without pressure to return to work. Keeping in touch can also provide an ongoing link between employees and their workplace. The timing of initial contact should consider the personal circumstances of the employee and their reason for, and anticipated length of, absence. The timing should be kept flexible but made within 4 weeks to help prevent a short-term absence becoming a long-term absence.

## Quality measures

### Structure

Evidence of arrangements to ensure that employees on sickness absence for more than 7 days are contacted by their employer as soon as possible during their sickness absence, and at within 4 weeks.

**Data source:** Local data collection, for example, review of organisation sickness absence and return-to-work policies, and HR management systems.

### Process

a) Proportion of employees on sickness absence for more than 7 days who are contacted by their employer.

Numerator – the number in the denominator who are contacted by their employer.

Denominator – the number of employees on sickness absence for more than 7 days.

b) Proportion of employees on sickness absence for more than 4 weeks who were contacted by their employer within 4 weeks of the start of their sickness absence.

Numerator – the number in the denominator who were contacted by their employer within 4 weeks of the start of their sickness absence.

Denominator – the number of employees on sickness absence for more than 4 weeks.

**Data source:** Local data collection, for example, employee HR records.

### Outcome

a) Rates of long-term sickness absence.

**Data source:**Local data collection, for example HR management systems.

b) Employee satisfaction with support from employer during sickness absence.

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

## What the quality statement means for different audiences

**Organisations** (senior management teams, including the chief executive, and departmental managers) ensure that systems are in place to consider the earliest appropriate opportunity to contact employees on sickness absence for more than 7 days. They have systems in place to ensure that this happens within 4 weeks, and that the employee is contacted by the most suitable person, which may not be their line manager.

**Line managers** ensure that they or another appropriate person contacts employees on sickness absence for more than 7 days at the earliest appropriate opportunity and within 4 weeks. They 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.

**Employees** on sickness absence for more than 7 days are contacted by their employer as soon as it is appropriate for them and within 4 weeks. Keeping in touch with their employer should help them feel supported and valued and should not put them under additional pressure to return to work.

## Source guidance

[Workplace health: long-term sickness absence and capability to work. NICE guideline NG146](https://www.nice.org.uk/guidance/ng146) (2019), recommendation 1.5.1, 1.5.2, and 1.5.3

## Definitions of terms used in this quality statement

### Long-term sickness absence

For this quality standard long-term sickness absence is defined as an absence lasting 4 or more weeks. Recurring long-term sickness absence has been defined as more than 1 episode of long-term sickness absence, with each episode lasting more than 4 weeks. [[NICE’s guideline on workplace health: long-term sickness absence and capability to work](https://www.nice.org.uk/guidance/ng146)]

### Short-term sickness absence

For this quality standard it is defined as an absence lasting up to (but less than) 4 weeks. Recurring short-term sickness absence is defined as more than 1 episode of short-term sickness absence, each lasting less than 4 weeks. [[NICE’s guideline on workplace health: long-term sickness absence and capability to work](https://www.nice.org.uk/guidance/ng146)]

# Quality statement 3: Statement of fitness for work (‘fit note’)

## Quality statement

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.

## Rationale

Employers have an important role in helping their employees return to and stay in work after a period of sickness absence. To provide personalised and appropriate support the employers need to understand the reasons for the absence and what kind of support the person may need. Receiving this information as part of a statement of fitness for work (‘fit note’) will help the employer to start arranging any adjustments and support needed. This information should be provided in clear, non-technical language.

## Quality measures

### Structure

Evidence that statements of fitness for work include sufficient information on how an employee’s reason for sickness absence or their treatment might affect them at work.

**Data source:** Local data collection, for example, local audit of statements of fitness for work issued.

### Process

Proportion of statements of fitness for work that contain information on how the employee’s reason for sickness absence or their treatment might affect them at work.

Numerator – the number in the denominator that contain information on how the employee’s reason for sickness absence or their treatment might affect them at work.

Denominator – the number of statements of fitness for work.

**Data source:** Local data collection, for example, local audit of statements of fitness for work issued.

### Outcome

a) Employee satisfaction with adjustments and support on their return to work.

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

b) Rates of recurrent sickness absence.

**Data source:**Local data collection, for example, HR management systems.

## What the quality statement means for different audiences

**Organisations** (senior management teams, including the chief executive, and departmental managers) ensure that systems are in place for acknowledging and making appropriate use of the information supplied in an employee’s statement of fitness for work. They ensure that systems are in place to use the information to help employers understand the employee’s reason for sickness absence and what support they might need when they return to work.

**Healthcare professionals** (GPs and hospital doctors) consider what information about a person’s condition or treatment might affect their return to work and include this in the relevant sections of their statement of fitness for work. They include information that will help employers understand the reason for sickness absence and what adjustments may be needed to help the employee return to and stay in work.

**Line managers** ensure that any information included in an employee’s statement of fitness for work is recorded and made use of appropriately, in line with systems in place in their organisation. They use the information to understand the reason for the employee’s sickness absence and what support they might need on returning to work.

**Employees** have information included in their ‘fit note’ from their GP or hospital doctor about how their health or treatments might affect their return to work. Their line manager acknowledges, records, and uses this information to help them return to work.

## Source guidance

[Workplace health: long-term sickness absence and capability to work. NICE guideline NG146](https://www.nice.org.uk/guidance/ng146) (2019), recommendation 1.2.5

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# Quality statement 4: Support to stay in or return to work

## Quality statement

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

## Rationale

Workplace adjustments that are tailored to an employee’s needs and role can help them return to and stay in work after a sickness absence. They should be recorded in a return-to-work plan that the employee and their line manager can access that includes a timeframe for implementing them and their expected duration. Monitoring and regularly reviewing the adjustments within an agreed time frame will help to ensure they continue to meet the needs of the employee and employer.

## Quality measures

### Structure

a) Evidence of arrangements to ensure that employees returning from sickness absence have any workplace adjustments recorded in a return-to-work plan.

**Data source:** Local data collection, for example, review of organisation sickness absence and return-to-work policies.

b) Evidence of arrangements to ensure that employees returning from sickness absence have any workplace adjustments monitored and reviewed.

**Data source:** Local data collection, for example, review of organisation sickness absence and return-to-work policies.

### Process

a) Proportion of employees returning from sickness absence that need workplace adjustments who have a return-to-work plan.

Numerator – the number in the denominator who have a return-to-work plan.

Denominator – the number of employees returning from sickness absence that need workplace adjustments.

**Data source:** Local data collection, for example, employee HR records.

b) Proportion of employees who have workplace adjustments recorded in their return-to-work plan who have any workplace adjustments monitored and reviewed.

Numerator – the number in the denominator who have an agreed review date for workplace adjustments

Denominator – the number of employees who have workplace adjustments recorded in their return-to-work plan.

**Data source:** Local data collection, for example, employee HR records.

### Outcome

a) Employee satisfaction with workplace adjustments on their return-to-work.

**Data source:**Local data collection, for example, local audit of return-to-work plans, employee surveys.

b) Rates of recurrent sickness absence.

**Data source:**Local data, for example HR management systems.

## What the quality statement means for different audiences

**Organisations** (senior management teams, including the chief executive, and departmental managers) ensure that systems are in place to discuss, record and monitor workplace adjustments needed by employees returning from sickness absence. They ensure that return-to-work plans are available that include timeframes for implementing the adjustments and how long they will last, and mechanisms for regular reviews on an agreed timeframe.

**Line managers** ensure that they discuss, record and monitor workplace adjustments needed by employees returning from long-term sickness absence. They make use of return-to-work plans, including timeframes for implementing the adjustments and how long they will last, and mechanisms for regular reviews on an agreed timeframe.

**Employees** discuss with their employer any adjustments they might need to help them return to work. They take part in monitoring and reviewing the adjustments to make sure they are working.

## Source guidance

[Workplace health: long-term sickness absence and capability to work. NICE guideline NG146](https://www.nice.org.uk/guidance/ng146) (2019), recommendations 1.4.2 and 1.4.3

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service 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.

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

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See our [webpage on quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10114/documents).

This quality standard has been included in the [NICE Pathway on managing long-term sickness absence and capability to work](https://pathways.nice.org.uk/pathways/managing-long-term-sickness-absence-and-capability-to-work), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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.

## Improving outcomes

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

* rates of long-term sickness absence
* rates of recurrent long-term sickness absence
* rates of recurrent sickness absence
* short-term sickness absences that become long-term sickness absences

It is also expected to support delivery of the following national frameworks:

* [Adult social care outcomes framework](https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-collections)
* [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)
* [Public health outcomes framework for England](https://www.gov.uk/government/collections/public-health-outcomes-framework)

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [cost calculator and resource impact statement](https://www.nice.org.uk/guidance/NG146/resources) for the source guidance to help estimate local costs.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10114/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers 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.

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