NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards and indicators

Briefing paper

Quality standard topic: Healthy workplaces: improving employee mental and physical health and wellbeing

Output: Prioritised quality improvement areas for development.

Date of Quality Standards Advisory Committee meeting: 9 June 2016

Contents

1 Introduction

This briefing paper presents a structured overview of potential quality improvement areas for healthy workplaces: improving employee mental and physical health and wellbeing. It provides the Committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

1.1 Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source below are included to help the Committee in considering potential statements and measures.

1.2 Development source

The key development source referenced in this briefing paper is:

Workplace health: management practices (2015) NICE guideline NG13

No review schedule presented. In March 2016, NICE added recommendations about employees aged over 50 in paid or unpaid work.

The other development sources referenced in this briefing paper are:

Mental wellbeing at work (2009) NICE guideline PH22

The last review identified that no update is required as the published guidance is still current.

Physical activity in the workplace (2008) NICE guideline PH13

The last review identified that no update is required. The next update will be in October 2017.

2   Overview

2.1   Focus of quality standard

This quality standard will cover improving the health, including mental health, and wellbeing of all employees. It will not cover managing long-term sickness absence.

2.2   Definition

Health relates to a person's physical or mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life.

Mental wellbeing relates to a person's emotional and psychological wellbeing. This includes self‑esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community[1].

2.3   Incidence and prevalence

There is strong evidence to show that work is generally good for people's physical and mental health and wellbeing[2], meeting important psychosocial needs[3].

However, these benefits do depend on the type of work involved[4]. There is also a positive association between wellbeing, job satisfaction and an employee's job performance. Many studies have also shown a relationship between supportive supervision and job satisfaction. These findings provide a strong case for employers to consider investing in the wellbeing of their employees on the basis of likely performance benefits[5].

During 2013/14, 1.2 million working people had a work-related illness. Half a million of these were new illnesses[6]. Work-related illness and workplace injury led to the loss of an estimated 28.2 million working days in 2013/14. Injuries and new cases of ill health resulting largely from current working conditions cost society an estimated £14.2 billion in 2012/13 (based on 2012 prices).

People's health can be damaged at work by, for example:

- physical hazards

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[1] Older people: independence and mental wellbeing, 2015 NICE Guideline NG32
[2] Annual report of the Chief Medical Officer surveillance volume, 2012 Department of Health
[3] Is work good for your health and well-being?,2013 Department for Work and Pensions
[4] Good work and our times, 2011 Good Work Commission
[5] Does worker wellbeing affect workplace performance, 2013 Department for Business, Innovation & Skills
[6] Health and Safety Statistics Annual report for Great Britain 2013/14 Health and Safety Executive

- physically demanding or dangerous tasks

- long or irregular working hours or shift work

- tasks that encourage a poor posture or repetitive injury

- tasks that mean someone is sedentary for prolonged periods of time.

Lack of control over the work (including a lack of opportunity to take part in decision-making), conflicts in workplace hierarchies, and covert or overt discrimination can also affect health. All these factors are most prevalent among people who are in jobs that are low paid, unsafe and insecure[7].

During 2014/15[8] the Health and Safety Executive (HSE) reported that the total number of cases of work related stress, depression or anxiety was 440,000. The HSE reported the total number of working days lost that year due to work related stress was 9.9 million days, an average of 23 days lost per case. Stress accounted for 35% of all work related ill health cases and 43% of all working days lost due to ill health.

In 2015[9], 43% of businesses reported that absence due to stress was one of the top 5 most common reasons for short term absence (up to 4 weeks), with 31% reporting that mental health was one of the 5. 17% of businesses reported absence due to stress as one of the top 5 reasons for long term absence (over 4 weeks), with 13% reporting that mental health was one of the top 5.

41% of organisations reported an increase in reported mental health problems (such as anxiety and depression) among employees in the past 12 months.

Poor-quality leadership has been linked with stress, burnout and depression[10]. It can also affect how well employees relate to the organisation, their stress levels and the amount of time they spend on sick leave[11].

Evidence suggests that people going to work while they are sick ('presenteeism') is a more costly problem for employers than absenteeism[12]. This is partly because it is more likely to occur among higher-paid employees. It may be caused by the culture of an organisation or the nature of the work or both. It leads to poorer longer-term health outcomes. A study examining the prevalence of presenteeism in the UK found

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[7] Fair society, healthy lives, 2010 The Marmot review
[8] Labour force survey 2014/15, Health and Safety Executive
[9] Absence management 2015, CIPD
[10] Mental capital and wellbeing: making the most of ourselves in the 21st century, 2008 Government Office for Science
[11] Preventing stress: promoting positive manager behaviour phase 4: How do organisations implement the findings in practice?, 2011 Chartered Institute of Personnel and Development
[12] Mental health at work: developing the business case. Policy paper 8, 2007 Sainsbury Centre for Mental Health

that nearly 60% of the sample reported presenteeism during a 3-month period[13]. The majority of participants (67%) indicated that the primary pressure to go to work while sick came from themselves. A substantial minority (20%) also indicated that their manager was a source of pressure.

2.4   Management

The World Health Organization has highlighted the importance of ensuring the culture of an organisation promotes health and wellbeing[14]. A 'healthy' culture, for example, would include having fully implemented policies on:

- dignity and respect

- preventing harassment and bullying

- preventing gender discrimination

- tolerance for ethnic or religious diversity

- encouraging healthy behaviours.

Good line management has been linked with good health, wellbeing and improved performance[15] and it is important that adequate training is provided for line managers to help them support employees with a health condition to remain at work[16].

The Workplace Wellbeing Charter, which provides an opportunity for employers to demonstrate their commitment to the health and wellbeing of their workforce, recognises the importance of line managers in their standards.

The Health and Safety Executive has published management standards for work related stress[17]. These cover 6 areas of work design that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence. These are; demands, control, support, relationships, role and change.

In 2015 the health and wellbeing offer to NHS staff[18] was announced in which 12 leading NHS organisations are developing and refining a 'core offer' of what NHS organisations should do to promote staff health and wellbeing. This consists of actions by organisations to create an environment in which it is easier for staff to make healthy choices, national support from NHS England, Public Health England

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[13] Robertson IT, Leach D, Doerner N et al. (2012) Poor health but not absent: Prevalence, predictors and outcomes of presenteeism. Journal of Occupational and Environmental Medicine 54: 1344–9.
[14] Healthy workplaces: a model for action, 2010 World Health Organisation
[15] Working for a healthier tomorrow, 2008 Department for Work and Pensions
[16] Getting better: workplace health as a business issue, 2014 Confederation of British Industry
[17] Management Standards for work related stress, 2004 Health and Safety Executive
[18] The health and wellbeing offer to NHS staff 2015, NHS Employers

and others and specific measures that individuals can take advantage of to improve their own health. NHS England and NHS Employers will support the robust evaluation of this offer, so they can share evidence of what works across the service.

See appendix 1 for the associated care pathway and algorithms from NICE guidelines NG13 and PH22.

2.5 National Outcome Frameworks

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

Table 1 NHS Outcomes Framework 2016–17

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	*Overarching indicator* 2 Health-related quality of life for people with long-term conditions** *Improvement areas* **Improving functional ability in people with long-term conditions** 2.2 Employment of people with long-term conditions*, ** **Reducing time spent in hospital by people with long-term conditions** 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions **Enhancing quality of life for people with mental illness** 2.5 i Employment of people with mental illness** *ii Health-related quality of life for people with mental illness*** **Improving quality of life for people with multiple long-term conditions** *2.7 Health-related quality of life for people with three or more long-term conditions***
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 2 <u>Public health outcomes framework for England 2016–19</u>

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

3   Summary of suggestions

3.1   Responses

In total 20 stakeholders and 3 specialist committee members responded to the 2-week engagement exercise 12/04/2016 – 26/04/2016.

Stakeholders were asked to suggest up to 5 areas for quality improvement. Specialist committee members were also invited to provide suggestions. The responses have been merged and summarised in table 3 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendices 3 and 4 for information.

Table 3 Summary of suggested quality improvement areas

Suggested area for improvement	Stakeholders
Prevention • Stress and mental health • Musculoskeletal disorders • Occupational risks	BTS, HSE, IOSH, NHSEmp, KCC, SW, SCM1, Skcin, NHSHAWN, DWP
Access to support • Occupational health / Employee assistance programmes • Mental health support • Physiotherapy • Complementary therapy	BTS, FWUK, RCN, JTH, LWCC, CSP, SCM3, NHSHAWN, DWP
Organisation • Workplace policies to protect and promote mental wellbeing • Leadership • Line managers • Staff involvement and engagement • Measuring impact	NHSEmp, RCN, UNISON, WC, FWUK, SCM3, DWP
Positive health behaviour • Nutrition / healthy eating • Physical activity	FWUK, KCC, LGCW, NHSEmp, SCM1, SCM3
Adjustments • Wellbeing and health conditions • Return to work	FWUK, KCC, NHSEmp, MT, SCM1, SCM2, NHSHAWN
Additional areas • Smoking cessation advice to employees • BioBank • Oral health • Consistent evaluation standards tools • Advice and support for organisations • Prolonged absence • Evidence base • Training of clinicians / GP and primary care certification • Improvements to treatment access • International systems	BTS, JTH, OHF, SCM1, SCM2, DWP

Suggested area for improvement	Stakeholders
BTS, British Thoracic Society CSP, The Chartered Society of Physiotherapy DWP, Department for Work and Pensions FWUK, Fit for Work UK Coalition HSE, Health and Safety Executive IOSH, Institution of Occupational Safety and Health JTH, JT Healing KCC, Kent County Council LWCCG, Leeds West Clinical Commissioning Group LGCW, Let's Get Cooking at Work MT, Migraine Trust NHSEmp, NHS Employers NHSE, NHS England NHSHAWN, NHS Health at Work Network OHF, Oral Health Foundation RCN, Royal College of Nursing SCM, Specialist committee member Skcin, Karen Clifford Skin Cancer Charity SW, Stonewall UNISON WC, Wakefield Council	

3.2 Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 5184 papers were identified for healthy workplaces: improving employee mental and physical health and wellbeing. In addition, 112 papers were suggested by stakeholders at topic engagement and 62 papers internally at project scoping and through citation searching.

Of these papers, 9 have been included in this report and are included in the current practice sections where relevant. Appendix 3 outlines the search process.

3.3 Resource impact assessment

The business case for PH22 and resource impact tools for NG13 discuss the costs and benefits of promoting mental wellbeing at work and introducing workplace policies and management practices to improve the health and wellbeing of employees.

The findings of the health economics in support of NG13 identified consistent evidence that a relatively small investment in line manager training can lead to worthwhile improvements in worker satisfaction, which in turn are linked to gains in productivity for the organisation. These are likely to vary widely and this may not be case for all organisations.

The benefits of improving employee mental and physical health and wellbeing include:

- Improved productivity as a result of changes in staff absence rates

- Reduced annual staff turnover. This could avoid the costs of recruiting and training new staff

- Reduced payments to cover employee absence, for example occupational sick pay

Employers may be responsible for paying for the interventions to promote and maintain employees' health and wellbeing, or may offer employees the opportunity to participate in interventions for a contribution to the costs.

4 Suggested improvement areas

4.1 *Prevention*

4.1.1 Summary of suggestions

Stress and mental health

Stakeholders highlighted that well-designed, organised and managed work is generally good for people but when insufficient attention to job design, work organisation and management has taken place, it can result in work related stress which may lead to, or aggravate pre-existing, physical or mental ill health. Work-related stress can be prevented through effective risk management techniques, safe working procedures, supervision and training. Stress and mental health are some of the highest reasons for sickness absence in the NHS. Prevention, early intervention and treatment can enable staff to stay healthy and in work. Improvement to prevention strategies is needed to ensure enough is being done to protect employees.

A stakeholder highlighted that lesbian, gay, bisexual and trans (LGBT) people disproportionately experience mental health problems such as depression and anxiety. Factors such as harassment at work and homophobic, biphobic and transphobic bullying contribute to this increased prevalence therefore the need to combat bullying and discrimination is crucial.

Musculoskeletal disorders

Stakeholders highlighted that musculoskeletal disorders can be prevented through effective risk management techniques, safe working procedures, supervision and training. Musculoskeletal disorders are one of the highest reasons for sickness absence in the NHS, however, prevention can enable staff to stay healthy and in work.

Occupational risks

A stakeholder highlighted that for occupations where people are exposed to dust, fumes and chemicals there is an increased risk of COPD. To minimise risks the provision and use of personal protective equipment is important.

A stakeholder highlighted the risks of skin cancer from sun exposure and outlined the need for awareness training, protecting employees from the risks and the promotion of sun safety.

4.1.2   Selected recommendations from development source

Table 4 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. These are presented in full after table 4 to help inform the Committee's discussion.

Table 4 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Stress and mental health	**Mental wellbeing at work** NICE NG13 Recommendation 1.3.2 **Fairness and justice** NICE NG13 Recommendations 1.4.1 and 1.4.2 **Strategic and coordinated approach to promoting employees' mental wellbeing** NICE PH22 Recommendation 1 **Flexible working** NICE PH22 Recommendation 3
Musculoskeletal disorders	Not directly covered in NICE guidance and no recommendations are presented
Occupational risks	**Organisational commitment** NICE NG13 Recommendation 1.1.9 **Physical work environment** NG13 Recommendations 1.2.1 and 1.2.2 **Job design** NICE NG13 Recommendation 1.10.4

Stress and mental health

Mental wellbeing at work
NICE NG13 Recommendation 1.3.2

Develop policies to support the workplace culture such as respect for work–life balance. For example, in relation to stress organisations could refer to the principles of the Health and Safety Executive's Management standards for work related stress. These cover the following 6 aspects of work and the process for assessing and managing these:

- demands (workload, work patterns and work environment)
- control (how much say the employee has in the way they do their work)
- support (from the organisation, line manager and colleagues)
- relationships (promoting positive working to avoid conflict and dealing with unacceptable behaviour)

- role (if employees understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles)
- change (how change is managed and communicated in the organisation).

Fairness and justice
NICE NG13 Recommendations 1.4.1 and 1.4.2

1.4.1 Ensure any unfair treatment of employees is addressed as a matter of priority.

1.4.2 Ensure line managers know how to direct employees to support if the employee feels that they are being treated unfairly.

Strategic and coordinated approach to promoting employees' mental wellbeing
NICE PH22 Recommendation 1

- Promote a culture of participation, equality and fairness that is based on open communication and inclusion.
- Ensure processes for job design, selection, recruitment, training, development and appraisal promote mental wellbeing and reduce the potential for stigma and discrimination. Employees should have the necessary skills and support to meet the demands of a job that is worthwhile and offers opportunities for development and progression. Employees should be fully supported throughout organisational change and situations of uncertainty.

Flexible working
NICE PH22 Recommendation 3

- If reasonably practical, provide employees with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, home-working, job sharing and flexitime. Such opportunities can enhance employees' sense of control and promote engagement and job satisfaction.
- Promote a culture within the organisation that supports flexible working and addresses employees' concerns. Managers should respond to and seek to accommodate appropriate requests from employees for flexible working and should ensure consistency and fairness in processing applications. Managers' ability to manage teams with flexible working patterns may need to be developed

Occupational risks

Organisational commitment
NICE NG13 Recommendation 1.1.9

These recommendations are for employers, senior leadership and managers, human resource teams and all those with a remit for workplace health.

- Have a proactive and visible commitment to health and safety and its role in improving the health and wellbeing of employees, that is, view health and safety as part of the culture of a caring and supportive employer – not only a statutory requirement.

Physical work environment
NICE NG13 Recommendations 1.2.1 and 1.2.2

These recommendations are for employers, senior leadership and managers, human resource teams and all those with a remit for workplace health.
- Develop and implement workplace policies and procedures to reflect statutory requirements and existing best practice (for example, manual handling and display screen equipment).
- Ensure all facilities and equipment are clean, safe, well maintained and of a good standard.

Job design
NICE NG13 Recommendation 1.10.4

These recommendations are for line managers.

Take into account the effect on physical health when designing jobs. This could include, for example, ergonomic reviews, and giving advice on posture and on moving and handling physical loads. Design jobs to promote and improve the physical health of employees by, for example, helping people to be physically active in their working day. See NICE's guideline on physical activity in the workplace. [2015]

4.1.3   Current UK practice

Stress and mental health

The Royal College of Physicians carried out an audit[19] of the implementation of six pieces of NICE public health guidance relevant to the workplace by NHS trusts in England. It found that only 57% have a policy for mental wellbeing and 24% of trusts do not monitor the mental wellbeing of staff.

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[19] Implementing NICE public health guidance for the workplace 2013 – round 2, 2013 Royal College of Physicians

Research conducted by YouGov for Stonewall[20] found that 25% of lesbian, gay and bisexual health and social care staff have been the victims of bullying and abuse in the last five years.

It found that 25% of all health and social care staff say their employer has never provided them with any equality and diversity training. Amongst staff in privately funded services, this increased to 34%. 51% of respondents working in healthcare had received equality and diversity training in the last 12 months compared with 41% in the social care sector.

Musculoskeletal disorders

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

Occupational risks

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

4.1.4   Resource impact assessment

No specific resource assessment information has been identified for this area therefore no data is available at this stage. Please see section 3.3 for overarching resource impact information.

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[20] Unhealthy attitudes, 2014 Stonewall

4.2 Access to support

4.2.1 Summary of suggestions

Occupational health / Employee assistance programmes

Stakeholders highlighted that the availability of and timely access to occupational health services and employee assistance programmes could help identify areas where an employee's wellbeing in the workplace could be improved and support the implementation of quality workplace health and wellbeing initiatives.

A stakeholder commented that there are differing levels of access to occupational health services in organisations and a lack of awareness of their role and ability to help improve staff health and wellbeing.

A stakeholder commented that improved access, especially for SMEs, to good quality work and health advice and improving understanding of the benefits among this group is important. Increasing occupational health provision, physicians, the quality of advice provided and joined up working with vocational rehabilitation is important as well as the systems being joined up.

Mental health support

A stakeholder highlighted that mindfulness based interventions, workplace based coaching and acceptance and commitment therapy based interventions can prevent and intervene early in difficulties in workplace mental health.

Physiotherapy

A stakeholder highlighted that patients have high levels of trust in the advice they get from physiotherapy staff to support them to lead a healthy lifestyle. Enabling easy access to specialist multi-disciplinary teams in the community can reduce the hospital admissions for older people and those with long-term conditions. A stakeholder commented that early intervention and treatment for musculoskeletal disorders have been shown to be beneficial.

A stakeholder highlighted that all employees should have rapid access to a musculoskeletal physiotherapy service as musculoskeletal disorders (MSDs) are responsible for 40% of sickness absence in the UK and there is a link between mental health disorders such as stress, anxiety and depression, and MSDs.

Complementary therapy

A stakeholder highlighted that access to complementary healthcare therapies can potentially raise health awareness prior to a person's health or injury worsening and offer support and encouragement to improve health and wellbeing.

4.2.2 Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development sources that may support potential statement development. These are presented in full after table 5 to help inform the Committee's discussion.

Table 5 Specific areas for quality improvement

Suggested quality improvement area	Suggested source guidance recommendations
Occupational health / Employee assistance programmes	**Training** NICE NG13 Recommendation 1.9.1 **The role of line managers / Supporting micro, small and medium-sized businesses** NICE PH22 Recommendations 4 and 5
Mental health support	**Assessing opportunities for promoting employees' mental wellbeing and managing risks** NICE PH22 Recommendation 2
Physiotherapy	Not directly covered in NICE guidance and no recommendations are presented
Complementary therapy	Not directly covered in NICE guidance and no recommendations are presented

Occupational health / Employee assistance programmes
Training
NICE NG13 – Recommendation 1.9.1

Ensure line managers receive training in:

- how to recognise when someone may need support (for example, because of problems achieving a work–life balance, demands of home life or unfair treatment at work) and awareness of the services they could be directed to.

The role of line managers
NICE PH22 – Recommendation 4

Strengthen the role of line managers in promoting the mental wellbeing of employees through supportive leadership style and management practices. This will involve:

- ensuring that managers are able to identify and respond with sensitivity to employees' emotional concerns, and symptoms of mental health problems

- ensuring that managers understand when it is necessary to refer an employee to occupational health services or other sources of help and support.

Supporting micro, small and medium-sized businesses
NICE PH22 – Recommendation 5

Who should take action?

- Primary care trusts, primary care services and occupational health services.

- Those working on national initiatives and programmes from government, voluntary, charitable and business sectors to promote mental wellbeing at work.

- Federation of Small Businesses.

What action should they take?

- Collaborate with micro, small and medium-sized businesses and offer advice and a range of support and services. This could include access to occupational health services (including counselling support and stress management training).

Mental health support
Assessing opportunities for promoting employees' mental wellbeing and managing risks
NICE PH22 – Recommendation 2

Adopt a structured approach to assessing opportunities for promoting employees' mental wellbeing and managing risks. This approach involves:

- Responding to the needs of employees who may be at particular risk of stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons. Well-implemented policies for managing employee absence are important for ensuring that employees who are experiencing stress can be identified early and offered support. Support could include counselling or stress management training provided through occupational health and primary care support services. Interventions for individual employees should be complemented by organisation-wide approaches that encompass all employees.

4.2.3　Current UK practice

Occupational health/ Employee assistance programmes

The Work Foundation[21] reported that that overall 52% of employees have access to occupational health services, with just 21% in smaller organisations

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[21] Investing in a workforce fit for the future, challenges for the UK government, 2015 The Work Foundation

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NICE guideline PH22, promoting mental wellbeing at work, uptake data[22] from September 2010 showed that 90% of NHS trusts provide training to ensure that line managers understand when it is necessary to refer an employee to occupational health services or other sources of help and support.

Mental health support

The Royal College of Physicians carried out an audit[23] of the implementation of six pieces of NICE public health guidance relevant to the workplace by NHS trusts in England. It found that 57% have a policy for mental wellbeing and 24% of trusts do not monitor the mental wellbeing of staff.

The health and wellbeing offer to NHS staff[24] includes rapid access to health services such as talking therapies.

The Work Foundation reported that overall 39% of employees have access to counselling with just 12% in smaller organisations.

Physiotherapy

The health and wellbeing offer to NHS staff includes rapid access to health services such as physiotherapy.

Complementary therapy

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

4.2.4   Resource impact assessment

No specific resource assessment information has been identified for this area therefore no data is available at this stage. Please see section 3.3 for overarching resource impact information.

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[22] Promoting mental wellbeing at work (PH22) uptake data, 2012 NICE
[23] Implementing NICE public health guidance for the workplace 2013 – round 2, 2013 Royal College of Physicians
[24] The health and wellbeing offer to NHS staff 2015, NHS Employers

4.3 Organisation

4.3.1 Summary of suggestions

Workplace policies to protect and promote mental wellbeing

A stakeholder commented that these policies are recommended in NICE guidance however there is no standard on what policies should consist of.

A stakeholder commented that the HSE's management standards and management competencies provides a framework for prevention and management of the causes of work related stress and bullying behaviours and should be fully implemented.

Leadership

Stakeholders highlighted that having strong leadership in the workplace that encourages and supports a wellbeing programme can have a huge impact on employee health and that workplace health promotion interventions are more effective when embedded into the regular management practices, policies and culture of the workplace. The promotion of workplace health is a long term commitment requiring continuous development of staff health and wellbeing, however, there are differing levels of commitment in different organisations and a lack of understanding of what commitment involves.

A stakeholder highlighted that interventions are more successful when they recognise workplace health is a complex issue affected by multiple interconnected factors which differs according to the specific needs of each individual workplace.

A stakeholder commented that practice within companies, especially for SME's, is important as many employers do not make reasonable adjustments and have insufficient emphasis on employer skills and knowledge in relation to how long employees should be off work.

Line managers

Stakeholders highlighted that a good employee / line manager relationship can improve employees' wellbeing at work, enhance productivity and enhance employee engagement. They stated that line managers can have a large influence on employee attitudes and behaviours in the way they translate people management policies into practices.

Stakeholders highlighted that there is increasing pressure on line managers to deliver business objectives as well as support the wellbeing of employees. The provision of support and training helps line managers manage these responsibilities effectively. However, differing levels and types of training are provided.

Staff involvement and engagement

Stakeholders highlighted that good workplace engagement, including consultation, with staff can lead to improved health and wellbeing and organisational health and wellbeing initiatives and policies can lead to improved engagement. They stated that an effective workplace health intervention aims to encourage the involvement and participation of all staff within that workplace regardless of their role, position or seniority, and where appropriate their families and the wider community.

Measuring impact

Stakeholders highlighted that without regular measurement, monitoring and evaluation of employee wellbeing and initiatives, an employer is unable to determine the full picture of how any adjustments and initiatives are not only benefitting employees but also the business. Monitoring and evaluation is key to extracting good practice, reviewing findings and implementing future plans.

4.3.2 Selected recommendations from development source

Table 6 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 6 to help inform the Committee's discussion.

Table 6 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Workplace policies to protect and promote mental wellbeing	**Mental wellbeing at work** NICE NG13 Recommendation 1.3.2
Leadership	**Senior leadership** NICE NG13 Recommendations 1.6.1, 1.6.3, 1.6.4, 1.6.5 and 1.6.6
Line managers	**Role of line managers** NICE NG13 Recommendation 1.7.2 **Leadership style of line managers** NICE NG13 Recommendations 1.8.1 and 1.8.2 **Training** NICE NG13 Recommendation 1.9.1
Staff involvement and engagement	**Participation and trust** NICE NG13 Recommendations 1.5.1, 1.5.2, 1.5.3 and 1.5.4
Measuring impact	**Monitoring and evaluation** NICE NG13 Recommendations 1.11.1, 1.11.2, 1.11.3 and 1.11.4

Workplace policies to protect and promote mental wellbeing

Mental wellbeing at work

NICE NG13 Recommendation 1.3.2

Develop policies to support the workplace culture such as respect for work–life balance. For example, in relation to stress organisations could refer to the principles of the Health and Safety Executive's Management standards for work related stress. These cover the following 6 aspects of work and the process for assessing and managing these:

• demands (workload, work patterns and work environment)

• control (how much say the employee has in the way they do their work)

• support (from the organisation, line manager and colleagues)

• relationships (promoting positive working to avoid conflict and dealing with unacceptable behaviour)

• role (if employees understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles)

• change (how change is managed and communicated in the organisation). [2015]

Leadership
Senior leadership
NICE NG13 Recommendations 1.6.1, 1.6.3, 1.6.4, 1.6.5 and 1.6.6

These recommendations are for senior managers, employers and those with a leadership responsibility in workplace health.

1.6.1 Provide consistent leadership from the top, ensuring the organisation actively supports a positive approach to employee health and wellbeing and that policies and procedures are in place and are implemented. This should be part of the everyday running of the organisation, as well as being integrated in management performance reviews, organisational goals and objectives.

1.6.3 Provide support to ensure workplace policies and interventions for health and wellbeing are implemented for line managers, so that they in turn can support the employees they manage.

1.6.4 Ensure line managers are aware that supporting employee health and wellbeing is a central part of their role, for example by including it in line managers' job descriptions and emphasising it during recruitment.

1.6.5 Display the positive leadership behaviours that are asked of line managers, such as spending time with people at all levels in the organisation and talking with employees.

1.6.6 Act as a role model for leadership and proactively challenge behaviour and actions that may adversely affect employee health and wellbeing.

Line managers
Role of line managers
NICE NG13 Recommendations 1.7.2

These recommendations are for employers, senior leadership and managers, human resource teams, and all those with a remit for workplace health.

- Acknowledge that line managers have an important role in protecting and improving the health and wellbeing of employees through involvement in job design, person specifications and performance reviews. Give line managers adequate time, training and resources to ensure they balance the aims of the organisation with concern for the health and wellbeing of employees.

Leadership style of line managers
NICE NG13 Recommendation 1.8.1 and 1.8.2

1.8.1 Adopt a positive leadership style that includes:

- encouraging creativity, new ideas and exploring new ways of doing things and opportunities to learn
- offering help and encouragement to each employee to build a supportive relationship; acting as a mentor or coach; being open and approachable to ensure that employees feel free to share ideas; recognising the contribution of each employee
- having a clear vision which can be explained and made relevant to employees at all levels; ensuring employees share the same motivation to fulfil their goals
- becoming role models who are trusted and respected by employees
- providing a sense of meaning and challenge, and building a spirit of teamwork and commitment.

1.8.2 Use the following approaches:

- consult regularly on daily procedures and problems
- promote employee engagement and communication
- recognise and praise good performance
- work with employees to produce and agree employees' personal development plans
- be proactive in identifying and addressing issues and concerns early, and take preventive action at the earliest opportunity, identifying sources of internal and external support.

Training

<u>NICE NG13 Recommendation 1.9.1</u>

These recommendations are for employers, senior leadership and managers, executive teams, human resource teams, and all those with a remit for training.

1.9.1 Ensure line managers receive training in:

- effective leadership (see section 1.8)
- the importance of maintaining people's health and wellbeing at work and what this entails
- the effect of health and wellbeing on improved organisational performance
- keeping up to date with changes in the legal obligations and official advice to employers
- the implications of organisational change and how to manage it
- communication skills, including how to have difficult conversations with employees
- developing people's skills and resolving disputes
- how to support employees by agreeing relevant and realistic targets
- how to recognise when someone may need support (for example, because of problems achieving a work–life balance, demands of home life or unfair treatment at work) and awareness of the services they could be directed to
- how to use stress risk assessment to identify and deal with sources of stress, as well as develop workplace solutions to reduce this risk
- the internal and external causes of stress, such as excessive workload, financial worries, work–home conflict or family issues
- how to give advice to employees about further support for stress both in and outside the workplace
- equality and diversity training on employee health and wellbeing
- how to manage sickness absence in line with NICE's guideline on workplace health: long-term sickness absence and incapacity to work.

Staff involvement and engagement
Participation and trust
<u>NICE NG13 Recommendation 1.5.1, 1.5.2, 1.5.3 and 1.5.4</u>

These recommendations are for employers, senior leadership and managers, human resource teams and all those with a remit for the workplace.

1.5.1 Ensure employees feel valued and trusted by the organisation by:
- offering support and training to help them feel competent
- promoting team working and a sense of community.

1.5.2 Encourage employees to have a voice in the organisation, and actively seek their contribution in decision-making through staff engagement forums and (for larger organisations) by anonymous staff surveys.

1.5.3 Value and acknowledge employees' contribution across the organisation. If practical, act on their input and explain why this action was taken. If employees' 'contributions are not acted on, then clearly explain the decision.

1.5.4 Encourage employees to engage with trade unions, professional bodies and employee organisations whenever possible.

Measuring impact
Monitoring and evaluation
NICE NG13 Recommendations 1.11.1, 1.11.2, 1.11.3 and 1.11.4

These recommendations are for employers, senior leadership and managers, human resource teams, and all those with a remit for workplace health.

1.11.1 Regularly monitor and evaluate the effect of new activities, policies, organisational change or recommendations on employee health and wellbeing and identify and address any gaps.

1.11.2 Ensure managers regularly review their own progress in promoting workplace health and wellbeing and acknowledge any gaps in their competencies. Organisations should support line managers in this activity.

1.11.3 Identify and use reliable and validated tools to monitor impact.

1.11.4 Give line managers a role in monitoring impact.

4.3.3   Current UK practice

Workplace policies to protect and promote mental wellbeing

The Royal College of Physicians carried out an audit[25] of the implementation of six pieces of NICE public health guidance relevant to the workplace by NHS trusts in England. It found that 57% have a policy for mental wellbeing.

Leadership

A survey[26] by the Chartered Institute of Personnel and Development (CIPD) reported that 53% of organisations stated employee well-being is on their senior leaders' agendas to a great or moderate extent and 43% stated that employee wellbeing was

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[25] Implementing NICE public health guidance for the workplace 2013 – round 2, 2013 Royal College of Physicians
[26] Growing the health and well-being agenda: from first steps to full potential, 2016 Chartered Institute of Personnel and Development

taken into consideration in business decisions to a great or moderate extent. In this survey 46% of organisations stated that operational demands take precedence over employee well-being considerations to a great or moderate extent and 44% stated well-being is a formal part of someone's remit to a great or moderate extent.

The health and wellbeing offer to NHS staff[27] includes supporting and developing board level leadership and engagement.

In the 2015 NHS staff survey[28] 89% of employees reported that their organisation definitely, or to some extent, took positive action on health and wellbeing.

Line managers

The survey by the CIPD (Growing the health and well-being agenda: from first steps to full potential) reported that 48% of organisations stated that line managers are bought into the importance of wellbeing to a great or moderate extent and 59% stated that well-being considerations are part of their people management approach to a great or moderate extent.

The health and wellbeing offer to NHS staff includes developing core line manager training.

In the 2015 NHS staff survey 66% of staff reported that their manager took a positive interest in their individual health and wellbeing.

NICE guideline PH22, promoting mental wellbeing at work, uptake data[29] from September 2010 showed that 63% of NHS trusts provide training to ensure line managers are able to identify and respond with sensitivity to employees emotional concerns and symptoms of mental health problems and 90% provide training to ensure that line managers understand when it is necessary to refer an employee to occupational health services or other sources of help and support.

Staff involvement and engagement

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

Measuring impact

No published studies on current practice were highlighted for this suggested area for quality improvement; this area is based on stakeholder's knowledge and experience.

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[27] The health and wellbeing offer to NHS staff 2015 NHS Employers

[28] NHS staff survey, 2015 Picker institute

[29] Promoting mental wellbeing at work (PH22) uptake data, 2012 NICE

4.3.4   Resource impact assessment

The findings of the health economics in support of NG13 identified consistent evidence that a relatively small investment in line manager training can lead to worthwhile improvements in worker satisfaction, which in turn are linked to gains in productivity for the organisation. These are likely to vary widely and this may not be case for all organisations.

No additional resource assessment information has been identified for this area. Please see section 3.3 for overarching resource impact information.

4.4   Positive health behaviour

4.4.1   Summary of suggestions

Nutrition / healthy eating

Stakeholders highlighted that it is beneficial to create conditions which support staff to eat healthily at work and the workplace can be used to improve awareness of the importance of healthy eating and healthy cooking skills. However, there is little guidance on how employers can promote healthy eating at work meaning standards of provision differ across workplaces, particularly for shift workers.

A stakeholder stated that healthy eating, no smoking and a reduction in alcohol intake have been proven to lead to a reduction in sickness absence and a reduced burden on primary care.

A stakeholder commented that NHS organisations do not provide many healthy food options, and they are generally more expensive.

Physical activity

Stakeholders commented that there is evidence to show the positive effect exercise can have in managing and reducing stress and improving wellbeing.

A stakeholder commented that standards relating to the promotion of physical activity may cause employers to introduce policies related to increasing physical activity. A physically active workforce reports less illness and recovers more quickly from the illnesses they do develop.

4.4.2   Selected recommendations from development source

Table 7 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 7 to help inform the Committee's discussion.

Table 7 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Nutrition / healthy eating	Not directly covered in NICE guidance and no recommendations are presented
Physical activity	**Implementing a physical activity programme** NICE PH13 Recommendation 2

Physical activity
Implementing a physical activity programme
<u>NICE PH13 Recommendation 2</u>

Introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be physically active. This could be part of a broader programme to improve health. It could include:

- flexible working policies and incentive schemes

- policies to encourage employees to walk, cycle or use other modes of transport involving physical activity (to travel to and from work and as part of their working day)

- the dissemination of information (including written information) on how to be more physically active and on the health benefits of such activity. This could include information on local opportunities to be physically active (both within and outside the workplace) tailored to meet specific needs, for example, the needs of shift workers

- ongoing advice and support to help people plan how they are going to increase their levels of physical activity

- the offer of a confidential, independent health check administered by a suitably qualified practitioner and focused on physical activity

4.4.3   Current UK practice

Nutrition

The Royal College of Physicians carried out an audit[30] of the implementation of six pieces of NICE public health guidance relevant to the workplace by NHS trusts in England. It found that 84% of trusts promote healthy food choices in the staff restaurant however 38% of trusts do not offer similar healthy food options in the evenings compared with the daytime, and 73% do not offer such choices overnight.

In 2015 the health and wellbeing offer to NHS staff[31] was announced in which 12 leading NHS organisations are developing and refining a 'core offer' of what NHS organisations should do to promote staff health and wellbeing. This includes supporting and enabling better food choices.

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[30] [Implementing NICE public health guidance for the workplace 2013 – round 2](#), 2013 Royal College of Physicians
[31] [The health and wellbeing offer to NHS staff 2015](#) NHS Employers

A survey[32] by the CIPD reported that 61% of organisations confirmed they are much more reactive (taking action when people have gone of sick) than proactive (promoting healthy choices and good well-being) to a great or moderate extent.

Physical activity

The Royal College of Physicians' audit of the implementation of six pieces of NICE public health guidance relevant to the workplace by NHS trusts in England found that only 44% have a policy for physical activity.

The health and wellbeing offer to NHS staff includes promoting physical activity.

4.4.4   Resource impact assessment

The business case for PH13 Promoting physical activity in the workplace allows organisations to assess their local costs and potential annual savings from introducing physical activity programmes for employees. Potential costs may include:

- Health checks
- Activity classes
- Discounted local gym membership
- Team days
- Signs and posters

The quantifiable potential savings from the business case relate to reducing sickness absence and staff turnover. There are non-quantifiable savings which include improved productivity; enhanced external reputation, improvements in team working and tax benefits for organisations that provide employee health checks.

Obesity, diabetes, hypertension as a result of a poor diet are some of the modifiable risk factors for cardiovascular disease (CVD). An example from the Local Government Employers report (2007) gives the annual average sickness per local government employee of 9.6 days. The percentage of days lost due to long-term and short-term absence relating to CVD is 3.7% and 3% of annual average sick days respectively. For a local authority employing around 2000 staff, this is the equivalent of approximately 1 day per employee per year.

The estimated cost per day of sickness absence uses an estimated average figure from the Chartered Institute of Personnel and Development. This is £83.25 per day. Depending on the type of employer (private or public sector), there are likely to be potential savings from initiatives that promote healthy eating in the workplace.

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[32] Growing the health and well-being agenda: from first steps to full potential, 2016 CIPD

4.5 Adjustments

4.5.1 Summary of suggestions

Wellbeing and health conditions

Stakeholders highlighted reasonable adjustments and adaptations in the workplace can improve the wellbeing of employees, help to manage health conditions such as COPD and primary-headache disorders and support employees to remain or return to work earlier. These adjustments may include flexible work practices, working from home, use of remote technology and project adjustments. A more flexible working culture can reduce the levels of absence, sickness and stress and improves employees' health.

Return to work

A stakeholder commented that whilst return to work is consistently recognised as a part of recovery, workplace culture issues including the role of a line manager are also consistently reported as a cause of mental health issue.

4.5.2 Selected recommendations from development source

Table 8 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 8 to help inform the Committee's discussion.

Table 8 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Wellbeing and health conditions	**Physical work environment** NICE NG13 Recommendations 1.2.1 and 1.2.2 Workplace health: support for employees with disabilities and long term conditions. NICE guideline in development, due to publish April 2017.
Return to work	**Organisational commitment** NICE NG13 Recommendation 1.1.6 Workplace health: support for employees with disabilities and long term conditions. NICE guideline in development, due to publish April 2017.

Wellbeing and health conditions

Physical work environment

NICE NG13 Recommendations 1.2.1 and 1.2.2

These recommendations are for employers, senior leadership and managers, human resource teams and all those with a remit for workplace health.

1.2.1 Develop and implement workplace policies and procedures to reflect statutory requirements and existing best practice (for example, manual handling and display screen equipment).

1.2.2 Ensure all facilities and equipment are clean, safe, well maintained and of a good standard.

Return to work
Organisational commitment
NICE NG13 Recommendation 1.1.6

These recommendations are for employers, senior leadership and managers, human resource teams and all those with a remit for workplace health.

1.1.6 Be aware that a return to work from sickness does not necessarily indicate that an employee's health and wellbeing has improved. When developing return to work polices, take into account that aggressive return to work procedures can encourage presenteeism to the detriment of the organisation.

4.5.3   Current UK practice

Wellbeing and health conditions

A survey completed in 2012 by the CIPD[33] found that 96% of employers offered some form of flexible working. All large employers offered flexible working to some employees, as did 95% of medium-sized organisations. There was also widespread provision of flexible working among small businesses (91%) and micro-sized companies (85%).

A range of flexible working arrangements were offered by employers, with part-time working (88%) the most commonly offered type of flexibility. Working from home on a regular basis (54%) is the next most commonly offered flexible working option.

A survey[34] by the CIPD reported that 61% of organisations confirmed they are much more reactive (taking action when people have gone of sick) than proactive (promoting healthy choices and good well-being) to a great or moderate extent.

A survey[35] commissioned by the Department for Work and Pensions in 2014 examined whether employers had made adjustments to people's jobs to help keep them in work. 55% of employees who reported more than two weeks' continuous

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[33] Flexible working provision and uptake, 2012 CIPD
[34] Growing the health and well-being agenda: from first steps to full potential, 2016 CIPD
[35] Health and well-being at work: a survey of employees, 2014 Department for Work and Pensions

sick leave stated that their employer made adjustments as soon as they were made aware of their health condition. A further 33% said their employer did not make adjustments until after a period of sickness absence, and 20% said the changes were made only after their GP recommended them.

Return to work

The survey commissioned by the Department for Work and Pensions (Health and well-being at work: a survey of employees) asked what employers had done to help respondents with more than two weeks' continuous sick leave back to work. Among this group of respondents 61% said their employer had made adjustments of some kind and 14% stated they had an unmet need and wanted further adjustments. 90% of employees found the adjustments were helpful. The most commonly provided adjustment was 'time off at short notice' (received by 48% of employees); followed by 'flexible hours' (23%) and 'change of tasks' (19%).

4.5.4 Resource impact assessment

No specific resource assessment information has been identified for this area therefore no data is available at this stage. Please see section 3.3 for overarching resource impact information.

4.6   Additional areas

Summary of suggestions

The improvement areas below were suggested as part of the stakeholder engagement exercise. However they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or require further discussion by the Committee to establish potential for statement development.

There will be an opportunity for the QSAC to discuss these areas at the end of the session on 9 June 2016.

Smoking cessation advice to employees

A stakeholder suggested measurement of smoking status of employees annually and central reporting of the percentages, as part of quality standard, to ensure organisations know what percentage of their workforce currently smoke and can then target support regularly that group. Employees should be offered free and full range of pharmacotherapy (along with behavioural counselling) to help them quit.

This is within the scope of NICE quality standard 82 Smoking: reducing and preventing tobacco use.

Biobank

A stakeholder suggested linking with the work of BioBank including their evidence from their healthy work questionnaire.

This is not contained within any NICE or NICE-accredited guidance.

Oral health

A stakeholder commented that if workplaces placed as much of an importance on the dental wellbeing of their employees as they do on their general health, unforeseen absenteeism in the workplace could be reduced.

There is a NICE quality standard in development on oral health promotion in the community.

Consistent evaluation standards tools

A stakeholder commented that there is a lack of consistent coherent evaluation standards tools and methods for workplace health which supports consistent delivery /access and evaluation and covers both organisational impact/measures.

This is a recommendation for research in NICE NG13 Workplace health: management practices.

Advice and support for organisations

A stakeholder commented that NG13 identifies workplace culture as a key element in workplace health but the quality and level of understanding and support for organisations to understand and act on it is limited. There is good evidence of what elements are needed to constitute good work but many workplace programmes focus only on individual behaviour change. There is considerable quality variation in the advice and support for organisations in this aspect of promoting good work and in its evaluation, where this happens which would build the evidence base and expand good practice.

This is a recommendation for research in NICE NG13 Workplace health: management practices.

Prolonged absence

Stakeholders highlighted the importance of preventing prolonged absence and facilitating supported return to work.

A NICE quality standard has been referred on workplace: long-term sickness absence and management which will cover this area.

Evidence base

A stakeholder commented that the evidence base should be improved and data on work outcomes in relation to treatment is captured. For example more needs to be done to measure the effectiveness of CBT in terms of return to work as standard CBT may not improve vocational outcomes and there may be a need to incorporate a vocational element.

Training of clinicians / GP and Primary care certification

A stakeholder commented that there is a need to upskill professionals (clinicians and those working in employment support) in a greater understanding of the importance of the link between work and health and work as a health outcome. They also felt that there is a need to improve primary care certification to ensure that it complies with best practice and is evidence based. They stated that, for example, GPs rarely complete "may be fit for work" even when this is most clinically appropriate.

Improvements to treatment access

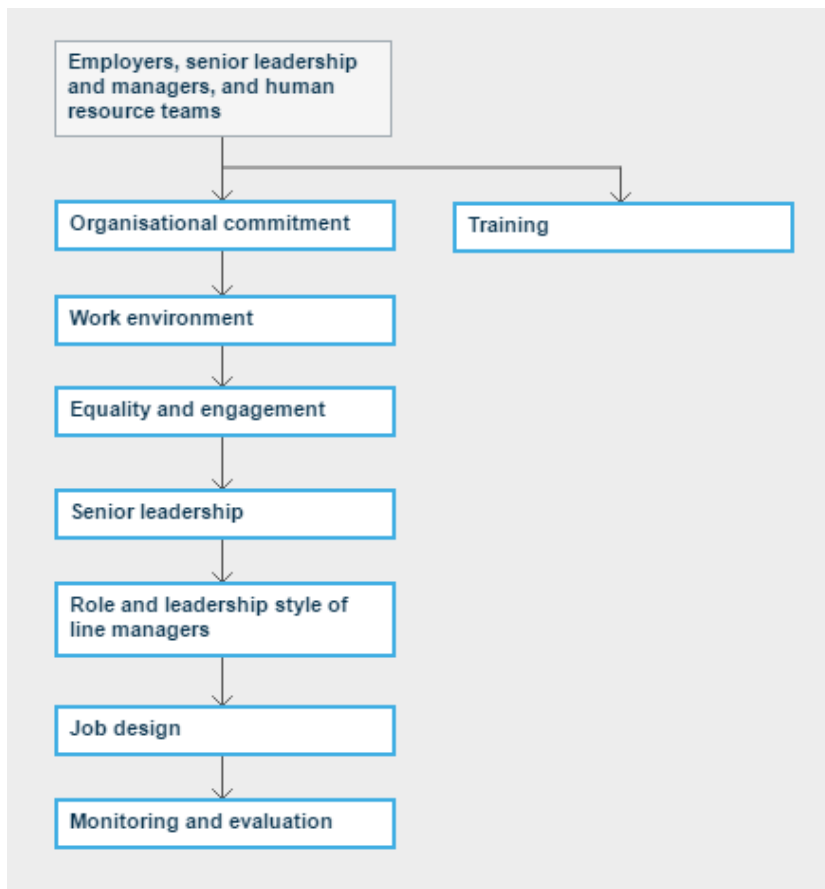A stakeholder commented that there needs to be a reduction in delays in treatment with work captured as an outcome.
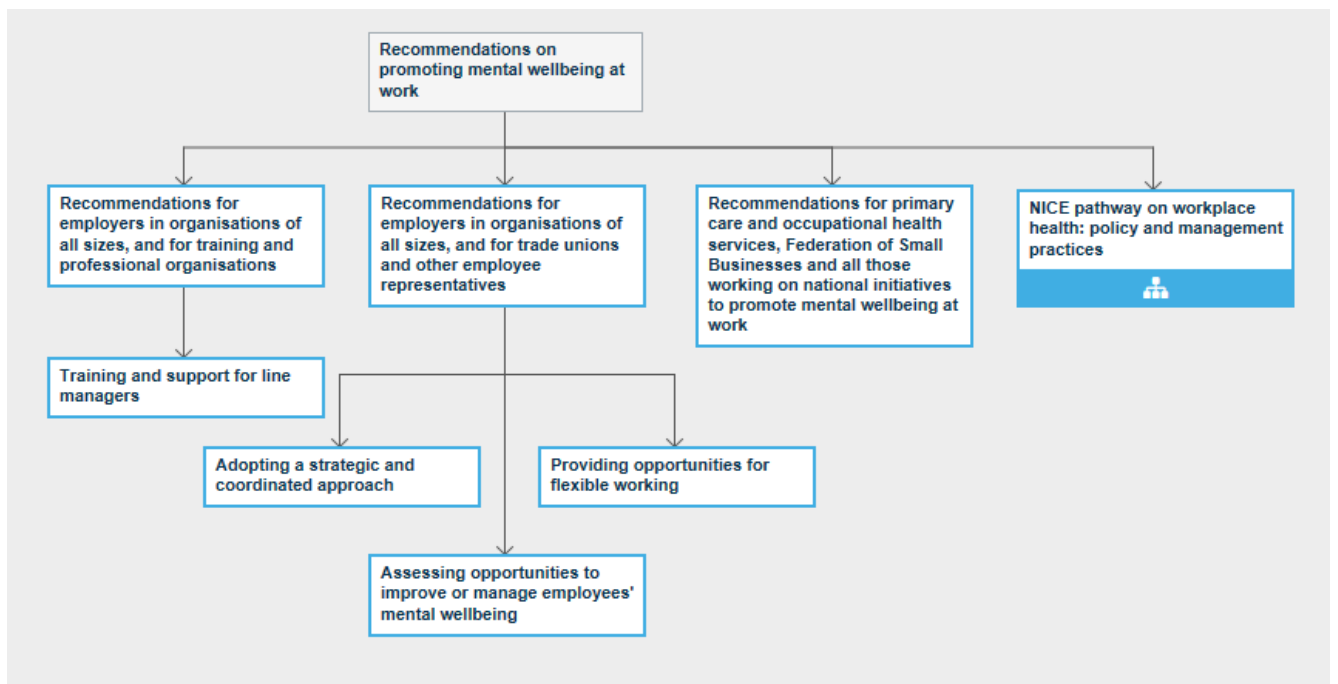
International systems

A stakeholder commented that there should be a review of different international systems and schemes that have been successful in preventing individuals falling out or work and / or facilitation a return to work.
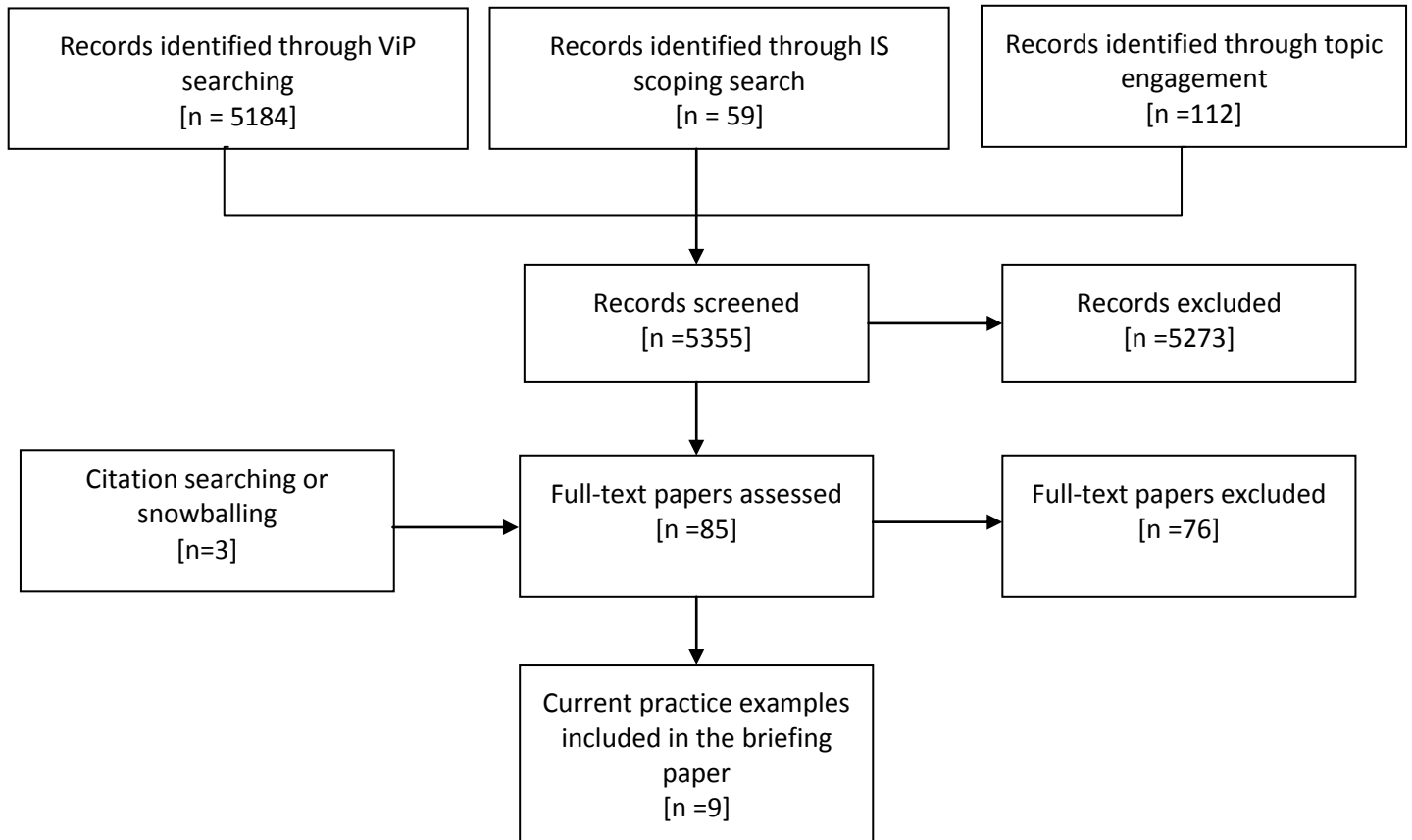
Appendix 1: Additional information

Workplace health: policy and management practices overview

Promoting mental wellbeing at work overview

Appendix 2: Review flowchart

Records identified through ViP searching [n = 5184]	Records identified through IS scoping search [n = 59]	Records identified through topic engagement [n =112]

Records screened
[n =5355]

Records excluded
[n =5273]

Citation searching or snowballing
[n=3]

Full-text papers assessed
[n =85]

Full-text papers excluded
[n =76]

Current practice examples included in the briefing paper
[n =9]

Appendix 3: Suggestions from stakeholder engagement exercise – registered stakeholders

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
		Prevention			
1	British Thoracic Society	Key area for quality improvement 3	Occupational health risks:	Occupations where people are exposed to dust, fumes, chemicals increase risk of COPD. Minimising risks – both provision and use of Personal Protective Equipment is important.	
2	Health and Safety Executive	Key area for quality improvement 1 **Organisational work-related stress (WRS) prevention**	The Health and Safety Executive (HSE) advocates preventing WRS rather than providing coping measures or treatment for the resultant illnesses. Research shows that well-designed, organised and managed work is generally good for us but when insufficient attention to job design, work organisation and management has taken place, it can result in work related stress which may lead to, or aggravate pre-existing, physical or mental ill health.	In the health and social care sector, stress, anxiety and depression is the top cause of working days lost, 2.9 million in 2014/15 http://www.hse.gov.uk/statistics/industry/healthservices/index.htm	HSE developed the Management Standards (MS) as an organisational approach to prevent work related stress and this, and its associated guidance and tools, is provided for use free of charge http://www.hse.gov.uk/stress/standards/index.htm Case studies show evidence of business benefits to those using the MS approach e.g. reduced sickness absence. When HSE was actively developing and promoting the MS, there was an 18% reduction in new self-reported cases of stress, depression and anxiety. HSE would anticipate that the cumulative effects of Government policies, underpinned by improved

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					guidance and tools, could lead to significant cost savings.
3	Institution of Occupational Safety and Health	IOSH would recommend that the prevention of work-related stress and musculoskeletal disorders (MSDs) should be covered in this quality standard.	Work-related stress and musculoskeletal disorders can be prevented through effective risk management techniques, safe working procedures, supervision and training. Whereas poor management of these risks can lead to absence (last year estimated to have been 4.4. million lost working days) and this can impact service delivery.	IOSH would highlight that statistics published by the Health and Safety Executive identify that almost 80% of lost-time within the health and social care sector in 2014-15 was linked to stress and musculoskeletal disorders (back pain, work related upper limb disorders). Therefore, we believe that improving the management of these two key areas is critical for supporting improved performance.	HSE's Health and Safety in the health and social care sector in Great Britain 2014/15 statistics based upon the Labour Force Survey and incidents reported to the HSE under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR). Research undertaken by Aston University into Employee Health & Well-being in the NHS: A Trust Level Analysis identified indicators including absenteeism, patient mortality and patient satisfaction as outcomes of employee health and well-being. NICE may also be interested in the NHS Staff Attitude Survey which includes questions on well-being. IOSH has produced a number of free guides relevant to this area: Working Well: Guidance on Promoting Health and Wellbeing at Work and A Healthy Return: Good Practice on Rehabilitating People at Work. IOSH has also identified a range of occupational health resources in its Occupational Health toolkit this includes guidance on stress

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					and MSDs. It will also publish new guidance on the management of occupational health in the workplace in June. More widely we would identify the Health and Safety Executive's stress management standards and point the topic overview to the value of a number of case studies from health care organisations who have implemented the stress management standards resulting in significant reductions in sickness absence figures. IOSH would also identify the work of: NHS Protect and specifically its Meeting needs and reducing distress: Guidance on the preventing and management of clinically related challenging behaviour in NHS settings; NHS Safe & Secure Facilities as valued sources of current practice in managing the risks (and threats) of violence and aggression – a key contributor to stress; NHS Employers in the Roadmap for Improving Health and Wellbeing; The Work of the NHS Health, Safety and Wellbeing Partnership Group (NHS Staff Council and supported by NHS Employers

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					[Guidance on the Prevention and Management of Stress in the Workplace](#)
4	NHS Employers	Support for musculo-skeletal disorders and mental health	MSK and stress and mental health and the two highest reasons for sickness absence in the NHS. Often prevention and reasonable adjustments can enable staff to stay healthy and in work.	Across the NHS, there is a lot of support through occupational health to provide talking therapies and physiotherapy. This is not always easily accessible for staff. We recommend using fast track services and self-referral pathways to enable more staff to access support. In terms of prevention, many organisations do not provide training and support for staff. The NICE audit from 2013 showed that only 57% of trusts have a plan for supporting mental wellbeing of their staff.	Please read our report on evaluating health and wellbeing interventions, with a case study of a fast track physio service: http://www.nhsemployers.org/case-studies-and-resources/2014/11/evaluating-health-and-wellbeing-interventions-for-healthcare-staff Please see our report on improving rapid access to occupational health services: http://www.nhsemployers.org/case-studies-and-resources/2015/10/rapid-access-to-treatment-and-rehabilitation-for-nhs-staff Please see the Health Safety and Wellbeing Partnership Group report on managing stress in the workplace: http://www.nhsemployers.org/case-studies-and-resources/2015/10/rapid-access-to-treatment-and-rehabilitation-for-nhs-staff Please see our infographic on mental wellbeing in the NHS: http://www.nhsemployers.org/cas

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					e-studies-and-resources/2015/03/things-you-need-to-know-about-mental-wellbeing-infographic Please see the NICE audit 2013: https://www.rcplondon.ac.uk/projects/outputs/implementing-nice-public-health-guidance-workplace-2013-round-2 Please also see the NHS England healthy workforce pilot information, which includes details of the offer made to NHS staff, believed to have the biggest impact, on our webpages: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/copy-of-leading-the-way/whats-happening-nationally/nhs-england-healthy-workplaces/the-health-and-wellbeing-offer-to-nhs-staff Our emotional wellbeing toolkit has been piloted across the NHS and used in NHS organisations to help staff talk about how they are feeling and track their emotional wellbeing. It can be used in teams as a preventative measure, and can help individuals and

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					managers recognise potential ill-health: http://www.nhsemployers.org/howareyoufeelingnhs?utm_source=health%20and%20wellbeing&utm_medium=banner&utm_campaign=how%20are%20you%20felling%20nhs

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
5	Kent County Council	Key area for quality improvement 1	Mental Health		19.1 Would prefer this guidance to have more inclusion of anxiety, depression, rather than mere stress, which then becomes viewed negatively.
6	Stonewall	**Improving the mental wellbeing of employees**	Stonewall believes that looking after the mental wellbeing of employees improves performance and productivity of the individual employees, as well as the organisation as a whole. Staff in safe and inclusive working environments that promote the mental wellbeing of their employees are more likely to enjoy going to work, feel able to be themselves, form honest relationships with colleagues, are more confident, and ultimately will be more productive.	It is well established that lesbian, gay, bisexual and trans (LGBT) people disproportionately experience mental health problems such as depression and anxiety. Factors such as harassment at work and homophobic, biphobic and transphobic bullying contribute to this increased prevalence (Mental health research briefing, Stonewall, 2013). Line managers should be trained to support LGBT staff around their mental health	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
7	NHS Health at Work Network	Key area for quality improvement 2 Support in the Workplace for staff with mental health issues	Research shows - the benefit of early intervention and treatment for mental health issues related to or affecting ability to work -the benefit of in house self-care or other emotional support programmes Both approaches minimise absence The HSE risk assessment and risk management approach to stress in the workplace reduces the likelihood of stress related ill health and absence	Many NHS Trusts have reduced such support because of cost pressures. Mental Health support is a proven enabler or early intervention and return to work	Boorman Review of Health at work in the NHS 2009 SEQOHS Accreditation standards FOM 2015 CIPD Mental Health in the Workplace 2015
8	Stonewall	**Promoting equality in the workplace**	Stonewall currently works with over 750 members across the public, private and third sectors – we know that equality is a crucial factor of a productive and healthy working conditions and is an area that, whilst making improvements, employers still need to work on – in particular for their LGBT employees. Line managers should be trained on the specific issues that LGBT people face, and how they can ensure their workplace	The lives of many LGBT people at work remain difficult – they are often subject to bullying or feel unable to be open about their sexual orientation or gender identity with their colleagues and managers. YouGov polling of over 2,000 LGB people for Stonewall's *Gay in Britain* report – a study looking at LGB people's experiences and expectations of discrimination – found that 19 per cent of LGB employees had experienced verbal bullying from colleagues, customers or service users because of their sexual	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			is fully inclusive workplace for everyone. Stonewall's Diversity Champion programme can help support this.	orientation in the last five years. Furthermore, 13 per cent of LGB employees would not feel confident reporting homophobic or biphobic bullying in their workplace.	
9	Stonewall		The need to combat bullying and discrimination in the workplace is crucial. Bullying has a negative impact on mental wellbeing, morale and productivity across the workforce, as well as on the external reputation of an organisation. Employers should communicate zero-tolerance policies on homophobic, biphobic or transphobic bullying and promote different routes to reporting	*Unhealthy Attitudes* – YouGov research conducted for Stonewall (research which looked at the attitudes to LGBT people by health and social care professionals) found that many health and social care staff lacked the confidence to call out homophobic, biphobic and transphobic abuse in the workplace. It was found that 16 per cent of health and social care staff wouldn't feel confident to challenge colleagues who make negative remarks about LGB people. Furthermore, a quarter of all staff were found to not have received any equality and diversity training.	
10	SCM1		Preventing mental health problems from work stress		Mental health and work
11	DWP	Prevention	Improve prevention strategies - is enough being done to protect employees (e.g. managing work place stress, building resilience etc). Adhere to best practice e.g. HSE guidelines in relation to H&S.		

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
12	Skcin - The Karen Clifford Skin Cancer Charity	Key area for quality improvement 1 Provision of Sun Safety and UV Awareness Training / education for Employers employing "at risk" outdoor workers, supported by workplace sun protection policy.	There is significant evidence that over 85% of all skin cancers are preventable and are caused by over exposure to UVA/UVB. The Health and Safety at Work Act makes it clear there is legal duty on every employer to as far as reasonably practical, ensure the health and well being of their employees. It advises employers must provide information instruction, training and supervision to ensure their safety.	Over the past 25 years rates of malignant melanoma have risen faster than any of the top 10 cancers. People most at risk are those being exposed to long periods in the sun. Outdoor workers have a higher than average risk of skin cancer for this reason. This includes Building & Construction workers Police & Traffic Officers Armed Forces Postal workers Agricultural/Farming/Horticultural workers Landscape/Gardening workers Road Workers/surveyors Outdoor Event workers PE/Outdoor sports coaches and many more sectors of society. Solar Ultra Violet Radiation (UVR) cannot be seen or felt and is a known carcinogen to humans. Understanding solar UVR is vital for understanding why sun protection control measures are recommended to protect our skin and how if we are not protected properly, UV can damage the skin and lead to skin cancer.	Many employers do not include sun awareness training in their business practices. Skcin's 'Sun Safe workplaces' is a free national accreditation scheme developed specifically for employers of outdoor workers to assist them in ensuring their staff are educated appropriately about the importance of sun safety and that companies adopt a suitable sun safe policy that is annually reviewed. The scheme was launched in 2014 and has over 150 UK companies registered - the charity invests time in developing this along with technology to help deliver the objective. This important area of occupational health and well being should form part of employer's responsibility to its employees. We would like to see this made compulsory with all employers of outdoor workers. To find out about the accreditation scheme visit: http://www.sunsafeworkplaces.co.uk

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13	Skcin - The Karen Clifford Skin Cancer Charity	Key area for quality Improvement 2 Protecting workers from risks associated with UVA/UVB and the provision of workplace sun policy.	As above as a duty of care to employees. Awareness of associated risks for employees from UVA/UVB photosensitivity, from the use of materials and solar radiation from glass and heat.	A risk assessment identifies the risks and those at risk from over exposure to UVA/UVB. A sun protection policy needs to be implemented with workplaces. This needs to reviewed and reassessed regularly to ensure it remains current and effective.	Sun Safe workplaces offers guidelines into: How implement a sun safe policy Description of hazards and key reasons for policy Details of sun protection control measures Details and resources to implement education and training requirements An outline of who is responsible for implementation/monitoring Procedures for non compliance Details of review process http://www.sunsafeworkplaces.co.uk
14	Skcin - The Karen Clifford Skin Cancer Charity	Key Area for Improvement 3 Introduce Provision of UV personal protection for outdoor workers	To protect workers against the risk of over exposure to UV/UVB	Implement safety controls measures Providing shade to workers Modify reflective surfaces Implement Window tinting for drivers Protective clothing and equipment for outdoor workers, hats, sun glasses and sunscreen	Sun Safe Workplaces offers guidance in all these areas. http://www.sunsafeworkplaces.co.uk
15	Skcin - The Karen Clifford Skin Cancer Charity	Key Area for Improvement 4 Manage work flow and minimise employees exposure time to UV/UVB	As above	Reschedule outdoor work schedules to minimise exposure to UV/UVB. Plan work routines so outdoor tasks are completed early morning or late afternoon where possible.	Sun Safe Workplaces offers guidance in all these areas. http://www.sunsafeworkplaces.co.uk

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16	Skcin - The Karen Clifford Skin Cancer Charity	Key area for Improvement 5 Promote skin checking and sun safety	Occupational Health and safety legislation requires employers to monitor the health of employees. To enable employees to effectively examine their own skin employers are required to provide employees with the appropriate self-examination information and promote early detection of skin cancers/legions	Employees need to understand they need to ; Check their own skin. Become familiar with how their own skin looks How often they should check their skin Tips on how to examine their skin What to look or for when checking their skin What to do if they spot something suspicious or concerning.	Sun safe workplaces offers guidance in all these areas. http://www.sunsafeworkplaces.co.uk **The importance of early detection** The early detection of skin cancer is vital and can reduce a patient's risk of disfigurement through removal, or in the most serious of cases death. It is therefore very important to get to know your own skin so that you can recognise any signs of change that may be a potential skin cancer or pre cancerous skin legion.
		Access to support			
17	British Thoracic Society	Key area for quality improvement 2	Access to health care if excessive daytime sleepiness for investigation		
18	Fit for Work UK Coalition	**Timely access to occupational health services and employee assistance programmes**	Timely and available access to occupational health services and employee assistance programmes could help identify areas where an employee's wellbeing in the workplace could be improved.	The NICE accredited Department for Work and Pensions Health, *Work and wellbeing indicators: baseline indicators report* shows that only 38% of employees were offered access to occupational health services in a 12-month period.	

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			These services are able to provide support to both physical and mental aspects of an employees' wellbeing. They also provide information, advice and counselling on a variety of issues that cause absence and/or performance problems. Employees are able to self-refer to these services without having the need to disclose any information to their employer if they do not want to. Better communication and information about these services with employees could maximise the impact that these services can have in ensuring timely return of employees to work. As well as reactively addressing issues that occur, the work of an occupational health service, when proactive, can prevent potential problems in the workplace. This, in turn, minimises the effect that existing and potential health conditions may have on	Furthermore, according to the *Investing in a workforce fit for the future report* published by The Work Foundation in 2015, only half of employees have access to occupational health services, and two out of five have access to counselling. The Black and Frost Review, *Health at work – an independent review of sickness absence in Great Britain* (November 2011), also reiterates the importance of employee assistance programmes and recommends the continuation of tax relief to incentivise employers to provide such services. Timely access to physiotherapy has been found to be effective, and the NHS is currently providing effective services, such as that at Sheffield Hospitals NHS Trust. Many larger UK companies, provide this for their staff, for example BT, but overall provision for all employees in the UK remains variable. The House of Commons Health	

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			an individual's ability to work. Access to these services is particularly important as a way to avoid the development of common conditions such as musculoskeletal disorders, which account for 40% sickness absence in the UK as well as mental health disorders, which can be linked to musculoskeletal disorders.	Committee promotes self-referral to physiotherapy in Primary Care.	

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19	SCM3	Access to Occupational Health Services	Access to Occupational Health Services are recommended in NICE guidance	There are differing levels of access to occupational health services in organisations and a lack of awareness of their role and ability to help improve staff health and wellbeing.	See Dame Carol Black's Review, Working for a Healthier Tomorrow, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf and Health at work – an independent review of sickness absence https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf
20	Royal College of Nursing	Additional developmental areas of emergent practice **Access to quality occupational health advice for staff and managers to include health risk assessment and proactive (primary and secondary level) interventions**	Proactive occupational health (OH) advice for organisations big and small can support the implementation of quality workplace health and wellbeing initiatives and support the development of audit and evaluation of such initiatives.	Evidence collected during the Boorman Review noted inconsistencies in OH provision within the NHS and the inability for staff to self-refer to get proactive advice. Anecdotal evidence from speaking to RCN members and other stakeholders suggests that self-referral is still a challenge. Whilst the Fit for Work service provides advice on sickness absence and return to work, there is a gap in the provision of proactive advice on the implementation of primary and secondary interventions to improve health at work.	SEQOHS https://www.seqohs.org/ NHS Health and Wellbeing Review (2009) ' Boorman Review' Dame Carol Black 'Working for a healthier tomorrow' 2009

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21	DWP	Occupational health and vocational rehabilitation services	Improve access, especially for SMEs to good quality work and health advice and improve understanding of the benefits among this group. Increase OH provision, increase numbers of OH physicians, improve the quality of advice, and improve join up with VR		
22	DWP	Join up systems	Need to join up systems i.e. healthcare and employment support; need to improve OH/GP/VR/Employer/Employee interaction and better data sharing		
23	NHS Health at Work Network	Key area for quality improvement 1 Support in the workplace for staff with Musculoskeletal problems	Research has shown benefits of early intervention and treatment for MSK issues linked to work or affecting ability to work	Many NHS Trusts have reduced this support because of cost pressures. Wide Variability in provision of physiotherapy and access to early investigation and treatment of MSK problems for the working population. Lack of early intervention allows psychosocial barriers to recovery and return to work to develop and increases the likelihood of chronicity of the MSK problem	Boorman Review of health at work in the NHS 2009 SEQOHS Accreditation standards FOM 2015 Carol Black, David Frost Review of Sickness Absence 2011
24	JT Healing	Key area for quality improvement 2	Access to complementary healthcare therapies can	I am asked to offer therapies at nhs staff health & wellbeing events.	Julie Tasker 07947 102 645 BSc(Hons) BA (Hons) PGCE

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		Regularly accessing complementary healthcare therapies	potentially raise health awareness prior to a person's health / injury or whatever worsening & offer support & encouragement to improve health & wellbeing including ensuring clients access allopathic medicine.		Complementary Healthcare therapist and tutor.

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25	Leeds West Clinical Commissioning Group	Mindfulness based interventions and acceptance and commitment therapy based interventions for prevention and early intervention in workplace related mental health problems	There is good evidence that mindfulness based interventions and acceptance and commitment therapy based interventions can prevent and intervene early in workplace mental health, through group and 1;1 training, and also through workplace coaching.	Workplace mental health is a national priority for healthcare staff and for occupational health services and employers. Prevention and early intervention are key to successfully improving workplace health. Access to this is currently limited to a small number of innovators and is not yet reaching its potential benefit to the at risk population.	I have a long list of references available on request. F.day@nhs.net I will send our local evaluation separately.
26	Leeds West Clinical Commissioning Group	Workplace based coaching interventions (1;1, group based) for prevention and early intervention of mental health issues are also demonstrated to be effective	There is a growing evidence base of the role of workplace based coaching as an effective intervention for workplace wellbeing and mental illness prevention and early intervention	Workplace mental health is a national priority for healthcare staff and for occupational health services and employers. Prevention and early intervention are key to successfully improving workplace health. Access to this is currently limited to a small number of innovators and is not yet reaching its potential benefit to the at risk population.	References available on request. Also suggest you work with national/ international coaching organisations.
27	The Chartered Society of Physiotherapy	Key area for quality improvement 2 **Employees have access to physiotherapy for advice on preventative physical activity and exercise, and**	Physiotherapists are physical activity specialists and research shows that patients have high levels of trust in the advice they get from physiotherapy staff to support them to lead a healthy lifestyle. Patients who make great progress through intensive physiotherapy as part of their rehabilitation in hospital, for		Commissioning Guidance for Rehabilitation (2016) Source: NHS England https://www.england.nhs.uk/wp-content/uploads/2016/04/rehabilitation-comms-guid-16-17.pdf The House of Commons Health Committee report on Primary Care (2015) Source: House of Commons

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		There is access to specialist physiotherapy advice on exercise prescription, therapeutic exercise and rehabilitation for those with health conditions, via primary care / community services.	example, see their progress reversed owing to long waiting times for, or no access to rehabilitation services in the community. Enabling easy access to specialist multi-disciplinary teams in the community can reduce the revolving door of hospital admissions for older people and those with long-term conditions. People with long-term conditions are often experts in their condition, and know best when they need a clinical intervention. For this growing group one of the biggest frustrations of the current system is that they feel they have to start from beginning each time. This is also an inefficient way to provide health care. It isn't only MSK patients who would benefit from being able to self-refer. Evidence from other physiotherapy services (such as continence): http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works		http://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/408/408.pdf including published written evidence from the Chartered Society of Physiotherapy: http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Health/Primary%20care/written/20060.html CSP evidence to Health Education England's Primary Care Workforce Commission (2015) Source: The Chartered Society of Physiotherapy http://www.csp.org.uk/documents/csp-evidence-submission-health-education-englands-primary-care-workforce-commission

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28	The Chartered Society of Physiotherapy	**Key area for quality improvement 1** **All employees have rapid access to a musculoskeletal physiotherapy service**	Musculoskeletal Disorders (MDSs) are responsible for 40% of sickness absence in the UK; there is also a link between mental health disorders such as stress, anxiety and depression, and MSDs. There is evidence that depression is more likely when an MSD is present. Physiotherapy is clinically and economically effective in reducing sickness absence due to musculoskeletal disorders. Advising on fitness for work is within the scope of practice of physiotherapy practice and physiotherapists take a biopsychosocial, ergonomic approach.	This approach has been found to be effective, and the NHS are currently providing effective services, such as that at Sheffield Hospitals NHS Trust: http://www.nhsemployers.org/~/media/Employers/Publications/Evaluating%20health%20wellbeing%20interventions%20for%20healthcare%20staff%202.pdf and are currently introducing improved access to musculoskeletal physiotherapy services for NHS staff as part of health and wellbeing initiatives: Many larger UK companies, f provide this for their staff, for example BT: http://www.theworkfoundation.com/DownloadPublication/Report/386_Living_long_working_well_Final.pdf and John Lewis: http://www.physiomed.co.uk/case-studies/physio-med-delivers-helps-john-lewis-partnership-save-41-000-working-days but overall provision for all employees in the UK remains variable. Self-referral to physiotherapy for MSDs provides convenient, responsive services, encourages personal responsibility for health-focused behaviour and encourages self-management and is associated	NICE Guidance Workplace Health; management practices (2015, amended 2016) Source: The Boorman Report (2009) Source: The Department of Health Strategy for Health-promoting Hospitals – Barts and the London Source: The Institute of Health Equity http://www.instituteofhealthequity.org/projects/barts-and-the-london-nhs-trust---health-promoting-hospitals-strategy Guidelines on prevention and management of sickness absence (updated 2013) Source: NHS Employers Work and wellbeing in the NHS: why staff health matters to patient care (2015) Source: Royal College of Physicians https://www.evidence.nhs.uk/document?ci=http%3A%2F%2Farms.evidence.nhs.uk%2Fresources%2FQIPP%2F29492&ReturnUrl=%2Fqipp%2Fwhats-

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				with high levels of employee / service user satisfaction: http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works/self-referral The House of Commons Health Committee promotes self-referral to physiotherapy in Primary Care: http://www.publications.parliament.uk/pa/cm201516/cmselect/cmhealth/408/408.pdf Physiotherapy is effective for a wide variety of musculoskeletal conditions, including long term, fluctuating conditions and co-morbidities: http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works It isn't only MSK patients who would benefit from being able to self-refer. Evidence from other physiotherapy services such as those for continence show similar positive outcomes.	new%2Fsearch%3Fam%3D[{%2522srn%2522%3A[%2522%2520qipp%2520%2522]}]%26fs%3Dqippcat.WhatsNew Quality, Innovation, Productivity and Prevention (QIPP) Study Source: NHS Evidence https://www.networks.nhs.uk/news/new-nhs-evidence-qipp-case-study-musculoskeletal-physiotherapy-patient-self-referral http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/physiotherapy-works/self-referral

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		Organisation			
29	SCM3	Workplaces policies to protect and promote mental wellbeing	These are recommended in NICE guidance	Although policies are recommended, there is no standard on what policies should consist of	
30	Royal College of Nursing	Key area for quality improvement 5 **The Health and Safety Executive (HSE)'s management standards and management competencies are fully implemented**	The evidence based standards provide a framework for organisations to address work related stress including the management of change, good relationships at work; autonomy and control, managing demands and management behaviours that can impact on people's health and wellbeing.	Work related stress is noted by the Labour Force Survey and Chartered Institute of Personnel and Development (CIPD) as being one of the biggest causes of occupational ill health across a number of sectors including health. Bullying behaviours are also prevalent and reported on in NHS staff surveys. The HSE's work provides a framework for prevention and management of the causes of work related stress and bullying behaviours.	HSE www.hse.gov.uk/stress DONALDSON-FEILDER, E., LEWIS, R. and YARKER, J. (2009) *Preventing stress: promoting positive manager behaviour.* Research insight. London: Chartered Institute of Personnel and Development. CIPD (2015) Stress in the workplace
31	NHS Employers	Board leadership	There is strong evidence to suggest that having strong leadership in the workplace that encourages and supports a wellbeing programme, can have a huge impact on employee health.	This is variable across organisations within the NHS. Whilst most NHS providers will have a board lead (176 trusts in 2013), only 65% have an overarching health and wellbeing strategy, and only 72% say that health and wellbeing is a regular board agenda item (NICE audit 2013). Where we see successful implementation of health and wellbeing strategies, organisations have strong support from the	Please see The Health and Work Development Unit audit on implementation of NICE guidance (2011 and 2013) https://www.rcplondon.ac.uk/projects/outputs/implementing-nice-public-health-guidance-workplace-2011-round-1 https://www.rcplondon.ac.uk/projects/outputs/implementing-nice-public-health-guidance-workplace-2013-round-2

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				leadership to enable them to deliver this.	Please see our range of case studies of successful health and wellbeing interventions in NHS organisations http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/health-and-wellbeing-resource-library/health-and-wellbeing-case-studies Please also see the NHS England healthy workforce pilot information, which includes details of the offer made to NHS staff, believed to have the biggest impact, on our webpages: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/copy-of-leading-the-way/whats-happening-nationally/nhs-england-healthy-workplaces/the-health-and-wellbeing-offer-to-nhs-staff

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32	Royal College of Nursing	Key area for quality improvement 1 **Health and wellbeing of staff is a core business priority for the top management of the organisation**	In the health sector there is a growing evidence base linking good working environments/ management support with improved patient outcomes. Reporting on health outcomes for staff is important in terms of measuring improvement.	Improved patient outcomes is already a business priority for the health sector but many Boards still fail to see the connection between improved patient outcomes and health and wellbeing of staff.	NHS Health and Wellbeing review (2009) 'Boorman review' CIPD (2016) Growing the health and well-being agenda: from first steps to full potential
33	SCM3	Employee health and wellbeing as a core priority in organisations	Senior Management commitment and leadership to employee health and wellbeing is recommended in NICE guidance	There are differing levels of commitment in different organisations and a lack of understanding as to what "commitment" involves.	See Workplace Wellbeing Charter Standards http://www.wellbeingcharter.org.uk/media/PDF/WWC_Self_Assessment_Standards_A4_Booklet_Liverpool_2_WEB.PDF and CIPD survey report: http://www.wellbeingcharter.org.uk/media/PDF/WWC_Self_Assessment_Standards_A4_Booklet_Liverpool_2_WEB.PDF
34	UNISON	Key area for quality improvement 1 Putting this guidance into practice	This guidance will need to be adopted by all areas of the organisation in order for it to be fully accepted and embedded	In order for staff to feel included in the process and to accept and adapt to this change, employees and employees representatives should be included in this process.	
35	UNISON	Key area for quality improvement 3 Develop an action plan	Again – in order for the action plan to cover all relevant areas, it will need to be adopted by all areas of the organisation and cover all relevant sections	Consultation with employees and employee's representatives should be included in this process in order to ensure all areas / sections are taken into consideration and achievable in line with normal service delivery.	
36	Wakefield	Integration of workplace	There is good evidence to show	Review of workplace health	Please see:

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	Council	health promotion into the regular management practices and policies; and the culture of the workplace.	that workplace health promotion interventions are more effective when embedded into the regular management practices and policies; and the culture of the workplace.	interventions carried out by Wakefield Council found external services not integrated to daily activities of host organisation were generally less effective.	"Conditions for Successful Workplace Health Promotion Initiatives" The Health Communication Unit at the Centre for Health Promotion University of Toronto, 2003; http://www.thcu.ca/Workplace/documents/ConditionsForSuccessWrittenApril02FormatAug03.doc "Health-promoting Workplaces—International Settings Development," Chu Et. al., School Of Public Health, Griffiths University, Queensland, Australia; http://www.bvsde.paho.org/bvsacd/cd26/promocion/v15n2/155.pdf "Workplace interventions: alcohol and diet" – HDA Briefing No. 19, June 2004; http://www.nice.org.uk/nicemedia/documents/CHB19-alcohol_diet-14-7.pdf "Characteristics of Successful Healthy Workplace Interventions" (2013) Wakefield Council Health Improvement Team, healthimprovement@wakefield.gov.uk

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37	Wakefield Council	Proportionate universalism	There is evidence to suggest interventions are more successful when they recognise workplace health is a complex issue affected by multiple interconnected factors which differs according to the specific needs of each individual workplace.	Research by Centre for Health Promotion University of Toronto, 2003 indicates effective workplace health interventions recognise a person's health is determined by multiple interdependent factors and addresses multiple of health determinants with a range of targeted approaches (e.g. smoking, physical activity, healthy eating, mental well-being, Health & Safety, Alcohol use, etc.)	Please see: "Conditions for Successful Workplace Health Promotion Initiatives" The Health Communication Unit at the Centre for Health Promotion University of Toronto, 2003; http://www.thcu.ca/Workplace/documents/ConditionsForSuccessWrittenApril02FormatAug03.doc "Comprehensive Workplace Health Promotion"; http://www.healthunit.org/workplace/comprehensive.html "Characteristics of Successful Healthy Workplace Interventions" (2013) Wakefield Council Health Improvement Team, healthimprovement@wakefield.gov.uk
38	Wakefield Council	Ongoing development	There is evidence to suggest the promotion of workplace health is a long term commitment requiring continuous development of staff health and wellbeing.	The Leeds, Grenville and Lanark District Health Unit (LGLDHU) – Canada suggest effective workplace health promotion initiatives: A) Are continually marketed employees B) Make a long term commitment to deliver promote workplace health over a period several years	Please see: "Comprehensive Workplace Health Promotion"; http://www.healthunit.org/workplace/comprehensive.html "Characteristics of Successful Healthy Workplace Interventions" (2013) Wakefield Council Health Improvement Team, healthimprovement@wakefield.gov.uk
39	DWP	Employer attitudes and	Improve practice on the ground -		

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		behaviours	especially for SME's. E.g. employers fail to make reasonable adjustments; insufficient emphasis on employer skills and knowledge in relation to how long patients should be off work; how to bridge the gap between what health service needs to do and what it means for the employer.		

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40	Fit for Work UK Coalition	**Line Manager training**	Line managers play a critical role within an organisation as they can have a large influence on employee attitudes and behaviours in the way they translate people management policies into practices. Furthermore, they can be vital in making the difference between low performing and high performing organisations. A good employee / line manager relationship can improve employees' wellbeing at work, enhance productivity and enhance employee engagement. As the workplace continues to evolve, there is increasing pressure on line managers to deliver business objectives as well as support the wellbeing of employees. The provision of support and training helps line managers manage these responsibilities effectively. Poor employee management risks reducing an employee's confidence in discussing	A Department for Work and Pensions report (2011) *Health, Work and Wellbeing: Attitudes of GPs, line managers and the general public* found that changes in the workplace, particularly on the part of line managers and supervisors, can make a big difference to the wellbeing of staff. The NICE *Workplace health: management practices guidance* (2015) emphasises that health and wellbeing policies are included in any induction, training and development programmes for new staff. However, the opportunity for training should be provided to all staff. A 2012 report from the Department for Business Innovation and Skills, *Leadership & management in the UK - the key to sustainable growth*, noted that 43% of respondents thought their line manager was ineffective/ highly ineffective. Everyone (including the employee) should have a role in looking after their own health and wellbeing. Line managers need to be trained to recognise when their employees may be struggling by for example, looking at sickness absence triggers.	

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			potential health-related issues and thus limiting an employer's ability to act upon them. This could lead to the worsening of a condition and consequently to a lack of productivity.		

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41	NHS Employers	Line manager training	Having a supportive manager can have a large impact on an employee's health and engagement. Leaders help to shape attitudes, feelings and behaviours around them.	Across the NHS, there are several different leadership training courses, with varying degrees of robust evaluation. Line managers can have a significant impact on employees' health, and therefore should be a key area of improvement. The quality of line manager training varies significantly across the NHS.	Please see our report on the impact of line manager training: http://www.nhsemployers.org/~/media/Employers/Documents/Retain%20and%20improve/SBT_NHSE_EVALUATION_REPORT_FINAL.pdf The NICE guidance on management styles highlights the importance of line managers: https://www.nice.org.uk/guidance/ng13 Please also see the NHS England healthy workforce pilot information, which includes details of the offer made to NHS staff, believed to have the biggest impact, on our webpages: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/copy-of-leading-the-way/whats-happening-nationally/nhs-england-healthy-workplaces/the-health-and-wellbeing-offer-to-nhs-staff
42	SCM3	Line manager training in protecting and improving the health and wellbeing of employees	This is recommended in NICE guidance	Differing levels and types of training (if any) are being carried out	

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43	Royal College of Nursing	Key area for quality improvement 2 **Managers have positive leadership traits associated with improved employee health and wellbeing**	Dame Carol Black's report on the health of Britain's working age population made the link between good line management and good health, wellbeing and improved performance. The Boorman Review into the Health and Wellbeing of the NHS Workforce reinforced this view.	Conversely, there is a significant amount of research evidence that shows that poor management and lack of leadership skills is associated with lowered employee wellbeing and higher risk of stress-related health problems. This needs to be addressed.	DONALDSON-FEILDER, E., LEWIS, R. and YARKER, J. (2009) *Preventing stress: promoting positive manager behaviour.* Research insight. London: Chartered Institute of Personnel and Development. Dame Carol Black 2008 'Working for a healthier tomorrow' CIPD (2012) The importance of line managers; wellbeing and performance
44	Royal College of Nursing	Key area for quality improvement 3 **Managers are provided with learning and development opportunities which give them the skills and knowledge to support employee health and wellbeing**	Managers need the skills to support employee health and wellbeing and understand the importance of their role in supporting and promoting healthy workplaces	Employees are often promoted to positions because they are good at their job and not for their people management skills. A standard encouraging organisations to actively support the learning and development of managers in this area is important.	CIPD (2012) The Importance of line managers :well-being and performance ACAS 2012 The future of health and wellbeing in the workplace
45	NHS Employers	Additional developmental areas of emergent practice	The most important additional area for development would be staff engagement. If staff are not involved in the delivery and interventions, the quality standards will not have an impact on staff wellbeing. The evidence for the above		

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			interventions and the existing NICE guidance is very strong. It is not, however, applied uniformly across the NHS.		

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46	SCM3	Workplace policies promoting staff engagement and participation	This is recommended in NICE guidance	Staff engagement and participation is consistently shown to be factors in improving staff wellbeing	See Workplace Charter and PHE, Workplace interventions to improve health and wellbeing www.instituteofhealthequity.org/projects/increasing-employment-opportunities-and-improving-workplace-health/briefing-5a-workplace-interventions-to-improve-health-and-wellbeing
47	Royal College of Nursing	Key area for quality improvement 4 **Staff and their representatives are involved in decision making around matters that may impact on their health and wellbeing**	Good workplace engagement (including consultation) with staff can lead to improved health and wellbeing. Similarly, good organisational health and wellbeing initiatives and policies can lead to improved engagement.	Despite a strong evidence base on the benefits, engagement and consultation is patchy across the health sector.	West and Dawson (2012) Employee Engagement and NHS Performance http://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf CIPD (2016) Growing the health and well-being agenda: from first steps to full potential
48	Wakefield Council	Involvement and Participation	Evidence suggests that at every phase an effective workplace health intervention aims to encourage the involvement and participation of all staff within that workplace (regardless of their role, position, seniority), and where appropriate their families and the wider community.	Research by Chu Et. al (2000) suggests: a) Staff at a variety of levels, roles and departments (e.g. not just HR managers) are involved in the planning and implementation of all phases of the initiative b) Participation is voluntary c) Employees families and the wider community (e.g. neighbours, suppliers, partners, customers) are involved where possible and appropriate	Please see: "Health-promoting Workplaces—International Settings Development," Chu Et. al., School Of Public Health, Griffiths University, Queensland, Australia; http://www.bvsde.paho.org/bvsacd/cd26/promocion/v15n2/155.pdf "Characteristics of Successful Healthy Workplace Interventions" (2013) Wakefield Council Health Improvement Team,

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		Measuring impact			
49	Fit for Work UK Coalition	**Regularly measuring the impact of wellbeing initiatives / workplace adaptations**	Evidence shows that work is good for people's physical and mental health. However, the benefits that work brings to people do depend on working conditions. Poor quality leadership, bad line management and lack of control over the work have all been proved to have a detrimental effect on employees' wellbeing and, in turn, productivity. Without regular measurement, monitoring and evaluation of employee wellbeing and initiatives, an employer is unable to determine the full picture of how any adjustments and initiatives are not only benefitting employees but also the business' bottom line.	Measuring the impact of wellbeing initiatives is a crucial element of building a case for future investment by the board or leadership team of an organisation. The Chartered Institute of Personnel and Development 2015 *Absence Management survey* found that just one in seven (14%) of organisations that invest in employee wellbeing evaluate the impact of their spend. This proportion needs to rise if Human Resources and other stakeholders want to build a strong business case to convince senior leaders of the need for future investment in employee wellbeing. Evaluation methods should capture the effect participation has had on employees as well as short and long term aims of the programme. According to the NICE *Workplace health: management practices guidance* (2015) employers should regularly monitor and evaluate the effect of new activities, policies, organisational change or recommendations on employee health and wellbeing and identify and address any gaps.	

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50	UNISON	Key area for quality improvement 4 11.1 Monitoring and evaluation	Monitoring and evaluation is key to extracting good practice, reviewing findings and to implement future plans	Consultation with employees and employee's representatives should be included in this process in order to ensure all issues are considered in the review	
		Positive health behaviour			
51	Fit for Work UK Coalition	**Positive health behaviour**	There is a need for employers to encourage employees to engage in positive mental and physical health behaviour. As stated by the Faculty of Public Health and the Faculty of Occupational Medicine, healthy eating, no smoking and a reduction in alcohol intake have been proven to lead to a reduction in sickness absence and a reduced burden on primary care. A physically active workforce reports less illness and recovers more quickly from the illnesses they do develop. Positive mental health behaviour is equally important. Practicing meditation, such as through mindfulness techniques, helps employees' mental wellbeing and reduces the likelihood of developing depression, which is	According to the Business in the Community report, *Embedding employee wellness and engagement into corporate culture* (2011), many organisations are unable to develop sustainable, impactful wellbeing programmes that deliver improvements. The workplace is a good, albeit under-utilised, arena for the delivery of public health messages and interventions as stated in the Work Foundation's 2014 report *The way forward: Policy options for improving workforce health in the UK*. A report by the Work Foundation, *Investing in a workforce fit for the future* published in 2015 shows that employees in good health can be three times more productive. NICE guidelines, *Physical activity in the workplace* (2008), recognises that	

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			currently one of the major factors in employees' work absence. This in turn minimises the steep economic cost that depression brings in lost productivity, lost earnings and benefit dependence. Furthermore, physical inactivity, an unbalanced diet, poor mental health and an unhealthy lifestyle (as well as sometimes socio-economic elements) have been linked to an increase in a range of health conditions including type 2 diabetes, obesity and osteoporosis. Finally, positive health behaviour is important as a way to support the ageing British working population.	keeping employees active would prevent the diseases associated with a lack of physical activity and that "efforts made in the workplace, alongside wider strategies to increase physical activity levels, could help improve people's health significantly." The Mindfulness All-Party Parliamentary Group report *Mindful Nation UK* states that in the next decade the cost of depression is expected rise to £9.19 billion a year in lost earnings alone, with an additional £2.96 billion in annual service costs. The report recommends the encouragement of Mindfulness-Based Interventions (MBIs), which have been shown to improve health outcomes in a wide range of clinical and non-clinical populations and to reduce relapse rates amongst patients who have had multiple episodes of depression	

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52	Kent County Council	Key area for quality improvement 3	Nutrition		
53	Let's Get Cooking at Work	Key area for quality improvement 1 Creation of the conditions which support staff to eat healthily at work. Use of the workplace as a conduit to improve awareness of the importance of healthy eating, and to spread healthy cooking skills	Eating a healthy, balanced diet is an important part of maintaining good health, which enables optimum performance at work. Yet the National Diet and Nutrition Survey highlights that 70% of adults aged 19-64 are not eating enough fruit and vegetables, and most people are still eating too much saturated fat, added sugar and salt and not enough dietary fibre. Well over half of all adults are overweight or obese, running the risk of suffering effects such as high blood pressure and cholesterol, or the development of Type 2 diabetes. With many adults spending large amounts of their time in the workplace, employers can play a big part in helping staff to eat well by aligning their infrastructure, workplace culture and staff training to support healthy eating.	Each year around 140 – 150 million working days are lost due to sickness absence (PHE, 2012). Sickness absence costs are estimated to cost businesses in the UK nearly £29bn a year (PwC, 2013). Staff who eat healthily are less likely to suffer from ill health, have fewer sick days and are more productive, efficient and alert at work (CIPD, 2007). According to the British Heart Foundation, "Diet can affect work performance... Without regular well-balanced meals or enough water, employees may suffer from headaches, feel sluggish or have difficulty concentrating." Evaluation of Let's Get Cooking at Work has found that workplace-based training on the dissemination of healthier cooking skills with staff has helped staff to eat more healthily, feel more energetic and to lose weight. Staff also report benefits for their mental health: feeling more confident to work with different colleagues, improved team dynamics and relationships between staff at all levels.	
54	NHS Employers	Healthy food provision	The NICE guidance (2006) states that "NHS organisations	Only 28% of NHS organisations in the NICE audit (2013) have an obesity	Please see our infographic on obesity in the NHS:

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			should set an example in developing health policies to prevent and manage obesity." Currently NHS organisations do not provide many healthy food options, and they are generally more expensive.	plan. 38% of organisations do not offer healthy food options to staff working in the evenings or overnight.	http://www.nhsemployers.org/case-studies-and-resources/2015/01/obesity-and-the-impact-on-the-nhs-infographic Please see the PHE reports on sugar reduction and healthier catering: https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults Please also see the NHS England healthy workforce pilot information, which includes details of the offer made to NHS staff, believed to have the biggest impact, on our webpages: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/copy-of-leading-the-way/whats-happening-nationally/nhs-england-healthy-workplaces/the-health-and-wellbeing-offer-to-nhs-staff

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55	SCM3	Tackling obesity through workplace healthy eating and physical activity policies and practices	This is recommended in NICE guidance Workplace Health, Obesity prevention and Physical Activity in the Workplace. Reducing obesity and increasing physical activity are Public Health Outcome indicators.	There is little guidance on how employers can promote healthy eating at work, consequently standards of provision differ across workplaces, particularly for shift workers. Similarly, standards relating to the promotion of physical activity may cause employers to introduce policies related to increasing physical activity.	
56	Kent County Council	Key area for quality improvement 2	Physical Activity		
57	NHS Employers	Implementing interventions that promote physical activity or a more active workplace	The NICE guidance (2006) states that "NHS organisations should set an example in developing health policies to prevent and manage obesity." Evidence shows the positive effect exercise can have in managing and reducing stress and improving wellbeing.	Only 44% of the organisations who took part in the 2013 NICE audit have a physical activity plan for their staff.	Please see our infographic on the importance of physical activity: http://www.nhsemployers.org/case-studies-and-resources/2015/01/the-importance-of-physical-activity-for-the-nhs-workforce Please see our case studies on NHS organisations who have implemented physical activity plans: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/health-and-wellbeing-resource-library/health-and-wellbeing-case-studies Please also see the NHS England healthy workforce pilot information, which includes details of the offer made to NHS staff,

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					believed to have the biggest impact, on our webpages: http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/copy-of-leading-the-way/whats-happening-nationally/nhs-england-healthy-workplaces/the-health-and-wellbeing-offer-to-nhs-staff

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58	SCM1		Healthy workplaces (assuming all Health and Safety legislation etc is already in place)	This has variety of elements: Facilitating healthy lifestyle choices: Encouraging exercise, healthy eating, smoking prevention, cycling, car shares etc Promoting social space within the workplace: for breaks and social support Supportive and facilitative management and accommodating needs of ageing workforce	Variety of NICE guidance including 82, 84 and new combined one on ageing workforce and guidance for managers to support healthy in work
		Adjustments			
59	Fit for Work UK Coalition	**Reasonable adjustments in the workplace**	There is evidence that reasonable adjustments and adaptations in the workplace can improve the wellbeing of employees, help to manage long-term health conditions and support employees to remain or return to work. Making adjustments in the workplace environment as well as physical space may enable employees to carry out tasks to a higher standard. These include flexible work practices, working from home, use of remote technology as well as project / target adjustments. A more flexible working culture, when present, can reduce the levels of absence, sickness and	Benefits of ergonomic adjustments to work stations have been recommended by charities such as Arthritis Research UK and Arthritis Care, as a way to reduce the exacerbation of existing musculo skeletal conditions and minimise discomfort in the work place. There are currently gaps in the number of employers making appropriate adjustments for employees. A National Rheumatoid Arthritis Society survey in the UK, for instance, found that almost one fifth of respondents found their employers 'unhelpful' or 'very unhelpful' in making adjustments for people with musculoskeletal conditions. These figures were published in the 2015 report *When an employee has*	

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			stress and improves employees' health, as found in the CIPD *Flexible working provision and uptake* survey (2012). In many cases, workplace adjustments are brought to the employers' attention when someone has disclosed a long-term condition, or if they need to return from sickness absence. However, assessing an employee's workstation for adjustments via Display Screen Equipment (DSE) assessments or more complex ergonomic workplace assessments carried out by competent healthcare professionals, can help prevent musculoskeletal conditions and may enable employees to carry out tasks more efficiently. They can also enable employers to provide reasonable adjustments as required by the Equality Act 2010.	*rheumatoid arthritis.* Although the Equality Act (2010) outlines an employer's duty to make reasonable adjustments for people with disabilities or those whose conditions have a substantive long-term impact on their health, it may be beneficial to support, and make preventative adjustments, for those who have been newly diagnosed with a condition to prevent it worsening. Better preventative measures would also ensure that healthy individuals who may be at risk of developing long-term conditions are supported. The NICE accredited baseline indicators in the 2013 *Department for Work and Pensions Health, work and wellbeing indicators: baseline data* show that 67% of employers took no measures to help keep employees with health problems in work. Proactive and visible commitment to health and safety and its role in improving the health and wellbeing of employees is recommended within the NICE *Workplace health: management practices guidance* report.	

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60	NHS Health at Work Network	Key area for quality improvement 3 Adjustments in the workplace to facilitate return to work after absences > 4 weeks	Adjustments at work can allow a much earlier return than might otherwise be the case	Many organisations continue to maintain a Fully fit vs Not Fit approach to return after sickness absence. This can delay return and sometimes reduce the chances of any successful return. Prolonged absence is associated with a loss of confidence and of work skills which can act as barriers to resuming work despite clinical recovery.	Black/ Frost Review of Sickness Absence 2011
61	Kent County Council	Key area for quality improvement 4	COPD		
62	Kent County Council	Key area for quality improvement 5	Circulatory		
63	NHS Employers	Support for musculo-skeletal disorders and mental health	See comment no. 4 above (under prevention)		
64	The Migraine Trust	Support for employees with fluctuating and episodic long-term conditions e.g. headache/migraine	Primary headache disorders are among the most common disorders of the nervous system and can be the cause of significant and long-term disability. They are most prevalent amongst people of working age. Over 70% of the population experience tension-type headache and 1 in 7 people suffer from migraine (WHO) Migraine is the second highest reason for short-term sickness	Migraine attacks typically last from 4 to 72 hours and therefore sufferers are more likely to have short-term, often frequent, absences not picked up by sickness monitoring support. Pre/post an attack sufferers may appear 'well' to colleagues and managers which can prevent support and adjustments being put in place. Significant stigma about the condition also contributes to the difficulties employees face in receiving support in the workplace.	CBI, Pfizer. Healthy Returns. Absence and Workplace Health Survey 2011 http://www.cbi.org.uk/media/955604/2011.05-healthy_returns_-_absence_and_workplace_health_survey_2011.pdf https://www.migrainetrust.org/about-migraine/migraine-what-is-it/facts-figures/

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			absence amongst non manual employees according to the CBI workplace health survey.	Presenteeism amongst migraine is high due to the significant stigma and misunderstanding of the 'hidden' condition. Presenteeism due to migraine is likely to double the cost to employers of absenteeism (Steiner 2010) Measures to address stigma, understanding and flexible workplace policies for people with fluctuating and episodic conditions who are more likely to take short-term sickness absence (1-2 days) are needed.	

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65	SCM2	**Workplace mental health interventions**	NB Not sure ei fthis has been covered elsewhere/by others so flagging for completeness	Mental Health is one of the two commonest health conditions reported as a source of ill health and therefore a necessary focus for workplace health improvement Conversely whilst return to work is consistently recognised as a part of recovery workplace culture issues including role of line manager also consistently reported as a cause of mental health issue therefore suggest bringing together individual and organisational interventions in workplaces	DWP Fit For Work Pilots As part of my national work I work with a consortium of national Mental health organisations, spanning research organisations and specialist providers with whom I have not had time to speak So they may already have flagged this. If not it would need some more work to frame this element which I am happy to do in consultation with colleagues
66	SCM1		Enabling staff with chronic conditions to manage them effectively and retain work (includes physical and mental ill health and disabilities)	Supporting leave to access healthcare for chronic conditions (therapy appointments etc)	New NICE guidance being written in PHAC
		Additional areas			
67	British Thoracic Society	Key area for quality improvement 1	Smoking cessation advice to employee	We propose measurement of smoking status of employees annually and central reporting of the percentages, as part of quality standard, to ensure organisations know what percentage of their workforce currently smoke and can then target support regularly that group. Employees should be offered free and full range of pharmacotherapy (along	This is part of the NICE recommendation QS82. In terms of smoke free grounds there is evidence that smoke free grounds reduce the number of cigarettes smoked (and increase quit rates in some studies). Signage should be at all entry points to hospital grounds and provided in multi-lingual writing to all patients on or prior to

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				with behavioural counselling) to help them quit. This should be within working hours, and include free provision of the whole range of formulary nicotine replacement products including Varenicline. It should also be provided in a way that offers confidentiality to staff.	admission. Adherence to smoke free policies should be written into contracts for all NHS employers and subcontractors, including eg. builders. We recognise that this would involve occupational health departments in gathering that information each year.

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68	JT Healing	Key area for quality improvement 1 Linking with the work of BioBank including their evidence from Healthy work questionnaire of their many participants including myself	There potentially is a valuable resource for NICE to access if possible.	BioBank has been researching via their participants for a few years on a large scale study.	http://www.ukbiobank.ac.uk/
69	Oral Health Foundation (previously British Dental Health Foundation)	**Sickness and absence from the workplace due to oral health issues**	There is evidence to suggest that the population takes a considerable amount of time off work every year due dental problems while more are taking time off work to look after a child suffering with their oral health. We also have many taking time off work to fulfil dental appointments. There is also evidence to suggest that employers are poor at providing employees with information about the importance of maintaining good oral health.	If workplaces placed as much of an importance on the dental wellbeing of their employees as they do on their general health, unforeseen absenteeism in the workplace could be reduced. There is a significant number of people who are forced to miss work each year unnecessarily due to largely avoidable and preventable oral health problems. What many employers won't realise is that poor oral health is increasingly being linked to other more serious medical conditions such as diabetes, strokes and heart problems. Time and money are clearly barriers to improving oral hygiene but it is important that more employers take another look at their occupational health and general welfare policies and give a greater priority to oral	Oral Health Foundation: Employee Oral Health Research (2012). - More than two million people in the UK might have taken a sick-day off work in the past five years due to toothache. - An estimated 415,000 employees took time off work in 2012 due to oral health problems. - One in 20 has taken a day off work to take their child to the dentist. - The UK economy loses an estimated £36 million per year owing to poor oral health (based on days off due to oral health and the cost of a day's absence in the Absence Management Report).

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				health. By introducing dental health into occupational health policies, employers can not only increase the productivity and performance of their workers, but it can vitally help to reduce absence related costs too. Educating employees on what to look out for can help to prevent problems and reduce time off work.	- Less than one in ten (7%) of employees receive dental health information from their employer.

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70	SCM2	**Evaluation of impact of workplace health programmes on healthy behaviours**	As approximately 70% of the working age population is in work and we have an ageing workforce there is an increasing need to support effective workplace health interventions but there is little consistency in evaluating the impact of such programmes on reported health behaviours which makes it difficult for employers particularly SMEs to identify or adopt best practice	Lack of consistent coherent evaluation standards tools and methods for workplace Health which supports consistent delivery /access and evaluation and covers both organisational impact/measures inc. ROI and staff engagement and also impact on healthy behaviours across key priority health areas	See above and recommendations for research in NG13
71	SCM2	**Evaluation of impact of developing organisational structures/culture measures which impact on creating a healthy workplace/organisation**	Approximately 70% of working age adults are in work and therefore the workplace is a key setting to improve their health. NICE guidance 13 recommended certain actions to create a healthy workplace culture.	NG 13 identifies workplace culture as a key element in workplace health but the quaity and level of understanding and support for organisations to understand and act on it is limited. There is good evidence of what elements are needed to constitute good work but many workplace programmes focus only on individual behaviour change. There is considerable quality variation in the advice and support for organisations in this aspect of promoting good work and in its evaluation, where this happens which would build the evidence base and expand good practice .	NG13, In presenting NG13 to employers as a resoiurce Work Foundation report on the fifth paper from the Health at Work Policy Unit suggests that there is a clear need for SMEs to support the health and wellbeing of their staff more consistently, and that there is a strong business, human and economic case for them doing so. The report identified a number of gaps in current provision and make a series of recommendations aimed at addressing these. These are grouped under three key themes: 1.Taking a strategic approach to SME employee health and

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					wellbeing 2.Developing and delivering SME-appropriate training, resources and support 3.Improving SME access to advice and support **NG13 expert testimony and references** https://www.nice.org.uk/guidance/ng13/evidence/evidence-paper-4-maria-karanikamurray-nottingham-trent-university-75822448

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72	SCM1		Preventing prolonged absence and facilitating supported return to work	Management support and assessment Liaison with Fit for Work Service and Occupational Health, GPs and enabling workplace and job modifications to facilitate RTW	NICE guidance on preventing prolonged absence and facilitating RTW Mental Health and Work
73	DWP	The evidence base	Improve the evidence base and ensure data is captured on work outcomes in relation to treatment - what treatments work and what don't in terms of helping people stay in or get back to work. EG CBT – more needs to be done to measure the effectiveness in terms of return to work (standard CBT may not improve vocational outcomes and there may be a need to incorporate a vocational element).		
74	DWP	Training of clinicians / GP and primary care certification	Need to upskill professionals (clinicians and those working in employment support) in a greater understanding of the importance of the link between work and health and work as a health outcome. Need to improve primary care certification to ensure that it complies with best practice and is evidence based. EG GPs rarely complete "may be FFW" even when this is most clinically appropriate.		

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75	DWP	Improvements to treatment access	Reduce delays in treatment and capture work as an outcome		
76	DWP	International systems	International systems - review examples of different systems and schemes that have been successful in preventing individuals falling out of work / facilitating a return		
		Additional comments			
77	Kent County Council	Additional developmental areas of emergent practice			16.2 Feel some caution regarding screening, other than evidence based screening programmes, with clear pathways.
78	UNISON	Key area for quality improvement 2 Think about what data you need to measure improvement? "work with other health and social care organisations and specialist groups"	Why is there a specification for Health and social care?	Data will need to be collected in line with "all organisations" or "similar organisations for benchmarking.	
79	SCM2	Additional developmental areas of emergent practice	Work of the joint DH and DWP work and health Unit and white /green paper Workplace health programmes and people with LTC disabilities		
80	SCM2	Additional evidence sources for consideration	Publications by The Work Foundation (Lancaster University)on a range of work and health issues including -		

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			Healthy, working economies: Improving the health and wellbeing of the working age population locally The third white paper of the Health at Work Policy Unit. Shreeve ,V et al April 2015 **Fluctuating conditions, fluctuating support: Improving organisational resilience to fluctuating conditions in the workforce** The second white paper of the Health at Work Policy Unit. Steadman,K et al january 2015 **This Won't Hurt a Bit: Supporting small business to be healthy, wealthy and wise** Libby McEnhill and Karen Steadman.24 November 2015 Maria Karanika Murray- NG13 expert testimony and references https://www.nice.org.uk/guidance/ng13/evidence/evidence-paper-4-maria-karanikamurray-nottingham-trent-university-75822448 **DWP Employer attitudes to fuller working lives** Ref: ISBN 978-1-78425-483-4 PDF, 745KB, 36 pages Joint Work and Health Unit		

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81	DWP	Evidence			Concepts of rehabilitation: management of common health problems https://www.gov.uk/government/publications/concepts-of-rehabilitation-management-of-common-health-problems Is work good for your health and well-being? An independent review https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being Vocational rehabilitation: scientific evidence review https://www.gov.uk/government/publications/vocational-rehabilitation-scientific-evidence-review What works at work? http://www.employment-studies.co.uk/system/files/resources/files/whwe1107.pdf https://www.researchonline.org.uk/sds/search/download.do%3bjsessionid=94B6C3D694F36E2A0155216BF3B6CC31?ref=Y4615

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					Building capacity for work: A UK framework for vocational rehabilitation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228818/7742.pdf

Working our way to better mental health: a framework for action https://www.gov.uk/government/publications/working-our-way-to-better-mental-health-a-framework-for-action

Mental health and work https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf

Models of sickness and disability http://www.webility.md/praxis/downloads/Models-of-Sickness-Disability-Waddell-and-Aylward-2010-2.pdf

Working for a healthier tomorrow https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working- |

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					for-a-healthier-tomorrow.pdf Health at work – an independent review of sickness absence in Great Britain https://www.gov.uk/government/publications/review-of-the-sickness-absence-system-in-great-britain The case for presenteeism — Evidence from Norway's sickness insurance program http://www.sv.uio.no/esop/english/research/publications/articles/2012/markussen-roed-thecase.pdf Can Compulsory Dialogues Nudge Sick-Listed Workers Back to Work? Markussen et al_2015_compul... Impacts of the Job Retention and Rehabilitation Pilot http://php.york.ac.uk/inst/spru/research/summs/jobret.php

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					jrrp summary.pdf Vocational rehabilitation Successful outcomes following Neurorehabilitation in Military Traumatic Brain Injury patients in the UK. Dharm-Datta S, Gough M, Mc Gilloway E, Etherington J Accepted for publication 02 Feb 2015 in the Journal of Trauma and Acute Care Surgery Vocational Rehabilitation in a UK Military population following Traumatic Brain Injury: Process and Outcomes. James Mitchell, Elizabeth Olivier, Jennifer Duncan-Anderson, Emer Mc Gilloway, John Etherington Accepted for publication March 2015 by Journal of the Royal Army Medical Corps BSRM (2010). Vocational assessment and rehabilitation for people with long-term neurological conditions: Recommendations for best practice. (Eds. Neumann V, Meehan M & Tyerman A). London: British Society of Rehabilitation Medicine.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
					Tyerman A, Tyerman R & Viney P (2008). Vocational rehabilitation programmes. In A Tyerman & NS. King. (eds.). Psychological approaches to rehabilitation after traumatic brain injury. Oxford: BPS Blackwell.
		No substantive comments			
82	NHS England		Thank you for the opportunity to comment on the above QS. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.		