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Workplace policy and management practices to improve the health of employees - Consultation on Draft Scope
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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Alcohol Concern	4.2 d)	6	Possible addition of bullet point: 'change management'. This would cover changes in company structure, relocation, downsizing, legislation etc, which may impact on employee wellbeing.	Thank you for this suggestion. The scope has been amended accordingly with 'managing change' added. .
Alcohol Health Network	General		The Alcohol Health Network (AHN) is a UK-based social enterprise, set up in 2012, which aims to support employers and employees to promote safer drinking and reduce alcohol harm across workforces. We use evidence-based approaches recommended by the National Institute for Health and Clinical Excellence (NICE) to reduce alcohol harm via workplaces and improve staff health, wellbeing and productivity.	Noted, thank you.
Alcohol Health Network	3 / General	3	AHN recognises that up to 25% of staff in large workforces may be drinking in a way which puts their health at risk and that 40% of workplace accidents involve alcohol (ILO 2005). It is our belief that any NICE guidance for line managers needs to include recommendations on how to support staff whose drinking may put their health at risk.	Thank you for your feedback. We acknowledge the importance and health risks that alcohol misuse has for the workplace, this guidance will support healthy workplaces by addressing issues such as organisational context, workplace policy and management practices.
Alcohol Health Network	3 / General	3	According to a study in Finland, alcohol consumption measured by drinks per week was positively associated with the number of sickness absence days for both men and women (Johanssen 2009). Across the EU, alcohol-related productivity losses of €59Bn account for nearly half of all the social cost of alcohol in Europe.	Noted, thank you. Please see comment above.
Alcohol Health Network	3 / General	3	The workplace is an ideal setting for alcohol and other health prevention and	Noted, thank you. Please

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			interventions as most adults are employed and spend a lot of time there and employers have good reasons to motivate participation (Webb 2009)	see comment above.
Alcohol Health Network	3 / General	3	Using standardised alcohol self-assessment and providing brief advice through use of the AUDIT tool has been evidenced as highly effective and cost-efficient by NICE as well as the World Health Organisation.	Noted, thank you. Please see comment above.
Alcohol Health Network	3 / General	3	Significant barriers exist to address alcohol issues in the workplace – staff drinking at increasing risk levels may be unaware of the health risks, companies may not offer opportunities to assess drinking levels and staff may under-report alcohol use in face-to-face interventions at work for fear their employment may be affected (Del Boca 2003).	Noted, thank you. Please see comment above.
Alcohol Health Network	3 / General	3	A UK study of workplace health found 92% of staff were happy to be asked about their health, including questions on drinking as part of a survey from their Occupational Health team (Watson 2009).	Noted, thank you. Please see comment above.
Alcohol Health Network	4.2.1	6	AHN believes that validated self-help approaches (such as online self-completed IBAs) should be included in the Guidance. Online alcohol interventions in the workplace offer advantages of anonymity, privacy and scalability over face-to-face interventions. A further advantage is ongoing open access to online interventions (Murray et al 2013).	Noted, thank you. Please see comment above.
Alcohol Health Network			In one US workplace study of young workers using online IBA, this intervention was found to reduce drink rates by 30% and to be more effective than assessment only (Doumas 2008)	Noted, thank you. Please see comment above.
Alcohol Health Network	4.3 Economic Outcomes	7	In a study by Watson (2009), health service utilisation and health costs decreased following an IBA intervention in the workplace – suggesting that the wider economy benefits following IBA for staff, in addition to the organisation concerned.	Thank you. The scope has been amended and now reads: 'The analysis will be conducted from an NHS perspective, a public sector

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				perspective, an employer perspective and a societal perspective'.
Alcohol Health Network	4.3 Economic Outcomes	7	US research has shown that over a four-year period, for every £1 spent on implementing systems to screen staff with the AUDIT tool, provide brief interventions and refer on to specialist treatment where needed, companies save £4 in sickness absence costs, absenteeism, 'presenteeism' and recruitment (Quanbeck 2010).	Noted, thank you.
Association of Occupational Health Nurse Educators		1	Good range of policy documents. Also suggest DWP (2013) Fitness for work: the government response to "Health at work-an independent review of sickness absence	Thank you for this reference. The scope has been amended to be clearer that this guidance will not be looking at the effectiveness of specific interventions to manage sickness absence and the return to work of those who have been on long-term sick leave. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
Association of Occupational Health Nurse Educators	e	4	Include CIPD (2009) preventing stress promoting positive manager behaviour and June 2010 Manager support for return to work following long term sickness absence. Guidance. Follows on from Yarker document identified. Cunningham I, James P, Dibben P (2004) Bridging the gap between rhetoric and reality: Line Managers and the Protection of job security for ill workers in	Thank you. The CIPD paper (2009) has been added to the scope.

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			the modern work-place; *British Journal of Management* Vol 15, 273	
Association of Occupational Health Nurse Educators	f	5	Include more positive training aspects such as signposting to wellbeing strategies	Thank you. The guidance has been amended accordingly.
Association of Occupational Health Nurse Educators	4.2.1c	6	Sickness absence management is part of the role of a line manager or at least vocational rehabilitation	Thank you. The scope has been amended to be clearer that this guidance will not be looking at the effectiveness of specific interventions to manage sickness absence and the return to work of those who have been on long-term sick leave. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
Association of Occupational Health Nurse Educators		7	OH role in supporting line managers. Evidence based expertise. Working collaboratively with HR/H&S etc. to establish a clear business link between outcomes and manager behaviour. Audit and policy development. Health promotion/well-being initiatives	Noted, thank you.
Barnsley Metropolitan Borough Council	General		The guidance needs to address the issue of how employers can do what many will agree to be desirable actions, but which a more limited number feel able to implement under current financial and organisational constraints. The challenges are quite different in some respects between larger employers and small businesses.	Thank you for this useful feedback. We will feed these issues to the committee when they are considering the evidence and developing

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			It may be desirable to have some parts of the guidance designed for one or the other. For example: many small businesses' general manager is also the H&S Manager, the Finance Manager, the HR Manager etc. Often this means they have more limited capacity to focus on workplace health, but on the other hand they are more likely to be familiar with individual staff's competencies (so wouldn't need a process to identify needs in the same way a large employer would). We suggest 'lighter touch' guidance is required for small businesses. The public sector on the other hand (large employer) is going through a period of unprecedented financial challenge, and employees are being asked to do more with less. This is not only a challenge in terms of organisational capacity to implement any improvements, but also in terms of the need to display conservative spending decisions at a time of redundancies and service cuts (i.e. health and wellbeing activity can be seen as frivolous and may even be blocked politically). Perhaps the guidance could recommend for example that for larger organisations, a workplace health strategy ought to be embedded first, so that there exists clear justification for any related interventions such as management training.	recommendations.
Barnsley Metropolitan Borough Council	4.2.1. c)	6	There seems to be a conflict in the guidance scope: it states that absence management is out of scope but elsewhere talks about supporting staff to deal with absence management, and about the role of occupational health. Clarity is required around this. We see staff management as an essential part of absence management. Having policies and support such as EAPs and Occupational Health in place has limited impact unless managers are effectively applying and using such resources.	Thank you for this feedback. The scope has been amended to be clearer that this guidance will include support and training to managers in managing sickness absence and return to work. The interventions themselves will not be covered. NICE has already made recommendations on these issues in our

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				Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
Barnsley Metropolitan Borough Council	4.2 f	6	There should be more focus on the quality of Occupational Health provision - to have occupational health is not necessarily to have *good* occupational health. This is not just a matter of cost, but also ensuring the model of provision fits the employer. For example, some O/H services only assess, and do not 'treat', or rely solely on referring employees on to their own GP/ primary care services, which does not always facilitate prompt support. Some services do not follow up recommendations with managers, and problems may not be resolved. Some services are barely used for anything other than pre employment screening or administering vaccination programmes. Some do not 'allow' preventative intervention (and are reactive only).	Thank you for this useful feedback. We will feed these issues to the committee when they are considering the evidence and developing recommendations.
Barnsley Metropolitan Borough Council	4.3	6	It is welcomed that the scope has identified the need to address actions and activities by Managers that discourage employee wellbeing. Managers themselves can hinder employee wellbeing, for example managers can be the cause of low self esteem through bullying, or may act as a barrier to effective absence management by not referring employees to occupational health, or by not implementing proper return to work planning and adjustments. They might also block proper application of policies designed to support work-life balance. A cultural shift is required in how management competencies are viewed (currently there exists a tacit assumption that someone can effectively manage people because they have reached a certain salary band for example). A more holistic view of performance should be encouraged which encompasses management competencies, through processes such as 121s and appraisals (or even performance related pay schemes).	Thank you for this useful feedback.
Barnsley Metropolitan Borough	4.3	6 / 7	Thought needs to be given to how to aid the implementation of the guidance in	Thank you for this useful

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Council			order for it to have the desired impact. Larger workplaces that do have management training often work training into an induction programme. Emphasis needs to be placed on how to embed training more flexibly - a rolling programme for existing staff is also required. Similarly, large organisations often place training on-line, which has the benefit of being flexible, but time constraints effectively mean that it is not taken up by enough staff for it to be effective. 'Protected time for learning' should be considered. Many large organisations have a 'box ticking' approach to training roll out. This may impact on the effectiveness of the training, if individuals do not understand why they are on it, or how it relates to their role or personal competencies.	feedback. Implementation support is provided for NICE guidance and we will feed this back to the team. We will also feed these issues to the committee when they are considering the evidence and developing recommendations.
Barnsley Metropolitan Borough Council	General		Given the challenges of an ageing workforce, and the need for people to keep working for longer, specific guidance would be welcomed on how to manage health problems affecting those already in employment. Occupational Health checks can pick up on health problems for new staff, but for existing staff, some of whom may have worked in the organisation for 40+ years, health conditions may emerge for which there is no system of identifying, other than through episodes of related sickness absence. Similarly, guidance on how disabilities are identified and supported for existing staff - which may develop gradually and eventually affect performance - would be welcome.	Noted, thank you. Participation in paid or unpaid is an outcome in our Disability, dementia and frailty in later life - mid-life approaches to prevention guidance, currently in preparation. NICE also has guidance planned on workplace and the older employee which will also be relevant. http://guidance.nice.org.uk/PHG/59
Barnsley Metropolitan Borough Council	General		Any guidance will need to make sense from a business perspective - the 'business case' for any action by employers needs to be embedded throughout. NICE guidance risks being 'shelf guidance' unless it is practical and recognises that the core raison d'etre of the private sector is to be profitable (and in the public and third sector, efficient financial operation is	Thank you for raising this important point. We anticipate that this issue will be considered.

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			paramount to delivering sustainable services).	
Barnsley Metropolitan Borough Council	General		Whilst this may be outside the scope, attention should be given to how the guidance will be promoted. Whilst obvious, it is worth stressing that as a stand alone document, the guidance will have limited impact - it must be read and result in actions. Clearly NICE is not a 'go to' resource for most employers. Businesses are busy and most do not have the time to research best practice. Resource focused on the take up and application of the guidance should be identified ideally.	Noted, thank you. The audience for this guidance will be considered carefully and appropriate dissemination / promotion strategies will be developed. Please see link to our implementation team http://wwssssw.nice.org.uk/usingguidance/
British Dental Health Foundation	Section 3	3	British Dental Health Foundation research into occupational health and oral health has discovered less than one in ten workers (7 per cent) received information from their employers about the importance of maintaining good oral health, leaving a substantial amount of people open to a variety of health problems.	Noted, thank you.
British Dental Health Foundation	Section 3.3	3	More specifically, British Dental Health Foundation research has found that more than 2 million employees (2,075,000) have taken time off work in the last five years due to oral health problems. We also estimate that UK businesses have lost a staggering total of £36.6 million in the last year due to people taking time off work because of oral health problems.	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. Whilst we acknowledge the importance of oral health for the workplace, this guidance will not be

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				addressing specific health topics such as oral health. The NICE public health team have received three guidance referrals on oral health. The oral health guidance will cover the general population but will also include community level interventions so workplaces may be covered. Please see the link to our oral health guidance for more information http://guidance.nice.org.uk/PHG/61
British Dental Health Foundation	General		British Dental Health Foundation urges that oral health is considered for any wider occupational health policy.	Thank you, please see comment above.
BT	General		In order for employers to be truly effective in influencing the H&WB of their employees they need to take a 3 level approach: 　1. Promotion of good health and prevention of ill health 　2. Early detection of health risks and early intervention 　3. Treatment and rehabilitation for health issues This requires a portfolio of resources and services provided by the employer as well as a significant element of personal responsibility on the part of the employee.	Noted, thank you for this comment.
BT	4.2 d	5	Support and training line managers should also include in health and	Thank you. The scope

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			wellbeing, particularly mental health.	has been amended to include 'promoting health and wellbeing'. However promoting mental wellbeing at work has also been covered by NICE public health guidance 22 http://publications.nice.org.uk/promoting-mental-wellbeing-at-work-ph22
BT	Expected outcomes	7	Employee engagement is highly correlated with health and wellbeing.	Thank you, the scope has been amended accordingly.
BT	Expected outcomes	7	Sickness absence should look specifically at mental health-related sickness absence.	Thank you. The scope has been amended to ensure it is clearer that this guidance will not be looking at the effectiveness of specific interventions to a) promote mental wellbeing and b) manage sickness absence and the return to work of those who have been on long-term sick leave. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity

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				for work. NICE public health guidance 19 (2009), Promoting mental wellbeing at work has been covered by NICE public health guidance 22 http://publications.nice.org.uk/promoting-mental-wellbeing-at-work-ph22
Chartered Institute of Environmental Health	General		The CIEH supports the expressed view that there is strong evidence to show that work is generally good for physical and mental health and wellbeing.	Thank you.
Chartered Institute of Environmental Health	General		The CIEH would want the scope to take full account of the vision for health and work in Britain contained in the report of Dame Carol Black's Review of the health of Britain's working age population, *Working for a healthier tomorrow* (2008), based around the three principal objectives of: • *prevention of illness and promotion of health and well-being;* • *early intervention for those who develop a health condition; and* • *an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.*	Noted, thank you.
Chartered Institute of Environmental Health	General		With the new public health responsibilities of local authorities there are great opportunities for supporting improvements in the health of employees at a local level e.g. utilising feedback from GPs and other primary care services identifying possible cause of work related illness and injury.	Thank you, we agree that local authorities have an important role.
Chartered Institute of Environmental Health	4.1 Who is the focus?	5	The CIEH is concerned that the scope does not include any business with less than 10 employees. The large majority of UK businesses have less than 10 employees. According to Lord Young, the Government's Enterprise Czar, these 'micro businesses' represent more than 90% of UK companies (although this proportion does include sole traders). It is the experience of the CIEH and its members that such businesses can	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small,

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			often be in the greatest need of support. Concerns about the employees of this group are increasing because of the restrictions being placed, by the Health and Safety Executive, on local authority health and safety inspection arrangements. Coupled with the extensive cut backs at local level in health and safety inspection services this will leave these micro businesses even more exposed. Indeed in can be anticipated that many may never see an inspector or receive an advisory visit.	medium and large).
Chartered Institute of Environmental Health	4.2 Activities	5 and 6	Subparagraph a) is concerned with: *Knowledge and application of workplace law, policies and best practice to develop, support and improve healthy workplaces and workforce health.* Consideration should be given to the materials currently being made available via the Health at Work Network which is operating as part of the Government's Public Health Responsibility Deal. See https://responsibilitydeal.dh.gov.uk/health-at-work-guidance/	Thank you for this useful suggestion. We will pass this reference onto the evidence review team for consideration.
Chartered Institute of Environmental Health	4.2 Activities	5 and 6	Subparagraph c) is concerned with: *Motivation of employees by line managers, and the provision of training and support to employees to develop their performance and job satisfaction. This support may also include workload management, and adjusting or adapting working practices, patterns or job roles.* Consideration should be given to the range, availability, content and standards of delivery of training in these areas of interest.	Noted, thank you.
Chartered Institute of Environmental Health	4.2 Activities	5 and 6	Subparagraph f) is concerned with: *Occupational health services or other sources of help and support for line managers.* Consideration should be given to how employers can be assisted to identify sources of occupational health advice and what expectations can be made of good occupational health services.	Noted, thank you.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments	Noted, thank you.

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			to make, regarding this consultation.	
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		We welcome this important and timely guidance, and agree that the workplace, including workplace practices, has an important impact upon health of employees.	Thank you.
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	General		We feel that the importance of physical activity, and minimising sedentary behaviours as much as possible, should be emphasised throughout.	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. This guidance will not be addressing specific health topics such as sedentary behaviour. NICE has already made recommendation on promoting physical activity in the workplace Promoting physical activity in the workplace. NICE public health guidance 13 (2008)
Dietitians in Obesity Management UK (domUK), a specialist group of the British Dietetic Association	4.2 Activities	5	We would like to see consideration of part time workers, many of whom may be women and/or have carer responsibilities, for whom flexible working opportunities are crucial.	Noted, thank you.
Dietitians in Obesity Management UK (domUK), a	4.2 Activities	5	We would like to see an additional point made, relating to the identification of health & wellbeing issues prevalent among staff. For each workplace this may	Thank you however we intend this to be general

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specialist group of the British Dietetic Association			be different; in sedentary jobs weight management and low levels of physical activity may be particularly pertinent, whereas in other jobs stress management e.g. using cigarette smoking, may be more relevant.	guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. NICE has already made recommendation on promoting physical activity in the workplace Promoting physical activity in the workplace. NICE public health guidance 13 (2008)
Faculty of Occupational Medicine	2b	2	Dame Carol Black and David Frost's review of Sickness Absence system delivered in 2011 provides an important economic argument / business case	Noted, thank you. We will pass this reference onto the economic review team. The scope has been amended to be clearer that this guidance will include support and training to managers in managing sickness absence and return to work. The interventions themselves will not be covered. NICE has already made recommendations on

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				these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
Faculty of Occupational Medicine	2b	2	The 2009 review by David Macleod and Nita Clarke "Engaging for success; enhancing performance through employee engagement" deserves citing here as they reference employee health and wellbeing as an inextricable factor of high performing organisations and show the management behaviours important to this	Thank you, this reference has been added to the scope.
Faculty of Occupational Medicine	2b	2	Professor Michael West's work from Aston university has shown that NHS units with higher engagement scores have lower mortality rates and could be referenced here	Thank you. This section of the scope is intended to be a brief overview of the area rather than a comprehensive review. However we will pass this useful suggestion to the evidence review team for consideration.
Faculty of Occupational Medicine	3	3/4	The above work on behalf of BIS deserves reference in this section as a subparagraph – it suggests that good management actions to promote employee engagement can not only reduce the negative impacts of ill health but importantly deliver competitive advantage by delivering improved productivity and quality	Thank you. We will pass this useful suggestion to the evidence review team for consideration
Faculty of Occupational Medicine	3	3/4	The 2009 review of Health & Wellbeing of the NHS workforce (which made recommendations fully accepted by Government) showed a statistically significant association between employee well-being and measures of financial performance, patient outcomes (satisfaction and infection rates) and success against regulatory performance measures	Thank you for bringing this to our attention. Please see the above comment.
Faculty of Occupational Medicine	3e	4	Cary Cooper's work on the foresight review of mental capital and wellbeing	Thank you for

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			clearly shows the linkage between management and leadership and mental wellbeing and is a reliable reference to support this argument	highlighting this. We will pass this useful suggestion to the evidence review team for consideration.
Faculty of Occupational Medicine	3f	4	This paragraph on presenteeism would also benefit from reference to the Work Foundation studies on this area	Thank you. This section of the scope is intended to be a brief overview of the area rather than a comprehensive review. However we will pass this useful suggestion to the evidence review team for consideration.
Faculty of Occupational Medicine	4.2	5/6	Evidence supporting the link between employee health and engagement should be included here – as this shows clearly the need to consider measures to improve health more broadly – for example focusing on organisational culture and developing health promoting organisational as well as individual approaches	Thank you for raising this issue. Staff engagement has been added to section 4.2.
Faculty of Occupational Medicine	4.2	5/6	Health promotion in the workplace is an important omission from this section – Marmot identified it as a feature of good work which helps reduce health inequalities and there is an evidence base particularly for male and manual workers that health promotion in the workplace can be more effective in reaching at risk populations who may be excluded from other areas	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. This guidance will not be addressing specific topics such as workplace health promotion.

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Faculty of Occupational Medicine	4.2.1a	6	Important that this does not preclude access to self use resources made accessible by the organisation – Royal Mail's experience was also that access to such resources by the employee's family as well as the employee could benefit health literacy and improve health risk reduction	Noted, thank you.
Faculty of Occupational Medicine	4.2.1c	6	This is at odds with 4.2d page 5 and is important not to exclude. Marmot showed that schemes to rehabilitate and promote inclusion were important to health promoting workplaces. The NHS workforce health data showed that effective return to work measures significantly reduced likelihood of lost time in future years. Management approaches and support for rehabilitation has been shown clearly in US data to be important to prospective health	Thank you. The scope has been amended to be clearer that this guidance will not be looking at the effectiveness of specific interventions to manage sickness absence and the return to work of those who have been on long-term sick leave. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
Faculty of Occupational Medicine	4.3	7	The quality of services should also be considered in understanding role and value (bullet re occupational health services)	Thank you. This section has been amended accordingly.
Faculty of Occupational Medicine	4.3 expected outcomes	7	Should include levels of health awareness or health literacy for employees and managers	Thank you. This section has been amended accordingly.
Faculty of Occupational Medicine	6	8	NICE Guidance on obesity also deserves mention here	Thank you. This section has been amended accordingly.

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Faculty of Occupational Medicine	General		This is a very significant and important area for review and guidance. The evidence base in recent years from multiple respected reviews has clearly developed the economic business case for government, employers and employees. There are many sources of advice for line managers on general approaches (eg CIPD, or BiTCs Workplace Health strand) and on specific issues (eg Mindful employer, workplace well-being charter, Centre for Mental Health guidance) – clear review and reference would be valuable to organisations struggling to consider priorities	Thank you for these useful suggestions.
Faculty of Occupational Medicine	General		We commend NICE for this initiative and are happy to support the work	Thank you
Faculty of Public Health	General		Welcome guidance in this hugely important area	Thank you.
Faculty of Public Health	4.1.1	5	Appreciate need to limit it, but same guidance is likely to be relevant to micro-employers- and may be even more important in small organisations	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
Faculty of Public Health	4.2.1	6	Not sure why sickness absence schemes not included; surely key part of the employee/management interaction and key area where evidence exists and is part of DH brief	Thank you for this feedback. The distinction is that included in the scope are interventions to support and train line managers to manage sickness absence (and return to work schemes) but the schemes themselves will not be covered. NICE has

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				already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
Faculty of Public Health	4.3	7	Limiting health economic benefits to QALYs seems quite restrictive; modelling days of work lost might be more straightforward	Thank you for this suggestion. We will consider this in the economic analysis. The scope has also been amended accordingly.
Greater London Authority	3 (c)	3	Worth specifying that it is lack of control over work that is the key driver of employee health (*Fair Society, Healthy Lives*, Marmot Review (p.72) - http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf)	Thank you, this section has been amended accordingly.
Greater London Authority	4	4	In order to be relevant to the intended audience, managers in different size/type/location of businesses must be involved in the development of the guidance	Noted, thank you. We will investigate how we can include the views of these audiences either through committee membership, expert testimony or via our draft guidance consultation process.
Greater London Authority	4.1.2	5	While there may be good reason to exclude micro businesses (given the difficulties implementing relevant policies and practices in organisations without a dedicated HR resource), as a consequence almost 4 million employees are excluded (source: http://www.bis.gov.uk/assets/biscore/statistics/docs/b/12-92-bpe-2012-stats-	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all

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			release.pdf). These micro businesses employ disproportionately large numbers of employees in industries that may be exposed to greater workplace health risks, including agriculture/forestry/fishing and construction (derived from source: http://www.ons.gov.uk/ons/rel/bus-register/uk-business/2012/index.html) Micro businesses often have a lot to offer informally in terms of improving employee health and wellbeing	organisations regardless of size (micro, small, medium and large).
Greater London Authority	4.2	5	Suggest adding, 'Organisational policies on workplace health' to the list of activities. These play a key role in embedding good practice.	Thank you, the scope has been amended accordingly
Greater London Authority	4.2 (d)	6	Suggest adding formal appraisal and on-going feedback to 'support and training' in these aspects of management practice	Noted, thank you. The activities in section 4.2 are for illustrative purposes rather than an exhaustive list
Greater London Authority	4.2 (d)	6	Suggest adding support and training in identifying/managing risks (especially stress)	Noted, thank you. The activities in section 4.2 are for illustrative purposes rather than an exhaustive list
Greater London Authority	4.3 (questions)	6	From an equalities perspective, need to consider how policies and practices differentially affect groups of employees and/or help to reduce inequalities – e.g. with respect to temporary/casual workers, shift workers, unskilled, manual workers, low paid workers, as well as identified 'equalities' groups (men/women, younger/older workers, disabled workers, those with mental health problems, minority ethnic and faith groups etc.)	Thank you for raising this issue. Inequalities are a key consideration for all NICE public health guidance. Appendix B of the scope has been amended accordingly.
Greater London Authority	4.3 (questions)	6	Need to consider differential impact for employees and managers in different sectors and organisation sizes. Consideration should also be given to interventions which help to address specific issues facing these different types of organisation (including access to specialist OH services).	Thank you for this useful feedback. We will feed these issues to the committee when they are

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				considering the evidence and developing recommendations.
Greater London Authority	4.3 (questions)	7	Add 'and employee wellbeing' to positive behaviours and good working conditions at the end of the 5th question (starting 'How can high-level management …')	Thank you, the scope has been amended accordingly.
Greater London Authority	4.3 (questions)	7	Add 'in improving employee health and wellbeing' to end of 6th question (starting 'What are the barriers and facilitators…'	Thank you, the scope has been amended accordingly.
Greater London Authority	4.3 (questions)	7	Add 'and cost effective' to 7th question ('Which types of support and training for line managers are effective?')	Thank you, the scope has been amended accordingly.
Greater London Authority	4.3 (questions)	7	What is meant by the 'role and value' of occupational health services in question 8? Is this a question about effectiveness and cost-effectiveness of these services?	Thank you, the scope has been amended accordingly. So it is now explicit that the guidance will look at the effectiveness and cost effectiveness of occupational services in supporting line managers. The overall effectiveness of occupational services per se is beyond the scope of this guidance.
Greater London Authority	4.3 (expected outcomes)	7	Need to be clear that line managers are also employees so employee outcomes are relevant to them	Noted, thank you.
Greater London Authority	4.3 (expected outcomes)	7	Add 'presenters' to list of organisation outcomes	Thank you, the scope has been amended accordingly.
Greater London Authority	4.3 (expected	7	Clarify 'training and support' services outcome for line managers and	Thank you, the scope

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	outcomes)		employees – 'awareness', 'availability', 'use' all relevant	has been amended accordingly.
Greater London Authority	4.3 (expected outcomes)	7	Clarify 'workplace performance' (line manager outcomes) – does this refer to managers' own performance or their management of staff performance?	Thank you. This refers to both.
Greater London Authority	4.3 (economic outcomes)	7	QALYs relevant to employee outcomes specifically	Thank you. The economic analysis for this guidance will from an NHS perspective. Where necessary this will be extended to an employer perspective and if necessary to a societal perspective.
Greater London Authority	Appendix B	10	We strongly recommend that these issues are considered as part of the guidance development process – in particular, the workplace setting/context (including geographical location), size of organisation, target audience. Differential impacts (effectiveness and cost-effectiveness) should also be considered for the different groups of employees described under comments on 4.3 (p.6) above	Thank you. Appendix B has been amended accordingly.
Hartlepool Borough Council	3(d)	3	Consider including flexible / restrictive working practices (or lack of) as a psychosocial hazard	Thank you however the examples of hazards in this section are those made by the WHO. We will bring the issue of lack of flexible working and restrictive policies to the attention of the guidance committee.
Hartlepool Borough Council	3(f)	4	Presenteeism may also delay recovery times for illness or lead to negative health outcomes for colleagues and co-workers	Thank you for raising this.
Hartlepool Borough Council	4.1	5	Are plans in place to provide any guidance / support to micro-organisations in	Thank you. Following

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			the future? (most CVS organisations are in this category)	stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
Hartlepool Borough Council	4.2 (d)	5/6	Include 'mental health awareness' as a separate bullet point	Thank you, promoting mental wellbeing at work has been covered by NICE public health guidance 22 http://publications.nice.org.uk/promoting-mental-wellbeing-at-work-ph22
Hartlepool Borough Council	4.2.1 (c)	6	Seems to contradict point 4.2 (d) unless schemes refers to independent sources of support – needs further clarification	Thank you for this feedback. The distinction is that included in the scope are interventions to support and train line managers to manage sickness absence (and return to work schemes) but the schemes themselves will not be covered. Recommendations for return to work schemes have already been made in NICE Public health Guidance 19 Managing long-term sickness and

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				incapacity for work (issued March 2009). http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19
Hartlepool Borough Council	4.3	6/7	The guidance will need more detail around how manager's can develop the business case and demonstrate cost effectiveness of interventions based on the evidence provided	Noted, thank you.
INSTITUTE OF ALCOHOL STUDIES	General		IAS welcomes the Institute's initiative in regard to the health of employees. However, we are disappointed to note that whilst the Draft Scope refers to smoking cessation programmes, it makes no reference to alcohol.	Thank you for your feedback. We acknowledge the importance and health risks that alcohol misuse has for the workplace, this guidance will support healthy workplaces by addressing issues such as organisational context, workplace policy and management practices.
INSTITUTE OF ALCOHOL STUDIES	General		This omission is puzzling given that alcohol is now recognised as one of the principal causes of ill-health in the UK, being linked to at least sixty diseases, and is ranked by the WHO as the third leading cause of death and disability in the developed world[i].	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		Indeed, morbidity and mortality from liver cirrhosis with alcohol as the single main cause, have risen eight-fold in the UK since the 1970's[ii], with further increases expected, while the other main killer diseases such as cancer and heart disease are declining. If present trends continue, the UK could have the highest mortality from liver disease in the European Union within the next few years.	Noted, thank you.

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INSTITUTE OF ALCOHOL STUDIES	General		Additionally, alcohol affects mental as well as physical health in a variety of ways, and there is the specific problem of alcohol dependence.	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		Moreover, ill-health associated with alcohol, both physical and mental, tends to be concentrated in people of working age, and alcohol impairment has direct effects on workplace productivity and safety. It is known that employment, especially in some particular industries, is quite strongly linked to higher levels of alcohol consumption and health harm. For example, the greater participation of women in the labour market is recognised to be one of the causes of higher levels of alcohol consumption and harm in women.	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		The statistics on alcohol consumption show that those in employment (especially in "office" professions) are more likely to drink during the week and also to a greater extent than those who are unemployed or economically inactive[iii]. Survey data also show that in recent years, an increasing proportion of working people have been drinking above recommended guidelines.	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		This has had harmful implications for the health and social behaviour of employees and employers; an Impact Assessment paper on minimum unit pricing of alcohol calculated lost productivity due to alcohol in the UK at about £7.3bn per year[iv].	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		For these reasons, employers have a strong incentive to wish to tackle alcohol-related harm in the workforce.	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		This is supported by recent survey evidence on professional conduct in relation to alcohol misuse. A 2007 report commissioned by Norwich Union Healthcare produced the following findings on alcohol -related workplace issues[v]:	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		• A third of employees admitted to having been to work with a hangover •15% reported having been drunk at work •1 in 10 reported hangovers at work once a month; 1 in 20 once a week •Work problems resulting from hangovers or being drunk at work included difficulty concentrating; reduced productivity; tiredness and mistakes	Noted, thank you. Please see comment above.

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			• The majority of employers [77%] interviewed identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence.	
INSTITUTE OF ALCOHOL STUDIES	General		IAS therefore recommends that the draft scoping document include a section on alcohol in the workplace with guidance for employers on policies and management practices to address alcohol within a package of measures to improve the health of employees.	Noted, thank you. Please see comment above.
INSTITUTE OF ALCOHOL STUDIES	General		[1] http://www.who.int/substance_abuse/facts/alcohol/en/ [1] Clare Verril, Stewart Smith and Nick Sheron, Are the opportunities to prevent alcohol related liver deaths in the UK in primary or secondary care? A retrospective clinical review and prospective interview study, in *Substance Abuse Treatment, Prevention and Policy* 2006, accessed at: http://www.substanceabusepolicy.com/content/1/1/16 on 26/06/2013 [1] Dunstan, Steven, 'Chapter 2: Drinking' in General Lifestyle Survey Overview: A report on the 2010 General Lifestyle Survey, Office for National Statistics, p. 16 [1] John Woodhouse and Philip Ward (March 2013), 'A minimum price for alcohol?', House of Commons Library, p. 11, from Home Office (November 2012), 'Impact Assessment on a minimum unit price for alcohol' [accessed 12 February 2013], p. 5 [1] Aviva (May 2008), 'UK employees admit that regular drinking affects their jobs'	Thank you for these references. Please see comment above.
Institute of Ergonomics and Human Factors	general		Many workplace health issues can be avoided or reduced if proper attention is paid to ergonomics in the procurement, selection and design of workplace equipment and systems. The published guidance should emphasise this and the consultation should encourage submissions of positive case studies and examples.	Thank you for raising this important issue. We will bring this to the attention of the evidence review team and guidance committee.
Institute of Ergonomics and Human Factors	2 a)	1	The Council for Work and health welcome the focus on the role of line managers	Thank you.
Institute of Ergonomics and		2	We are pleased that the guidance produced will complement rather	Thank you.

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Human Factors	2 d)		than replace the NICE public health guidance 22	
Institute of Ergonomics and Human Factors	3 e)	4	The culture of an organisation irrespective of size can also influence whether there is good line management and high quality leadership. The importance of culture cannot be underestimated.	Noted, thank you.
Institute of Ergonomics and Human Factors	4.2 d)	6	Line manager training should include basic work design and workplace ergonomics principles and practices – this could have a major impact on prevention.	Noted, thank you.
Institute of Ergonomics and Human Factors	4.3	7	Expected outcomes – we would hope that the outcome relating to managers knowledge would be extended to there being demonstrable evidence that line managers were implementing their knowledge in these areas.	Thank you, the scope has been amended accordingly to include physical work environment.
Institute of Ergonomics and Human Factors	General		Many workplace health issues can be avoided or reduced if proper attention was paid to ergonomics in the procurement, selection and design of workplace equipment and systems. The published guidance should emphasise this and the consultation should encourage submissions of positive case studies and examples.	Thank you. As part of this guidance process, we will be making a call for evidence where hopefully these examples will be submitted.
Institute of Ergonomics and Human Factors	General (which supports the business case for improving employee health)		There is growing recognition that corporate (and indeed national) success should be measured in terms which go beyond profit and productivity and include human well-being (which is the focus of the scientific discipline of ergonomics). There are a number of British, European and International standards based on ergonomics principles and concepts which can be used by managers and engineers in selecting and designing specific work systems and equipment. ISO 9241-210:2010 specifies the human centred design process, which project managers should follow in order to ensure that interactive systems are effective, efficient and satisfying for their users. Work is currently underway in ISO supported by the BSI to develop a standard for senior managers, which sets out the principles for a human-centred	Thank you for bringing these standards to our attention. Schemes to train and support mangers in their implementation are included in the scope.

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			organisation: • Acknowledges that people differ in their capabilities and needs • Ensures that products, systems and services are accessible and usable (effective, efficient and satisfying to use) both by employees and by customers through following regulations, standards, and best practice guidance • Recognises that people are part of a wider system, which includes the equipment, workspace, physical, social and organisational environment in which they work and live. • Provides individuals with meaningful work and with opportunities to use and develop their skills in a stable employment environment • Values and acknowledges the contribution that employees make both financially and through other forms of recognition • Protects individuals from health, safety and wellbeing risks through following regulations standards, guidance and best practice in design, procurement, implementation and operation of equipment, systems and workplaces • Communicates openly and effectively to staff and to the outside world • Is a responsible employer, behaves ethically and instills pride and confidence in its employees and local community.	
Institute of Ergonomics and Human Factors	General (About The Council for Work & Health)		The Council for Work & Health was formed following the publication of Dame Carol Black's review, "*Working for a Healthier Tomorrow*" (March 2008). The Government's subsequent response to the review pledged to support a "*representative group of professional bodies who plan to create a co-ordinating Council for Occupational Health*" that would "*provide leadership and develop a common purpose for all the relevant professional working to improve the health of the working population*" by: ☐ exploring methods of joint working, including co-ordination of training and competency; and ☐ developing evidence-based guidelines and standards. Following an initial meeting in October 2008, in 2009 this body was formerly	Thank you for this information.

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			named the Council for Work and Health. The Council for Work & Health aims to provide professional leadership and expertise on all strategic health and work issues for stakeholder, including government, employers, trade unions, education and health professionals. Its vision is to maximise the health and welling of the UK working population. Further information about The Council for Work & Health can be found via the link below: http://www.councilforworkandhealth.org.uk/about	
Knowsley Chamber of Commerce	4.1	5	The number of businesses within the LCR is approximately 31,455. 87% of these businesses employee 0-9 staff, which equates to 27365 companies.	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
Knowsley Chamber of Commerce			In Knowsley we have approximately 2255 companies, of which 82% employ 0-9 staff, this equates to 1849 companies.	Thank you, please see comment above.
Knowsley Chamber of Commerce			If the focus group for this study omits this demographic this guidance will be effective for some 300 – 400 businesses, ie. Some 15% of the businesses in the borough.	Thank you, please see comment above.
Knowsley Chamber of Commerce			I would therefore suggest, that based on the above figures, companies with 5+ staff should be included in the scope.	Thank you, please see comment above.
Knowsley Chamber of Commerce			I would also suggest that by including the smaller businesses we would see much great impact / change in certain demographic groups within the borough.	Thank you, please see comment above.
Knowsley Chamber of Commerce	4.2	5	For the reasons stated, in the Chamber's experience it is the companies who employ 5-25 staff that have limited knowledge or workplace law and best practice. This appears to be one of the thrusts of the consultation document	Thank you, please see comment above.

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			and if included would see more outcomes across sectors.	
Knowsley Chamber of Commerce			By assisting and supporting the substantive number of businesses in the borough, we would achieve more assists in terms of awareness and compliance. We would also see a shift in best practice and workplace health/wellbeing.	Noted, thank you.
Knowsley Chamber of Commerce			Small organisations are reliant on one or two key staff, who may not have the knowledge and skills in areas such as HR, H&S, leadership, communication, line management.	Noted, thank you.
Knowsley Chamber of Commerce			Small businesses find that training (in house or external) is generally expensive and, more importantly, is sought on an ad hoc basis rather than being part of an overall HR strategy.	Noted, thank you.
Knowsley Chamber of Commerce	General		The Chamber runs a popular HR Forum which is attended by a mix of businesses (owner/managed, through to large organisations). We currently run workshops to share best practice, attract guest speakers on topical issues e.g. ACAS, and provide advice, and guidance to companies who may seek more intensive support.	Thank you for bring this to our attention.
Knowsley Chamber of Commerce			On this basis some form of mapping to see who already exists to support companies may be of value?	Thank you for this useful suggestion.
Knowsley Chamber of Commerce			The Chamber welcomes the research and data revealed in the consultation document and would concur with these findings.	Thank you.
Knowsley Chamber of Commerce			The Chamber would suggest that the key questions and outcomes are reflective of our experience in dealing with SMEs.	Thank you.
Knowsley Chamber of Commerce			The barriers to implementing organisations change or development of staff is often down to budgetary measures or time. However, there are avenues of assistance already in existence which may be part of any Knowsley offer. All areas of opportunity / support need to be explored.	Thank you for this useful feedback. Implementation support is provided for NICE guidance and we will

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				feed this back to the team.
Knowsley Chamber of Commerce			Whilst the scope of the document identifies that a guidance document will be produced, there is no mention of how engagement with SMEs would commence?	NICE does not have a formal mechanism as such for engaging with SMEs during the development of guidance. However we would encourage any interested organisations to register as a stakeholder for this guidance so they can comment during the draft guidance consultation. Please see http://www.nice.org.uk/getinvolved/sh/ph_shreg_form.jsp
Knowsley Chamber of Commerce			Can we use a catalyst e.g., Match funding for introduction of change? For example as in the case of Working Well, the incentive has been a small financial grant, but this has generated the desired outcomes.	Thank you. This issue is outside of the scope for this guidance.
Maternity Action	General		The Draft Scope does not clearly indicate the work that will be undertaken in relation to women who are pregnant or breastfeeding. This is an important element of gender equality.	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. Whilst we acknowledge the

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				importance of pregnancy and breastfeeding in the workplace, this guidance will not be addressing these issues specifically. We want the guidance to assist managers to implement pregnancy and breastfeeding policies, however we are not looking specifically at their impact or comparing them.
Maternity Action	General		**Pregnant women** The Equal Opportunities Commission (EOC) inquiry into pregnancy discrimination (2005) found that half of all pregnant women in the workplace experienced pregnancy discrimination and 30 000 women each year lost their job as a result of pregnancy discrimination. Only 8% took formal action and only 3% took their case to the employment tribunal. This impacts on the health and wellbeing of women in the workplace. In addition, the EOC found that health and safety protections for pregnant women and new mothers were widely ignored and poorly implemented. Almost half of all women did not know that they were entitled to a health and safety risk assessment at work when pregnant and 50% of pregnant women did not receive a risk assessment. Despite low levels of compliance, women infrequently took enforcement action. The failure to conduct risk assessments for pregnant women and to make adjustments to their work leaves many women with the choice between continuing to work in an unsafe environment or leave their job. While the EOC found that 30 000 women each year lost their jobs as a result of pregnancy discrimination, the number attributable to poor health and safety protection is	Thank you, please see comment above.

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			not known. Women who are forced to leave employment during pregnancy face a loss of earnings and a loss of maternity pay. Women can find it particularly difficult to find new employment in their child's early years. The EOC found that factors contributing to the high rates of workplace discrimination were: • Lack of awareness of maternity laws amongst employers and employees; • Workplace cultures which are negative towards pregnant women and working parents; • Employer' perceived inability to comply; • Lack of enforcement mechanisms. Maternity Action believes that the incidence of pregnancy discrimination has increased significantly since the economic downturn. Demand for our online information and advice has doubled each year for the past three years.	
Maternity Action	General		**Breastfeeding women** In 92 countries, women have the right to breastfeed on return to work. The UK has no statutory right to do so. The Department of Health advises that because of the health benefits of breastfeeding, a baby should be fed exclusively with breastmilk for the first six months. After six months, breastfeeding (or substitutes, if used) should continue in conjunction with solid foods. There are significant health benefits for mother and baby from breastfeeding. Over their lifetime, breastfed babies have reduced rates of many infectious and immunological diseases, reduced rates of some cancers, better cardiovascular health, and reduced rates of obesity. Mothers who breastfeed have reduced rates of breast and ovarian cancer. In the UK, 81% of mothers initiate breastfeeding. By six months, only 34% of women are still breastfeeding their babies and only 1% are exclusively breastfeeding (Infant Feeding Survey 2010). From 2015, new mothers will be able to share leave with their partner from two	Thank you, please see comment above.

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			weeks after the birth. This will increase the number of women contemplating return to work during the period recommended for exclusive breastfeeding or breastfeeding in conjunction with solid foods. Currently, only 19% of women returning to work from maternity leave reported access to breastfeeding facilities at work (Infant Feeding Survey 2010).	
Mind	General		We welcome the guidance but we believe mental health needs to be fore-grounded much more in the guidance. Considering how much time we spend at work, it can have a significant impact on our mental health. The extent to which an organisation recognises this and takes positive action to support employees' mental health makes all the difference.	Thank you for your feedback. NICE has already published guidance on promoting mental wellbeing through productive and healthy working conditions – Public health Guidance 22 Promoting mental wellbeing at work (2009) http://publications.nini.org.uk/promoting-mental-wellbeing-at-work-ph22
Mind	General		It is not clear who the guidance is for. Is it meant for public health teams who will be working with line managers or is it for line managers across all sectors? This should be made clear in the final guidance. Also we have a network of employers signed up to our Taking Care of Business campaign and would be happy to disseminate the guidance via our networks.	This guidance is intended for employers across all sectors. Thank you.
Mind	General		The guidance will need to offer practical tips and information on how to implement it in a work environment. We have produced a number of resources on these issues and we would welcome the opportunity to feed into the guidance.	Thank you.
Mind	General		We believe it would be useful for the guidance to make explicit reference to the concepts of good work and employee engagement especially linking in	Thank you for highlighting this website.

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			with the Engage for success website which contains information on the evidence base for increasing employee engagement and useful case studies.	
Mind	2c	2	Although we recognise that the guidance wants to make recommendations for best practice based on evidence of effectiveness but this may not be possible in relation to mental health. How people experience mental health problems and the intervention and support they might require are often quite different. What works best is for a line manager to work with the employee to explore the impact the mental health problem is having and then to examine what support measures might be helpful at that individual level.	NICE has already published guidance on promoting mental wellbeing through productive and healthy working conditions – Public health Guidance 22 Promoting mental wellbeing at work (2009) http://publications.nini.org.uk/promoting-mental-wellbeing-at-work-ph22
Mind	3a	3	Where it states that work is generally good for physical and mental health and wellbeing, it would be good to highlight that it needs to be the right kind of work with characteristics of 'good work'. See the report of the Good Work Commission led by the Work Foundation.	Thank you for this suggestion. This reference has now been added to the scope.
Mind	3c	3	This section needs to talk more explicitly about mental health and the links between poor physical and mental health.	NICE has already published guidance on promoting mental wellbeing through productive and healthy working conditions – Public health Guidance 22 Promoting mental wellbeing at work (2009) http://publications.nini.org.uk/promoting-mental-wellbeing-at-work-ph22

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Mind	3d	3	We welcome the focus on organisational culture as this is a key focus of our <u>mental health at work campaign, 'Taking Care of Business'</u>. Where the guidance refers to hazards related to organisational culture, we would suggest adding a reference to a lack of policies relating to supporting the mental health of staff.	Thank you. Please see the comment above.
Mind	3e	4	We welcome the focus on line managers as they are key. How people are treated and managed on a day-to-day basis is central to their mental wellbeing and to how motivated and engaged they feel. It would be good to highlight the positive approaches and behaviours that effective line managers should take e.g. flexing their management style to suit the needs of each staff member and task, being available and having regular catch-ups, routinely asking staff about their wellbeing, etc	Thank you for raising these issues.
Mind	4.2a	5	There are a number of policies and practices that interact with staff wellbeing. Employers need to ensure that they are joined up and inclusive of mental health. We would recommend that an employer has clear policies to support wellbeing and manage stress. These should set out the organisation's approach to: promoting wellbeing for all staff, tackling the causes of work-related mental health problems, and supporting staff who are experiencing mental health problems. Mental wellbeing needs to be at the heart of other policies relating to staff wellbeing such as: health and safety, working time, sickness absence and return-to-work. Policies for performance management, disciplinary action, recruitment, change management and redundancy need to take account of the impact these processes can have on employees' mental wellbeing. Additionally, policies on performance management and disciplinary action need to recognise that an employee's performance or behaviour can be affected if they are experiencing a mental health problem. Appropriate support and adjustments should be explored before proceeding with formal action.	Thank you. NICE has already published guidance on promoting mental wellbeing through productive and healthy working conditions – Public health Guidance 22 Promoting mental wellbeing at work (2009) <u>http://publications.nini.org.uk/promoting-mental-wellbeing-at-work-ph22</u>

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			Policies that relate to the workplace culture such as equality, diversity, inclusion and bullying and harassment, need to reference mental health. Also the organisation's approach to employee engagement and personal development need to recognise the key role that these approaches play in maintaining staff mental wellbeing.	
Mind	4.2d	5	We would recommend adding training on mental health in relation to spotting the signs and supporting staff who are experiencing a mental health problem.	Thank you, please see comment above.
Mind	4.2e	6	We would recommend that these policies reference mental health so managers are equipped to support staff experiencing a mental health problem.	Thank you, please see comment above.
Mind	4.2g	6	this needs to include reference to workplace triggers that can cause mental health problems	Thank you, please see comment above.
Mind	4.3 Questions	6-7	We believe these are the right questions but we were unclear of the meaning of 'What are the barriers and facilitators to implementing interventions or policies to promote the role of line managers?'. This needs clarifying for the final guidance.	Thank you. The scope has been amended to make this question clearer.
Mind	4.3 Expected outcomes	7	Organisation outcomes – we would recommend adding employee engagement levels.	Thank you, the scope has been amended accordingly.
NAT (National AIDS Trust)	3 (c, d) The need for Guidance	3	NAT (National AIDS Trust) is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expertise and practical resources. We champion the rights of people living with HIV and campaign for change. We believe this guidance is important and necessary for people living with HIV who continue to face covert and overt discrimination in the workplace, including harassment and bullying. In NAT's report ' Working with HIV' a fifth of men who had disclosed their HIV positive status at work reported experiencing HIV discrimination in a current or	Noted, thank you.

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			previous job. An additional 8% were uncertain about whether poor treatment was related to HIV discrimination. In addition, data suggests that people living with HIV tend to be underemployed and there continue to be barriers for people living with HIV who want to get back into work. Ensuring workplace policies are sensitive to the needs of people with HIV will help improve employment rates and in turn their physical and mental health and wellbeing. For more information on unemployment rates of people living with HIV please see Ibrahim F, Anderson J, Bukutu C, Elford J (2008) 'Social and economic hardship among people living with HIV in London' *HIV Medicine 9* (8): 616-624. People with HIV are considered disabled from the point of diagnosis under the Equality Act 2010. We are surprised that the draft scope never mentions disability considerations when they are often inextricably linked to an appropriate health -related approach.	
NAT (National AIDS Trust)	General	General	We believe the guidance produced from this draft scope should be an important tool to ensure equality of opportunity for disabled people in work, including people living with HIV, through recommending workplace policy and management practices that are disability/ health aware and sensitive to the needs of people living with HIV. In gathering evidence on how to improve equality of opportunity for disabled people, including their health at work, NICE must take into account disabled peoples: • access to reasonable adjustments • vulnerability to stigma and discrimination in the workplace • right to confidentiality • access to disability leave	Thank you for raising this issue.

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			Improving equality for people living with HIV will also improve equality of opportunity and health related outcomes for gay and bisexual men and African men and women who are disproportionately affected by HIV. Please see the Public Health England for more information.	
NAT (National AIDS Trust)	**General**	**General**	The scope should define what is meant by 'employee' given the diversity of work contracts that exist in the labour market. NAT recommends that the scope should look at employees working part time, casually or through contracted/agency work. It could also include voluntary or unpaid work done for example within internship programmes.	Thank you. Section 4.1.1 of the scope has been amended accordingly.
NAT (National AIDS Trust)	4 (4.2) The Guidance: Activities	5	The guidance seeks to look at the organisational culture and its role in promoting the wellbeing of employees, including how line mangers can provide support with adjusting or adapting working practices, patterns or job roles. NAT recommends as part of the evidence collected by NICE, it should be documented how line managers encourage and remind disabled people about their right to reasonable adjustments. For instance NAT's report 'Working with HIV' found that only two thirds of HIV positive respondents were aware of their rights at work under the Disability Discrimination Act 1995 (now replaced by the Equality Act 2010) and out of those, almost a third were unaware of their right to reasonable adjustments. This shows there is still considerable work to ensure disabled people are aware of their rights. Reasonable adjustments for person living with HIV if very important, for instance, in enabling them to attend their HIV clinic and thus maintain their health.	Thank you for raising this issue. We will feed these issues to the committee when they are considering the evidence and developing recommendations.
NAT (National AIDS Trust)	4 (4.2) The Guidance: Activities	5	It will also be important for NICE to look at managers knowledge of workplace law, policies and best practice which includes the implementation of an equality and diversity policy.	Thank you for raising this issue. We will ensure that equality and diversity and training in

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			An equality and diversity policy will make clear a commitment to disabled people, including those living with HIV and help to end stigma and discrimination in the workplace. An equality and diversity policy will also encourage those with HIV to disclose their status to their employer or line manager which will in turn allow them to access reasonable adjustments.	such policies are considered by the guidance committee.
NAT (National AIDS Trust)	4 (4.2) **The Guidance: Activities**	5	Support and training for line managers should include training in implementing an equality and diversity policy including information about HIV, and how to sensitively manage staff living with HIV and keep their information confidential. This would help improve equality for people living with HIV because NAT's employment research (cited above) showed that of people living with HIV who had not disclosed their status at work, more than half had not done so because of fears around their confidentiality. Training management and HR staff about the basics of HIV would also avoid further discriminatory activity, for example, decisions to limit the work activities of an employee with HIV, as a result of lack of information on HIV risk. Training should also include information about confidentiality and the Data Protection Act 1998, in order to ensure personal information will not be passed on without their consent.	Thank you, please see comment above.
NAT (National AIDS Trust)	4 (4.2) **The Guidance: Activities**	5	In addition to guidance on supporting and training line managers on implementing an equality and diversity policy, there should be training for line managers on how to differentiate between disability leave and sick leave. It is best practice for line managers to record time taken off as a result of their disability - for instance as a result of a change in treatment or treatment side effects- as disability leave, not sick leave. Treating disabled staff differently from non disabled staff achieves a fairer outcome as it takes into account that some disabled staff will need extra support (reasonable adjustments) at certain times to deliver their work effectively.	Thank you, we will bring these important issues to the attention of the guidance committee.

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			It is often in an employer's interest to offer a period of disability leave as this will help them retain experienced and qualified staff. It can also improve a disabled person's health as they can concentrate on getting better without the added concern about sick leave or losing their job. This can lead to a quicker return to work. For more information please visit: http://www.nat.org.uk/media/Files/Policy/2012/Sep-2012-Factsheet-Sick-leave-and-disability-leave.pdf	
NAT (National AIDS Trust)	4 (4.3) **Key questions and outcomes**		The key question 'what is the role of the organisational culture and context in supporting line manages and in turn their employees?' should be made clearer. NAT recommends that the focus on the role of 'organisational culture and context' should be amended to include the role of organisational policy and processes in supporting line managers. Organisational policy and processes are more fundamental to supporting line managers and employees than the vaguer notion of 'organisational culture.'	Thank you, this question has been amended accordingly.
NAT (National AIDS Trust)	General (but related to section 4.2)		As part of NICE's scope, in looking at workplace policy and management practices to improve the health of employees, it should also look at the processes in place for line mangers to deal with cases of harassment and discrimination. Harassment and discrimination can directly affect the psychological and physical wellbeing of employees and can particularly impact on people living with HIV because of stigma. All line managers should be trained on how to deal with complaints of harassment and discrimination and there should be a process in place to deal with complaints. For example, there should be an option to discuss the complaint(s) informally with a manager, or to go through a formal grievance procedure. Having the right procedures in place to manage complaints can avoid the need for the employee to go to an Employment Tribunal which is costly and time consuming.	Noted, thank you.

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			It is also important that when a complaint is found to be justified management takes the appropriate disciplinary action and if necessary, alters office procedures so that the event does not occur again.	
Optical Confederation	General		The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good. One of our social functions is to maintain the eye health and sight of the working population and we therefore very welcome and support the scope of this NICE public health guidance, which seeks to improve the health and wellbeing of employees by making managers aware of their staff's health issues. We also welcome NICE's intention to publish additional guidance to take into account employees with chronic diseases and long term conditions and older employees.	Thank you.
Optical Confederation	4.2	5	The Health and Safety (Display Screen Equipment) Regulations 1992 require that employers give free eye tests to employees who use display screen equipment if they ask for them. These regulations include the requirement of an employer to pay for a full eye examination. (1) However, uptake by employers in the UK is relatively poor and employees are generally unaware of this requirement, e.g. - One in ten employers have no eye care policy at all. - One in five big businesses (18%) fail to pay for regular sight tests	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. Whilst we

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			- 40% of big businesses say they would refuse to make a contribution towards the cost of spectacles required solely for VDU work. (2)
			
			Organisations would benefit from clear guidance from NICE that encourages employers that
			  - informs VDU about and
			  - encourages users of their entitlement to,
			the benefits of regular eye examinations.
			
			Managers of professional drivers should also ensure that their employees have good vision and can drive safely and companies should have in place a policy to check the eyesight of their professional drivers. The DVLA states that a professional driver must have a visual acuity at least 0.8 (6/7.5) measured on the Snellen scale in their best eye and at least 0.1 (6/60) on the Snellen scale in their other eye. Glasses or contact lenses can be worn to reach this standard but they can not have a corrective power greater than plus (+) 8 dioptres. The driver must also have a horizontal visual field of at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees. (3)
			
			We hope these points will be included in the final scope.
				acknowledge the importance that eye health has for the workplace, this guidance will not be addressing specific health topics such as eye health
				
				We want the guidance to assist managers to implement eye health policies, however we are not looking specifically at their impact or comparing them.

Optical Confederation			**References:** (1) Directive 91/439/EEC and 2006/126/EC; Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002; The Health and Safety at Work Act 1974 requires employers to ensure, so far as is reasonably practicable, the health and safety of all employees while at work. For staff who drive, this means monitoring all aspects of their vehicle and driver care, from routes to vision. (2) Research study conducted by Opinion Matters between 8 – 12 February	Thank you for these references.

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			2010. Sample: 255 HR Professionals. Square Eyed Britain' report conducted by 72 Point between 1 – 9 August 2005. Sample: 2,750 Office Workers. http://www.screensmart.co.uk/Pages/FactsAndFigures.html (3) The Motor Vehicles (Driving Licences) (Amendments) Regulations 2013	
Public Health England	General		Health and Work is a corporate priority for Public Health England and therefore we welcome this review and work to collate the evidence base on what is cost effective and evidence based as interventions in the workplace.	Thank you.
Public Health England	General		The exclusion of micro-business excludes a large proportion of businesses and NICE should consider this in terms of the scale of impact of the guidance on the working population.	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
Public Health England	3F	3 of 13	Economic outcomes as well as expected outcomes should consider business outcomes and measures of presenteeism and productivity as well as absenteeism.	Noted, thank you. Presenteeism has been added to the expected outcomes section and days of work lost to the economic outcomes section.
Public Health England	4.3	6 of 13	NICE should consider whether the business sector makes a difference to interventions, or whether line managers in different sectors of industry should/could use different interventions to effect change due to the different workforce patterns and types of work. This reflects our learning from the workplace wellbeing charters where the lack of sector specific granularity and lack of generalizability in a workplace context has limited some engagement with evidence based interventions.	Thank you for raising this issue. We will ensure these factors are considered by the guidance development committee.

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South Gloucestershire Council	3 d)	3/4	The Equality Act 2010 covers harassment and bullying, gender, ethnicity and religious discrimination, along with age, disability, sexual orientation, sexual discrimination and equal pay. Organisations would be expected to have policies in place to cover these areas. Support for healthy lifestyles is not currently supported by legislation – one way forward could be to extend the remit of the Heath and Safety at Work Act 1974 to include support for healthy lifestyles	Thank you for this suggestion.
South Gloucestershire Council	3 f)	4	Particularly relevant to project led employment where there are tight deadlines to meet. Stress levels build up, but taking time off has adverse effect on meeting deadlines	Thank you for raising this.
South Gloucestershire Council	3 e)	4	Good line management is a reflection of the management style at the top of the organisation. It is important for the most senior managers to lead by example and demonstrate their support for good health at work.	Noted, thank you.
South Gloucestershire Council	4.2 a)	5	There is currently no workplace law relating to the wider aspects of a healthy lifestyles – e.g. healthy eating, physical activity etc.	Noted, thank you.
South Gloucestershire Council	4.2 g)	6	Does this just relate to risks and hazards directly related to the workplace e.g. slips, trips and falls? Or will it include the wider risks to health – employee smoking rates, canteens offering unhealthy menu options, sedentary jobs etc?	Thank you. We envisage this question will cover the broad range of issues which you have outlined.
South Gloucestershire Council	4.3 Economic outcomes	7	Why is the analysis restricted to the public sector perspective? If the analysis excludes the private sector it may provide skewed results. Organisational and management structures, employee terms and conditions and sickness absence rates vary greatly between the two sectors. Recommendations arising from a study of the public sector may not easily transfer to the private sector	Thank you. The economic analysis for this guidance will be from an NHS perspective. Where necessary this will be extended to an employer perspective and if necessary to a societal perspective.
The British Psychological	General		The Society welcomes this draft scope, and NICE's plan to introduce guidance	Thank you.

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Society			in this area, as it acknowledges the vital role of managers in managing health and wellbeing in the workplace, and the need to consider *their* support and training. Overall the research evidence for the connection between managerial behaviour, organisational climate and mental health is now overwhelming and there is a clear need for strong and well informed policy approaches to encourage the engagement of organisations.	
The British Psychological Society	1	1	Employee wellbeing is widely covered in the scope document, so the title could usefully be amended to include wellbeing in addition to health: 'Workplace policy and management practices to improve the health and wellbeing of employees'	Thank you. The title has been amended accordingly.
The British Psychological Society	2 b)	1-2	The Society believes that this section should include reference to the Dame Carol Black & David Frost paper; *Review of the sickness absence system in Great Britain* (2011), as well as the governments' response in Jan 2013. Their findings suggest a strong association between the manager-employee relationship and sickness absence. A reference to the *Choosing Health* White Paper (2004) could also be included here, which advocated the promotion of health through 'settings' including workplaces.	Thank you for your suggested reference. The scope has been amended to be clearer that this guidance will not be looking at the effectiveness of specific interventions to manage sickness absence and the return to work of those who have been on long-term sick leave. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).

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				Furthermore, the scope will reference the more recent Healthy lives, healthy people White paper (2010).
The British Psychological Society	2 c)	2	The Society suggests that the guidance be explicitly aimed at Senior Managers, Directors (including HR Directors), and Board Members, in addition to the other professional groups mentioned. Unless there is "buy in" from very senior members of a workplace ecosystem, it is very difficult to impact on management culture.	Noted, thank you. We will ensure that the guidance is relevant to these groups.
The British Psychological Society	2 c) and General	2	Recommendations for good practice might be based not only on evidence of 'effectiveness' and 'cost-effectiveness' data (which may generate a very small number of sources of evidence), but also include grey literature, action research, evaluation and 'real-world' case examples of best practice. There are many comprehensive workplace health programmes in practice which do not have funding to support research and evaluation to generate a high-quality evidence-base. Funding for research in this area often demands an experimental approach, which is not always practical or achievable in real-world, changing environments such as workplaces. Pragmatic approaches to generate an evidence-base often meet with criticism and conclusions that there is a lack of evidence, yet there is a growing number of examples of best practice which demonstrate successes of workplace intervention in a number of ways.	Thank you for raising this important issue. We will ensure a broad inclusive approach is adopted in the evidence gathering for this guidance.
The British Psychological Society	3	3	The Society believes that the section on 'need for guidance' would benefit from increased recognition of the influence of chronic disease at work. The cost of chronic disease to both the community and economy is vast. Including the proportion of working age adults who are at work with a chronic disease, how working with chronic disease affects participation, and potential loss to the workforce as a result of absenteeism from work or death from selected chronic diseases.	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices. Whilst we

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				acknowledge the importance and health consequences that chronic disease has for the workplace, this guidance will not be addressing specific health topics such as chronic disease.
The British Psychological Society	3	3	The 'need for guidance' should cover the special needs of workers faced with traumatic events, either as a regular part of their working life or as a single event. Consideration should be given to these employees and the support that they need from their managers and the organisation to prevent the onset of PTSD, compassion fatigue and Secondary Trauma.	Thank you, however we consider traumatic events to be outside of the scope for this guidance.
The British Psychological Society	3 c)	3	Work hazards such as workplace conflict or other interpersonal problems such as bullying are not restricted to 'deprived workers'. For example, highly skilled, paid and able professionals (e.g. in healthcare, but also elsewhere) can become stuck in a cycle of work place abuse and conflict.	Noted, thank you.
The British Psychological Society	3 c)	3	It is important to draw the distinction between physical and psychological hazards; These two risks should be considered as separate items.	Thank you, we acknowledge the distinction between physical and psychological hazards and will ensure this is considered by the guidance development committee.
The British Psychological Society	3 c) and e)	3-4	Adequate training can enable managers to better respond to the needs of employees with protected characteristics. (Arksey, H. (2002). Combining informal Care and Work: Supporting Carers in the Workplace. *Health and Social Care in the Community.* 10(3), 151-161.)	Noted, thank you. We will pass this reference onto the evidence review team.

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The British Psychological Society	3 c)	3	Employee networks (or forums) are one organisational tool that can provide support for employees with protected characteristics to mitigate the effects of stress. (Friedman, R.A. & Craig, K.M. 2004. Predicting joining and participating in minority employee network groups. Industrial Relations. 43(4), 793-816.)	Noted, thank you. Please see comment above.
The British Psychological Society	3 d) and e)	3-4	The view held by the World Health Organisation, and the Health and Safety Executive and many other national agencies and researchers, is predicated on the notion that the psychosocial work environment is relatively stable and an objective entity (Daniels, 2011). However, there is ample evidence that the psychosocial work environment is highly dynamic (Bakker & Daniels, 2012) and amenable to worker – rather than management - directed change (e.g., Berg et al., 2010) and they may well do so with the consent of their line managers (Clegg & Spencer, 2007). The Society believes that it is therefore important that consideration be given to how line managers can influence the psychosocial work environment of those they manage (Nielsen & Daniels, 2012), both through managers' unilateral action, through acting in concert with workers (Clegg & Spencer, 2007) and/or encouraging the collective action of workers (Leana et al., 2009). Bakker, A., Daniels, K. (eds) (2012). A Day in the Life of A Happy Worker. London: Psychology Press. Berg, J.M., Wrzesniewski, A., & Dutton. J.E. (2010). Perceiving and responding to challenges in job crafting: When proactivity requires adaptivity. Journal of Organizational Behavior, **31**, 158-186. Clegg, C.W., & Spencer, C. (2007). A circular and dynamic model of the process of job design. Journal of Occupational and Organizational Psychology, **80**, 321-339. Daniels, K. (2011). Stress and well-being are still issues and something still needs to be done: Or why agency and interpretation are important for policy and practice. In Hodgkinson, G.P., and Ford, J.K. (Eds.), International Review of Industrial and Organizational Psychology (Vol. 25). Chichester: Wiley. Leana, C., Appelbaum, E., & Sevchuk, I. (2009). Work process and quality of care in early childhood education: The role of job crafting. *Academy of*	Thank you for raising this important issue and for the suggested references. We will ensure that this issue is brought to the attention of the guidance development committee.

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			Management Journal, **52**, 1169-1192. Nielsen, K., Daniels, K. (2012). Does shared and differentiated transformational leadership predict followers' working conditions and well-being? *Leadership Quarterly, 23*, 383–397.	
The British Psychological Society	3 d) and e), 4.2, 4.3	3-4	Two further areas of research of relevance here are: 1. Justice perceptions, climate and actuality of fairness have a profound impact on health in organisations. 2. Performance management, through its design, implementation and the widespread evidence of bias embedded in evaluations is a core concern for management practice for mental health at work in addition to anti-discrimination policy concerns.	Thank you. Regarding 1. The scope has been amended accordingly 2. Thank you, promoting mental wellbeing at work has been covered by NICE public health guidance 22 http://publications.nice.org.uk/promoting-mental-wellbeing-at-work-ph22
The British Psychological Society	3 e)	4	The Society believes that reference to Westerland et al (2010) should be included who demonstrated that managerial leadership is associated with employee stress, health, and sickness absence independently of the Demand-Control-Support model. (Westerlund H, Nyberg A, Bernin P, Hyde M, Oxenstierna G, Jäppinen P, Väänänen A, Theorell T. Managerial leadership is associated with employee stress, health, and sickness absence independently of the demand-control-support model. Work. 2010, **37(1)**, 71-9. doi: 10.3233/WOR-2010-1058)	Thank you, the scope has been amended accordingly.
The British Psychological Society	3 e)	4	Krol et al (2013) have indicated that 'there are important sources of productivity costs other than absenteeism (e.g. presenteeism and multiplier effects in co-workers), but their exact influence on costs remains unclear.' This should be included as part of the title argument (Krol M, Brouwer W, Rutten F. Productivity Costs in Economic Evaluations: Past, Present, Future. Pharmacoeconomics. 2013 Jul; **31(7)**: 537-549.)	Noted, thank you.

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The British Psychological Society	3 e)	4	The Society agrees that good leadership is vital, however what constitutes good leadership will differ depending upon the specific nature of the work and the work environment.	Noted, thank you.
The British Psychological Society	3 e)	4	This section needs to acknowledge that Employee networks can also enable the organisation to better understand and respond to the needs of employees with protected characteristics as well as service users or customers with similar characteristics. (Arnold, J.T. (2006). Employee Networks: Supporting Affinity Groups Allows Some Companies to Reach and Retain More-Diverse Talent. HR Magazine, **51(6)**, 145 (free one day trial may be available from: http://www.questia.com/library/1G1-147534640/employee-networks-supporting-affinity-groups-allows).)	Noted, thank you.
The British Psychological Society	3 e)	4	The Society feels that an 'ethical HR' approach which involves living the inclusion policies and practices which the organisation advocates can help an organisation retain its diverse workforce and ensure employees with protected characteristics feel valued, healthy and safe at work. (Amla, I. 2008. Managing & sustaining a world of workplace diversity: the Accenture experience. Strategic HR Review, **7(5)**, 11-16)	Noted, thank you.
The British Psychological Society	3 f)	4	The issue of "presenteeism" (which, as mentioned, is considered to have a greater associated cost than absenteeism) may be increasingly important in sectors where high levels of performance, and / or interpersonal skills are needed such as education and health care. This is of added importance post Francis report.	Noted, thank you. We will ensure this issue is brought to the attention of the guidance development committee.
The British Psychological Society	3 f)	4	Although presenteeism is a problem, there is also evidence that for some conditions, early return to work or staying at work are good for well-being and recovery. However, there appears to be little guidance for managers on which workers, in which circumstances, should/should not attempt to attend work when sick. (Waddell, G., & Burton, A.K., (2006). *Is work good for your health and well-being?* London: TSO.)	Noted, thank you. We will ensure this issue is brought to the attention of the guidance development committee.
The British Psychological	4.1.1	5	The Society recommends that the document should specify whether	Thank you. Section 4.1.1

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Society			volunteers within organisations are included or not.	of the scope has been amended accordingly.
The British Psychological Society	4.1.1	5	In order for public services to change their culture to embed practices that promote employee health, the tendering and monitoring processes need to include requirements to demonstrate that the organisation presenting a bid or being subject to scrutiny has policies and practice that encourage sustainable working lives.	Noted, thank you.
The British Psychological Society	4.1.1	5	The Society believes that this represents a vast range of different work 'ecosystems'. The guidelines need to be more specific to target work places across specific sectors, of specific size and located in specific regions.	Noted, thank you. We will bring this issue to the attention of the guidance development committee.
The British Psychological Society			The Society would ask for consideration of smaller enterprises/self-employment as many of the principles will tend to be generic.	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
The British Psychological Society	4.2	5-6	Leadership and Management are referred to at the same level here, when elsewhere (e.g. in the key questions) leadership/ high-level management is considered as a contextual/cultural variable. The Society believes that the scope and guidance need to be clear about terminology and whether they are looking purely at the line manager-employee relationship (with leadership and organisational factors as contextual factors and mechanisms for influencing the line manager-employee relationship) or including the direct impact of leadership and organisational factors on employee health and wellbeing.	Thank you. This guidance will look at both the line manager-employee relationship and the impact of leadership and organisational factors on employee health and wellbeing.
The British Psychological Society	4.2	5-6	Some strategies may or not be effective because of factors that accelerate or hinder the implementation of the intervention – including line manager behaviour itself (Nielsen, in press). This may suggest the need for	Noted, thank you. We will make the evidence review team aware of

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			complementary activities be introduced alongside focal interventions – e.g. interventions to shift organisational culture alongside interventions to change manager behaviour. (Nielsen, K. (in press) *Article: How can we make organizational interventions work? Employees and line managers as actively crafting interventions.* Human Relations.)	this issue.
The British Psychological Society	4.2 b)	5	This should include a broader consideration of management behaviours shown by research to be relevant to the prevention of stress and promotion of wellbeing – for example, workload planning, problem solving, and managing conflict. (For full details, see: Donaldson-Feilder, E., Lewis, R. & Yarker, J., (2009). Preventing stress: Promoting positive manager behaviour: Research Insight. CIPD Publications: London. (Available on the CIPD website: www.cipd.co.uk/subjects/health/stress/_preventing_stress.) Yarker, J., Donaldson-Feilder, E. & Lewis, R (2008) Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2. Norwich: HSE Books. (Available on the HSE website: http://www.hse.gov.uk/research/rrhtm/rr633.htm.))	Thank you, the scope has been amended accordingly. Your suggested references will also be passed onto the evidence review team for consideration.
The British Psychological Society	4.2 b)	5	The Society believes that it would be helpful to specifically refer to 'promoting good working relationships' at work. Without this other advice may not have a great impact.	Thank you, the scope has been amended accordingly.
The British Psychological Society	4.2 b) and c)	5	Consideration should be given to how line managers can influence the psychosocial work environment of those they manage (Nielsen & Daniels, 2012), both through managers' unilateral action, through acting in concert with workers (Clegg & Spencer, 2007) or encouraging the collective action of workers (Leana et al., 2009).'	Noted, thank you. Your suggested references will also be passed onto the evidence review team for consideration.
The British Psychological Society	4.2 c)	5	The provision of training and support to employees should include helping them to develop their own health and wellbeing.	Thank you, the scope has been amended accordingly.
The British Psychological Society	4.2 c)	5	The issue of selection has relevance here. Good selection and induction processes support managers in their roles and encourage their success by	Noted, thank you.

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			setting and clarifying expectations.	
The British Psychological Society	4.2 d)	5	This should include additional points as follows): Promoting healthy lifestyles at work Promoting wellbeing and emotional resilience Supporting managers to understand stress and common mental health issues in their team Productive and compassionate 'performance management' Developing emotional intelligence in their management role Good people management in line with the management competencies for preventing and reducing stress at work (References: Donaldson-Feilder, E., Lewis, R. & Yarker, J., (2009). Preventing stress: Promoting positive manager behaviour: Research Insight. CIPD Publications: London. (Available on the CIPD website: www.cipd.co.uk/subjects/health/stress/_preventing_stress.) Yarker, J., Donaldson-Feilder, E. & Lewis, R (2008) Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2. Norwich: HSE Books. (Available on the HSE website: http://www.hse.gov.uk/research/rrhtm/rr633.htm.)) Management behaviours that support employee return to work following long-term sickness absence (full details in: - Yarker, J., Munir, F., Donaldson-Feilder, E., & Hicks, B. (2010) Managing Rehabilitation: A competency framework for managers to support return to work. London: British Occupational Health Research Foundation. (Available on the BOHRF website: http://www.bohrf.org.uk/projects/rehabilitation.html.))	Noted, thank you. The scope has been amended accordingly. The activities in section 4.2 are for illustrative purposes rather than an exhaustive list Thank you for these suggested references. We will pass these onto the evidence review team for consideration.
The British Psychological Society	4.2 f)	6	The Society believes that consideration should be given to ensuring that manager's refer to and encourage employees to seek support from Occupational Health and other sources of direct support. For example, we	Thank you, the scope has been amended accordingly.

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			suggest that Employee Assistance Programmes be explicitly mentioned here as a source of support.	
The British Psychological Society	4.2	6	Activities might also include efforts to remove the stigma associated with ill health and wellbeing in employees. For example, stress may be associated more frequently with some groups of individuals than with others, and Page et al. (2013) report that: 'people often still perceive stress as an individual rather than organizational problem'. Page K.M, Lamontagne AD, Louie AM, Ostry AS, Shaw A, Shoveller JA (2013) *Stakeholder perceptions of job stress in an industrialized country: Implications for policy and practice.* J Public Health Policy. **20**: 1-15. doi: 10.1057/jphp.2013.24. [Epub ahead of print include references but properly formatted. They could also include the use of champions to promote mental and physical wellbeing at work (e.g. Robinson et al, 2013; Blake & Chambers, 2012).include reference and point. Robinson M, Tilford S, Branney P, Kinsella K. (2013) *Championing mental health at work: emerging practice from innovative projects in the UK*. Health Promote Int. [Epub ahead of print] Blake H, Chambers D (2012). *Supporting nurse health champions: Developing a 'new generation' of health improvement facilitators*. **71(2)** 205-210.	Thank you for raising these important issues. We will ensure that these issues and useful references are brought to the attention of the evidence review team and guidance development committee.
The British Psychological Society	4.2	6	The Society suggests that there should be an additional item to cover traumatic events such as sudden deaths, accidents or other traumatic incidents. In these situations, manager support is important as is the resources available to the manager in order to provide this support.	Thank you, however we consider traumatic events to be outside of the scope for this guidance.
The British Psychological Society	4.2	6	The Society would encourage the inclusion of an additional item about the role of line managers in promoting organisational justice, based on the following evidence: Please format this evidence for inclusion. There is good longitudinal evidence that lack of justice is a predictor of workplace-induced depression. (Grynderup et al (2013) *Work-unit measures of organisational justice and risk of depression--a 2-year cohort study*. Occupational And Environmental	Thank you for raising these important issues. We will ensure that these issues and useful references are brought to the attention of the evidence review team

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			Medicine [Occup Environ Med] 2013 Jun, **70 (6)**, 380-5.) There is general evidence that workplace participation increases justice perceptions – hence style of management crucial. (Linna et al (2011) *Effect of participative intervention on organisational justice perceptions: a quasi-experimental study on Finnish public sector employees.* International Journal of Human Resource Management; **22(3)**, 706-721) There is evidence that the experience of justice violations could be mitigated by intervention in the moment – which is a managerial capability issue (Kiefer T & Barclay L (2012) *Understanding the mediating role of toxic emotional experiences in the relationship between negative emotions and adverse outcome*. Journal of Occupational and Organisational Psychology **(85)**, 600-625) (Laurie J. Barclay Daniel P. Skarlicki (2008) *Organizational Justice violations Justice, Morality, and Social Responsibility*, 155–199) Participation and focus on personal/individual growth in performance management conversations has a positive impact on justice perceptions. (Dewettinck & van Dijk, (2013) Difference, conflict and performance evaluation are predictive of supervisor abuse. (Bennett et al (2011) *Predictors of abusive supervision: Supervisor perceptions of deep-level; dissimilarity, relationship conflict and subordinate performance.* Academy of Management Journal, **54(2)**, 279–294.)	and guidance development committee.
The British Psychological Society	4.2.1 c)	6	While this section states "sickness absence management and return to work schemes" will not be covered, the Society believes that there needs to be some acknowledgement that, within an organisation, managers can only manage effectively if the scheme or policy enables them to do so. Sickness absence management is an important aspect of the wellbeing cycle in any work place, as is exit policy. Without effective schemes in place within organisations, the expected outcome stated in 4.3 cannot be delivered.	Thank you for this reference. The scope has been amended to be clearer that this guidance will not be looking at the effectiveness of specific interventions to manage sickness absence and the return to work of those who have been on

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				long-term sick leave. The distinction is that included in the scope are interventions to support and train line managers to manage sickness absence (and return to work schemes) but the schemes themselves will not be covered. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
The British Psychological Society	4.3 Questions	6-7	The Society believes that key questions should include health in addition to wellbeing to be consistent with the title and the rest of the document.	Thank you, the scope has been amended accordingly.
The British Psychological Society	4.3 Questions	6-7	The Society recommends the inclusion of the following additional questions: Need to include *explicit* reference to some core diagnostic skills on part of the line manager in terms of spotting issues and potential problems and referring these where necessary. For example: How can line managers identify and support distressed employees? How can line managers best be equipped to identify any employee wellbeing issues? What is the role of line managers in the rehabilitation and return to work of employees? How can understanding of "wellbeing" be assessed? (Wellbeing is often taken as physical health, with little attempt to understand "emotional wellbeing"	Thank you for these suggested additional questions. The scope has been amended accordingly to include some of these suggestions. Recommendations for return to work schemes

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			beyond general references to "stress". Some organisations even refuse to use the work "stress".) How can line manager's best be supported and well managed themselves? (Middle managers can feel both neglected and pressured by senior managers, which negatively impacts on their capacity to contain, relate and manage.) How can the promotion of wellbeing be translated in to real practice that reaches beyond a few employees? How can we incorporate the diverse needs of the workforce into wellbeing promotion?	have already been made in NICE Public health Guidance 19 Managing long-term sickness and incapacity for work (issued March 2009). http://publications.nice.org.uk/managing-long-term-sickness-and-incapacity-for-work-ph19
The British Psychological Society	4.3 Questions	6-7	Knowles and Reddy (2003) provided some support that although common themes can be identified for organisational culture across organisations, each organisation had its unique culture. It may be ambitious to aim to provide generic guidance on this factor. (Knowles, M.C. & Reddy, P. (2003). Variations in organisational culture. *Australian Journal of Psychology, 55*, 134-134)	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee.
The British Psychological Society	4.3 Questions	6-7	The Society notes that there is no reference in the draft key questions to job design (other than workload as such). The Marmot review (2009) has shown that employees in hazardous and physically demanding occupations are particularly at risk for ill health outcomes. This raises the question of not only 'how jobs are managed', but also how any jobs are designed in the first place. Unless this aspect is included, inequalities by job and sector cannot be addressed fully. Research in job design shows that both relational factors (i.e. relationships with co-workers and so on) and proactive factors (i.e. how employees can take charge of matters themselves, in an age of growing uncertainty) are fundamental to questions about job design (Grant & Parker, 2009). Given this evidence, the scope should also include how employees can be empowered and enabled to be proactive and engage with their line managers, rather than depict the role of line management as a somewhat 'top down' process. (Grant, A.M., Parker, S.K. 2009, 'Redesigning Work Design Theories: The Rise of Relational and Proactive Perspectives', The Academy of Management	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee.

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			Annals, 3, **1**, 317-375.)	
The British Psychological Society	4.3 Questions	6-7	The Society recommends including reference to the connection between manager behaviour, justice perceptions, organisational climate, fairness and employee mental health. This should include the issue of performance management and the potential bias in evaluations involved.	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee.
The British Psychological Society	4.3 Questions	6-7	The Society believes that it would be helpful if a package of evidence was available for public service managers demonstrating the relationship between business success, employee health, and investment in staff training and development, flexibility in working hours, personal space and so on. Clinical NICE guidance often incorporates an assessment of the evidence base for different forms of intervention and it might be helpful if this document did the same.	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee.
The British Psychological Society	4.3 Questions	6-7	Occupational Health (OH) departments may be seen as under resourced and as reactive. Proactive OH, which works with both the individual and the system, is vital, as it affects their ability to work from a bio-psychosocial model which will support wellness initiatives and related cultural change.	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee.
The British Psychological Society	4.3 Expected outcomes	7	The Society recommends the inclusion of health in addition to wellbeing in the expected outcomes to be consistent with the title and the rest of the document.	Thank you, the scope has been amended accordingly.
The British Psychological Society	4.3 Expected outcomes	7	Given the evidence that engagement and wellbeing are linked, and the work of the Engage for Success taskforce, the Society believes that engagement should be included as both organisational, line manager and employee outcomes.	Thank you, the scope has been amended accordingly.
The British Psychological Society	4.3 Expected outcomes	7	The Society would recommend that Line managers outcomes should include manager behaviour that prevents and reduces stress/enhances wellbeing. (References: Donaldson-Feilder, E., Lewis, R. & Yarker, J., (2009). Preventing stress:	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review

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			Promoting positive manager behaviour: Research Insight. CIPD Publications: London. (Available on the CIPD website: www.cipd.co.uk/subjects/health/stress/_preventing_stress.) Yarker, J., Donaldson-Feilder, E. & Lewis, R (2008) Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase 2. Norwich: HSE Books. (Available on the HSE website: http://www.hse.gov.uk/research/rrhtm/rr633.htm.))	team and guidance development committee.
The British Psychological Society	4.3 Expected outcomes	7	The Society believes that Justice perceptions and employing effective performance management could usefully be added to the lists of expected outcomes at all levels. Performance management can play a strong role in the working relationship between managers and employees. However, the constructive conversations are difficult for both parties. Despite the formalisation of performance management as a management tool, managers can be equipped further on how to approach difficult conversations. The main principle that should support the appraisal process should be a learning theory whereby appraises identify clear learning objectives (Goldstein and Ford, 2002). (Goldstein, I.L., & Ford, J.K. (2002). Training in organizations: Needs assessment, development, and evaluation (4th edn). Belmont, CA: Wadsworth)	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee. Thank you for these references.
The British Psychological Society	General		In order to better promote equality of opportunity, the Society recommends that the draft scope needs to take into account organisational justice and managers' involvement in performance management, including the potential for bias in performance evaluations. Justice perceptions and the avoidance of bias are important for individuals' wellbeing. Working with concepts of fairness and justice should be integral to addressing employee health and wellbeing. For example forced distribution evaluations are problematic (O'Boyle, 2012; and Schleicher et al 2009); and stretch goals can have a negative impact on ethical behaviour (Zhang & Jia, 2013). Managers need to create psychological safety around performance management: psychological safety at work is more impactful on minority ethnic performance than for majority groups (Singh et al,	Noted, thank you. We will ensure this issue is brought to the attention of the evidence review team and guidance development committee.

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			2013). References: O'Boyle et al (2012) The best and the rest: Revisiting the norm of normality of individual performance. Personnel Psychology; Spring2012, **65 (1)**, 79-119. Schleicher et al (2009) Rater Reactions to Forced Distribution Rating Systems. Journal of Management; Aug2009, **35(4)**, 899-927 Singh, B., et al (2013) Managing diversity at work: does psychological safety hold the key to racial differences in employee performance? Journal of Occupational and Organisational Psychology **86 (2)**, 242-263 Zhang and Jia (2013) How can companies decrease the disruptive effects of stretch goals? The moderating role of interpersonal- and informational- justice climates human relations **66(7)**, 993-1020	Thank you for these references.
The NHS Health at Work Network	Overall		The NHS Health at Work Network represents over 125 NHS Occupational Health services in England. www.nhshealthatwork.co.uk We welcome this initiative to develop workforce policy and management practices to improve the health of employees.	Thank you.
The NHS Health at Work Network			The Network would be very interested in contributing to the development of this guidance and would welcome the opportunity to be involved. We have quarterly meetings of our Board and an annual members conference in September. We believe we could help the PHAC in addressing the key questions, identifying evidence based practice, developing case studies and testing propositions.	Thank you for your offer of help. As part of this guidance process, we will be making a call for evidence where we encourage you to submit evidence and case studies.
The NHS Health at Work Network	4.2.1	6	We note that 'sickness absence management and return to work schemes' are not to be covered. This seems at odds with 4.2 d] 'Support and training line managers in: managing sickness absence and return to work	Thank you for this reference. The scope has been amended to be clearer that this guidance will not be looking at the effectiveness of specific interventions to manage sickness absence and

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				the return to work of those who have been on long-term sick leave. The distinction is that included in the scope are interventions to support and train line managers to manage sickness absence (and return to work schemes) but the schemes themselves will not be covered. NICE has already made recommendations on these issues in our Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009).
The NHS Health at Work Network	4.1.2	5	Given the majority of people in work are employed by SME's, it seems odd that the scope of the guidance is not being extended to a] employers and employees in micro organisations or b] the self employed. It is arguably these organisations that are most in need of such guidance.	Thank you. Following stakeholder feedback the scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this public health guidance.	Thank you

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			The draft scope seems comprehensive and appropriated.	
The Royal College of Physicians	General		The Royal College of Physicians wishes to endorse the response submitted by the Faculty of Occupational Medicine to the above draft scope	Thank you.
UK Council for Psychotherapy	4.2	5 of 13	Consider adding promotion of 'anti-bullying' behaviour by line managers themselves when carrying out these actions; bullying is recognised by WHO as a psychosocial risk associated with unhealthy work and therefore we suggest should be a (self)-reflective consideration for those undertaking work in this area as managers or advisors to employees.	Noted, thank you. The scope has been amended accordingly.
UK Council for Psychotherapy	4.2	5 of 13	Consider adding support and training of line managers on the psychosocial impacts of differential management styles (especially in different occupational and cultural contexts) when dealing with employees with health conditions. This would facilitate a collaborative and two-way process that informs how to manage individuals on a case by case basis.	Noted, the scope has been amended accordingly.
UK Council for Psychotherapy	4.3	6 of 13	Add a question on the development of managers to self-monitor and be outcomes accountable – how will the manager be encouraged to incorporate this attitudinally into their daily working practice and how will they show or demonstrate they are doing this	Noted, thank you.
UK Health Forum	General		The UK Health Forum (UKHF) welcomes new guidance on workplace policy and management practices to improve the health of employees. The majority of adults in the UK spend a large portion of their time at as well as getting to and from their workplace. Having policies and practices in place to support and encourage health and wellbeing of employees will reduce absenteeism, support productivity, reduce capacity and financial burden on the NHS and other health and social care services, and most importantly support and improve the health of a large proportion of the population.	Thank you.
UK Health Forum	3 (c)	3	UKHF supports the wide ranging need for guidance around workplace policies which support health.	Thank you.
UK Health Forum	4.1.2	5	Will there be separate guidance produced to support employers and employees at micro organisations?	Thank you. Following stakeholder feedback the

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				scope has been amended to consider employers in all organisations regardless of size (micro, small, medium and large).
UK Health Forum	4.2 (g)	6	UKHF would suggest that in supporting and training managers to manage workplace health and wellbeing, that they are able to identify potential risks and hazards to those with or at risk of developing *both* acute (i.e. injury, infection, ect.) and chronic (i.e. back pain, weight gain, etc.) health conditions.	Thank you for your feedback however we intend this to be general guidance addressing broad workplace issues such as organisational context, workplace policy and management practices.
UK Health Forum	General		UKHF would suggest that the guidance make clear and understandable throughout that the environment (organisational culture, context, policies, physical work environment, etc.) of a workplace is essential to promoting employee health and wellbeing.	Noted, thank you. The scope has been amended to include the physical work environment.
UK Health Forum	General		The guidance should make a clear link to and reference the Public Health Outcomes Framework and the Department of Health's Living Well, Living Longer strategy.	Noted. The scope makes reference to the Public Health Outcomes Framework. We have checked the Living Well, Living Longer strategy and it does not mention the workplace.
Unite the union	general		Although various topics touch on it, we would like to see 'reduction in bullying' as a specific outcome for effective line managers	Noted, thank you.
Unite the union	4.2 c)	5	After 'develop their performance' please add 'where appropriate' as it will be	Thank you, the scope

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			stressful for employees to be encouraged to achieve more, when they are already working at their maximum level.	has been amended accordingly.
Unite the union	4.2 d)	5	After conflict management please add 'including bullying'	Thank you, the scope has been amended accordingly.
Unite the union	4.2 d)	6	After 'workload management please add 'including flexible working'	Thank you, the scope has been amended accordingly.
Unite the union	4.2	6	As well as identifying risks and hazards and supporting people, please add an extra activity 'g) Identifying potential risks and hazards and protecting staff from harm'	Noted, thank you.
Unite the union	Expected outcomes	7	Second point 'Line managers:.......identification of risks, hazards and causes of health conditions …then please add 'and accidents'	Thank you, the scope has been amended accordingly.
Weight Concern	4.2	6	Occupational health services or other sources of help and support for line managers – this should broadly cover all aspects of health which could cause or relate to a long-term condition. i.e. help with weight management or general health promotion for employees.	Noted, thank you.