NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 2

Healthy workplaces: improving employee mental and physical health and wellbeing– prioritisation meeting

Transition between inpatient hospital settings and community or care home settings for adults with social care needs - post consultation

Minutes of the meeting held on Thursday 9th June at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Michael Rudolf [Chair], Gillian Baird, Barry Attwood, Ashok Bohra [item 5-11], Guy Bradley-Smith, Michael Fairbairn, Jean Gaffin, Jim Greer, Malcolm Griffiths, Tessa Lewis, Robyn Noonan, Anita Sharma, Ruth Studley **Specialist committee members** **Healthy workplaces -** Susan Barton, Michael Brennan, Mark Gabbay, Elaine Harris, Ivan Robertson, Mandy Wardle **Transitions –** Hayley Birchall, Olivier Gallemin, Dawn Howarth, David Smallacombe, Kath Sutherland-Cash **NICE staff** Nick Baillie (NB), Christina Barnes (CB), Craig Grime (CG) [agenda items 8-11], Julie Kennedy (JK) [agenda items 1-7], Kirsty Pitt (KP) [agenda items], Eileen Taylor (ET) [agenda items 1-7] **Topic expert advisers** None **NICE Observers** None
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Anjan Ghosh, Julie Clatworthy and Amanda Smith **Specialist committee members** None

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and	The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves.	

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plan for the day (private session)	The Chair informed the Committee of the apologies and reviewed the agenda for the day.	
2. Welcome and code of conduct for members of the public attending the meeting (public session)	The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the Committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive.	
3. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared: Standing committee members • Jim Greer declared that he is a principle lecturer at Teesside University. • Malcolm Griffiths declared that he has recently been appointed as an external validator for a project by the Belgian Health Care Knowledge Center (KCE). Specialist committee members • Ivan Robertson declared that he is the director of Robertson Cooper Ltd, a company that provides support to organisations to enhance the psychological wellbeing of their employees. • Susan Barton declared that she is currently a health and safety officer for UNISON. **Minutes from the last meeting** The Committee reviewed the minutes of the last meeting held on Thursday 12th May and confirmed them as an accurate record.	
4. QSAC updates	**Committee member away day 2016** NB informed the committee that he had received a query asking when the next QSAC away day would be taking place. He advised the committee that an away day will be scheduled towards the end of the financial year in order to align with the scheduling of future quality standards topics for 2017/18. NB agreed that he would keep the committee informed about this and provide details nearer the time.	**NICE Team to keep committee members informed about the QSAC away day.**

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5 and 5.1 Topic overview and summary of engagement responses	ET presented the topic overview and a summary of responses received during engagement on the topic. ET advised that a late response had been received from the Department of Work and Pensions. ET advised she would read out the comments they provided for each relevant area. Their response will be added to the briefing paper when it is published at consultation but had not yet been added. ET highlighted that this topic is unusual as the quality standard is aimed at all employers rather than just health and social care organisations.	
5.2 Prioritisation of quality improvement areas	The Chair and ET led a discussion in which areas for quality improvement were prioritised. The QSAC considered the draft areas as outlined in the briefing paper prepared by the NICE team. ET reiterated to the committee the focus of the quality standard was to improve the health, including mental health, and wellbeing of all employees. ET advised this standard would not cover the management of long term sickness absence as this will be covered by another quality standard. Under each relevant area ET read out the comments received from the Department of Work and Pensions.	
5.3 Prioritised area – Prevention	**Musculoskeletal disorders** A committee member pointed out the absence of any mention of musculoskeletal (MSK) disorders and the importance of this area in the prevention of long term sickness.. The committee was advised that Guideline PH19 on long-term sickness absence and incapacity identified MSK disorders such as back pain as key reasons for long term absence of employees within the UK. The committee felt that MSK disorders are important and requested that this be specified in the introduction to the quality standard. **Occupational risks** The committee discussed the importance of various occupational risks and agreed that protecting employees at work was outside the scope of a quality standard as this is covered by current legislation. It was therefore agreed not to progress a statement on this. **Stress and mental health** The committee had a lengthy discussion about the need for organisations and managers at all levels to demonstrate that the health and wellbeing of employees was a top priority, especially in the areas of stress and mental health. There should be visible senior managers in an organisation responsible for this, and also this needed to be addressed in the relationship between an employee and their line manager. It was	**NICE team to specify MSK in the introduction of the quality standard.**

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	suggested that senior managers do not always perceive this to be an important issue and therefore they do not display the right model behaviours. It was stated that if managers were to be asked they would say that wellbeing of the workforce was important but they often held the belief that if you do look after the wellbeing of the workforce it can reduce productivity; in fact the opposite was the case. The committee agreed that the main thrust of the quality standard would be to improve the understanding of top level management. It was suggested that, as well as raising awareness about improving the wellbeing of the workforce and the stigma of mental health issues, regular review of the processes involved in achieving this was required. It was agreed that a statement would be written on organisations making employee health and wellbeing a priority. The committee noted that simple things such as ensuring that equipment works would help with the wellbeing of the workforce and reduce stress, but did not feel that this should be one of the priority areas for quality improvement. The committee identified that line managers need to be trained to identify stress and mental health issues in employees. It was suggested that a statement could be developed from recommendation 1.9.1.	**NICE team to develop a statement on organisational priority (NG13 rec. 1.1.1).** **NICE team to develop a statement on line manager training (rec. 1.9.1).**
5.3 Prioritised area – Access to Support	**Occupational health/ employee assistance programmes** The committee identified that there was a gap in the health and wellbeing of staff apart from those areas that are covered under legislation and this was particularly the case in smaller businesses and in the construction industry. The committee agreed that not all employees have access to occupational health services through their employer specifically, but they could go to their GP or access other local services. However, a committee member pointed out that many GPs are not specifically trained in the area of occupational health. A committee member stated that the DWP Fit for Work service is available for all employees who have been off work for a period of 4 weeks thereby allowing them to access occupational health either by referral from their GP or employer. However, it was noted that this was not about prevention, and the committee was informed that there was no evidence to support that accessing occupational health improves employee health and wellbeing; hence the reason why this is not covered in NG13. The committee requested that, if possible, a statement be developed on line managers being aware of the importance of supporting employee health and wellbeing including an understanding of when to refer to	**NICE Team to consider development of a quality statement on referral to occupational health / other support (PH22 rec 4 - point 2 and NG13 rec 1.6.4.)**

Agenda item	Discussions and decisions	Actions
	occupational health, possibly using PH22 recommendation 4 point 2 and NG13 1.6.4. **Mental health Support** The committee discussed mental health support and agreed there needs to be more awareness raised for both employers and employees. However it was agreed that a quality statement was not the most appropriate means for this. **Physiotherapy** ET advised the committee that physiotherapy was not directly covered in relevant NICE guidelines and therefore there were no recommendations in the area. **Complementary therapies** ET advised the committee that complementary was not directly covered in relevant NICE guidelines and therefore there were no recommendations in the area.	
5.3 Prioritised area – Organisation	The committee discussed the importance of staff engagement within any organisation. A committee member suggested a possible source of current practice information would be a publication named ‘Engagement for Success’. Recommendation 1.5.2 relating to seeking employees’ views was identified as a basis for a quality statement, and the committee agreed to progress this. The committee agreed that more evaluation of workplace programmes should be undertaken so that their impact on workplace health and wellbeing can be measured. The NICE team pointed out that this has already been identified within a research recommendation. However, the committee suggested that a quality statement could still be developed based on 1.11.1 about regular monitoring and evaluation, although this may be difficult to measure. Alternatively, recommendation 1.11.2 relating to managers reviewing their own progress in promoting workplace health might be more measurable. The NICE team agreed that they would review these recommendations and explore the measurability of them both. Although it had already been agreed that line managers need to be trained to identify stress and mental health issues in employees (with a statement being developed from recommendation 1.9.1), the committee also suggested that all line managers should have the need to support employee health and wellbeing clearly defined within their job description. The NICE team agreed to progress a statement on this area.	**NICE team to develop quality statement on employee involvement (NG13 rec 1.5.2)** **NICE Team to consider development of a quality statement on workplace programme evaluation (NG13 rec 1.11.1 or 1.11.2)** **NICE team to develop quality statement on line manager job descriptions (NG13 rec 1.6.4)**
5.3 Prioritised area –	The committee discussed the current legislation and noted that flexible working requests and the need to	**NICE team to consider a**

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Adjustments	make reasonable adjustments are covered under this. It was agreed that the prevention of long term absence was an important objective, and it was suggested that a possible statement on identifying options for return to work could be developed from recommendation 1 point 2 of PH19 relating to reviewing employees who are on sick leave within 2 weeks. The committee suggested that the rationale of such a statement could include the point that dealing expeditiously with an acute health problem could prevent it becoming a chronic problem.	**statement on seeing employees within 2 weeks (PH19 rec 1)**
5.3 Non- Prioritised area – Positive health behaviour	The committee discussed the promotion of positive health behaviours within organisations. It was noted that not all organisations provide food within the workplace, but it was agreed that there should be promotion of positive behaviours such as the provision of healthy vending machine options and possible walking or exercise groups where appropriate. A committee member identified that a review by Carol Black and David Frost (2011) could be used to provide more up-to-date sickness figures. It was suggested that links to other relevant quality standards such as obesity and physical activity should be included within the introduction to ensure that they are clearly signposted. The committee agreed that further areas such as exercise, diet and alcohol should be highlighted in the quality standard but not developed as specific statements.	**NICE team to include information in the introductory text on positive health behaviours.**
5.4 Additional areas	**Smoking cessation advice for employees** ET advised the committee this had been previously touched on in an earlier discussion. She stated that this is within the scope of the NICE quality standard 82, Smoking: reducing and preventing tobacco use. **Biobank** ET informed the committee that biobank is not contained within any NICE or NICE accredited guidance and therefore will not be progressed. **Oral health** ET informed the committee that a NICE quality standard was in development for on oral health promotion in the community. **Consistent evaluation standard tools** ET advised the committee that this is a recommendation for research in NICE NG13 Workplace health: management practices.	

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	Advice and support for organisations ET again informed the committee that this is a recommendation for research in NICE NG 13 Workplace health: management practices. **Prolonged absence** ET advised the committee that a NICE quality standard has been referred on workplace: long-term sickness absence and management which will cover this area. ET outlined the areas that had been suggested by the department of work and pension as follows: • Develop an evidence base • Training of clinicians/GP and primary care certification • Improve treatment access • International systems These could not be progressed as they are outside the scope of quality standard and therefore will not be progressed.	
6. Resource impact	The NICE team identified the resource impact of the healthy workplaces: Improving employee mental health and physical health and wellbeing quality standard throughout the meeting discussions.	
7.1 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on healthy workplaces: improving employee mental and physical health and wellbeing and lowering sickness absence. It was agreed that the Committee would contribute suggestions as the quality standard was developed.	
7.2 Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the Committee to consider any relevant issues. It was agreed that the Committee would contribute suggestions as the quality standard was developed.	
8. QSAC specialist committee members (part 1 – open session)	NB asked the QSAC to consider the constituency of specialist committee members on the group and whether any additional specialist members were required. A committee member suggested that a representative from the Health and Safety Executive (HSE) should be invited to the next QSAC meeting or the very least ensure that they make a contribution during the consultation exercise. JK advised the committee that this had been discussed with a representative from HSE. It was also noted that anyone from a Government department cannot be a member of a NICE	

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	committee. It was confirmed that comments from HSE had been received during the topic engagement exercise. Another committee member suggested possibly inviting a representative from the Institute of Occupational Health and the Chartered Institute of Personnel Development (CIPD) It was suggested that these organisations could also be approached to support and endorse the final quality standard.	
9. Next steps and timescales (part 1 – open session)	The Chair pointed out that more than five areas had been identified for development into quality statements. Whilst it might not be possible to progress some of these, and others might be merged, if there were eventually more than five draft statements, it would be necessary to ask stakeholders which they thought were the most important as part of the consultation exercise. The team outlined what will happen following the meeting and provided key dates for the healthy workplaces: improving employee mental and physical health and wellbeing quality standard. The Chair thanked the specialist committee members for their input into the development of this draft quality standard.	
10. Welcome and introductions	The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves.	
11. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared: Standing committee members • None to declare Specialist committee members • None to declare	
12. Recap of prioritisation	KP presented a recap of the areas for quality improvement discussed at the first QSAC meeting for transition between inpatient hospital settings and community or care home settings for adults with social	

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exercise	care needs. **At the first QSAC meeting on Thursday 11th February 2016 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard:** • Admission • Discharge • Involving carers • Medicines information sharing The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Quality-Standards-Advisory-Committee/QSAC2/QSAC-2-minutes-11-Feb-16.pdf	
13.1 and 13.2 Presentation and discussion of stakeholder feedback and key themes/issues raised	KP presented the Committee with a report summarising consultation comments received on transition between inpatient hospital settings and community or care home settings for adults with social care needs. The Committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The Committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting. The Committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment: • Relating to source guidance recommendations • Suggestions for non-accredited source guidance • Request to broaden statements out of scope • Inclusion of overarching thresholds or targets • Requests to include large volumes of supporting information, provision of detailed implementation advice • General comments on role and purpose of quality standards • Requests to change NICE templates	

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	The committee discussed a stakeholder comment that the quality standard should refer to 'adults with care and support needs', in line with the Care Act, rather than 'adults with social care needs'. The committee felt that the wording should be in line with the Care Act although it was acknowledged that the source guideline refers to 'adults with social care needs', so changing the wording in the quality standard may make the link unclear. The committee agreed that the population should be clearly defined in either case. The NICE team agreed to review this as the wording needs to be consistent across quality standards.	
14.1 Discussion and agreement of final statements	The Committee discussed each statement in turn and agreed upon a revised set. **These statements are not final and may change as a result of the editorial and validation processes.**	
	Draft Quality Statement 1: Adults with social care needs who are at risk of admission to hospital have a contingency plan for hospital admission. The committee discussed the term 'contingency plan' within the content of the statement. A committee member suggested renaming the contingency plan to an 'advanced care plan', as this is required to help facilitate advanced care planning of those with social care needs and also to ensure that pre-existing social care packages are not withdrawn if an individual is admitted to hospital. However, the committee agreed with stakeholder comments that identification of people at risk of admission could result in either too narrow or too broad a population, depending on risk stratification. The committee discussed the underlying purpose of this statement and agreed that it should focus on information provision when an individual who has social care needs is admitted to hospital. A committee member stated that the nine principles of wellbeing should be covered in the care plan. The committee suggested the statement could be focussed on those individuals who already have pre-existing care plans in place prior to being admitted to hospital and highlight the importance of this information travelling with them. It was agreed that all information contained within the care plan should be made available to the admitting team. The committee discussed who would be responsible for ensuring that the information held within the existing care plan is provided to the admitting team and agreed that it should be the health care professional who instigated the admission. It was therefore agreed to amend the statement.	**The NICE team to amend this statement**

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	Draft Quality Statement 2: Older people with complex needs have a comprehensive geriatric assessment started at the point of admission to hospital. The committee discussed the stakeholder feedback, in particular the word 'geriatric' within the statement and how this could be misinterpreted and deemed as disempowering. The committee advised that 'comprehensive geriatric assessment' is a well understood term and any changes could lead to confusion. The committee discussed the additional triggers for the assessment and agreed that the 2 hours that had previously been identified was unrealistic. It was suggested that it should only state that CGA should be initiated on point of admission and that the 2 hours trigger should be removed from the statement. The committee requested that an additional measure be added to the statement around delayed transfer of care. It was agreed to progress the statement.	**NICE Team to progress this statement**
	Draft Quality Statement 3: Adults with social care needs in hospital have a discharge co-ordinator The committee discussed this statement and agreed that in order to ensure a smooth discharge the discharge co-ordinator should be a named individual. This would ensure that all relevant information is shared and necessary future appointments, treatment and care can be coordinated. The committee requested that 'named' be added to the statement. It was agreed to progress the statement with this amendment.	**NICE team to progress this statement**
	Draft Quality Statement 4: Adults with social care needs are given a copy of their agreed discharge plan before being discharged from hospital. The committee discussed the statement and agreed that an accessible copy of the discharge plan should be given to individuals before discharge from hospital. It was suggested that the guideline definition of 'accessible' be used to provide clarity of requirements. The committee identified concerns around the information that is contained within a discharge plan and stressed the importance of the information being	**NICE team to progress this statement**

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	understandable to all parties. A committee member stated that as of 31 July 2016 it will become law to provide accessible information. The committee discussed the use of advocacy services and third sector organisations and agreed that these should be reflected within the statement. A committee member requested clarity on the whether it would be the discharge summary notes that would be shared or the discharge plan and it was agreed that it needed to be made clearer that it is the discharge plan. It was agreed to progress the statement.	
	Draft Quality Statement 5: Adults with social care needs who will be supported by family and carers after discharge from hospital have them involved in discharge planning The committee discussed stakeholder comments that this statement should also refer to paid care workers and was advised that paid care workers would be included in the descriptors that refer to health and social care practitioners, and therefore their inclusion in this statement would not be required. The committee discussed suggestions that statements 3 and 5 could be merged. However, it was identified that these issues needed to be addressed separately and merging the measures would be complex. It was agreed that the two statements should remain separate. The committee also agreed that reference could be made to people who do not wish to have family and carers involved in discharge planning. It was agreed to progress the statement.	**NICE team to progress this statement**
	Draft Quality Statement 6: Adults with social care needs are given a complete list of their medicines when they are discharged from hospital. The committee discussed responses to the specific consultation question on merging this statement with statement 4. It was agreed that information on medicines could be included within the definition of the discharge plan. It was requested that accessibility of information also be referenced in order to ensure	**NICE team to remove this statement and include information about medicines in statement 4.**

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	that information about medication is easily understandable. The committee agreed to remove this statement and include information about medications in statement 4.	
	Additional areas suggested by stakeholders **Coordination of care post–discharge** KP advised the committee that this area had been discussed previously and was outside the scope of the quality standard. **Early supported discharge** KP advised the committee that this area had been discussed previously and it had not been prioritised. **Follow-up after discharge** KP advised the committee that this area had been discussed previously and it had not been prioritised. **Quality of information provided to people choosing a care home while in hospital** KP advised the committee that this area had not been discussed previously. A committee member stated that the guideline states that people should not have to make decisions about long-term residential or nursing care whilst they are in a crisis. **Timely assessment for continuing healthcare** KP advised the committee that this area had not been discussed previously. The committee did not prioritise this area for a quality statement. **Access to community services** KP advised the committee that this area had been discussed previously and had not been prioritised. It would be covered in a referred quality standard on reablement.	
15. Resource impact	The NICE team identified the resource impact of the Transition between inpatient hospital settings and community or care home settings for adults with social care needs quality standard. The committee discussed the possible cost savings that could be made with regard to the readmission of patients. They agreed that this quality standard could also reduce the length of hospital stay.	

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	The committee discussed the potential cost implications of a discharge co-ordinator and agreed that this be noted as an important area.	
16. Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on transition between inpatient hospital settings and community or care home settings for adults with social care needs post consultation. Length of hospital stay was suggested as an additional overarching outcome. It was agreed that the Committee would contribute suggestions as the quality standard was developed.	
17. Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the Committee to consider any relevant issues. It was agreed that the Committee would contribute suggestions as the quality standard was developed.	
18. Next steps and timescales (part 1 – open session)	The team outlined what will happen following the meeting and key dates for the transition between inpatient hospital settings and community or care home settings for adults with social care needs post consultation quality standard.	
19. Any other business (part 2 – Private session)	The following items of AOB were raised: • None to report The Chair thanked the specialist committee members for their input into the development of this quality standard. **Date of next QSAC 2 meeting: Thursday 14th July 2016.**	