![NICE National Institute for Health and Care Excellence]

Healthy workplaces: improving employee mental and physical health and wellbeing

Quality standard

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This standard is based on NG13 and NG212.

This standard should be read in conjunction with QS82, QS84, QS111 and QS183.

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Quality statement 1: Making health and wellbeing an organisational priority

Quality statement

Employees work in organisations that have a named senior manager who makes employee health and wellbeing a core priority.

Rationale

Giving a senior manager responsibility for health and wellbeing shows the organisation's commitment to a healthy working environment. The named manager can lead on healthy work initiatives and provide line managers and employees with support to improve working conditions. This can benefit both the organisation and its employees by increasing productivity, lowering staff sickness levels and improving job satisfaction and staff retention rates.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of arrangements for a named senior manager to have responsibility for making employee health and wellbeing a core organisational priority.

Data source: Data can be collected from information recorded locally, for example, job descriptions, minutes of senior management meetings and organisational policies related to health and wellbeing. The Chartered Institute of Personnel and Development's annual health and wellbeing survey collects data on whether organisations have a formal standalone wellbeing strategy as part of their wider organisation strategy and whether employee health is on senior leaders' agendas.

b) Evidence of arrangements for implementing an employee health and wellbeing strategy.

Data source: Data can be collected from information recorded locally, for example, an employee

health and wellbeing strategy with metrics and details of the progress made. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey collects data on the focus of wellbeing activities, budgets allocated for wellbeing and employee wellbeing benefits.

c) Evidence of arrangements to incorporate health and wellbeing in all relevant policies and communications.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, minutes of management strategy, planning and board meetings and communications with staff.

Outcome

a) Employee sickness absence rates.

Data source: Data can be collected from information recorded locally, for example, HR management systems. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey collects data on employee short-term and long-term absence. The Office of National Statistics reports on sickness rates in the UK labour market, including days lost and reasons for absence.

b) Employee retention rates.

Data source:Data can be collected from information recorded locally, for example, HR management systems. The Office of National Statistics Labour Force Survey contains the question 'When did you start in your current employment?'

c) Employee satisfaction rates.

Data source: Data can be collected from information recorded locally, for example, staff survey results such as the NHS staff survey. The Chartered Institute of Personnel and Development's annual UK working lives survey collects data on various aspects of job quality.

What the quality statement means for different audiences

Organisations have a named senior manager who is responsible for making employee health and

wellbeing a core priority. This role includes ensuring that health and wellbeing is included in the organisation's strategic and business management plans, and leading on initiatives to improve employee health and wellbeing.

Line managers recognise the importance of health and wellbeing and take it into account, for example, when planning tasks and designing jobs.

Employees know which senior manager is responsible for their health and wellbeing at work. They also know that the organisation they work for is committed to a healthy working environment and that jobs will be designed with this in mind.

Source guidance

- Mental wellbeing at work. NICE guideline NG212 (2022), recommendations 1.1.2, 1.1.3 and 1.2.1

- Workplace health: management practices. NICE guideline NG13 (2015, updated 2016), recommendation 1.1.1

Definitions of terms used in this quality statement

Senior manager

For a medium or large organisation (employing 50 or more people) the senior manager who takes responsibility for health and wellbeing would usually be a member of the executive team. Or they could be another senior member of staff who can influence that team. In smaller organisations the owner, or the person responsible for the day to day running of the organisation, could take on this role. [Expert opinion]

Health and wellbeing

Health relates to a person's physical and mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. Mental wellbeing relates to a person's emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community. [NICE's guideline on workplace health: management practices, terms used in this guideline and NICE's guideline on older people: independence and mental wellbeing, glossary]

Core priority

Organisations in which health and wellbeing is a core priority will have a health and wellbeing strategy or plan. It will also be included in all relevant policies (for example, absence and recruitment policies) and communications, and the organisation will develop or promote and coordinate health and wellbeing activities. [Expert opinion]

Core priority

Quality statement 2: Role of line managers

Quality statement

Employees are managed by people who support their health and wellbeing.

Rationale

A line manager can have a significant influence on employee attitudes and behaviours. Making health and wellbeing a central part of the line manager's role is a way of helping to ensure employees feel valued, content and able to discuss any concerns before they reach a crisis point. This can also improve productivity.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence that supporting employee health and wellbeing is included in any documents outlining the skills and knowledge that line managers need.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, job descriptions and performance reviews.

Process

a) Proportion of line managers whose job descriptions include supporting employee health and wellbeing.

Numerator – the number in the denominator whose job description includes supporting employee health and wellbeing.

Denominator – the number of line managers in the organisation.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, job descriptions.

b) Proportion of line managers whose performance reviews include an evaluation of how they support employee health and wellbeing.

Numerator – the number in the denominator whose performance reviews include an evaluation of how they support employee health and wellbeing.

Denominator – the number of line managers in the organisation.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, appraisal documentation.

Outcome

a) Employee sickness absence rates.

Data source: Data can be collected from information recorded locally, for example, HR management systems. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey collects data on employee short-term and long-term absence. The Office of National Statistics reports on sickness rates in the UK labour market, including days lost and reasons for absence.

b) Employee retention rates.

Data source: Data can be collected from information recorded locally, for example, HR management systems. The Office of National Statistics Labour Force Survey contains the question 'When did you start in your current employment?'

What the quality statement means for different audiences

Organisations (senior management teams including the chief executive and departmental managers) make line managers aware that supporting employee health and wellbeing is a central part of their role. This is done by including health and wellbeing in their job descriptions and performance reviews and emphasising it during recruitment. Organisations also ensure that line managers have adequate time, training and resources to support the health and wellbeing of

employees.

Line managers are aware of the important role they have in supporting the health and wellbeing of employees, as highlighted in their job descriptions and performance reviews. They put this into practice in the way they manage employees and design jobs and person specifications.

Employees work in an environment where they know line managers aim to protect and support their health and wellbeing.

Source guidance

Workplace health: management practices. NICE guideline NG13 (2015, updated 2016), recommendations 1.6.1, 1.6.4 and 1.9.2

Definitions of terms used in this quality statement

Supporting employee health and wellbeing

Taking action to maintain people's health and wellbeing at work, for example:

- offering employees help and encouragement to build supportive relationships

- being open and approachable to ensure employees feel free to share ideas

- consulting regularly on daily procedures and problems

- recognising and praising good performance

- identifying and addressing issues and concerns and taking any action needed as soon as possible to prevent problems escalating

- identifying sources of internal and external support

- agreeing relevant and realistic job targets

- carrying out stress risk assessments and developing workplace solutions to reduce this risk.

[NICE's guideline on workplace health: management practices, recommendations 1.8.1, 1.8.2 and 1.9.1]

Health and wellbeing

Health relates to a person's physical or mental condition. Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. Mental wellbeing relates to a person's emotional and psychological wellbeing. This includes self-esteem and the ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community. [NICE's guideline on workplace health: management practices, terms used in this guideline and NICE's guideline on older people: independence and mental wellbeing, glossary]

Quality statement 3: Identifying and managing stress

Quality statement

Employees are managed by people who are trained to recognise and support them when they are experiencing stress.

Rationale

Line managers are in regular contact with the employees they are responsible for, so they are in a good position to identify the early signs of stress. They can also help prevent the symptoms escalating into illness and sickness absence.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of arrangements to ensure that line managers are given training in how to recognise and support employees when they are experiencing stress.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, training records and copies of training documentation.

Process

a) Proportion of line managers who are trained to use a stress risk assessment to identify and respond to sources of stress.

Numerator – the number in the denominator who are trained to use a stress risk assessment to identify and respond to sources of stress.

Denominator – the number of line managers in the organisation.

Data source: Data can be collected from information recorded locally, for example, training records and copies of training documentation. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey collects data on risk assessments or stress audits being carried out.

b) Proportion of line managers who are trained to recognise the causes of stress.

Numerator – the number in the denominator who are trained to recognise the causes of stress.

Denominator – the number of line managers in the organisation.

Data source: Data can be collected from information recorded locally, for example, training records and copies of training documentation. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey includes details of organisations that have trained line managers to identify and manage stress in their team.

c) Proportion of line managers who receive information on sources of support for stress both inside and outside the workplace.

Numerator – the number in the denominator who receive information on sources of support for stress both inside and outside the workplace.

Denominator – the number of line managers in the organisation.

Data source: Data can be collected from information recorded locally, for example, from induction and training records and copies of training documentation. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey collects data on the proportion of organisations that have managers who are confident to signpost staff to expert sources of help if needed.

Outcome

a) Identification of stress in employees.

Data source: Data can be collected from information recorded locally, for example, records of referrals and support offered to employees experiencing stress. The Chartered Institute of

Personnel and Development's annual health and wellbeing at work survey collects data on methods used to reduce stress (including employee assistance programmes).

b) Support for employees experiencing stress.

Data source: Data can be collected from information recorded locally, for example, staff survey results, such as the NHS staff survey. The Chartered Institute of Personnel and Development's annual health and wellbeing at work survey includes details of organisations that have introduced flexible working options, changes in work organisation (such as job role adaptations) and training provided to build personal resilience.

What the quality statement means for different audiences

Organisations (senior management teams including the chief executive and departmental managers) ensure that line managers receive training in how to recognise and support an employee when they are experiencing stress. This includes how to develop workplace solutions to reduce the risk and knowing when to provide additional support. Support could include, for example, a referral to occupational health or elsewhere, both in and outside the workplace.

Line managers undertake training in how to recognise and support an employee when they are experiencing stress. This may involve using a stress risk assessment. They are also trained to develop workplace solutions to reduce the risk. In addition, they are aware of occupational health and other sources of support both in and outside the workplace and know when to refer employees to these sources of support.

Employees have a line manager who is trained to recognise when they are experiencing stress and knows what to do to help. Action could include, for example, making changes to how their job is carried out, or temporarily reducing the workload. It could also include referring them for support from occupational health or elsewhere, both in and outside the workplace. This will help employees to continue in work.

Source guidance

- Mental wellbeing at work. NICE guideline NG212 (2022), recommendations 1.5.1, 1.5.3 and 1.5.4

- Workplace health: management practices. NICE guideline NG13 (2015, updated 2016), recommendations 1.8.2 and 1.9.1

Definitions of terms used in this quality statement

Stress

Stress is the adverse reaction people have to excessive pressures or other types of demand placed on them. [NICE's guideline on mental wellbeing at work, terms used in this guideline]

Support when experiencing stress

Support can involve addressing work issues and understanding how to carry out a stress risk assessment. In addition, it can involve identifying internal services (such as occupational health services, if available) and external services that may be able to help. (The latter could include fitness for work occupational health services, an employee assistance programme or the employee's GP.) [Adapted from NICE's guideline on workplace health: management practices, recommendations 1.8.2 and 1.9.1 and expert opinion]

Quality statement 4: Employee involvement in decision making

Quality statement

Employees have the opportunity to contribute to decision making through staff engagement forums.

Rationale

Empowering employees to be involved in organisational decisions and practices that have a direct impact on them shows that the organisation they work for values their opinions. It can also lead to improved working practices and, in turn, improved job satisfaction, resulting in a more content and healthy workforce as well as higher levels of commitment and productivity.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of arrangements for staff engagement forums that enable employees to contribute to decision-making.

Data source:No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, dates of staff engagement forums, communications with staff encouraging attendance, staff engagement forum agendas and minutes (including contributions made by staff).

b) Evidence of arrangements for feedback to employees on actions taken as a result of their contribution.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally, for example, staff engagement forum and team

meeting minutes, organisational newsletters, posters or emails.

Outcome

a) Employee satisfaction rates.

Data source: Data can be collected from information recorded locally, for example, staff survey results such as the NHS staff survey. The Chartered Institute of Personnel and Development's annual UK working lives survey collects data on various aspects of job quality.

b) Employee engagement.

Data source: Data can be collected from information recorded locally, for example, numbers attending staff engagement forums and staff survey results such as the NHS staff survey.

c) Employee retention rates.

Data source: Data can be collected from information recorded locally, for example, HR management systems. The Office of National Statistics Labour Force Survey contains the question 'When did you start in your current employment?'

What the quality statement means for different audiences

Organisations (senior management teams including the chief executive and departmental managers) ensure that employees are encouraged to voice their opinions and actively seek them through staff engagement forums. Staff engagement forums are included in organisational plans and published reports, such as the annual report. Organisations give regular feedback on ways that employee opinions have been considered, for example, at staff meetings or through newsletters, posters or emails.

Line managers ensure that they give employees the support and encouragement they need to contribute to decision making, for example, by giving them time and support to attend staff engagement forums.

Employees have the opportunity to voice their opinions, and their organisation takes these into account when making business decisions that affect them. Employees receive regular feedback on how their opinions have influenced the organisation's decisions.

Source guidance

Workplace health: management practices. NICE guideline NG13 (2015, updated 2016), recommendation 1.5.2

Definitions of terms used in this quality statement

Staff engagement forums

Staff engagement forums are used to get employee views on organisational decisions and on how working practices can be improved. This can improve business productivity because employees often have the most experience and information about the effectiveness of company policies and systems. In addition, it can improve employee satisfaction because if their ideas are taken on board it is clear their opinion is valued.

Some organisations may feel other methods are more effective such as: small team meetings, working groups, the appointment of wellbeing champions, use of digital media, suggestion schemes or attitude surveys. [Expert opinion]

Equality and diversity considerations

Some employees may find it difficult to contribute to staff engagement forums because, for example, they have a physical disability or find it difficult to read or write. Others may worry that they will be discriminated against if they give their opinion. Organisations must ensure all employees are given the support they need to contribute. They must also ensure that no discrimination occurs and that employees are supported to share their comments, in confidence, if necessary.

Update information

Minor changes since publication

March 2022: Changes have been made to align this quality standard with the updated NICE guideline on mental wellbeing at work. The definition of stress has been updated in statement 3. References, data sources and links have been updated throughout.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

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

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs:

- resource impact summary report for NICE's guideline on mental wellbeing at work

- cost calculator for NICE's guideline on workplace health: management practices.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Mental Health Provider Forum
- NHS Health at Work Network
- Royal College of Physicians and Surgeons of Glasgow
- Royal College of Nursing (RCN)
- Skills for Care