

## HealthTech Programme

# Bed frames for adults in medical or surgical hospital wards: late-stage assessment

## Equality Impact Assessment

1. Have the potential equality issues identified during the scoping process been addressed by the committee, and, if so, how?

The committee considered the potential equality issues identified during the scoping process. Some people who are admitted to one of the settings in-scope of the assessment because of a physical health issue may also have a mental health condition or be experiencing a mental health-related issue. There are additional considerations for these people to ensure their needs are met in these units. For example, bed exit alarms may be more effective at reducing the incidence of falls in people who have dementia and may try to get out of bed frequently, but an audible warning tone when the alarm is triggered may cause distress for some people. In-built weighing scales may be more beneficial in people who have a cognitive impairment and may not understand why they need to have their weight measured frequently. The committee concluded that more evidence is needed on the impact of features of bed frames for use in medical and surgical hospital wards in populations of patients who may benefit more from their use.

2. Have any other potential equality issues been raised in the external assessment report, and, if so, how has the committee addressed these?

The external assessment group did not identify any additional potential equality issues.

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?

Hospitals have units that are designed to provide care for people who are admitted to hospital with physical health conditions (such as acute medical units). The committee discussed that hospitals would also have units that are designed to provide care for people who are admitted to hospital with mental health conditions, such as psychiatric units. The beds used in psychiatric units may have specially designed features to promote safety of the people needing them and their carers. These types of bed frames may therefore be unsuitable for use in other acute settings where people are being treated for a physical health condition. For this reason, specialised mental health units are outside of the scope of this assessment. This point has been clarified in section 3.21 of the draft guidance.

4. Do the recommendations make it more difficult in practice for a specific group to access the technology compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The recommendations would not affect access to bed frames for people who need to be placed in one.

5. Is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligations to promote equality?

See answer to question 4.

7. Have the committee's considerations of equality issues been described in the guidance document, and, if so, where?

Equality issues and considerations have been described in section 3.21 of the guidance.

**Approved by Associate Director:** Lizzy Latimer

**Date:** 09/04/2025