

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

HealthTech programme
Equality impact assessment: guidance development

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

The impact on equality has been assessed during this evaluation according to the principles of the [NICE Equality scheme](#).

Draft guidance consultation

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 some populations of patients who may benefit more from their use.

2. Have any other potential equality issues been highlighted in the company's submission, or patient and carer organisation questionnaires, 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 preliminary 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 preliminary 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?

No.

1. Have the committee's considerations of equality issues been described in the medical technology consultation document, and, if so, where?

Equality issues and considerations have been described in section 3.21 of the draft guidance.

Approved by Associate Director: Lizzy Latimer

Date: 09/04/2025

Late-stage assessment guidance document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?

The committee noted that features such as integrated lighting or sudden movements may be unsuitable for some groups of people. Written and pictorial instructions on the frame may make it easier for patients and visitors to use bed features. This has been added to section 3.22 of the guidance.

2. If the recommendations have changed after consultation, are there any recommendations that 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?

No.

3. If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

No.

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

Yes, equality considerations are discussed in sections 3.21 and 3.22 of the guidance document.

Approved by Associate Director: Lizzy Latimer

Date: 17th July 2025