

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Pressure ulcers

**Output:** Equality analysis form – meeting 2

## **Introduction**

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic –Overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<b>Socio-economic status</b> Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).
<b>Marital status (including civil partnership)</b>

**Other categories**

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people

# Quality standards equality analysis

## Stage: Meeting 2

### Topic: Pressure ulcers

#### **1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

The topic overview stage identified several groups of people who are more at risk of developing pressure ulcers especially if they have difficulty moving or are confined to lying in a bed or sitting for prolonged periods of time. These groups included: people who have impaired mobility, people who have a neurological disease or injury, people with impaired nutrition for example people who are malnourished or who are morbidly obese and older people especially those over the age of 70 as they are more likely to have mobility problems and aging of the skin.

These groups were identified during the scoping of the clinical guideline as requiring specific consideration and were discussed as part of the development of the draft quality standard.

At meeting 1, additional equality issues specific to the areas prioritised were identified and these have been included under the relevant draft statement.

At meeting 2, additional equality issues specific to the draft statements were identified and these have been included under the relevant final statement.

#### **2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to pressure ulcers were recruited.

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

This second stage of the process gained comments from stakeholders on the draft quality standard during consultation.

This is the third stage of the process, where the QSAC considered the comments on the draft statements and finalised the quality standard.

#### **3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

The quality standard will cover neonates, infants, children, young people and adults, including older people, in all settings. The NICE clinical guideline 179 used as the primary development source for this quality standard covers settings where NHS care is provided or commissioned. A SCIE guide has been identified to cover some aspects of social care.

**4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services.

**5. If applicable, does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

Statements 1, 2 and 3 highlight that any validated scale used to assess pressure ulcer risk should be validated for the population it is being used in.

Statement 4 highlights that consideration should be given to people with cognitive and behavioural difficulties when reporting pain, as one of the specific elements of a skin assessment is patient-reported pain. The statement also highlights that healthcare professionals should be aware that non-blanchable erythema may present as colour changes or discoloration, particularly in darker skin tones or types.

Statement 5 recognises that advice on repositioning needs to be appropriate to the individual, especially for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, cognitive and behavioural difficulties. The information should also be age-appropriate.

Statement 6 recognises that for people who are unable to reposition themselves, help should be offered to do so using appropriate equipment if needed. Also that specific consideration should be given to people with cognitive and behavioural difficulties who may not understand the offer of help. The advice should also be age-appropriate.

Statement 7 on the provision of information to prevent pressure ulcers recognises that the information provided needs to be tailored to the individual particularly for people with degenerative conditions, impaired mobility, neurological impairment, sensory impairment, cognitive and behavioural impairment, impaired tissue perfusion and differing skin tones and types. The information should also be age-appropriate.

We believe these statements will advance equality of opportunity.

