NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Faltering growth

NICE quality standard

Draft for consultation

January 2020

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| **This quality standard covers** recognising and managing faltering growth in babies (aged up to 1 year) and preschool children (aged over 1 year). It describes high-quality care in priority areas for improvement.  **It is for** commissioners, service providers, health, public health and social care practitioners, and the public.  This is the draft quality standard for consultation (from 24 January to 21 February 2020). The final quality standard is expected to publish in June 2020. |

# Quality statements

[Statement 1](#_Quality_statement_1:) Babies have their weight plotted on a growth chart at planned intervals.

[Statement 2](#_Quality_statement_2:_1) Babies and preschool children have a detailed feeding or eating history taken if there are concerns about faltering growth.

[Statement 3](#_Quality_statement_3:) Babies and preschool children have a management plan with specific goals if there are concerns about faltering growth.

[Statement 4](#_Quality_statement_4:) Mothers are supported to continue breastfeeding if their baby is given supplementation with formula because of concerns about faltering growth.

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| Other quality standards that should be considered when commissioning or providing faltering growth services include:   * [Developmental follow-up of children and young people born preterm](https://www.nice.org.uk/guidance/qs169) (2018) NICE quality standard 169 * [Early years: promoting health and wellbeing in under 5s](https://www.nice.org.uk/guidance/qs128) (2016) NICE quality standard 128 * [Gastro-oesophageal reflux in children and young people](https://www.nice.org.uk/guidance/qs112) (2016) NICE quality standard 112 * [Maternal and child nutrition](https://www.nice.org.uk/guidance/qs98) (2015) NICE quality standard 98 * [Postnatal care](https://www.nice.org.uk/guidance/qs37) (2015) NICE quality standard 37   A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |
| Questions for consultationQuestions about the quality standard **Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?  **Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?  **Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment. Questions about the individual quality statements **Question 4** For draft quality statement 1: Will this quality statement help to improve identification of faltering growth in babies? Local practice case studies **Question 5** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Measurement of growth

## Quality statement

Babies have their weight plotted on a growth chart at planned intervals.

## Rationale

Weighing babies at planned intervals and plotting this information on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record (‘red book’) identifies those whose growth is faltering. Early identification of faltering growth enables a management plan to be developed promptly to improve their growth.

## Quality measures

### Structure

a) Evidence of local arrangements to ensure that healthcare professionals are trained to weigh babies and plot this information on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

***Data source:*** Local data collection, for example training records.

b) Evidence of local arrangements to ensure that calibrated equipment is available for healthcare professionals to weigh babies.

***Data source:*** Local data collection, for example equipment servicing records.

c) Evidence of local arrangements and protocols to ensure that babies are weighed at the time of each routine immunisation up to age 1 year.

***Data source:*** Local data collection, for example from service specifications or local protocols.

### Process

a) Proportion of babies whose weight at birth is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Numerator – the number in the denominator whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Denominator – the number of live births.

***Data source:*** Local data collection, for example local audit of patient records.

b) Proportion of babies whose weight at 1 week old is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Numerator – the number in the denominator whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Denominator – the number of babies having a 1 week check.

***Data source:*** Local data collection, for example local audit of patient records.

c) Proportion of babies whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record at the time of their 8 week routine vaccination.

Numerator – the number in the denominator whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Denominator – the number of babies who had the 8 week routine vaccination.

***Data source:*** Local data collection, for example local audit of patient records.

d) Proportion of babies whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record at the time of their 12 week routine vaccination.

Numerator – the number in the denominator whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Denominator – the number of babies who had the 12 week routine vaccination.

***Data source:*** Local data collection, for example local audit of patient records.

e) Proportion of babies whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record at the time of their 16 week routine vaccination.

Numerator – the number in the denominator whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Denominator – the number of babies who had the 16 week routine vaccination.

***Data source:*** Local data collection, for example local audit of patient records.

f) Proportion of babies whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record at the time of their 1 year routine vaccination.

Numerator – the number in the denominator whose weight is plotted on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record.

Denominator – the number of babies who had the 1 year routine vaccination.

***Data source:*** Local data collection, for example local audit of patient records.

## What the quality statement means for different audiences

**Service providers** (such as maternity services, GP practices and health visiting services) ensure that calibrated equipment is available for babies to be weighed, and that staff are trained to weigh and measure them. Service providers ensure that babies are weighed at planned intervals. GP practices ensure that all babies are weighed at the time of routine immunisations. If there are concerns about faltering growth, arrangements are made for babies to be weighed and their length measured again at appropriate intervals, for example at the mandated health visiting team contacts. Services ensure that healthcare professionals are trained to recognise faltering growth in babies.

**Healthcare professionals** (such as midwives, GPs, practice nurses and health visitors) weigh babies at planned intervals and plot this information on the [UK WHO growth chart](https://www.rcpch.ac.uk/resources/growth-charts) in their personal child health record. When 2 or more sets of measurements have been plotted they can assess whether the baby’s growth is faltering. GPs and practice nurses ensure they weigh all babies at the time of routine immunisations. If there are concerns about faltering growth, babies are weighed and their length is measured at appropriate intervals, for example at the mandated health visiting team contacts.

**Commissioners** (such as clinical commissioning groups and local authorities) ensure that they commission services in which babies are weighed at planned intervals. They ensure that if there are concerns about faltering growth, babies are weighed and their length is measured at appropriate intervals, for example at the mandated health visiting team contacts.

**Babies** are weighed when they are born, at 1 week old and when they have their routine immunisations. Their measurements are recorded on the growth chart in their personal child health record (‘red book’) to check that they are growing as expected. If babies are not growing as expected, their weight and height is taken and recorded in the growth chart at additional times, for example during health visitor appointments.

## Source guidance

[Faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75) (2017) NICE guideline NG75, recommendation 1.2.2.

[Maternal and child nutrition](https://www.nice.org.uk/guidance/ph11) (2011) NICE guideline PH11, recommendation 17.

## Definitions of terms used in this quality statement

### Planned intervals

Babies are weighed at birth and in the first week of life. Babies are also weighed at 8, 12 and 16 weeks and at 1 year at the time of routine immunisations.

[[Maternal and child nutrition](https://www.nice.org.uk/guidance/ph11) (2011) NICE guideline PH11, recommendation 17]

## Question for consultation

Will this quality statement help to improve identification of faltering growth in babies?

# Quality statement 2: Feeding or eating history

## Quality statement

Babies and preschool children have a detailed feeding or eating history taken if there are concerns about faltering growth.

## Rationale

A feeding or eating history can help to identify any feeding or eating behaviours that might be contributing to faltering growth in a baby or preschool child. It also provides information about the calorific value of their diet. Advice and care can then be tailored to that baby or child’s specific needs.

## Quality measures

### Structure

Evidence of local arrangements to ensure that healthcare professionals are trained to take a detailed feeding or eating history.

***Data source:*** Local data collection, for example training records.

### Process

Proportion of babies and preschool children who have a detailed feeding or eating history taken if there are concerns about faltering growth.

Numerator – the number in the denominator who have a detailed eating or feeding history taken.

Denominator –the number of babies and preschool children in whom there are concerns about faltering growth.

***Data source:*** Local data collection, for example local audit of patient records.

### Outcome

Proportion of parents or carers who feel supported if there are concerns that their baby or preschool child has faltering growth.

Numerator – the number in the denominator who feel supported.

Denominator –the number of parents or carers of babies or preschool children in whom there are concerns about faltering growth.

***Data source:*** Local data collection, for example patient surveys.

## What the quality statement means for different audiences

**Service providers** (such as maternity services, GP practices and health visiting services) ensure that healthcare professionals are trained, with input from secondary care paediatric services if appropriate, to take a detailed feeding or eating history if there are concerns about faltering growth in a baby or preschool child, and to provide advice based on this history. They ensure that healthcare professionals have enough time with babies or preschool children in whom there are concerns about faltering growth to obtain this history.

**Healthcare professionals** (such as midwives, GPs and health visitors) take a detailed feeding or eating history if there are concerns about faltering growth and provide tailored advice to the baby or preschool child’s parents or carers based on this history. This can be done at the same time as a clinical, developmental and social assessment if one is being carried out.

**Commissioners** (such as clinical commissioning groups and local authorities) commission services that ensure healthcare professionals have the time and expertise to take detailed eating or feeding histories if there are concerns about faltering growth in babies or preschool children.

**Babies or preschool children who may have faltering growth** have information about their feeding or eating habits recorded so that their parents or carers can be given advice on feeding and eating to help the baby or child grow.

## Source guidance

[Faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75) (2017) NICE guideline NG75, recommendation 1.2.6.

## Definitions of terms used in this quality statement

**Feeding or eating history**

In babies under 6 months a feeding history can include:

* breast or infant formula feeding
* in breastfed babies, the number of wet and the number of soiled nappies each day
* in formula fed babies, the type of formula given (e.g. first stage) and the amount
* any food being given and frequency

In preschool children and babies over 6 months an eating history can include:

* types of food being eaten
* frequency of meals
* food consumed between meals
* amount of fluids, including any breast milk or infant formula, being consumed and frequency
* eating environment, for example at the table with family

The detailed feeding or eating history is tailored to the individual infant or child taking into account a broad range of other factors, e.g. age, severity of weight loss, but also other factors such as social circumstances and the food choices that are made in the family.

[NICE’s full guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75) and expert opinion]

### Concerns about faltering growth

For babies in the early days of life this can include:

* losing more than 10% of their birth weight
* not returning to their birth weight by 3 weeks of age.

For babies and preschool children after the early days of life this can include:

* a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
* a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
* a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
* when current weight is below the 2nd centile for age, whatever the birthweight.

[NICE’s guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75), recommendations 1.1.5 and 1.2.1]

# Quality statement 3: Management plan

## Quality statement

Babies and preschool children have a management plan with specific goals if there are concerns about faltering growth.

## Rationale

A management plan gives parents, carers and healthcare professionals a specific set of actions and goals, with regular reviews to check progress. Developing the management plan in collaboration with parents or carers provides them with clarity and reassurance about the actions that need to be taken and may help to reduce their anxiety about faltering growth in their child.

## Quality measures

### Structure

a) Evidence of local arrangements and written clinical protocols to ensure that healthcare professionals are trained to develop a management plan for babies and preschool children if there are concerns about faltering growth.

***Data source:*** Local data collection, for example staff training records.

b) Evidence of local arrangements and written clinical protocols to ensure that the primary care team have access to healthcare professionals with expertise in faltering growth.

***Data source:*** Local data collection, for example local care pathways and joint working agreements with primary and secondary care.

### Process

Proportion of babies and preschool children in whom there are concerns about faltering growth who have a management plan that includes specific goals.

Numerator –the number in the denominator who have a management plan that includes specific goals.

Denominator – the number of babies and preschool children in whom there are concerns about faltering growth.

***Data source:*** Local data collection, for example local audit of patient records.

### Outcome

Proportion of parents and carers who are satisfied with the way concerns about faltering growth in their baby or preschool child are being managed.

Numerator – the number in the denominator who are satisfied with the way concerns are being managed.

Denominator –the number of parents and carers with babies or preschool children in whom there are concerns about faltering growth.

***Data source:*** Local data collection, for example patient surveys.

## What the quality statement means for different audiences

**Service providers** (such as maternity services, GP practices, health visiting services and paediatric secondary care services) ensure that primary care teams are trained to develop a management plan with parents or carers, tailored to the specific needs of the baby or preschool child. Primary care teams have access to healthcare professionals with expertise in faltering growth to help guide and implement the management plan, for example to agree when referral to secondary care may be needed.

**Healthcare professionals** (such as midwives, GPs, health visitors and healthcare professionals with expertise in faltering growth) work together to guide the development of management plans if there are concerns about faltering growth in a baby or preschool child. Primary care teams ensure they develop the management plan with the parents or carers, and with healthcare professionals who have expertise in faltering growth if needed. Healthcare professionals with expertise in faltering growth provide advice and support to primary care teams, for example agreeing when referral to secondary care may be necessary.

**Commissioners** (such as clinical commissioning groups and local authorities) commission services that ensure primary and secondary care teams establish local care pathways and joint working agreements to provide planned care for babies and preschool children if there are concerns about faltering growth. They ensure that primary care teams develop management plans for babies or preschool children if there are concerns about faltering growth.

**Babies or preschool children** **who may have faltering growth** have a plan that is decided together by the healthcare team looking after them and their parents or carers. This plan includes specific actions to improve the baby or child’s growth and sets out dates when their growth will be checked again.

## Source guidance

[Faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75) (2017) NICE guideline NG75, recommendation 1.2.15.

## Definitions of terms used in this quality statement

### Management plan with specific goals

A management plan developed by healthcare professionals working together with parents or carers that includes specific goals. The plan might also include:

* assessments or investigations
* interventions
* clinical and growth monitoring
* when reassessment to review progress and achievement of growth goals should happen
* plans for referral to paediatric specialist care services if needed.

[NICE’s guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75), recommendation 1.2.15 and expert opinion]

### Concerns about faltering growth

For babies in the early days of life this can include:

* losing more than 10% of their birth weight
* not returning to their birth weight by 3 weeks of age.

For babies and preschool children after the early days of life this can include:

* a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
* a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
* a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
* when current weight is below the 2nd centile for age, whatever the birthweight.

[NICE’s guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75), recommendations 1.1.5 and 1.2.1]

**Primary care team**

This is the team providing community-based care for infants and preschool children where there are faltering growth concerns or weight loss in the early days of life. This team includes, for example:

* a midwife
* a health visitor
* a GP.

[NICE’s guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75), recommendation 1.3.2]

**Healthcare professionals with expertise in faltering growth**

These are:

* baby feeding specialists
* consultant paediatricians
* paediatric dietitians
* speech and language therapists with expertise in feeding and eating difficulties
* clinical psychologists
* occupational therapists.

[NICE’s guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75), recommendation 1.3.3]

## Equality and diversity considerations

Healthcare professionals should ensure that the management plan takes into account issues such as cultural background and any particular food choices that are made by families or carers.

Parents or carers should be provided with information about the management plan that they can easily read and understand themselves, or with support, so they can communicate effectively with services. Information about the management plan should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and should be culturally appropriate and age appropriate. Parents or carers should have access to an interpreter or advocate if needed.

For parents or carers with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

# Quality statement 4: Supporting breastfeeding during supplementation with formula

## Quality statement

Mothers are supported to continue breastfeeding if their baby is given supplementation with formula because of concerns about faltering growth.

## Rationale

Breastfeeding is recognised as the best way to feed babies under 6 months because it meets their energy and nutrient requirements and provides the mother and baby with immunological and other benefits. If a breastfeeding baby is given formula to supplement breast milk because of concerns about faltering growth, the mother should be encouraged to feed the baby with breast milk before giving any formula and to express breast milk to promote their milk supply. As supplementation with formula is usually a short term measure, this will help to ensure that exclusive breast feeding can resume in babies up to 6 months old where possible.

## Quality measures

### Structure

Evidence of local arrangements to ensure that mothers receive practical support to continue breastfeeding if there are concerns about faltering growth if supplementation with formula is prescribed.

***Data source:*** Local data collection, for example local care pathways for midwives and health visitors to provide support to breastfeeding mothers, breastfeeding support staff numbers and availability.

### Process

Proportion of mothers who are supported to continue to breastfeed if their baby is given supplementation with formula because of concerns about faltering growth.

Numerator –the number in the denominator who are supported to continue to breastfeed.

Denominator –the number of breastfeeding mothers whose baby is given supplementation with formula because of concerns about faltering growth.

***Data source:*** Local data collection, for example local audit of patient records.

### Outcome

Proportion of mothers who are satisfied with the support they receive to continue breastfeeding if their baby has faltering growth.

Numerator – the number in the denominator who are satisfied with the support they receive to continue breastfeeding.

Denominator –the number of breastfeeding mothers whose babies have faltering growth.

***Data source:*** Local data collection, for example patient surveys.

## What the quality statement means for different audiences

**Service providers** (such as maternity services, GP practices and health visiting services) ensure that practical breastfeeding support can be provided to mothers when formula is prescribed because of concerns about faltering growth. This includes ensuring that sufficient numbers of staff have the expertise to provide this support and that the support is provided quickly to reduce the risk of the mother stopping breastfeeding. Other support, such as loaning breast pumps, should also be given.

**Healthcare professionals** (such as midwives, health visitors, GPs, and breastfeeding support workers) provide practical breastfeeding support to mothers when formula is prescribed because of concerns about faltering growth. This includes, for example, encouraging them to feed their baby with any available breast milk before giving the formula, advising them to express breast milk to promote their milk supply and loaning them breast pumps if needed.

**Commissioners** (such as clinical commissioning groups and local authorities) commission services that ensure sufficient numbers of staff have the expertise to provide practical breastfeeding support quickly to mothers if there are concerns about faltering growth in their babies.

**Mothers of babies with faltering growth** are encouraged and helped to continue breastfeeding their baby when formula milk has been prescribed or recommended to supplement breast milk. They are advised to give their baby any available breast milk before giving formula and to express breast milk to prevent their milk supply from stopping. They are loaned breast pumps if needed.

## Source guidance

[Faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75) (2017) NICE guideline NG75, recommendations 1.1.7 and 1.2.18.

## Definitions of terms used in this quality statement

### Concerns about faltering growth

For babies in the early days of life this can include:

* losing more than 10% of their birth weight
* not returning to their birth weight by 3 weeks of age.

For babies and preschool children after the early days of life this can include:

* a fall across 1 or more weight centile spaces, if birthweight was below the 9th centile
* a fall across 2 or more weight centile spaces, if birthweight was between the 9th and 91st centiles
* a fall across 3 or more weight centile spaces, if birthweight was above the 91st centile
* when current weight is below the 2nd centile for age, whatever the birthweight.

[NICE’s guideline on [faltering growth: recognition and management of faltering growth in children](https://www.nice.org.uk/guidance/ng75)]

# 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](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See [quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) on the website 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 on the [quality standard’s webpage](https://www.nice.org.uk/guidance/indevelopment/gid-qs10083).

This quality standard will be included in the NICE Pathway on [faltering growth](https://pathways.nice.org.uk/pathways/faltering-growth), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [guide](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) 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 produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

* identification of faltering growth
* satisfaction of parents or carers with support received.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

* [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)
* [Public health outcomes framework for England](https://www.gov.uk/government/collections/public-health-outcomes-framework).

## 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 [tools and resources](https://www.nice.org.uk/guidance/ng75/resources) for the source guidance to help estimate local costs.

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](https://www.nice.org.uk/guidance/indevelopment/gid-qs10083) 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.

ISBN:

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