

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between particular population groups. The purpose of this form is to document the consideration of equality issues at each stage of the guideline development process. This equality impact assessment is designed to support NICE's compliance with the Equality Act 2010 and the Human Rights Act 1998, and to provide the Guidance Executive of NICE with assurance of compliance.

The table below lists the characteristics and other equality factors NICE needs to consider. It covers not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities and inequities in access to health, public health and care services associated with socioeconomic factors and other forms of disadvantage. Although listed separately, these categories often overlap.

The form is used to:

- record equality issues raised in connection with the guideline by anybody involved;
- demonstrate that these issues have been given due consideration – by explaining what impact they have had on the guideline's recommendations, or why there was no impact;
- give assurance that the recommendations will not discriminate against any equality group;
- highlight recommendations aimed at advancing equality of opportunity or fostering good relations.

The Developer/Committee Chair/ NICE quality assurance staff must sign off the completed equality impact assessment before the guideline is signed off for publication. The form is then published on NICE's website along with the final guideline.

Protected characteristics

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Note:

- 1) The characteristic, marriage and civil partnership, is protected only from unlawful discrimination. There is no requirement to consider the need to advance equality and foster good relations.
- 2) The definition of direct discrimination covers less favourable treatment of someone associated with a person with a protected characteristic, such as the carer of a disabled person.

Socioeconomic factors

The relevance and nature of socioeconomic factors will vary according to the guideline topic. They may include deprivation and disadvantage associated with particular geographical areas or other geographical distinctions (for example, urban versus rural).

Other definable characteristics

Certain groups in the population experience poor health because of circumstances distinct from – though often affected by – sharing a protected characteristic or socioeconomic factors. The defining characteristics of groups of this sort will emerge from the evidence (although, on occasions, a guideline topic will explicitly cover such a group). Examples of groups identified in recent NICE guidelines are:

- refugees and asylum seekers
- migrant workers
- looked-after children
- homeless people
- prisoners and young offenders.

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Safe Staffing Guidelines

Equality impact assessment

Safe Midwifery Staffing for Maternity Settings

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scoping (To be completed by the developer and submitted with the draft consultation scope)

1. Have any potential equality issues been identified during the scoping process (i.e. in the development of the scope)), and, if so, what are they?

Equality issues have been considered throughout the scoping process.

Ethnicity, age, disability, sexuality, socio-economic status, religious beliefs, non-English speakers and being a member of a social minority (e.g. migrants, asylum seekers, travellers) may all influence rates of access to maternity services. These factors may also influence the level of midwifery staffing required to provide safe care.

2.

What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

Consideration of the impact of equality issues on the provision of safe care to all women and babies is an integral part of standard midwifery practice. As such considering equality issues that may influence the provision of safe staffing forms an integral part of the scoping document and will form an integral part of the evidence reviewed by the committee.

There are no exclusions within the scope that require justification.

Approved by Developer: Kirsty Little (Clinical Fellow)

Date 26/02/14

Approved by Chair: Gill Leng (Deputy Chief Executive, NICE)

Date 26/02/14

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date 26/02/14

2.0 Post scope consultation (To be completed by the developer and submitted with the final scope)

3. Have any potential equality issues been identified during the scoping process (i.e. consultation), and, if so, what are they?

The importance of social complexity and social risk factors on safe midwifery levels was raised during the scope consultation process.

4. Have any changes to the scope (such as additional issues raised during the consultation) been agreed to highlight potential equality issues?

As a result of the additional potential equality issues raised during the consultation additional review questions have been added to the scope to allow the committee to fully consider the impact of these factors on safe staffing levels.

5. Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

Alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy Read' versions for a population with learning disabilities or cognitive impairment.

The guideline does not primarily address a population with specific disability related communication needs (although the guideline does address midwife care provided to women and babies which may include women who have disability-related communication needs).

Approved by Developer: Kirsty Little (Clinical Fellow)

Date 22/04/14

Approved by Chair: Gill Leng (Deputy Chief Executive, NICE)

Date 22/04/14

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date 22/04/14

3.0 Development (to be completed by the developer and submitted with the 1st draft guideline before consultation)

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

Potential equality issues, including those identified during the scoping process, have

been considered throughout the committee consultation process. Where these issues, such as language barriers, social exclusion, maternal age and physical/mental/communication disability, have been considered by the committee to have a direct influence on midwifery staffing this has been highlighted in the guideline. It has also been highlighted that organisations using the guideline should monitor their population for changes in these, and other demographic characteristics such as migration, that might influence staffing requirements.

Social complexity, safeguarding and social isolation were raised during the consultation on the scoping document. These issues were added to the final draft of the scope and were considered by the committee alongside the other potential equality issues identified.

7. Have any other potential equality issues been identified by the Committee, and, if so, how has the Committee addressed them?

No additional issues were raised by the committee. Some previously identified issues were explored in greater detail and expanded. These have been highlighted in the guideline when the committee felt they were significant factors.

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

No, it is not anticipated that the preliminary recommendations will make it more difficult for any specific groups to access the benefits of care.

9. 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, there's is no potential for the preliminary recommendations to have an adverse impact on people with disabilities.

10. Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 7 or 8, or otherwise fulfil NICE's obligation to advance equality?

No barriers or difficulties have been identified.

Approved by Developer Kirsty Little (Clinical Fellow) & Sheryl Warttig (Technical Analyst)

Date: 16/10/14

Approved by Committee Chair: Mile Scott (Chair of the Safe Staffing Guideline Committee)

Date: 16/10/14

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date 16/10/14

4.0 Final guidance (to be completed by the developer and submitted with the second draft guideline after consultation and again with the 3rd submission before sign off)

11. Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

12. Have any additional potential equality issues been raised during the consultation,

and, if so, how has the Committee addressed them?

13. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

14. 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?

15. 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 to services identified in questions 12 and 13, or otherwise fulfil NICE's obligations to advance equality?

16. Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Approved by Developer _____

Date _____

Approved by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

5.0 Post Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

Outline amendments agreed by Guidance Executive below, if applicable:

Approved by Developer _____

Date _____

Approved by Committee Chair _____

Date _____

Approved by NICE quality assurance lead

Date _____

<p>Remove this box before posting on the web Naming the documents</p> <p>With regard to naming the document, version numbers should distinguish the different stages as follows:</p> <ol style="list-style-type: none">1. Scoping – Equality Impact Assessment v 1.0,v 1.1 etc.2. Post scope consultation – Equality Impact Assessment v 2.0
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