

**NATIONAL INSTITUTE FOR HEALTH AND  
CARE EXCELLENCE**

**HEALTH AND SOCIAL CARE DIRECTORATE**

**QUALITY STANDARDS**

**Quality standard topic:** Surgical site infection

**Output:** Equality analysis form – Topic Expert Group three

## **Introduction**

As outlined in the [Quality Standards Programme interim process guide](#) (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 Expert Group meeting one - Scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

**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><br>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: Topic Expert Group three

#### Topic: Surgical site infection

**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.

Two statements concern information and advice (statements 1 and 5), therefore it has been clarified within the statements that the information and advice should be accessible to all audiences.

**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?

To gain multiple perspectives from all stages of the surgical pathway, representation within the Topic Expert Group was sought from a variety of audiences including hospital trusts and Public Health England. The draft quality standard was also subject to a public consultation and all comments from registered stakeholders have been considered in developing the final 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?

Adults and children undergoing procedures without visible surgical incision (for example, vaginal hysterectomy, transurethral resection of the prostate and oral surgery; procedures involving intravascular catheters, shunts, endoscopy and pin site) are groups are not within scope of the quality standard, as the primary development source (NICE clinical guideline 74 surgical site infection) excludes these groups from their scope. However, as explained in the previous equalities analysis, the Topic Expert Group felt the principles of surgical site infection may be relevant to these groups. The QS scope states (after the exclusions listings):

“However, the Topic Expert Group developing this standard felt that some areas of care, in particular those which are preoperative, may apply to these groups”.

Statement 3 on patient core temperature does not specifically cover children or pregnant women as they are not covered by NICE clinical guideline 65. The needs of these groups may need to be considered separately for some types or aspects of surgery although it is stated that users may want to exercise clinical judgment in assessing the applicability of the statement in these groups.

**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 (including tests and other interventions which are part of 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?

A positive impact is expected. We believe these statements promote equality.

For example, statement 1 on personal preparation for surgery applies to all people preparing for surgery, regardless of their ability to carry out personal preparations themselves. If people need help with washing or hair removal before surgery, the statement says that they should be treated with dignity at all times.

Statements 1 and 5 on information and advice state that information should be both age appropriate and culturally appropriate, be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. It also states that people having surgery and their carers or parents should have access to an interpreter or advocate if needed.