Equality Analysis

Legislation requires that our policy and strategy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Mouth Care Policy
Main aims and intended outcomes of the function/policy:	The aim of this policy is to provide guidance and standards for hospital staff responsible for providing/assisting in-patients with mouth care to maintain (or improve) oral health. Promoting and supporting patients with regular effective mouth care can improve patients' overall health and wellbeing. This clinical policy provides guidance for staff to ensure that all patients have access to effective daily mouth care and that this is recorded daily in the patient's hospital record. Good oral hygiene practices (mouth care) are necessary to ensure the maintenance of good oral health through the removal of bacterial plaque, dry mouth care and denture care. Good oral health is important for eating and drinking, communication and the absence of pain and infection. There is evidence linking poor oral health to systemic diseases including cardiovascular disease, diabetes and hospital acquired pneumonia (Winning et al., 2015) Research has shown that hospitalisation is associated with deterioration in oral health and this in turn may lead to hospital-acquired infections, poor nutritional intake, longer hospital stays and increased care costs
How will the function/policy be put into practice?	Available on the hub, policy already existed, this is an update Mouth care was launched as a Trust wide project in 2020
Who will be affected/benefit from the policy?	All wards and all patients
State type of document	Wards will have their own processes in place to follow for patient care
Is an EA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes All patients should have the opportunity for good oral hygiene, there is no exclusion

Accountable Director: (Job Title)	Chief Nurse
Assessment Carried out by:	Therapy Lead
Date Completed:	18.07.24

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each protected characteristic included Step 3:

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy.

Step Two – Evidence & Engagement

What evidence have you identified and considered? This can include research ((national, regional ,local) surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Dudley's demographics, The Dudley Group equality and diversity reports, Joint Strategic Needs Assessment (JSNA) or other equality analyses, Workforce Race and Disability Equality data, anecdotal evidence.

Research/Publications	**Working Groups**	**Clinical Experts**
		Nutrition Specialist Nurse
		Nutrition CNS
		Medicine PDN

Home - Mouth Care Matters (hee.nhs.uk)		
Adams, R. (1996) Qualified nurses lack adequate knowledge related to oral health, resulting in inadequate oral care of patients on medical wards. *Journal of Advanced Nursing*; **24** : 552-560. Becker, R. 2009. Palliative care2: exploring the skills that nurses need to deliver high quality care. *Nursing Times.* 105, (14): 18-20. Brennan, L.J., Strauss, J. 2014. Cognitive Impairment in Older Adults and Oral Health Considerations: Treatment and Management. *Geriatric Dentistry*; **58**(4): 815-828. Costello, T. and Coyne. I. 2008. Nurses knowledge of mouth care practices. *Brtish Journal of Nursing.* 17, (4): 264- 268. Department of Health. (2010) *Essence of Care: Benchmarks for Personal Hygiene*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216697/dh_119976.pdf (Accessed: 01 January, 2015). Gil-Montoya, J.A. Subirá, C., Ramón, J.M. González-Moles, M.A. 2008. Oral Health- Related Quality of Life and Nutritional Status. *American Association of Public Health Dentistry*. **68**(2), pp. 88-93. Health Education England 2016 Mouth Care Matters A guide for hospital healthcare Professionals. Available at: http://www.mouthcarematters.hee.nhs.uk/wp-content/uploads/2016/10/MCM-GUIDE-2016_100pp_OCT-16_v121.pdf Joint Formulary Committee. *British National Formulary* (online) London: BMJ Group and Pharmaceutical Press <http://www.medicinescomplete.com> [Accessed on 5/1/16] Klompas, M., Speck, K., Howell, M.D., Greene, L.R., Berenholtz, S.M. (2014) Reappraisal of routine oral care with chlorhexidine gluconate for patients receiving mechanical ventilation: systematic review and meta-analysis. *JAMA Intern Med;* **174** (5): 751-761. Locker, D., Matear, D., Stephens, M., Jokovic, A. (2002) Oral health-related quality of life of a population of medically compromised elderly people. *Community Dental Health*; **19** (2): 90-97.		

Locker, D. (1992) The burden of oral diseases in a population of older adults. *Community Dental Health*; **9** (2): 109-124.

Pearson LS.,Hutton (2002).A controlled trial to compare the ability of foam swabs and toothbrushes to remove dental plaque. J Adv Nurs. 2002 Sep;39(5):480-9

Poisson, P., Laffond, T., Campos, S., Dupuis, V., Bourdel-Marchasson, I. Relationships between oral health, dysphagia and undernutrition in hospitalised elderly patients. Gerodontology 2014, doi: 10.1111/ger.12123

Public Health England. (2014) Delivering better oral health: an evidence-based toolkit for prevention. Third Edition

Scannapieco, F.A. (2006) Pneumonia in non-ambulatory patients. *Journal of the American Dentists Association*; **137** (2): S21- S25.

Shi, Z., Xie, H., Wang, P., Zhang, Q., Wu, Y., Chen, E., Ng, L., Worthington, H.V., Needleman, I., Furness, S. (2013) Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia (Review). *Cochrane Database of Systematic Reviews*; **8** : 1-125.

Terezakis, E., Needleman, I., Kumar, N., Moles, D., Agudo, E. (2011) The impact of hospitalization on oral health: a systematic review. *Journal of Clinical Periodontology*; **38** (7): 628-636.

Watson, M. et al. 2011. *Palliative adult network guidelines.* 3rd ed. Anglia.

Salamone, K. et al. 2013. Oral care of hospitalised older patients in the
acute medical setting. *Nursing Research and Practice.* Article ID 827670.

Engagement, Involvement and Consultation:

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**

Not required		
For each engagement activity, please state the key feedback and how this affected / or will shape policy/service decisions (E.g. patient told us …. So we will …..):		

Summary of the feedback:

No feedback

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment

Consider information and evidence from previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also think about due regard under the general equality duty, NHS Constitution and Human Rights.

Positive Impact HIGH MEDIUM LOW	**Negative Impact** HIGH MEDIUM LOW	**Neutral Impact** (Tick)	• **List concerns raised for possible negative impact** **OR** • **List beneficial impact** (utilise information gathered during assessment)	**Mitigation** **List actions to redress concerns raised if a negative impact has been identified** in previous column	**Lead** [title]	**Time-scale**	**How are actions going to be monitored/reviewed/ reported**? (incl. after implementation
Positive OR Negative Impact (not both)							
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:							

High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.	.			
4) Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
5) Pregnancy & Maternity Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				

6) Race Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
7) Religion or Belief Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
8) Sex Describe any impact and evidence on men and women. This could include access to services and employment:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
9) Sexual Orientation Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify				

			the level of support required with mouth care.				
10) Other marginalised groups e.g. Homeless people Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.				
11) Privacy, dignity, respect, fairness etc.							
High			All patients that have been admitted to the hospital are to have a mouth care screening risk assessment carried out to identify the level of support required with mouth care.	.			

EQUALITY ANALYSIS - GUIDANCE NOTES

Equality Analysis is a tool for ensuring that issues for equality, diversity and inclusion are considered when drawing up or revising policies or proposals which affect the delivery of services and the employment practice of the Trust.

Why do carry out Equality Analysis?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They are helpful in identifying gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how Trust policies and practice, or new proposals, will impact or affect different communities groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust polices are subject to a 3-year review. Alongside the reviews new polices will emerge. Most policies, strategies, and business plan will need an EA.

However, EAs are not required in relation changes in routine procedures, administrative processes or initiative that will not have a material impact on staff, patients, carers and the wider community. Examples include things such as checking the temperature of fridges, highly technical clinical procedures, office moves etc.

DGFT Process for EAs

The revised EA process is a single stage process carried out in three steps

Step One: Policy Definition

This involves a description of the policy details. This also decides whether the policy under consideration needs an assessment

Step Two: Evidence and Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic information sources etc

Step Three: Assessment of Impact

This is the main and the most important part of the EA.

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic.

-Eliminate unlawful discrimination, victimisation, and harassment
-Advancing equality of opportunity
-Fostering good community relations

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?

- Could there be issues around access, differences in how a service or policy is experienced and produces outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB It is important that, where adverse impact is known or is likely, mitigation measures must identified and acted upon to reduce or minimise the impact.

Step Four: Assurance

This section enables the EA to be signed off