Trust-wide Document

NHS Great Western Hospitals NHS Foundation Trust

Smokefree Policy

Document No	HR - 00046	Version No	1.0
Approved by	Policy Governance Group	Date Approved	12.12.18
Ratified by	Employee Partnership Forum	Date Ratified	07.01.19
Date implemented (made live for use)	07.01.19	Next Review Date	07.01.22
Status		LIVE	

Target Audience- who does the document apply to and <u>who should be using it</u>. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees For simplicity, they are referred to as 'employees' throughout this policy. Patients are also covered by this policy.

Special Cases	None	
Accountable Director		Director of Human Resources (HR)
Author/originator – Any Comments on this document should be addressed to the author		Chair of Great Western Hospital (GWH) Stop Smoking Working Group
Division and Department		Corporate Human Resources
Implementation Lead		Director of Human Resources
If developed in partnership with another agency ratification details of the relevant agency		N/A
Regulatory Position	• The Health Act 2006 covers the legislation around Smokefree premises. (Ref 1) • Section 2(2) of the Health and Safety at work Act 1974 (Ref 2) places a duty on employers to "provide and maintain a safe working environment." • Several EU directives relating to health and safety in the workplace cover the issue of second-hand smoke, including the Management of Health and safety at work regulations 1999 (Ref 3)	

Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

Contents

1   Introduction & Purpose

1.1   Introduction & Purpose

Tobacco smoking remains the leading cause of preventable premature death and disability. In 2016 77,900 deaths in England were attributable to smoking. (Ref 4)

The 2017 prevalence of smoking in adults in England is 14.9% smokers. The local Swindon prevalence of smoking in adults in 2017 was 17.3 %. (Ref 5)

In 2016/17 there were estimated to be 484,700 hospital admissions in England attributable to smoking 31% of men and 26% of women report at least some exposure to second hand smoke. (Ref 6)

Smoking costs the NHS £50 million pounds a week to treat patients with smoking related diseases.

Reducing smoking prevalence is a key National and local public health priority. Key documents include:

- NHS England: Five year forward view (Oct 2014) (Ref 7)
- National Institute for Health and Care Excellence (NICE) guidance (PH48) sets out recommendations for Smokefree NHS buildings and grounds accompanied by access to evidence-based quitting support for all patients who smoke.(Ref 8)
- Public Health England (PHE) Chief executive Duncan Selbie wrote to all NHS Trust CEO in December 2016 calling for their personal commitment to work with PHE towards a truly Smokefree NHS. (Ref 9)
- Swindon Tobacco control strategy 2017-2022 (Ref10)
- NHS Smokefree pledge signed by Great Western NHS Foundation Trust (GWH) in September 2018 (Ref 11)

Smokefree NHS means:

- No smoking anywhere in Great Western Hospital NHS Foundation Trust (all Trust sites) including buildings and grounds
- Stop smoking support offered on site or referrals to local services (Ref 16)
- Every frontline professional discussing smoking with their patients as per the requirements of CQUIN 9. (Ref 12)

This policy supports the implementation of a Smokefree site. Smoking will be prohibited on all Trust property, both buildings and grounds from 1st January 2019.

The intention of this policy is for the following outcomes:

- A Smokefree, healthy environment on Trusts premises/grounds
- Protection from the harmful effects of second-hand smoke (Ref 13)
- Compliance with Health and safety legislation, employment law, NICE guidance (Ref 1,2,3 and 8)

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- Alignment with National and local smoking cessation strategies.(Ref 7,8,9,10 and 11)

- Encouragement and support for smokers to stop smoking

- Support smokers who don't want to stop smoking and to manage without cigarettes whilst on Trust premises/grounds via the Intranet Smoking page and Use of E-Cigarettes in public places and workplaces policy. (Ref 14 and 16)

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
EIA	Equality Impact Assessment
GWH	Great Western NHS Foundation Trust
IP&C	Infection Prevention and Control
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NRT	Nicotine Replacement Therapy
PHE	Public Health England

2 Main Document Requirements

2.1 Introduction & Purpose of the Document

The Trusts ambition is to promote and develop a culture across all our buildings and sites that smoking is unacceptable and that everyone respects this. Shifts in culture and behaviours can take time and will not be achieved simply by the writing of policies and guidance. The desired culture change will be achieved if all staff stay committed to the Smokefree site becoming a reality and respond to situations when this does not happen and regard this as a breach and an opportunity rather than a failure of the Smokefree policy.

2.2 Employees

Employees are not permitted to smoke anywhere on site.

Employees are not permitted "smoke breaks"

Smoking is not permitted in leased vehicles whilst on Trust business

Employees should not congregate in groups to smoke outside Trust premises

It is requested that staff do not smoke in cars in Trust car parks.

All employees are expected to promote a Smokefree environment.

Employees should avoid condoning or advocating tobacco smoking

Employees are not permitted to escort patients outside for a cigarette. See section 2.3 for managing a patient who for clinical reasons may have difficulty in complying with the Smokefree policy.

Employees must maintain a professional image and must not be observed smoking when they are identifiable as Trust employees, by means of a uniform or ID badge.

All employees are prohibited from purchasing or providing tobacco products for patients.

All employees have a responsibility in supporting the effective implementation of this policy with anyone who is on Trust premises/grounds.

Employees should feel confident in raising concerns about breaches by other employees. If employees are observed smoking on site they should be reminded of the policy. Breaches of policy can be reported to the employee's line manager, or where the line manager is not known via Human Resources Department. The Trust recognises that smoking is an addiction and as a result staff that breach this policy will be offered support and advice to quit smoking. However, if consistent breaches occur after support and advice have been received; individual cases will be dealt with on a case by case basis.

If patient/visitors are observed to be smoking on site they should be asked to put out their cigarette or take it off site. Suggested words to use with a smoker are "good morning/afternoon. Can I remind you that this is a Smokefree site? Please can I ask you to put out your cigarette. Thank you for your cooperation" In the unlikely event of a member of the public becoming aggressive or confrontational then normal procedures for dealing with violence and aggression should be followed. (See Minimising Violence and Aggression in the Workplace Policy 2017) (Ref 15)

The Trust does not want anyone to feel that they need to engage in difficult or overly challenging situations and should not approach individuals (whether staff, patients or visitors) to ask them to stop smoking unless they are confident that it is safe to do so.

The Trust will provide a smoking annunciator button at the main atrium available for everyone to be able to press. This will activate a non-confrontational and anonymous audio message reminding those in the vicinity that the Trust site is Smokefree.

2.2.1   Employees Stopping Smoking

Employees who want support in stopping smoking can get further advice on how to access support on the Intranet Smoking page (Ref 16)

Employees will meet with their line manager to discuss and agree time off work in order to attend smoking cessation clinic. It is anticipated that time off to attend such appointments should be either unpaid or via TOIL where time cannot be booked outside of your normal working hours. Managers are advised to consider such requests and allow staff time to attend smoking cessation clinics where service needs will allow.

Employees who don't want to stop smoking can find information on how to manage without cigarettes at work on the GWH intranet, Smoking page. (Ref 16)

2.2   Employees Stopping Smoking

Patients are not permitted to smoke anywhere on site.

Prior to planned hospital admissions patients will be advised that smoking is not permitted in the hospital or grounds and they will be offered support to stop smoking or temporarily abstain from smoking. This will include advice about Nicotine Replacement Therapy (NRT).

Appointment letters and patient information leaflets will include reference to this Smokefree policy.

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GP practices will be informed of the Trust Smokefree policy and where an in-patient stay is planned it is anticipated that the GP will then advise on the options for smoking cessation/smoking abstinence during a hospital stay.

Due to the short half-life of nicotine a smoker will start to experience withdrawal symptoms within 1-2 hours of their last cigarette (e.g. irritability, low mood, poor concentration) plus a strong urge to smoke. These withdrawal symptoms can be misinterpreted as worsening mental health symptoms which employees and patients may feel can only be relieved by smoking a cigarette. Nicotine replacement Therapy is effective at managing nicotine withdrawal symptoms and should be offered soon after admission to all patients who smoke during their inpatient stay even if they have no intention to quit or show no desire to stop smoking. (Ref 17)

On admission to hospital all adult patients will have their smoking status recorded in their clinical record as per requirement of CQUIN-9. (Ref 12). If the patient is a current smoker, staff with brief advice training will deliver very brief advice advising patients that they can improve their health by stopping smoking. A note that the conversation has occurred will be recorded on the patient's clinical record. All smokers will be offered Nicotine Replacement Therapy (NRT) and a referral to the community-based specialist stop smoking service (see smoking cessation pathway) (Ref 16)

Some patients may have difficulty complying with the Smokefree policy due to their clinical presentation (e.g. lack of capacity due to confusion, memory loss or agitation). Nicotine withdrawal can cause anxiety and agitation, and there is good evidence that nicotine management with the use of NRT reduces such behaviours and the likelihood of incidents.

However there may be occasions where compliance with the Smokefree policy cannot be achieved where it would be considered best not to enforce implementation of the Smokefree policy by getting into a confrontational situation which could escalate to incidents of aggression and violence.

On these occasions, if a patient wishes to smoke then staff should advise of the Smokefree policy. If the patient is insistent then staff should undertake a dynamic risk assessment based on the patients capacity, any concerns about risk to self or others and take the appropriate clinical action to mitigate any risks. Concerns should be escalated to senior clinician or nurse as appropriate. A note should be made in the patient's record of the brief advice provided.

Patients in community settings will be informed of the Smokefree policy in appointment letters.

Those patients receiving treatment in their own home will be asked to refrain from smoking for one hour prior and during their treatment session. It is recognised that some patients will find this very difficult and should they not be able to refrain from smoking before an appointment, it is expected that they will not smoke during their treatment session. They will be offered access to Smoking cessation services.

Should a visit be made to a patient's house and the patient or other persons present smoke in the presence of the member of staff then the visit can be terminated if the smokers refuse to comply with any request to refrain from smoking This will be communicated to the patient prior to their appointment in their appointment letter.

Should the patient be identified as refusing to comply with the Smokefree policy then this should be documented by the clinical team on the patient's clinical record. This will allow future clinical teams to be aware of the patient's response to the Smokefree policy which may assist them in supporting the patient in the future.

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2.3 Visitors

Visitors are not permitted to smoke anywhere on site.

Visitors to the Trust will be made aware of the policy through accessible leaflets, posters and signage on site.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
100% of adult (18 years+) patients smoking status recorded	CQUIN9 quarterly audit	Clinical Audit and Effectiveness Dept.	Quarterly	Stop Smoking Working Group (SSWG)	Make recommendations to Trust Executive Committee
80% of in scope patient facing staff will have completed smoking brief advice training tracker module	Monitoring via monthly reports generated by the Academy	Academy	Monthly	Stop Smoking Working Group Chair (SSWG).	Make recommendations to Trust Executive Committee

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

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4.4 The Stop Smoking Working Group

The Stop Smoking Working Group are responsible for monitoring the smoke free status of the hospital and Trust sites through feedback received from staff, patients and visitors. Where the smoke free site is not being achieved, the SSWG will make recommendations to the Trust Executive Committee on actions that can be taken to enforce the smoke free site status.

4.5 Medical Director

Medical Director and Associate Medical Directors are for responsible for ensuring that all Medical staff are aware of this document.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	The Health Act 2006	http://www.legislation.gov.uk/
2	Health and Safety at work Act 1974	https://www.legislation.gov.uk
3	Management of Health and safety at work regulations 1999	https://www.legislation.gov.uk
4	Towards a Smokefree generation. A tobacco control plan for England.	https://www.gov.uk/government/publications/
5	Public Health England. Local authority Health Profile 2018	http://www.swindonjsna.co.uk/Files/
6	Statistics on Smoking-England 2018	https://digital.nhs.uk/data-and-information/publications/
7	NHS Five year forward view (Oct 2014)	https://www.england.nhs.uk/
8	National Institute for Health and Care Excellence (NICE) guidance (PH48) Smoking: acute, maternity and mental health services (Nov 2013)	https://www.nice.org.uk/Guidance/PH48
9	Letter from Duncan Selbie (CEO of PHE) to all Acute NHS Trusts (Nov 2016)	https://assets.publishing.service.gov.uk/
10	Swindon Tobacco Control strategy. Protecting and improving the health of people in Swindon 2017-2022	http://www.swindonjsna.co.uk/Files/
11	NHS Smokefree Pledge	http://smokefreeaction.org.uk/smokefree-nhs/
12	CQUIN 9: Preventing ill health from alcohol and tobacco use	https://www.gov.uk/government/publications/
13	NHS Smokefree	https://www.nhs.uk/smokefree/

Ref. No.	Document Title	Document Location
14	GWH: Use of E-Cigarettes in public places and workplaces policy.	T Drive: Trust documents: Health and safety
15	GWH: Minimising violence and aggression in the workplace policy	T Drive: Trust wide documents: Health and safety
16	GWH: Intranet Smoking page	http://intranet/staff-area/support-health-and-wellbeing/smoking/
17	Smoking Cessation and Mental health. A briefing for front-line staff (2014)	http://www.ncsct.co.uk/usr/pub/

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Stop Smoking Working Group	November 2018
Policies and Procedures document governance Group	December 2018
Chief Nurse	December 2018
Employee partnership forum	January 2019
Employee Partnership forum Policy sub group	January 2019
Deputy Chief Nurse	January 2019

6   Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

	At this stage, the following questions need to be considered:		
1	What is the name of the policy, strategy or project?		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? • To reduce harm to patients, visitors and staff in exposure to hazards of smoking • To support staff to deliver successful smoking cessation interventions • Promote a healthy environment • Support staff to stop smoking		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Stephanie Taylor
Date completed	12 December 2018
Job Title	Chair of Stop Smoking Working Group

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?
Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?
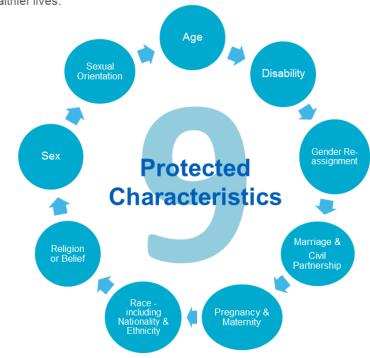
Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision
Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.

9 Protected Characteristics: Age, Disability, Gender Re-assignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race - including Nationality & Ethnicity, Religion or Belief, Sex, Sexual Orientation

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