



TRUST WIDE DOCUMENT

	Policy
DOCUMENT TITLE	Smokefree Policy
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DOCUMENT REPLACES	Version 3.6
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TARGET AUDIENCE	All Trust Personnel
DOCUMENT PURPOSE	The purpose of this policy is to protect and improve the health and well-being of all employees, patients, visitors and contractors from harms related to smoking. All East Lancashire NHS Trust sites are designated smokefree. This includes the land, premises and vehicles with no exceptions.
To be read in conjunction with	<ul style="list-style-type: none">• HR09 Disciplinary Policy and Procedure• C037 Fire Policy• HR67 Working Time Regulations Policy• SOP055 Procedure for supply of Nicotine Replacement Therapy for inpatients in hospital by pharmacists

**SUPPORTING
REFERENCES**

- Health and Safety at Work Act (1974).
- The Health Act (2006)
- Department of Health (2011) Healthy Lives, Healthy People: A Tobacco Control Plan for England
- NHS England (2016). Implementing the five year forward view for mental health.
- NHS England (2016) Saving Babies' Lives: A care bundle for reducing stillbirth
- Department of Health (2017) Tobacco Control Plan for England.
- Royal College of Physicians (2018) Hiding in plain sight: Treating Tobacco dependency in the NHS
- 'Towards a Smokefree Generation,' Tobacco Free Lancashire Strategy, (2018)
- NHS Long term plan (2019)
- PHE (2020) Health matters: smoking and mental health
- Ash (2021) Smoking statistics
- NICE (2021) NG209 Tobacco: Preventing uptake, promoting quitting and treating dependence
- The Khan Review: Making Smoking Obsolete Gov.UK (2022)
- OHID (2022) Local Tobacco Control profiles
- NICE guidance PH45 smoking harm reduction
- NICE guidance PH48 acute, maternity and mental health guidance and guidelines.
- PHE (2022) Nicotine vaping in England: evidence update
- Briefing for the NHS Smokefree Pledge, ASH, (2022)
- The NHS Smokefree Pledge, ASH, relaunched (2022)
- Tobacco: preventing uptake, promoting quitting and treating dependence, NICE [NG209], (2021,updated 2023)

CONSULTATION		
	Committee/Group	Date
Consultation	Smokefree Steering Group Policy Terms and Conditions Group	26 July 2023 20 July 2023
Approval Committee	JNCC	12 October 2023
Document ratification date	23 October 2023	
NEXT REVIEW DATE:	October 2026	
AMENDMENTS	<p>This policy has been revised following changes to the smokefree services available to both inpatients and staff. The following have been added:</p> <ul style="list-style-type: none"> • The Acute Inpatient Tobacco Treatment Service • NHS Smokefree Pledge • Acute inpatient model 'ASK, ADVISE, ACT' • Special groups • Monitoring mechanism table • Equality impact assessment • Inpatient Model Pathway (Appendix B) • The references and statistics have been updated • The format and style have been updated 	

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1. INTRODUCTION AND PURPOSE

East Lancashire Hospitals NHS Trust (the Trust) is committed to improving the health and wellbeing of patients, visitors and colleagues. Following national guidance from NICE in 2021 [NG209], all Trust sites are designated smokefree. This includes land, premises and vehicles, with no exceptions. It is the policy of the Trust to provide a smokefree environment for all employees, patients, visitors and contractors.

2. PRINCIPLES: THE NHS SMOKEFREE PLEDGE

The Trust aims to deliver the commitments in the NHS Smokefree Pledge ([NHS Smokefree Pledge](#)), which are to:

- Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
- Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care
- Create environments that support quitting through implementing smokefree policies
- Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
- Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
- Protect tobacco control work from the commercial and vested interests of the tobacco industry
- Support Government action at national level
- Publicise this commitment to reducing smoking in our communities and join the Smokefree Action Coalition (SFAC), the alliance of organisations working to reduce the harm caused by tobacco

3. SCOPE

This policy applies to all sites within ELHT, includes all staff employed under a contract of service by the East Lancashire Hospitals Trust, including agency workers, bank staff, students, volunteers and workers employed by contractors, and covers all patients and visitors.

4. DEPARTMENTAL RESPONSIBILITIES

4.1 Directorate Management Teams are responsible for:

- Ensuring that all colleagues are familiar with the smokefree policy and that front line clinical colleagues know how to refer patients to the acute Inpatient Tobacco Treatment Service.

- Ensuring that colleagues are supported in attempts to stop smoking.
- Supporting line managers in acting on breaches of the smokefree policy.
- Supporting the development and delivery of a dedicated evidence-based education and awareness programme around the harms of tobacco use.

4.2 Human resources are responsible for:

- Ensuring all job applicants are made aware of the smokefree policy, and that a requirement to comply with it is written into all new job descriptions and included in the Trust's induction programme.
- Ensuring that all contracts state that individuals supplying a service to the Trust are required to comply with the Trust's smokefree policy.
- Advice and support to managers in the application of this policy, ensuring that colleagues are treated in a fair and consistent manner.

4.3 Occupational Health and Wellbeing Services are responsible for:

- Playing a proactive role in making staff aware of the smokefree policy and offering stop smoking information at pre-employment checks.
- Signposting colleagues who wish to stop smoking to community stop smoking services.

4.4 Estates and facilities are responsible for:

- Ensuring that the internal and external environment of the Trust is kept clean and smoking paraphernalia free.
- Displaying prominent smokefree information at the entrance to every Trust building.
- Removing all facilities that encourage smoking on hospital sites.
- Providing information on concerns to the smokefree steering group and managers.
- The Trust fire officer will report smoking incidents to the smokefree steering group.

4.5 Staff side organisations will

- Help inform the workforce of the policy.
- Advise members of their rights and responsibilities under the policy.
- Support their members through procedures affected by this policy.

4.6 The Acute Inpatient Tobacco Treatment Service lead is responsible for:

- Bringing departments together to author the Trust smokefree policy.
- Implementation of and chairing the Trust Tobacco steering group.
- Development of the Acute Inpatient Tobacco Service.
- Ensuring pathways are in place for smoking cessation post-discharge to ensure seamless care.
- Training and advice to the workforce.

4.7 Line Managers are responsible for:

- Compliance with and implementation of this policy.
- Providing advice, support, and signposting to stop smoking interventions to colleagues who smoke.
- Ensuring colleagues are aware of this policy.
- Ensuring colleagues are allocated time to engage in training as advised by Learning and Development and the Inpatient Tobacco Services lead.
- Ensuring that breaches of this policy are addressed appropriately (see paragraph 9.1)

4.8 Front Line Clinical staff are responsible for:

- Assessing patients' smoking status as part of clinical assessments (making Every Contact Count); this includes inpatients and outpatients.
- Offering Very Brief Advice (VBA) in line with the 'Act, Advise, Act' model (Appendix B)
- Offering of Nicotine Replacement Therapy (NRT) to all in-patients who smoke as soon as is practicable.
- Making a referral to the acute in-patient Tobacco Treatment Service for all smokers on an 'opt out' basis
- Advising those who have planned admissions about the Trust's smokefree policy and signposting them to local Stop Smoking services prior to admission.
- Attending appropriate training.

5. EMPLOYEE RESPONSIBILITIES

5.1. Trust employees both clinical and non-clinical must not smoke while wearing a full/part NHS uniform and/or a Trust identification badge, whether on or off duty.

5.2. Trust employees and contractors must not smoke on or off Trust premises during working hours whilst providing any services, in any place, including patient's or client's homes and premises that are exempt from the smokefree legislation.

5.3. Trust employees are not entitled to take breaks during paid working hours for the purpose of smoking.

5.4. All Trust employees are responsible for the promotion of a smokefree working environment and should actively promote the policy in the course of their work. All Trust employees are encouraged, where safe to do so, to advise those contravening the terms of this policy of the Trust's smokefree status. However employees are not expected to enter into any confrontation with patients, visitors or staff that may put their personal safety at risk. Where a challenge is exercised, it is helpful to offer information about stop smoking services where appropriate. Any confrontation (including verbal confrontation) should be formally reported and escalated as appropriate.

5.5. Any staff member who would like to stop smoking must be offered support to access local stop smoking services or smoking cessation scheme compliant pharmacies. The Trust's Occupational Health and Wellbeing Services will signpost colleagues to the appropriate scheme for their geographical area.

6. STAFF VISITING CLIENTS AT HOME OR IN OTHER EXEMPT SETTINGS

Section 3 of The Health Act (2006) recognises some premises may not be smokefree, such as patients' homes. All colleagues visiting or treating patients or clients in an exempt premise are entitled to the same level of protection as those working in Trust premises. Prior to an initial visit service users must be made aware of the Trust smokefree policy and requested to ensure that they and other occupants do not smoke during or directly before the visit. If this causes problems for the staff member, it should be discussed with their manager. In some circumstances it may be appropriate to suggest that alternative arrangements be made to see patients and clients in an outpatient setting or alternative location.

7 SMOKEFREE VEHICLES

7.1 The Trust must comply with all aspects of the smokefree legislation relating to vehicles including displaying a no-smoking sign in each compartment of the vehicle in which people can be carried. Employees have a responsibility to highlight any vehicle that does not display appropriate signage.

7.2 Employees using a private vehicle for Trust business must also comply with the Smokefree Policy during working times and /or whilst in uniform.

8 ELECTRONIC CIGARETTES (VAPING)

8.1 Vaping and the use of electronic cigarettes is not permitted on Trust premises and this policy applies to the use of electronic cigarettes in the same way as to conventional smoking materials.

8.2 Staff must ensure that inpatients bringing e-cigarettes into the hospital are offered Nicotine Replacement Therapy, referred to the Inpatient Tobacco Treatment Service and told clearly that they are not permitted to use e-cigarettes on Trust premises.

8.3 Staff are not permitted to use e-cigarettes on Trust premises, even if they are being used as part of an effort to give up smoking.

9. POLICY ENFORCEMENT

9.1 STAFF

Our aim is to deal with any breaches of the policy in the most supportive way possible. Those smoking on Trust premises should be reminded of the smokefree policy and be offered information on where to access support if they wish to stop. If an individual continues to breach the policy despite support being offered, then further action may be taken in accordance with the Trust's Disciplinary Procedure. Managers should contact their Divisional HR Team in these situations for further advice.

9.2 VISITORS AND PATIENTS

9.2.1 Visitors and patients must not smoke or vape on the Trust premises. Patients will be offered support to remain smokefree throughout their admission.

9.2.2 Colleagues must not escort patients off the ward for the purpose of smoking. If a patient asks to leave the ward to smoke, colleagues must remind the patient of the smokefree policy and offer the patient Nicotine Replacement Therapy to support them with nicotine withdrawal during their hospital admission. A referral must also be made to the Inpatient Tobacco Treatment Service.

9.2.3 Where patients choose to continue to smoke despite the above interventions and are likely to put themselves or others at risk due to smoking a risk assessment must be undertaken and documented in the patient notes.

10. SMOKING CESSATION FOR PATIENTS

10.1. All patients must be informed of the Trust smokefree policy and that all sites adopt a smokefree approach.

10.2. All patients must be screened for smoking status, in order to identify those who may need support to be smokefree whilst under our care.

10.3. Clinical staff should be confident in identifying patients who are tobacco users, in referral pathways to inpatient or local Tobacco Treatment services and also in the delivery of Very Brief Advice.

10.4. Patients who smoke must be routinely referred to the Inpatient Tobacco Treatment Service on an 'opt out' basis unless expressly declined. This should be documented in clinical notes (Appendix A).

10.5. Patients who smoke should be offered Very Brief Advice, a 30 second intervention around smoking, using the '30 seconds to save a life' philosophy. The use of the 'ASK, ADVISE, ACT' model helps to simplify the process. (Appendix B).

- 10.6.** Following referral, an Inpatient Tobacco Treatment Service advisor will offer an assessment and ensure that the most effective use of any NRT products is fully explained, and behavioural support is offered. Behavioural support is a key element in supporting longer term outcomes in relation to smoking cessation and general health behaviour change (PH6 2007).
- 10.7** For continuity of care, the Inpatient Tobacco Treatment Service will refer those who wish to remain abstinent from smoking post-discharge to the appropriate smoking cessation community service or designated pharmacy. This process will require explicit consent to share information with externally commissioned partners.
- 10.8** A supply of NRT should be issued as part of take-home medicines to those whose goal is abstinence. This is generally for one week but carries a discretionary two week offer based on clinical need.
- 10.9** It is important to explain that if the person is not ready to stop smoking, NRT will continue to be offered as can be helpful to alleviate of withdrawal symptoms throughout the duration of their stay.
- 10.10** Elective patients must be informed of the smokefree policy prior to admission. Unplanned admissions should be informed of the policy at initial assessment, or as soon as possible after admission.
- 10.11** Patients managed within community services should be offered a referral to their local NHS Stop Smoking service or local pharmacy.
- 10.12** All patients who smoke should be regularly reminded of the smokefree policy.

11 SPECIAL AND HIGHER RISK GROUPS

11.1 Mental Health

- 11.1.1** Smoking prevalence is significantly higher among people with mental health problems than among the general population, and as the severity of mental health increases, smoking prevalence is higher.
- 11.1.2** Tobacco increases the metabolism of some anti-psychotic medications. Therefore increased monitoring of those prescribed some medicines must be undertaken when cigarette intake stops or is significantly reduced. As the changes are due to a reduction in tar and not nicotine, NRT will not assist to address this issue. Such medicines are:

Benzodiazepines	Carbamazepine	Olanzapine
Chlorpromazine	Clozapine	Zuclopenthixol
Duloxetine	Fluphenazine	Mirtazapine
Fluvoxamine	Haloperidol	Tricyclic anti-depressants

11.1.3 Pregnancy

There is specific guidance on tobacco use and pregnancy; within ELHT a specific service is provided for pregnant women who smoke and therefore the local pathways developed within Family Care should be followed.

11.1.4 Patients on Oxygen

Patients on Oxygen must be clearly informed of the risks of death from explosion if they smoke due to high volatility. UNDER NO CIRCUMSTANCES should a patient on Oxygen be smoking. This includes patients in their own homes.

11.1.5 Vulnerable people at home

For vulnerable patients requiring treatment at home who are continuing to smoke, give consideration to a fire service referral for a home risk assessment and fire-retardant products for the home.

12 TRAINING

12.1 All front-line clinicians will be trained in the 'Ask, Advise, Act' model for acute inpatients (Appendix B)

12.2 Training will be provided to clinicians through the Learning Hub and via inpatient Tobacco Treatment Advisors. Frontline clinicians will be required to undertake level one training in line with NCSCT guidance.

12.3 Staff who wish to be training in the level 2 National Centre for Smoking Cessation Training (NCSCT) or other further training should be encouraged and supported.

13 MEASURING AND MONITORING AND REVIEW

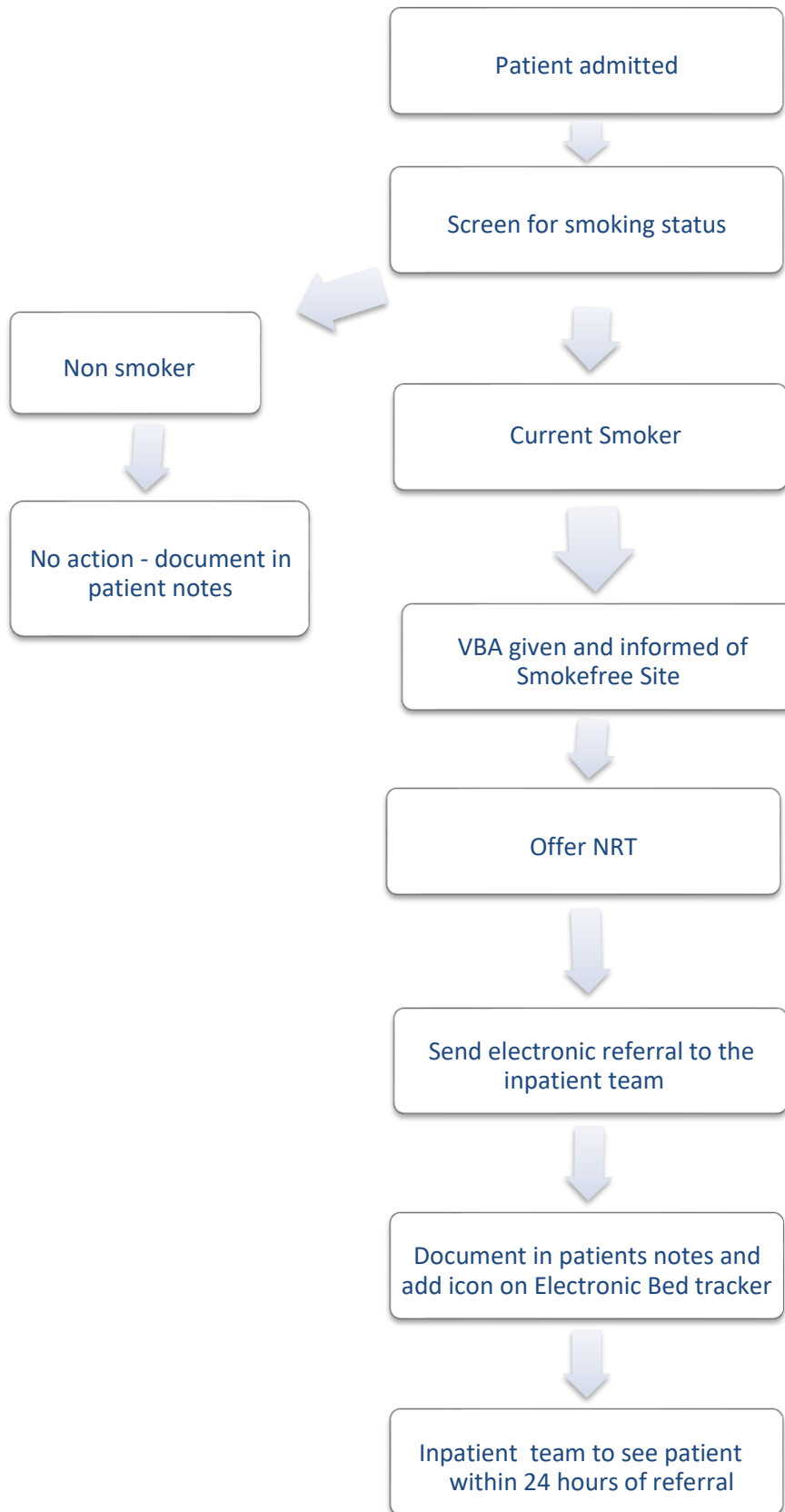
Measuring and monitoring compliance with the effective implementation of this procedural document is best practice and a key strand of its successful delivery. Hence, the author of this procedural document has clearly set out how compliance with its appropriate implementation will be measured or monitored. This also includes the timescale, tool(s)/methodology and frequency as well as the responsible committee/group for monitoring its compliance and gaining assurance.

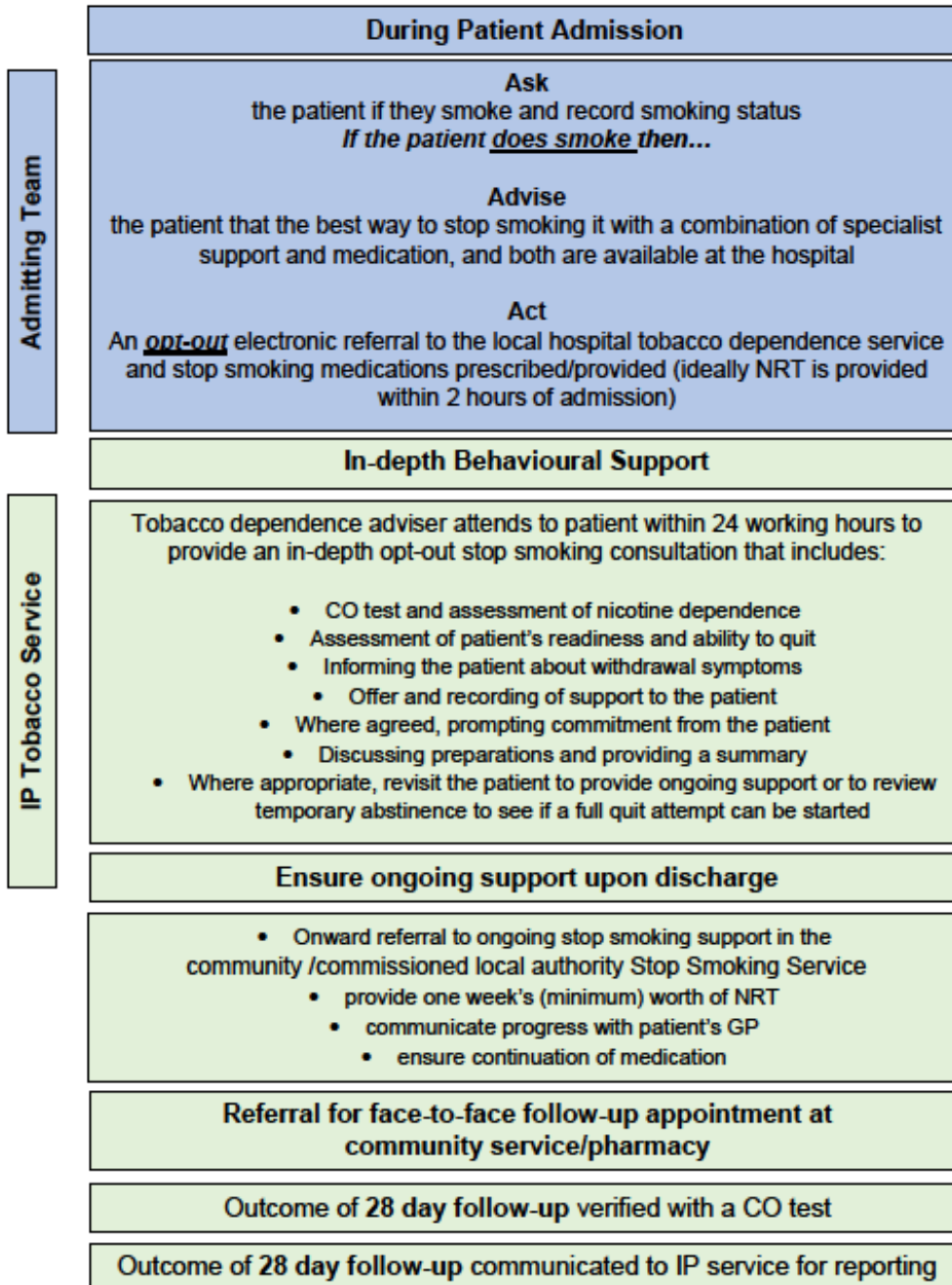
Monitoring Mechanism:

Aspect of compliance being measured or monitored.	Individual responsible for the monitoring	Tool and method of monitoring	Frequency of monitoring	Responsible Group or Committee for monitoring
ELHT premises are kept smokefree in line with this policy	Acute Inpatient Tobacco Services Lead	The Inpatient Acute Tobacco Treatment Service will undertake random visits/walking audits of Trust premises	Annually	Smokefree Steering Group Annual report to the Trust Board
Any adverse incidents resulting from the implementation of the policy will be recorded and collated.	Acute Inpatient Tobacco Services Lead	Trust Untoward Incident reporting system	Annually	Smokefree Working Group Annual report to the Trust Board
Consequences of the implementation of this policy.	Acute Inpatient Tobacco Services Lead	The Inpatient acute Tobacco treatment Service will report positive outcomes, persistent problem areas and suggestions for improvement.	Annually	Smokefree Steering Group Annual report to the Trust Board

Appendix A

Staff Guidance – Patient flowchart





Appendix C Equality Impact Assessment Screening Form

Department/Function	Human Resources		
Lead Assessor	Smokefree Service Lead		
What is being assessed?	Smokefree Policy		
Date of assessment	June 2023		
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues
	Service Users	<input type="checkbox"/>	Colleagues Inclusion Network/s <input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Smokefree Steering Group, HR Policy Group
1) What is the impact on the following equality groups?			
Positive: ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups	Negative: ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups	Neutral: ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged	
Equality Groups	Impact (Positive / Negative / Neutral)	Comments ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?	
Race (All ethnic groups)	Neutral		
Disability	Neutral		
Sex	Neutral		
Gender reassignment	Neutral		
Religion or Belief	Neutral		
Sexual orientation	Neutral		
Age	Neutral		
Marriage and Civil Partnership	Neutral		
Pregnancy and maternity	Neutral		
Other (e.g. caring, human rights)	Neutral		
2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	None		
3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups This should be reviewed annually.			
Action Plan Summary:			
Action	Lead	Timescale	
None Required.			