

<b>Smokefree Policy</b>
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**Document Control:**

<b>For Use In:</b>	The Queen Elizabeth Hospital King's Lynn NHS FT		
	In all areas		
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**Version History:**

Version	Date	Author	Reason/Change
v1.0		Joshua Pearce – Smoking Cessation Improvement Manager (QEH) Jennifer Williams – Health & Safety Manager (JPUH) Hilary Winch – Head of Workplace Health, Safety & Wellbeing (NNUH)	New joint Smokefree Policy for JPUH / NNUH / QEH. Replacing existing Trusts Smokefree/No Smoking policies.
V1.2		As Above	Updated for initial feedback.
V1.3	10/08/2023	Joshua Pearce – Smoking Cessation Improvement Manager (QEH)	Updated for further feedback and reformatting of supporting SOP document.
v.1.4	24/08/2023	Joshua Pearce – Smoking Cessation Improvement Manager (QEH)	Updated following feedback after meeting with unions across three acute hospitals.
v.1.5	30/08/2023	Joshua Pearce – Smoking Cessation Improvement Manager (QEH)	Updated following feedback from NNUH.
v.1.6	30/11/2023	Joshua Pearce – Smoking Cessation Improvement Manager (QEH)	Updated section 3.5 following feedback from NNUH.

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v.1.7	18/11/2023	Joshua Pearce – Smoking Cessation Improvement Manager (QEH)	Updated section 2.2 / 2.4 / 3.2.2 – Breaches of policy
v.1.8	15/01/2024	Joshua Pearce – Smoking Cessation Improvement Manager (QEH)	Updated 3.2.2 – Breaches of policy following meeting with unions. Updated to an individual Trust policy.

### Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
Smoking and E-Cigarette Policy, QEH	01/08/2020

### Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

The following were consulted during the development of this document:

- Alasdair Willett - Strategic Integration Improvement Manager and Trust Lead for Health Inequalities (QEH)
- Claire Nash – Improvement Manager, Complex Health (NNUH)
- Vandana Khurana - Divisional Projects Manager, Prevention Program (JPUH)
- Joshua Pearce – Smoking Cessation Improvement Manager (QEH)
- Jonty Yazbek – Head of Quality Improvement (JPUH)
- Hilary Winch - Head of Workplace Health, Safety & Wellbeing (NNUH)
- Jennifer Williams – Health & Safety Manager (JPUH)
- Unions – QEH, JPUH and NNUH
- Smokefree Implementation Group – (QEH)
- Divisional Nurse Directors (including Midwifery) – (NNUH)
- Hospital Management Board membership (NNUH)
- Security (NNUH)
- Health & Safety (NNUH & QEH)
- Substance Misuse Team (NNUH)
- People Promise Manager (NNUH)
- Patient Panel (NNUH)
- JSCC (QEH)

### Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

### Relationship of this document to other procedural documents

This document is a policy applicable to Acute Collaborative; please refer to local Trust's procedural documents for further guidance, as noted in Section 4.

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# Smokefree Policy

## 1. Introduction

### 1.1. Rationale

The Trust endorse the principle that it is a matter of personal choice if individuals smoke or not, but the matter of where they smoke is of public concern and therefore prohibit the act of smoking on all Trust premises, both inside buildings as required by law and outside on any Trust grounds.

Smoking is the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Key indicators from the local tobacco control profile for Norfolk (OHID, 2021) show:

- 13.2% of the population smoke (similar to England average of 12.9%) but significantly higher in coastal populations and King's Lynn.
- King's Lynn has a smoking prevalence of 16.9%.
- 14% of mothers are known to be smokers at the time of delivery (worse than England average of 9.5%).
- 3,716 deaths per 100,000 population are attributable to smoking (better than England).
- 10,087 hospital admissions per 100,000 population are attributable to smoking (worse than England).

In Norfolk, smoking has a detrimental effect on health & economic wellbeing in the county, with an estimated cost of £266.9m each year. The Norfolk Tobacco Control Strategy 2022/23 has a vision of a delivering a Smokefree Norfolk by 2030, (smoking prevalence of 5% or less) and the Trusts' support this vision.

As a leading healthcare provider across Norfolk, the Trust recognise we have a responsibility to encourage good health and to help tackle major causes of ill health by providing an environment that supports people to quit smoking. The Trust operate a no smoking policy on all its premises, vehicles and grounds, and this equally applies to all employees, patients, volunteers, visitors and contractors as detailed further in this policy.

It has been demonstrated that healthcare staff are influential role models for patients. An NHS Trust that permits smoking is sending out a contradictory message instead of a clear unambiguous one. Staff have a duty to comply with the policy, appreciate their role as health educators and role models, and refrain from smoking on all Trust sites.

The policy follows the guidance and information outlined in the:

- Hiding in plain sight – Treating tobacco dependency in the NHS 2018
- NHS Long Term Plan 2019
- NICE Guidance NG209
- NICE Guidance PH48 Toolkit
- Norfolk Tobacco Control Strategy 2022/23
- Reducing Health Inequalities – Core20PLUS5
- Tobacco Control Plan 2017

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## 1.2. Objective

The objective of the Smokefree Policy is to:

- Protect and improve health outcomes for patients, employees, volunteers, visitors and contractors.
- Protect both smokers and non-smokers from the danger to their health by eliminating exposure to environmental tobacco smoke.
- Outline the duties and responsibilities of all managers to appropriately manage the Smokefree Site, support their staff to stop smoking, and action any alleged breaches of the policy.
- Outline the duties and responsibilities for all employees and the potential action that may be taken in cases where breaches of the policy occur.
- Contribute to the overall management of fire risk on all Trust grounds and premises.
- Encourage an environment conducive to giving up smoking and contribute to the Trusts commitment to health improvement.
- Ensure Trusts premises, vehicles and grounds are Smokefree.
- Set a health improvement example to other employers and workforces.

## 1.3. Scope

This policy applies to all patients, employees, volunteers, visitors, contractors and external organisations who enter the Trusts grounds, both inside and outside of buildings. This also includes vehicles on trust grounds. The Trust expects any individual, whether a patient, employee, volunteer, visitor or contractor, to uphold the Smokefree status, thus refraining from smoking on the Trusts grounds, premises and vehicles.

The policy applies to staff during the time when they are being paid by the Trust or are wearing uniform or name badge and can be identified as a member of staff including during breaks.

## 1.4. Glossary

The following terms and abbreviations have been used within this document:

<b>Term</b>	<b>Definition</b>
LSSS	Local Stop Smoking Service
NICE	National Institution for Health and Care Excellence
NHS LTP	National Health Service Long Term Plan
NRT	Nicotine Replacement Therapy
SOP	Standard Operating Procedure
T/HMG/B	Trust/Hospital Management Group/Board
VBA	Very Brief Advice

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## 2. Responsibilities

### 2.1. Chief Executive and Trust Board

The Chief Executive and the Trust Board have primary responsibility for the endorsing and implementation of the policy, and to:

- Provide a general awareness of the reason and dangers of smoking and passive smoking for Occupational Health and Safety.

### 2.2. Managers

- To ensure that all staff within their areas of responsibility understand the policy and are aware of their responsibilities for both adhering to the policy and managing any incidents of employees smoking on site.
- To ensure the policy is communicated, readily available and applied within their areas of responsibility.
- To ensure that smoking cessation training is promoted, attended and implemented.
- To take a significant and supportive approach in helping improve the health and wellbeing of the workforce by offering support to staff. Managers should refer staff for support as appropriate via Trust local Health & Wellbeing Workplace service or to a LSSS. This may include enabling staff to attend and access stop smoking support meetings during reasonable periods of work time.
- Promote a culture which empowers smokers through conversations about the benefits of quitting.
- To manage any reported policy breaches through appropriate channels.

### 2.3. Clinical Staff

- To avoid condoning or advocating the use of tobacco smoking and when trained, provide Very Brief Advice (VBA) to patients. When caring for patients who smoke, staff should ensure nicotine replacement medication or NRT has been prescribed by the physician responsible for care.

### 2.4. All Employees

- To be familiar with, observe and comply with the Smokefree Policy, and if necessary, taking measures to manage their Nicotine addiction whilst at work.
- To seek the advice and support of the local Health and Wellbeing Workplace Service/LSSS for stop smoking support and advice as required. Employees who smoke but do not wish to stop smoking, can seek support for nicotine addiction management whilst at work.
- To engage and acknowledge smoking cessation support.
- To recognise that smoke lingers on breath and clothes, and this is a potential health threat to others as third hand smoke.
- To follow the Trust respective Dress Code & Uniform policy.
- Only after completing appropriate training, staff should feel empowered to advise any person seen smoking on site that the Trust Ground are a Smokefree premise. Appropriately trained staff can point out the No Smoking signs and signpost them to how they can access support to stop smoking and/or manage

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their nicotine addiction, and where required, informing they need to leave the site completely if they wish to smoke.

- To take responsibility to promote a Smokefree culture by regularly communicating and sharing information for smoking cessation support to staff/patients/visitors/contractors.

### 2.5. Patients & Visitors

- Patients will be advised of the Policy on admission to the Trusts grounds and premises and through pre-operative notifications if an elective admission.
- Nicotine Replacement Therapy in Adult Inpatient guidance will detail the smoking cessation support and nicotine replacement therapy (NRT) provision available to patients.
- Outpatients will be notified via outpatient booking information on the expectation that the Trust site is Smokefree.
- Smokefree SOP will outline the nicotine provision available to visitors.

### 2.6. Contractors

- Tenders and contracts will stipulate adherence to this Policy as a contractual condition, noting that any breaches will be reported to the relevant organisations with the expectation that appropriate action is taken within the respective organisation to ensure that further breaches do not occur.

### 2.7. Trusts' Staff Health and Wellbeing Service

- To provide advice on smoking cessation support available and referral/signpost to the smoking cessation services.
- To provide literature for staff who wish to stop smoking.
- To actively promote the benefits of not smoking through promotional campaigns.

### 2.8. Stop Smoking Services

- To provide information regarding the service to staff, patients and visitors.
- To provide support to individuals who wish to stop smoking.
- To facilitate access to stop smoking support and treatment.
- To provide training to help staff to support smokers to quit.
- Smokefree Norfolk to provide access to their VBA training for all medical staff working in Norfolk settings, in order to help inform staff on how to have positive discussions around quitting smoking.
- To provide support to individuals who wish to stop using tobacco products and vaping.

Information for each LSSS can be accessed through the Trust Staff Health and Wellbeing Service.

### 2.9. External Parties

- GP Practices and external users of Trust property (for example Bus services, Ambulance service, employees of other local organisations working on site) will be informed of the Policy by the respective Trusts for that area.

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- Job advertisements will include reference to the Smokefree Policy.

### 3. Policy Principles

This policy has been jointly developed between QEH, NNUH & JPUH to ensure the approach and guidance for Smokefree Sites is similar across the Trusts. This will ensure consistency in the meaning of Smokefree, and everyone understands the same definition and expectation applies across all the Trusts sites when it comes to no smoking.

Use of tobacco products is proven to be a harmful behaviour, not just to the user but also to others in the surrounding environment. It's inappropriate behaviour for tobacco products to be used in a healthcare environment. However, we recognise it's part of a nicotine addiction and needs to be treated appropriately to other behaviours for support to work.

Our aim is to deal with any breaches of the policy in the most supportive and informal way possible. Where a member of staff breaches the Smokefree Policy, supportive, informal conversations will be initially held between the staff and manager.

In support of this policy, the Trust will maintain an Smokefree SOP.

#### 3.1. Environment

The boundaries of Trust grounds and premises where the Smokefree Policy applies will be shown within the Trust Smokefree SOP.

##### 3.1.1. Signage

Clear signage informing everyone they're entering a Smokefree site will be visible at the Trust entrances. Additional signage will be displayed around the Trust informing the grounds and premises are Smokefree and smoking is prohibited.

##### 3.1.2. E-Cigarettes

E-cigarettes can play a significant role in supporting adult smokers to stop smoking, reducing the smoking prevalence within Norfolk and Waveney to meet the UK Government aim of being Smokefree by 2030 and in turn improving the health outcomes of the local population.

E-cigarettes are promoted by Office for Health Improvement and Disparities (OHID) as being safer to use than smoking tobacco and the Cochrane living systematic review on electronic cigarettes for smoking cessation (Hartmann-Boyce et al, 2022) shows that vaping is effective at stopping people smoking, with e-cigarettes shown to be more successful than traditional forms of Nicotine Replacement Therapy in successfully aiding quit attempts. NICE also recommends that smokers are encouraged to vape in their quit attempt (NICE, 2023).

We recognise that vaping is not risk free (GOV.UK, 2022), and therefore vaping must be presented as an alternative to, or replacement for smoking, not a recreational activity. There is currently no evidence that shows there's a risk to the health of bystanders from exposure to vapor from nicotine e-cigarettes, however, we are mindful



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that people do not want to walk through vaping 'mist' and so recognise the need to find a balance with regards to use of e-cigarettes on health provider sites.

E-cigarettes are allowed to be used onsite for adults, outside of buildings away from doors and windows, as outlined in the Trust Smokefree SOP.

### **3.2. Smoking Treatment Services**

In line with the NHS LTP (2019), the Trust will ascertain the smoking status of all inpatients & pregnant women and provide stop smoking support.

### **3.3. Smokefree Enforcement**

The most effective way of ensuring Smokefree premises is through good communications with staff, patients, visitors, contractors and public constituencies as well as providing the required level of support to help manage quit attempts or temporary abstinence. However, there may be times in which breaches of the policy occur.

We don't wish to place staff at risk and therefore don't expect staff to engage with patients, visitors and contractors unless appropriately trained, and having performed a dynamic risk assessment.

#### **3.3.1. Patients, Visitors and Contractors**

Where patients, visitors or contractors fail to adhere to the Smokefree Policy, wherever it is safe and reasonable to do so, they should be politely reminded of the Smokefree Policy and asked to comply with its requirements.

#### **3.3.2. Staff**

Where a staff member breaches the Smokefree Policy, it's expected their manager will initially hold informal conversations to identify supportive actions.

The Trust are committed to providing support for any member of staff who wishes to give up smoking, and there is a strong evidence-base for the effectiveness of smoking cessation interventions in helping people give up smoking. Therefore, our aim is to deal with any breaches of the policy in the most supportive and informal way possible.

This can include signposting to Local Stop Smoking Services, referral to Trust local Health & Wellbeing Workplace service and other locally developed support as outlined in the Smokefree SOP. NHS Smokefree National Helpline and GP are other routes of support available for people accessing Smoking Cessation.

There is an expectation that staff will abide by the smoking restrictions and will, if necessary to help them to deal with a nicotine addiction, acknowledge and participate in appropriate actions and activities signposted by the Trust to manage their nicotine addiction while at work.

Smoking in any of the Trust buildings or vehicles is against the law and would be regarded as gross misconduct.

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## 3.4. Safeguarding Vulnerable Patients

The Trusts recognise that there may be patients who have extremely complex needs and may not have the mental capacity to keep themselves safe. The care planning for patients requiring support for their addiction needs to consider the requirement for enhanced supervision, the patients best interest and the safety of our staff. It could be considered that these patients may not have the capacity to engage with the Trust's Smokefree Policy.

In exceptional circumstances, adjustments based on a dynamic risk assessment could be considered.

## 4. Related Documents

- Smokefree SOP
- Dress Code Policy
- Nicotine Replacement Therapy in Adult Inpatient
- Disciplinary Policy & Procedure

## 5. References

*Adult Smoking Habits* (December 2022), Office for National Statistics

*Electronic cigarettes for smoking cessation* (November 2022), Cochrane Review

*Local Tobacco Control Profiles* (May 2023), <https://fingertips.phe.org.uk/static-reports/tobacco-control/at-a-glance/E1000020.html?area-name=Norfolk>

*Next Step on the NHS Five Year Forward* (March, 2017), NHS England

*Nicotine vaping in England: 2022 evidence update main findings* (September 2022), Office for Health Improvement and Disparities

*NHS Long Term Plan* (January 2019), NHS England

*Reducing Health Inequalities, Core20PLUS5* (July 2023), <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>

*Second-Hand Smoke: the impact on children*, (March 2014), ASH Action on Smoking and Health, Research Report.

*Tobacco: preventing uptake, promoting quitting and treating dependence* (January 2023), National Institution for Health and Care Excellence

*Towards a Smokefree Generation, A Tobacco Control Plan for England* (July 2017), Department of Health

## 6. Monitoring Compliance

Compliance with the process will be monitored through the following:

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Key elements	Process Monitoring for	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
The number of disciplinary actions against staff for breaching this policy	Data Collection	HR		Ongoing
Incident reporting	Incident Management Systems	Risk & Governance		Ongoing
Stop Smoking Support	Referrals to Health & Wellbeing service for LSSS	Workplace Health & Wellbeing		Ongoing

The audit results are to be discussed at relevant governance meetings to review the results and recommendations for further action. Then sent to T/HMG/B who will ensure that the actions and recommendations are suitable and sufficient.

### 7. Appendices

There are no appendices for this document, with references made to supporting documents/policies.

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### 8. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	Smokefree Policy
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<b>Division</b>	Strategy	<b>Department</b>	General Management
<b>Name of person completing form</b>	Joshua Pearce	<b>Date</b>	29/08/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Pregnancy & Maternity	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Disability	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Religion and beliefs	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Sex	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Gender reassignment	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Sexual Orientation	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Age	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
Marriage & Civil Partnership	No	Yes. There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	--	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>		Norfolk & Waveney Joint Forward Plan, Ambition 1: Population Health Management (PHM), Reducing Inequalities and Supporting Prevention. Reducing the prevalence of smokers within Norfolk & Waveney, especially in pregnancy.		

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

**IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED**

**The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.**