Smoke Free Policy for Patients and Visitors

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Extended until December 2023

What is in this policy?

This policy supports the Trust's compliance with the NHS Standard Contract requirement for all NHS Trust to be completely smoke-free, including on external grounds owned by the Trust.

It is the expectation that all University Hospitals Bristol NHS Foundation Trust (the Trust) colleagues take positive action through adherence and shared implementation of this policy and local/national smoke free requirements and recommendations.

This policy applies to patients and visitors. The management of Trust colleagues who wish to smoke is conveyed within the separate Smoke Free Policy for Staff.

Document Change Control

Date of Version	Version Number	Lead for Revisions (Job title only)	Type of Revision	Description of Revision
23/11/18	1.0	Deputy Head of Nursing – Medicine	New	First draft policy
1/10/19	2.0	Deputy Head of Nursing – Specialised Services	Major	Second draft policy

Sign off Process and Dates

Groups consulted	Date agreed
Adult Safeguarding Operational Group	27/02/2019
Policy Assurance Group	16/04/2019
Clinical Quality Group	06/02/2020

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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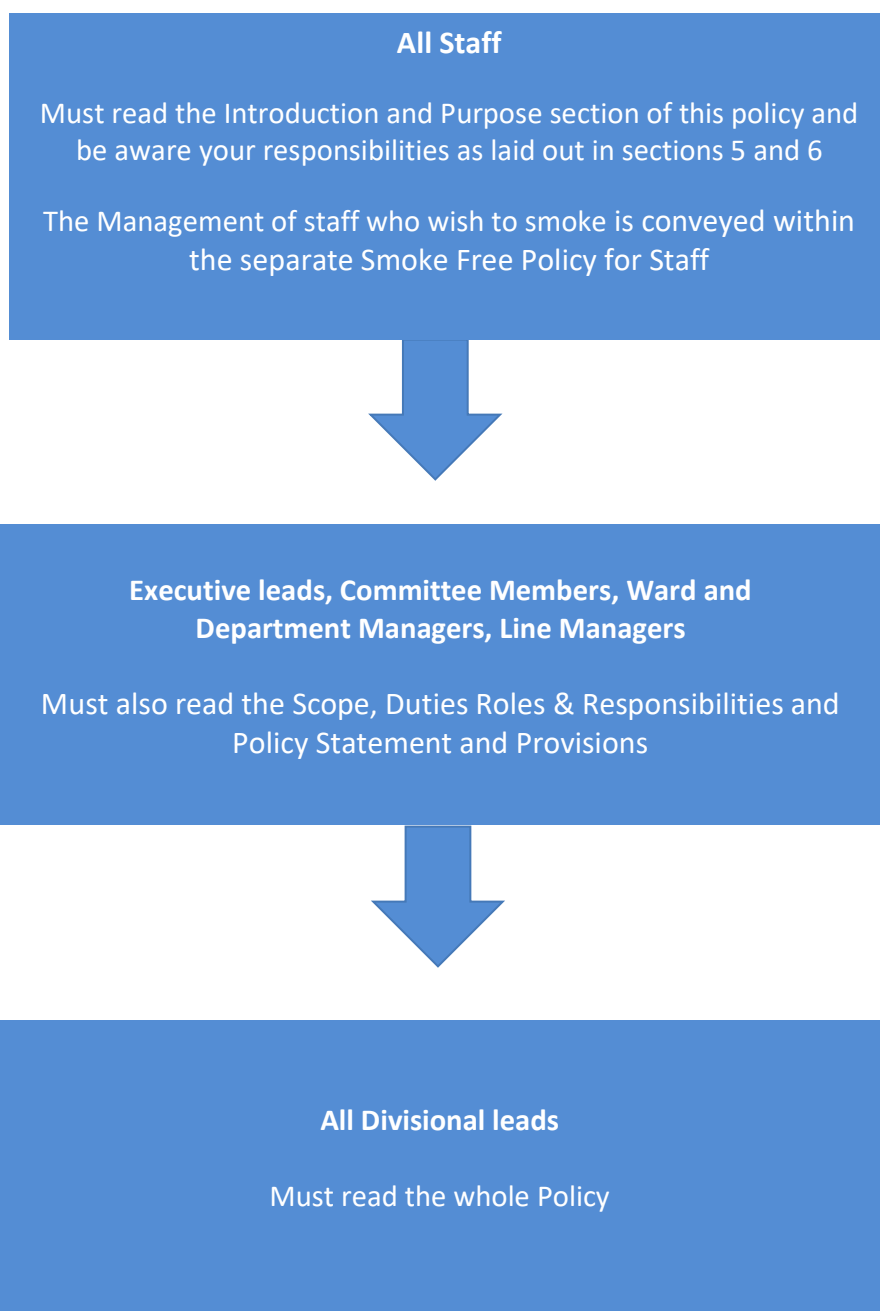
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Do I need to read this Policy?

All Staff

Must read the Introduction and Purpose section of this policy and be aware your responsibilities as laid out in sections 5 and 6

The Management of staff who wish to smoke is conveyed within the separate Smoke Free Policy for Staff

Executive leads, Committee Members, Ward and Department Managers, Line Managers

Must also read the Scope, Duties Roles & Responsibilities and Policy Statement and Provisions

All Divisional leads

Must read the whole Policy

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1.   Introduction

This policy supports the Trust's compliance with the NHS Standard Contract requirement for all NHS Trust to be completely smoke-free, including on external grounds owned by the Trust.

The Trust has a responsibility to ensure that those non-smokers must be protected from the proven harmful effects of passive smoking and is committed to improving the health and wellbeing of patients, carers, staff and visitors.

The future use of e-cigarettes/vaporisers is under review and this policy will be amended as and when appropriate. These are presently covered by this policy. Electronic nicotine delivery systems and electronic smoking devices are currently unregulated by the Medicines and Healthcare Agency (MHRA).

2.   Purpose

The purpose of this policy is to set the standards expected throughout the Trust in relation to maintaining smoke free status. It provides assurance to the Trust Board:

- The Trust is able to create and sustain a smoke free environment within the Trust; inclusive of buildings, external areas/grounds owned by the Trust and vehicles on Trust property or owned/occupied by the Trust.

- Legal responsibilities and compliance are fulfilled, including supporting smoking reduction among the local population as a priority public health concern.

- There are reduced health risks from passive smoking to patients, staff and visitors, and the Trust is supporting the right to a smoke free environment and workplace.

- The fire risk to Trust property attributable to cigarettes and electronic smoking devices is minimised.

- The effects of littering on the estate caused by discarded cigarette stubs, wrappers, packets, lighters, etc. is decreased.

- To provide guidance to staff on supporting patients who smoke.

3.   Scope

This policy applies to all patients and visitors, including parents and carers of any users of our services. It includes, but is not limited to, inside and outside Trust buildings, doorways, entrances, hospital grounds identified by signage or white border line, vehicles parked on Trust property, car parks and Trust vehicles.

This policy applies to patients and visitors. The management of staff and volunteers who wish to smoke is conveyed within the separate Smoke Free Policy for staff.

4.   Definitions

4.1   Smoke free NHS (Source: Duncan Selbie, Chief Executive of Public Health England)

(a)   No smoking anywhere in NHS buildings, vehicles or grounds.

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(b)   Stop smoking support is offered onsite <u>or</u> referrals to community based services.

(c)   Every frontline professional discussing smoking with patients (as many as 25% of patients in acute hospital beds are smokers).

4.2   Electronic Delivery Systems/Electronic Smoking Devices

Electronic nicotine delivery systems or electronic smoking devices (also known as e-cigarettes, e-cigars, e-hookahs, e-pipes and vaporisers) are widely used as a method for smoking cessation. Many of these are unregulated nicotine products, unavailable on prescription and there is currently insufficient evidence of safety. Although electronic nicotine delivery systems or electronic smoking devices are outside the scope of smoke free legislation, all responsibilities encompassed within this policy are deemed applicable to their use.

In view of this, the use of electronic nicotine delivery systems and electronic smoking devices are not permitted on Trust property.

5.   Duties, Roles and Responsibilities

5.1   Trust Board of Directors

(a)   Responsibility for compliance with statutory requirements and the standards set out in the policy rests with every officer of the Trust, including executive directors, clinical chairs, divisional directors, heads of profession, senior managers, etc.

(b)   The responsibility for implementing the Smoke Free Policy is delegated to the chief nurse who will ensure an appropriate governance system is in place for the discharge of smoke free requirements given current and future legislation. They are responsible for:

(i)   Keeping the Chief Executive Officer and Trust Board informed of progress.

(ii)   Ensuring the Trust Smoke Free Working Group meets its terms of reference with the development of a communications and action plan for any shortfalls identified.

(iii)   Collating information gained by the Trust Smoke Free Working Group on a quarterly basis and ensuring an annual report to the Trust Board is prepared.

5.2   Divisional Management Boards

(a)   Divisional Management Boards to have responsibility for the stewardship and management of smoking related issues and complaints within their Division at ward, department and clinical level.

(b)   The Estates Divisional Management Board to have joint responsibility with the relevant Divisional Management Boards for the stewardship and management of smoking related issues of patients in the outdoor environment.

(c)   Divisional Management Boards should ensure that all patients are aware of, and adhere to, the policy and discuss any breach made by a visitor or patient to decide appropriate action in accordance with the conflict resolution policy and/or management of unacceptable behaviour procedure at the time of the occurrence.

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(d)   In conjunction with the Communications Team, advise on any direct media interest.

5.3   *Smoke Free Working Group*

(a)   The purpose of the Smoke Free Trust Working Group is to meet the requirements of the Bristol Clinical Commissioning Group, and compliance with the recommendations in NICE Guideline PH48, Smoking: acute, maternity and mental health. This is a national Service Development Improvement Plan requirement.

(b)   In order to achieve this, the group will review the effectiveness of the current Smoke Free Policies and benchmark with other similar city based acute NHS Trusts.

5.4   *Healthcare Professionals*

(a)   Should follow the screen for smoking on admission standard operating procedures (SOPs) – planned admissions (*appendix A*), and Emergency and Unplanned Admissions (*appendix B*), informing those who smoke of smoke free policy.

(b)   Should follow the "Patients who wish to smoke SOP"

5.5   *Line Managers*

(a)   In cases where patients and visitors do not adhere to the smoke free policy, managers are expected to take action in accordance with the conflict resolution policy and/or management of unacceptable behaviour procedure at the time of the occurrence.

5.6   *All Staff*

(a)   Individual staff, students, volunteers, agencies and agency staff working for and on behalf of the Trust must comply with Trust policy and compliance with legal duty and take personal responsibility for understanding and adherence to the policy. The Trust wishes to promote and develop a culture across all hospital sites that smoking on Trust premises is unacceptable, and that everyone respects this culture.

(b)   The Trust commits to supporting sufficiently trained colleagues in making requests to anyone found smoking on site (within the white painted parameter line) to kindly refrain from doing so. However, the Trust does not expect staff to feel obliged to engage in difficult or overly challenging situations in doing so. Where individuals refuse to refrain from smoking following a request from staff, the matter should be referred to the appropriate site manager.

(c)   Any patient or visitors continuing to smoke on Trust premises should be referred to the appropriate manager – security or clinical site team.

(d)   Enforcement of the Smoke Free policy remains everyone's concern and all clinical and non-clinical colleagues are encouraged to undertake smoking cessation 'Very Brief Intervention Training' (via e-Learning) to gain information and skills in supporting people to refrain from smoking at the Trust and for Making Every Contact Count (MECC).

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5.7   Security

(a)   Support staff managing a non-concordant patient or visitor to the smoke-free policy.

(b)   Are advocates of the policy.

5.8   Patients/Visitors

(a)   Patients must be informed of the smoke-free policy prior to elective admission, appointment or procedure, with advice and information on the Trust being Smoke free, as explained in the "We are a smoke free Trust" patient leaflet, and screening for smoking SOP. Unplanned admissions should be informed of the smoke-free policy as early as possible (see screening for smoking on admission SOP).

(b)   Visitors must be made aware of the smoke-free policy, staff must feel confident in clarifying Trust property and estates to provide clear guidance for those visitors smoking or wishing to take a patient out of the clinical area to smoke.

5.9   Responsibility for Monitoring Compliance

(a)   Implementation of the Trust Smoke Free Policy for patients and visitors will be monitored and reviewed by the Smoke Free Working Group who report to the Trust Partnership Forum.

(b)   Internal and external complaints concerning onsite smoking will inform monitoring compliance and review.

6.   Policy Statement and Provisions

6.1   Smoke Free Legislation

This policy complies with Smoke Free Environments Act 1990; The Health Act 2006; Health and Safety at Work Pregnant Workers Directive (92/85/EEC); Health and Safety at Work etc. Act 1974 (and all subsequent legislation) and the National Institute for Health and Care Excellence guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013).

6.2   NHS Smoke Free Frameworks

The NHS Five Year Forward View commits to making all NHS Trusts smoke free by 2020. NICE Guidance PH48 sets out recommendations for smoke free NHS buildings and grounds accompanied by access to evidence-based quitting support for patients. Implementation of the CQUIN Indicator 'Preventing Ill Health from Risky Behaviours 2018/19' ensures application of PH48.

6.3   Public Health Agenda

Smoking is a major cause of illness and early death and the Government is taking active measures to decrease smoking behaviour by reducing the number of public areas in which smoking is permitted.

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The adverse effects of smoking on public health, whether actively or passively, have been widely known and accepted for some time. As a leading healthcare provider, the Trust cares about the health and wellbeing of its patients, colleagues and visitors and accepts its responsibility for promoting smoke free as a means of reducing the prevalence of smoking related diseases amongst the local population, and for providing a healthy environment for its workforce.

The Trust endorses 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. 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. The Trust respects the needs of smokers by offering best practice advice and guidance to those who wish to cease smoking.

The Trust will endeavour to support the development and delivery of tobacco control strategies though effective collaboration and a multi-faceted approach between the local authority and clinical commissioning group (CCG).

6.4   UH Bristol Commitment to Smoke Free

The Trust is committed to providing a smoke free environment plus signposting to stop smoking for colleagues. This commitment is reflected throughout its management practices, staff training and development programmes and occupational health, safety and workplace wellbeing provision.

6.5   Smoking Cessation Support

Comprehensive advice and support on giving up smoking can be found at:
https://www.nhs.uk/live-well/quit-smoking/take-steps-now-to-stop-smoking/

The National Smoke free helpline, to speak to a trained, expert advisor: 0300 123 1044.

7.   Standards and Key Performance Indicators

7.1   Applicable Standards

Acute Trusts are required to become tobacco-free by 1 January 2019 as specified within the NHS Standard Contract; service transformation and improvement.

7.2   Measurement and Key Performance Indicators

Smoking related complaints received from internal and external sources will assist to inform non-compliance with this policy.

8.   References

The Health and Safety at Work etc. Act, 1974

The Health Act 2006, Department of Health

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NICE Guideline on Smoking Cessation in Secondary Care: acute, maternity and mental health services (PH48)

Progressing a Smoke Free NHS, Duncan Selbie, 31 May 2018

NHS Standard Contract; service transformation and improvement

NHS Five Year Forward View

NHS 10-Point Efficiency Plan

NICE Guidance PH48

National Centre for Smoking Cessation and Training – 'Very Brief Advice on Smoking' E-Learning Module for Health and Social Care Workers

http://www.nhs.ncsct.co.uk/england

Action on Smoking and Health: http://www.ash.org.uk

CQUIN Indicator 'Preventing ill health from Risky Behaviours 2018/19

9. Associated Documentation

████████████

Screening for Smoking on Admission (Planned)

Screening for Smoking on Admission (Emergency and Unplanned)

Patients Who Wish to Smoke

Escorting Inpatients Away from Their Clinical Area when They Lack Mental Capacity to Maintain Their Own Safety

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10. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
The organisation has an approved document for managing progression towards a smoke free Trust	Datix reports in the divisions. Number of complaints in the divisions	Reporting via divisions	Monthly	Divisional Leads	Divisional Governance meetings

11. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	████████ Deputy Head of Nursing- Specialised Services
Is this document: A – replacing an expired policy, B – replacing an alternative policy, C – a new policy:	C
Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All staff and visitors
Method of dissemination:	Dissemination via committees, Divisional Health and Safety Representatives, Training, external DMS
Is Training required:	Yes – Clinical Colleagues
The Training Lead is:	████████ Deputy Head of Nursing- Specialised Services

Additional Comments	
[DITP - Additional Comments]	

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12.   Appendix C – Equality Impact Assessment (EIA) Screening Tool

Query	Response
What is the main purpose of the document?	The purpose of this policy is to set the standards expected throughout the Trust in relation to maintaining smoke free status. This is to ensure that all Trust staff, patients and visitors are aware that they cannot smoke onsite and to fulfil all relevant legislation.
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Add ☑ or ☒ Staff ☑ Patients ☑ Visitors ☑ Carers ☑ Others (Wider Public) ☑

Could the document have a significant **negative** impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		No	This policy applies to all colleagues, patients and visitors regardless of age.
Disability (including physical and sensory impairments, learning disabilities, mental health)		No	This policy applies to all colleagues, patients and visitors regardless of disability.
Gender reassignment		No	This policy applies to all colleagues, patients and visitors regardless of gender status.
Pregnancy and maternity		No	This policy applies to all colleagues, patients and visitors regardless of pregnancy or maternity.
Race (includes ethnicity as well as gypsy travelers)		No	This policy applies to all colleagues, patients and visitors regardless of race/ethnicity or nationality. All colleagues require competencies which include the ability to read the English language or to request the information in another format available to them.
Religion and belief (includes non-belief)		No	This policy applies to all colleagues, patients and visitors regardless of religion and belief.
Sex (male and female)		No	This policy applies to all colleagues, patients and visitors regardless of sex.
Sexual Orientation (lesbian, gay, bisexual, other)		No	This policy applies to all colleagues, patients and visitors regardless of sexual orientation
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		No	This policy applies to all colleagues, patients and visitors
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		No	This policy does not impact on human rights

Will the document create any problems or barriers to any community or group?   NO

Will any group be excluded because of this document?   NO

Will the document result in discrimination against any group?   NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant **positive** impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	YES		This policy lays out the Trust commitment to ensure the health and wellbeing of colleagues, patients and visitors in relation to maintaining smoke free status
Will it help to get rid of discrimination?		No	
Will it help to get rid of harassment?		No	
Will it promote good relations between people from all groups?	Yes		As above
Will it promote and protect human rights?	Yes		As above

On the basis of the information / evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	**Some**	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required?   NO

Date assessment completed: 1/10/19

Person completing the assessment: ▮▮▮▮▮▮ Deputy Head of Nursing Specialised Services.

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