

Smoke Free Policy for Staff

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Extended until March 2024

What is in this policy?	<p>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.</p> <p>It is the expectation that all Trust colleagues take positive action through adherence and shared implementation of this policy and local/national smoke free requirements and recommendations.</p> <p>Please note this policy applies to Trust employees, agents and volunteers. The management of patients and visitors who wish to smoke is conveyed within the separate Smoke Free for Patients and Visitors Policy.</p>
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Document Change Control				
Date of Version	Version Number	Lead for Revisions (Job title only)	Type of Revision	Description of Revision
10/04	1	Lee Furniss	Minor	Review needed
10/06	2	Graham Rich	Minor	Government target
10/08	3	Irene Grey	Minor	Review needed
10/11	4	Steve Aumayer	Minor	Review needed
01/12	5	Rita Joyner	Scheduled revision	Requested review + title change
01/15	6	Associate Director of Occupational Health, Safety & Wellbeing	Scheduled revision	Transfer to HR policy and post baseline assessment of NICE guidance re smoke free NHS trusts
01/19	7	Workplace Wellbeing Lead	Major	To prohibit smoking and vaporisers (e-cigarettes) to include hospital grounds. E-cigarette guidance included within policy as not currently stated within legislation. Policy and website links updated. Transfer to new policy template. Detach provision for patients and visitors as a this is covered by a separate policy
02/21	7.2	Workplace Wellbeing Lead	Minor	Reference to Trust Smoke Free Working Group changed to Trust Health and Safety Committee

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Table of Contents

1.	Introduction	5
2.	Purpose	5
3.	Scope	5
4.	Definitions	5
4.1	Smoke-free NHS (Source: Duncan Selbie, Chief Executive of Public Health England)	5
4.2	Electronic Delivery Systems/Electronic Smoking Devices	6
5.	Duties, Roles and Responsibilities	6
5.2	Trust Board of Directors	6
5.3	Director of People	6
5.4	Divisional Management Boards	6
5.5	Smoke Free Working Group	Error! Bookmark not defined.
5.6	Line Managers	7
5.7	All Staff	7
5.8	Responsibility for Monitoring Compliance	8
6.	Policy Statement and Provisions	8
6.1	Smoke Free Legislation	8
6.2	NHS Smoke Free Frameworks	8
6.3	Public Health Agenda	8
6.4	UH Bristol Commitment to Smoke Free	9
6.5	Smoking Cessation Support	9
7.	Standards and Key Performance Indicators	9
7.1	Applicable Standards	9
7.2	Measurement and Key Performance Indicators	9
8.	References	9
9.	Associated Documentation	10
10.	Appendix A – Monitoring Table for this Policy	10
11.	Appendix B – Dissemination, Implementation and Training Plan	10
12.	Appendix C – Document Checklist	11
13.	Appendix D – Equality Impact Assessment (EIA) Screening Tool	12

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Do I need to read this Policy?



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 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 that:

- 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.

3. Scope

This policy sets out key provisions and procedures to be adhered to by permanent and temporary employees, volunteers, agencies and agency staff working for and on behalf of the Trust. This includes, but is not limited to, inside and outside Trust buildings, doorways, entrances, hospital grounds (signified by a white painted line on the ground), car parks and vehicles.

This policy applies to all Trust employees, volunteers and other agents. The management of patients and visitors who wish to smoke is conveyed within the separate Smoke Free for Patients and Visitors Policy.

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;
- (b) Stop smoking support is offered onsite or 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 (such 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*

- (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.

5.2 *Trust Board of Directors*

- (a) The Trust board of directors takes overall responsibility for providing health leadership in maintaining 'smoke free' status as determined by national and local requirements. This includes ensuring colleagues, patients and visitors are not exposed to health risks from passive smoking on the premises.
- (b) The Trust Board will nominate the director of people as executive lead to oversee governance processes, working closely with other directors as appropriate.

5.3 *Director of People*

- (a) The responsibility for implementing the Smoke Free Policy is delegated to the director of people who will ensure an appropriate governance system is in place for the discharge of smoke free requirements given current legislation. They are responsible for:
 - Keeping the Chief Executive Officer and Trust Board informed of progress.
 - Ensuring the Trust Health and Safety Committee meets its terms of reference with the development of a communications and action plan for any shortfalls identified.
 - Collating information gained by the Trust Health and Safety Committee on a quarterly basis and ensuring an annual report to the Trust Board is prepared.

5.4 *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 to include the outdoor environment.
- (b) Divisional Management Boards should ensure that all colleagues are aware of, and adhere to, the policy and discuss any breach made by divisional colleagues to decide appropriate action in accordance to the Trust Disciplinary Policy, at the time of the occurrence.
- (c) In conjunction with the Communications Team, advise on any direct media interest.

5.5 Health and Safety Committee

- (a) The purpose of the Trust Health and Safety Committee 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 Policy and benchmark with other similar city based acute NHS Trusts.

5.6 Line Managers

- (a) All members of staff that have managerial responsibility are accountable for ensuring new and existing colleagues in their area are made aware of the Smoke Free Policy and are appropriately trained to discuss the policy, offer support and if necessary, respond appropriately with staff who does not comply with the policy.
- (b) Managers are to ensure that any colleague in their area that smokes and wishes to quit is signposted to appropriate advice and support on smoking cessation.
- (c) In cases where colleagues do not adhere to the smoke free policy, managers are expected to respond appropriately, and where necessary in line with Trust Disciplinary Policy as agreed with the divisional human resources business partner.

5.7 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.
- (b) Enforcement of the Smoke Free policy is the responsibility of everyone, 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).
- (c) Any infringement of this policy by a Trust colleague may result in initiation of disciplinary procedures in accordance with the Trust Disciplinary Policy. Where an agent working within the Trust infringes this policy, the Trust will liaise with the relevant agency to agree a course of action.
- (d) The Trust wishes to promote and develop a culture across all hospital sites that smoking on Trust premises is unacceptable, and Trust employers, volunteers and other agents are expected to respect this culture. 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.
- (e) Any member of staff found to smoke on Trust premises, who continue to smoke having been requested to refrain, should be reported to the immediate line manager for appropriate action.
- (b) Any member of staff who chooses to smoke away from Trust property, must ensure:

- It does not compromise service delivery in any way.
- Trust uniform, dresses and tunics including NHS ID badge must not be visible when smoking e.g. coats should be worn to cover identifiable clothing and staff in scrubs are required to change clothing: scrub trousers are considered identifiable as hospital uniform.
- Employees, volunteers and agents who smoke, must ensure that they do not smell of smoke whilst on duty. Please refer to the Trust [REDACTED] section 6.1.
- Smoking-related litter must be disposed of appropriately i.e. cigarette butts, wrappers, lighters, etc., are not dropped and left anywhere on Trust grounds (including external areas).

5.8 Responsibility for Monitoring Compliance

- (a) Implementation of the Trust Smoke Free Policy for staff will be monitored and reviewed by the Trust Health and Safety Committee which meets bi-monthly, reporting to the Trust Partnership Forum and the Director of People.
- (b) Internal and external complaints concerning on-site smoking will inform monitoring compliance and review.
- (c) This policy will be reviewed every three years or in light of further legislation.

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.

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 a smoke-free environment 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 through 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

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

Disciplinary Policy

Smoke Free for Patients and Visitors Policy

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	Communications and Action Plan	Minutes of meetings	Bi-monthly	Workplace Wellbeing Lead	Trust Health and Safety Committee
To ensure the effectiveness of this policy and benchmark performance against peer trust.	Progress reports to the Trust Health and Safety Committee and benchmarking data.	Reports to and minutes of meetings	Bi-monthly	Workplace Wellbeing Lead	Trust Health and Safety Committee

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:	Workplace Wellbeing Lead
Is this document: A – replacing an expired policy, B – replacing an alternative policy, C – a new policy:	A
Alternative documentation this policy will	[DITP - Existing documents to be replaced by]

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Plan Elements	Plan Details
replace (if applicable):	
This document is to be disseminated to:	All staff
Method of dissemination:	Dissemination via committees, Divisional Health and Safety Representatives, Training
Is Training required:	Yes
The Training Lead is:	Head of Health and Safety and Specialist Respiratory Nurse

Additional Comments
[DITP - Additional Comments]

12. Appendix C – Document Checklist

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation	Yes
	All terms used are explained in the 'Definitions' section:	Yes
	Acronyms are kept to the minimum possible:	Yes
	The 'target group' is clear and unambiguous:	Yes
	The 'purpose and scope' of the document is clear:	Yes
Document Owner	The 'Document Owner' is identified:	Yes
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted	Smoke Free Working Group Inc. Staff Side
	Suitable 'expert advice' has been sought where necessary:	Yes
Evidence Base	References are cited:	Yes
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	NHS Smoke Free Status

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Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Equality	The appropriate 'Equality Impact Assessment' or 'Equality Impact Screen' has been conducted for this document:	Yes
Monitoring	Monitoring provisions are defined:	Yes
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Yes
	The frequency of reviews, and the next review date are appropriate for this procedural document:	Yes
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

13. Appendix D – 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. This policy aims to ensure that all staff work in a safe, smoke free environment, regardless of protected characteristic.
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Others (Wider Public) <input checked="" type="checkbox"/>

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	All colleagues require competencies which include the ability to read the English language or to request the information in another format

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			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: 17 October 2018

Person completing the assessment: [REDACTED] Workplace Wellbeing Lead

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