The Tavistock and Portman **NHS**

NHS Foundation Trust

Smoke Free Policy

Version:	2
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Responsible Director:	Medical Director
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Contents

Smoke Free Policy

1 Introduction and Summary

Smoking is the largest single preventable cause of morbidity, mortality and inequalities in health in Britain and accounts for about half of the difference in life expectancy between the lowest and the highest income groups.

People with mental health problems smoke significantly more and are more dependent on nicotine than the population as a whole, with levels about three times those observed in the general population.

Urgent and effective action is required to close the gap in smoking rates between the general population and those with mental health problems.

Stopping smoking results in improved mental health with an impact on anxiety and depressive symptoms that at least matches the impact of antidepressants. Integrating physical and mental health care delivery in line with the public health agenda will help promote the recovery of the Trust's patients and the health and well-being of patients, carers and families.

Evidence suggests that smokers with mental health problems are as motivated to stop as smokers without. As only a minority of smokers with mental health problems receive any help, it is important that all health care staff employed by the Trust are trained in providing brief evidence-based smoking cessation interventions.

National Institute for Clinical Excellence (NICE) Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE 2013) recommend that all NHS funded secondary care sites should become completely smokefree. Smokefree policies in inpatient units and mental health clinics must be complemented by community based smoking cessation programmes.

This policy is informed by guidance from Public Health England (2016) which highlights key steps which will support mental health trusts in successfully implementing comprehensive smoke free policies

The Tavistock and Portman NHS Foundation Trust is committed to improving the health and wellbeing of patients, carers, staff, students and visitors. The historic image of mental health services is strongly associated with smoking. The Trust is dedicated to changing this to one that positively promotes health and wellbeing for all.

2 What is smoke free?

2.1 Definition of smoke free:

The guidance for local authorities defines smoking as 'smoking tobacco or anything which contains tobacco, or smoking any other substance, and includes being in possession of lit tobacco or of anything lit which contains tobacco, or being in possession of any other lit substance in a form in which it could be smoked. This includes smoking cigarettes, cigars, herbal cigarettes and pipes (including water pipes, shisha and hookah)'.

In this guidance 'smoke free' is defined as the absence of smoking as described above.

This smoke free policy prohibits smoking in Trust premises i.e. buildings, grounds and Trust vehicles.

The NICE Guidelines (NICE 2013) make it clear that it is not though simply enough to ban smoking both indoors and outdoors; rather that the extension presents patients, staff, students, visitors and carers with an opportunity to reduce or stop their smoking.

We will provide treatment to smokers who wish to quit and support smokers who do not want to quit to temporarily abstain from smoking

whilst in Trust buildings or grounds. We will provide a healthy environment to work in and create outside spaces that are conducive to nurturing wellbeing. The policy complies with Smoke free legislation (Health Act, 2006) and The NICE Guidelines (NICE, 2013).

2.2 E – cigarettes

For the purposes of this policy, the use of e-cigarettes ('vaping') is included and is treated in the same way as smoking as defined above. Whilst it is less harmful than smoking it carries a risk; it is important that patients, especially young people and families, do not observe use of e-cigarettes on Trust premises and thereby assume it is safe.

3 Background

Smoking is the main cause of preventable illness and premature death. Currently in the UK, approximately 19% of adults smoke. Approximately 60% of people accessing mental health services smoke and 88% of people who receive treatment for a substance use are currently smokers. People with a mental illness who smoke are more likely to be heavier smokers and more tobacco dependent than smokers in the general population (Public Health England 2016).

The high rate of smoking exacerbates the health inequality already experienced by those with a mental illness. The largest positive impact on the health of people with mental health problems will come from increasing the focus on their smoking behaviour and through the routine provision of smoking cessation support.

Smoking causes a wide range of diseases and medical conditions, including cancers, respiratory diseases, and coronary heart disease. It also has a negative impact on mental health. Smokers experience more severe mental health symptoms, require higher doses of psychotropic medication and spend more time in hospital compared to people with a mental illness who do not smoke.

Approximately a third of welfare benefits are spent on cigarettes and patients often prioritise buying tobacco over buying food, toiletries and spending on leisure activities (Public Health England 2016).

Smoking cessation amongst the population brings about the single most important health benefit to improve everyone's health. Smoking cessation has proved to be associated with improvements in mental health compared with continuing to smoke, in particular improving mood, self-confidence, and reducing levels of anxiety. (Public health England 2016)

Smoking behaviours are strongly influenced by our local social networks, our friends, families, carers, peers and the social norms. This policy is targeted toward those who work in the Trust as well as patients, carers and families and students.

4 Purpose

This policy aims to contribute to improving both mental and physical health of the community as well as patients, students, employees and visitors, by encouraging and supporting smoking cessation, providing a smoke free environment and promoting a tobacco free culture. This will be achieved by extending local restrictions on smoking and increasing support to those who want to stop or reduce smoking behaviour.

This policy sets out the requirements for all staff employed by the Trust to promote healthy behaviours. All clinical staff are specifically tasked with screening for smoking status and providing very brief advice – ASK, RECORD, ADVISE, ACT. Some clinicians are responsible for assessment and treatment of tobacco dependence. The extent and the nature of the interventions delivered will be dependent on staff's role and the patient's choice. All clinicians are expected to be familiar with the care pathway for those who are tobacco dependent and ensure referrals are completed as required.

5 Scope

5.1 This policy is applicable to all patients, carers, students, employees at all levels of the Trust's hierarchy, as well as sub-contractors who undertake activities on behalf of the organisation and any visitors on the Trust's premises.

5.2 The aim of this policy is to improve health and well-being for all through providing:
- A guaranteed right to breathe air free from tobacco smoke
- Comprehensive screening allowing for identification of tobacco dependent patients
- Evidence-based interventions to reduce or quit tobacco use
- By eliminating the health risks associated with passive smoking, the health and wellbeing of patients, carers, students, staff and visitors is improved.
- By supporting patients to quit, patients are potentially able to reduce prescribed medications which may contribute to improved health status and reduced associated side-effects.
- As smoking cessation is the single most important way to reduce the risk of respiratory disease coronary heart disease, cancer and other serious illness, through raising awareness of the dangers associated with exposure to tobacco smoke
- Smoking cessation support will provide opportunities for improved health status, and for Trust staff in particular, good role modelling and potentially improved attendance at work.

5.3 Promoting social inclusion by providing access to evidence based interventions that previously have not been easily accessible to people with mental health problems. It also supports patients in the ongoing management of their health care needs.

6 Duties and responsibilities

6.1   The Trust Board
- Ensures that the Trust has a smoke free policy and that there are procedures in place to monitor its implementation.
- Ensures resources are available for effective implementation.
- Complies fully with the policy and provide suitable role models for staff and patients.
- Monitors compliance with the policy via the Executive Management Team.
- Ensures systems are in place to ensure the following:
    - an appropriate level of representation at local borough Tobacco Control Networks via the Executive Management Team.
    - all jobs advertised will state that Tavistock and Portman NHS Foundation Trust is a smoke free Trust.
    - all Service Level Agreements with other organisations contain the following clause 'Tavistock and Portman NHS Foundation Trust is a smoke free Trust. Smoking is banned in all Trust buildings, grounds and any Trust vehicles'.

6.2   Health at Work Centre (HaWC)
- Provides expert occupational health advice and will, if requested, sign post staff to appropriate smoking cessation services.

- Supports the Trust to encourage staff to make healthy lifestyle choices.

6.3 Clinical staff

The Director of Children, Young Adults and Families and Director of Adult and Forensic Services are responsible for ensuring the adherence to this policy through Service Line managers and clinical team managers. Their responsibilities are to ensure:

- Staff are competent at identifying and recording the smoking status of every patient in their electronic case notes.

- Where possible that staff use the electronic patient record system and complete the Physical Health form to record all assessments and interventions delivered to support temporary abstinence and smoking cessation activity, including referral to the Physical Health Specialist Practitioner.
- All staff have received training in providing very brief advice (VBA) to their patient group which can be accessed through an on-line module or face-to-face with the Physical Health Specialist Practitioner.
- All smokers are offered support to stop smoking when they first attend Trust services and at regular intervals throughout their treatment.

- The pathway to access Nicotine Replacement Therapy (NRT) is offered by all clinicians at the first appointment to all smokers accepting treatment to stop smoking. If this is not possible for clinical reasons this must be documented and the issue addressed as soon as is clinically acceptable.
- All smokers who want to stop or reduce smoking are referred to the Physical Health Specialist Practitioner or a tobacco-dependence service external to the Trust.
- Patient information regarding the relationship between smoking and illness (both physical and mental) is available in patient areas and is made accessible.
- Staff appraisals and personal development plans reflect an employee's training needs to deliver tobacco dependence treatment appropriate to their role. For the majority of staff this will only comprise mandatory VBA.
- There are sufficient staff trained in Tobacco Dependence Treatment Advanced Skills training (Level 2) to meet the needs of smokers in each clinical area.
- Staff are fully supported in reminding other people of the smoke free policy.
- Staff are encouraged not take smoking breaks during work hours.
- Staff who smoke and who show an interest in cutting down or quitting are supported to access an appropriate number of smoking cessation sessions either via the physical health specialist

practitioner or external stop smoking services. If sessions take place during normal working hours, arrangements must be agreed with the Line Manager in accordance with the Trust policy on medical appointments.

- Ensure that initial patient information packs and promotional materials provided about the service describe the smoke free status.
- Ensure that all appointment letters and communications from the service communicate the smoke-free status in the service.

6.4 Estates and Facilities staff

Are responsible for ensuring the appropriate signage is posted at entrances to all buildings and on Trust premises and in gardens where services are delivered. Ensuring contractors / visitors are aware of the protocols and agree to comply whilst on Trust premises.

6.5 Staff who smoke:

- Must not smoke in Trust grounds or on Trust premises.
- Must not smoke in front of patients, their families or carers.
- Are encouraged not to take smoking breaks during their contracted hours. Staff will be encouraged to use NRT during working hours.
- Have access to support to cut down or quit smoking, via signposting through the Health at Work Centre or by the Tavistock and Portman Physical Health Specialist Practitioner smoking cessation service.
- Those staff who wish to stop smoking or reduce tobacco intake will be offered the opportunity to meet with their line manager to discuss and agree arrangements to attend a smoking cessation clinic in line with the Trust policy on medical appointments in working hours.
- Staff must recognise that it is important to promote and improve the physical health of patients, students and staff by supporting them to stop smoking. Staff are therefore responsible for ensuring they do not smell of smoke during working hours as this may have a negative impact on those who are receiving nicotine management support.

- Understand that Trust disciplinary procedures for continued non-compliance with this policy may apply.

7 Implementation

7.1 Dissemination of smoking information

This policy and its mandatory application will be communicated to all employees, sub-contractors, visitors and interested parties.
As part of the Trust's induction process, new starters will be made aware of this policy and where to locate it on the Trust's intranet system. All employees are responsible for informing sub-contractors and other visitors to their area of this policy.

7.2 Prohibition of smoking

Smoking is strictly prohibited in any part of the Trust's premises, including at entrances or anywhere on its grounds. This includes areas that are outside but that form part of the Trust's premises. Smoking is also strongly discouraged directly outside Trust premises.
Staff will be discouraged from smoking during normal working hours.

7.3 Signage

The Trust displays signs that make it clear that smoking (and use of e-cigarettes) is prohibited on its premises and in its grounds.

7.4 Vehicles

Staff wishing to smoke in their own vehicles before work, during their lunch break or after working hours are not permitted to do so whilst on Trust premises.

7.5 E-cigarette use

The Trust does not support the use of disposable or any other form of e-cigarettes on Trust premises.

E-cigarette use does not currently support compliance with the Trust's smoke free policy; however they may help smokers manage their nicotine dependence. It is critically important that e-cigarettes do not simply replace cigarettes so that a culture of e-cigarettes replaces the smoking culture.

7.6. Guidance for staff who wish to use E-cigarettes

- Staff who smoke will be encouraged to make full use of smoking cessation services. Full and flexible support will be offered to staff in attempts to cut down and quit.
- Staff who smoke and are dependent on tobacco will be encouraged to use NRT whilst at work.
- Staff using e-cigarettes as part of their personal tobacco management plan should always do this discreetly and off site. Staff identifiable as Trust employees should not use e-cigarettes within view of the public or patients.

8 Managing breaches of the Smoke Free Policy

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

The Trust's expectation is to promote and develop a culture across all Trust buildings and sites that regards smoking as unacceptable and that everyone respects this. It is acknowledged that shifts in culture and behaviours can take time and will not be achieved simply by the release of guidance and policy documentation. With continued support of staff, the Trust envisages an environment where smoke free is a reality and where breaches are utilised as opportunities for learning and development.

8.1 Staff breaches

All Trust staff are expected to promote a smoke free environment and healthy living. Staff should avoid condoning or advocating tobacco smoking.

Trust line managers are responsible for ensuring that staff who report to them comply fully with this policy. They are responsible for fully supporting staff who bring this policy to the attention of any person in breach of it, by reinforcing the smoke free message and by intervening in situations that become difficult for a staff member to handle. Disciplinary action should only be used by line managers as a last resort. It should however be contemplated when the staff member (s) involved persistently contravene the policy or smoke in an area that could put patients, staff , students or the public at risk.

8.2 Carers/Students/Visitors and Contractors breaches

All will be made aware of the Trust smoke free policy through signs, posters, leaflets as well as conversations with staff. The rationale for the policy will be explained and carers will be offered support to learn more about the harmful effects of tobacco dependence. If appropriate they will be directed towards their local Stop Smoking Service, the Trust Living Well Programme and Physical Health Specialist Practitioner.

It is recommended that where members of staff choose to approach a patient or visitor to inform them of the Trust policy, this approach is made only once. The information provided should be limited and along the lines of; 'Can I make you aware this is a smoke free Trust within the Trust buildings and grounds.' Breaches can be reported to mail to: physicalhealthlead@tavi-port.nhs.uk with a brief explanation of the circumstances and outcome.

If a member of staff observes a student smoking in Trust buildings or grounds, they should make them aware of the Trust's smoke free policy and ask them to stop smoking. If they do not comply, this should be reported to the Dean's Office and will be dealt with under the Student Misconduct Policy.

If a member of staff observes a contractor smoking on Trust premises, they should make the contractor aware of the Trust's smoke free policy and ask them to stop smoking. If the contractor does not comply, they should report the contractor to: Paul Waterman PWaterman@tavi-port.nhs.uk Estates.

A zero tolerance approach will be applied to any individual who becomes abusive when reminded of the policy. Should the person become aggressive then the member of staff is to walk away from the situation and seek support from their line-manager.

8.3 Patient breaches

Should a patient be observed breaching the smoke free policy by smoking in Trust buildings or grounds and there is no immediate risk, staff should politely inform the patient of the restrictions and discuss the breach with his/her colleagues. Patients who are struggling to comply with the smoke free policy should be offered a Physical Health Assessment and Very Brief Advice on smoking, they can also be referred to the Trust Physical Health Specialist Practitioner or local Stop Smoking Service for suitable treatment and psychological support.

Patients in community settings are informed about the smoke free policy in the Trust. They will be offered access to Stop Smoking Services and referral to the Physical Health Specialist Practitioner. Those who are receiving treatment in their own home will be asked to ensure they do not smoke for one hour prior to or during their treatment session. If patients struggle to comply with this policy the staff will explore with the patient a variety of options such as using an NRT product during the treatment session or smoking in a different room than the one used for the treatment session.

Patients in community settings that persistently fail to comply with the policy will be reviewed by their care team with appropriate action agreed, taking into account their need for treatment and their risk assessment.

9 Policy monitoring

The policy will be monitored by a variety of different methods including an initial review after three months of approval and a more detailed review after the first 12 months. Reports will be provided to the

Executive Management Team by the Physical Health Specialist Practitioner.

10 Reporting of smoking related incidents

The Trust has a robust incident reporting system in place. The aim of the system is to establish what is going wrong so that action can be taken to continuously improve the quality and the safety of the service provision. All members of staff should use the incident reporting system to promptly share information about any incident arising in respect of the implementation of smoke free policy. Analysis of all recorded incidents enables the Trust to be both proactive and reactive to reduce the impact and likelihood of future recurrence.

Staff should also record incidents when patients refuse treatment or self-discharge against medical advice because of the smoke free policy. Staff can use the physicalhealthlead@tavi-port.nhs.uk email address to provide a quick report about a breach of the smoke free policy in the grounds. This would be relevant if staff had observed smoking but did not feel confident to approach those concerned. The trust will ensure that appropriate measures are taken to enhance the smoke free policy at the location concerned.

11 References

National Institute for Health and Clinical Excellence (2013) Smoking Cessation in secondary care: acute, maternity and mental health services. *NICE guideline PH48*
https://www.nice.org.uk/Guidance/PH48

Cahn Z, Siegel M.(2011) Electronic cigarettes as a harm reduction strategy for tobacco control: A step forward or a repeat of past mistakes? *Journal of Public Health Protocol ;(32):16- 31.*

The Her Majesty's Government (2006) Health Act 2006: Chapter 28
http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf

Public health England (2016) – Smoke free mental health services in England
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/509262/SF_MH_services_in_England__Guidance_for_Providers.pdf

12 Associated Documents

Disciplinary Policy
Health Safety and Wellbeing Policy

Appendix A Equality Impact Assessment

Completed by	Marion Shipman
Position	Associate Director Quality and Governance
Date	13 February 2017

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?	X	
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.
If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?		X	
What are the key findings of any engagement you have undertaken?		X	Consultation with Directors and Managers responsible for implementing within the Trust.
If there is a greater effect on one group, is that consistent with the policy aims?		X	No greater effect on any one group

If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?		X	
Will the policy deliver practical benefits for certain groups?		X	
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	
Do other policies need to change to enable this policy to be effective?	X		
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources (for staff related policies) or the Trust's Equalities Lead (for all other policies).