



# Policy:

## MD 005 Smoke Free Policy

<b>Executive Director Lead</b>	Executive Medical Director
<b>Policy Owner</b>	Healthy Hospital and Community Programme Manager
<b>Policy Author</b>	Healthy Hospital and Community Programme Manager
<b>Document Type</b>	Policy
<b>Document Version Number</b>	4.01
<b>Date of Approval By PGG</b>	March 2025
<b>Date of Ratification</b>	March 2025
<b>Ratified By</b>	Quality Assurance Committee
<b>Date of Issue</b>	March 2025
<b>Date for Review</b>	March 2028
<b>Summary of policy</b>	
<p>This Policy enables the provision of a safe, smoke free environment and health promotion for service users and staff. The Policy identifies the roles and responsibilities of all staff employed by SHSC to support the routine provision of tobacco dependence treatment. It supports service users and staff who do not wish to stop smoking in preventing harm to others from second-hand smoke and in managing tobacco dependency symptoms whilst on trust premises and grounds. The policy encourages and supports staff and service users who smoke to access stop smoking services.</p>	
<b>Target audience</b>	All SHSC staff (including staff seconded into, working or training in SHSC), contractors, students, patients, service users, carers and visitors
<b>Keywords</b>	Smoke free, QUIT, tobacco, nicotine replacement, vape, e-cigarettes, smoking cessation
<b>Storage &amp; Version Control</b>	
<p>This is Version 4 this policy and is stored and available through the SHSC intranet/internet.</p> <p>This version of the policy supersedes the previous version (MD005 Smoke Free and Nicotine Management Policy, 2018). Any copies of the previous policy held separately should be destroyed and replaced with this version.</p>	

## Version Control and Amendment Log

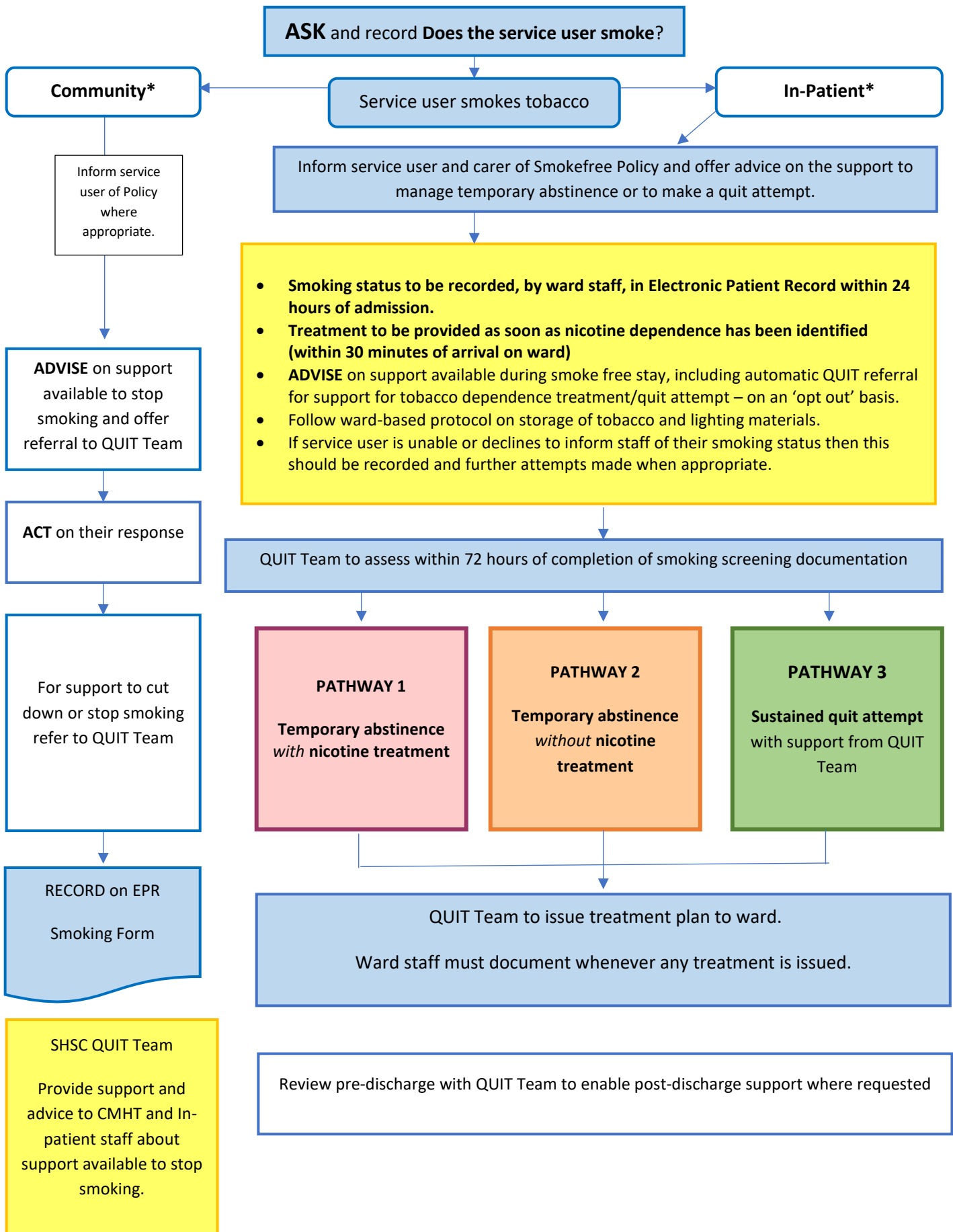
Version No.	Type of Change	Date	Description of change(s)
1.0	New Nicotine Management and Smoke Free Policy	31/05/2016	New policy commissioned by EDG to enable Trust to comply with NICE Guidance (2013)
	Standard Operational Procedure for implementation of Policy on all inpatient wards developed created	May 2016	SOP developed to support Policy implementation on wards, including all aspects of nicotine therapy ordering, storage and use.
	Standard Operational Procedure for implementation of Policy on all inpatient wards developed revised	June 2017	SOP revised to in light of Care Quality Commission: <i>Brief Guide: Smoke Free Policies in mental health inpatient services (2017)</i> and to increase clarity on actions to be taken to support Policy implementation This includes actions to minimise the risk of fire, (including from surreptitious smoking).
2.0	Policy reviewed and revised – renamed: Smoke Free and Nicotine Management	April 2018	Policy review undertaken as planned. Amendments made during consultation, prior to ratification.
2.0	Policy review date extended to 30/11/2020	November 2020	
2.1	Policy review date extended to 31/03/2021	23/11/2020	Amendment to Policy to provide clarity with respect to storage, and to stipulate that all forms of tobacco products are prohibited items
3.0	Policy reviewed in accordance with review date.	March 2021	Policy updated to include national guidance, and evidence; incorporate QUIT clinical programme within treatment pathways; permit staff to vape on site within clear parameters; provide further clarity with respect to storage of tobacco during an inpatient stay
4.0	Policy reviewed in accordance with extended review date	March 2025	Policy updated to include simplified flow chart; reflect compliance and alignment with current national and regional guidance and strategic priorities; to update to current statistics; to reduce restrictive practice; and to align with the Trust's commitment to the Smokefree Pledge.

## Contents

Section		Page
	Version Control and Amendment Log	2
	Flow Chart	5
1	Introduction	6
	1.1 Background	6
2	Scope	8
3	Purpose	8
4	Definitions	9
5	Duties	11
	5.1. Trust Board	11
	5.2. Executive Directors	11
	5.3. Heads of Service, Clinical and Corporate Directors, Directors of Professions and Deputy Chief Nurse /Deputy Directors of Nursing	11
	5.4. Clinical Leads, Modern Matrons, General Manager, Ward and Team Managers across clinical and corporate services	11
	5.5. All staff	12
	5.5.1. Staff who smoke	12
	5.5.2. Staff who use e-cigarettes	12
	5.6. QUIT/Tobacco Dependence Treatment Team	12
	5.7. Ward/Team Managers - Inpatient Services	12
	5.8. Clinical staff working in in-patient settings.	14
	5.9. Responsible Medical Officer, Responsible Clinician or Deputy	14
	5.10. Community Team Managers	14
	5.11. Clinical Staff in Community Services	15
	5.12. Service users, families and carers being seen at home.	15
	5.13. Visitors	16
	5.14. Contractors and subcontractors	16
6	Procedure	16
	6.1. Signage and the physical environment	16
	6.2. Treatment pathways	16
	6.3. Electronic cigarettes	17

	6.4. Guidance for SHSC staff providing home visits.	18
	6.5. Facilitating adherence and managing breaches	18
	6.6. Reporting smoking related incidents	19
7	Development, Consultation and Approval	20
8	Audit, Monitoring and Review	21
9	Implementation Plan	22
10	Dissemination, Storage and Archiving (Control)	23
11	Training and Other Resource Implications	23
12	Links to Other Policies, Standards, References, Legislation and National Guidance	24
13	Contact details	26
	APPENDICES	
	Appendix 1 Equality Impact Assessment Process and Record For Written Policies	27
	Appendix 2 Support For Staff Who Smoke	29
	Appendix 3 Education and Training	30
	Appendix 4 New/Reviewed Policy Checklist	32

# Smoke Free and Nicotine Management Flow Chart



# SMOKE FREE POLICY

## 1. Introduction

Tobacco smoking is the largest single modifiable risk factor for health. The *NHS Long Term Plan* sets out the NHS contribution to reducing harm from tobacco and health inequalities.

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to improving the health and wellbeing of patients, carers, staff and visitors. This policy prohibits smoking in SHSC premises i.e., buildings, grounds and Trust vehicles. The Trust will provide treatment to service users and staff who smoke and wish to quit, and support smokers who do not wish to quit to temporarily abstain whilst in Trust buildings, grounds, and during an inpatient admission.

This policy complies with:

- NICE Guideline (NG9209) – Tobacco: Preventing uptake, promoting quitting and treating dependence (2023)
- *NHS Standard Contract*
- *Health and Safety at Work Act (1974)*
- Health Act 2006 (Smoke Free Legislation)
- Care Quality Commission (CQC) Brief Guide: Smokefree Policies in mental health inpatient services (2023)

The policy is aligned with:

- *NHS Long Term Plan (2019)*
- *South Yorkshire Integrated Care Board: NHS joint forward plan for South Yorkshire (2023)*
- *The smokefree 2030 ambition for England (UK Government, House of Commons Library, 2023)*
- *The Khan review: making smoking obsolete (UK Government, Office for Health Improvements and Disparities, 2022)*
- *Sheffield Tobacco Control Strategy 2022-2027*
- *The Mental Health and Smoking Partnership*

Implementation of the policy supports delivery of:

- SHSC strategic priorities:
  - *Deliver outstanding care*
  - *Effective use of resources*
  - *Ensuring our services are inclusive*
  - *Great place to work*
- SHSC Clinical and Social Care Strategy 2021-2026
- SHSC *Physical Health Strategy 2020-2023*
- SHSC Green Plan & Sustainability Strategy 2021/22-2025/26
- SHSC *People Strategy 2023-2026*
- South Yorkshire and Bassetlaw Integrated Care Board *QUIT Programme*.
- SHSC NHS Smokefree Pledge

### 1.1. Background

Smoking is the single largest cause of preventable ill health and premature death in England, and at least half of all life-long smokers will die prematurely.<sup>1</sup>

Whilst the prevalence of adult smoking in England has been decreasing steadily since 1970 (currently around 13.9% in the population overall), there has been no clear downward trend in smoking rate in people with mental ill health. The prevalence of smoking is consistently higher among people who use mental health services. These high rates of smoking exacerbate the health inequalities already experienced by those with mental health conditions.

### Smoking and mental health

- Life expectancy among people with mental health conditions is 15-20 years lower than in the general population,<sup>2</sup> and high smoking rates are the largest contributing factor to this difference in life expectancy.<sup>3,4</sup>
- Smoking exacerbates poverty for a large proportion of adults with a mental health condition.<sup>5</sup>
- Smoking is associated with an increased risk of dementia. The World Health Organisation estimates that fourteen per cent of cases of Alzheimer's disease worldwide are potentially attributable to smoking<sup>6</sup>
- There is growing evidence that daily tobacco use is associated with an increased risk of psychosis and an earlier age at onset of psychotic illness.<sup>7</sup>
- People with a mental health condition who smoke:
  - Experience more severe symptoms of psychosis,<sup>8</sup> depression and anxiety<sup>9</sup>
  - Have an increased risk of the onset of panic attacks<sup>10</sup>
  - Spend longer time in hospital and less time out of hospital<sup>11</sup>
  - Require higher doses of some psychotropic medicines.

**The largest positive impact on the health of people with mental health conditions will come from increasing the focus on their smoking behaviour and through the routine provision of smoking cessation support.**

People who stop smoking greatly reduce their risk of developing preventable disease and dying prematurely. Stopping smoking is also associated with a reduction in mental health symptoms as well as improved quality of life. The aim of this policy is to help people reduce their harm from tobacco smoking and reduce harm to others from second-hand smoke. We aim to educate all those who are dependent on nicotine, and we will provide opportunities for change.

## 2. Scope

This policy applies to all staff working for SHSC, service users, visitors, contractors, sub-contractors and other persons who enter premises owned or leased by the Trust, or from which the Trust provides a service, including buildings, wards, grounds, car parks, entrances and exits, and all Trust owned vehicles.

All staff includes those seconded in, those on fixed term, temporary or honorary contracts or on the flexible workforce, students and trainees. Trust staff are covered by the Policy at all times, including when working away from the site, for example, in non-Trust community settings.

Where service users reside in supported living schemes or community residential settings, such as Woodland View and Birch Avenue, or have private tenancy agreements, these settings are viewed as the service user's own home.

### 3. Purpose

This policy identifies the roles and responsibilities of all staff employed by SHSC to support the routine provision of tobacco dependence treatment and ensure the provision of completely smoke free environments. SHSC committed to the NHS Smokefree Pledge in August 2024. This policy supports that commitment.

Reducing harm from tobacco and successfully providing smoke free environments within mental health settings involves major cultural change.<sup>18-22</sup> This policy provides the framework to achieve the necessary behavioural, clinical and operational change.

#### Details of the policy

- This policy prohibits smoking and tobacco use of any kind on or in SHSC premises i.e., buildings, grounds and Trust vehicles
- Service users in community settings are requested to provide a smoke free room/environment if they are receiving home visits.
- The Trust will provide treatment to service users and staff who smoke and wish to quit, and support smokers who do not wish to quit to temporarily abstain whilst in Trust buildings, grounds, and during an inpatient admission.
- All service users and staff who smoke will be provided with every opportunity to reduce or quit smoking through the provision of access to the full range of evidence-based interventions.
- Service users who do not wish to stop smoking will be supported to manage their nicotine dependency whilst on Trust smokefree premises, and during a hospital admission. Staff who do not wish to stop smoking will be supported to manage their nicotine dependency during contracted working hours.
- This Policy acknowledges the distinction between vaping and smoking. Vaping is significantly safer alternative to combustible tobacco but is not recommended for people who do not smoke.
- For both service users and staff, this Policy recommends the use of nicotine replacement products (NRT) as the first line approach to support temporary or permanent abstinence from tobacco. For service users and staff who do not want to take up the option of NRT, we will promote switching to vaping to support a quit attempt, or as a harm reduction alternative. Provision of vapes is subject to funding.
- Service users are advised that tobacco related products are not to be brought onto SHSC wards, and that all lighters, matches or other fire lighting items are prohibited items.
- Service users who have smoking materials with them at time of admission are asked to give these items to family or friends to return home or may store them in appropriate lockers outside of the main ward. If this is not possible, service users are required to hand to a member of staff for safe storage.
- To reduce restrictive practice, tobacco and smoking materials belonging to service users may be returned to them for unescorted leave off the grounds should they wish access to their possessions on leave. This approach is supported the Care Quality Commission.



- Where service users are escorted by staff, smoking materials should not be handed back if it will lead to the member of staff subsequently being exposed to second-hand smoke. The duty to protect staff and others from harms of second-hand smoke is a priority.

#### 4. Definitions

- **Vapes** (e-cigarettes) are handheld devices that work by heating a liquid that usually contains nicotine and flavourings. Vapes allow you to inhale nicotine in a vapour rather than smoke. Because they do not burn tobacco, vapes do not expose users to the same levels of toxins that are known to cause smoking-related diseases in people who use conventional cigarettes. In the UK nicotine-containing vapes are regulated stringently through the Tobacco and Related Products Regulations 2016. There are no medicinally licensed nicotine vaping products in the UK. The Department of Health concludes that “in the short and medium term, vaping poses a small fraction of the risks of smoking” and that vaping “is not risk-free, particularly for people who have never smoked”.
- **Nicotine Replacement Therapy (NRT) products** are licensed nicotine-containing products that work by providing smokers with nicotine to help them deal with withdrawal symptoms. NRT products, outlined in the British National Formulary, include transdermal patches, gum, lozenges, inhalers and a nasal spray, are for use as a stop smoking aid or for temporary abstinence. NRT is much safer than smoking because it does not contain the tar and other toxic chemicals contained in tobacco smoke
- **Passive vaping:** A Department of Health evidence review in 2022 found no significant increase of toxicant biomarkers after short-term second-hand exposure to vaping among people who do not smoke or vape. It should be noted that limited evidence exists for longer-term exposure.
- **Second-hand smoke:** breathing in other people's cigarette smoke is called passive, involuntary or second-hand smoking. The World Health Organization has listed second-hand smoke as a human carcinogen to which there is no safe level of exposure.<sup>1</sup> 30 minutes of exposure to second-hand smoking reduces blood flow to the heart in fit, healthy adults.
- **Smoke Free** means air that is free of smoke and applies to hospital buildings, grounds and vehicles.
- **Smoking** harms nearly every organ of the body. It causes lung cancer, respiratory disease and cardiovascular disease as well as many cancers in other organs including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking reduces fertility and significantly raises the risk of developing type 2 diabetes, eye disease and dementia.
- **Smoking cessation:** stopping smoking with the intention to stop permanently. Stopping may be abrupt or by cutting down before stopping. The evidence suggests that smokers are four times more likely to quit successfully by using a combination of medication and behavioural support.

- **Smokeless tobacco** e.g. chewing tobacco, snuff.
- **Tobacco** contains over 4,000 chemicals, 69 of which are carcinogenic. A single cigarette seriously elevates cardiovascular risk. Almost all the harm from smoking comes from the inhalation of tobacco smoke rather than nicotine.
- **Tobacco dependence** is a chronic relapsing clinical condition that prematurely kills at least half of people who smoke. It is a treatable clinical addiction, rather than a lifestyle choice. The Royal College of Physicians 2000 report (2002) concludes that: "Cigarettes are highly efficient nicotine delivery devices and are as addictive as drugs such as heroin or cocaine."
- **Tobacco free** includes banning the use of cigarettes, cigars, pipes, hookah, all forms of smokeless tobacco, clove cigarettes and other alternative products made primarily with tobacco.
- **Trust owned vehicle** includes lease cars must be smoke free at all times, as should any vehicle contracted for its business. Privately owned vehicles must be smoke free when being used for work purposes
- **QUIT Programme:** South Yorkshire and Bassetlaw Integrated Care System's evidenced-based programme to enable the systematic implementation of the treatment of tobacco dependency in secondary care, and the provision of ongoing smoking support for people to quit smoking.
- **QUIT Team:** an in-house specialist tobacco treatment team working within the SYB ICS QUIT Programme. Offers bespoke tobacco dependence treatment and stop smoking support to service users and staff, and support to teams implement smoke free settings. The team comprises a Healthy Hospital and Community Programme Manager, a Health Improvement Manager, and Tobacco Treatment Advisors.

## Abbreviations

SHSC	Sheffield Health and Social Care NHS Foundation Trust
SYB	South Yorkshire and Bassetlaw
ICS	Integrated Care System
Rio	Patient Information Electronic Recording System, used by most Services at SHSC
JAC	Electronic prescribing system
NCSCCT	National Centre for Smoking Cessation Training
NICE	National Institute for Clinical Excellence
NIHR	National Institute for Health Research
NRT	Nicotine Replacement Therapy
QUIT	SYC ICS QUIT Programme
SMI	Severe Mental Illness
SOP	Standard Operating Procedure
SystemOne	Clinical electronic recording system, used in GP practices and some teams within SHSC
TobTA	Tobacco Treatment Advisors (QUIT Team)
VBA	Very Brief Advice
YH	Yorkshire and Humber

## **5. Duties**

### **5.1. The Trust Board**

- The Board delegates responsibility to the Quality Assurance Committee to obtain assurance that this policy is being implemented across SHSC and that the key actions are progressed and completed through governance structures.

### **5.2. Executive Directors**

- The Executive Medical Director has overall accountability for smoke free implementation and reducing harm from tobacco and will ensure Trust representation at the Sheffield Tobacco Control Programme Board and SYB ICS QUIT Oversight Group.
- All directors are responsible for providing the leadership essential to ensure successful delivery of this policy. Directors will ensure that this policy, and associated protocols and guidance are fully understood and implemented within their respective areas of responsibility and across all clinical and corporate services.

### **5.3. Heads of Service, Clinical and Corporate Directors, Directors of Professions and Deputy Director of Nursing**

- Provide leadership to support implementation of the policy in their area of responsibility
- Are responsible for the implementation of this policy
- Have a documented action plan to support implementation of the policy, including engagement in relevant quality improvement, research and evaluation activities.

### **5.4. Clinical Leads, Matrons, General Managers, Ward and Team Managers across clinical and corporate services**

- Provide leadership to ensure everyone contributes to maintaining a smoke free environment
- Comply fully with the Policy and provide a suitable role model for staff and service users
- Ensure all staff are aware of and adhere to the Policy.
- Support staff who smoke and who want to quit to access smoking cessation support during working time
- Support staff who do not want to quit to access advice on the use of nicotine replacement therapy to support temporary abstinence during working hours
- Ensure staff do not take smoking breaks during work hours
- Ensure smoke free signs are placed in the buildings and gardens where services are delivered

### **5.5 All staff**

- Will comply with this policy and promote a smoke free environment
- Will not facilitate service users to smoke (i.e. escort a service user to the ward garden, to the hospital grounds or off site to smoke, or light cigarettes) as this undermines the Trust's commitment to promote smokefree practices.
- Are prohibited from purchasing or providing tobacco for patients. Staff must not use tobacco as reward for patients

#### **5.5.1 Staff who smoke**

- Can access support from the in-house QUIT team or their local Stop Smoking Service and negotiate time off work to attend treatment sessions.

- Can access support and advice on nicotine replacement products from the QUIT team to support abstinence from smoking while at work.
- Must not smoke in front of patients, their families or carers
- Must not smoke on Trust/any NHS premises, grounds, car parks or in Trust owned vehicles
- Must not smoke at the entrance to any Trust property, as this undermines the policy
- Must not smoke whilst wearing a visible uniform, or badge which identifies them as a Trust member
- Must not take 'smoking breaks' during their contracted hours of employment.
- Are requested to be sensitive to the potential to undermine the health benefits of this policy to service users who are abstaining from smoking, if they see staff smoking or can smell smoke on staff
- Understand that Trust disciplinary procedures for continued non-compliance with this policy will apply.

See Appendix 2: Support for staff who smoke.

### **5.5.2 Staff who vape**

- Staff are allowed to vape in the hospital grounds in their unpaid breaks following the conditions below; staff are not permitted to vape indoors.
- Staff who vape must do so away from entrances, highly visible areas, open windows, and away from others – especially around staff outdoor eating/drinking areas. Consideration and priority must be given to the rights of others sharing the outdoor space.
- Staff are not permitted to vape with patients whilst at work

### **5.5. QUIT/Tobacco Dependence Treatment Team**

Roles and responsibilities include providing:

- Bespoke specialist tobacco dependence treatment to service users and staff, including support to quit, support to manage temporary abstinence during an inpatient admission, and harm reduction interventions
- Tobacco related education and training
- Advice, consultation, mentoring and clinical supervision to clinical teams and staff
- Collaborative working with partners in the SYB ISC QUIT programme
- Collaborative working with academic research partners

### **5.6. Ward /Team Managers - Inpatient Services**

- Provide leadership to embed the implementation of this policy in day-to-day service delivery
- Foster engagement with quality improvement and research initiatives to support smoke free implementation and share learning
- Will ensure:
  - Orientation to the rationale for smoke free is included within staff induction
  - Staff complete appropriate education and training
  - Staff personal development plans reflect an employee's training needs to deliver tobacco dependence treatment
  - A safe and appropriate skill mix within teams to meet the tobacco dependence needs of service users
  - QUIT Champions are identified on each ward

- Service user information regarding smoking, physical and mental health, and medications and the support on offer is available and accessible in inpatient areas and to visitors and carers
- Welcome packs include smoke free support materials.
- Information on tobacco smoke and medication interactions is available in all clinical areas and is shared with service users in a way that they understand
- All appointment letters and communications from the service communicate the smoke-free status in the service
- Service users, carers and visitors are advised that tobacco related products are not to be brought onto SHSC wards, and lighters, matches, tobacco and tobacco related products are prohibited items.
- Teams are supported to maintain a smoke free environment by ensuring that any tobacco related paraphernalia brought on the ward at time of admission, or any other time, is stored safely so that service users do not have access to it while on the ward
- Staff do not facilitate smoking (i.e. escort patients to the ward garden, hospital grounds or community leave, to buy tobacco products or light cigarettes)
- Staff identify and record the smoking status of every service user on the EPR within 24 hours of admission; provide Very Brief Advice (VBA) to all service users who smoke (ask, record, advise, act), and offer support to stop smoking on initial contact and at regular intervals throughout their episodes of care
- Agreed nicotine treatment (NRT or Vape depending on current protocol) is offered within 30 minutes of admission to an inpatient ward, in accordance with the NRT issuing guideline.
- Patients who already use or opt to use e-cigarettes are supported to do so, and that systems are in place to support this, within the agreed parameters outlined in the e-cigarette guideline
- Service users who smoke have a personalised tobacco treatment plan within their Collaborative Care Plan
- Personalised tobacco treatment plans are reviewed within multidisciplinary review meetings.
- Service users who smoke are referred to the QUIT team who will see all patients on an opt out basis, and provide advice and consultation to ward staff
- Ward systems are in place so that nicotine treatment is available in all inpatient areas to manage tobacco withdrawal symptoms, (either for planned abstinence or temporary abstinence)
- Service users are supplied with an adequate amount of nicotine treatment during periods of leave and on discharge
- Follow up plans are in place if the service user wishes to maintain their abstinence after discharge
- Provision of therapeutic and diversional activities for patients
- Ward systems are in place to minimise fire risk, including the risk of surreptitious smoking

### **5.7. Clinical staff working in in-patient settings**

- Ask and record a service user's smoking status on admission and document this in the EPR within 24 hours of admission, provide very brief advice and record in Rio
- Ensure all service users who smoke are referred to the QUIT team, who will see all patients on an opt out basis

- Liaise with the QUIT team for advice and consultation
- Ensure each patient who smokes has a personalised tobacco treatment plan within their collaborative care plan, and that this is discussed within multi-disciplinary review meetings
- Support use, and encourage engagement in tobacco dependence treatment
- Ensure that pharmacy guidelines are followed if the service user is prescribed medication that needs adjusting according to smoking status
- Ensure that service users have access to a variety of activities and fresh air to promote wellbeing, reduce boredom and support smoke free adherence
- Ensure service users, carers and visitors are advised that tobacco related products are not to be brought onto SHSC wards, and lighters, matches, tobacco and tobacco related products are prohibited items.
- Ensure service users who have smoking materials with them at time of admission, or on return from leave are asked to hand these items in for storage in an appropriate location that is inaccessible on the ward.
- Ensure service users have access to adequate amount of nicotine treatment including during periods of leave and on discharge
- Ensure that all escorted leave plans are negotiated in advance of leaving the ward, so that the service user is clear he/she will not be permitted to smoke in the company of his/her escort. Service users should be given adequate nicotine treatment products to use whether they are on or off the ward.

#### **5.8. Responsible Medical Officer, Responsible Clinician or Deputy**

- Ensure treatment for tobacco dependence is included within multi-disciplinary review meetings for every service user recorded as a smoker on admission.
- Ensure the treatment of tobacco dependency is incorporated within planning for Section 17 leave.
- The Care Quality has issued the following guidance regarding the use of Section 17 leave for smoking breaks:

#### **Section 17 leave**

- CQC recommends that, on wards where patients are using s.17 leave to take smoking breaks just outside the hospital perimeter, services should consider how this practice undermines their smokefree policy to promote smokefree practices and patient health improvement. Wards are discouraged from using s.17 leave for smoking breaks as this undermines the principles of the duty of care to protect health.
- To support appropriate use of s. 17 leave, services should:
  - explain that the purpose of s. 17 leave is to support the patient to achieve a therapeutic goal at the point of and throughout their admission to the ward
  - explain at the point of granting s. 17 leave and immediately before s.17 leave is used that escorting staff should not facilitate smoking because this would undermine the patient's recovery
  - have appropriately trained staff to deliver Treating Tobacco Dependency (TTD)
  - ensure ward staff are supported by senior leaders to deliver smokefree policy and health promotion activity
  - provide patients with a range of stop smoking aids (medicines, nicotine replacement therapies and vapes) including e-cigarettes containing nicotine for adult smokers

- evidence ongoing interactions with patients to encourage smoking cessation.

### **5.9. Team managers – community services**

- Provide leadership to embed the implementation of the policy in day-to-day service delivery

Ensure:

- Staff complete appropriate education and training
- QUIT Champions are identified for each community team
- Engagement is fostered with quality improvement and research activities to support successful smoke free implementation in mental health
- Ensure service user information regarding smoking and physical and mental health, and the medications and support on offer is available and accessible
- Ensure that staff and patients are aware of the need to adjust some medication (e.g. Clozapine) when smoking status changes, and that this is reflected within care plans
- Ensure all appointment letters, communications and promotional material from the service communicate the smoke-free status in the service

Refer to Section 5.12 with regard to requesting a smoke free environment when visiting service users in homes where someone smokes.

### **5.10. Clinical staff working in community settings**

- Ask and record each service user's smoking status during assessment process at entry to service, provide very brief advice to all people who smoke, and record in EPR
- Review each service user's smoking status as part of regular physical health reviews
- Refer all service users who wish to stop smoking to the in-house QUIT team, who will enable treatment
- Ensure that staff and patients are aware of the need to adjust some medications (e.g. Clozapine) according to smoking status and that this is reflected within care plans
- Where appropriate, provide an opportunity for people who use the service to have an Advance Statement or record in their Collaborative Care Plan with details of how they would like their tobacco dependence to be managed in the event of an admission to hospital
- Ensure that any patient being prepared for an inpatient admission, who smokes, is advised in advance of the smoke free policy, and the support that will be available on admission

Refer to Section 5.12 with regard to requesting a smoke free environment when visiting service users in homes where someone smokes.

### **5.11. Service users, carers and families being seen at home**

- Service users who smoke and are seen at home or in a community setting should be offered the opportunity to receive support from the QUIT Team (SHSC Tobacco Treatment Team).
- Service users who are at increased risk of being admitted to one of our inpatient units should be referred to the QUIT Team to pre-plan support for managing their nicotine dependence in a smoke free setting.
- Staff have the right to work in a smoke free environment, free from the harm of second-hand smoke. Service users who smoke should be asked to provide a smoke free room/environment. Staff should also ask service users not to smoke in that room during the visit. If this is not possible, then staff should complete a

risk assessment and discuss alternative arrangements with line management.  
Further advice can be sought from the QUIT Team email: [quit@shsc.nhs.uk](mailto:quit@shsc.nhs.uk)

## **5.12. Visitors**

To comply with the Policy.

## **5.13. Contractors and subcontractors**

To comply with the Policy.

## **6. Procedure**

### **6.1. Signage and the physical environment**

The Trust will display signs that make it clear that smoking is prohibited on its premises. All Trust owned vehicles will display the smoke free signs.

### **6.2. Treatment pathways, guidance and protocols**

Smoking is an addiction, that often starts in childhood. Tobacco dependency is a chronic relapsing clinical condition, that can be treated, and not a lifestyle choice.

The treatment needs of a person who smokes will differ according to their unique smoking history and circumstances, and their personal choice about receiving support. However, there are essential steps within the tobacco dependence treatment pathway that apply to all people who smoke:

The aim of the tobacco dependence treatment pathway is to

- Identify and record the smoking status of every current service user in receipt of inpatient and community care, provide very brief advice (ask, advise, act)
- Ensure that service users who smoke and are admitted to a smokefree environment are seen by the in-house tobacco dependence treatment team (QUIT Team)
- Refer all community patients who would like a referral, for specialist support from the in-house tobacco dependence treatment team (QUIT Team)
- Enable assessment of tobacco dependence
- Offer every person who smokes, appropriate nicotine treatment (NRT or vape) within 30 minutes of arrival to an inpatient service
- Offer evidence-based pharmacological, psychological and psycho-education treatment to people who smoke in receipt of inpatient and community care
- Support service users who opt to use vapes, within agreed parameters
- Ensure people are offered alternative activities, to replace the activity of smoking
- Ensure people who smoke receive continuous, efficient care and treatment at transition points across the pathway
- Ensure staff who smoke are encouraged and supported to stop smoking, and that staff who do not wish, or are not ready or able to stop smoking, are supported to use NRT for abstinence from tobacco while at work



- Ensure SHSC meet the recommendations of NICE Guideline (NG9209) – Tobacco: Preventing uptake, promoting quitting and treating dependence (2023)

A summary flow chart is provided on page 6.

### 6.3. Vapes/e-cigarettes

**Background:** The Department of Health and Social Care recognise vaping as one of the tools to help people, who are addicted to nicotine, to stop smoking.

Because the harms from smoking are so great, it is safer to vape than it is to smoke, but vapes are not risk free. The Government message is, “if you smoke, swap to vaping, if you don’t smoke, don’t vape”.

On the advice of Public Health England, the *NHS Long Term Plan* stipulates that specialist mental health services should include the option to switch to e-cigarettes while in an inpatient setting, as part of the new smoking cessation offer (2.11 Pg 35).

A recent Cochrane review reported ‘nicotine e-cigarettes probably do help people to stop smoking for at least six months. They probably work better than nicotine replacement therapy and nicotine-free e-cigarettes.’<sup>25</sup>

E-cigarettes are relatively new products and long-term evidence on e-cigarettes does not exist. The existing evidence base suggests that vaping regulated nicotine products has a small fraction of the risks of smoking, and that E-cigarettes offer a much less harmful alternative to tobacco for dependent smokers.<sup>24,25</sup>

#### 6.3.1. SHSC vape/e-cigarette procedure, based on existing evidence:

- Licensed nicotine replacement products are recommended to service users and staff as the first line treatment option.
- We recognise that some service users may already be using a vape or may prefer to use a vape to support abstinence during a smoke free admission, or as part of a quit attempt. Whilst in hospital either rechargeable e-cigarettes can be used, in single occupancy bedrooms, or outside in gardens and grounds.  
**Vaping is not permitted in communal areas.**
- The Trust currently supplies vapes free of charge for service users for a specified period of time following admission to a smokefree inpatient setting.
- Vapes are only recommended for those who are completely abstinent or who are making a stop smoking attempt.
- **Vapes are not clinically recommended for people who use periods of leave to smoke.**
- The relevant paperwork for their issue must be completed for governance and audit purposes. See *Vaping Guideline* for further information.
- All service users wishing to use a vape within an inpatient setting must have a risk assessment in place, and details of support for using the device documented within their collaborative care plan.
- Subject to ward level risk assessments, if a service user arrives in hospital as a user of a re-chargeable e-cigarette, ward staff will enable the service user to continue to do so, once necessary safety checks have been made and clinical risks can be mitigated.

Our policy and guideline on vapes will be kept under active review as new learning and evidence emerges. A quality improvement framework will inform our use of vapes, to

ensure ongoing learning. We will proactively collaborate with research partners to contribute to the evidence base on the use of vapes within mental health services.

For further information see [Vaping and Guideline](#).

For information on staff and vaping, please see Section 5.5.2 and Appendix 2.

#### **6.4. Guidance for SHSC Staff Providing Home Visits**

There is no safe level of exposure to second-hand smoke. Staff visiting or treating service users in their home are entitled to the same level of protection from the risks associated with second-hand smoke as those working on Trust premises.

Staff with respiratory conditions, cardiovascular disease or who are pregnant are at particular risk, even from brief exposure to second-hand smoke and this should be factored into a risk assessment when visiting service users who smoke, with support from line managers.

The Trust also, however, acknowledges the right of individuals to smoke in their own homes.

In order to protect staff from second-hand smoke, service users will be requested, where possible, to provide a smoke free room for home visits and be asked to refrain from smoking throughout the visit.

All community appointment letters will inform service users of the Smoke Free and Nicotine Management Policy, using the following wording:

*Sheffield Health and Social Care NHS Foundation Trust is a Smoke Free Organisation. We have a duty to protect staff from the harmful effects of second-hand smoke. If you are receiving a visit from a member of our staff, then we request that the following steps are taken:*

- *You make a room available that is smoke free or ventilated for an hour before the visit*
- *You and others in the home do not smoke during our visit.*

*If you are unable to provide such a room, then please discuss with a member of staff or your care co-ordinator so that alternative arrangements can be made.*

If service users are unable to provide a smoke free environment, steps will be taken to identify an alternative venue for visits, if appropriate. In the event that this is not possible, a risk assessment should be undertaken in conjunction with the staff member's line manager. The basis of the risk assessment will be to establish the relative risk of continuing the exposure to second-hand smoke and identify actions to minimise this risk.

The reason for the request will be explained to service users. Face to face discussions create an opportunity to undertake the Very Brief Advice on smoking intervention. Staff are advised to minimise exposure to second-hand smoke or residual smoke particles by not visiting one person who smokes after another.

#### **6.5. Facilitating Adherence and Managing Breaches of The Policy**

The objective of this policy is to promote and develop a culture across all Trust sites that protects the health of, and promotes healthy behaviour among, people who use, or work

in, their service. The goal in managing breaches is to ensure safety, maximise engagement and create an environment that is conducive to health and recovery.

### **Therapeutic approaches to managing breaches by service users**

It is likely that some service users will find it difficult to adhere to the policy. It is important that non-adherence is not seen as failure but as opportunity to understand the triggers to the breach, increase support for the service user, and facilitate engagement, rather than generating avoidable resistance or putting people in avoidable challenging situations

If a service user is observed smoking on a ward, staff should ensure the area is safe. If this is an imminent risk then support should be enlisted. Where there is no immediate risk staff should discuss the breach with colleagues and agree the most appropriate time and place to discuss with the service user and review the care plan. People who are struggling to adhere to the policy should have their personalised tobacco dependence treatment plan reviewed, including within multidisciplinary review meetings.

The Trust does not want anyone to feel they need to approach individuals (whether staff or patients) to ask them to stop smoking unless they are confident that it is safe to do so.

#### **6.5.1. Staff Breaches**

All staff are required to comply with this policy and promote a smoke free environment.

If a staff member breaches the policy, in the first instance their line manager should discuss the issue with them, and ensure they fully understand the Policy.

If a member of staff continues to breach the Policy, then action through the disciplinary procedures may be appropriate.

#### **6.5.2. Visitor and Contractor Breaches**

Visitors to the Trust will be made aware of the Policy through signs, posters, leaflets and conversations with staff.

Carers will be provided with information about why the Trust is smoke free and asked not to bring prohibited items, including cigarettes, tobacco, lighters, and matches to a patient in hospital. Any visitor found to be supplying these products will be reminded of the policy and asked to support the patient's recovery plan.

If staff observe a visitor smoking on Trust premises, they are requested to approach the visitor to inform them of the policy 'Is it ok if I pass on information, and let you know that this is a smoke free Trust within both the hospital and grounds?'

If staff observe a contractor smoking on the Trust premises, they should make the contractor aware of the smoke free policy and request that they stop smoking. If the contractor does not comply, they should report the contractor to [smokefree@shsc.nhs.uk](mailto:smokefree@shsc.nhs.uk)

### **6.6. Reporting Smoking Related incidents**

All smoking related incidents should be reported through the Trust Ulysses Incident Reporting System. Staff should use the incident reporting system to share information about any difficulty implementing the smoke free policy.

Staff are asked to record any incidents of a patient absconding or going absent without leave and any incidents where a patient refuses admission or self-discharges against medical advice because of the policy.

Trust incident reporting will be monitored and reviewed so that action can be taken to continuously improve the quality and safety of smoke free policy implementation. The scope of analysis will include incidents involving smoking *and* fire, violence, aggression, exploitation and regulation breaches. Staff should report any incidents with respect to the use of vapes.

## **7. Development, Consultation and Approval**

The process of revising this policy has been led by the smoke free lead and Healthy Hospital and Community Programme Manager under the direction of the Population Health Lead and the Executive Medical Director.

Revisions to the policy have been informed by:

- learning and feedback from people implementing the current version of the policy, including meetings, workshops and microsystems work within inpatient areas
- staff and service user feedback
- collaborative learning with our partners within the ICS SYB QUIT programme, other Mental Health Trusts and experts in the field.

The policy has undergone robust consultation throughout all stages and versions. Changes within this review have been undertaken on the basis of new NICE Guidelines (NG209), the Trust's explicit commitment to the NHS Smokefree Pledge, and a new CQC Brief Guide on Smokefree policies in mental health inpatient services.

This review has been informed by discussions in a wide range of groups and forums including, Staff Health and Wellbeing Group; Physical Health Committee; Research, Innovation, Evaluation and Improvement Group; Population Health Forum; Quality Improvement Forum. In addition, a series of meetings have been undertaken with a wide range of clinical and senior managers across the Trust

The final policy has not been distributed for consultation due to the timescale requirement for submission. Should this be deemed necessary prior to ratification then this will delay submission to the Policy Governance Group.

As a result of iterative consultation, the policy has been amended as follows:

- Clarity has been provided on the clinical recommendation (NICE NG209) that vapes are not recommended for people who continue to smoke. NRT is the only recommended treatment for this situation.
- Storage of tobacco and smoking materials has been changed to reduce restrictive practice. This now allows for these materials to be stored off the ward so that service users have access to their personal possessions when they go on leave. This does not endorse smoking on leave but reduces restrictive disparities between mental health Trust and acute hospital Trust policies.
- Clarity and guidance from the CQC has been added in relation to the use of Section 17 leave for the purpose of smoking.

- Deleted “Smoking and COVID 19” training from training recommendations as no longer applicable and covered by universal infection prevention measures.

## 8. Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g., who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Implementation of policy – clinical and patient centred focus	Review progress against policy, guidelines, SOPs, NICE guidelines and SHSC KPIs	Research, Innovation, Effectiveness and Improvement Group; Directorate Leadership Teams	Quarterly	Research, Innovation, Effectiveness and Improvement Group; Directorate Leadership Teams	Research, Innovation, Effectiveness and Improvement Group; Directorate Leadership Teams	Research, Innovation, Effectiveness and Improvement Group; Directorate Leadership Teams
Implementation of policy - staff health and support focus	Review progress against relevant policies, guidelines, SOPs, NICE standards and KPIs	Staff Health and Wellbeing Group	Quarterly	Staff Health and Wellbeing Group	Healthy Hospital and Community Programme Manager / Health and Wellbeing Group	Healthy Hospital and Community Programme Manager / Health and Wellbeing Group
Implementation of SOPs, and compliance with NICE standards and relevant QIT KPIs	Senior Operational Managers, Ward, Community Team Managers reports	Ward/Team/Service manager Ward/Team/Service Governance meeting; Research, Innovation, Effectiveness and Improvement Group	Monthly / Annual	Ward/Team/Service Governance meeting  Research, Innovation, Effectiveness and Improvement Group	Ward/Team/Service Governance meeting  Research, Innovation, Effectiveness and Improvement Group	Directorate Performance and Quality Review /  Research, Innovation, Effectiveness and Improvement Group
Proportion of staff in each team who have completed training as required.	Training compliance data in team governance reports	Ward/Team/Service Governance meeting	Monthly	Directorate leads Quarterly performance reviews	Ward/Team/Service manager	Directorate Performance and Quality Review
Monitor and review smoking related risk incidents and ensure safety and quality improvement	Incident reports	Ward/Team/Service manager Ward/Team/Service Governance meeting / Healthy	Monthly	Directorate leads	Ward/Team/Service Managers;	Directorate Performance and Quality Review / Health and Safety Committee

		Hospital and Community Programme Manager				
--	--	---	--	--	--	--

## 9. Implementation Plan

<b>Implementation Plan Action / Task</b>	<b>Responsible Person</b>	<b>Deadline</b>	<b>Progress update</b>
Upload new policy onto intranet and remove old version	Director of Corporate Governance	End March 2025	
Launch revised policy and brief Senior Operational Managers across Trust – including clinical and corporate teams	Healthy Hospital and Community Programme Manager / Senior Operational Managers and Communications Team	Within three months	
Revise and implement Standard Operating Procedure for Treating Tobacco Dependence on Inpatient Wards	Clinical Directors and Heads of Nursing	Within six months	
Develop and implement Standard Operating Procedure for Treating Tobacco Dependence within Community Teams	Clinical Directors and Heads of Nursing	Within six months	
Ensure all managers and staff are informed and supported for the requirement for compliance and audit	Communications Team / Senior Operational Managers / Healthy Hospital and Community Programme Manager	Within six months	

## 10. Dissemination, Storage and Archiving (Control)

The policy will be made available to all staff via the internet and intranet. A communication will be issued to all staff via the Communication Digest immediately following publication.

New employees will be introduced to the Policy via job advertisements, within formal contract documentation, and as part of the Trust's induction process.

This is Version 4 this policy and is stored and available through the SHC intranet/internet. This version of the policy supersedes the previous version (MD005 Smoke Free and Nicotine Management Policy, 2018). Any copies of the previous policy held separately.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	31.5.2016	31.5.2016		
2.0	April 2018	April 2018		
2.1	November 2020	November 2020		
3.0	March 2021	March 2021	March 2021	Add
4.0				

## 11. Training and Other Resource Implications

A competent workforce is essential for implementation of this policy. The Trust will provide an education and training pathway to ensure all staff are equipped to support smoke free implementation, and clinical areas have the appropriate skill mix to assess and treat tobacco dependence, and deliver the SYB ICS QUIT Programme.

An outline of core education and training requirements are provided in the Table below. An education and training matrix is provided in Appendix 3, including modular additions to core education and training.

1. Education for all staff to support smoke free implementation across the Trust
2. Very Brief Advice training, in line with PH48, to be completed by all staff who have clinical contact, and refreshed bi-annually
3. Brief Intervention Training: Treating Tobacco Dependence, to be completed by all registered nurses and additional identified staff
4. Smoking Cessation Practitioner Training (Level 2) to be completed by QUIT Champions and identified staff; training and qualification provided by National Centre for Smoking Cessation Training



All qualified staff who assess, advise on and issue Nicotine Replacement Therapy (NRT) and e-cigarette products to service users **must** complete the Brief Intervention Training: Treating Tobacco Dependence.

Learning sets, mentoring and/or clinical supervision will be available to support implementation of the training, and ensure feedback and mutual learning to those responsible for monitoring and reviewing the Policy.

Additional resource implications:

- Release for staff who smoke to access smoking cessation treatment sessions
- Release for staff to participate in training
- Education and training capacity to support delivery, e-learning, administration and support to book, prepare, record and monitor staff attendance, and enable compliance and audit reporting, training rooms with required equipment
- IT infra structure and resources to support QUIT delivery, education and training
- Nicotine replacement therapy and vaping products

## 12. Links to Other Policies, Standards (Associated Documents)

This policy should be read in conjunction with the following SHSC Policies:

Blanket Restrictions Policy  
Disciplinary Policy  
Fire Safety Policy  
Health and Safety Policy  
Incident Management Policy and Procedure  
Managing substance misuse and harmful substances in bed-based services  
Medicines Optimisation Policy  
Personal Search Policy  
Physical Health Care Policy  
Records Management Policy  
Self Administration of Medicines Policy  
Working Time Regulation Policy (2019)

Key Guidance:

NICE Guideline (NG9209) – Tobacco: Preventing uptake, promoting quitting and treating dependence (2023)  
Care Quality Commission (CQC) Brief Guide: Smokefree Policies in mental health inpatient services (2023)  
CQC Brief guide: the use of ‘blanket restrictions’ in mental health wards (2017)

Frameworks and resources [will embed as links within text wherever possible]

- *NHS Long Term Plan* <https://www.england.nhs.uk/long-term-plan/>
- *NHS Standard Contract*
- *Health and Safety at Work Act (1974)*
- *Health Act 2006 (Smoke Free Legislation)*

- Care Quality Commission *Mental Health Act Report 2015-2016*
- *Roadmap to Smoke Free 2030*
- *Tobacco Control Strategy for Sheffield* <https://www.smokefreesheffield.org/>
- *The Smoking and Mental Health Partnership*
- *Equally Well - Centre for Mental Health* <https://equallywell.co.uk/> NHS England <https://www.england.nhs.uk/rightcare/products/pathways/physical-ill-health-cvd-prevention-severe-mental-illness/>
- ASH Smoking and Mental Health (2016) ASH information and resources <http://ash.org.uk/information-and-resources/fact-sheets/smoking-and-mental-health/>
- Royal College of Psychiatrists (2018) Position Statement. The prescribing of varenicline and vaping to patients with SMI
- SMI <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/position-statements/position-statements-2018>

## References

1. World Health Organisation (2006) *Tobacco: deadly in any disguise*. Geneva: WHO
2. *Stolen Years: how smoking disproportionately harms those with mental health conditions* (2016) <http://ash.org.uk/information-and-resources/reports-submissions/reports/the-stolen-years/>
3. Public Health England Health Matters: *Health Inequalities in Mental Illness* (2018) <https://www.gov.uk/government/publications/health-matters-reducing-health-inequalities-in-mental-illness>
4. NHS England » *Improving physical healthcare for people living with severe mental illness (SMI) in primary care: Guidance for CCGs* (2018)
5. Langley T (2016). *Mental Health, smoking and poverty in the UK*. EJ of PH. 26;1.
6. <https://ash.org.uk/wp-content/uploads/2019/10/Smoking-Dementia.pdf>
7. Gurillo P, Jauhar S, Murray RM, MacCabe JH. Does tobacco use cause psychosis? Systematic review and meta-analysis [published correction appears in *Lancet Psychiatry*. 2015 Aug;2(8):680]. *Lancet Psychiatry*. 2015;2(8):718–725. doi:10.1016/S2215-0366(15)00152-2
8. Aguilar M, Gurpegui M, Diaz F, De Leon J. Nicotine dependence and symptoms in schizophrenia. *British Journal of Psychiatry*. 2005;186(3):215–221.
9. Taylor G, McNeill A, Girling A, Farley A, Lindson-Hawley N, Aveyard P. Change in mental health after smoking cessation: systematic review and meta-analysis. *BMJ*. 2014;348:g1151
10. Breslau N, Klein D. Smoking and panic attacks. *Archives of General Psychiatry*. 1999;56(12):1141–1147
11. Prochaska J, Hall S, Delucchi K, Hall S. Efficacy of initiating tobacco dependence treatment in inpatient psychiatry: A randomized controlled trial. *American Journal of Public Health*. 2014;104(8):1557–1565.
12. Hopkinson NS, Rossi N, El-Sayed Moustafa J, et al. Current smoking and COVID-19 risk: results from a population symptom app in over 2.4 million people *Thorax* Published Online First: 05 January 2021. doi: 10.1136/thoraxjnl-2020-216422
13. Gupta AK, Nethan ST, Mehrotra R. Tobacco use as a well-recognized cause of severe COVID-19 manifestations. *Respir Med*. 2020 Nov 19;176:106233. doi: 10.1016/j.rmed.2020.106233. Epub ahead of print. PMID: 33253975; PMCID: PMC7674071 PVIC
14. <https://www.gov.uk/government/news/smokers-at-greater-risk-of-severe-respiratory-disease-from-covid-19>
15. Gilbody S et al (2019) Smoking Cessation for people with severe mental illness: a pragmatic randomised controlled [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30047-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30047-1/fulltext)

16. Report available on request. Health and Wellbeing Lifestyle Survey  
<https://www.york.ac.uk/healthsciences/closing-the-gap/cohort/>
17. Report available on request contact moira.leahy@shsc.nhs.uk
18. *Change is in the air* (2018) <http://ash.org.uk/information-and-resources/reports-submissions/a-change-in-the-air/>
19. National Centre for Smoking Cessation: *Smoking cessation and smoke free policies – good practice for mental health services*  
[http://www.ncsct.co.uk/publication\\_mental\\_health\\_briefing.php](http://www.ncsct.co.uk/publication_mental_health_briefing.php)
20. Royal College of Physicians (2018). *Hiding in Plain Sight: Treatment of Tobacco Dependency in the NHS* <https://www.rcplondon.ac.uk/projects/outputs/hiding-plain-sight-treating-tobacco-dependency-nhs>
21. Wicked problems <https://academic.oup.com/jpubhealth/article/31/2/202/1541352>
22. Ratschen E, Stewart P, Horspool M, Leahy M Smokefree acute adult mental health inpatient wards: the service user experience. *BJPsych bulletin* April 2018
23. NHS Long Term Plan <https://www.england.nhs.uk/long-term-plan/>
24. *Vaping in England: evidence update* March 2020 - GOV.UK (www.gov.uk) ps05\_18.pdf (rcpsych.ac.uk)
25. Cochrane Review (2020): *E-cigarettes for smoking cessation*  
<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub4/full>

### 13. Contact Details

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Interim Executive Medical Director	Dr Helen Crimlisk	01143050719	Helen.crimlisk@shsc.nhs.uk
Executive Director of Nursing, Professions and Quality	Dr Caroline Johnson	0114 2263759	Caroline.johnson@shsc.nhs.uk
Smoke Free Lead/Healthy Hospital and Community Programme Manager QUIT Team.	Pete Stewart	0114 271 6656	Pete.Stewart@shsc.nhs.uk
Health Improvement Manager, QUIT Team	Andrea Wood	0114 2263973	Andrea.wood@shsc.nhs.uk
Deputy Director of Pharmacy Services	Shrewti Moerman	0114 226 4773	Shrewti.Moerman@shsc.nhs.uk

Acknowledgements: South London and Maudsley NHS Foundation Trust

## Appendix 1

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.

**I confirm that this policy does not impact on staff, patients or the public.**

***I confirm that this policy does not impact on staff, patients or the public.***

Name/Date: Pete Stewart 10 March 2025

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	No amendments identified
Disability	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second-hand smoking or safe level of tobacco smoking	No amendments identified

<b>Gender Reassignment</b>	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second hand smoking or safe level of tobacco smoking	No amendments identified
<b>Pregnancy and Maternity</b>	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second hand smoking or safe level of tobacco smoking	No amendments identified
<b>Race</b>	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second hand smoking or safe level of tobacco smoking	No amendments identified
<b>Religion or Belief</b>	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second hand smoking or safe level of tobacco smoking	No amendments identified
<b>Sex</b>	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second hand smoking or safe level of tobacco smoking	No amendments identified
<b>Sexual Orientation</b>	No specific impact identified	<b>Yes.</b> There is no safe level of exposure to second hand smoking or safe level of tobacco smoking	No amendments identified
<b>Marriage or Civil Partnership</b>	No specific impact identified		

Impact Assessment Completed by:  
Name /Date: Pete Stewart      10 March 2025

## **Appendix 2. Support for staff who smoke**

SHSC wishes to encourage all staff who smoke to stop smoking. We will support staff who wish to make a quit attempt, or be abstinent from smoking while at work.

Support is available via a range of options, including from the **in-house QUIT team: email [quit@shsc.nhs.uk](mailto:quit@shsc.nhs.uk)**

Staff will be allowed to attend stop smoking services during work hours without loss of pay, subject to negotiation, and with the approval of their line manager.

Staff who smoke will be offered **a free initial starter pack of NRT**, and with support from the QUIT team, further supplies - up to 12 weeks in total. NRT can be used as part of a supported quit attempt, or to support temporary abstinence from tobacco while at work.

For staff who do not want to take up the option of NRT, we will promote **switching to vaping** to support a quit attempt, subject to funding.

Staff are allowed to vape outdoors in the hospital grounds, but not indoors.

- Staff may not vape around entrances, highly visible areas or open windows, and consideration and priority must be given to the rights of others sharing the outdoor space
- Staff must not vape in the proximity of other members of staff.
- Staff are not permitted to vape with service users whilst at work

### **How do we support staff who want to switch from smoking to vaping as part of a quit attempt?**

- Staff can access support from the QUIT team, and where project funding is available, staff will be offered a free e-cigarette starter kit as part of an agreed treatment plan.

**For support** available within SHSC for help to stop smoking

Email: [quit@shsc.nhs.uk](mailto:quit@shsc.nhs.uk)

### **Appendix 3 Education and Training Matrix**

N.B Additional onsite and bespoke briefing and training sessions to support Policy delivery

<b>Course</b>	<b>Staff group</b>	<b>Mandatory or Targeted</b>	<b>Mode of training</b>	<b>Training Provider</b>
<b>Education to support smoke free implementation across the Trust</b>				
Smokefree SHSC and QUIT support	All staff	Trust induction	E-learning/Face to Face or MS teams	QUIT Team
Smoke Free and Reducing Fire Risk	All staff	Essential for all inpatient staff Recommended for all	E-learning and assessment available from QUIT Team	QUIT Team
<b>Very Brief Advice Training</b>				
Very Brief Advice (VBA) on Smoking	All staff who have clinical contact	Mandatory, refreshed biannually	E-learning or Face to face/ MS Teams	NCST/ QUIT Team
Very Brief Advice on Second-Hand Smoke	Community Staff	Targeted	E-learning	NCST/QUIT Team
<b>Treating Tobacco Dependence</b>				
Treating Tobacco Dependence (includes VBA)	All clinical staff	Highly recommended for all qualified clinical staff	bespoke MS teams/ face to face course	E-learning QUIT Team ICS QUIT
Supporting service users who smoke	All clinical staff	Highly recommended for all clinical staff	bespoke MS teams/ face to face course	E-learning QUIT Team ICS QUIT
<b>Level 2: Accredited Smoking Cessation Practitioner Training</b>				
Smoking Cessation Practitioner Training	Identified clinical staff, including QUIT champions	Targeted	E learning plus face to face/MS teams; E-assessment	NCST supplemented by QUIT Team

## Review/New Policy Checklist

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
<b>Engagement</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	



17.	Has the EIA Form been completed (Appendix 1)?	
	<b>Dissemination, Implementation, Review and Audit Compliance</b>	
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to i. review ii. audit compliance with the document?	
21.	Is the review date identified, and is it appropriate and justifiable?	