

No Smoking Policy

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V5	April 2010	Deputy Director of Human Resources	Update
V6	January 2013	Human Resources and Stop Smoking Service	Update

**JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
NO SMOKING POLICY**

EXECUTIVE SUMMARY

The James Paget University Hospitals NHS Foundation Trust wishes to support staff and patients in quitting smoking for the benefit of their own health, but recognises that some people choose to smoke and that smoking is a matter of personal choice.

The Trust endorses the principle that it is a matter of personal choice if individuals smoke or not, but the matter of where they smoke is of public concern. However, the Trust has a duty to promote non-smoking and to provide advice and support for those who wish to stop.

The Trust recognises that non-smokers must be protected from the proven harmful effects of passive smoking. However, the Trust Policy also respects the needs of smokers by providing help and assistance to those who wish to cease smoking.

Staff will be expected to comply with this policy, appreciate their role as health educators and refrain from smoking on all Trust sites, except in smoking shelters, where these are provided.

This policy applies to patients, visitors and staff who are employees of the James Paget University Hospitals NHS Foundation Trust, contractors or other agencies working on Trust sites.

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1.0 INTRODUCTION

1.1 Background

- 1.1.1. Tobacco has been identified as the largest cause of premature death and preventable ill-health in the UK. It has been demonstrated that smokers undergoing surgery are likely to require 2 extra post operative bed-days, often taken in intensive care (DH 2009). Stopping smoking 6-8 weeks prior to surgery reduces post-operative morbidity. In addition, it has been acknowledged that assisting people to stop smoking is the single most cost-effective health intervention that the NHS can offer (DH 2009).
- 1.1.2. As the largest employer in this area it is beholden to the James Paget University Hospitals NHS Foundation Trust to be a model employer in relation to recognising and actively eliminating the dangers of smoking and passive smoking (second-hand smoke) in the workplace. It is important that correct Health & Safety directives are implemented for the benefit of all. Sending out stronger health promotion messages is a duty of all health care workers.
- 1.1.3. Smoking shelters have been provided on site in some instances due to the health and safety concerns of near-by residents and recognising the fact that when the Gorleston hospital site was smoke-free patients continued to smoke directly in front of the entrance to the building, causing discomfort to staff and patients who were entering and exiting the building.

1.2 Scope

- 1.2.1 This policy applies to patients, visitors and staff who are employees of the James Paget University Hospitals NHS Foundation Trust, contractors or other agencies working on Trust sites.

1.3 Responsibilities

- 1.3.1 The Role of the Chief Executive and the Trust Board
- The Chief Executive and the Trust Board have the prime responsibility for the implementation of the policy and to;
 - Provide a general awareness of the nature and dangers of smoking and passive smoking for occupational health and safety.
 - Evaluate effectiveness of the policy.
- 1.3.2 The Role of the Divisions
- To ensure that the policy is observed and applied within their areas of responsibility.
 - To ensure staff understand the policy and are aware of their responsibilities.
 - To refer staff for support to the Stop Smoking Services team as appropriate via the stop smoking referral form on the intranet.
 - To initiate disciplinary proceedings for any breaches of the policy.
- 1.3.3 The Role of the Employee
- To be familiar with and observe the 'No Smoking Policy'.
 - To recognise that smoke lingers on a person's breath and clothes, and patients and staff may find this offensive.

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- Staff uniforms should be mentioned)?
- To offer routine brief advice to smokers regarding support to quit from the Stop Smoking Service.

1.3.4 The Role of the Occupational Health Department

- To provide assessment and ongoing help for individuals who seek advice and refer to Stop Smoking Service.

1.3.5 The Role of the Stop Smoking Service

- To provide information regarding smoking cessation and treatment.
- To provide information regarding the service to staff, patients and visitors.
- To provide support to individuals who wish to stop smoking.
- To facilitate access to stop smoking support and treatment.
- To provide training to help staff to support smokers to quit.

1.3.6 The Role of the Human Resources Department

- To provide advice and assistance on the implementation of the policy.
- To refer staff for assistance where appropriate.
- To advise on the appropriateness or otherwise of the Trust's disciplinary procedure.

1.3.7 The Role of Staff Organisations

- To advise members of their rights and responsibilities with regard to the policy.

1.4 Monitoring and Review

1.4.1 This policy will be reviewed every three years on a formal basis, but will be frequently monitored by Stop Smoking Service.

1.4.2 All staff should feel supported in the enforcement of this policy. Staff who witness policy breaches are encouraged to remind smokers of the policy and request that they abide by it.

1.5 Related Documents

1.5.1 Employee Health at Work & Well Being Policy.

1.6 Guidance Reference

Department of Health (DH) (2009). *NHS Stop Smoking Interventions in Secondary Care*. London.

Health & Safety at Work Act 1974

Health Act 2006

The Smokefree (Premises and Enforcement) Regulations 2006

The Smokefree (Exemptions and Vehicles) Regulations 2007

The Smokefree (Penalties and Discounted Amounts) Regulations 2007

The Smokefree (Vehicle Operators and Penalty Notices) Regulations 2007

The Smokefree (Signs) Regulations 2007

1.7 Reader Panel

The following formed the Reader Panel that reviewed this document:

Post Title

HR Business Partner

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Specialist Stop Smoking Advisor
Health and Safety Manager
Staff Side

1.8 Trust Values

This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

1.9 Distribution Control

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

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2.0 STATEMENT OF POLICY

The James Paget University Hospitals NHS Foundation Trust recognises the requirement to promote health and reduce ill-health. All Trust buildings are smoke free environments. Where smoking shelters are provided smoking is permitted on-site in the smoking shelters only. This policy applies to patients, visitors and staff who are employees of the James Paget University Hospitals NHS Foundation Trust, contractors or other agencies working on Trust sites.

2.1 Policy Objectives

The objective of the Policy is to:

- To support staff and patients in quitting smoking for the benefit of their own health.
- To recognise that some people choose to smoke and that smoking is a matter of personal choice, whilst also recognising that where people smoke is of public concern.
- To outline the Trust's duty to promote non-smoking and to provide advice and support for those who wish to stop.
- To recognise that non-smokers must be protected from the proven harmful effects of passive smoking.
- To ensure that staff comply with the no smoking Policy, appreciate their role as health educators and refrain from smoking on all Trust sites, except in smoking shelters, where these are provided.

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3.0 No Smoking Policy

3.1 Smoking on Trust Premises (including car parks)

- 3.1.1 All James Paget University Hospitals NHS Foundation Trust Sites are no-smoking sites, except in designated smoking shelters. This includes indoors and in the grounds, including car parks and residences.
- 3.1.2 It is generally recognised that, as a health provider spending millions of pounds each year on smoking related diseases, the NHS cannot endorse smoking. However, it is also recognised that if individuals are not permitted to smoke on-site they are likely to smoke in those public places, closest to the hospital site and may disturb others. Consequently, the Trust has decided to reintroduce smoking shelters on the hospital site.
- 3.1.3 It is recognised that where there is a no-smoking area identified on the hospital site some smokers may choose to flaunt all contrary instruction and smoke directly outside hospital buildings. All staff are encouraged to request that anyone found smoking on-site or near the hospital other than in the designated smoking areas be requested to move to the smoking shelters provided. Staff are also expected to use the shelters and not to smoke in the nearest off-site areas, as this has caused concern for local residents.

3.2 Help and Support

- 3.2.1 All smokers have access to professional support if they wish to stop smoking via Stop Smoking Service based at the James Paget hospital, contactable on 01493 452067 (internally 2067) or the intranet Stop Smoking Referral Form. Products to support smokers who wish to cease are also available both on prescription via a Doctor, GP and for purchase 'over the counter' from local Pharmacies.
- 3.2.2 Nicotine Replacement Therapy (NRT), Varenicline and Bupropion medications can be used as a palliative measure to help control cravings as a result of nicotine withdrawal. These are available to prescribe to patients on the wards, Guidance is available via the intranet or the Stop Smoking Service at the James Paget hospital.
- 3.2.3 Any smoking related therapy dispensed should always be accompanied with the appropriate advice regarding support and a referral to the Stop Smoking Service via the Intranet.

3.4 Disciplinary Procedures

- 3.4.1 Staff who fail to observe this policy will be subject to the normal disciplinary procedures.

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EQUALITY IMPACT ASSESSMENT

Policy or function being assessed: No Smoking Policy

Department: Human Resources

Assessment completed by: Ruth Hassall

Date of assessment: 30 November 2012

1.	Describe the aim, objective and purpose of this policy or function.	As the JPUH NHS FT recognises the requirement to promote health and reduce ill-health, all Trust buildings and their surroundings (sites) are smoke free environments, except where smoking shelters are provided, in such instances smoking is only permitted in the smoking shelters. The purpose of the policy is to endorse there is no provision for smoking other than in smoking shelters where provided, including within any vehicle on site for patients, visitors and staff who are employees of the JPUH, contractors or other agencies working on Trust sites. This policy also informs of the help, support and advice available to those who wish to cease smoking.
2i.	Who is intended to benefit from the policy or function?	Staff, Patients, Public, Organisation
2ii	How are they likely to benefit?	<p>Tobacco is singled out as the largest cause of premature death and preventable ill-health in the UK. It has been demonstrated that smokers undergoing surgery are likely to require 2 extra post operative bed-days, often taken in intensive care (DH 2009). Stopping smoking 6-8 weeks prior to surgery reduces post-operative morbidity. In addition, it is acknowledged that assisting people to stop smoking is the single most cost-effective health intervention that the NHS can offer.</p> <p>As the largest employer in this area, the Trust has to be a model employer in relation to recognising and actively eliminating the dangers of smoking and passive smoking (second-hand smoke) in the workplace. It is important that correct Health & Safety directives are implemented for the benefit of all. Sending out strong health promotion messages is a duty of all health care workers.</p> <p>By complying with the relevant legislation, the Trust minimises the risk of</p>

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			contravening it
2iii	What outcomes are wanted from this policy or function?		No smoking on or in any JPUH sites except in smoking shelters where provided.
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:			
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their race/ethnicity ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their gender ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their disability ? Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their sexual orientation ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their pregnancy or maternity ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their religion/belief ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their transgender ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their age ?		N If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

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11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their marriage or civil partnership ?		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?		N	<i>Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i>
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.		N	<i>Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i>
14.	Specific Issues Identified			
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment		Page/paragraph/section of policy/function that the issue relates to	
	1.		1.	
	2.		2	
	3.		3	
15.	Proposals			
	How could the identified detrimental impact be minimised or eradicated?			
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?		N	
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?		N	

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17.	Policy/Function Implementation
	<p>Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust.</p> <p>Please print:</p> <p>Name of Director: Kirk Lower Title: Director of Workforce and Estates Date: 31 January 2013</p> <p>Name of Policy Author: Sue Trohear Title: Specialist Stop Smoking Advisor Date: 31 January 2013 (A paper copy of the EIA which has been signed is available on request).</p>
18.	Proposed Date for Policy/Function Review
	Please detail the date for policy/function review (3 yearly): January 2016
19.	Explain how you plan to publish the result of the assessment? <i>(Completed E.I.A's must be published on the Equality pages of the Trust's website).</i>
	Standard Trust process
20.	The Trust Values
	<p>In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.</p> <p>They are that all staff intend to do their best by:</p> <p>Putting patients first, and they will: Provide the best possible care in a safe clean and friendly environment, Treat everybody with courtesy and respect, Act appropriately with everyone.</p> <p>Aiming to get it right, and they will: Commit to their own personal development,</p>

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<p>Understand theirs and others roles and responsibilities, Contribute to the development of services</p> <p>Recognising that everyone counts, and they will: Value the contribution and skills of others, Treat everyone fairly, Support the development of colleagues.</p> <p>Doing everything openly and honestly, and they will: Be clear about what they are trying to achieve, Share information appropriately and effectively, Admit to and learn from mistakes.</p> <p>I confirm that this policy/function does not conflict with these values. <input checked="" type="checkbox"/></p>

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